



# Care Economy and Policy Guidelines for EU Development Partners



*In the framework of the Spanish Presidency of the Council of the EU 2023*



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# Prologue

Spain held the rotating Presidency of the Council of the European Union throughout the second half of 2023. The priorities established in the sphere of international cooperation for sustainable development included, among others, the social, ecological and digital transitions, the promotion of the Team Europe approach, and gender equality. Within the latter priority, it was decided that particular focus should be placed on economic justice and rights for women, specifically in relation to care policies and the care economy. This issue has received increasing attention at international level ever since the Covid-19 pandemic, which struck in 2020, highlighted the unequal burden of domestic work, childcare and care of the sick and of older people shouldered by women, whether such care is provided by women in their own homes, or outside their homes as essential healthcare workers.

This imbalance was recognized decades ago by feminist researchers such as María Ángeles Durán, a Spanish sociologist who identified the issue as being critical to the change required to reduce gender inequalities. Furthermore, successful efforts had already been made to place it on international agendas in both the United Nations and the EU, in the Beijing Platform, and more specifically in the 2030 Agenda, whose target SDG 5.4 specifically refers to unpaid care and domestic work, and in the GAPs (Gender Equality Action Plans forming part of EU development policies). These successive plans have been used since 2010 as European Commission and Member State instruments for the coordinated advancement of women's rights in collaboration with EU development partner countries.

In recent years, in the post-pandemic context and in light of the 25th anniversary of the Beijing Conference, the care economy has been slowly but surely finding its way to the centre of multilateral agendas. This is reflected in the creation of the [Action Coalition on Economic Justice and Rights](#) of the Generation Equality Forum and of the [Global Alliance for Care](#), which are supported by regional agendas, where ever-greater focus is being placed on the relevance of care work. This is occurring not only in regions such as Europe, where social protection and social services policies have existed for decades and are fairly well consolidated, but also, more recently, in Latin America. The 15th Regional Conference on Women in Latin America and the Caribbean organized by the Economic Commission for Latin America and the Caribbean (ECLAC) in November 2022, which identified this issue as a priority topic, led to the [Buenos Aires Commitment](#) among other important agreements, a clear reflection of the progress being made by the care policies and programmes established by the national and local governments of the region. This unprecedented progress is serving as a source of inspiration and momentum.



With these international commitments as a point of reference, Spanish Cooperation has decided to develop these Care Economy and Policy Guidelines for EU Development Partners to support them in defining programmes and policies on care work, whether in isolation or as part of the broader objective of building a comprehensive care society. These Guidelines bring together the principles, approaches and concepts established in internationally agreed terminology, as well as the actions already implemented in a number of different contexts to help ensure that due value is attributed to paid and unpaid care and domestic work, which constitutes an essential pillar of the sustainability of life, the economy and development. These actions seek to strengthen and create public services, infrastructure and policies for social protection and for care, and to promote the sharing of responsibilities in the home and in the family with states, companies and society as a whole.

The Guidelines were presented to and discussed within the EU Group of Gender and Development Experts, which is coordinated by the Directorate-General for International Partnerships (INTPA), on 8 November 2023, and within the Structured Dialogues, on 28 November 2023, as well as in the context of the Foreign Affairs Council, in its Development configuration, in a parallel event to present the mid-term evaluation of GAP III, together with Belgium, which will assume the Presidency of the Council of the EU in 2024. Lastly, these Guidelines were submitted to the Foreign Affairs Council, in its development configuration, on 30 November 2023. The Guidelines, in which all the contributions received had been incorporated, were warmly welcomed by the states, which valued Spain's efforts in raising greater awareness of this issue in the Working Party on Development Cooperation (CODEV). Specific experiences of certain Latin American countries, such as Uruguay and the Dominican Republic, had already been shared with CODEV in October to bring initiatives from this region closer to the EU.

These Guidelines propose that the care agenda be maintained as one of the key elements for a feminist public agenda for development, strengthening the commitment, consistency and essential coordinated collaboration of the EU Member States as a whole, in support of bilateral or joint initiatives with EU development partners, offering examples of good practices as well as a consensus and shared vision in terms of the approach and the international legislation on which it is founded, to achieve greater equality and economic and social justice for women.



Eva del Hoyo Barbolla

Directora General de Políticas para el Desarrollo Sostenible

DGPOLDES/SECI/MAEUC

# Acronyms

**CEDAW:** Committee on the Elimination of Discrimination Against Women

**CM/Rec:** Council of Europe's Council of Ministers Recommendation

**COP21:** 2021 United Nations Climate Change Conference

**CSW:** Commission on the Status of Women

**ECLAC:** Economic Commission for Latin America and the Caribbean

**ECOSOC:** United Nations Economic and Social Council

**EU:** European Union

**GAP:** Gender Action Plan

**GDP:** Gross Domestic Product

**ICESCR:** International Covenant on Economic, Social and Cultural Rights

**ILO:** International Labour Organization

**LAC:** Latin America and the Caribbean

**ODA:** Official Development Aid

**OECD:** Organisation for Economic Co-operation and Development

**PCW:** Paid care work

**NGDOs:** Non-Governmental Development Organizations

**SDGs:** Sustainable Development Goals

**UCW:** Unpaid care work

**UN:** United Nations

## 1. Introduction: Why these guidelines have been written?

**Sustainable Development Goal (SDG) 5<sup>1</sup>** represents unprecedented progress in the care agenda, placing care at the forefront as a fundamental aspect for the fulfilment of the 2030 Agenda. The transformative potential of this international commitment must go hand in hand with the implementation of national and local systems, policies and programmes that recognize, reduce and redistribute paid and unpaid care work, and with the creation of an enabling legal environment, targeted policies and programmes, and stable funding. All this must contribute to expanding decent work in the formal and informal care economies, with a more proactive involvement of women—the world’s main caregivers—who are overrepresented in both precarious employment and in care work, to ensure that all this unrecognized work is properly valued and to reduce the feminization of poverty and advance towards sustainable development through different types of initiatives.

The **Care Policy Guidelines** presented herein are a proposal of the 2023 Spanish Presidency of the Council of the EU aimed at dignifying care work, as an undertaking that is central to sustainable development and to economic and social justice in all areas, drawing on lessons learned during decades of implementing policies of this type, and to build on the momentum such programmes have been gathering in recent years on different continents.

**These Guidelines not only seek to meet SDG 5.4,<sup>2</sup> but do so by proposing that the right to care be recognized as a human right like any other, emphasizing the link between this right and SDG 1,<sup>3</sup> SDG 8<sup>4</sup> and SDG 10,<sup>5</sup>** to better identify the social and economic dimensions of care, and its contribution to environmental sustainability. The Guidelines also highlight that care as an issue is linked to all of the SDGs, and **in particular SDG 16,<sup>6</sup>** for the promotion of peaceful societies; in the current global context of armed conflicts, in which there is even greater demand for care—and in conditions that are unsustainable for human life—the significance of women’s contribution to this work is clearer than ever. **These Guidelines also aim to further the advancement of SDG 17<sup>7</sup>** through the improvement, coordination, and sharing of knowledge of all EU development partners in the field of care.



1 and 2. Sustainable Development Goal 5: Achieve gender equality and empower all women and girls

3. Sustainable Development Goal 1: End poverty in all its forms everywhere in the world.

4. Sustainable Development Goal 8: Promote inclusive and sustainable economic growth, employment and decent work for all.

5. Sustainable Development Goal 10: Reduce inequality within and among countries.

6. Sustainable Development Goal 16: Universal access to justice and the building of accountable and effective institutions at all levels.

7. Sustainable Development Goal 17: Revitalize the Global Partnership for Sustainable Development.

**SDG 5.4:** Recognize and **value unpaid care and domestic work** through the provision of **public services, infrastructure and social protection policies** and the promotion of **shared responsibility** within the household and the family as nationally appropriate.

**This international commitment has made it possible to place care front and centre on the multilateral agenda**, as evidenced by the creation of the [Action Coalition on Economic Justice and Rights](#) of the Generation Equality Forum and, subsequently, by the broader commitment of the [Global Alliance for Care](#). Care has been prioritized in regions such as Europe, which has decades of experience in social protection policies and reasonably consolidated social services, and more recently in Latin America, where we are seeing significant reforms and steady progress in different types of care initiative. Other regions have also implemented a number of interesting programmes,<sup>8</sup> aimed mainly at covering basic needs, which have the potential to be strengthened and multiplied in the short and medium term. The Covid-19 pandemic laid bare both the huge importance of and the lack of consideration given to care work, and the fragility of care systems and policies worldwide, as well as our interdependence and the unfair and unequal distribution of paid and unpaid care responsibilities, sustained mainly by house-holds and particularly by women as primary caregivers in private and public spaces.

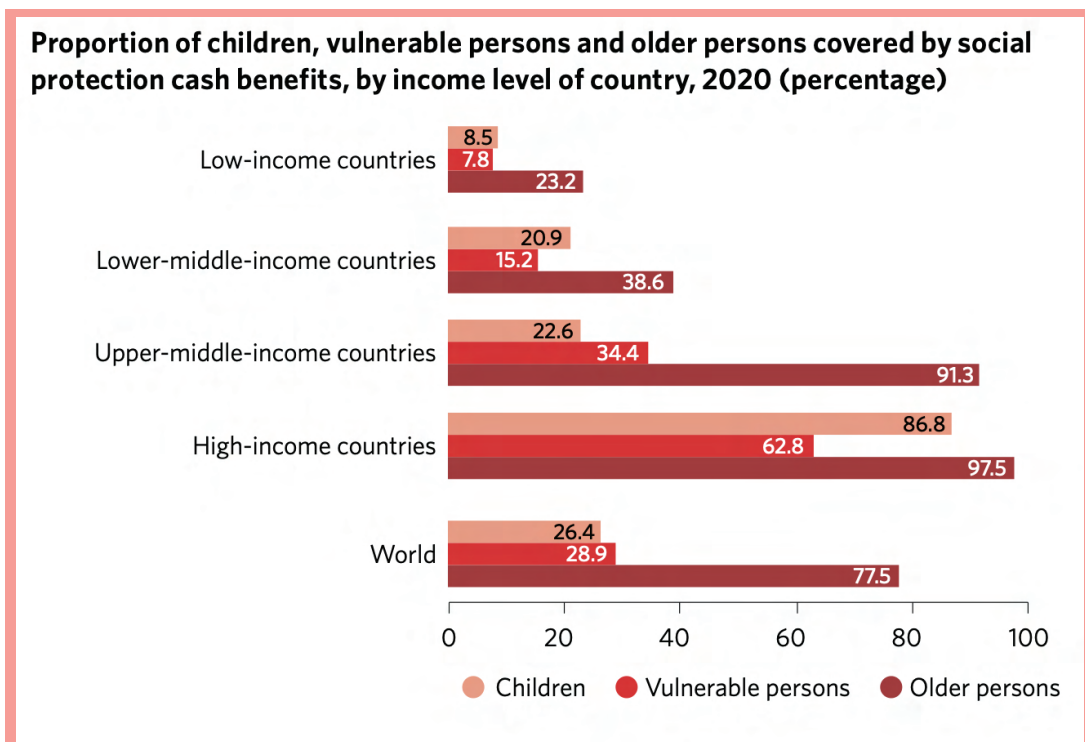


Figure 1: Proportion of children, vulnerable persons and older persons covered by social protection cash benefits, by income level of country, 2020 Source: (UN, 2023) [Sustainable Development Goals Report 2023: Special Edition Towards a Rescue Plan for People and Planet](#)



8. Valeria Esquivel and Andrea Kaufmann (2017). Innovations in care: New concepts, new actors, new policies.

**As a social right, the right to care has its roots in the [Universal Declaration of Human Rights](#) and various specific international conventions, such as [the International Covenant on Social, Economic and Cultural Rights](#), the [Convention on the Elimination of Discrimination against Women \(CEDAW\)](#), the [Convention on the Rights of Persons with Disabilities](#) and the [Convention on the Rights of the Child](#), among others. Also relevant are the Fundamental Conventions (including both first-generation and subsequent conventions) of the ILO concerning equality (Conventions [100](#), [111](#), [183](#) and [189](#)).**

The [Beijing Declaration and Platform for Action](#) were of historic significance and are a crucial point of reference and through [SDG 5.4](#) care has been accorded its own space on the [2030 Agenda for Sustainable Development](#). In recent years, since the pandemic, this recognition has inspired collaborative initiatives between different countries, such as the [Action Coalition on Economic Justice and Rights](#) within the Generation Equality Forum, organized in commemoration of the twenty-five year review of the agreements signed at the Fourth World Conference on Women (the Beijing Conference), and the [Global Alliance for Care](#), which pioneers global and multi-stakeholder agreements, as well as increasingly comprehensive regional initiatives such as the [European Care Strategy](#) (2022) and the [Buenos Aires Commitment](#) (2022), which was adopted at the [XV Regional Conference on Women in Latin American and the Caribbean](#) held in November 2022. These Guidelines drew particular inspiration from this Conference due to the strength of the commitments adopted in the region to advance in the field of care and in forging partnerships between government bodies and women’s organizations representing diversity in the region.

**Today, governments, civil society and businesses understand that recognizing the importance of paid and unpaid care work is crucial to promoting gender equality, social and economic justice, and the achievement of the Sustainable Development Goals.** A clear example of this is the recent approval of the United Nations General Assembly Resolution recognizing the International Day of Care and Support ([A/RES/77/317](#)) to be celebrated for the first time on 29 October 2023. Another relevant development approved by the UN Human Rights Council on 11 October 2023 is the resolution on the “[centrality of care and support from a human rights perspective](#)”, which constitutes a significant milestone in terms of international human rights standards, recognizing the impact of the redistribution of care for gender equality and for the exercise of women’s human rights.

Resolution [E/RES/2023/14](#) on the creation of “full and productive employment and decent work for all as a way of overcoming inequalities to accelerate recovery from the Covid-19 pandemic and the full implementation of the 2030 Agenda for Sustainable Development”<sup>9</sup> has also been adopted at the ECOSOC (United Nations Economic and Social Council).



9. At the recommendation of the Commission for Social Development, which identifies the need for “comprehensive social policies and programmes, including appropriate social transfer and decent work and job creation programmes and social protection systems” in order to close the “gap of inequality” and to accelerate “access to employment and decent work, information and communications technology and infrastructure, through advancing gender equality and the empowerment of all women and girls”.

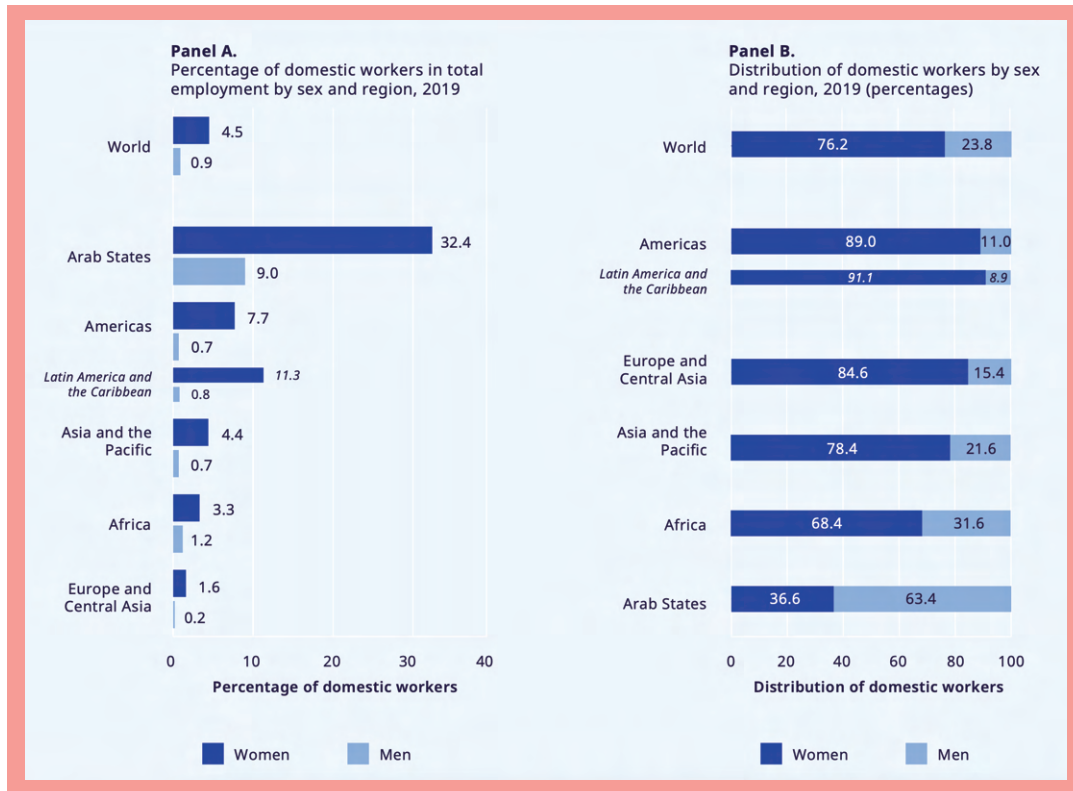


Figure 2: Percentage and gender distribution of domestic workers in each continent. Source: (ILO, 2021) [Making decent work a reality for domestic workers: Progress and prospects ten years after the adoption of the Domestic Workers Convention, 2011 \(No. 189\)](#).

These Guidelines seek to add to these global efforts to ensure that care is recognized as a vital need by helping to place care policies at the centre of political and economic agendas, and to achieve SDG 5.4 as an input for EU development partners. This is crucial to progress on SDG 5 and, therefore, on the commitments of the 2030 Agenda as a whole. The Guidelines aim to **maintain the care agenda as one of the key components of an equality agenda that will inform public policy**, reinforcing the commitment, coherence and essential coordinated work of all EU Member States in support of bilateral or joint initiatives with their development partners.

Furthermore, these Guidelines are intended to be universal in that they are designed to guide the formulation, implementation and evaluation of any programme, whether implemented by regional, national or local government entities, or by other actors working in this field, such as companies or civil society organizations, whose goal is to contribute to the implementation of the right to care or to provide social protection to caregivers, irrespective of the modality or level of intervention.

By 2030, the global gender poverty gap from ages 25 to 35 will be **121** women for every 100 men.

Figure 3: Source (UN Women, 2021) From Insights to Action: Gender Equality in the wake of Covid-19

## 2. Who is the target audience? Goals and methodology



**These guidelines are addressed to all EU Member States, in their role as ODA donor countries, and especially to development partners, *whether they be states, local governments or other non-governmental entities, companies, trade unions or foundations*, which can contribute to building a transformative care agenda, and are intended to be universal, for all regions of the world. Moreover, these Guidelines can be put into practice both in ambitious transformative policies for sustainable development, or to build comprehensive care systems, and in the implementation and support of specific social protection programmes, social care services and infrastructure, and economic and labour rights.**

**These Guidelines have been inspired by advances achieved in countries and territories of Latin America and Europe and must be adapted to the contexts and circumstances of other countries of the world.**

**The Guidelines propose that the right to care be implemented considering environmental sustainability as a general goal.** In addition, they address the **structural causes of gender discrimination—originating in the unequal and unfair social and gender distribution of care work** (the social/sexual division of care work and gender stereotypes)—that feminize care work and situate it mainly within families, overburdening women with taking responsibility for it.



## Women spend **3X** as many hours as men in unpaid care and domestic work, limiting their access to decent work

Figure 4: Source Impact of the sexual division in unpaid care work on labour force inclusion. Source: UN Women (2020): Policy Brief: The Impact of Covid-19 on Women.

To effectively deliver on the right to care, the Guidelines offer proposals on:

- ✦ *How to contribute to transformative care policies, adopting an approach that places gender equality and human rights at the heart of sustainable development or care systems?*
- ✦ *How to ensure the daily physical and emotional well-being of caregivers and care recipients, while advancing towards a co-responsibility for public policies by regional, national and local levels?*
- ✦ *And how to guarantee, in addition, that the provision of care is integrated into other sectoral policies such as environmental, and for economic, social and gender justice?*

The Guidelines also address the three dimensions of the right to care (the right to care, to be cared for and to care for oneself)<sup>10</sup> so that it can be included in public policy in a transformative way, thus helping to reduce socioeconomic and gender inequalities associated with the provision of care, **drawing on existing models based on the EU Guidelines on Human Rights or on the lessons learned from the European Care Strategy, as well as on the social protection models of the ILO** and other international organizations, such as UN Women and ECLAC.

Ultimately we also hope that the Guidelines will transcend the European context and contribute to operationalizing the Global Alliance for Care, as well as supporting the initiatives of the Action Coalition on Economic Justice and Rights that emerged from the [Generation Equality Forum](#) and its [Global Acceleration Plan](#). We also hope that they may provide input for possible [Global or Regional Care Compacts](#), **such as the Compact proposed to the EU by Latin America, which will contribute to multi-donor, multi-actor and multi-level efforts, to accelerate more effectively the fulfilment of the agreements and resolutions on care with a view to 2030.**



10. Enfoque de derechos en las políticas de infancia. Indicadores para su medición (Rights-based approach in child policies. Measurement indicators). Laura Pautassi and Laura Royo (ECLAC, 2012).



## Methodology

**These Guidelines were produced following a review of specific literature, studies and research** by United Nations agencies and on the analyses and recommendations of civil society organizations with a political agenda linked to care policies and the right to care. The social demand for care, at both the national and international levels, was examined, and research was conducted into the transformative aspects of the concepts and proposals of feminist economics.

**These Guidelines arise from and/or are supported by binding legal sources stemming from international** treaties and conventions, which constitute a mandate for the signatory States, reinforcing the international obligation to protect people's human rights, and in particular, the right to care, and which in turn are the result of a broad consensus and consultation process in which women's and feminist organizations from all regions of the world have participated for decades.

**These Guidelines are also aligned with other strategic multilateral development commitments**, such as the [Cairo Declaration and Programme of Action](#) (1994), the [Beijing Declaration and Platform for Action](#) (1995) and the [2030 Agenda for Sustainable Development](#) (2015), which recognize the central importance of care in promoting well-being and the protection of people's rights; gender inequalities in the provision of care and the role of the provision of care in ending poverty; the right of women to make decisions about their own bodies and to exercise their sexual and reproductive rights; and the need to address biases, attitudes and stereotypes that reinforce the traditional sexual division of labour, limiting the advancement of gender equality.



**The Guidelines are structured in levels of action to be implemented according to the context and windows of opportunity existing in each country or territory.**

Decisions about which care policies can be applied must take into consideration each specific geographical, economic and social context. While Sub-Saharan countries are currently more inclined to focus on the relevant infrastructure, in other regions, care policies are presented as integral components of poverty reduction policies. Asian countries and some Latin American countries, for example, prioritize care services, social protection policies and labour policies, or opt for comprehensive care systems.

**Only Latin America and the Caribbean and some European countries have “placed” care policies on the policy agenda for gender equality,** reflecting their recognition of the origins of care work and their understanding that the unequal distribution of unpaid domestic and care work between men and women is one of the fundamental causes of gender inequality in its political, economic and social dimensions. **This is why we have looked to Latin America and the Caribbean for inspiration in producing these Guidelines, given the region’s broad-reaching, transformative experiences at the levels of both national and local public policy, as well as the specific programmes it has implemented linking care to equality policies.** The links between care and gender equality policies established in these Guidelines are what give them their transformative potential.

**In addition, to strengthen policy coherence between the Member States in their role as donors to EU development partners,** these Guidelines have been aligned with **EU legal instruments and secondary legislation (Directives), as well as existing policy documents,** such as the [European Pillar of Social Rights Action Plan](#) (2021), the [EU Gender Equality Strategy \(2020-2025\)](#), the [2007 Communication on Gender Equality in Development Cooperation](#), and the successive Gender Equality Action Plans (GAPs), up to [GAP III](#), the [European Care Strategy](#) (2022) and the [EU Human Rights Guidelines](#) (2019), among other European development cooperation agreements.



**Following an analysis of the initial data laying bare the need for action, and a review of the regulatory frameworks and theoretical definitions produced in the historical advancement towards the recognition of care as a right,** the approaches of the programmes, policies, and systems already in place in different countries and contexts will be spotted in a more concrete manner.

**Based on this accumulated knowledge, we will identify the transformations necessary to create an integral care system** focused on the sustainability of life and the environment and on gender equality, as an ideal model, or more specific programmes and policies, but with a transforming capacity, structured in ten levels that will be developed in the final section of this document. With these ten proposals, the principles and approaches for promoting the right to care will be operationalized in a programme, policy, or care system, at State or local level, or at multiple levels. The implementation of these transformations will also reflect the particularities of each institutional context, political opportunity, and respect for cultural diversity in their application in a specific territory.

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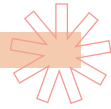
### **3. Data that call for action. Context.**



The pre- and post-pandemic data to which we have access clearly reflect discrimination against women in terms of the sexual division of labour, their overrepresentation in care work, and therefore the feminization of poverty, the devaluation of the care economy, and the negative consequences for the lives of care recipients.

These data only offer a partial understanding of the seriousness of the situation given that we do not have homogeneous and complete statistics disaggregated by sex and gender for all regions of the world. The data available also lack other indicators of intersectionality, as well as information on uses of time, or on the burden of care of women as compared with that of men. Similarly, we do not have access to satellite accounts containing clear data on the care economy, or on the unquantified savings made by States from that invisible, devalued, but essential economy.

## Data revealing the impact of the Covid-19 pandemic<sup>11</sup>



- † During the pandemic, women carried out 29% more childcare work than men, while facing greater job losses due to caregiving obligations. Between 2019 and 2020, women lost 54 million jobs globally.<sup>12</sup> The Covid-19 pandemic also underscored **the need for care to be considered a public good which due to its very nature should be reckoned a social investment.**<sup>13</sup>
- † Before the Covid-19 pandemic, women already spent three times as much time as men on unpaid domestic and care work.
- † The domestic and care work carried out by women continues to subsidize the entire economy, in an invisible and little recognized way, both through its contribution to the social and economic development of countries and its support of the life and health of the people women care for. A survey conducted in 18 countries shows that the Covid-19 pandemic has intensified women's workload in the home, with almost half of all women living at home with their children reporting that they spend more than five hours a day on childcare.
- † **Given the economic effects of the Covid-19 pandemic, it is projected that 47 million more women are likely to fall into extreme poverty.**<sup>14</sup>

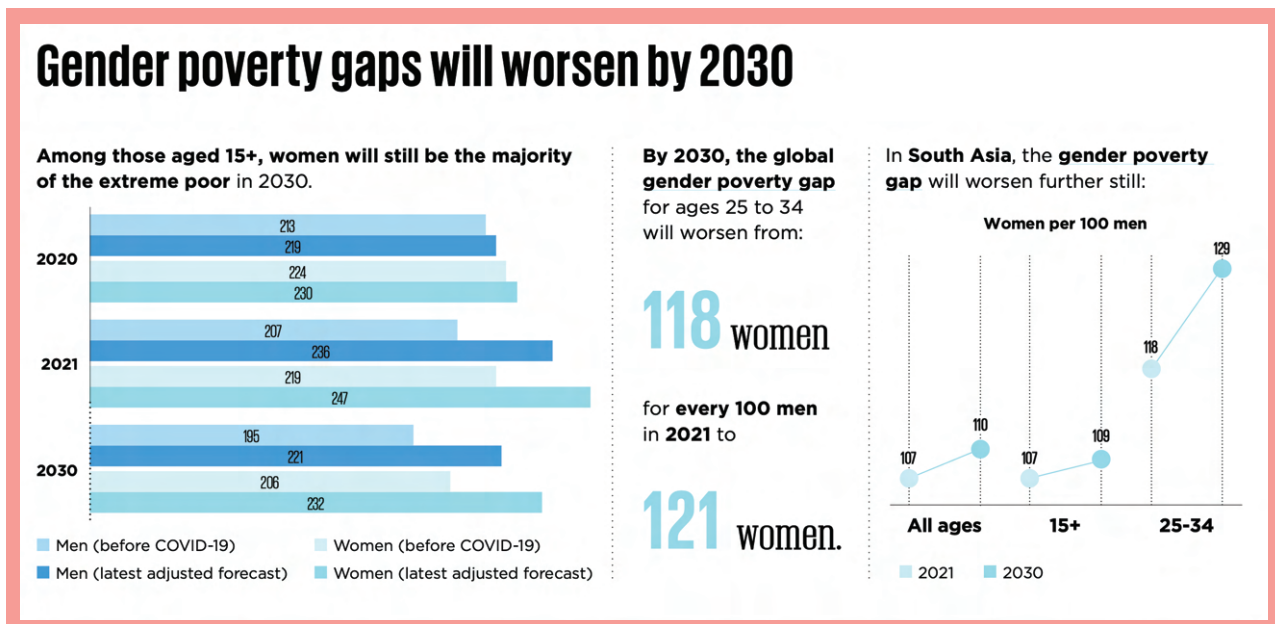


Figure 5: The gender poverty gap will worsen by 2030. Source: UN Women (2021). From Insights to Action. Gender Equality in the Wake of Covid-19



11. Equality Generation Forum (2021). Action Coalition on Economic Justice and Rights

12. UN Women (2021). Beyond Covid-19: A Feminist Plan for Sustainability and Social Justice. Key messages

13. UN Women (2021). Beyond Covid-19: A Feminist Plan for Sustainability and Social Justice. Key messages

14. UN Women (2020) From Insights to Action: Gender Equality in the Wake of Covid-19

## Data on unpaid care work and Children Domestic Work

- ✦ Every day, 16.4 billion hours are spent on unpaid care work, the equivalent of 2 billion people working eight hours a day, unpaid, of whom more than 1.5 billion are women and girls worldwide.<sup>15</sup>
- ✦ In no country in the world do women and men spend a similar amount of time providing unpaid care. On average, women spend 3.2 times as much time as men on caregiving, 4.25 hours for women compared with 1.23 hours for men. After a year, on an eight-hour daily basis, this figure means that **women devote 201 days of work to caregiving compared with 63 days for men.**<sup>16</sup>

Women spend **4:30** hours per day doing UNPAID care work while men only do **1:15**  
 Women spend **3:00** hours per day doing PAID work. while men do **5:30**

Figure 6: Source ILO (2019). *Care Work and Care Jobs for a Decent Work Future*.

- ✦ Unpaid care work constitutes the main obstacle to women's participation in labour markets and unpaid caregivers represent the largest group of potential workers worldwide.
- ✦ **Of the 647 million people of working age who are outside the labour force due to family responsibilities, 606 million are women.**<sup>17</sup> These 647 million full-time unpaid caregivers represent the largest group of potential labour market participants worldwide, among whom mothers of young children are overrepresented.<sup>18</sup>



- ✦ For women of reproductive age, taking care of their children is a determining factor in their lower participation in education as well as in lifelong learning, which also impacts on their access to and options in the labour market. Labour force participation data show a gender gap of 29.2 percentage points among people aged between 25 and 54,<sup>19</sup> and that women working five days a week who have three or more children under the age of six living at home lose 18 hours of paid work per month, which affects the quality of jobs and the level of remuneration of women.
  
- ✦ Child domestic workers are highly vulnerable to physical, sexual, psychological and other forms of abuse, harassment and violence because they work in spaces to which the public do not have access and generally lack co-workers. Workers living with their employers are of particular concern. [Convention No. 189](#), in accordance with [Convention No. 138](#) and [Convention No. 182](#), requires States to take measures to ensure that domestic workers enjoy effective protection against all forms of abuse, harassment and violence (in addition to emphasizing the need to eliminate child labour in domestic work).<sup>20</sup> These concerns are due to the informal nature of domestic work, which hinders the enforcement of labour standards in the formal economy, resulting in child domestic workers, in the majority of cases, being left legally unprotected and beyond the reach of formal labour inspection and control.
  
- ✦ The highest percentage of child labour takes place in families. Seventy-two per cent of all child labour and 83 per cent of child labour among children aged 5 to 11 occurs within families, primarily on family farms or in family microenterprises.<sup>21</sup> These are the latest available data, from 2020, and are not disaggregated by sex or by category of child labour. **To find disaggregated data on child domestic work, we must go back to 2012, when it was estimated that 17.2 million children globally were engaged in paid domestic work with a third party or employer. In 2012, the vast majority of child domestic workers were girls (67.1%); 21.4% of child domestic workers were involved in hazardous forms of child labour in domestic work; and 65.1% of all child domestic workers were under the age of 14, of whom 7.4 million were in the age group of 5-11 years and 3.8 million in the age group of 12-14 years.**<sup>22</sup>



19. ILO (2017) New data shine light on gender gaps in the labour market

20. Practical Guide to Ending Child Labour and Protecting Young Workers in Domestic Work

21. ILO (2017) UNICEF/ILO: Child labour: Global estimates 2020, trends and the road forward

22. Practical Guide to Ending Child Labour and Protecting Young Workers in Domestic Work

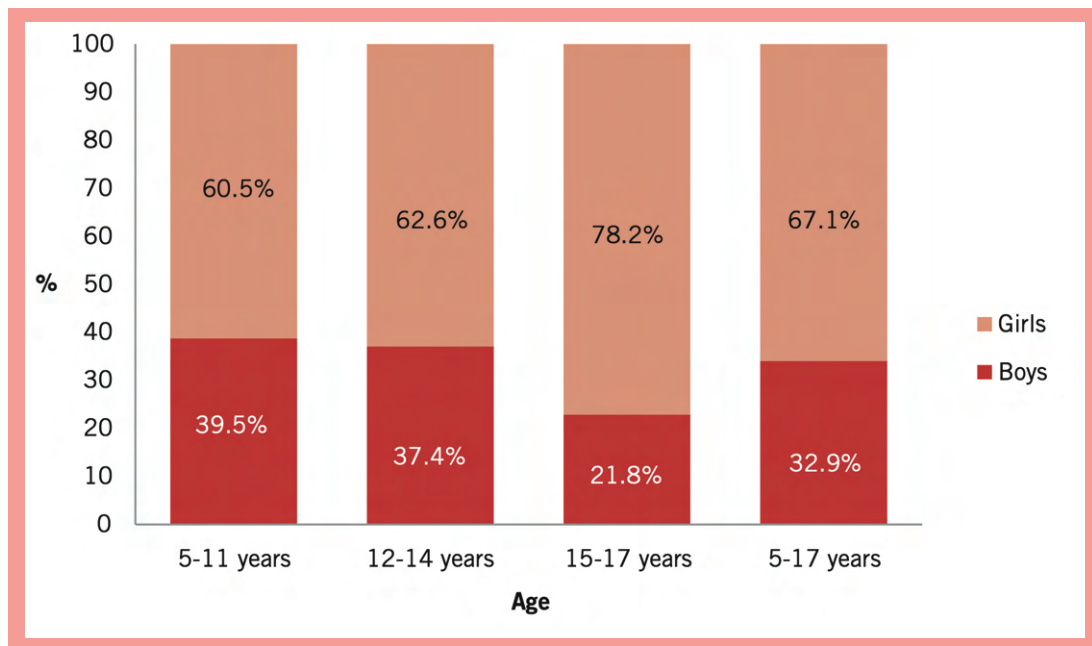


Figure 7: Source: ILO (2013) Child domestic work: Global estimates 2012

- ✦ Child labour is often associated with children dropping out of school. A high percentage of very young children in child labour are excluded from school despite belonging to the compulsory education age group. More than a quarter of children aged 5 to 11 and over a third of children aged 12 to 14 who are in child labour are out of school. This severely limits their prospects for decent work in youth and adulthood, as well as their life potential in general. Many more children in child labour struggle to balance the demands of their studies with the demands of their work.<sup>23</sup>
- ✦ One of the fundamental factors making girls more vulnerable to being pushed into care work is discrimination in education, as well as sexism in formal and informal education. Girls drop out of school due to having to do care work at home, and have less access to digital learning. All of this is aggravated in situations of climate crisis, conflict, or pandemics, where their role as caregivers, as well as that of women, is increased.
- ✦ **Men's contribution to unpaid care work has increased over the past twenty years, but at such an insufficient pace that it would take 210 years to approach co-responsibility, which would not be fully achieved before 2228.** This very slow pace of change calls into question the effectiveness of past and current policies to address the extent and division of unpaid care work over the past two decades<sup>24</sup>



23. UNICEF/ILO: Child labour: Global estimates 2020, trends and the road forward

24. ILO (2018) Care work and care jobs for the future of decent work



- † **By 2030, 2.3 billion people globally are expected to require care, a demand that exceeds the possibilities of households** and that will expose more women and men to the potential conflict between unpaid care work and paid employment<sup>25</sup> Estimates conclude that it will not be possible to meet this demand without an increase in investment in accessible, affordable and quality care services in accordance with the needs of households, especially those with fewer resources, and advancing social and gender co-responsibility in care, and public policy commitments to invest in these services are also needed.

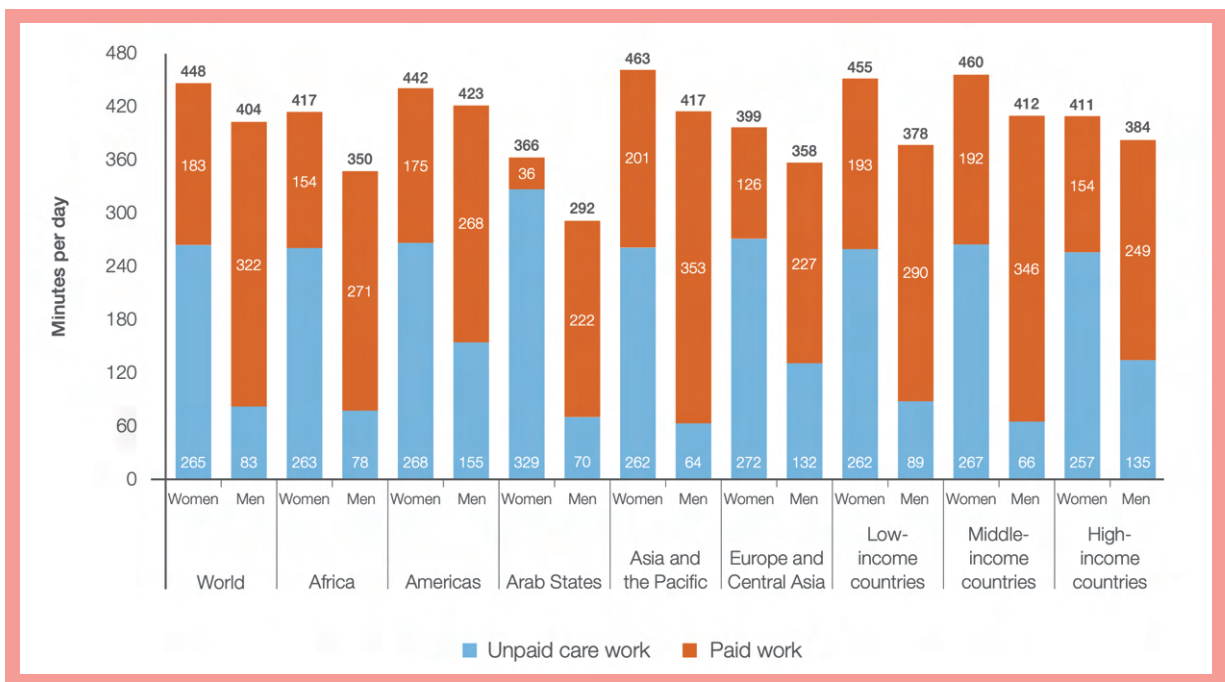
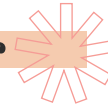


Figure 8: Time spent daily on unpaid care work, paid work and total work, by sex, region and income group, latest available year. Source: ILO (2018) *Care work and care jobs for the future of decent work*





## Data on paid care work and the care sector



- † Care-related employment is an important source of employment worldwide, especially for women. In total, **the global workforce engaged in caregiving amounts to 381 million workers: 249 million women and 132 million men.** These figures represent 11.5 percent of total global employment, 19.3 percent of global female employment and 6.6 percent of global male employment.<sup>26</sup>
- † The majority of care workers are employed in the education sector (123 million) and in the health and social work sector (92 million). There are 70 million domestic workers employed by households worldwide, of whom 49 million are women and 21 million are men (2.1% of global employment). Non-direct care workers employed in the care sector (e.g. accountants, cooks, cleaners) account for 72 million workers (2.2% of global employment).<sup>27</sup>
- † According to ILO estimates for a group of 45 countries, **public and private spending on care services needs to be increased to 18.4 trillion US dollars, or up to 18.3% of the total projected GDP of these 45 countries for 2030, to optimally meet the care needs of these countries.** This investment would lead to the creation of 475 million jobs in education, health and social work from here to 2030, or 269 million new jobs compared with 2015.<sup>28</sup> An estimate for eight OECD countries of **the job creation potential of the care sector indicates that it may be up to three times greater than that resulting from investing in the construction sector.**<sup>29</sup>

## Income Gap



- † **Approximately 2.4 billion women in the world do not have the same economic rights as men.** Globally, the gap between the expected lifetime earnings of men and women is 172 trillion US dollars, almost twice the world's annual gross domestic product (GDP).<sup>30</sup>



26. ILO (2018) Care work and care jobs for the future of decent work

27. Ibid.

28. Ibid.

29. See De Henau, Jerome and Himmelweit, Susan (2021). "A Care-Led Recovery from Covid-19: Investing in High-Quality Care to Stimulate and Rebalance the Economy." *Feminist Economics* 27(1'2): 453'69.

30. The World Bank (2023) Women, Business and the Law

## Digital gap

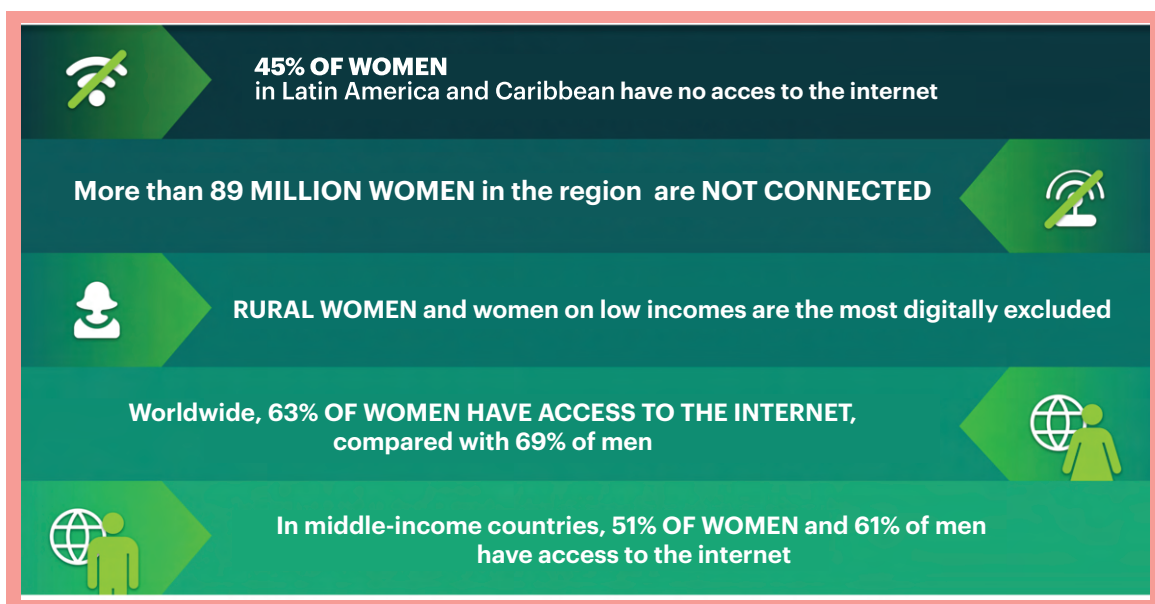


Figure 9: Sources: [World data: International Telecommunication Union \(2021\)](#) and [CEPAL \(2022\) Gender equality and women's and girls' autonomy in the digital era: contributions of education and digital transformation in Latin America and the Caribbean \(cepal.org\)](#)

- ✦ **Four out of 10 women in Latin America are not connected** and/or cannot afford connectivity.<sup>31</sup>
- ✦ Less than half of the population of Latin America and the Caribbean has digital skills, and **less than 9% declare that they are competent in complex activities such as programming, configuring software or devices, or using Excel.**<sup>32</sup>

## Data on social security

- ✦ **Only 29% of the world's population has access to full social security systems and 55% lack protection.**<sup>33</sup> Having basic social security guarantees has become a matter of social and political stability for the populations of many high and middle-income countries. For lower-income countries, eradicating poverty and promoting sustainable development through basic security and access to essential health care are of vital importance today.



31. Gender equality and women's and girls' autonomy in the digital era: contributions of education and digital transformation in Latin America and the Caribbean (cepal.org) prepared by ECLAC, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)

32. Ibid.

33. ILO (2018) Universal social protection for human dignity, social justice and sustainable development

- ✦ **Gender gaps in social protection tend to be particularly acute after retirement age, and almost 65% of people beyond retirement age living without a regular pension are women.**<sup>34</sup> Women have lower rates of labour force participation and higher levels of informal employment and atypical forms of employment, lower earnings, and significantly higher participation in care and unpaid work than men, leading to lower levels of social protection during their life cycle and a greater likelihood of living in poverty.
- ✦ More than half of the world's women workers are unable to enjoy paid maternity leave with employment protection, even when they work in countries that have acceded to [ILO Convention No. 183](#). Few countries ensure universal coverage, so many categories of women workers are totally or partially unprotected, including domestic workers or those in temporary or part-time employment, as well as women working in the informal economy.<sup>35</sup>
- ✦ Globally, 1.26 billion men do not have access to paternity leave, which is essential for enabling men's rights and responsibilities in caregiving and not missing out on the unique opportunity to bond with their newborn sons and daughters.<sup>36</sup>



34. ILO (2016) Women at Work Trends 2016

35. ILO (2023) Women and men in the informal economy: A statistical update

36. ILO (2023) Women and men in the informal economy: A statistical update

## Data on labour in the informal economy



- ✦ Workers in the informal economy account for 2 billion of the world's employed population, 61.2% of global employment and more than 90% of employment in developing and emerging countries and are among those with the lowest coverage by social security systems.<sup>37</sup>
- ✦ Globally, there are 740 million women in the informal labour force and in 55.5% of countries the percentage of women in informal employment exceeds that of men. At a regional level, in more than 90% of Sub-Saharan African countries, 89% of South Asian countries and almost 75% of Latin American countries, the percentage of women in informal employment exceeds that of men.<sup>38</sup>
- ✦ Women in informal employment are paid less for their work and are exposed to greater decent work deficits. Due to the nature of their work, male and female workers in the informal economy are excluded from contributory social security schemes. Nor do they have access to the various types of work-related benefits, due to their exclusion from legal coverage, their limited contributory capacity, low and volatile earnings, and complex administrative procedures.<sup>39</sup>

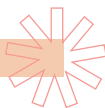


37. ILO (2018) Universal social protection for human dignity, social justice and sustainable development

38. ILO (2018) Women and men in the informal economy: A statistical update

39. ILO (2019) Universal social protection for human dignity, social justice and sustainable development

## Data on the care economy



- ✦ The care economy can be a powerful tool for boosting the economy and for the economic recovery of countries if there is social investment in care and decent employment in the sector, and quality care jobs are formalized. **Investments in good quality care work offer multiple short- and long-term benefits for the future of decent work.** One report shows us the estimated annual investment relative to GDP that would be needed to finance three care policies: (i) Extending paid leave and breastfeeding breaks to all employed parents (including those in informal employment), at an adequate level of pay, would require about 0.3% of GDP of annual investment by 2035. (ii) Extending universal childcare would require an additional annual investment of 1.5% of GDP by 2035, above the current public expenditure of 0.3%; (iii) For long-term care, **the additional annual investment by 2035 would be 2.5% of GDP, above the current public expenditure of 0.6%. According to the study, these investments could provide a powerful economic stimulus, creating up to almost 300 million jobs by 2035 and recovering part of the investment through increased tax revenues.**<sup>40</sup>
- ✦ **The investment in the care economy needed to achieve the SDGs would represent a total of 475 million jobs by 2030.** According to ILO estimates (2019), if the current pace of change (status quo) in care-related employment and demographic change prevails between now and 2030, employment in the care sector—total sectoral employment in education, health, social work and indirect jobs—could reach 358 million jobs by 2030. However, if there is increased investment in the care economy, above the status quo, a total of 475 million jobs could be created by the same year.<sup>41</sup>
- ✦ An estimate for eight OECD countries of the employment generating potential of the care sector indicates that this may be up to **three times greater than that of investing in the construction sector.**<sup>42</sup>



40. De Henau, Jerome (2022). "Costs and benefits of investing in transformative care policy packages: A macrosimulation study in 82 Countries" ILO Working Paper Series. Estimates were derived from input-output tables for 82 countries representing approximately 94% of world GDP in 2019 and 87% of the world's employed population (including women and men working in the informal economy). The details of the calculations are available in De Henau, Jerome (2022). "Costs and benefits of Investing in transformative care policy packages: A macrosimulation study in 82 Countries," ILO Working Paper Series.

41. Of the 117 million additional jobs created, 78 million would be in the education and health and social work sectors—early childhood care and education services (39 million), long-term care services (30 million), health and social work services (9 million)—as well as generating 39 million additional indirect jobs in other sectors.

42. See De Henau, Jerome and Himmelweit, Susan (2021). "A Care-Led Recovery from Covid-19: Investing in High-Quality Care to Stimulate and Rebalance

- ✦ **If unpaid care work were valued based on a minimum hourly wage, it would represent 9% of the world's GDP, equivalent to 11 trillion US dollars,**<sup>43</sup> thus revealing its status as a “hidden engine” that keeps economies, companies and societies running. In terms of regional GDP, it is estimated that the value of unpaid care work corresponds to 20.6% of GDP in LAC, followed by Africa (16.2%), Europe (13.5%), Asia and the Pacific (9.9%), and the Middle East and North Africa (9.9%). These estimates are based on unequal (between countries) and incomplete statistical data on the time spent by men and women on care work.

## Data on environmental sustainability

- ✦ Gender equality and women's empowerment are fundamental to development, environmental sustainability and the achievement of the SDGs. **Globally, women play a central role in community support, resilience building and conservation efforts, ensuring the well-being of current and future generations.** The SDG framework provides adequate coverage on gender equality (SDG 5) and environmental goals (the five Planet Goals), while gender and environmental issues are also specifically present in other SDGs. **However, the gender-environment nexus is not sufficiently present in the overall SDG framework.**<sup>44</sup>
- ✦ Efforts to improve gender equality and sustainable economies are mutually reinforcing. For example, closing the gender gap in agriculture (by increasing access to assets, land and opportunities) would enable women to increase their yields by 20-30%, leading to an increase in total agricultural production in developing countries of 2.5-4%, thus reducing the number of food insecure people worldwide by between 12% and 17%.<sup>45</sup> **Tasks linked to food and health care are mostly performed by women.**



43. ILO (2018) Care work and care jobs for the future of decent work

44. OECD (2021) Gender and the Environment: Building Evidence and Policies to Achieve the SDGs

45. Ibid

- ✦ **A review of 17 studies on women’s participation in local resource decision-making in the forestry and fisheries sectors (in non-OECD countries) found that it has a significant positive effect on resource governance and conservation outcomes.** In Namibia, which collects sex-disaggregated data through its Community-Based Natural Resource Management Programme, the data showed that 30% of conservation management committee members were women, and that women were mainly involved in the management of indigenous plants.<sup>46</sup> **This work is another cornerstone of caring for the health and resources of the planet, with a view to savings in the communities.**
- ✦ Development cooperation data shows that there is greater potential for mainstreaming gender equality in biodiversity-related programming and conservation projects. Commitments regarding allocable bilateral aid earmarked for gender equality and women’s empowerment as a significant (secondary) or principal (primary) goal have been notably increased from 2015 to 2019.
- ✦ However, only a small fraction of this bilateral aid is dedicated to biodiversity (i.e. about 1.2% per year on average for 2015-2019), indicating that the link between gender equality and halting biodiversity loss needs to be strengthened in Official Development Aid.<sup>47</sup>



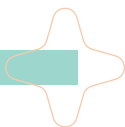
46. OECD (2021). Gender and the Environment: Building Evidence and Policies to Achieve the SDGs

47. Ibid.

## 1. Care as a need, as work and as a right



### Care is a need



**Care is a central need for social, economic, and environmental sustainability.** It is essential to achieving sustainable human development, whether promoted comprehensively at a global level and at the level of the planet's resources, at a transformative level focusing on specific programmes, public policy, or more specific interventions, at State level, or at the local and territorial levels. **All of these approaches are transformative and will make the world more sustainable, in all or some of its dimensions, or will serve to deliver greater economic and social justice** in those places where concrete measures are taken to care for and protect the environment.

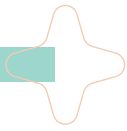
**From a comprehensive perspective, this need encompasses the need to receive care, the need to provide care and the need to exercise self-care, which includes caring for the environment.** Care relates to the multiplicity of activities that are fundamental to the biological, social and cultural reproduction of any human group (Soto et al., 2022) occupying a natural physical environment on which their survival and continuance depends (Herrero et al. 2018) and which must also be cared for.

**Physical infrastructure to support care (water and sanitation, energy sources, care-friendly urban planning, public transportation, etc.), including access to essential public services (health centres, schools, etc.), are key to facilitating care tasks, reducing the time spent on unpaid care, and ensuring access to and quality of care for those who need it most.** Quality of care refers, on the one hand, from an operational perspective, to having a comprehensive vision of your care. That care should not be provided by segregated institutions but be community-based.

On the other hand, as regards the quality of direct care, the autonomy and independence of care recipients must be respected, whether they are people with disabilities or older persons. Quality care means dignified care, based on respect, understanding and empathy, where the number of hours of quality care dedicated to each care recipient is appropriate to their particular needs.



## Care as a right



These Guidelines address care as a human right, understood as the right to care, to be cared for and to care for oneself (Pautassi, 2007). It is a right that is exercised in relation to caregivers, care recipients and owners of care. It is also exercised taking into account the time that people dedicate to care and the impact on their opportunities to participate in social, political, cultural and leisure activities, in short, to dedicate time to the personal development to which every person aspires, without any kind of discrimination.

The right to care, accepted and understood as such, with the same legal status as any other human right, obliges States to respect, protect and guarantee the enjoyment of this right.

The Guidelines propose that the right to care be recognized as a human right in all EU Member States. This implies that the main actor in its implementation should be the State, which should adopt public policies that ensure its protection and exercise and fund specific care policies that are aligned with international human rights instruments (economic, social, political, cultural and environmental conventions and agreements of the UN, as well as regional conventions and agreements).

The right to care is fundamental to the entire body of human rights, which should be enjoyed by everyone, regardless of any grounds of discrimination, vulnerability or dependence, and which, based on the **principles of equality, universality, progressiveness and non-regression**, enable the sustainability of human life and care for the planet. Far from being linked exclusively to the provision of services or of care to people or groups in situations of greater exclusion or vulnerability, this normative definition integrates this right into the tradition of human rights, recognizing its universal and interdependent value and considering it in relation to the providers, recipients or owners of care (Pautassi, 2007).

**By recognizing care as a right, the State becomes a central actor in guaranteeing it.** Not only is the State **responsible for providing care goods and services**, but in its capacity as a regulator, it is **also responsible for (i) organizing the entire governmental apparatus and the structures of public power to guarantee this right, (ii) to adapt domestic law to international standards, and (iii) to regulate the responsibilities of other institutions and actors, such as families, the community and the market** (Güezmes, Scuro and Bidegain, 2022).

The right to care, whose legal status is no different to that of any other human right, obliges States to respect, protect and guarantee it. Placing care within the human rights framework means basing the respective public policies on the instruments of international human rights, especially economic, social, cultural and environmental rights. The efficacy and enforceability of these rights, and their possibility of being litigated or upheld through the courts are gaining strength, since human rights are all claimable, indivisible, interdependent and universal (Abramovich and Curtis, 2004; Abramovich, 2006; Pautassi, 2007).<sup>48</sup> Due to its status as a social right, the State is obliged to progressively develop the right to care through public policies. The pace of this development may be determined by the availability of economic resources, but will always be subject to standards regarding the use of the maximum available resources, ensuring its progressivity and non-regression.

**Care is an “enabling” right, as it is fundamental to the development and welfare of human beings** and allows people to emerge from marginalization and actively participate in society. **However, it still lacks due recognition as one of the pillars of well-being, a critical absence that limits its coverage by public policies and budgets.** Advancing in this understanding is key to transitioning towards a **care society** that prioritizes the sustainability of life and the planet and guarantees the rights of people who require care and of those who provide care, that takes into account self-care and mutual care, and that does not limit its actions in this field to merely providing services and benefits for the most vulnerable people and groups.

## Care as work

In addition to being considered a right, **care is also (paid and unpaid) work which must be dignified and whose importance as an essential good must be recognized** in order to respond to the need for care shared by every human being, regardless of the fact that not all care needs are the same for all people, but vary in intensity depending on life conditions and life stages (childhood, old age, or illness). **Care can be defined as everything we do to “maintain, continue and repair our ‘world’; so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex life-sustaining web”** (Tronto 2005).



That is, care, in addition to activity, involves relationships between people, and between people and other living beings, and with the natural environment that surrounds us and on which human life depends (Herrera, 2018). All people depend on care to sustain our survival and well-being (**interdependence**) and we depend on nature and its resources to sustain life itself (**eco-dependence**).

### **What does care work consist of?**

**Care work consists of two types of overlapping activities:** direct, personal and relational care activities, such as feeding a baby, or nursing an ill partner; and indirect care activities, such as cooking and cleaning.

**Unpaid care work** (UPCW) is care work provided without a monetary reward by unpaid carers. Unpaid care work is considered work and is thus a crucial dimension of the world of work.

**Paid care work** (PCW) is performed for pay or profit by care workers. It can take place in public and private care sectors, such as educational, social and health care settings, as well as in private homes.

**Domestic workers**, who provide both direct and indirect care in households, are also part of the care workforce. In many countries, domestic work<sup>49</sup>—generally performed by women—is considered a subcategory of wage and salaried work and as such is excluded from the main protections of what is considered "decent work."<sup>50</sup>

The lack of recognition of care, the cultural norm whereby women are considered responsible for care as though by rule of nature, and the consequences of the sexual division of labour in households, is transferred to paid care work and amplifies its effects for women in the public sphere.



49. ILO, 2013: Resolution II: Resolution concerning statistics of work, employment and labour underutilization, adopted by the 19th International Conference of Labour Statisticians, October 2013 (Geneva).

50. Only 35 countries out of a total of 187 ILO member countries have ratified Convention No. 189 on domestic work.

- ◆ The role of “natural” caregivers culturally assigned to women, and the lack of social, political and gender co-responsibility in caregiving overburdens women with work, leaving them time-poor and thus obstructing their equal participation in the political, social and economic life of their societies. **The fulfilment of SDG 5.4 is crucial to making progress on SDG 5 and, therefore, to making progress on the commitments of the 2030 Agenda as a whole.**
- ◆ Although care is required and present in all our lives, it is mostly women who provide it, either as unpaid work in households and community spaces, or as paid work in the workplace. Worldwide, women perform three quarters of unpaid care work (76.2%) and make up two thirds of the paid care workforce (66.6%).<sup>51</sup>

## Of all domestic workers globally **76%** are women

Figure 10: Source ILO (2021) “Making decent work a reality for domestic workers: Progress and prospects ten years after the adoption of the Domestic Workers Convention, ILO, 2011 (No. 189)”

- ◆ Paid care work is often perceived as an extension of unpaid care work and, therefore, considered to be low-skilled and of less value to the economy than other occupations. Consequently, **paid care work is characterized by job insecurity**, unfair pay well below the living-wage threshold and by a lack of social protection including the loss of pension rights.
- ◆ **There is a vicious circle between care, poverty, inequality and precariousness that links care work to time poverty and to greater difficulties in overcoming the feminization of poverty**, due to the limited opportunities available to caregivers to enter the labour market, which is an especially serious problem for women who head single-parent households.
- ◆ **Care work reproduces inequalities between women of different socioeconomic status, as well as ethnic-racial and territorial inequalities**, since care duties are also transferred according to a social hierarchy based on gender, class and place of origin (Pérez Orozco, 2014). **This dynamic relates to global care chains** and is the transnational dimension of the unjust and unequal social organization of care, in which care duties are transferred from some women to others, between countries, affecting care in the places of origin, and with a notable absence of male participation in these tasks (ECLAC, 2016).



- ◆ **There is a strong correlation between women's access to the labour market and the transnationalization of care services.** Part of the demand for care in the world is covered by migration flows: migrant women are offered care sector jobs, especially in those countries with aging, high-income populations, where there is a shortage of this type of service. In 2015, the ILO estimated that, of the total 150.3 million migrant workers, 17.2% were domestic workers.<sup>52</sup>
- ◆ Domestic and long-term care workers (many of whom are migrants) are particularly subject to multiple intersectional forms of discrimination, to vulnerability and to exclusion from quality jobs, to unsafe work environments, and to increased exposure to violence and labour and sexual abuse.

The central role of care work in the provision of well-being has remained invisible in mainstream economics (ECLAC, 2022), as too has its crucial role in the productive work structure (the market) and in social reproduction. **In addition to constituting a central aspect of personal development and ensuring the quality of life of individuals and the welfare of the population as a whole, daily care work provides the commercial economic system each day with male and female workers who are subject to precariousness and invisibility and without whom the established system simply could not reproduce itself (social reproduction) and would cease to function.**

### 1. As a Need

Care is a central need for **sustainability in its three dimensions : social, economic and environmental .**

This need involves both the people who receive care and those who care for them or for themselves, including care of the environment (eco-dependence).

### 2. As a Work

In addition to the welfare of all, care work allows the current economic system to have at its disposal everyday **workers in conditions of precariousness and invisibility, without whom the established system simply could not continue and would cease to function.**

It is divided into **paid and unpaid care work.**

### 3. As a Right

Care as a **human right**, understood as **the right to receive care, to care and to self-care.**

With a legal nature equal or linked to the realization of other human rights, it promotes **States to respect, protect and guarantee their fulfillment.**



Although the situation varies greatly from country to country, **at global level care work has yet to receive general recognition as a social and economic good** and, therefore, has not featured on the policy agendas or in the decision-making for economic recovery from the crisis caused by the pandemic. However, all countries share the view that the degree of inequality in the provision of and access to care will determine a government's contribution to reducing or reproducing and amplifying socioeconomic and gender inequality. **This will be expressed in the precarious conditions in which care is provided, with limited access to quality care services, the precariousness of those employed in the care sector, with a lack of decent wages, labour rights or access to social protection, limiting their options for escaping poverty and affecting their future income due to the lack of social security and pension rights, which mainly affects women around the world.**

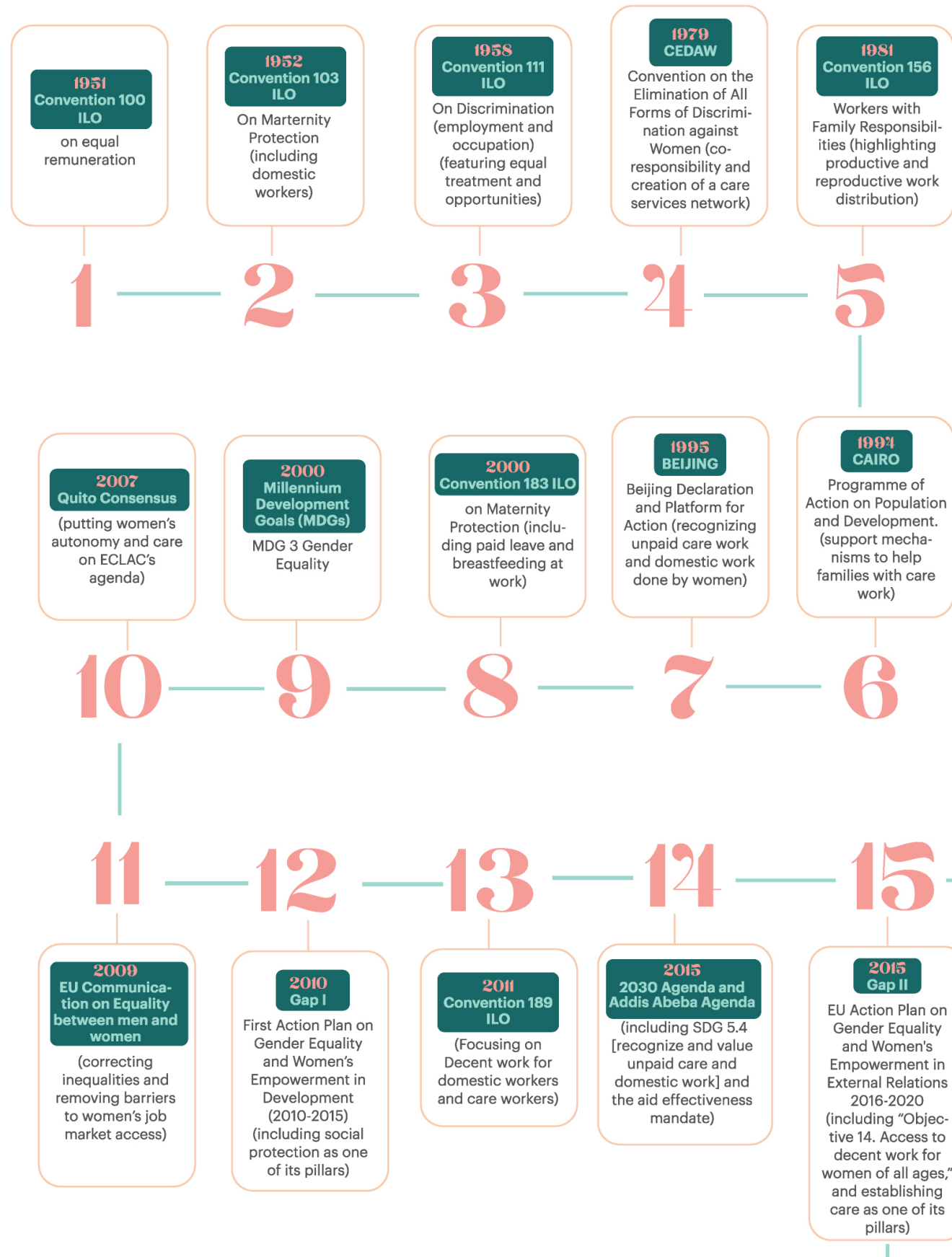
**The working conditions of the global care workforce (249 million women and 132 million men) have an impact on the quality of the care they provide. Poor quality jobs for caregivers lead to poor quality care work (ILO; 2019)** to the detriment of the well-being of those receiving care, of those providing care, and also of unpaid caregivers who have fewer options for paid, decent work allocating proper benefits. **In addition to being intense work that should be properly valued as being essential to our well-being and to the functioning of our economies, care is an individual and inalienable social right recognized in international covenants and treaties that contributes to human development and fulfilment,** as well as to the global human development of all societies, and to the protection of the natural environment and its resources (see Table 1 in the Chapter on the International regulatory framework and references).





## 5. Milestones on the path to care as a right

Figure 11: Timeline of conferences and regulatory frameworks constituting major milestones  
Source: Compiled by authors



The graph below, based on data published by ECLAC<sup>53</sup> shows the evolution in Latin America and the Caribbean of the theoretical and practical construction of care from its place in the world of work to the consideration of social policies and policies for economic justice and ultimately to the conception of care as a right. This illuminating graph can be applied to other regions with respect to the historical evolution of care in the world over the past few decades:



Figure 12: ECLAC/UN Women (2023) Advances in care policies in Latin America and the Caribbean: Towards a care society with gender equality

## 6. International regulatory framework and references

The human right to care, understood as the **right to care, to be cared for and to care for oneself**, is a universal social right recognized in international covenants and treaties. Based on the **principles of equality and non-discrimination, universality, progressivity and non-regression, and social and gender co-responsibility**, the right to care enables the sustainability of human life and the protection of the planet.

The *Convention on the Elimination of All Forms of Discrimination against Women* (1979), the *Convention on the Rights of the Child* (1989), the *Convention on the Rights of Persons with Disabilities* (2007), the ILO Conventions (No. 100, No. 111, No. 156, No. 182, No. 189, No. 202 and No. 191), as well as the general recommendations of the committees responsible for monitoring these covenants and conventions, all refer to the human right to care as an element of equality and non-discrimination and recognize its value as work and the obligation to guarantee the rights of people who require and provide care, proposing measures to dismantle the sexual division of labour and the erroneous belief that care work is the exclusive responsibility of women due to their sex, as well as measures





to transitions towards social co-responsibility among those who provide care within the social structure (State, market, communities and households). Collectively, these conventions and recommendations constitute a regulatory framework and a matrix of actions, in which unpaid care work and paid care work are recognized as work, revealing the impediment they represent for gender equality and for the exercise of rights for women and girls in all their diversity. They call for consideration to be given to the need to recognize, reduce and redistribute the burden of care work socially, with guaranteed responsibility on the part of the State, as well as to distribute it more fairly between women and men, inside and outside the home.



**Table 1: It systematizes and organizes,** in great detail and using excerpts from the documents themselves, **the binding principles arising from the international treaties and conventions of the United Nations, which constitute a mandate for States as regards their international obligation to protect the human rights of individuals and, in particular, the right to care.** The number of countries that have ratified these instruments and are therefore obliged to take measures to comply with them is specified in the table.



**Table 2: It includes references to and recommendations regarding the right to care in strategic international agreements that have shaped policies on development and humanitarian action, human rights and equality,** and that recognize the centrality of care to the promotion of well-being and the protection of people's rights, as well as gender inequalities in the provision of care and the role of care in ending poverty, the right of women to make decisions about their own bodies and about motherhood, and the need to address the attitudes that reinforce the sexual division of labour, limiting gender equality and women's empowerment. Finally, **Table 2 shows the most significant milestones that have led to the conceptualization of the care society in Latin America and the Caribbean.**



**Table 1. Chronological Development of the Right to Care in International Human Rights Instruments<sup>54</sup>**

International Human Rights Conventions and Treaties

Regional Human Rights Conventions and Treaties

ILO Conventions

| Regulatory instrument   | Content related to the right to care  |
|---|---|
| <p><b>1948.</b> <i>Universal Declaration of Human Rights</i> . Art.22 and 25.<br/><b>Ratified by 195 countries.</b></p>   | <p>The right of everyone to an adequate standard of living and to social security, and the right to the enjoyment of their economic, social and cultural rights through national effort and international cooperation.<br/>Special care and assistance for motherhood and childhood.</p>  |
| <p><b>1951.</b> <i>ILO C 100, Equal Remuneration Convention.</i><br/><b>Ratified by 174 countries.</b></p>  | <p>The principle of equal remuneration for men and women workers for work of equal value.</p>   |
| <p><b>1952.</b> <i>ILO C102, Social Security (minimum standards) Convention.</i><br/><b>Ratified by 65 countries.</b></p>   | <p>Minimum standards of social security, in addition to nine branches of social security protection: medical care, sickness benefit, unemployment benefit, maternity benefit, employment injury benefit, survivors' benefit, invalidity benefit, old-age benefit, and family benefit.<br/>Medical care during pregnancy and childbirth, and the guarantee of periodic payments in the event of suspension of earnings, for a minimum of 12 weeks.</p>   |
| <p><b>1958.</b> <i>ILO C 111, Discrimination (Employment and Occupation) Convention.</i><br/><b>Ratified by 175 countries.</b></p>                                  | <p>The adoption by States of measures to promote equality of opportunity and treatment in respect of employment and occupation, with a view to eliminating all forms of discrimination in this field.</p>   |
| <p><b>1966.</b> <i>United Nations International Convention on the Elimination of All Forms of Racial Discrimination.</i><br/><b>Ratified by 182 countries.</b></p>  | <p>A framework for guaranteeing the right of all persons to live free from any kind of discrimination on racial grounds. The definition of "racial discrimination" as "any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin."</p>   |
| <p><b>1975.</b> <i>ILO C143, Migrant Workers (Supplementary Provisions) Convention.</i><br/><b>Ratified by 29 countries.</b></p>                                    | <p>The commitment of the Member States to respect the basic human rights of all migrant workers, and to ensure equality of treatment, with regard to working conditions, for all migrant workers who perform the same activity, and to protect migrant workers from abuse. Given the prevalence of migrant workers in the care sector, the content of this Convention relates directly to the working and living conditions of paid caregivers.</p>   |
| <p><b>1979.</b> <i>Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).</i> Art. 5 and 11.<br/><b>Ratified by 182 countries.</b></p> | <p>The obligation of the States Parties to take measures to:</p> <ul style="list-style-type: none"> <li>- Ensure the recognition of the common responsibility of men and women in the upbringing and development of their children;</li> <li>- 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;</li> <li>- Modify the social and cultural patterns of conduct of men and women, with a view to eliminating stereotyped gender roles;</li> <li>- Prohibit dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status;</li> <li>- Introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances.</li> </ul> |



54. Source: compiled by authors. These international labour standards are presented within Conventions, which create obligations for the countries that ratify them with the aim of improving working conditions the world over. On ratifying a Convention, a country assumes the commitment to take the necessary measures to put the provisions thereof into practice, both by creating and complying with legislation.

## Regulatory instrument

**1981. International Covenant on Economic, Social and Cultural Rights (ICESCR).**  
Art. 6, 7 and 10.  
**Ratified by 171 countries.**

**1990. CESCR General Comment No. 3**  
*The nature of States Parties' obligations.*

**1981. Convention on the Rights of the Child**  
Art. 3, 4, 18, 23, 24 and 30  
**Ratified by 176 countries.**

**1981. ILO C 156,**  
*Workers with Family Responsibilities*  
*Convention*  
**Ratified by 45 countries.**  
**1981 R165,**  
*Workers with Family Responsibilities*  
*Recommendation (No 165).*

**1988. Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights, Protocol of San Salvador.**  
Arts 11, 17.

**1990. United Nations International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990).**  
**Ratified by 56 countries.**

**1991. CEDAW General Recommendation No 17: Measurement and quantification of the Unremunerated Domestic Activities of Women and their Recognition in the Gross National Product .**

**1991. CEDAW General Recommendation No 21: Equality in Marriage and Family Relations.**

## Content related to the right to care

Recognition by the States Parties of the right of women to work under equal conditions as men and to enjoy equal rights at work and that special protection should be accorded to mothers during a reasonable period before and after childbirth and that during such period working mothers should be accorded paid leave or leave with adequate social security benefits.  
A minimum core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each economic, social and cultural right.

The commitment of the States Parties to: ensure children such protection and care as is necessary for their well-being; undertake measures for the implementation of the rights recognized in the Convention, including economic, social and cultural rights; use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of their children; take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services.  
The right of disabled children to special care.  
The right of children to the enjoyment of the highest attainable standard of health.  
The rights of indigenous children to enjoy their own culture, practise their own religion and use their own language.

The concept that workers of both sexes have family responsibilities (and thus implicit recognition of the need to review the organization and distribution of productive and reproductive work between men and women). Consideration of care as a responsibility shared by men and women.  
The commitment of the Member States to seek to ensure equal opportunities for men and women workers with dependents must be guaranteed, and commits governments to develop or promote community services, public or private, such as child-care and family assistance services and facilities.  
Parental leave, the progressive reduction of daily hours of work and the reduction of overtime, flexible working hours, and leave of absence in the case of illness of a dependent children or another immediate family member requiring care or support.

The right to live in a healthy environment and to have access to basic public services.  
The right to special protection in old age.

The commitment of the States Parties to seek to guarantee respect for the rights of migrant workers and their families. The definition of "migrant worker" as "a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national".

The measurement and valuation of the unremunerated domestic activities of women through the taking of surveys and collection of statistics; quantification of the unremunerated domestic activities of women and their inclusion in the gross national product.

The right of women to decide on the number and spacing of their children.

## Regulatory instrument

## Content related to the right to care

**1991. CEDAW General Recommendation No 23: Political and public life.**

The assertion 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 and that relieving women of some of the burdens of domestic work would allow them to engage more fully in the life of their communities.

**1992. United Nations Framework Convention on Climate Change.**

Recognition of the existence of the adverse impacts of climate change on human health and welfare. Proposed measures to contribute to human welfare in a holistic and collaborative manner by addressing the climate emergency and combating climate change.

**1994. Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará). Art. 8.**

The commitment of the States Parties to undertake measures to modify social and cultural patterns of conduct in order to enable women to carry out their life projects.

"To modify social and cultural patterns of conduct of men and women, including the development of formal and informal educational programs 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".

**1995. CESCR General Comment No. 6: The Economic, Social and Cultural Rights of Older Persons, paragraphs 20 and 30.**

The estimation that the 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 pensions, are often in critical situations.

**1999. ILO C 182, Worst Forms of Child Labor Convention Ratified by 187 countries.**

The consideration of paid child domestic work as one of the worst forms of child labour: Art. 3 d) (d) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

**2000. ILO C 183, Maternity Protection Convention R191. Maternity Protection Recommendation Ratified by 43 countries.**

The commitment of the Member States to ensure that working women have adequate protection, as well as maternity leave and benefits, helping to balance their paid work responsibilities and unpaid work (paid maternity leave, minimum 14 weeks).

The recommendation to extend maternity leave to 18 weeks, extending it in the event of multiple births, and extending the same guarantees and rights in the event of adoption. The recommendation to introduce parental leave.

**2000. Charter of Fundamental Rights of the European Union. Art. 21, 23, 24, 25, 26, 31, 33 and 34.**

Recognition of the following principles, rights and freedoms: non-discrimination, equality between men and women, children's rights, the rights of the elderly, the integration of persons with disabilities, fair and just working conditions, the right to a family and professional life and to social security and social assistance.

The obligation to ensure equality between men and women in all areas, including employment, work and pay.

The right to paid maternity leave and to parental leave.

**2005. Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol). Art. 13 Ratified by 15 countries.**

Recognition that both parents bear the primary responsibility for the upbringing and development of children and that this is a social function for which the State and the private sector have secondary responsibility.

**2006. Convention on the Rights of Persons with Disabilities. Art. 28°. Ratified by 182 countries.**

The right of persons with disabilities to receive the support necessary for the realization of their rights and recognition of the importance for persons with disabilities of their individual autonomy and independence.

The commitment of the States Parties to provide support to persons with disabilities, as well as to their families and caregivers, including access to adequate training, counselling, financial assistance and respite care services for people with disabilities and their families living in poverty.

## Regulatory instrument

## Content related to the right to care

**2010. CEDAW General Recommendation No 27 on older women and the protection of their human rights, paragraphs 43 and 44.**

The recommendation that the States parties ensure that older women, including those responsible for the care of children, have access to appropriate social and economic benefits and to all necessary support when caring for elderly parents or relatives.

**2011. ILO C 189, Domestic Workers Convention Arts 2 and 3. R201 - Domestic Workers Recommendation Ratified by 36 countries.**

Recognition of the labour and social rights of domestic workers and the right of every domestic worker to a safe and healthy working environment and to social security protection.

The obligation for Member States to ensure that domestic workers enjoy minimum wage coverage. "Each Member shall take measures to ensure that domestic workers enjoy minimum wage coverage, where such coverage exists, and that remuneration is established without discrimination based on sex."

The obligation of Member States to take measures to ensure the effective promotion and protection of the human rights of all domestic workers, including their right to freedom of association, and to eliminate all forms of labour discrimination and violence, as well as forced labour and child exploitation, and to ensure equitable working conditions with respect to other workers.

The adoption of certain proposals with regard to decent work for domestic workers taking the form of a Recommendation supplementing the Domestic Workers Convention.

**2011 Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention). Preamble and Art. 12.**

Recognition of the fact that the realization of de jure and de facto equality between women and men is a key element in the prevention of violence against women.

The obligation for the Parties to take the necessary measures to promote social and cultural changes that facilitate the eradication of prejudices, customs, traditions and all other practices which are based on the idea of the inferiority of women or on stereotyped roles for women and men.

**2012. ILO R202, Social Protection Floors Recommendation.**

Reaffirmation of social security as a human right that is, in turn, a social and economic necessity, and identification of social security systems as automatic economic stabilizers.

The social protection floor refers to the set of social rights, infrastructures and basic services that all people should be able to count on; it is a first step towards gradually achieving universality in social protection; its principles include the universality of protection, based on social solidarity; the adequacy and predictability of benefits; respect for the rights and dignity of people covered by the social security guarantees; non-discrimination, gender equality and responsiveness to special needs.

Three components of social policy are established for its implementation: contributory schemes, non-contributory schemes (through social assistance and eligibility) and sectoral policies, particularly those related to care and co-responsibility.

**2013. ILO 19th ICLS Resolution I concerning statistics of work, employment and labour underutilization.**

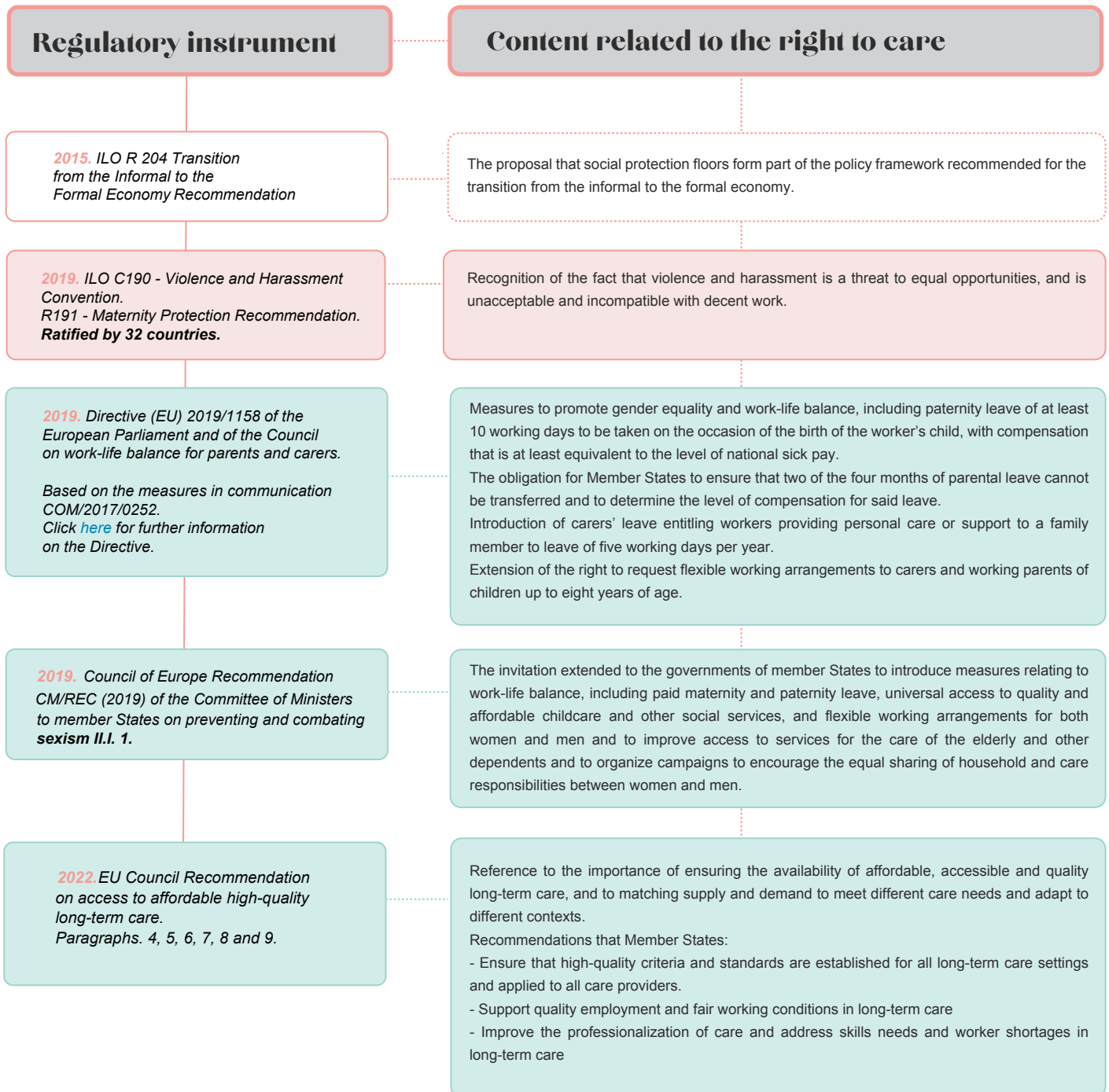
The conceptualization of "work" as comprising "any activity performed by persons of any sex and age to produce goods or to provide services for use by others or for own use" and the consequent consideration of the main activities of unpaid care work, such as fetching water, cleaning, decorating, maintaining one's own dwelling or premises, childcare and instruction, or transporting and caring for elderly, dependent or other household members as own-use production work.

**2013. EU Commission Recommendation 2013/112. Investing in children: breaking the cycle of disadvantage.**

The recommendation that the EU Member States address child poverty and social exclusion and promote children's well-being by developing integrated strategies based on the following three pillars: access to adequate resources, access to affordable quality services, and the right of children to participate in society.

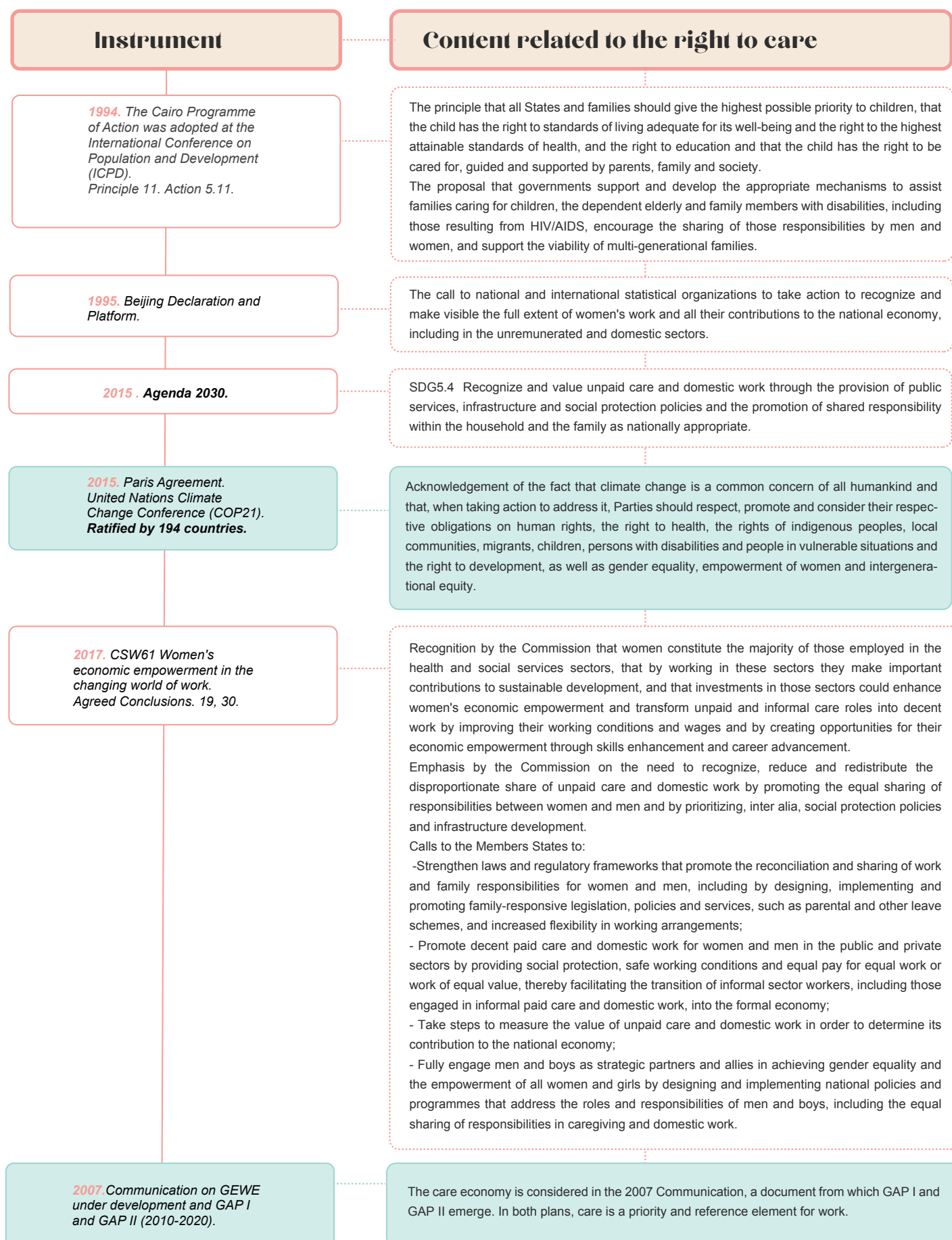
**2015. Inter-American Convention on the Protecting he Human Rights of Older Persons, Art. 12.**

The right of older persons to have access to a comprehensive system of care that protects and promotes their health, provides social services coverage, food and nutrition security, water, clothing, and housing. The obligation of the States Parties to design assistance measures and services for families and caregivers.





**Table 2. Frameworks in the development of programs and policies of care with a transformative approach**<sup>55</sup>



## Instrument

## Content related to the right to care

2021-2025

*EU Action Plan on Gender Equality and Women's Empowerment in External Relations (GAP III).*

The principle that women and men should share care responsibilities equally and have equal access to adequate social protection, public services, and financial and business opportunities. Reference to the urgent need to adopt non-discriminatory and inclusive social protection schemes, the need to promote formal employment, the need to extend labour rights and entitlements to informal and precarious workers, and the need to pay particular attention to improving the working conditions and pay of care workers.

The assertion that EU action should contribute to supporting universal social protection systems, and to recognizing, reducing and redistributing unpaid care and domestic work by providing more support for gender-responsive budgeting.

Reference to the inclusion of indicators for each area of engagement of GAP III in the staff working document.

2020-2025. *EU Gender Strategy.*

Initiatives to make EU rules on work-life balance for women and men work in practice.

The Commission's request that the Member States transpose and apply the Work-Life Balance Directive and properly implement EU gender equality and labour law.

The Commission's commitment to promoting a balanced distribution between women and men of family-related leave and flexible working arrangements, and to improving access to affordable, high quality childcare and other care services through investment in care services and to the adoption of a European Child Guarantee.

2022. *EU Care Strategy.*

The aim of ensuring quality, affordable and accessible care services throughout the European Union and of improving the situation of caregivers (whether professional or informal) and of care recipients. At the centre of this strategy are two proposals for Council Recommendations: on the [revision of the Barcelona targets on early childhood education and care](#), and on [access to affordable, high quality long-term care](#).

With respect to long-term care, the Commission recommends that Member States draw up **national action plans** to make care in the EU more available, accessible and of better quality for all, for instance by:

- Ensuring that long-term care is **timely, comprehensive and affordable**, allowing a decent standard of living for people with long-term care needs;
- **Increasing the offer and mix** of professional long-term care services (homecare, community-based care and residential care), closing territorial gaps in access to long-term care, rolling out accessible digital solutions in the provision of care services, and ensuring that long-term care services and facilities are **accessible** to people with disabilities;
- Ensuring **high-quality criteria and standards** for long-term care providers;
- **Supporting informal caregivers**, who are often women and relatives of care recipients, through training, counselling, and psychological and financial support;
- Mobilizing **adequate and sustainable funding** for long-term care, including by using EU funds. **With respect to fair working conditions and training for care staff, and with a view to** improving working conditions and attracting more people, particularly men, to the care sector, the Commission recommends that Member States:
  - Promote **collective bargaining and social dialogue** with a view to improving wages and working conditions;
  - Ensure the **highest standards of occupational health and safety**;
  - Design **continuous education and training** programmes for care workers;
  - **Tackle gender stereotypes** around care and launch communication campaigns;
  - Ratify and implement **ILO Convention No. 189 on domestic workers**.

The Commission, for its part, undertakes to:

- Continue to explore the modalities for the setting up of a new **sectoral social dialogue for social services** at EU level;
- Promote the establishment of a **skills partnership under the Pact for Skills for the long-term care** sector;
- **Fund projects** to assess the social and economic value of work in the care sector;
- Review the application of **EU standards governing working conditions**;
- Launch a study mapping the current admission conditions and rights of long-term **care workers from non-EU countries** and explore the feasibility of developing EU-level schemes to attract care workers;
- Promote the opportunities available for early childhood education and care staff under the **Erasmus programmes**.



## Instrument

**2022.** *Buenos Aires Commitment of the XV ECLAC Regional Conference on Women in Latin America.*

## Content related to the right to care

**Establishment of care at the centre of a new development model that prioritizes the sustainability of life and the planet, charting a path towards a care society, with agreements in new areas for transformative recovery with gender equality.**

**The right to provide and receive care and to exercise self-care.**

The commitment on the part of the countries of the region to:

- Reiterate the call to advance recovery plans with proactive measures to achieve substantive equality that foster comprehensive care systems, decent work and the full, significant and equal participation of women in positions of leadership in strategic sectors of the economy for a transformative recovery with gender equality aimed at the sustainability of life and for the transition to a care society;
- Design and implement State policies that favour gender co-responsibility and make it possible to overcome harmful sexist roles, stereotypes and norms, through regulations aimed at establishing or broadening parental leave for the diverse forms of families, as well as other types of leave to care for dependent persons;
- Promote co-responsible and non-violent masculinities with a view to transforming gender roles and stereotypes, through the full participation of men and boys as strategic partners for achieving gender equality, including through education, communication and awareness-raising programmes;
- Consider valuing care work in measures of economic compensation and a fair distribution of assets, in cases of dissolution of the marriage or cohabitation;
- Encourage coordinated work between national mechanisms for the advancement of women and other entities responsible for care policies, and between the different levels of government and branches of government, establishing inter-agency coordination mechanisms with sufficient technical, human, administrative and financial resources to strengthen the exchange of innovative practices and initiatives for the design of comprehensive care policies and systems from the gender, intersectional, intercultural and human rights perspectives;
- Actively support the participation of women's and feminist organizations and movements, including those of young women, older women, indigenous women, Afrodescendant women, women with disabilities, women living with HIV, grassroots and rural women, migrant women, LGBTI+ persons, caregivers' and dependent person's organizations, as well as trade unions, organizations of paid domestic workers and community care organizations and cooperatives, in the design, implementation and monitoring of care policies;
- Consider the adoption of cooperation agreements between countries of origin, transit, destination and return of migrant, displaced, refugee and asylum-seeking women, with special attention to women in global and regional care chains, fostering their full participation in decision-making;
- Design, implement and evaluate macroeconomic policies, particularly fiscal policies (income, spending and investment), from a gender equality and human rights perspective to safeguard the progress made and mobilize the maximum available resources with a view to increasing sustainable public investment over time in care policies and infrastructure, in order to guarantee universal access to affordable and quality care services;
- Promote and adopt progressive fiscal policies, allocate budgets with a gender perspective and implement specific financing mechanisms to ensure sufficient, non-transferable, sustainable resources that cover all levels and areas of public policy aimed at reversing gender inequalities and guaranteeing the rights of women, adolescents and girls, including the right to care;
- Promote measurements of well-being that complement gross domestic product, and which ensure that care work is made visible and valued in accounts for the economy as a whole, within the framework of the 2030 Agenda for Sustainable Development; encourage subregional, regional and multilateral cooperation programmes through North-South, South-South and triangular cooperation modalities, as well as between national mechanisms for the advancement of women, that promote gender equality, women's autonomy, the prevention and eradication of all forms of gender-based violence against women, including human smuggling and trafficking, particularly of women and girls, and the right to care.

**2022** *Africa Care Economy Index (UNDP).*

Measurement of the extent of social recognition and state support for the care economy in the continent. Examination of legislation, policy, and public spending on care relative to regionally defined need, through ten metrics argued to have specific meaning for the care economy in Africa. With all countries of the continent scoring extremely low in the ACE Index, political commitment to the care economy is long overdue. In depth, country-specific research to assess and understand diverse care needs, policy development and implementation, and public investment would enable the continent to begin undoing deep gender and other inequalities while realizing Africa's demographic dividend.

Through ratification, the regulatory framework set out in international human rights conventions and covenants is incorporated into domestic law for implementation and enforcement at national level. All countries are under the obligation to guarantee the right to care, but only some have expressly included it in their constitutional texts and legislative frameworks, providing it with greater guarantees and broadening its interpretation through case law. In most cases, ratification has given way to the application of **public policy instruments** (parental leave, recognition of unpaid care work as productive work, measures to support gender reconciliation and co-responsibility, specialized public services, etc.). However, there are countries that have operationalized the right to care in recent years, moving towards the construction of **comprehensive care systems**, which are coordinated sets of policies guaranteeing the right to care, and towards a new social organization aimed at improving the quality of life of people who need care and their caregivers.

**The right to care is also referred to in strategic international agreements and commitments relating to development, which, although not binding, have had a historical and transformative influence on the policy implementation frameworks of the States that have signed up to them.** Some examples of these commitments are the *Cairo Declaration and Plan of Action* (1994), the *Beijing Declaration and Platform for Action* (1995) and the *2030 Agenda for Sustainable Development* (2015), which recognize the central importance of care in promoting well-being and the protection of people's rights and also acknowledge existing gender inequalities in the provision of care and the role of the provision of care in ending poverty. They also recognize that women have the right to decide about their own bodies and take decisions on motherhood and that there is a need to address the attitudes that reinforce the sexual division of labour and hinder gender equality.

More than 25 years since its adoption, the Beijing Platform for Action continues to be a fully legitimate reference for its proposals to address the care crisis and the precariousness of women's paid care work, the cultural change needed to bring about co-responsibility in care, and the role of employment policies, social security and taxation regimes in dismantling the sexual division of labour and thus bringing us closer to gender equality and the protection of women's and girls' rights. The Beijing Platform for Action (1995) recognizes care work—making the nature, scope and role of care visible in any given context—as well as the impact of the sexual division of labour on women's rights and the importance of redistributing that labour.

The care dimension has also been mainstreamed throughout the 2030 Agenda, with the role of bringing about inclusive societies that are economically, socially and environmentally sustainable. Gender equality (SDG.5) is a cross-cutting goal that is inseparable from the rest of the Agenda's goals, and its achievement is strongly linked to progress in the recognition and valuing of unpaid care and domestic work, the provision of public services, infrastructure and social protection policies, and promoting shared responsibility within the household and family (SDG 5.4).

### **Care in the 2030 Agenda for Sustainable Development**

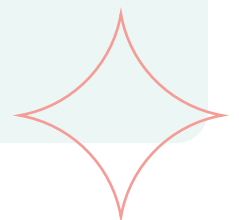
The 2030 Agenda for Sustainable Development (2015) sets out the urgency of achieving gender equality through its 17 goals (SDGs), and establishes a transformative vision towards economic, social and environmental equality and sustainability. The achievement of gender equality is cross-cutting and inseparable from the rest of the Agenda's goals.

SDG 5 calls for the recognition and valuation of unpaid care and domestic work in one of its targets (SDG 5 target 5.4). The redistribution and valuing of care is also linked to efforts to eradicate poverty and implement social protection systems for all (SDG 1), end hunger, achieve food security and improved nutrition, and promote sustainable agriculture (SDG 2).

The provision of quality care is also critical to ensuring healthy lives and promoting well-being for all at all ages (SDG 3), ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all (SDG 4), and promoting sustained, inclusive and sustainable economic growth, as well as full and productive employment and decent work for all (SDG 8).

Investing in the care economy also contributes to building resilient infrastructure, promoting inclusive and sustainable industrialization and fostering innovation (SDG 9), reducing inequality within and between countries (SDG 10), combating climate change and its impacts (SDG 13), promoting peaceful and inclusive societies for sustainable development, facilitating access to justice for all and building effective and accountable inclusive institutions at all levels (SDG 16), and strengthening the means of implementation and revitalizing the Global Partnership for Sustainable Development (SDG 17).

Source: ECLAC (2022)



Recently, as part of a broader strategy to raise awareness of the urgent need to address care, the United Nations General Assembly proclaimed October 29 as the *International Day of Care and Support* in Resolution [A/77/L. 81](#) of 2023. In that Resolution, the Member States acknowledge the role of comprehensive care policies in reducing and redistributing and valuing care work, given that they are conducive to the well-being of society and all its members, in particular children, older persons and persons with disabilities, and the achievement of gender equality and the empowerment of all women and girls. It also recognizes the need to invest in the care economy and to create robust, resilient, gender-responsive, disability-inclusive and age-sensitive care systems with full respect for human rights with a view to recognizing, reducing, valuing and redistributing paid and unpaid care work. UN Human Rights Council resolution [A/HRC/54/L.6/Rev.1](#) of 11 October 2023 on the "Centrality of care and support from a human rights perspective" is a major milestone in international human rights standards. It recognizes the impact of redistributing care on gender equality and the exercise of women's human rights, framing this redistribution as a human right.

## 7. Theoretical framework: Principles, approaches and basic concepts

This section discusses the care-related principles, approaches and basic concepts that have arisen from the international reference framework. They draw from studies, theoretical approaches and the demands of women's organizations and civil society rights defenders and are gradually being put into place through programmes, policies and systems.



The aim of these Guidelines is to help development actors and partners design, implement and finance transformative, comprehensive care systems that bring the care and equality agendas together in favour of greater social and economic justice, furthering the cause of sustainable development. SDG5<sup>56</sup> represents an unprecedented step forward for the care agenda, bringing it to the forefront as a fundamental aspect of sustainable development and setting clear targets for it. The transformative potential of this commitment at the international level needs to be accompanied by the implementation of systems, policies and programmes at national or local level that recognize, reduce and redistribute unpaid care work and are able to gradually create a legal, policy and investment environment that, with women's involvement, expands decent work in the formal and informal economy, while promoting social, economic and political change for human rights and sustainability.

As unpaid care work, mostly performed by women, is the backbone of the economic and social system as a whole, it is necessary to progress towards this common horizon from increasingly systematic solutions that allow the right to care to be guaranteed in all three of its dimensions, ensuring that the care agenda continues to be one of equality, but also of sustainability and transformation, under one of the described approaches, within a public policy.

**These guidelines are not a checklist, with boxes to be ticked off one by one. Instead, they propose different options for an itinerary, which can be followed in full and in order, or by choosing different route options, depending on each country or territory's needs or historical and political circumstances, and taking into account the wide range of institutional scenarios in which those wishing to address a care initiative are working.** The proposed steps may be taken in order, but it is also possible to select just some of the operational proposals to contribute as far as possible to a transformative public action, provided that the outlook is progressive, aiming to move towards more systematic proposals in the medium and long term. This standpoint recognizes that each country is going to build its own itinerary, from the different, complex contexts and points of departure to be taken into account.



56. Sustainable Development Goal 5—"Achieve gender equality and empower all women and girls"—includes Target 5.4.: "Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate."

From the multiple starting points and considering each actor's circumstances at each level of transformation, the process will begin with the adoption of the principles and approaches described below, followed by the full or partial implementation of concrete measures and transformations in putting together care programmes and policies. Thirdly, it will be necessary to seek the assistance of the different sectors that can guarantee, protect and fulfil the rights of those who receive and provide (paid or unpaid) care in the first instance, and in a second instance, to work towards a more profound shift towards sustainable development, be it social, economic, political or model-related.

The ideal outcome would be all States achieving the care society proposed by ECLAC and the 2030 Agenda, which places the sustainability of life and the planet at the heart of political decisions, together with the central role of care for well-being and sustainable development. The premise from which the [Buenos Aires Commitment](#) (2023)<sup>57</sup> and the 2030 Agenda begin is that we need to:

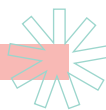
“Recognize care as a right to provide and receive care and to exercise self-care based on the principles of equality, universality and social and gender co-responsibility, and therefore, as a responsibility that must be shared by people of all sectors of society, families, communities, businesses and the State, adopting regulatory frameworks and comprehensive care policies, programmes and systems with an intersectional and intercultural perspective that respect, protect and fulfil the rights of those who receive and provide paid and unpaid care, that prevent all forms of violence at workplace and sexual harassment in formal and informal work, and that free up time for women, so that they can engage in employment, education, public and political life and the economy, and enjoy their autonomy to the full.”

These Guidelines adopt the contents of this recognition, which include mapping concepts, principles and approaches, and then go on to propose their practical division into ten levels of transformation, to be considered as the basis on which to move forward in the fulfilment of SDG 5.4, hand in hand with transformative care policies.



**The principles** lay the ethical and regulatory foundations for guaranteeing the right to care, generating a solid base from which to guide public action on care:

## Equality and non-discrimination



These [principles are linked to the fundamental rights](#)<sup>58</sup> recognized by the UN since its creation, whose aim is to guarantee equality for the entire population in the enjoyment and exercise of the right to care in all three of its dimensions (receiving care, providing care and exercising self-care), ensuring that no difference—no matter the reason for its existence—can lead to discrimination by distinction, exclusion, restriction or preference in the exercise of the right, or to unequal access to care services. The principles of equality and non-discrimination apply to the right to care: **equal access to care should be guaranteed by ensuring that it is provided fairly and equitably, taking the necessary measures to this end, and addressing any existing inequalities and any barriers to this equal access, and thus reducing the root cause of this inequality, which is none other than discrimination, with all its consequences and intersectional dimensions.**

The application of this principle is based on the intersectional gender perspective, with a view to analysing, raising awareness of and addressing the structural causes of inequality, which are anchored in the sexual division of labour, gender stereotypes and the devaluation of care, their multiple points of intersection with other types of inequality, including socioeconomic, cultural, ethnic-racial and territorial inequality, among others and their impact on the exercise of rights of all kinds by women and girls in all their diversities. Education should work from a very early age to combat the discriminatory social gender norms underlying those inequalities and power relations, which are very difficult to eradicate at later stages.

## Universality



The aim is to guarantee everyone's right to care and **ensure access to quality care services, without generating stratified services where access or quality can be reduced by the provider, or for reasons such as purchasing power or location (public/private, urban/rural, etc.).** This principle is developed through *targeting* and with respect for *singularity*, thinking about care from the context in which it is provided and revaluing experiences from different territories, albeit without this preventing a care policy or system from being strategic or aspiring for global justice.

To achieve universal coverage of services, benefits and service provision under comprehensive care policies and systems, a gradual approach will be needed, depending



58. For further information on the theoretical framework see MAEC (2007) Estrategia de Género de la Cooperación Española (Spanish Cooperation Gender Strategy).



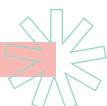
on the levels of vulnerability and need of individuals. Progress may be in stages and gradual, depending on each country's institutional, political and budgetary capacity, but always on the basis of institutionalization and never undoing work already done (**progressivity without regression**). Interinstitutional trust, trust in legislation, sufficient budget and capacities secured in stable teams are key anchors for sustaining progress over time.

## Co-responsibility



The principle of co-responsibility applied to care has two dimensions: **(i) social co-responsibility, a fair social redistribution in the provision of care between all actors (State, market, community and families), based on interinstitutional coordination and from a people-centred approach; and (ii) gender co-responsibility, whereby the aims of public action on care should include the promotion of the sharing of caring responsibilities between men and women, addressing the sexual division of labour, deconstructing gender roles and stereotypes** that frame women as "natural" caregivers with sole responsibility for care, and promoting co-responsible and non-violent models of masculinity that actively involve those who have historically been outside the care sphere. In order to redistribute caring responsibilities and caregiving more fairly, the principle of co-responsibility calls for care to be taken out of the family and female domain (Celiberti, 2019) and placed under State responsibility as a public policy and service domain.

## Eco-dependence<sup>59</sup>



This principle is directly related to the **sustainability of human life and the planet**. It creates awareness of our bodies' vulnerability and how materially dependent care itself is on nature's resources and regenerative capacity. It addresses the environmental impact of care policies and programmes, as well as the social and environmental factors that condition, limit and impact the quality of life of those who need and provide care. The principle of eco-dependence feeds into the comprehensiveness of care policies and systems and their coherence with the economic agenda and other sectoral policies, promoting care solutions in support of the transition to fairer and more sustainable societies.

**The approaches** provide a perspective or way of tackling an issue or problem in the field of care, both in terms of analysis and in the search for solutions that are aligned with the principles. These approaches, combined and adapted to specific needs and contexts, could have a significant impact on the effectiveness and scope of the public action



59. Eco-dependence is the relationship of dependence that exists between nature and human beings, where both are conditioned by the actions of the other. For example, if man pollutes, he will be affected by the effects of climate change. Interdependence, on the other hand, refers to the relationship that exists between human beings, to the need we have for each other not only for our survival, but also for our life together. We are eco-dependent to the extent that we depend on nature, and we are interdependent to the extent that we depend on other people.

## Human Rights



Conceiving care as a right means taking a rights-based approach as a guide when drawing up and applying care policies and systems. **This means that the State is responsible for guaranteeing the right to care, which should be provided and regulated in accordance with international rights instruments.** The application of the human rights approach to care in line with those instruments is governed by the set of principles already mentioned, and also by the need to guarantee public participation and access to both justice (the ability to seek redress before the courts in the event of failure to honour obligations) and public information (Pautassi, 2021).

## Gender in Development



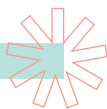
The gender approach raises awareness of and addresses power relations, the sexual division of labour, gender roles that limit and condition women's and men's different levels of access to the right to care in a broad sense, gender inequalities relating to paid and unpaid care provision, and how to ensure the recognition, reduction and redistribution of care in a way conducive to gender equality and women's empowerment. **The gender approach is intrinsic to the sustainable human development approach, but we still need to spell it out clearly for it to become a reality in practice.** Its systematic adoption in the management cycle of care policies and programmes, in legislative measures and budgetary programmes (institutionalization of the gender perspective) is crucial for the promotion of social and gender co-responsibility in care, further reinforcing progress towards fairer and more egalitarian care societies, as a fundamental basis for making some degree of progress in sustainable development.

## Intersectionality



The intersectional approach **takes account of the multiple dimensions of discrimination and oppression in how care is targeted and provided, including the historical, exclusionary power relationships that have shaped these inequalities to the detriment of women.** It means recognizing that people access, provide and experience care in different ways and in relation to multiple identities and discrimination factors (gender, ethnic-racial, culture, language, class, origin, sexual orientation and disability, among others) which cannot be understood in isolation, but rather in how they relate to one another. **It will be essential to consider those care models and initiatives that have been held up as good practices in relation to Indigenous women, Afro-descendants and women of other cultures in all their diversity.**

## Intercultural



**Care policies and systems need to take account of social plurality and the great many cultural identities that coexist on a daily basis in a given territory.** Different cultures criss-cross the lives of people and societies, who coexist with multiple groups and with different beliefs, languages, behaviours, traditions and care practices, each with their own expressions that may affect the varying levels of access to care programmes and policies and comprehensive care systems. Recognizing and valuing the diversity of cultures that coexist in a territory, paying special attention to Indigenous Peoples and those of Afro-descendants, helps to achieve universal access to quality care services by preventing the emergence of cultural barriers that could hinder this access or its effectiveness. Policies also benefit from collaboration aimed at incorporating the perspectives and ancestral knowledge of the cultures present in a society, and from putting together joint care solutions, given that **many cultures' customs include caring for life and the environment in the community, and their experiences can serve as diverse models for replicating and strengthening initiatives.**

## Territoriality



The right to care is protected and guaranteed on the ground in a specific territory. It is also at this local level that progress is needed in the implementation of care policies and systems, so as to not compromise the criteria of accessibility, sufficiency, quality and equality of care policies. This approach is understood as **the spatial dimension of social justice, which ensures equal conditions for the well-being of people in relation to care regardless of where they live** (territorial equity). Under this approach, each territory's sociodemographic, infrastructural and geographical characteristics and the needs, practices and dynamics of care are taken into account in specific areas (households and communities) and as a sector. All of this serves to tackle inequality in the exercise of the right to care effectively on the ground and in a differentiated manner, and to guarantee that people, especially women and cared-for people, are involved and included, and their needs taken into account, in the planning and co-responsible management of care in a given territory.



## Sustainable Development



The **sustainability approach**<sup>60</sup> **seeks to promote care policies and systems that are environmentally sustainable, socially just and economically viable in the long term.** By incorporating sustainability, the aim is to provide solutions that guarantee political, financial and environmental viability, overcoming economic and political cycles and situations. In this sense, measures such as recognizing the human right to care in legislation make it possible to enshrine the co-responsibility of the different social, political and economic actors involved in the provision of and access to care, provide sustainable financing systems and regulate the two-way impact of care on the environment and on individuals.

## Effectiveness / outcome oriented<sup>61</sup>



This approach highlights the need to apply the principles of **development effectiveness** and to ensure harmonization between actors, alignment, relevance, efficiency, effectiveness, policy coherence and the accountability of all actors involved in care policies and systems. This is to be achieved on the basis of outcome-oriented management programmes, with clear and measurable indicators and goals showing progress towards the proposed objectives. This approach aims to ensure that any decision on the design and implementation of a care policy is based on accurate data, so that everyone can have accessible, safe, suitable and high-quality care services without discrimination, and based on the analysis of care demands and priorities, applying the other approaches outlined above, and the decision-making of each country or territory for its implementation.

This approach **incorporates the accountability imperative to improve public care policy and its social legitimation. Its application makes it imperative to strengthen the mechanisms of transparency, control and oversight of political/budgetary decisions,** for the effective fulfilment of the right to care. It requires a strong information system, and the incorporation of participation mechanisms into the institutional framework, ensuring that women's organizations and feminist movements are part of the necessary empowerment of citizens, without any gender discrimination, in order to effectively honour citizens' right to be heard and make demands.



60. AWID (2012) Rio+20 Outcomes: What Was Agreed And What This Means For Women's Rights Going Forward.

61. In its capacity to address gender inequalities and promote women's empowerment through the range of instruments available for international development cooperation, the Development Effectiveness Agenda, with its principles and internationally agreed commitments, is cross-cutting in the interpretation and application of these Guidelines

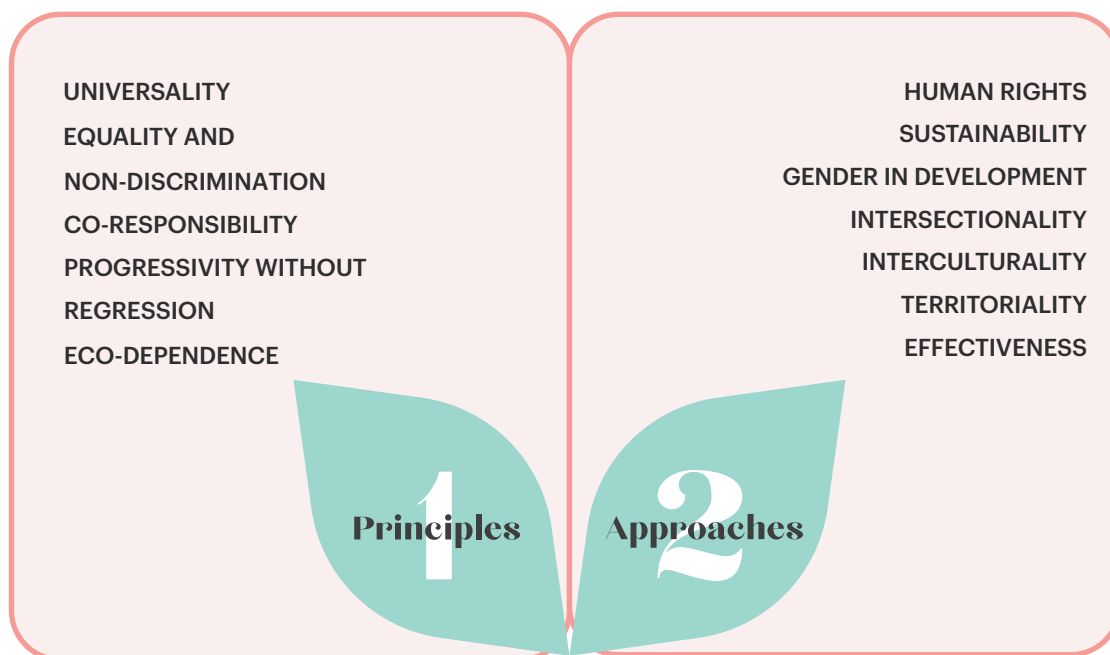


Figure 13: Principles and Approaches to use in care policies

## 8. Application frameworks: care programmes, policies and systems



The progress made by the different countries in putting together systematic care proposals will not have a single dynamic and will vary in pace. Each country will seek solutions based on its institutional legacies or possibilities, its economic and social circumstances, the diversity of its cultural identities, the prioritization of different care needs, and any specific pre-existing ways of organizing care stemming from the aforementioned factors or from other aspects. **Depending on each country's starting point, different "roadmaps" are possible. In fact, any measures already in place can be used as the basis for progressing towards comprehensive long-term care systems. This may also be achieved by boosting existing medium-term policies and programmes, including those that emerged in the immediate response to the Covid-19 crisis.**

**To address the uniqueness of each "itinerary" it is necessary to distinguish between care systems, care policies and care programmes** in order to (i) understand the systematic, comprehensive scope needed to develop care models that are co-responsible both socially and in terms of gender; (ii) go beyond the idea that a care system solely relates to the provision of services that meet people's basic needs, and mainly the needs of those that are care-dependent or in vulnerable circumstances; (iii) understand the range of options that, considering the countries' and territories' different starting points, make it possible to establish differentiated route maps with a view to moving towards a social organization of care that is fair, sustainable and co-responsible, both socially and in terms of gender, based on an analysis of the institutional political context, the dimensions listed above, and the available financing arrangements. The conceptual framework developed by ECLAC offers clarity in differentiating between these three approaches for action, which have been developed by States and other local actors as guarantors of a way of fulfilling the right to care, and which could be chosen and further developed by partners wishing to initiate a care policy.

We can list them starting with the most specific concept—programmes—followed by policy and then the broader challenge of bringing in a comprehensive care system that furthers the shift towards a care society:

## Care Programs



are the instrument used to implement care services of any kind. They can be provided publicly, privately or in a hybrid format. The most widespread type are programmes and services aimed at care-dependent populations (early childhood, long-term care, people affected by poverty and/or vulnerability). Care programmes can target both care recipients and care providers. **Their care objectives include meeting the needs of the population, and their approach will be transformative if they operate expressly within the scope of any of the "5 Rs" (recognizing, reducing, redistributing, representing and responding) in order to help reduce and redistribute care or promote gender co-responsibility with a view to freeing up the time of the many women who bear most of the responsibility for care.** Limiting access to a programme by relying on the market to provide it, or using a design that neglects care dynamics and how they interact with the productive world, for instance, are examples of how programmes can provide services without really helping to build a more egalitarian and co-responsible social organization at any territorial level of action. The level of care programmes or services is therefore present, regardless of whether or not everyone in need of care is served by those programmes or services.

## Care Policies

encompass the actions relating to the social and economic organization of work that aim to guarantee the daily physical and emotional well-being of people in need of care. They include measures designed to guarantee access to services, time and resources for caring and being cared for, and also to ensure service quality through regulation and supervision. **They cover the direct provision of care services to certain groups in need of care (early childhood, care-dependent elderly people, care-dependent people with disabilities) and to caregivers (women who perform unpaid care work and paid domestic workers).** The development of care policies is therefore the responsibility of various sectors—health, education, employment and social protection, for example—and care policies serve a variety of purposes, including reducing poverty, improving workforce participation, creating jobs and building skills for future generations. **For the purposes of this report, and based on SDG 5.4, care policies include the following: care services, care infrastructure, social protection policies and employment policies. Policies comprise, or are structured into, a series of programmes that seek to meet care needs and ensure that people are able to exercise their right to care.**

## A Comprehensive Care System

can be defined as a set of policies aimed at implementing a new social organization of care aimed at looking after, assisting, and supporting those in need, as well as recognizing, reducing, and redistributing care work from a human rights, gender, intersectional, and intercultural perspective. In order for care policies to become a system, they need to be developed within a governance model that includes interinstitutional coordination—at the national and territorial levels—and intersectoral coordination enabling a management model that tends to move “from the logic of services to the logic of people” and develop initiatives aimed at caring for different population sectors, and efficiently takes advantage of installed capacity at both State and society levels. The policies that make up the system are implemented based on interinstitutional coordination from a people-centred approach. The implementation of the system implies intersectoral management for the gradual development of its components—services, regulations, training, information and knowledge management, and communication for the promotion of cultural change—that considers cultural and territorial diversity.<sup>62</sup>





## Towards the Care Society

By adopting regulatory frameworks, policies, programmes and comprehensive care systems that respect, protect and honour the rights of those who receive and provide care, both paid and unpaid, freeing up time for women to enter employment and education, participate in public life, politics and the economy, and fully enjoy their autonomy, we can move towards a new style of development that ECLAC has called the Care Society. **This new model places the sustainability of life and the planet at the centre of decisions and recognizes care as a human right that is fundamental to the well-being of the population as a whole. In order to move towards the Care Society, the rights of the people who need care and those who provide it need to be guaranteed, raising awareness of the multiplier effects of the care economy on well-being and as a sector capable of driving an inclusive and transformative recovery with equality and sustainability.**<sup>63</sup>

These Guidelines start at the various points of entry (care programmes, policies or systems, or more comprehensive, complex proposals for a transition towards a care society), addressing one by one the different principles and approaches outlined in the theoretical framework and the measures to be adopted in any context (whether at local/community, national or regional level). From this wide range of options, an initiative can be designed and implemented as a one-off, specific project or with a more systematic or progressive outlook. The more structured the model chosen, the better placed it will be to contribute to sustaining well-being, advancing rights, gender equality and women's empowerment, reducing poverty (in terms of time/in-come/conditions) and boosting the economic and social sphere (care economy) and the sustainability of life and environmental resources.

The precise actions proposed for each of these approaches  
are the operational guidelines.

**There are ten necessary transformations, accompanied by ten operational guidelines, considered to be the minimum requirements for a comprehensive care system on the path towards a care society.**



## 9. Ten Transformations and Ten Operational Guidelines



**The global population in need of care is expected to reach 2.3 billion by 2030.** This increase is linked to the consequences of the pandemic, economic crises and demographic and cultural changes that have reduced the capacity to meet this demand.

**From a rights perspective, it is crucial to promote the establishment of care as a fourth pillar of welfare or social protection (education, health, work and care)** and its inclusion in legislation, policies, programmes and services designed to address the aforementioned situation, applying the approaches and principles explained in the previous section. **The exponential increase in care needs and demands can be addressed in two ways: in a partial but transformative way, with policies or programmes aimed at economic and social justice; or more broadly, by promoting a paradigm shift whereby care is considered as a right and a pillar of well-being and sustainable development.**

**These ten transformations and their respective ten operational guidelines are intended** to contribute to this paradigm shift, which materializes in the design, planning, financing, implementation and monitoring stages in a way that takes account of the principles and approaches outlined above in all necessary initiatives on care, going from the most complex shift towards a care society, or a national comprehensive care system, down to social protection programmes (such as extending maternity and paternity leave entitlements), and right down to specific project level—digital technology courses for women, for example. **These ten transformations and guidelines can be followed consecutively for a full transformation of a society and its organizational model, or applied selectively according to the needs and circumstances of the actors and public policies involved.**



They are shown here in three areas of transformations:

#### 4 Transformations for policy, coherence, governance and participation.

- 1. Transformation for legislative coherence with international frameworks and the adoption of principles and approaches
- 2. Transformation for coherence of internal sectoral policies
- 3. Transformation to strengthen the institutional and governance framework
- 4. Transformation for stakeholder participation and consultation

#### 3 Transformations for improved planning and management

- 5. Transformation for care financing
- 6. Management transformation: measures for policies and programmes and strengthening of care capacities and infrastructure
- 7. Technological and digital transformation

#### 3 Transformations on knowledge and information management

- 8. Transformation of statistical and information systems, pre- and post-policy
- 9. Transformation of monitoring, evaluation, knowledge management and accountability
- 10. Transformation of communication for social and cultural change



From this structure we can then go on to develop the contents of what we will call the **ten transformations (10 Ts.) for care, which are linked to three areas of action, as well as to ten practical guidelines (10 GLs.), recommendations to help put these changes into practice that can be applied partially or fully depending on each actor's chosen methods:**

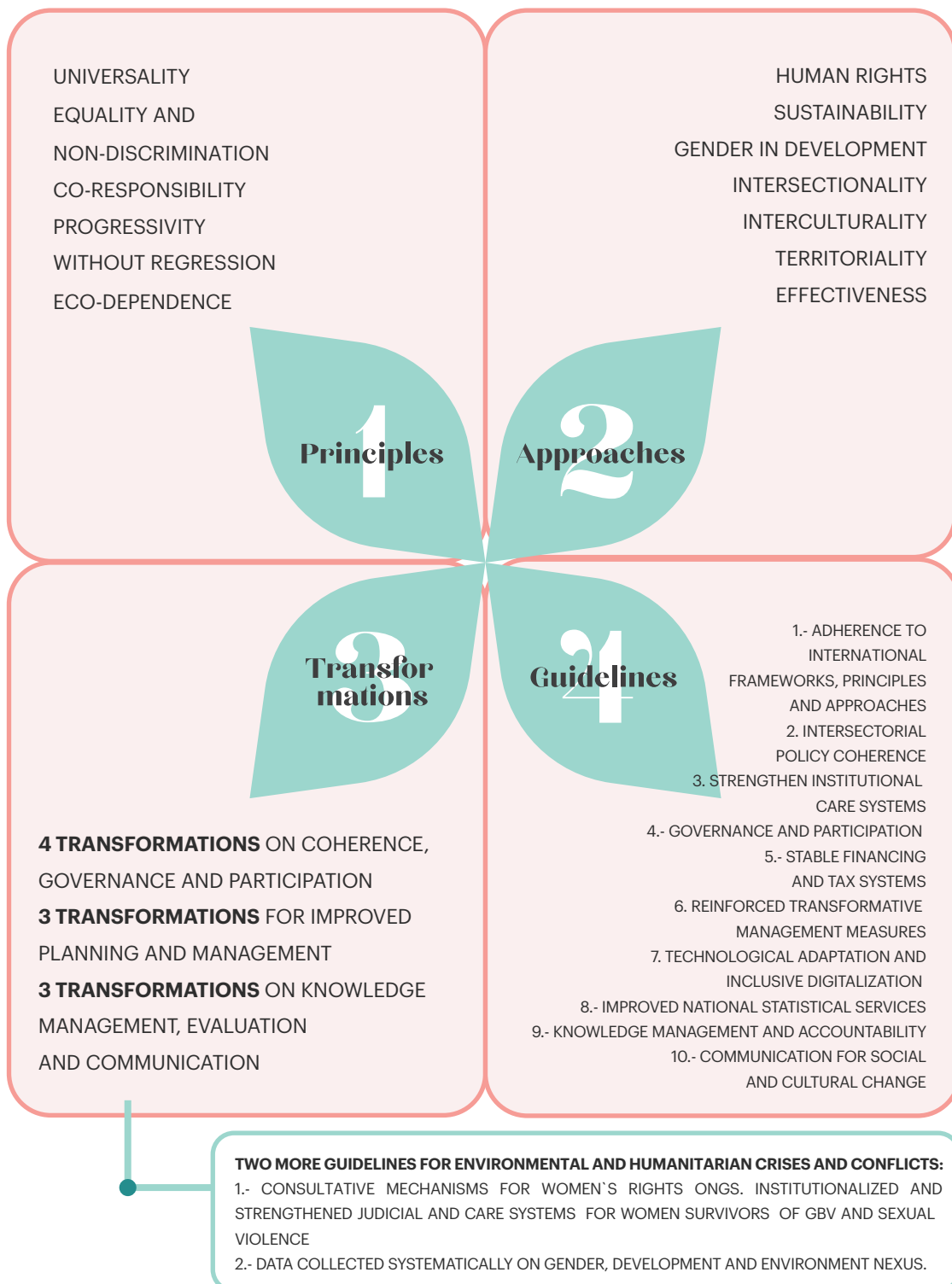


Figure 14: Principles, approaches, transformations and Guidelines

## Policy Coherence, Governance and Participation



### 1

#### Transformation for legislative coherence with international frameworks and the adoption of suitable principles and approaches

This transformation implies a shift towards greater coherence of national legislation with the relevant international frameworks and commitments to fulfil the right to care,<sup>64</sup> thus framing the State as the guarantor of the right and with specific obligations for its fulfilment. The same goes for any regional or local bodies implementing a care policy or programme that wish to align themselves to the national and international criteria. In order to be truly transformative, this coherence must also be aligned with the adoption of the aforementioned principles (universality, equality and non-discrimination, and co-responsibility) and approaches (human rights, gender in development, intersectionality, interculturality, territoriality, sustainable development, and effectiveness/outcome-oriented).

Expressly recognizing the human right to care and its contribution to the 2030 Agenda and to gender equality in a country's national legislation opens the door to regulating the co-responsibility of the different social, political and economic agents involved, setting up the necessary medium- to long-term financing systems, and developing/expanding a legal framework guaranteeing that these systems remain in place without the possibility of them being destroyed in the event that a political party that is less favourable to these initiatives comes into power.

**The international community is aware of the benefits of working with a comprehensive approach that covers environmental sustainability, biodiversity and gender, and has worked these concepts into the agreed-upon language of UN texts.** There is a growing body of literature on the intersectionality of these concepts.<sup>65</sup> However, the need to apply a combined environment and gender approach to policy is limited by the SDG framework. For example, of the 231 SDG indicators, only 20 refer to the gender dimension of environmental factors, and SDG 5 (gender equality) has no environmental dimension at all,<sup>66</sup> although references can indeed be found in other environmental framework agreements, from Rio 92 to the successive COPs on climate change.



64. See section 5 for international reference frameworks.

65. OECD DAC (2023): The gender equality and environment intersection: An overview of development co-operation frameworks and financing; ActionAid et al. (2021), *Intrinsically Linked: Gender Equality, Climate and Biodiversity - Concrete Proposals for an Integrated Policy*, ActionAid, Both ENDS, WECF and WO=MEN Dutch Gender Platform; GGCA and UNDP (2013), *Overview of Linkages Between Gender and Climate Change*, United Nations Development Programme.

66. OECD (2021) *Gender and the Environment: Building Evidence and Policies to Achieve the SDGs*.

While there is still a long way to go in combining these approaches in international frameworks and at strategic or policy level, a great many proposals have been made over the years. Some of these proposals have emerged from ecofeminism, while effective and collaborative initiatives are also taking place in indigenous policies and communities, for example. In many cases these are included in the calculation of official development assistance (ODA). An analysis of the ODA of the “visionary” countries and territories that have mainstreamed gender equality and climate action objectives into their work may give some clues as to the reasons for the disbursing of funds,<sup>67</sup> helping to create a more evolved framework that can be replicated in national legislation.

### Guideline 1:

States are urged to ratify the international conventions and covenants that are key to guaranteeing the right to care,<sup>68</sup> and to recognize and safeguard this right in their national legislation (foreign and domestic policies), making express mention of the relevant obligations taken on in the international agreements they have ratified. National and local legislation should make it clear that the **right to care must be promoted in accordance with the principles of universality, equality and non-discrimination, co-responsibility and eco-dependence; and with human rights, gender in development, intersectionality, interculturality, territoriality, sustainability and effectiveness/outcome-oriented approaches.**

#### Examples of application of Guideline 1:

##### Regional examples:

**CIM/OAS (222)**, [Inter-American Model Law on Care and Implementation Guide for the Inter-American Model Law on Care](#)  
 PARLATINO (2012), [Draft Framework Law on the Comprehensive Care System](#)  
 PARLATINO (2013), [Framework Care Economy Law](#)

##### National examples:

Uruguay (2015). [Law No. 19.353 dated 08/12/2015 creating the National Comprehensive Care System](#)

##### Example of the combined gender-environment approach:

Luxembourg (2021): [ODA Strategy](#) <sup>69</sup>

Luxembourg designed its Gender Strategy and its Environment Strategy in parallel, but in a coordinated and cross-cutting manner, and they were presented jointly to Parliament as the guiding principles of Luxembourg's ODA. They are systematically integrated into political dialogues with partner countries and in each new cooperation project or programme.



67. Gender and the Environment: Building Evidence and Policies to Achieve the SDGs

68. See section 5 for international reference frameworks.

69. OECD DAC (2023): The gender equality and environment intersection: An overview of development co-operation frameworks and Luxembourg (2021): ODA Strategy

## 2

### Transformation for coherence of internal sectoral policies

The content of the right to care in its three dimensions goes beyond the specific remit of a single ministry, public policy or programme. This transformation is therefore to ensure that transformative care policies are helped along by **interministerial coordination and coordination between different territorial levels, in order to make care a central political concern and prevent sectors from operating as silos**, which would be detrimental to transformational aims.

The complexity and risk of continuous overlapping between sectors are best solved by adopting a comprehensive vision of the needs and social responses to care, at national or local level, taking account of the different institutional actors operating in a given context and offering differentiated policy responses (including targeted programmes) depending on the different groups' care needs.

To this end, **for the State to fulfil its role as guarantor of the human right to care, it needs an organizational structure and governance system that allow it to function as a steering body and perform the task of coordinating a public care policy or comprehensive care system, at State level, for greater effectiveness in achieving results**. Based on the experiences of countries such as Uruguay and proposals by the Organization of American States' Inter-American Commission of Women, the recommended governance structure is one that allows:

- ✦ **Interinstitutional coordination from a people-centred approach**, with the involvement of State bodies whose remits include sectoral policies relating to care and the pillars of the welfare state, social policies, gender equality policies and policies relating to the productive sector, economy, taxation and finance, infrastructure and the environment, as well as decentralized bodies and bodies equivalent to local authorities. This structural set-up—or a similar one, tailored to the particular conditions of each country or local actor—allows policies to be addressed comprehensively and developed on multiple levels, and enables the coordinated implementation of social, productive, infrastructure-related and employment-related measures.
- ✦ **Intersector coordination and management for the implementation** of policies guaranteeing the right to care on the basis of a model of co-responsibility in social, economic and gender terms, as well as the gradual development of the components of a comprehensive care policy or system—such as services, regulations, training, knowledge management—that takes account of cultural and territorial diversity.



These organizational structures and their governance systems can have different formats, ranging from the most hierarchical (decision-making council, executive secretariat and advisory body) to the most fluid (working groups), as long as they fulfil their assigned functions. **It is more stable in the long term for these bodies to be established as formally as possible and with long-term institutional regulations**, although this is sometimes not possible to begin with.

### Guideline 2:

An organizational structure and a **governance system** are required to guarantee the implementation of a transformative care policy or programme or comprehensive care system. They need to **enable interinstitutional/interministerial coordination, based on a people-centred approach and intersector coordination and management with a focus on co-responsibility and territorial considerations.**

### Examples of application of Guideline 2:

**CIM/OAS (2022):** [Inter-American Model Law on Care](#) and [Implementation Guide for the Inter-American Model Law on Care](#)

Article 38. Governance. The National Care System will be comprised by:

- A high-level interministry council (Interministry Care Council) that will include, at the very least, the most senior authorities responsible for social development, work, social security, women, the economy, finance, public works, transportation, health, education, childhood and adolescence, older persons and people with disabilities. It will be responsible for defining general policies, strategic guidelines and priorities, and it will report to the National Care System.

- An executive entity (National Care Secretariat) responsible for promoting, implementing and monitoring public policy on caregiving, under the guidance of the Interministry Council, providing advice in its areas of specialization. It will be responsible for bringing together all the system's public and private actors along with the caregiving activities carried out in the country, and it will be responsible for ensuring that all the rights established by this law are protected.

- An honorary public/private advisory body (Advisory/Consultative Commission) that acts as a consultant to the National Care Secretariat on the best practices for fulfilling the objectives.

- **Dominican Republic (2022):** [Governance of the Economy of Care Strategy and its pilot project "Care Communities"](#).

**The creation of Care Communities will be coordinated in a cross-sectoral manner at two levels:**

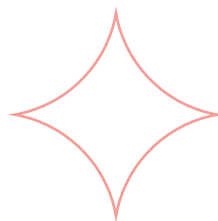
- A first level of central political governance and coordination through the **Inter-Sector Care Board**;
- A second level of governance and management including and coordinating the territorial level through the **Local Care Boards**.

Both **will be coordinated by the Ministry of Economy, Planning and Development and the Ministry of Women**, with the participation of related public entities and non-governmental actors or stakeholders, for the purposes of collectively building up a care policy. This distinction of levels is analytical and not strictly hierarchical.

**To implement the established agreements and develop Local Care Plans** under this pilot project, the Inter-sector Care Board and its Local Care Boards will have an Intersector Technical Management Unit. This Unit will be coordinated by the "Supérate Programme", framed within its care component as established by Decree 377-21.

**The design and structuring of the pilot was coordinated by the Ministry of Economy, Planning and Development, together with ten public institutions** that play a central role in the steering, design and implementation of the different services necessary for the implementation of care policy (Ministry of Women, "Supérate Programme", Single System of Beneficiaries, National Institute for Comprehensive Early Childhood Care, National Council for Children and Adolescents, National Council for the Elderly, National Council on Disability, National Institute for Technical and Professional Training, Directorate-General for Strategic and Special Projects of the Presidency (PROPEEP) and Ministry of Labour).

- **Paraguay (2022):** [Support for the implementation of the 2030 Agenda in Paraguay](#) financed by EUROSociAL+ through the Equality Dialogues with an International Seminar on Care. This seminar served as a platform to strengthen the legislative dialogue and roadmap towards the adoption of a bill creating Paraguay's National Care System.



# 3

## Transformation to strengthen the institutional and governance framework

This transformation is necessary because it is impossible to have a transformative care policy, programme or system without gender mainstreaming in the institutions that are going to be putting that policy, programme or system into practice. It is equally necessary for the equality mechanisms at the highest level in each territory to play a substantial role (ideally in a leadership position) in the governance system and in support of the institutional structures, and to be present throughout the entire cycle of the care policy, programme or system.

The involvement of equality mechanisms is essential for facilitating and maintaining dialogue between care policy and the social or economic policies that also come into play. This dialogue makes an essential contribution to sustainable development in favour of life and the environment and as a guarantor of care.

Strengthening the institutional arrangements through both gender mainstreaming, and strengthening governance by systematically including equality mechanisms at the highest level, both serve a common objective: to gradually develop all of the system components—services, regulations, training, information and knowledge management, and communication for the promotion of cultural change—in a way that addresses the diversity of care needs in a territory by applying the principles and approaches that contribute to transformative care policies, as well as the 5R model.

During [Commission on the Status of Women \(CSW\) 66 \(2022\)](#)—dedicated to the centrality of gender equality in climate change and risk reduction solutions—the CSW recognized that gender inequality, coupled with climate change, environmental degradation and disasters, poses a challenge for the achievement of the 2030 Agenda for Sustainable Development with disproportionate impacts on women and girls, especially those in vulnerable and marginalized situations and conflict settings, increasing their burden of unpaid care work (among other consequences). To address this intersection, the CSW recommended **strengthening the capacity of national gender equality mechanisms at all levels, particularly in the least developed countries and small island developing States**, with sustainable and adequate funding and scaled-up, voluntary technology transfer, including through national budget allocations and official development assistance, **to ensure the participation of such mechanisms in climate, environmental and disaster risk governance and to support the mainstreaming of a gender perspective into the design, delivery, monitoring and evaluation of climate change, environmental and disaster risk reduction policies and programmes. This CSW proposal is closely related to the implementation of the management guidelines.**

### Guideline 3:

For the implementation of a transformational care policy, programme or system, it is essential that the **intersectional gender equality approach be formally incorporated** into the State's institutional apparatus. **Another essential requirement is the substantial participation (or leadership) of national (and subnational) mechanisms for the advancement of women** in interinstitutional and intersectoral coordination, regardless of the form of governance established or institutional architecture model developed.

#### Examples of application of Guideline 3:

**CIM/OAS (2022):** [Inter-American Model Law on Care \(CIM\)](#) and [Implementation Guide for the Inter-American Model Law on Care](#).

**Argentina (2022):** Orientation of Argentina's economic programming with a gender perspective (gender budgeting), with results in line with the care policy. Based on the labelling of budgets with a gender perspective that measures the impact that public policies have on men and women, an [Interinstitutional Mechanism led by the Ministry of Women, Gender and Diversity of Argentina](#) was created. One of the first initiatives of this interinstitutional mechanism was the development of the care policy. EUROsociAL has been accompanying the Budget Office of the Ministry of Economy and Finance of Argentina, mainstreaming the gender approach in budget programmes. Some of the achievements are as follows: <sup>70</sup>

- Establishment of an interministerial roundtable for the comprehensive design of the gender-responsive budget.
- Development of rules and procedures for the inclusion of the gender perspective in programme design.
- More than 20 budget programmes designed using Gender-Responsive Planning and Budgeting (GRPB) methodology.
- Development of gender classifiers in the budget.
- Transparency portal including periodic breakdown of gender budget items.
- Annual Monitoring Report on Gender Spending.
- Involvement of civil society in the process.

In addition, together with the Ministry of Women, Gender and Diversity, the InterMinisterial Budget Programme with a Gender and Diversity Perspective was launched with the aim of: (a) promoting Gender-Responsive Budgeting (GRB) methods and tools in the formulation, monitoring and evaluation of budgets from a gender and diversity perspective; (b) promoting gender and diversity mainstreaming in the budgeting exercise; (c) promoting technical assistance and training on mainstreaming the gender and diversity perspective in the budgeting exercise.



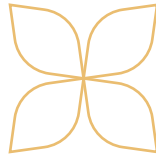
## 4

### Transformation for stakeholder participation and consultation

As a follow-up to the previous point, the transformation at this level involves the application of **permanent institutional mechanisms that also include the effective participation of the people who provide and receive care, or of the organizations representing them, in planning, budgeting, decision-making and social dialogue processes in order to ensure that care entitlements, needs and contributions are reflected in these procedures.** Given that caregiving takes place mainly in the home and is carried out to a large extent by women, within families or with the assistance of care sector employees, the women from different social, cultural, racial or ethnic backgrounds who might be represented in these mechanisms must have their voices and experiences heard so that their needs can be addressed. To make this participation possible, groups including women's organizations, domestic workers' unions, and Indigenous Peoples will need to be strengthened. It will also be necessary to set up culturally appropriate dialogue and consultation channels and instruments.

This level of **participation by domestic workers' unions and the various different women's, rights-defending and feminist organizations** will only be possible if (i) there is a safe space that is conducive to political activism and autonomous work agendas, (ii) access is given to financing through specific programmes and resources to strengthen the groups' institutional and incident-response capacities; (ii) there is the possibility of forming alliances with organizations that defend human rights, employment rights, economic rights, etc. and feminist groups, as well as with other stakeholders from pertinent sectors involved in decision-making processes, such as people with disabilities or children's rights associations, thus establishing a political dialogue that furthers progress towards transformational care programmes that respect the wide range of existing circumstances and the allocation of resources for the application of those programmes.





#### Guideline 4:

It is imperative that **institutional and permanent mechanisms be put in place to ensure the effective participation** of caregivers and care receivers in the planning, budgeting, decision-making and social dialogue processes leading to the development, monitoring and evaluation of care policies, programmes and systems, starting by guaranteeing **access to the conditions that enable this participation**. The specific participation **of domestic workers' unions, the entire diversity of women's organizations, groups defending rights of those in need of care, organizations defending the rights of people with disabilities, the elderly and children and Indigenous Peoples, Afro-descendants and the feminist movements** need to be considered in these consultation and decision-making spaces.

#### Examples of application of Guideline 4:

##### **Argentina (2022):** [Proyecto de Ley Cuidar en Igualdad \(Equal Care Bill\)](#)

The text, which was drafted by the Ministry of Women, Gender, and Diversity together with the Ministry of Labour, Employment and Social Security, establishes the creation of Argentina's Gender-Responsive Comprehensive Care System. In order to implement this proposal, the Ministry of Women conducted a highly participative process that gathered contributions from all the national agencies that make up the Interministry Care Board. It set up a drafting committee of specialists and held a series of consultative meetings with stakeholder organizations and competent agencies: unions, chambers of commerce and various organizations (feminist and diversity groups, disability organizations, those representing children and the elderly, and popular and social economy organizations). In addition, the committee received input in the form of contributions made at the local "care parliaments" held in all of the country's provinces as part of the "[Equal Care Campaign](#)".

## Improved planning and management



### 5

#### Transformation for care financing

For this transformation to be possible, **care policies, programmes and systems need sustainable financing** with the capacity for progressive growth and stable tax collection. It also requires a **shift towards social, egalitarian and sustainable taxation with the possibility of contributions from other economic resources** that do not depend solely on national budget allocations.

It is vital that countries seeking to combat poverty and inequality invest in care policies and comprehensive care systems as a priority, as they are one of the drivers of sustainable development and recovery. This needs to be coordinated with employment, health and education policies. For example, a very high proportion of the households facing extreme vulnerability in the world today are ones in which a female head-of-household is responsible for children and other members of the household, with time poverty generating a vicious cycle with income poverty, feeding into social exclusion and a lack of options for development.

Public funding does not have to be the only source of income and a number of other actors, such as the private sector and civil society, should be encouraged to participate in financing the system. According to ECLAC,<sup>71</sup> some of the **instruments that can serve as sources of sustainable financing** for care policies are: (i) income generated through a responsible, progressive, high-quality, transparent taxation regime that strengthens democratic States and their financial management; (ii) the promotion of Corporate Social Responsibility among companies; (iii) the establishment of a Care Fund; (iv) the mobilization of resources through public-private partnerships; (v) the promotion of the Social and Solidarity Economy; and (vi) additional technical and financial cooperation for care policies provided by international cooperation and development aid.



71. ECLAC/UN Women (2022). Financing care systems and policies in Latin America and the Caribbean: Contributions for a sustainable recovery with gender equality.



On the subject of seeking external financing, **while these Guidelines do stress the need to prioritize the link between care, gender and environmental sustainability, on this point it should be noted that out of the 12 critical areas of concern of the Beijing Platform for Action, the environment is the area that has received the lowest levels of gender-focused aid over the years.**<sup>72</sup>

It is also a matter of making public financing sustainable and this requires changes in the following two areas: 1) taxation and 2) budgeting.

**1** Through the implementation of **progressive, stable, transparent fiscal policies with in-built anti-corruption controls**, governments can generate additional revenues that may be used to finance these services. [Principle 3 of the Principles for Human Rights in Fiscal Policy](#)<sup>3</sup> requires States to ensure that their fiscal policy, including one that serves to implement a care policy, is socially just.

**2** **Gender-responsive public budgets**<sup>74</sup> consider social and welfare spending as an investment. Care work and its contribution to the productive economy are recognized, analysing and raising awareness of how reducing social investment and public services negatively affects women's rights and harms the entire economy. These budgets also contribute to the inclusion of the care economy in countries' GDPs, showcasing its importance and the contribution of women's unrecognized work to the economy, thus justifying greater funding for these policies. Budget participation mechanisms with gender analysis should be included, as should pilot exercises for calculating satellite accounts,<sup>75</sup> which will gradually lead to gender-responsive budgeting.



72. OECD (2021) Gender and the Environment: Building Evidence and Policies to Achieve the SDGs

73. The Principles for Human Rights in Fiscal Policy are a set of standards emanating from the regional and international human rights systems that are particularly applicable to States' fiscal policies. At the heart of the Principles is the duty of States to mobilize resources and increase their social spending in a progressive manner, and to use fiscal policy to advance the redistribution of wealth and finance the transition to green and sustainable economies.

74. Despite progress, only 26% of countries have comprehensive systems to track budget allocations for gender equality. Source: Progress on the Sustainable Development Goals. The Gender Snapshot 2022

75. Durán, M.A./CSIC (2018). Las cuentas del cuidado. Revista española de control externo, ISSN 1575-1333, Vol. 20, Nº 58, 2018, págs. 57-89

### Guideline 5:

**A stable and transparent increase in public funding needs to be guaranteed until the level is sufficient to sustain care policies, programmes and systems by way of gender-responsive budgeting and progressive fiscal policies.**

It is worth looking into the available options for complementing public funds from national budgets with other financing, such as Care Funds, International Cooperation Funds, public-private partnerships, corporate social responsibility and environmental taxation.

#### Examples of application of Guideline 5:

**Paraguay (2022):** The possibility of this complementarity between public budget and private financing is considered in [Paraguay's National Care Policy](#): "The State, considering its budgetary availability, shall design action plans that make the target population visible and coordinate the different departments' programme actions for comprehensive care. Resources may be provided to facilitate access to different types of care services according to the corresponding regulations. The design of a model that allows complementarity between sectors, users and their environments, and providers of care services, whether public or private, shall be promoted. The care services provided by the State shall be financed with resources allocated to the Agencies and Entities that make up the national care services in the General Budget of the Nation, and in the respective Municipal Budgets that are directly related to the purposes and objectives defined by the National Care Policy."

**EU International Cooperation (2021-2027):** [GAP III](#) commits to "supporting universal social protection systems, and recognising, reducing and redistributing unpaid care and domestic work by providing more support for gender-responsive budgeting". The European Commission will also step up its support for gender-responsive budgeting via programmes to support public finance management. It will ensure that new public expenditure and financial accountability (PEFA) assessment reports include the module on gender responsiveness.<sup>76</sup>

**Childcare System in Mexico (2021):** Studies in Mexico indicate that while [investment in universal free childcare systems](#) would bring additional gross annual costs of 1.16% of GDP, total employment in Mexico would increase by 3.9%. In turn, the new jobs would generate tax revenues that would reduce the financing gap to 0.58% of Mexico's GDP.<sup>77</sup>



76. GAP III

77. UN Women and ECLAC (2020). Costs, Returns and Effects of a Universal, Free and Quality Child Care System in Mexico.

### Guideline No. 5 resources :

**ILO Care Policy Investment Simulator.** An ILO platform that calculates the investment requirements in four care policy areas and the related employment and gender equality benefits for 82 countries. It is an easy-to-use online tool aimed at helping member States and other partners to run simulations on how to close care policy gaps and leverage the multiple benefits of investing in the care economy: [Simulator](#) **A guide to public investments in the care economy (2021).** ILO and UN Women (2021). A guide to public investments in the care economy: policy support tool for estimating care service gaps, the cost of investments to fill them, and their economic returns: [Guide Results of applying the Guide. Argentinian case \(2021\).](#) Applying the guide in the case of Argentina demonstrated the financial sustainability of the national care policy as a result of the returns on investments in the care sector: [Report / Infographic](#) (in Spanish).

**ECLAC/UNWomen (2022).** [Financing care systems and policies in Latin America and the Caribbean: Contributions for a sustainable recovery with gender equality.](#)

**ECLAC 2022.** [Breaking the statistical silence to achieve gender equality Financing of Comprehensive Care Systems. Proposals for Latin America and the Caribbean](#)



## 6

### Management transformation: measures for policies and programmes and strengthening of care capacities and infrastructure

Due to its complexity, this point involves two transformations, and has two associated guidelines (6a and 6b). It requires the adoption of specific management measures. It aims to guarantee the right to care in all three dimensions (receiving care, providing care and exercising self-care), in line with [SDG 5.4](#), in conjunction with the rest of [SDG 5](#) as a priority, as well as [SDGs 1, 8 and 10](#).



## 6a

### Transformation of specific measures for policies and programmes

In order to achieve this transformation, it will not only be necessary to strengthen the institutional framework and the areas that implement care projects, but also to bring about changes in the organizational and practical culture. The basis is the **“5 Rs model” (ILO)**,<sup>78</sup> a proposal that has been agreed on at international level, and committed to and adopted as a recommendation. It offers a framework for the development of transformative proposals that contribute to social justice and the development of the right to care, considering both those who receive care and those who provide it. **This model creates a virtuous circle by mitigating inequalities related to care, addressing the obstacles that prevent women from accessing paid work and improving the conditions of both unpaid caregivers and paid care workers and, by extension, of those who benefit from care.** To this end, the strategic objectives of care actions, projects, programmes, policies and systems must include the 5 Rs:

**Recognize** unpaid care work as work and recognize the social role it plays and the unfair and unequal distribution of care responsibilities within society and between women and men.

**Reduce** the time spent on unpaid care work, through investment, social infrastructure and public services that mitigate women's time poverty and their excessive care burdens at home.

**Redistribute** the unfair and unequal division of caring responsibilities following a pattern of social co-responsibility (State, market, community and households).

Adequately **reward** paid care work, generating more work and in decent working conditions, with social protection and decent wages, along with safe environments for paid caregivers.

Ensure **representation** through effective participation in social dialogue scenarios and freedom of association for paid care sector workers.



<sup>78</sup> Economist Diane Elson has proposed a model or strategic framework oriented towards equity in domestic and unpaid care work, in which she promotes co-responsibility within the social spheres (the market, the home, the community and the State) through the model of the “three R’s”: Recognition, Reduction and Redistribution of unpaid care work. Based on this framework, the ILO incorporated two more aspects (Reward and Represent) within the framework of the Decent Work Agenda. This complete model is known as the “5Rs”

### Guideline 6a:

Guaranteeing the right to care in all three dimensions (receiving care, providing care and exercising self-care) must be the management objective of any public or private initiative under a care programme project, policy or system, in line with [SDG 5.4](#) and in conjunction with the rest of [SDG 5](#) as a priority, as well as [SDGs 1, 8](#) and [10](#).

The structures and areas involved in care and their **organizational and practical cultures need to be strengthened so that**, as well as coordination between actors and territories, **each action is informed by and commits to the 5 Rs: Recognizing, Reducing and Redistributing** unpaid care work, and aligning paid care work with the [Decent Work Programme](#) (**Rewarding and Representing** Care Workers).

#### Examples of application of Guideline 6a:

##### *ILO Domestic Workers Convention (C189)*

**In the Dominican Republic (2022):** three resolutions adopted by the [Ministry of Labour, the National Wage Committee and the National Social Security Council](#) recognized rights such as the written contract, the eight-hour working day, the minimum wage and social security for domestic workers.

**In Mexico (2020):** the ratification of this convention has been the basis for a number of measures recognizing and raising awareness of domestic work. One such measure is the [Pilot Programme for the Incorporation of Domestic Workers](#), which consists of signing workers up to the Mexican Social Security Institute to guarantee their human rights to health and social security. Another major step forward is the creation of the National Union of Domestic Workers, which seeks to organize, train and educate workers to demand better working conditions.



## 6b

### Transformation of capabilities for quality of care

This transformation involves very specific improvements to the **professionalization of care, access to and reinforcement of skills and employment conditions, and the transferability of skills across the different sectors of care work**. On the one hand this means improving quality of care and the dignity of paid work by professionalizing caregivers and providing them with training, and on the other hand it means providing training in care policies and a rights- and gender-based approach to those responsible for drawing up, financing and implementing care policies, programmes, projects and systems.

Training up the people who perform paid and unpaid caregiving tasks contributes to the quality of services and improves caregivers' professional careers, making their work visible and recognizing it. Secondly, in order to strengthen institutional capacities for the formulation and implementation of care policies, education and **training processes for public personnel need to be developed with a view to changing organizational cultures in the interests of equality and the centrality of care, and guaranteeing that the approaches (human rights, gender, intersectionality and interculturality) have a cross-cutting presence**. This is key for those responsible for planning, budgeting, and implementing care policies and programmes.



### Guideline 6b:

In order to improve the quality of care policies and programmes, it is essential to **(i) develop and strengthen caregivers' capacities** with a view to achieving excellence in their work, and so that they can forge a care sector career path; **(ii) train and raise awareness among those who design and implement policies** at all levels of the State architecture so that the human rights, gender, intersectionality and interculturality approaches are present in care policies from start to finish, helping **to bring about changes in the organizational culture in favour of equality and the centrality of care.**

#### Examples of application of Guideline 6b:

**Pact for Skills (2023):** the EU launched a large-scale skills partnership for long-term care. Long-term care service providers, social partners and education and training providers have, with the support of the European Commission, created a large-scale skills partnership for the long-term care sector.

**Chile (2022):** Implementation of territorial care strategies in nine regions, leading to a National Care Strategy with a bottom-up approach. A key aspect of this achievement was the adoption of Law No. 21,074, which represents a clear success in terms of regionalization in Chile. This law institutionalizes the Social and Human Development Divisions of Chile's regional governments. Article 19 grants them new powers in the field of social and cultural development, such as: setting priorities for poverty eradication; proposing programmes and projects with an emphasis on vulnerable groups or social risk; and distributing resources among the municipalities of the region for the financing of benefits and social programmes administered by those municipalities. The process therefore incorporates a projection that reaches the local level, in order to strengthen equal rights and social cohesion in municipalities and communities.

- The action of the EUROsociAL+ Programme focuses on capacity-building in the new Social Development Divisions and the main areas within the remit of the Social and Human Development Divisions of Chile's regional governments.

- To this end, in partnership with SUBDERE and the Catholic University of Chile, a Diploma in Social Policies for Cohesive Territories was designed, and has been taught since March 2021. The Diploma involves European expertise on the subject of decentralization, with lecturers from the Istituto per la Ricerca Sociale in Italy and the Complutense University of Madrid in Spain.

- The Diploma is aimed at civil servants from the new Social and Human Development Divisions of Chile's Regional Governments, helping them to perform their social-policy-related duties.



## 7

## Technological and Digital Transformation

A technological and digital transformation in care will pave the way for two of the most important changes that will significantly improve the gender balance of unpaid care work: introducing technologies that **support and improve care services and infrastructure**, and progress in **inclusive digitalization and reducing the gender digital gap divide**. The aim is to ensure that a lack of connectivity and digital skills no longer limits paid employment opportunities and women's participation in the technological sphere, nor continues to contribute to perpetuating care-related stereotypes and inequalities.

The gender digital divide leaves women and girls out of strategic areas of education, technological innovation and the labour market. It also affects their ability to access online health resources, limits their care options and acts as a barrier to accessing care-related information, services and resources.

This transformation is about shaping “a future in which technology would contribute to transforming social norms, amplifying women’s voices, ending online harassment, impeding the perpetuation of algorithmic prejudices, strengthening women’s economic autonomy and equitably distributing the benefits of digitalization in order to achieve the Sustainable Development Goals (SDGs)”.<sup>79</sup>

It is also a case of implementing inclusive care policies and systems that create conditions that improve access to and quality of digital care (information, services, infrastructure and resources) for women and girls.

### Guideline 7:

The imperative commitment to achieving inclusive digitalization and a reduction in the gender digital divide requires the implementation of policies that **ensure universal access to digital technology** (such as the “basic digital basket”), **step up digital education**, improve women’s and girls’ **digital confidence and security** and guarantee digital rights. Policies are also needed to mainstream the gender perspective into the transformation of the production sector and the **digital transformation of the care sectors and infrastructure, as these will also be drivers of the care economy.**



### Examples of application of Guideline 7:

**Initiatives such as Internet for All in Peru (2019-2023)**, a rural mobile infrastructure operator, thanks to the partnership of CAF - Development Bank of Latin America, Facebook, Telefónica and the IDB, which has succeeded in connecting **2 million people** to date in rural areas of the country;

**Geostationary communications satellites such as ARSAT in Argentina (2020)**, partially financed by CAF, which offers telecommunications services, data transmission, Internet access, IP telephony and digital television. There are now **10,000 rural schools and 2,000 health centres connected and it provides coverage in Argentina, Chile, Paraguay, Uruguay and part of Bolivia.**

## Knowledge and Information Management



### 8

#### Transformation of statistical and information systems, pre- and post-policy

The challenge of this transformation is the urgency of the need to strengthen national statistical systems, and to mainstream the gender and intersectional approach in information to facilitate more accurate analysis. It is therefore essential to promote the role of official statistics as a relevant and indispensable source of information for the design and implementation of actions, programmes and policies aimed at achieving gender equality, fulfilling the right to care, reducing discrimination and improving conditions for the groups suffering the greatest levels of exclusion, which are often in need of more specific or long-term care.

Information systems—understood to mean the systematic production and availability of data, the transformation of data into information and information into knowledge—with an intersectional and gender-sensitive approach are essential for recognizing the value of unpaid and paid care work, improving the conditions in which it is provided and expanding its services. Emphasis should be placed on how important it is to make use of the information generated for communication purposes and in promoting a cultural shift towards a more egalitarian society. This needs to take place from the national statistical systems, designing communication plans and using information and communication technologies (ICT) for the continuous dissemination of gender statistics. **Supporting the collection of data and measurements that reflect the social and economic value of care work, both paid and unpaid, makes it possible to show how unpaid care work is affected by macroeconomic policies, demonstrate how unpaid care work contributes to States' economies, and illustrate the multiplier effect of compiling care economy data.**

In this regard, ensuring public access to data and research in the field of care and gender promotes awareness, debate and the participation of members of the public in the decisions that affect them. Equally, the link with the academic sector is key for this purpose, since building up knowledge on the issue of care goes beyond research in the field of public policy design, implementation and evaluation. It is also necessary, for example, to build knowledge of the impact of urban dynamics on the use of people's time, differentiated between men and women, of technological developments benefiting the provision of care, and of how ICT can be applied to care strategies and services. Learning and knowledge are also needed on good practices and measures that can help to accelerate the transition towards a care society, or to replicate initiatives that have improved the living conditions of the people who are cared for and their caregivers.

In addition to the different approaches to be mainstreamed into statistical systems, **care also needs to be analysed in view of where it is provided**, considering the different needs of people living in **cities and rural areas. Infrastructure and sanitation conditions, access to transport and connectivity are crucial factors that determine the amount of time spent on care work.** This means that it is a priority to generate information and move forward in the geo-referencing of data on time use, women's labour market participation, gender gaps and care burdens, among others, in order to contribute to meeting the SDGs: indicator 5.4.1. of SDG 5.4 states that governments have the responsibility to collect data on the proportion of time spent on unpaid care work.

**In the gender-environment nexus, the lack of data is overwhelming, despite various international and national efforts both within and outside of the SDG framework.<sup>80</sup> Thus, the only recommendation possible is that more systematic data collection on gender-differentiated environmental impacts and initiatives be considered a priority,** especially with regard to the different effects of environmental factors on men's and women's health, the economic opportunities that might arise for women in greener economies, and the role of women in accelerating the shift to sustainable resource protection and consumption patterns.<sup>81</sup>



80. Gender and the Environment: Building Evidence and Policies to Achieve the SDGs

81. OECD DAC (2023): The gender equality and environment intersection: An overview of development co-operation frameworks

### Guideline 8:

**Guarantee the allocation of sufficient, sustainable resources to strengthen national statistical systems and mainstream the gender and intersectional inequalities approaches into indicators in order to achieve progress in the geo-referencing of gender indicators.** This will help to promote access to and the dissemination and use of the information generated. This information will serve to inform decision-making and be used in the design and implementation of care policies or projects, for public use and in research on care. As a result, lessons learned and good practices can be emulated

#### Examples of application of Guideline 8:

**Colombia (2022).** [District Care System](#). The geo-referencing of a series of indicators with a gender focus allows for a better design and implementation of Bogotá City Council's District Care System, coordinated by the Office of the Secretary for Women's Affairs.

In order to identify the places where Care Blocks and Buses would be installed, a geo-referencing tool was created in collaboration with ECLAC and UNDP, making it possible to specify the public and private supply of care services. All of this took into account the greatest demand for care, the density of caregivers and the levels of poverty in each location. In this way, it was possible to prioritize the populations most in need of care.

**Argentina (2022):** [Federal Care Map](#) is a web portal that uses geo-referencing to map the locations of different care organizations, services and institutions providing care, development and education **for early childhood, the elderly and/or people with disabilities throughout Argentina**. This map also shows the locations of care training spaces, such as professional training centres, degrees and diplomas offered by higher education institutions or at other levels of education, as well as institutions that provide support and guidance related to care work.



## 9

**Transformation of monitoring, evaluation, knowledge management and accountability**

This transformation relates to achieving a comprehensive and systematic approach to the monitoring, evaluation and accountability of care policies and programmes within the framework of the 2030 Agenda, committed to the production of information so that all of the different inequalities that exist between men and women are made more visible. This is closely related to transformation 8, on data collection and indicators and knowledge management. To this end, **it is essential to have information on the circumstances in which care is provided and the working conditions of care workers, with regular monitoring of three sets of indicators with a direct impact on the care economy: i) demand for care, ii) supply of care, and iii) socio-territorial indicators.**

With suitable knowledge management, the results of the monitoring and evaluation process will feed into political and management decision-making and make transparency, learning and accountability possible. In order to move towards transformative policies, projects and systems, **it is imperative for monitoring and evaluation to be capable of measuring: (i) the universal reach of services in terms of access and quality, the application of the principle of progressivity without regression, and equality and non-discrimination by the State as guarantor of the right to care; (ii) the monitoring and evaluation of the scope and results of care programmes and policies, as well as inter-sectoral synergies; and (iii) one-way progress in the content of regulations (legislation and implementation); and all the other principles and approaches.**

**What to measure in order to move towards a care society?**

Time spent on unpaid care in households. This includes tasks such as caring for children, the elderly or sick, and housework.

Quality of care provided. This involves assessing whether the physical, emotional and social needs of the people receiving care are being met.

Availability and accessibility of formal care services. This involves assessing the existence and quality of services such as day care centers, day care centers for the elderly, home care services, among others.

Equity in the distribution of care. This involves assessing whether care responsibilities are fairly distributed between men and women, and whether there are policies and measures that promote an equitable distribution.

Impact of caregiving on people's working and economic lives. This involves assessing whether caregiving is limiting employment and career development opportunities for caregivers.

Impact of caregiving on caregivers' health and well-being. This involves assessing whether caregivers are experiencing high levels of stress, burnout or mental health problems.

Social recognition and valuation of caregiving. This involves assessing whether society values and recognizes the importance of caregiving, and whether there are policies and measures to promote this recognition.

Participation of caregivers in decision making and policy formulation related to caregiving. This involves assessing whether caregivers have a say in decisions that affect their own situation and that of those they care for.

Impact of policies and measures implemented to move towards a care society. This involves assessing whether the policies and measures adopted are succeeding in improving the care situation and promoting an equitable distribution of responsibilities.

Level of awareness and sensitization of society to the importance of caregiving. This involves assessing whether society understands and recognizes the importance of care as a fundamental pillar for the well-being of people and the development of a just society.

Source: ECLAC (2022) Breaking the statistical silence to achieve gender equality by 2030

For there to be accountability, mechanisms need to be in place for disseminating reliable, relevant, sufficient and appropriate information, ensuring that space is made for dialogue between civil society and the actors involved in managing and improving care, and making sure there is sufficient public scrutiny. Ensuring coordination between the different reporting and accountability instruments helps to reduce duplication, promote positive synergies and transparency, and gradually consolidate open, democratic governments with better-quality, transformative public policies.

Civil society monitoring of public policies is both a fundamental element of a healthy democracy and an advocacy tool for social change. **Mechanisms for the participation of civil society organizations are needed in order to monitor and evaluate the extent to which government policies on care work are adopted, budgeted and implemented, and the extent to which they have a transformative effect on gender and other intersectional inequalities at national and subnational levels.**



### Guideline 9:

**Establish and finance multi-stakeholder mechanisms for monitoring and evaluating care policies, with a feminist approach and based on gender indicators, including instances of social participation, participatory and institutionalized accountability instruments.** These mechanisms need to be capable of improving care policies, programmes and services with a view to progressively improving democratic quality, whether local or national.

#### Examples of application of Guideline 9:

**LAC (2010-) ISO Quito:** Society's contributions to monitoring and evaluation in Latin America and the Caribbean. The ISO Quito initiative is an outstanding experience in the role of citizen monitoring of regional commitments on gender equality. It is a classification using different indicators to measure gender inequality in the region, in accordance with the consensus reached by the countries at the regional conferences. This instrument also serves for the citizen monitoring of ECLAC's Gender Equality Observatory for Latin America and the Caribbean (OIG). ISO Quito is an initiative of Articulación Feminista Marcosur (AFM), a movement of thought and political action, whose strategy focuses primarily on the development of a feminist political arena, regionally and globally. It was set up to monitor the situation of women, with the purpose of defining indicators that would enable comparison between different countries based on three pillars: economic autonomy, physical autonomy and autonomy in decision-making. It has shown that, for some indicators linked to women's physical autonomy, there is no systematic official information disaggregated by ethnicity and race, which are key aspects for analysing and addressing inequalities in the region. The methodology works with quantitative and qualitative data and has three measurements (2010, 2013 and 2016), the results of which have been published as reports (AFM, 2018).





# 10

## Transformation of communication for social and cultural change

This transformation consists of **reinforcing the process of changing social and cultural perceptions of care and the traditional role of women, which are perpetuated by framing women as natural caregivers, as well as the prejudice-based stereotypes that reduce women's options in life** and continue to be portrayed in the media and on social networks. This change is driven by various communication strategies and initiatives. For example:

- + **Changes in the way care and caregivers are portrayed in the (traditional and digital) media** in order to achieve progress in (i) raising awareness and commitment to the construction of a care society based on centrality, solidarity and co-responsibility in care; (ii) deconstructing the sexual division of labour that places most of the burden of care on women; (iii) promoting positive models of masculinity committed to non-violence and co-responsibility in care; (iv) reporting on the impact of the overload and unequal distribution of care on women's daily lives; (v) ensuring that the value of care and women's historical contribution to sustaining life, well-being and the economy are visible and recognized.
- + Public **awareness campaigns** showing the value of care work for the economy and the sustainability of all facets of life, changing social preconceptions regarding rigid gender roles and stereotypes relating to caregivers.
- + **Legislation** that prohibits or penalizes the portrayal of gender stereotypes or sexist roles regarding care work in advertising and the media.
- + **The strengthening of non-sexist education**, as a basic instrument of cultural change for equality, from an early age and throughout life. It is important to boost the role that education can play in changing the social gender norms that cause the inequalities present in stereotypical roles and in the sexual division of labour.
- + The promotion, through incentives and technical support, of **organizational change in public and private institutions, in their processes of gender mainstreaming**, creation and implementation of care standards/protocols.
- + The sponsoring or subsidizing of artists or artistic collectives that represent other models of care or women's empowerment, or that defend women's rights and the centrality of care in society and in general for the sustainability of life (e.g. feminist activism).

### Guideline 10:

**Reinforce social change** processes and the value and **recognition of care by financing or implementing various communication strategies.** For example, **(i) media and non-sexist education** reflecting positive models of care, roles, sexual division of labour and powers, **(ii) legislation regulating harmful representations of care or women**, **(iii) awareness-raising campaigns** on the right to care, **(iv) processes of organizational change** in public and private institutions **aimed at eliminating cultures that are toxic for women, caregivers or people in need of care**, or **(v) transformative feminist art.**

#### Examples of application of Guideline 10:

- **SocialTIC, LAC (2017) infoactivism guide:** showing both a diagram of the information activism process and activities that can help in planning and evaluation in order to improve communications with a view to bringing about social change.
- **UN (2023) International Day of Care and Support (October 29):** UN commemorative day for raising awareness, improving policies and increasing investments to transform the care economy and further gender equality
- **UN LAC (2022):** Awareness-raising campaign, [Contemos los Cuidados](#) (Make Care Count)
- **The “Actúa con Cuidados” (Act with Care)** campaign, Interred (Spain)
- **Dominican Republic (2022): EUROsociAL+ Communication for the promotion of redistributive public policies:** provide support through campaigns to disseminate the results of the new official methodology for measuring poverty and inequality, which showed the need for a more equitable distribution of income as the most effective strategy for combating poverty, and the need to strengthen the financing of the National Care Policy as a central element to reducing gender inequalities.



Included **below are three guidelines of special relevance in the context of Official Development and Humanitarian Assistance, considering how care is negatively affected by armed conflict and environmental disasters. These contexts also illustrate how multiple intersectionality factors come into play, aggravating the situation for women and worsening the provision of care.** The application of these specific guidelines will go hand-in-hand with the implementation of the ten guidelines outlined above (or any of those guidelines that is appropriate for a transformative project/programme/policy in a humanitarian context).

## Guideline on Women, Peace and Security



Armed conflicts are not only escalating, in terms of impact and duration, but also in complexity, and are increasingly linked to other development issues, such as climate change (lack of water) or environmental degradation.<sup>82</sup> The European Commission in [GAP III](#) addresses these links and recommends implementing the Women, Peace and Security Agenda to reduce gender inequality and threats to women in these contexts.<sup>83</sup>

Taking these leads, this is the proposed guideline:

***“Establish and institutionalize consultative mechanisms with women activists and women's and feminist organizations in conflict territories, on all issues of intervention in any of the phases (peace operation, post-conflict intervention, intervention in the humanitarian aid-development nexus) while supporting and training women leaders and negotiators to reinforce their effective participation at peace negotiation tables and strengthening justice systems to end impunity for perpetrators of sexual and gender violence, in addition to also strengthening the care systems (health, education, legal, psycho-social, etc.) to care for and accompany the victims/survivors of the peace processes”.***



82. OCDE DAC (2023): The gender equality and environment intersection: An overview of development co-operation frameworks

83. GAP III propose: “supporting and conducting capacity-building and mentoring on women’s leadership, for women negotiators and mediators, to improve their effectiveness and the quality of their participation in peace processes; • working towards reaching at least 33% of women participating in all EU activities and projects related to peace processes; • establishing and institutionalising consultative mechanisms on all conflict-related issues with grassroots women activists and CSOs, both in Member States and in conflict-related settings, where there are CSDP missions and operations; • rolling out mandatory training on mainstreaming gender perspectives for all staff at HQ, EU delegations, CSDP missions and operations, etc.; promoting and supporting inclusive policies/activities across the whole WPS agenda with full and equitable participation, also by men and boys; promoting the strengthening of the rule of law, the criminal justice system through transitional and restorative justice, and Security Sector Reform (SSR), to end impunity for perpetrators of SGBV crimes; • promoting the provision of medical, psycho-social, legal and safety support to all victims/survivors of conflict-related sexual and/or gender-based violence/SGBV”.

## Guideline on Humanitarian Action in environmental crises or disasters



CSW 66 Agreed Conclusions<sup>84</sup> (Gender Equality and Climate Change) recognize that due to displacement, including forced and protracted displacement, women and girls face specific difficulties such as separation from support networks, homelessness, increased risk from all forms of violence, including sexual and gender violence; reduced access to employment, education and essential healthcare services, including sexual and reproductive health and psychosocial support.

First guideline for humanitarian action scenarios, whether environmental or conflict-related:

***“It is necessary to ensure the collection of data related to the basic needs of women and the development of mechanisms to evaluate the gender impact of humanitarian emergency operations and response to environmental disasters/crises”.***

In general, at the nexus between gender, development and environment, the lack of data is overwhelming, despite the different international and national efforts, within and outside the framework of the SDGs.<sup>85</sup>

Thus the second best guideline would be:

***“Fund more systematic data collection on environmental and conflict impacts and gender-differentiated initiatives, and make it a priority, especially with regard to the differential effects of environmental factors on women’s rights, the economic opportunities that could arise for women in greener economies and the role of women in accelerating the shift towards sustainable consumption and resource protection patterns”.***



84. CSW 66 Agreed Conclusions (2022)

85. OCDE (2021) Gender and the Environment: Building Evidence and Policies to Achieve the SDGs

# 10 transformations & 10 Guidelines



## 1.- ADHERENCE TO INTERNATIONAL FRAMEWORKS, PRINCIPLES AND APPROACHES

Recognition of right to care in national legislations including its transformational implementation approaches (human rights, gender in development, intersectionality, interculturality, territoriality, sustainability, and effectiveness).



## 2.- INTERSECTORIAL POLICY COHERENCE

Establish an interministerial coordination mechanism (including sectors and civil society) to ensure organization and local sustainability.



## 3.- STRENGTHEN INSTITUTIONAL CARE SYSTEMS

Guarantee gender mainstreaming at all stages of care policies and gender equality mechanisms leading its implementation.



## 4.- GOVERNANCE AND PARTICIPATION

Set up consultative mechanisms for effective and meaningful civil society participation (specially those groups involved, i.e. domestic workers' trade unions, womens' organizations, caregivers' associations, care-dependant people)



## 5.- STABLE FINANCING AND TAX SYSTEMS

Sustainable and transparent public funding for care policies through national gender sensitive budgeting and progressive fiscal systems (complemented by ethical and sustainable private funding if needed)



## 6.- REINFORCED TRANSFORMATIVE MANAGEMENT MEASURES

Ensure objectives for implementing the right to care in its triple scope (caring, being cared for and self-care) are in line with target 5.4 of SDG5



## 7.- TECHNOLOGICAL ADAPTATION AND INCLUSIVE DIGITALIZATION

Provide for Inclusive digitalization and digital gender gap reduction. Capacity-Building for all caregivers as well as all people designing and implementing care policies or projects throughout their cycle.



## 8.- IMPROVED NATIONAL STATISTICAL SERVICES

Strengthen National Statistical Systems to mainstream gender and intersectional approaches, to advance in the geo-referencing of gender indicators, and to promote public access to the information generated.



## 9.- KNOWLEDGE MANAGEMENT AND ACCOUNTABILITY

Multi-stakeholder mechanisms for monitoring and evaluation of care policies based on gender indicators, including participative accountability instruments.



## 10.- COMMUNICATION FOR SOCIAL AND CULTURAL CHANGE

Reinforce social change processes about care work value, roles and responsibilities, by means of diverse communication strategies.

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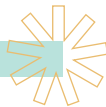
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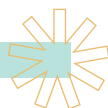
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