

Care as a Human Right and a Public Good:

Evidence and Guidance for Latin America and the Caribbean

POLICY BRIEF



Introduction

Care sustains life, human dignity, social justice, gender equality, our economies and societies, yet it falls disproportionately on women and girls. Its invisibility and feminisation deepen inequalities and multidimensional poverty, while the lack of recognition and State investment reproduces cycles of exclusion. In this context, the ‘care society’ proposes placing care at the centre of development. The human rights approach enables care to be recognised as a social right and a public good and helps shape public care policies and systems as an essential public investment.

Within this framework lies the ‘**Initiatives to Strengthen Public Care Policies in Latin America and the Caribbean**’ project, led by the Group for the Analysis of Development (GRADE) in collaboration with the Global Alliance for Care (GAC), the United Nations Research Institute for Social Development (UNRISD), the Ford Foundation and the financing of the International Development Research Centre (IDRC). Since 2023, this project, also known as the *Collaborative Action Research Fund for Transformative Care Systems in Latin America and the Caribbean*, produces and promotes transformative evidence from the territories, with a feminist and intersectional approach, to guide public policy decisions and strengthen care systems in the region.

In two consecutive editions, Fund 1 (2023–2025) and Fund 2 (2025–2026), ten projects were financed in eight countries: Argentina, Brazil, Chile, Colombia, Mexico, Peru, the Dominican

Republic, and Uruguay. All projects share the same logic: generating, systematising, and analysing evidence from the territories—through diverse methodological approaches—and translating their findings into public decisions, through alliances among the State, academia, civil society, unions, and territorial actors. This multi-stakeholder coordination has been a key factor in strengthening public policy advocacy and the legitimacy that the proposals enjoy. Likewise, another distinctive element of the Fund has been the peer-to-peer comparative learning. Although each project operates in different contexts, the Fund promotes systematic dialogue among them: it connects countries, systematises comparative lessons, and translates them into orientations to ensure the scaling of territorial solutions, thus strengthening a regional community of practice.

In line with the care society agenda promoted by GI-ESCR, this Policy Brief seeks to position care as a human right and a public good, provide evidence from the ten projects, and formulate guidance to advance toward universal, sustainable, and rights-based care systems in Latin America and the Caribbean.

Key Messages

where care is also understood in relation to *non-human life* and collective ways of sustaining life.

What lessons does the Collaborative Action Research Fund for Transformative Care Systems in Latin America and the Caribbean leave us?

1. **Care must be recognised as a human right, a public good, and a collective responsibility to advance toward more equitable societies**

The Fund's evidence shows that leaving care in the private sphere reproduces gender inequalities, poverty, and exclusion. Care systems must guarantee rights comprehensively. This means recognising care as a self-standing right. The evidence allows identifying a common foundation, where *caring, being cared for, and self-care*, must be recognised as dimensions of the right to care.

2. **Care policies generate concrete benefits for individuals, households and communities**

The Fund's evidence shows that care interventions not only sustain life but produce measurable effects on the well-being of caregivers and care recipients, including stress reduction, time liberation, improvements in access to other rights, strengthening of community networks, and greater recognition of care as work.

3. **Care policies must be based on situated assessments**

Conceptualising what care is and what it is not, is necessary to design pertinent responses, recognise the demands of different movements and communities, and consider territories

4. **The participation of caregivers, care recipients, communities, and territorial actors improves the quality, relevance, and sustainability of policies**

The most robust solutions emerge when evidence is produced together with those who design, implement, and experience care policies.

5. **Care policies work best when they combine public services, sustained financing, and stable institutional frameworks linked with other services to ensure their effectiveness**

The analysed experiences showcase that the most promising initiatives require their own budget, a normative basis, technical teams, and continuity to cope with potential changes in government and austerity measures.

6. **Care systems must transform inequalities, not manage them**

The current organisation of care remains deeply marked by gender stereotypes. Care falls disproportionately on women, often without remuneration, recognition, or professionalisation. Therefore, a gender-transformative approach, intersectional perspective, social co-responsibility, and recognition of the different forms of care existing in territories are needed.

How to Strengthen Care Systems Based on the Evidence

1. Incorporate the human right to care as a structural State policy, with a legal basis, stable institutional framework, and clear obligations.
2. Allocate dedicated budgets for care policies and systems, reducing dependence on external resources or temporary projects.
3. Ensure multi-stakeholder participation by defining the role of each actor in the system. It is necessary to regulate the role of the private sector to ensure a defined provision that does not undermine the public good; strengthen community organisations without transferring responsibilities that belong to the State; and support families by providing them the necessary support so they can fulfil their role without replacing State obligations.
4. Map the existing supply, close coverage gaps, and connect care services with health, education, social protection, transportation, and other rights.
5. Incorporate territorial assessments, local evidence, and mechanisms for the real participation of caregivers, care recipients, and communities in the design, implementation, monitoring, and evaluation of policies.
6. Redistribute care and transform gender norms, promoting co-responsibility among the State, families, communities, and men, and combating stereotypes that naturalise care as a female responsibility.
7. Guarantee decent work for paid caregivers and effective support for those who provide care without remuneration, including training, social security, rest, physical and emotional well-being, and access to other rights.

What benefits did the analysed innovations in care public policies generate?

Taken together, the evidence generated by the Fund's projects shows that innovations in care policies produce consistent benefits across different contexts. These include improvements in the physical and emotional well-being of caregivers, freeing up time for access to work, education, and rest, strengthening of community networks, and advances in the recognition of care as work. The projects also demonstrate that these interventions contribute to reducing gender inequalities, improving access to other public services, and strengthening labour conditions in the care sector. Below are some examples illustrating these results in the eight countries.

Improves emotional wellbeing

First, the evidence demonstrates how projects contribute to **reducing stress and improving the emotional well-being of caregivers**. For example, the analysis of the Mexico Project, *Care Environments of Jalisco*, showed a reduction in the percentage of caregivers who feel tired and stressed. The Peru Project, *Household Support of the 'CONTIGO' Program*, similarly identified a positive and significant change in the emotional well-being of family caregivers.

Promotes physical health and rest

In line with the above, several projects demonstrated that external support **limits the physical health risks associated with care work and promotes rest**. The Brazil Project, *Gender Justice and Elder Care*, shows how the *Maior Cuidado Program (PMC)* limits the physical risks of family caregivers by assisting them with heavy tasks and freeing up time for them to attend to their own health. The Chile Project, *'Chile Cuida' Community Care Centres*, reports concrete improvements in caregiver well-being, including reduced exhaustion.

Frees up time

Another benefit has been the **liberation of time** that caregivers devote to labour market insertion, training, administrative procedures, rest, or self-care, among others. The Argentina Project, *Childcare in Rio Grande*, demonstrates how permanent Monday-to-Friday care spaces have allowed women to free up time for work, entrepreneurship, and study. The Uruguay Project, *Socio-Educational Inclusion Scholarships and Childcare*, also freed up time for study, work, and personal development of care reference persons.

Enables access to other public services

The projects have also demonstrated the importance of **coordination with other public services and territorial actors**. The Brazil Project, *Gender Justice and Elder Care*, shows how PMC caregivers work in close collaboration with local social service

teams to ensure that families access all forms of state assistance to which they are entitled. The Peru Project, *Household Support of the 'CONTIGO' Program*, analyses the coordination with public services and highlights how the absence or insufficiency of this coordination increases the burden on caregivers and exposes them to greater vulnerability.

Promotes the self-identification of caregivers

Likewise, the projects have promoted the **self-identification of caregivers as such, the recognition of care as work, and its social value**. In some cases, this process also led to official certifications that facilitate access to formal employment. The Colombia Project, *Community Care in the National Care System*, emphasises that even with limited scope, the project generated significant transformations in caregivers' self-perception. The Dominican Republic Project, *'Caring with Dignity' Home Care*, demonstrates the benefits of occupational validation through official certification that facilitates access to formal employment.

Propels gender justice

Regarding **gender justice**, the projects advanced to some extent towards the **denaturalisation of care as a female obligation**. The Colombia Project, *Community Care in the National Care System*, emphasises that even with limited scope, the project generated critical reflection on gender norms. The Uruguay Project, *Personal Assistants Program*, demonstrates the need to continue advancing gender equality so that there is a redistribution of care work. To this end, the importance of workshops and courses on care and gender equality is highlighted. Likewise, incorporating this perspective within the cooperatives themselves is essential to encourage the incorporation of male Personal Assistants (PAs) into the modality.

Strengthens labour conditions

Several projects have also advanced in **strengthening the labour conditions of paid caregivers**. For example, in the Uruguay Project, *Personal Assistants Program*, 86.5% of Personal Assistants feel very satisfied with their hiring modality and perceive greater job stability and more rights. Likewise, this collective modality offers an opportunity to enhance the professionalisation, recognition, and visibility of paid care work. The Dominican Republic Project, *'Caring with Dignity' Home Care*, has advanced toward strengthening the professionalisation of care work, improving labour conditions, and promoting the organisation and representation of caregivers.

**Empowers women,
communities and families**

The projects have also driven processes of **collective empowerment, social participation, and reduction of family poverty levels**. The Brazil Project, *Gender Justice and Elder Care*, demonstrates that the PMC can contribute to reducing family poverty levels. The Chile Project, *'Chile Cuida' Community Care Centres*, shows how these spaces foster the construction of a collective identity among women caregivers and contribute to the creation of support networks.

**Values the experiences
of diverse populations**

Finally, the projects have demonstrated the value of **incorporating an intersectional perspective** into care policies and systems that makes visible and values the experiences of diverse populations. The Colombia Project, *Ethnic Chapter of the National Care System*, shows how the active participation of women from indigenous, Afro-Colombian, 'Raizal', and 'Palenquera' communities in the construction of the Ethnic Chapter of the National Care System in Colombia allowed for the integration of intersectional conceptions and practices. The project documented more than 200 concrete and specific practices in each dimension of ethnic care, from planting rituals to midwifery practices, and identified eight distinct dimensions of ethnic care. Based on this process, women from ethnic peoples proposed the expansion of the 5Rs framework proposed by the International Labour Organisation (ILO) with four additional dimensions: relationality, rituality, resistance, and restoration-reparation, thus enriching the conceptual framework of care from an intercultural and intersectional perspective.

Table 1: List of Fund Projects

Country	Official Project Name	Project referred to in this document as	Fund
Argentina	<i>Time for Women: From the Local to Transformative Policies. Evaluation of the Childcare Experience in Rio Grande, Argentina</i>	Argentina: Childcare in Rio Grande	Fund 2 (2025–2026)
Brazil	<i>Promoting Gender Justice in Elder Care in Poor Communities in Brazil</i>	Brazil: Gender Justice and Elder Care	Fund 1 (2023–2025)
Chile	<i>Community Co-responsibility for the Redistribution of Care: Participatory Assessment and Co-design of Implementation Strategies for the 'Chile Cuida' Community Care Centres in Urban, Rural, Migrant, and Indigenous Territories</i>	Chile: 'Chile Cuida' Community Care Centres	Fund 1 (2023–2025)
Colombia	<i>Integrating Community Care into the National Care System</i>	Colombia: Community Care in the National Care System	Fund 1 (2023–2025)
Colombia	<i>Contributions to the Construction of the Ethnic Chapter of Colombia's National Care System through Knowledge Dialogues with Indigenous, Afro-Colombian, Raizal, and Palenquera Women Caregivers for the Identification, Recognition, Representation, and Compensation of Their Own Care Practices</i>	Colombia: Ethnic Chapter of the National Care System	Fondo 2 (2025–2026)
Dominican Republic	<i>Caring with Dignity: Toward a Comprehensive Home Care System in the Dominican Republic</i>	Dominican Republic: 'Caring with Dignity' Home Care	Fund 2 (2025–2026)
Mexico	<i>Care Environments of Jalisco in Mexico: Results of the Pilot Study to Reflect on the Needs of Primary Women Caregivers</i>	Mexico: Care Environments of Jalisco	Fund 1 (2023–2025)
Peru	<i>Toward a Comprehensive Household Support Strategy for Beneficiaries of the CONTIGO Program – Evaluation and Action for Change in Metropolitan Lima and La Libertad</i>	Peru: Household Support of the 'CONTIGO' Program	Fund 2 (2025–2026)
Uruguay	<i>Personal Assistants Program in Uruguay: A Commitment to Gender Equality?</i>	Uruguay: Personal Assistants Program	Fund 1 (2023–2025)
Uruguay	<i>Socio-Educational Inclusion Scholarships Program in Uruguay: Evaluating the Triple Dividend of Investing in Childcare</i>	Uruguay: Socio-Educational Inclusion Scholarships and Childcare	Fund 2 (2025–2026)

In-Depth Recommendations to Strengthen Public Care Policies

The recommendations gathered here are not abstract prescriptions: they emerge from concrete evidence in eight countries, tested in diverse territories and at different scales of government. These recommendations respond directly to the common challenges identified through deep exchange among the researchers and policy implementers involved in the ten projects, particularly highlighted during the *Peer Learning Meeting on Care*, held in Montevideo from March 24 to 26, 2026, and convened by the Global Alliance for Care, GRADE, and IDRC. These challenges include institutional and political instability, lack of sustained financing, persistence of gender stereotypes, absence of data to monitor progress, and insufficient participation of caregivers as political rightsholders, among others.

The recommendations point to the same direction: **care ceases to be a marginal policy when it becomes a structural commitment of the State, designed with those who provide care and for those who receive it, sustainably financed, gender-responsive, and anchored in human rights.** There is no single path, but there are shared conditions that make the difference between an initiative that ends with changes in government and a system that durably transforms people's lives. Advancing toward that transformation is, at the same time, a historic debt to the women of the region and a strategic investment in the sustainable development of Latin America and the Caribbean.

1. Ensure an Active Role of the State and Adequate Public Financing

Care must be **recognised as a structural policy**, not as a temporary program. To ensure its permanence, the following are required:

- Solid institutional framework, including a legal basis.
- Trained technical teams that allow sustaining processes through changes in government.
- Incorporation of care into planning and programmatic structure.
- Sustained public financing, with dedicated sources in public budgets.

For this, it is key that **States frame care from a human rights approach**, considering the regional progress toward such recognition thanks to Advisory Opinion OC-31/23 issued by the Inter-American Court of Human Rights, and the Resolution No. 2/26 of the Inter-American Commission on Human Rights on Fiscal policies and Human Rights in the Americas, which reaffirm the establishment of State obligations regarding care from a human rights and gender equality perspective. Doing so allows linking the right to care with other human rights guaranteed by international law that currently bind States, while also improving the formulation and implementation of public policies and the use of resources considering specific guidelines and recommendations for State bodies.

The State must also expand and/or **strengthen the supply of care services as a right and ensure their coordination with public services** that guarantee other rights (education, health, transportation, among others). To this end, it is necessary to identify existing care services, map them, coordinate them, and scale them, as well as disseminate and make visible the existing supply of care policies and services

to the public. Following the guidelines of the [Manifesto for Public Services](#), it is not enough for services to simply exist; they must be universal and accessible to all, including economic and physical accessibility; be capable of responding to the people they serve and transforming themselves accordingly; be based on solidarity; be environmentally and ecologically conscious; be fair, safe, and reliable for the people who use and provide the services, among others.

To avoid fragmented implementation, it is essential that care be managed comprehensively. To this end, **intersectoral coordination** is necessary, with coordination mechanisms among ministries, levels of government, and territories. Care systems do not function in isolation: their effectiveness depends on their coordination with health, education, housing, transportation, and social protection policies, and on the institutional capacity to sustain that coordination over time.

2. Participatory Design and Implementation

According to the analysis of the research, participatory design and implementation are a requirement for quality care services. For the public policies to be developed, this implies:

- Incorporating **comprehensive assessments** considering territorial needs and adaptation to local contexts. For this, real and effective political participation of different actors, including civil society organisations, academia, paid and unpaid caregivers, and care recipients, through the **co-creation of care policies, programs, and services or their support in implementation, monitoring, and evaluation** is key. It is important to recognise the agency of care recipients in the formulation and implementation of public policies, based on the human rights guaranteed to each group, and with an intercultural and intersectional perspective. It is also crucial to make visible the demands

of populations and movements. All this not only ensures legitimacy and trust but strengthens the relevance and effectiveness of interventions.

- Ensuring multi-stakeholder strategies, as well as strengthening networks and alliances for **inter-institutional and intersectoral coordination, and organisational ecosystems**. In this regard, inter-institutional spaces created by law are essential, as they contribute with information, data, and evidence. It is also key to sustain and support the development of different policies and monitor compliance with standards, norms, and international agreements related to care. Some examples include the Care Advisory Committee in Uruguay, created by the National Care System Law, or the Care Roundtable in the Dominican Republic.
- Implementing accessible and interoperable data **collection systems and evaluation tools**.
- Accompanying care systems with **awareness-raising and transparent communication** about objectives, limits, and progress, through narratives that advance the agenda, directed at the press, caregivers, care recipients, political decision-makers, legislators, the public, civil society, and academia, among other actors.

3. Gender Approach

Care policies cannot be gender-neutral; they must be explicitly transformative. This means not only incorporating a gender perspective as a cross-cutting axis but orienting interventions toward modifying social norms that naturalise care as a female responsibility, redistributing care equitably, and questioning the structural feminisation of care work. A care policy that does not transform gender relations

reproduces the very inequalities it seeks to resolve. A transformative perspective implies:

- Driving a **cultural transformation** that combats social norms and gender stereotypes that perpetuate the naturalisation of care as an exclusively female responsibility.
- Emphasising **positive masculinities**, so that men feel more comfortable in the role of caregivers.
- Promoting the **social co-responsibility of care** with the active participation of men, families, communities, and the State.
- Strengthening associated measures, such as **flexible schedules** or **work leave** for all workers, not only women.
- Implementing **effective and monitorable channels for specialised cases**, such as domestic violence in the context of care.

4. Intersectionality

It is necessary to strengthen and recognise the cultural practices of indigenous peoples, Afro-descendant communities, and rural communities, among others. It must be ensured that **different worldviews enrich the public care agenda** and, at the same time, engage in dialogue with gender equity and bridging gaps.

The intersectionality approach is necessary because inequalities and barriers are not distributed equally among groups, and because a truly inclusive care system must incorporate different visions, ensure the real participation of care recipients and caregivers, and reflect local contexts. In the formulation and implementation of public care policies, this implies linking the rights systems related to the rights of children, the rights of persons with disabilities, the rights of indigenous peoples, and the rights of older persons, as well as with

the experiences of Afro-descendant persons, ethnic peoples, peasant communities, and rural communities, who may be caregivers, care recipients, or both, depending on the context.

Furthermore, building a care society requires recognising the **interdependence between human and non-human life**, and incorporating environmental sustainability into care policies. Including the environment as a subject of care is a legal imperative underlying the International Covenant on Economic, Social and Cultural Rights (ICESCR) and countless international law instruments. Furthermore, it constitutes a fundamental basis for recognising the interdependence and eco-dependence that the Economic Commission for Latin America and the Caribbean (ECLAC) identified as constitutive dimensions of persons and their social, interpersonal, and environmental relationships, with a view to building a care society.

5. Strengthening Local Government and Community Capacities

Based on the research, the instalment and strengthening of local government and community capacities constitute a key condition for the implementation and scaling of public care policies. This can be understood in two ways:

- On the one hand, **assessing and strengthening government capacities** and establishing institutional, regulatory, and budgetary conditions that allow policy development at both national and local levels.
- On the other hand, **strengthening community organisations** with adequate physical spaces, recurring and non-recurring supplies, training, resources for sustainability, and technical support.

6. Adoption of Specific Measures for Caregivers

To ensure **quality in caregivers' work**, it is necessary to establish adequate remuneration; labour clarity; ensure their training, qualification, and certification; implement adequate mechanisms to estimate demand and prevent overload; and incorporate physical and emotional well-being services for caregivers. It is also essential to include work-life balance policies and measures to incorporate into social security those who perform care work (whether paid or unpaid).

7. Regulate the Role of the Private Sector in the System Without Weakening the Public Good

Depending on the model to be adopted, any system must consider the level of involvement and regulate the role of the private sector (for profit).

Taken together, the Fund's evidence highlights that care policies can generate significant transformations when they are designed as public systems, with a human rights-based approach, sustained financing, and territorial anchoring. The results demonstrate that it is not only a matter of expanding services, but of reorganising the provision of care in a more equitable manner, recognising those who provide and receive care, strengthening their conditions, and coordinating actors and institutions. These findings reinforce the lessons previously identified and underscore that advancing toward care societies requires policy decisions that transcend isolated interventions and commit to structural changes.

GI-ESCR, together with its partners, will continue to advance this agenda through evidence, human rights, and a commitment to a more just and equitable society and region.

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