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Reflections and contributions towards an EU-LAC Bi-regional Pact for Care



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EXECUTIVE SUMMARY

The Multi-stakeholder Forum on the Bi-regional Pact for Care between Latin America, the Caribbean and the European Union, held in Seville, Spain, on 1 July 2025, took place within the framework of the Fourth International Conference on Financing for Development (FfD4). This initiative was promoted by the EU-LAC Foundation together with the Global Alliance for Care, ECLAC, UN Women, the Spanish Ministry of Equality, the Colombian Ministry of Foreign Affairs, and the EU Regional Programme 'Inclusive Societies in Latin America and the Caribbean', and was funded by GIZ, within the framework of the programme 'Care Economy for Sustainable Economic Development with Gender Equality in Latin America and the Caribbean'. The event, held in the 'Care Pavilion' of the Global Alliance for Care, represented a milestone in the bi-regional process to advance the recognition of care as a human right, a public good and a fundamental pillar of sustainable development.

The main objectives of the Forum were to create space for political and technical coordination to discuss the possible contents, the scope and implementation modalities of the Bi-regional Care Pact. In addition, it sought to build consensus among state, multilateral, civil society, academic and private sector actors at a strategic moment ahead of the upcoming CELAC-EU Summit to be held in November 2025 in Colombia.

The high-level segment provided an opportunity to hear the views of authorities and representatives of international organisations on the global care crisis and opportunities for bi-regional cooperation. National experiences, financing mechanisms, and the legal, institutional and social dimensions of the pact were discussed. Colombia's leadership as CELAC's Pro Tempore Presidency was highlighted, as was the active commitment of different countries on both sides of the Atlantic to feminist and transformative cooperation.

The technical segment, through three thematic working groups, delved into the 'what' and 'how' of the Pact. Strategic lines for policy exchange, data and evidence production, as well as sustainable and innovative financial mechanisms were explored. Instruments such as care bonds, climate funds, public-private partnerships and progressive fiscal strategies were proposed. The importance of incorporating intersectional, ecofeminist and decolonial approaches was emphasised.

During the session open to the public, key aspects emphasised revolved around the need to protect caregivers, highlight ancestral knowledge, address contexts of precariousness and informality, and avoid conservative co-optation of the discourse on care. Likewise, there were calls to guarantee the inclusion of vulnerable populations and consolidate a transparent, participatory, and horizontal bi-regional governance architecture.

The Forum concluded with speeches highlighting the key political moment that this process represents. The urgency of raising the care agenda to the highest level of political decision-making was reaffirmed, and a call was made to take advantage of the CELAC-EU Summit of Heads of State and Government scheduled for 9 and 10 November 2025 in Santa Marta, Colombia, as a space to achieve commitments at the intergovernmental level. The conclusions and proposals emerging from this Forum will serve as strategic inputs for building a shared roadmap towards building more just, supportive and sustainable care societies in Latin America, the Caribbean and the European Union.

2. HIGH-LEVEL SEGMENT: SPEECHES



The opening segment featured the participation of high-ranking institutional representatives from both regions. The main speeches and reflections shared are presented below.

a. Opening Session



Arlene Tickner, Ambassador on Special Mission for Gender Issues and Global Feminist Policy, Colombia (PPT CELAC)

Ambassador Tickner noted significant progress in Latin America in terms of care policies, while, at the same time, while calling for increased efforts and resources devoted to care in order to ensure that the objectives of the pact could be sustainable. She emphasised that Colombia's Pro Tempore Presidency of CELAC was an opportunity to advance in this issue at the bi-regional and global levels, and that her country's debt and conflicts could not be used to justify budget cuts in this area. She also added five messages conveyed by the Colombian government:

- **Colombia recognises the priority of this issue on their government agenda, with care recognised as a pillar of sustainable development and gender equality, while both regions are experiencing a care crisis.**
- **The President of the Republic of Colombia, Gustavo Petro, said that he wants his words to be more than just a message; he wants them to**

become reality.

- **Colombia wishes to share its experience with its progress in the area of care, notably in the city of Bogotá and at the government level with the work of Vice President Francia Márquez in promoting this issue.**
- **The Colombian government acknowledges that 45% of CELAC countries have already implemented national care frameworks.**
- **The country sees care as an ethos that should guide the world and aspires to advance this issue at the Santa Marta Summit in November 2025.**



Christian Burgsmüller, Head of Division Americas 1, European External Action Service

Mr. Burgsmüller stated that the idea for a Care Pact had been already on the table at the 2023 EU-CELAC Summit and this time at the Santa Marta Summit he hoped that members would make further progress on this issue. He underlined the support of Colombia and Mexico in establishing care as a right and highlighted the European Parliament's alignment with the Care Pact. He mentioned that this pact could be established as a non-binding instrument between those actors who wish to get involved and contribute to its implementation, taking as an example the "EU-LAC Digital Alliance" agreed in 2023. He hoped that many states would join the pact, although many aspects, notably its financing, still need to be resolved. He reported that the European Union had proposed creating a permanent secretariat to organise regular meetings and coordinate actions under the umbrella of a future pact.



José Manuel Salazar Xirinachs, Executive Secretary, ECLAC

The Executive Secretary emphasised the importance of this space as a platform for collective construction between Latin America, the Caribbean and the European Union. He said that the Pact is presented as a response to the growing care crisis in both regions, driven by demographic ageing and climate change, and seeks to consolidate a care economy based on decent work, gender equality and human rights. The leadership of the Colombian government in placing this issue on the agenda of the upcoming CELAC-EU Summit was appreciated, as were the joint efforts towards the Pact by the EU-LAC Foundation, UN Women and ECLAC. Mr Salazar Xirinachs pointed to the invisible but significant contribution of unpaid care work to the region's GDP; this contribution was mostly carried out by women and was an important factor for structural inequalities. In response to this, ECLAC is promoting the construction of a 'care society' as a new development paradigm. The Executive Secretary invited participants to attend the XVI Regional Conference on Women in Mexico City, where progress will be made on this agenda. He concluded by reaffirming ECLAC's commitment to more inclusive and sustainable development and to the implementation of the Pact as a concrete instrument to further the cooperation between the two regions.



Ana Redondo García, Minister for Equality, Spain

The Minister for Equality expressed her intention to build bridges for bi-regional cooperation on this issue and stated that Spain is committed to feminist cooperation, with a government that defines itself as feminist. She addressed the issue of the resources that need to be invested and stated that, in a context of crisis in state aid for development, the Spanish government increased its development budget by 12% to reach 8 billion euros. Approximately 12% of this international cooperation budget is allocated to the feminist development agenda. The minister defined Spain as a society that has implemented care legislation and takes this issue into account, and that international legislation now needs to be expanded to promote regulations and legal certainty. She outlined several essential areas of care that need to be focused upon: education from 0 to 3 years of age, which she defined as a responsibility of states, as well as care for people with disabilities and the elderly. Spain has implemented this part of the welfare state that was previously absent, through equal paternity leave, among other things. From her view, the bi-regional pact should entail administrations in projects that highlight the transformation of the consideration of care, while a third of the budget of the Ministry of Equality will go to care. The minister concluded on the need to also transform masculinities, affected by the danger of social media and the degradation of their social positions, and hoped that different countries would make progress on this issue in the November 2025 Santa Marta Summit.

b. High-Level Dialogue: State Representatives



Antonia Orellana Guarello, Minister for Women and Gender Equality of Chile *(video message)*

The Chilean Minister reaffirmed Chile's commitment to the development of the Pact and the need to secure its financing, despite the difficult context. She said that the care agenda represents an economic opportunity to strengthen certain sectors of the economy, boost employment, and promote shared working time. She stated that these investments could generate 32 million jobs in Latin America and the Caribbean. She outlined Chile's efforts to protect early childhood care and his country's participation in the management committee of the Global Care Alliance. Minister Orellana also noted the bi-regional cooperation efforts on this issue with European countries and highlighted the importance of having a programme compatible with each country's gender agenda in order to face a very difficult global scenario.

Wayne Henry, Director General of the Planning Institute of Jamaica

Dr Henry warned about the dangers associated with demographic changes and high levels of migration and announced that the country would launch its revised national policy on population and sustainable development, in line with the Montevideo Consensus and the 2030 Agenda. He noted that Jamaica was strengthening care-focused policies, including policy for the elderly, and emphasised that his country recognised care as a public good. He also highlighted the importance of promoting joint research, strengthening data systems and public-private partnerships to ensure the sustainability of care systems, an agenda that, he emphasised, resonated deeply with Jamaica's national priorities.

Daniel Cámara Ávalos, Director General of American Regional Organisations, Ministry of Foreign Affairs, Mexico

Mr Cámara Ávalos started his intervention by stating that for Mexico, care is one of the most important issues on the government's agenda. It is a debate that has escalated from the private to the public sphere, which the government formalised with a survey on the care system in 2022, which revealed that 93.6% of people consider themselves responsible to care for the household, and of these people, 75% are women. Mexico is therefore proposing an ethical and transformed alternative that recognises the work of women, vindicates community and ancestral knowledge, and takes into account the care of the land and the environment. The Mexican representative highlighted the similarity between his country's policy and Spain's policy in this area and outlined ten strategic lines that Mexico has put on the table:

1. Recognition of care as a right.
2. Integration of care for the earth into care for life.
3. Care at the centre of community life.
4. Implementation of strategies that prioritise indigenous and Afro-descendant women.
5. Guaranteeing social justice.
6. Integrating the issue of care into all public policies.
7. Establishing a national care system.
8. Adopting a differentiated territorial perspective.
9. Promoting the participation of indigenous women and feminists.
10. Eradicating gender stereotypes through education.

He highlighted that Mexico promotes this agenda at the international level, a commitment that was formalised with the creation of the Global Alliance of Care, which now has approx. 300 members. He noted that Mexico also promoted the action coalition 'Investing care for global prosperity' with Colombia,

Brazil, and UN Women. Lastly, he expressed concern regarding the lack of involvement of some CELAC countries regarding the possible contents and modalities of the bi-regional pact and hoped that discussions on this matter could be advanced within the CELAC in the upcoming weeks.

Carlos Arturo Hoyos, Deputy Minister of Foreign Affairs, Panama

The Panamanian Deputy Minster explained that the bi-regional care pact recognises the value of care work and defines it as a human right. He said that strengthening this new definition is necessary and linked to the promotion of sustainable development and gender equality. He informed that Panama had established a law on care that recognises rights from a perspective of gender equality and labour rights, and that it focused on assistance for people over 65. Mr Hoyos highlighted the value of cooperation between the EU and CELAC, and spoke of the need to redistribute responsibilities between the state, the market and communities, within a comprehensive public policy framework. He concluded by emphasising that States have a duty to commit to this type of cooperation instrument, with the assistance of international organisations' exchange platforms.

Andjelie Gajadhar, Official for International Cooperation, Suriname

Ms Gajadhar thanked the United Nations for highlighting the need for a care pact and agreed that care should be recognised as a public good, expressing her country's willingness to institutionalise it in those terms. She recalled that the COVID-19 pandemic had highlighted the urgency of investing in care, and that much of that burden had fallen on women. She emphasised that the urgent realities faced by Suriname — such as demographic challenges, limitations in public services and climate change — were driving the country to contribute to the pact by sharing good practices and promoting cooperation. In terms of financing, she stated that Suriname was committed to public-private partnerships, national allocations despite fiscal constraints, and the exploration of climate and gender funds as sources of financing, as well as resources from the IDB or the European Union. Finally, she called for international solidarity and reaffirmed Suriname's commitment to strengthening its care infrastructure and training more workers in the sector.

Rodrígo Arim, Director of the Office of Planning and Budget, Uruguay

Mr Arim highlighted that his country, Uruguay, was a pioneer in the field of care in the region, by means of social and gender equality policies matched with a sustainable development strategy. He welcomed the comments made by his colleagues on the common challenges faced by Latin America and the Caribbean and the European Union, which offer them an opportunity to cooperate under the same civilisational horizon in the aim of building a care society. He addressed some of the advantages of the bi-regional pact, which, in his view, could include increased social participation, professionalisation of the care sector, strengthening of the labour market and closing of social gaps. He applauded the development of a multi-stakeholder and multi-level strategy with North-South and South-South cooperation modalities and inter-institutional coordination. He concluded that the Pact should become part of a government's public planning and public service, financed in part by EU development funds, but also by intra-LAC agreements, in order to develop a new social contract.

c. High-Level Dialogue: Representatives of international organisations and development banks





Raquel Lagunas, Global Director for Gender Equality, UNDP

Ms Lagunas framed her speech in a context of deteriorating international cooperation, although there were countries such as Spain that have continued to increase their aid. However, she said that developing countries could not depend solely on foreign aid and should implement efficient management of national resources for a comprehensive care system. She highlighted the need for political courage to decide that care is a pillar of society, to align the state's objectives with its budget, and to enact fiscal policies that integrate this issue because there are gender biases in the way it is managed. She explained that Uruguay and Mexico were good examples of countries that have implemented such policies, and that the UNDP supports this political will and debt relief with reforms that do not hinder the objectives linked to the Care Pact. She concluded with a proposal to explore options for linking the Pact to budgets and investments under the umbrella of the green transition, since care also involves caring for nature and requires strong public institutions making intelligent investments.



Bibiana Aidó Almagro, UN Women Representative in Colombia

The UN Women official expressed her gratitude for the opportunity to speak at a particularly complex time for international cooperation, marked by multiple crises and a significant reduction in official development assistance. She pointed out that the financing gap to achieve the SDGs exceeded 4 trillion dollars and that the annual deficit linked to gender equality reached 420 billion. She highlighted the urgent need to redirect resources towards transformative agendas, in particular gender equality and care systems, which are fundamental pillars for a sustaina-

ble and inclusive recovery. She emphasised that Latin America had taken on a leadership role with initiatives such as the Buenos Aires Commitment and the upcoming Regional Conference on Women in Mexico, where care is already recognised as a public good. She also underlined the progress made in Europe, such as the European Care Strategy, and presented the Bi-regional Pact on Care as a joint roadmap between the two regions. Ms Aidó explained that this proposal aimed to strengthen multi-stakeholder cooperation, policy exchange and sustainable financing of care, including public-private partnerships and innovative mechanisms such as climate and gender funds. The representative of UN Women concluded by reaffirming her organisation's commitment to this bi-regional agenda, convinced that investing in care not only promotes equality but also transforms the development model as a whole.



Leire Pajín, Vice-President of the Delegation to the Euro-Latin American Parliamentary Assembly

Leire Pajín emphasised the importance of international networks and, in particular, cooperation between the European Union and Latin America and the Caribbean, a link in which the MEP is working to build ties between European and Latin American parliamentarians. She warned that the representatives present must be aware of the current context, in which there is strong opposition to development and gender policies, and in which many countries are reducing international aid. Even though there were still some countries, such as Spain and Germany, that invest funds in these areas, she called on international organisations to prioritise these issues and find instruments to move forward, such as the compromise agreement on financing.



Diana Rodríguez Franco, Special Advisor on Gender and Diversity to the President of the IDB

Ms Rodríguez warned of the need to respond to the growing demand for care services. According to her, the most urgent area is long-term care due to demographic change, and more specifically due to the ageing population in Latin America, whose countries do not have the budget or infrastructure that European states have allocated to address the same challenge. She pointed out that the Latin American and Caribbean region could benefit from an exchange on the lessons learned by European states in this area – under the umbrella of the Bi-regional Pact for Care. Her second point focused on the imperative of prioritising resources, an issue in which investment and development banks have a role to play. In her final point, she addressed the sensitive nexus between care and migration, and discussed the risk that the shortage of care workers in Europe could worsen. She concluded by proposing egalitarian structural reforms, and more specifically reforms for the production of regional public goods derived from the common needs of countries, and in favour of mobilising public sector resources with the help of the IDB to strengthen entrepreneurship.



Alejandra Claros, Secretary General, CAF Development Bank of Latin America and the Caribbean

The Secretary General of CAF welcomed the care-focused policies being designed by the government led by Mexican President Claudia Sheinbaum, as well as other governments in the LAC region that have made decisive progress in this area. She reported that CAF has recently been joined by three new members, bringing the total to 25, including countries such as Spain and Portugal, where there is a significant number of Latin American migrants working in the care sector. She acknowledged the recognition of the importance of increasing bi-regional cooperation on care by the state representatives present and highlighted that CAF has recently allocated a budget of 150 million for a Colombian project on mental health. She concluded by saying that CAF's involvement in the Pact, as well as its promotion of public policies in this sector, required recognition of the importance of this issue by CAF' members.

3. TECHNICAL SEGMENT

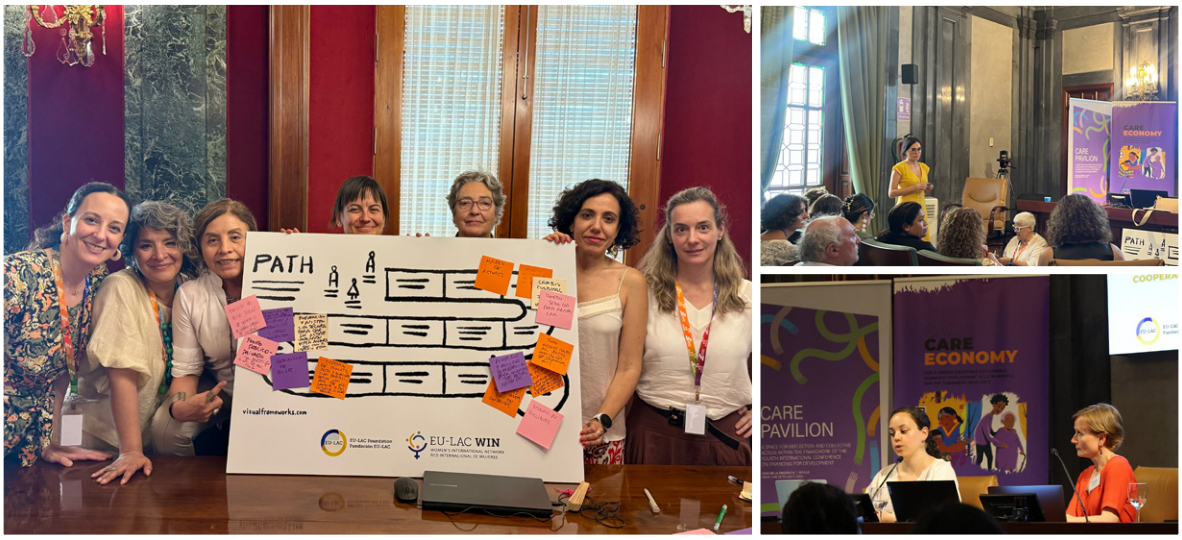
The second part of the Forum focused on a collective exercise designed to delve deeper into the strategic content of the Bi-regional Care Pact. Under the slogan 'The what and how of the Pact,' this segment invited participants to work in three thematic working groups, organised around the axes proposed in the draft Pact. The objective was to collaboratively build a concrete roadmap for the future implementation of the Pact, imagining possible scenarios 3 months, 1 year and 3 years after its eventual approval at the CELAC-EU Summit (Santa Marta, November 2025).

The three groups worked in parallel in separate spaces, using visual tools such as the PATH poster (timeline of actions) and PESTEL analysis (political, economic, social, technological, environmental, and legal dimensions). This methodology fostered a strategic and comprehensive vision, aimed not only at imagining the impact of the pact, but also at outlining the steps necessary for it to materialise.

During the exercise, each participant wrote ideas on colour-coded cards - according to the PESTEL analysis - and placed them on a visual timeline (PATH poster) - according to their time horizon. The reflection was structured around key questions: What would the implementation of the pact entail? What should happen in the first three months, what would be milestones after the first year, and in a three-year horizon? Which actors should participate and what conditions are necessary at each stage?







Results of Working Group 1

Thematic axis: Bi-regional exchanges and dialogues on progress and promising practices in care policies and programmes
Facilitators and rapporteurs: Marta San Juan y Laura Pérez Castaño, UN Women

The group began its work by emphasising the importance of genuine and balanced participation by the Global Alliance for Care, civil society organisations and trade unions in the implementation of the Bi-regional Pact. During the first three months, the need to map key actors, territories, programmes and policies was identified as a priority, given the continuing lack of awareness of care issues.

The urgency of having a solid institutional framework to carry out implementation was highlighted, as well as a concrete and guaranteed budget until at least 2028. In addition, the importance of recognising structural challenges, promoting innovative practices with a South-North focus, and linking the development of the Pact with the environmental agenda was emphasised.

Facilitated by UN Women, the group also explored existing experiences and policies that could contribute to the Pact, highlighting the need to build systematic bi-regional learning spaces, establish decentralised cooperation frameworks, and design mechanisms for coordination between institutional and community actors. Among the specific proposals that emerged were the creation of regional thematic networks and the development of tools for disseminating good practices.

Timescales and main findings

First 3 months (March 2026)

- **Top priorities**:
  - Mapping of key actors and existing programmes.
  - Promotion of the Pact in the territories through press conferences, campaigns, and community activities.
  - Designing mechanisms for inclusive social participation, with an emphasis on caregivers (formal and informal), people who require care, and community networks.

- **Stakeholders involved**: governments, multilateral organisations, civil society, trade unions, Global Care Alliance, feminist movements.
- **Enabling conditions**:
  - Knowledge of the EU's multiannual framework and interregional working dynamics.
  - Budget planning from the outset and use of existing financing mechanisms.
  - Avoid colonial dynamics in cooperation and promote equitable relationships.
- **Challenges**: power inequalities, technocratic appropriation of the process, lack of resources.

One year (November 2026)

- **Top priorities**:
  - Multi-level coordination with regional stakeholders.
  - Creation of a stable inter-institutional framework for the implementation and governance of the Pact.
  - Design of specific action plans and budgets.
  - Inclusion of the right to care in other key agendas, such as migration and the environment.
- **Relevant Actors**: local governments, academia, civil society.
- **Enabling conditions**:
  - Institutionalisation of the Pact through technical committees.
  - Implementation of local pilot laboratories.
- **Challenges**:financial sustainability and political will in the face of changing contexts.

Three Years (November 2028)

- **Top priorities**:
  - Development of common standards and performance indicators.
  - Formal funding commitment from EU-LAC governments.
  - Legal recognition of the right to care in constitutions and national legislation.
  - Systematic inclusion of care policies in national and local plans.
  - Regional accreditation and certification of care workers.
- **Expected transformations**:
  - The Pact as a narrative and political tool for bi-regional advocacy.
  - Inclusion of care in environmental and economic justice agendas.
  - Progress towards social co-responsibility in care and greater visibility for women carers.
  - Strengthening comprehensive public policies with monitoring and evaluation mechanisms.
- **Risks**: capture of the agenda by actors opposed to rights; ideological opposition.

Other points highlighted by the group:

- The wealth of regional experiences in care policies represents a solid foundation for the implementation of the Pact.
- The value of the Pact was recognised not only as a technical tool, but also as a political framework for disputing and redefining the right to care.
- The urgency of incorporating the voices of those who care for others and are cared for, especially migrant workers, grandmothers, and community networks, as key players in the design and implementation of policies was emphasised.

Results of Working Group 2

Thematic axis: Comparative studies and analyses of care policies and systems – Production and use of data and design of statistics (ECLAC)
Facilitators and rapporteurs: Ana Ferigra Stefanovic (ECLAC), Lucia Martelotte (Equipo Latinoamericano de Justicia y Género; Asuntos del Sur)

Working Group 2, facilitated by ECLAC and Equipo Latinoamericano de Justicia y Género, brought together a wide range of stakeholders, including civil society organisations, international agencies, government representatives and the private sector. Its main objective was to address the generation and use of information to measure the impact of care policies, with a particular focus on the production of comparative statistics between Latin America and Europe.

The importance of studying the time-use survey, assessing the unpaid workload in the health sector, and analysing sources of funding—including social security—was highlighted, taking European experiences as a reference. The group also emphasised the need to understand global care chains and their connection with climate change, proposing a comprehensive approach to bi-regional cooperation.

Main actions, actors, conditions, and challenges following the timescale:

First Three Months (March 2026):

- **Key actions**: Mapping of existing data sources on care in Latin America and Europe; initiation of technical exchanges on measurement methodologies; collection of qualitative evidence on community care, global care chains, and climate change; bi-regional study on the incorporation of care policies into cultural change strategies.
- **Actors involved**: ECLAC, CLACSO, UN Women, EU-LAC Foundation, civil society, and academia.
- **Necessary conditions**: Willingness to share information, technical support and initial funding, capacity to systematise information.
- **Challenges**: Fragmentation and limited coordination among actors.

One Year (November 2026):

- **Key actions**: Harmonisation of time-use surveys and national classifiers; measurement of the economic impact of care policies; systematisation of information on accessible platforms; documentation of good practices; measurement of the care burden generated by the health sector.
- **Actors involved**: ECLAC, national statistical offices, United Nations agencies, academia, governments.
- **Necessary conditions**: Technical capacity, awareness-raising, financial resources for platforms, spaces for dialogue and coordination, political will to make the issue visible.
- **Challenges**: Uneven implementation across countries, difficulty in coordinating responsibilities, normalisation of care work within families.

Three Years (November 2028):

- **Key actions**: Studies on the impact of care financing (for example, public-private partnerships, social bonds); promotion of institutional reforms that incorporate a care approach in social and labour policies; studies on links between physical autonomy, reproductive health, and economic autonomy; certified academic exchange programmes; financing for transnational social security; studies on community care and its interaction with local governments.
- **Actors involved**: United Nations agencies, international organisations, governments, specialised consultancy firms, academia.
- **Necessary conditions**: Financial resources, political will, technical and legal analyses, social support.
- **Challenges**: Lack of interest from some stakeholders, cultural resistance, limited fiscal space.

Results of Working Group 3

Thematic axis: Programmes and cooperation and financing mechanisms to promote a biregional Pact for Care.
Facilitators and rapporteurs: Inma Alonso and Penélope Berlamas (La Coordinadora, the Spanish Development NGOs Platform)

Group 3 was defined as a creative space that proposed financing mechanisms aimed at generating governmental commitments, with the objective of reaching 500 commitments by 2028. These commitments involve alignment with the principles of the Pact, seeking to avoid a purely market-driven approach. The importance of training with political support was emphasised to prepare for the implementation of the Pact from an ecofeminist and intersectional perspective, with special emphasis on integrating the climate agenda.

The group members did not reach consensus on a single financing mechanism but agreed on the need for deep fiscal reforms and alignment between the European Union and CELAC to catalyse structural reforms in their countries. The political and climate risks that may arise from radical changes in governments were also emphasised.

Regarding the financial sustainability of the biregional Pact for Care, various potential sources of funding were identified, such as care bonds, public-private partnerships, climate funds, and structured bi-

regional cooperation. The importance of having flexible mechanisms adapted to different national and territorial contexts was emphasised, as well as linking the care agenda with the ecological transition, the digital economy, and social justice.

For the first three months, the group defined a symbolic milestone as necessary, for example, holding a dialogue table between signatory states and donors (CAF, cooperation agencies, etc.) to establish the operational framework of the Pact and its financing mechanism. It was proposed that, if the Pact adopts an Alliance format, it should be multi-actor and open to the participation of states, companies, institutions, and civil society. Additionally, it was agreed to carry out a mapping of relevant actors to coordinate cooperation.

It was proposed to initiate a one-year academic cooperation process to define the design of the financing fund, with clear general and specific objectives. By the end of 2026, the fund should be formally established, with precise rules and KPIs aligned with the Sustainable Development Goals (SDGs). The need to evaluate the strengths and differences between the care systems of the EU and Latin America and the Caribbean was also discussed, especially to avoid reproducing existing inequalities related to those who undertake care tasks.

The group considered that the fund might not necessarily be strictly biregional but rather a mechanism to coordinate and articulate the different financial instruments of the actors adhering to the Pact, functioning as a seed fund to advance the biregional care agenda. Guidelines were proposed for care infrastructure and the importance of a cultural shift based on an ecofeminist and intersectional approach.

The political commitment of the Pact would be maintained through a binding mechanism that includes the requirement of a 'seed' contribution from signatories, reaffirming their political will. Within a year, a work plan would be presented defining objectives, roles, and responsibilities, with the aim of framing the Pact and maximising its potential, while avoiding setbacks.

Main actions, actors, conditions, and challenges following the timescale:

- **Main actors**: Private foundations, states, cooperation agencies, private sector, civil society.
- **Opportunities**: Promote fiscal reforms with governmental commitment; incorporate a care approach across existing biregional agreements (such as Global Gateway); finance underserved areas in care; adapt climate financing mechanisms (such as bonds or conditional loans) to the care agenda; special attention should be given to the returning migrant population.
- **Risks**: Political changes affecting commitments; reduction of cooperation funds; donors' demands for results; risks associated with adapting climate finance mechanisms if clear criteria and indicators are not defined — an issue the Pact must address to establish standards and mechanisms similar to international certifications (such as ISO).

The final reports highlighted points of convergence between the working groups: the urgency of political will and committments, the centrality of financing, and the need for a biregional cooperation framework with clear mechanisms for coordination, data collection and comparative analysis, exchanges and dialogues, multi-actor participation, monitoring, and evaluation. In this sense, the technical segment of the Forum laid the initial groundwork for an operational vision of the Pact, translating a possible agreement and commitment by government representatives at the upcoming CELAC-EU Summit into concrete actions.

4. FINAL DISCUSSION IN PLENARY SESSION



During the open debate, valuable reflections were gathered:

- The concern was expressed regarding the risk that conservative and far-right actors might use the discourse of care for purposes contrary to the feminist and social justice agenda.
- The importance of self-care and the protection of caregivers was emphasised, many of whom are migrants and in precarious and informal conditions.
- The inclusion of a specific component in the pact for populations in situations of extreme vulnerability was proposed, with special attention to migrants and historically excluded groups.
- The need for an intersectional, ecofeminist, and decolonial perspective to address care policies was emphasised, also questioning the traditional role of women as caregivers.
- The relevance of integrating ancestral and community knowledge as a fundamental part of the pact's approach was highlighted, taking due care for this knowledge to being subject to a possible commodification.
- Finally, a call was made to situate care policies within a critical analysis of the capitalist and heteropatriarchal system, emphasising that reforms should be accompanied comprehensive proposals to transform structures of inequality.

5. CONCLUSIONS AND NEXT STEPS

The event concluded with closing remarks from Spain's Secretary of State for Equality, María Guijarro; Ana Moreno (Global Alliance for Care); and Anna Barrera (EU-LAC Foundation). All agreed on the urgency of elevating this agenda to the highest political level, consolidating a birregional governance framework, and strengthening a shared vision of social, environmental, and gender justice.

María Guijarro emphasised that feminists are tired of waiting and that the time for real progress has come. She proposed ensuring the mainstreaming of care at all institutional and budgetary levels, and highlighted the political opportunity represented by the Santa Marta Summit.

Ana Moreno recalled that the Global Alliance for Care is a recent initiative and that this is a decisive moment to define a horizontal, solidarity-based, and intersectional cooperation framework.

Anna Barrera appreciated the involvement of multiple actors and the commitment expressed during the Forum, and stated that the process towards the Pact must not lose the momentum gained.

The Seville Forum reaffirmed the transformative potential of the Biregional Pact for Care as a shared roadmap between Latin America, the Caribbean, and Europe. The conclusions will be a key input for the CELAC-EU Summit in November 2025 in Colombia.

Report:

Results of the Digital Consultation on the Bi-regional Pact for Care



REPORT: RESULTS OF THE DIGITAL CONSULTATION ON THE BI-REGIONAL PACT FOR CARE

INTRODUCTION

The Bi-regional Pact for Care between Latin America, the Caribbean and the European Union seeks to promote cooperation for the development of policies that recognise care as a fundamental and universal right. The main objectives of the Pact are to improve well-being, reduce gender gaps and create accessible, quality services and decent jobs for carers.

The EU-LAC Foundation, through the EU-LAC Women's International Network (EU-LAC WIN) and with the support of the Global Alliance for Care, launched a digital consultation in May and June 2025 on the Bi-regional Care Pact.

Goals of the consultation:

- Review the draft Pact to reaffirm its relevance and enrich it with new contributions: experiences, comparative studies, suggestions on regulations, professional training, quality standards, and financing.
- Highlight the multiple intersections of care and promote forms of cooperation such as North-South, South-South and triangular cooperation.

Target audience: Social organisations, public institutions, community networks, research centres and individuals involved in the field of care.

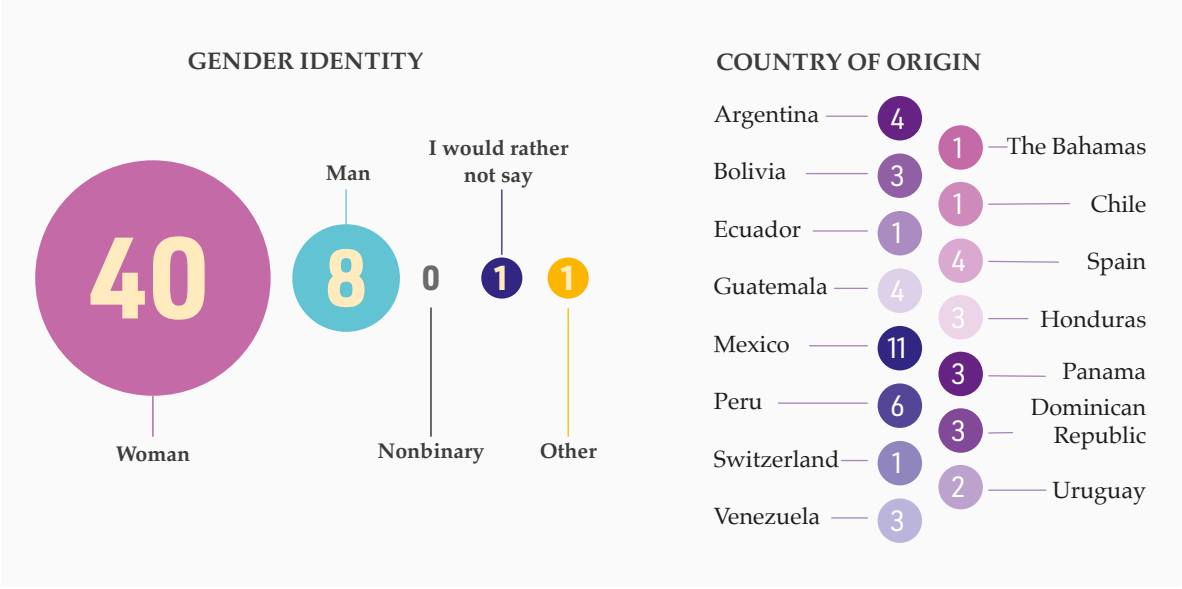
List of Survey Questions

- Why do you consider it relevant and necessary for both regions to work more specifically on the issue of care? In your view, what would be the added value of this bi-regional cooperation?
- 'It is proposed to establish a bi-regional pact for care [...] promoting cooperation actions in the following areas: exchange on progress and promising practices; comparative studies and analyses; multilateral cooperation programmes; and concrete proposals for decision-makers.'
- What is your opinion on the four areas of cooperation proposed in the draft Pact? Do you think they are sufficient and adequate to respond to the challenges facing both regions?
- 'Recognising the importance of an intersectional, intercultural and territorial approach to the design and implementation of comprehensive care policies and systems.'
- How do you rate the intersectional, intercultural and territorial approach set out in the document? Do you think it is sufficiently developed?
- What issues should be incorporated into the Pact that are not currently included? Are there any issues that you consider important that are not sufficiently reflected in the draft Pact?
- 'It is proposed to conduct comparative studies and analyses on investment, licensing, working conditions, and links between the environment and care.'
- What other topics or lines of research could be incorporated to expand the available information and better guide decision-makers on care issues?

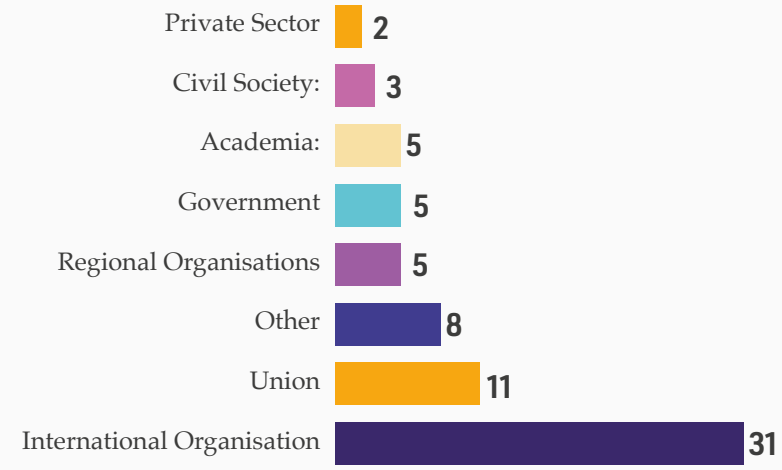
- ‘The aim is to promote exchange on promising advances and practices in policies, systems, programmes and care provision...’
- What good practices or experiences would you highlight in your country or region? Why do you consider them relevant or replicable?
- Given the numerous challenges involved in designing comprehensive care policies and systems, what are the three issues that should be addressed as a priority in the context of the Bi-regional Care Pact?
- Which key actors should be considered to ensure effective and sustainable bi-regional cooperation?
- What forms or mechanisms of cooperation between actors in both regions – Europe, Latin America and the Caribbean – could be considered for implementing the Pact?
- What sources of funding could be considered to promote and ensure the sustainability of the Pact?
- How could cooperation efforts be coordinated within the framework of the Pact? For example, what characteristics should a Bi-regional Liaison Committee have in terms of its composition and working methods?
- Would you like to add any other thoughts or suggestions that have not been addressed in the previous questions?
- We invite you to share the names of initiatives, organisations, programmes or projects related to care that you know of in Europe and/or Latin America and the Caribbean. These could be, for example: community projects; government programmes; academic research; awareness campaigns; networks or specialised organisations.

Who took part in the consultation

The digital consultation was answered by a diverse range of stakeholders from Latin America, the Caribbean and the European Union: carers, representatives of community organisations, trade unions, government bodies, academia and international cooperation agencies. Their perspectives, based on individual and collective experiences, reflect a strong commitment to fairer, more equitable and sustainable care systems. A total of 50 responses were received.



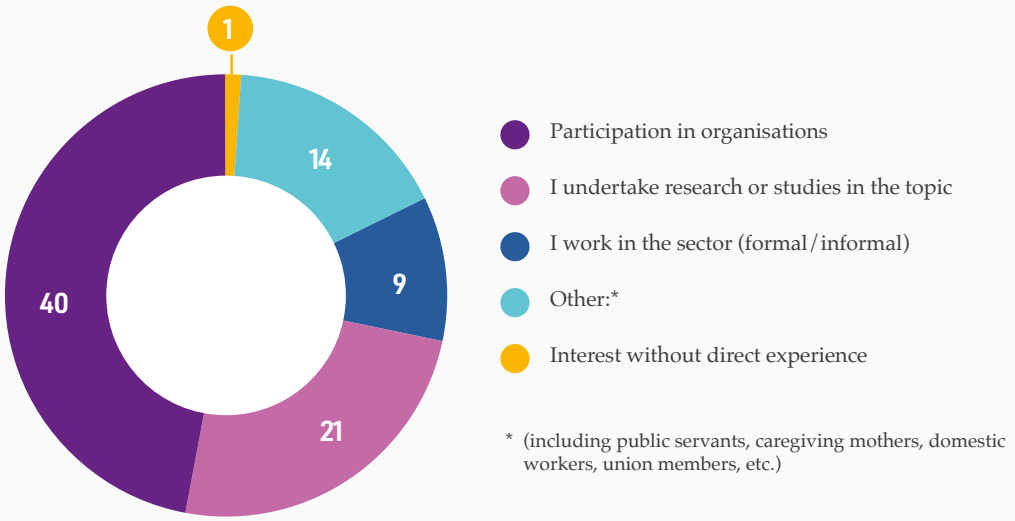
PARTICIPATION BY SECTOR (MORE THAN ONE ANSWER WAS POSSIBLE)



* (including NGOs, volunteers, feminist organisations)

> **"I am the mother of a 12-year-old boy with disability (severe autism)."**
>
> *– Individual testimony*

EXPERIENCE OR ROLE IN THE CARE SECTOR (MORE THAN ONE ANSWER WAS POSSIBLE)



* (including public servants, caregiving mothers, domestic workers, union members, etc.)

THEMATIC SUMMARY OF CONTRIBUTIONS FROM THE DIGITAL CONSULTATION (BY THEME)

Within the framework of the digital consultation carried out to contribute to the draft of the Bi-regional Pact for Care, key contributions were identified in relation to the four proposed pillars. Most responses consider the pillars to be adequate as a basis. However, many of them suggest that they should be strengthened or expanded to effectively respond to structural challenges in care, especially in Latin America and the Caribbean.

> **'They are very timely, as they set out the guidelines to be followed to ensure that the agreement works strategically.'**
>
> *– Respondent to the consultation*

> **"The four areas of cooperation proposed in the draft Pact [...] are relevant and constitute a solid basis for advancing a common bi-regional agenda on care. However, for this cooperation to be transformative [...] it is necessary to strengthen the political and participatory approach of the Pact."**
>
> *– Respondent to the consultation*

Below, each section of the draft is presented, followed by the contributions of those who responded to the survey.

Pillar 1

The draft agreement proposes the following focus:

Promote exchange on advances and promising practices in policies, systems, programmes and care provision, among others:

- Regulatory and policy frameworks for care
- Quality standards for education and childcare services; support for people with disabilities, care for older adults, and long-term care for dependent persons.
- Governance mechanisms and institutional architecture for comprehensive care policies and systems, including mechanisms for social participation.
- Local, regional and community care experiences
- Training and professionalisation strategies in care
- Financing strategies for care policies and systems. Systems for tracking, monitoring, and evaluating care policies and systems.

Additions to Pillar 1:

Based on the 50 responses collected, three priority issues were identified that must be addressed in order to advance the consolidation of comprehensive, effective, inclusive, and sustainable care policies and systems.

1. Recognition and regulation of care as a human right and pillar of social protection

- Incorporate the right to care into national and international regulatory frameworks, recognising it as an essential public good for social and economic sustainability.
- Make care work, both paid and unpaid, visible and valued by integrating it into national accounts (care satellites) to reflect its economic and social contribution.
- Develop policies that are sensitive to the social, cultural, and territorial realities of each country, guaranteeing labour rights, social security, and decent conditions for caregivers.

2. Sustainable, redistributive financing and social co-responsibility

- Ensure sustained and progressive public investment in comprehensive care systems, with specific, equitable budget allocations that take into account gender, territoriality, and intersectionality.
- Promote bi-regional cooperation on financing and fair taxation to prevent economic inequalities between countries from deepening.
- Reduce and redistribute the burden of unpaid care, promoting shared responsibility between the state, families, communities and the private sector, with accessible public services, community infrastructure and appropriate technologies.

3. Quality, formalisation and strengthening of the care workforce

- Ensure decent work for caregivers, mostly women, with safe working conditions, decent wages, working hours compatible with family life, and universal access to social security.
- Formalise care work through certification, professional training, clear protocols and regulations, strengthening union representation and social dialogue.
- Implement tracking, monitoring, and evaluation systems with quality indicators to ensure the continuous improvement of care policies, programmes, and services.

Relevant cross-cutting themes:

- Incorporating a gender perspective to transform roles and promote shared responsibility.
- Support for vulnerable groups: people with disabilities, migrants, dependent persons.
- Integration of care into the comprehensive health agenda, including aspects such as malnutrition and mental health.
- Consideration of environmental sustainability and the impact of climate change on care systems.
- Promotion of local, community and regional experiences as a basis for contextualised policies.

Next, we will analyse the contributions received in relation to the second axis proposed in the draft Pact.

Pillar 2

The draft agreement proposes the following focus:

Conduct comparative studies and analyses on topics such as:

- Use of care time and calculation of satellite accounts to measure unpaid domestic and care work in households.
- Investment required to close the gap between supply and demand for care services for different populations, as well as prospective analyses of the positive economic impacts that such investment generates.
- Regulations on maternity, paternity, parental and other care leave and the conditions for applying them.
- Regulations and working conditions for workers in global and regional care chains and their link to women's migration flows in both regions.
- Links between the environment, climate change and care

Additions to Pillar 2:

The contributions received for this area highlight the need for broad, comparative lines of research that are sensitive to structural inequalities. These should serve as a basis for designing more equitable, inclusive, sustainable, and rights-based public care policies. The following areas are identified as priorities:

- **Right to care and human rights approach:** Study care in its three dimensions (caring, being cared for, and self-care) and its intersection with the right to time, reproductive autonomy, and comprehensive well-being.
- **Care economy and contributions to sustainable development:** Explore methodologies for measuring the economic value of unpaid care work and its contribution to GDP, with a view to integrating it into national accounting systems and macroeconomic planning.
- **Care and fiscal justice:** Analyse structural financing gaps and explore sustainable public investment mechanisms through progressive tax reforms, international cooperation and anti-evasion strategies.
- **Global care chains and migration:** Investigate the impact of migration flows—particularly female migration—on care systems in both regions, addressing the inequalities reproduced by the international division of care work.
- **Impact of inequality and informality:** Study how job insecurity, informality, and lack of social protection affect both caregivers and care recipients, with an emphasis on informal, rural, and migrant workers.
- **Care in crisis situations:** Analyse how care is organised and sustained in situations of health, climate, humanitarian or military emergencies, and what frameworks of community resilience emerge from these experiences.
- **Mapping of community and territorial practices:** Recognise and document self-managed care systems in rural areas, indigenous communities, Afro-descendant communities and low-income neighbourhoods, with the aim of preventing their invisibility and integrating them into state policies.

- **Working conditions and employability in the care sector:** Address employment conditions, informality, unionisation, and labour rights, as well as the definition of employers' responsibilities, especially in domestic work.
- **Mental health and well-being:** Explore the impact of care work on the physical and emotional health of caregivers, including young people and older adults, and develop comprehensive psychosocial support policies.
- **Care, youth and gender:** Investigate young people's participation in caregiving roles, the effect of gender mandates on their free time, and barriers to education, employment, and independent living.
- **Urban planning and care spaces:** Study how urban and territorial design can facilitate (or limit) access to care services by proposing safe and accessible environments.
- **Environmental impact and energy transitions:** Assess how extractive projects and the effects of climate change affect care systems, community health, and women's economic autonomy.
- **Emotional relationships and support networks:** Investigate how emotional and community relationships shape care practices that fall outside institutional frameworks, and how these can be integrated without being co-opted.
- **Social imaginaries and norms:** Analyse cultural representations of care, their link to gender mandates, and their potential transformation through public policies.
- **Comparative policy analysis:** Systematise and compare regulations, licences, care protocols, quality indicators and institutional structures (centralised vs decentralised) to strengthen the design and evaluation of national and regional policies.

> **"Family structures have changed significantly [...]. Researching these aspects can provide valuable input for designing policies that are more realistic, inclusive, and adapted to today's social diversity."**
>
> *– Respondent to the consultation*

Next, we will analyse the contributions received in relation to the third axis proposed in the draft Pact.

Pillar 3

The draft agreement proposes the following focus:

Promote subregional, regional, and multilateral cooperation programmes through multi-stakeholder modalities of North-South, South-South, triangular, and circular cooperation that promote gender equality and care policies and systems, as well as the cultural change necessary for gender and social co-responsibility between the state, the market, families, communities, and between men and women.

Additions to Pillar 3:

The pillar was widely appreciated, with suggestions aimed at strengthening technical and financial cooperation in a horizontal, sustainable manner with a rights-based approach. Specific mechanisms were identified to support bi-regional agendas, and emphasis was placed on the creation of stable funds that go beyond one-off initiatives.

Suggested cooperation mechanisms:

1. **Permanent bi-regional tables and liaison committees:**
   - Proposal to create a Bi-regional Monitoring Commission with equal representation among social, governmental and multilateral actors.
2. **Exchange of knowledge and territorial practices:**
   - Horizontal learning networks, community practices, articulation of ancestral and academic knowledge.
3. **Thematic and sectoral cooperation networks:**
   - Coordination of feminist, trade union, indigenous and rural networks.
   - Collaboration with networks of local governments, universities, and multilateral organisations.
4. **Digital platforms and observatories:**
   - Tools to systematise experiences, indicators, and monitor joint progress.
5. **Multilevel alliances:**
   - Technical cooperation between states, local governments, and grassroots organisations.

These proposals expand the practical dimension of Axis 3 by offering clear and operational modalities for multi-stakeholder cooperation (horizontal, territorial, intercultural). In addition, they promote lasting and decentralised mechanisms, which are key to advancing State-society co-responsibility.

Sustainable sources of financing:

1. **Multilateral and European funds:**
   - Use of the European Development Fund, the Neighbourhood and International Cooperation Instrument (NDICI), IDB, ECLAC, UN Women, UNDP, among others.
2. **Specific national and local budgets:**
   - States are requested to allocate specific items to care systems within their annual budgets.
   - Incorporate the private sector under criteria of co-responsibility, oversight, and equity.
3. **Solidarity taxes and progressive financing:**
   - For example, taxes on large fortunes, extractive industries, or green funds to finance care with fiscal justice.
4. **Community and cooperative social funds**
   - Local financing models through mutual societies, cooperatives, and community banks.

The responses provide innovative and diverse solutions for financial sustainability, ranging from international financing to community mechanisms, reinforcing the multi-stakeholder and co-responsible approach of Pillar 3.

> **"It would be useful to include in axis 2 an analysis of gaps in access to services according to intersectional criteria (rurality, ethnicity, disability, etc.), since many inequalities in care are expressed in these dimensions. Pillar 3 could strengthen the participation of civil society and feminist movements as key actors for change. The role of local communities in the design and implementation of solutions could also be emphasised. It would be desirable for pillar 4 to include specific mechanisms for monitoring the recommendations made and their degree of implementation."**
>
> *– Respondent to the consultation*

> **"I believe that the four areas of cooperation proposed in the draft bi-regional care pact are relevant, strategic and complementary to one another. Their success will depend greatly on how they are implemented and, above all, on the political will of the States."**
>
> *– Contributor to the survey*

Aspects to reinforce in the Pact

Several aspects have been identified that need to be strengthened for the Pact to be more effective, representative and transformative:

1. **Real cross-cutting implementation of the gender approach**
   Although the gender perspective is present in the document, the responses suggest that it should be made explicit and further developed in each area, guiding specific goals, actions, and results. The commitment to gender equality must be reflected in concrete practice and in the very structure of the Pact.

2. **Territoriality and effective interculturality**
   There is consistent demand for greater incorporation of the knowledge, practices and needs of indigenous, Afro-descendant, rural and territorial communities. The Pact must consider the diverse context of care, recognising community and non-institutionalised experiences.

3. **Definition of implementation and monitoring mechanisms**
   Although the axes are considered adequate, there is concern about the lack of operational instruments to translate the principles into concrete actions. Mechanisms for monitoring, accountability, common indicators, and shared timelines need to be designed.

4. **Role of the private sector under human rights principles**
   The proposals warn of the risk of including the private sector without clear regulations. It is requested that any business participation be governed by criteria of shared responsibility, gender equality, and respect for labour rights.

5. **A more robust approach to sustainability and environmental justice**
   Although the document mentions sustainability, the responses indicate that this should be more explicitly linked to environmental justice, a just ecological transition, and the resilience of care systems in the face of climate and socio-environmental crises.

Issues to be included in the Pact

Alongside the aspects that need to be strengthened, the consultation reveals a number of issues that are absent or insufficiently developed in the draft Pact, the inclusion of which is key to a comprehensive and transformative approach to care:

1. **Gender-based violence in multiple dimensions**
   There is a need to incorporate a broader approach to gender-based violence, including violence in the workplace, online, in institutions, and in informal care settings.

2. **Sexual and reproductive rights**
   The responses insist that these rights must be explicitly included in the Covenant as a fundamental condition for the autonomy of women and carers.

3. **Recognition of community and grassroots care**
   It is proposed to clearly incorporate care practices developed by the community, self-management, and the social and solidarity economy, which are often overlooked by institutional approaches.

4. **Political participation and leadership of women and diverse groups**
   It is suggested that specific mechanisms be established to ensure the effective and equal participation of women and LGBTIQ+ people at all levels of decision-making related to the care agenda.

5. **Decent work and feminist economics**
   The importance of addressing the link between care and work is highlighted, drawing attention to informal employment, precariousness, and the need to move towards the valuation and fair remuneration of care work.

6. **Real intersectionality in care policies**
   The document must include specific measures for indigenous women, women of African descent, women with disabilities, migrants, rural women, and others subject to multiple forms of discrimination.

7. **Cultural change and transformative educational policies**
   It is proposed to incorporate measures that promote shared responsibility from childhood onwards, through education, the media and cultural campaigns.

8. **Sustainable financing with fiscal justice**
   The urgency of incorporating proposals for structural, progressive financing based on fiscal justice is emphasised, to ensure the long-term sustainability of care systems.

Proposals for new pillars

Active and binding participation of civil society

"It seems necessary to include a new axis: the active, binding, and sustained participation of social movements, trade unions, feminists, women, youth, indigenous peoples, persons with disabilities, and other community actors who have historically worked in the area of care [...] in order to strengthen the political focus and the actual localisation of actions."

Funding and sustainability

"We propose incorporating a fifth area of cooperation focused on the financing and sustainability of care systems. This new area would make it possible to explicitly address the need for sufficient, progressive, and sustained public investment, as well as to promote mechanisms for bi-regional financial cooperation and the mobilisation of national resources with fiscal justice. Without financing, there is no effective guarantee of rights."

"Given the current crisis in development financing, it is important to consider that this agreement could be an important instrument for establishing sources and channels of financing and cooperation for both regions."

Monitoring, evaluation, and planning

"It would be important to add a cross-cutting axis of active participation by civil society and caregivers, as well as a monitoring and evaluation component, to ensure the effective and adaptive implementation of the pact."

"Perhaps a planning framework could be added that would establish precisely what these objectives would be for a given period."

Recognition of care workers

"A specific pillar related to the recognition and representation of care workers still needs to be incorporated. Many of these jobs are carried out in informal contexts, especially as a result of migration processes. It is essential that the pact includes a framework that guarantees access to social protection and fair remuneration for those who perform these essential tasks."

Territorial approach

"A country house where this more direct interaction is necessary in order to reach the areas where care is most urgently needed."

Conclusion

The submissions reflect a broad consensus that the four proposed axes are relevant as a starting point. However, there is also a clear demand to deepen and broaden the scope of the Pact. Emphasis is placed on the need to include a pillar on financing, ensure the binding participation of civil society, and establish effective monitoring mechanisms. It is also noted that the real impact of the Pact will be conditioned by external factors such as political will, the regional context, and effective participation.

> **'These are appropriate priorities, but they must be accompanied by funding, union participation, and genuine political will.'**
>
> *– Respondent to the consultation*

> **"We believe it is important to note the growing setbacks in the region that have hindered progress towards care policies in various countries. The weakening of democracy, the reduction of civic space and the reaffirmation of conservative positions [...] highlight the need to continue efforts to guarantee care policies that promote shared responsibility and gender equality."**
>
> *– Organisation responding to the consultation*

> **"I believe it is necessary to emphasise raising awareness of care issues among decision-makers, as being fully aware of the social, economic and gender implications of this agenda will enable them to make more informed and committed decisions."**
>
> *– Respondent to the consultation*

ANALYTICAL SUMMARY AND REPRESENTATIVE QUOTES (PER QUESTION)

Meaning and relevance of bi-regional cooperation on care issues

Below are the topics that emerged most frequently with regard to the relevance and need for both regions to work more specifically on the issue of care, as well as the added value perceived from the perspective of bi-regional cooperation.

1. **Strategic bi-regional cooperation, driven by shared challenges and complementary strengths**
   It was widely noted that both Latin America and the Caribbean and the European Union face similar problems: unequal distribution of care work, ageing populations, feminisation of poverty and job insecurity. At the same time, it was highlighted that both regions can learn from each other's different approaches: the EU has developed institutionalised public policies, while LAC has promoted community-based responses and strong social mobilisation. This gives rise to horizontal, transformative and non-hierarchical cooperation, with a focus on rights and social justice.

> **"The Bi-regional Pact represents a historic opportunity to build comprehensive, universal, and sustainable care systems."**

2. **Promotion of regulations, public policies and comprehensive care systems**
   Several responses emphasise that cooperation between regions can accelerate the recognition of care work (paid and unpaid) and contribute to the construction of national and regional care systems with a gender, equity and co-responsibility perspective.
3. **Exchange of experiences, best practices and regulatory frameworks**
   One of the main benefits identified was the possibility of exchanging learning experiences, methodologies, legislation and institutional tools. This would make it possible to strengthen existing systems and move towards common standards in the recognition of care as a right.
4. **Economic synergies: care as a driver of development**
   Some people highlighted that investment in care systems generates decent employment, frees up the workforce and boosts local and regional economies, with a direct impact on gender equality and social well-being.
5. **Key political moment to make a structural impact**
   It was emphasised that the current situation represents a window of opportunity to make long-term structural decisions. The imminent advisory opinion of the Inter-American Court of Human Rights on the right to care was highlighted as a key development that could consolidate legal advances in both regions.

Additional contributions:

1. **Harmonisation of labour standards, especially for migrant workers**
   It was proposed that cooperation should contribute to establishing transnational labour standards, with an emphasis on protecting migrant women workers in the care sector, one of the most precarious sectors.

2. **Global recognition of care as a human right and multi-stakeholder co-responsibility**
   Some voices called for international co-responsibility regimes that bring together states, businesses, communities and families in the provision of care as a basic right.

3. **Strengthening equitable access to quality care services**
   It was emphasised that bi-regional dialogue can help to consolidate regulatory frameworks and public policies that guarantee dignified, sustainable and equitable access to care, with an intersectional and territorial approach.

4. **Criticism of global care chains**
   A critical perspective highlighted how care systems in the global north depend on the poorly paid and precarious work of migrant women from the south, creating a care deficit in their countries of origin.

5. **Professionalisation of the care sector and access to social security**
   A proposal was made to promote an agenda for the formalisation, professionalisation and valorisation of care work, recognising it as part of the health sector and guaranteeing access to social security.

6. **Incorporate the perspective of young people**
   An intergenerational approach proposed integrating the voices of young people into the debate on the future of care, as a fundamental part of the sustainable and fair systems of tomorrow.

Assessment of the intersectional, intercultural and territorial approach

Most responses positively value the fact that the Pact recognises the importance of an intersectional, intercultural and territorial approach. Thirteen people considered that these approaches are well developed or adequately present in the draft. However, a significant proportion of the contributions point out that, although the principles are set out, their development is still insufficient or requires greater depth in their concrete application.

Among those who consider that the approach is partially present but needs to be strengthened, there is a clear need to define more precisely the role of indigenous peoples and rural community spaces, especially in the Latin American context, where territorial realities differ significantly from those in Europe. It is also pointed out that, although the proposed tools are relevant, it would be essential to incorporate an intergenerational perspective to ensure sustainable policies that are adapted to life cycles. Likewise, it is emphasised that these approaches must be translated into concrete policies, in which diverse caregivers such as young people, rural women, and other historically invisible groups have a voice. Several comments underscore that, although there are common challenges between the two regions, solutions must be contextualised, respecting the cultural identities, organisational forms, and worldviews specific to each territory.

On the other hand, a broad set of responses suggests that the intersectional, intercultural, and territorial approach is not sufficiently developed in the document. Its inclusion as a principle is valued, but it is noted that it has not been translated into operational proposals. Those consulted agree that these

approaches should be present in all stages of the public policy cycle: diagnosis, design, implementation, financing, and evaluation. It is also pointed out that the document does not adequately include the disability perspective, merely mentioning it without further development. In this regard, the need for the Pact to explicitly and differentially address the realities of rural women, indigenous peoples, migrants, LGBTIQ+ people and people with disabilities is emphasised, integrating their voices into the design and implementation of policies.

Another recurring concern is that the approach does not remain at the discursive level. It is essential that it materialises in mechanisms for active participation, especially for historically excluded sectors, and that concrete actions are articulated to address specific issues such as global care chains and gaps in care systems depending on the territorial context. There is also a call to pay special attention to rural areas in Latin America, where state neglect and strong structural discrimination persist.

Finally, several proposals highlight the importance of specifying how these approaches will be applied across the board, including the active participation of the population groups involved, and suggest integrating the masculinity approach as part of the cultural shift towards real and transformative co-responsibility.

Additional lines of research to strengthen decision-making in care

To strengthen decision-making in the area of care, it is essential to expand lines of research that allow for a better understanding of the diverse realities and challenges in both regions. Below are the most common proposals and some additional ones that emerge as priority areas for further analysis and guidance for more effective and inclusive public policies.

Most common proposals:

1. **Mapping and recognition of community and intercultural systems of care for indigenous peoples, Afro-descendants, working-class neighbourhoods, informal networks, new family dynamics**
2. **Global care chains and migration: Analyse how migration flows—particularly of women—impact care systems and how the international division of care work reproduces inequalities of gender, class, and origin.**
3. **Working conditions, informality, and decent employment: informality, health of caregivers, labour rights, formal integration.**
   "Design proposals for access to care services that take into account the conditions of high labour informality [...], guaranteeing the right to care for both those who need it and those who provide it."
4. **Care in crisis and emergency contexts: health crises, climate crises, humanitarian crises, militarisation, resilience.**
   "Investigate how care is organised and sustained during crises [...] and what frameworks for resilience can be built from these experiences."
5. **Legal and regulatory framework for the right to care: legislative harmonisation, standards of the Inter-American Court of Human Rights, right to care and reproductive autonomy.**
   "Conduct an analysis of the link between the right to care and reproductive autonomy."
6. **Intersectional and cultural approaches: territorial diversity, gender, class, time, culture. +3**
   "Analyse the economic impact in conjunction with the social impact (employment, gender gap, loneliness, birth rate, etc.) of investment in care."

7. **Emotional relationships and cultural change**
   "Emotional relationships as a central element in the configuration of comprehensive care systems."
   "Effectiveness of public policies aimed at cultural change towards equality."

8. **Youth perspective and care: youth mental health, youth involvement as carers, use of time.**
   "Recent studies highlight a deterioration in young people's mental health, influenced by factors such as the climate crisis and excessive use of technology."

9. **Care and environment / nutrition**
   "The environment is a fundamental issue, as the deterioration of natural resources affects the health of the population."

Additional proposals:

- **Self-care as public policy.**
  "Incorporate the perspective of self-care as part of public policy, including leave, spaces, and mechanisms that promote it."
- **Comparative governance analysis of care systems.**
  "Comparative models of governance: successful experiences of intersectoral coordination and citizen participation."

Sources of funding for the sustainability of the Pact

To ensure the sustainability of the Pact, it is essential to explore various sources of financing that guarantee stable, sufficient resources with a focus on social and gender justice. Below are the main proposals and mechanisms identified to support the implementation and expansion of care systems.

National/government budgets

- National public budgets with fiscal justice. It is essential that States take on the financing of care systems as a structural priority.
- National and local public resources: Budgetary allocation by governments is essential to guarantee the universality and quality of care systems.
- National budgets: Include care as part of mandatory social spending...
- Promote and adopt progressive fiscal policies and allocate budgets with a gender focus.
- Allocation of a minimum percentage of resources in relation to GDP

International/bi-regional cooperation

- Bi-regional cooperation funds and mixed financing mechanisms
- International cooperation funds, as well as corporate social responsibility funds and state funds
- Bi-regional cooperation funds: Establish joint funds between the EU and LAC.
- EU-LAC international cooperation funds
- International cooperation funds. Cooperation agencies: AECID, GIZ, SIDA, among others.
- Allocate a percentage of cooperation agency resources for the implementation of care systems.
- Funding from European development institutions. Programmes such as NDICI – Global Europe
- Multilateral banking (CAF, IDB, EU) IDB and CAF for social infrastructure financing
- World Bank (e.g., funds for social investments)
- EU structural funds and regional development banks (CAF, IDB)

Progressive, solidarity-based taxes on large fortunes or high-profit sectors

- Solidarity taxes and levies on high-profit sectors, such as taxes on large fortunes, financial transactions, or carbon.
- Taxes on extraordinary gains.
- Promote progressive fiscal policies.
- Proposals for taxes on multinational companies to be promoted within the UN and even the OECD.
- Tax reforms: Improve progressive tax collection.

Public-private partnerships / private sector

- Public-private partnerships with democratic control mechanisms
- Public-private partnerships (PPPs)
- Companies with a focus on corporate social responsibility
- Large financial conglomerates, promote legislation that requires the creation of funds

Philanthropy / private sector / civil society

- Philanthropy and the private sector. International foundations.
- Civil society funds and international and national philanthropy
- Companies as employment benefits (corporate nurseries)

Innovative financing mechanisms / thematic funds

- Financial innovation and mixed funds,
- Thematic and specific funding programmes
- The Pact should promote a mixed and coordinated financing strategy.
- A specific fund for piloting and scaling up care initiatives

Budget redirection or reallocation

- A percentage of resources allocated to the armed forces. Part of social security budgets.
- Reallocation of external debt budget to finance the pact

Additional thoughts and suggestions

Below are additional contributions that enrich the analysis, incorporating key perspectives to strengthen the Pact and its implementation.

Eco-social justice, economic justice and the climate crisis

- Include an eco-social and economic justice approach, recognising the links between the climate crisis, inequality and care overload.
- The climate crisis should be considered as a factor that exacerbates inequalities in care, incorporating adaptation and resilience strategies into the proposed systems.

Participation of social organisations and carers

- Listen to and amplify the voices of social, trade union, and community organisations, especially those who care for and have sustained life in contexts of crisis and state absence.

Human rights approach and monitoring indicators

- It is essential that the Pact includes a human rights approach and has public and participatory monitoring indicators.

Alignment with international commitments

- Ensure that the pact is aligned with existing international commitments, such as the 2030 Agenda, ILO Conventions and Resolutions, the Beijing Platform for Action, and ECLAC's Regional Strategy for Women's Empowerment.

Consideration of demographic variables

- The age distribution of the population is a factor that should be taken into account.

MAPPING OF BEST PRACTICES, REPLICABLE EXPERIENCES, AND RELEVANT INITIATIVES IN CARE

Best practices and replicable experiences

ARGENTINA

- **Maternity and paternity leave (Employment Contract Law, Art. 179)**:
  - Recognise care as a social responsibility.
  - Promote the institutionalisation of care in the workplace.
- **Gardens at public universities**:
  - Facilitate educational/work continuity for students, teachers, and non-teaching staff.
- **Leave for childbirth and other reasons (family, medical, school)**:
  - Progress towards shared responsibility and work-life balance.
- **Soft landing post birth licence**:
  - Reduced working hours or teleworking as a career transition.
- **Trade union and municipal holiday camps**:
  - They provide care, recreation, and meals during holidays.
  - They alleviate the burden of care on vulnerable families.
- **Provincial registry of care workers (Law 26.844)**:
  - Professionalisation through training and diploma courses with a focus on the care economy.

BOLIVIA

- **Municipal law on the care economy (Cochabamba)**:
  - Establishes the inclusion of the care economy in development plans and operational programmes.
  - Proposes the construction of childcare centres and improvements to market centres.

- **National Platform of Women for the Right to Care**:
  - Trade unions, community organisations and feminist groups.
  - Participatory proposal for a framework law on care.
  - Community assessments and dialogue with state and international actors.

COLOMBIA

- **Home care programme for older people (Bogotá)**:
  - Coordination with community caregivers.
  - Recognition of their work as employment.
  - Comprehensive support for dependent persons.

- **Apples of Care (Bogotá)**:
  - Free services for carers: training, respite and psychosocial support. Promotes shared responsibility by the state.

CUBA

- **National system for comprehensive care for life**:
  - Driven by feminist colleagues and activists.

ECUADOR

- **Apples of Care (Guayaquil)**:
  - Direct care for dependent persons.
  - Respite services, training, and self-care for female caregivers.

- **Project SOAR (International Plan)**:
  - In Ecuador and Paraguay.
  - Strengthens the agency, knowledge, and organisation of early childhood caregivers.

- **CONADIS (National Council for Development and Care for Persons with Disabilities).**

SPAIN (Basque Country)

- **Experiences etxeTIC, etxeanBai, Gizarea**:
  - Local care ecosystems.
  - Public-private-social cooperation.
  - Integration of technological and personal support.

MEXICO

- **Full-time schools**:
  - Support working families by reducing the burden of care during the working day.

- **State and minucipal care systems**:
  - Under construction in Nuevo León, Jalisco, and Mexico City.
  - Initiative in Baja California Sur (Municipal Police Headquarters).
  - Reform of social security law to include services for older persons.

- **Coalition for Care and Personal Time**:
  - Documentation of municipal experiences.
  - Atlas of experiences
    https://www.stunam.org.mx/17accion/cideg/2025/doc25/06VF_AtlasExperienciasMunicipalesCuidados.pdf

PANAMA

- **Comprehensive Care System Act (pilot)**:
  - Legal initiative still in the pilot phase.

- **Relevant organisations**:
  - CASPAN, Soy Capaz Foundation, Ponte en mi lugar Foundation, APEDIPROLOCHI.
  - Inclusión Panamá, Asociación de Estudiantes Ciegos, ADAD, Fundación Conóceme, Fundación Enséñame a Vivir.

PARAGUAY

- **Project SOAR (International Plan)**:
  - Similar implementation as in Ecuador.

DOMINICAN REPUBLIC

- **Comprehensive Early Childhood Care Centres (CAIPI) and INAIPI Network**:
  - Care for children aged 0 to 5: nutrition, health, education, and development.
  - Facilitate the integration of mothers into the labour market.
  - Generate employment for women.
  - Adaptable to rural and urban areas.

URUGUAY

- **National Integrated Care System (SNIC)**:
  - Structural policy that recognises care as a right and a responsibility shared between the state, families, the community and the market.
  - Coordinates services for dependent persons (children, elderly persons, persons with disabilities).
  - Promotes the professionalisation and formalisation of care work.
  - Involve participatory processes with public institutions and social organisations.

- **Centres SIEMPRE**:
  - Care spaces as part of the SNIC.
  - Tripartite coordination: the company provides the space, the government provides the funding, and the union manages the programme.
  - Aimed at children and adolescents aged 0 to 12 years.

EUROPEAN UNION

- **European Care Strategy**:
  - Regulatory framework with a systemic, sustainable and participatory approach.

VENEZUELA

- **"For women's rights" campaign**:
  - Seeks to highlight the negative impact of exclusively feminised care systems.

Initiatives, organisations and networks linked to care

Projects or programmes

- Braiding Care (Oxfam LAC care programme)
- National Programme Uruguay Growing with You (Uruguay)
- National Care System (Uruguay)
- National Network for Child Care and Development (Costa Rica)
- Support Programme for the Care of Persons with Disabilities (Argentina)
- National Care System of El Salvador
- Oaxaca State Care System (Mexico)
- Public Care Network (Chile)
- Training programme for non-professional carers (Spain)

Specialised organisations, networks or groups

- Oxfam LAC: 1 mention
- Global Alliance for Care: 3 mentions
- CLACSO Study Group on Care:
- INSPIR Network Latin America and the Caribbean
- Latin America and Caribbean Care Network
- EU-LAC Foundation
- CLACSO (in general, as an academic entity that researches care)
- UN Women (as a promoter of care initiatives)
- CARE International

Awareness campaigns

- "Care is Social Protection, a Right and a Shared Responsibility" promoted by the INSPIR Network
- "Care sustains life" campaign (Argentina).
- Campaigns on care by Oxfam (no specific name).

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