REPORT

EU-LAC MULTI-STAKEHOLDER FORUM WITHIN THE FRAMEWORK OF THE BI-REGIONAL PACT ON CARE:

Long-term care in Europe, Latin America and the Caribbean: Different trajectories, common challenges?



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INTRODUCTION

The EU-LAC Multi-Stakeholder Forum “The long-term care economy in Europe, Latin America and the Caribbean: Different trajectories, common challenges?”, held on 5 May 2026 in Berlin (Germany), aimed primarily to create a space for political dialogue, exchange of experiences, and strategic reflection on the challenges posed by population ageing and its impact on long-term care systems in both regions.

The Forum was organised by the International Foundation European Union–Latin America and the Caribbean (EU-LAC Foundation), in collaboration with the European Commission, the European External Action Service (EEAS), Uruguay in its capacity as Pro Tempore Presidency of CELAC, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the Wissenschaftszentrum Berlin für Sozialforschung (WZB), UN Women, the Economic Commission for Latin America and the Caribbean (ECLAC), the International Labour Organization (ILO), and the Global Alliance for Care. The diversity of participating institutions reflected the multidimensional nature of the care economy and the growing importance of bi-regional cooperation in addressing its social, economic and demographic implications.

The event was held in person and brought together around 100 participants representing government institutions, international organisations, academic institutes, cooperation agencies, civil society organisations, care service providers, and other stakeholders linked to the care and social protection agenda. The structure of the Forum combined plenary sessions with parallel working groups, allowing for in-depth exploration of different dimensions of long-term care and fostering dynamic exchanges among participants.

The Forum took place within the framework of the recently established Birregional Pact on Care, officially launched during the CELAC–EU Summit in Santa Marta (Colombia) in November 2025. Conceived as a voluntary mechanism for bi-regional cooperation, the Pact seeks to strengthen political dialogue and the exchange of experiences on the social, economic, and regulatory dimensions of care systems. In this context, the EU-LAC Foundation took on the role of supporting the Network of National Focal Points of the signatory countries, promoting regional coordination and the development of joint initiatives on the care economy.

The event took place in a global context marked by profound demographic transformations in both the European Union and Latin America and the Caribbean. While Europe remains the most aged region in the world due to rising life expectancy and declining birth rates—leading to the need to reform various social protection systems—Latin America and the Caribbean are experiencing a rapid ageing process in a context of persistent socio-economic inequalities and limitations in their social protection systems. In both regions, this phenomenon has significantly increased the demand for accessible and high-quality long-term care, placing care systems at the centre of public policy, particularly in the aftermath of the COVID-19 pandemic, which exposed significant structural weaknesses and inequities in the sector.

In this context, long-term care has become established as a strategic issue not only from a social and rights-based perspective, but also in economic and productive terms. The care sector plays a central role in the sustainability of social protection systems, job creation, and the expansion of labour market participation, particularly among women.

However, significant structural challenges persist, including high levels of labour informality, insufficient availability of qualified personnel, precarious working conditions, and difficulties in ensuring the sustainable financing of care systems.

Against this backdrop, the Forum aimed to promote the exchange of experiences, lessons learned, and good practices between Europe and Latin America and the Caribbean, as well as to deepen the analysis of public policies aimed at strengthening long-term care systems. The various sessions addressed key issues related to the formalisation of employment, working conditions, financing, governance, and multi-stakeholder partnerships. They also contributed to establishing the Birregional Pact on Care as a strategic platform for cooperation, political dialogue, and exchange between both regions.

This report summarises the main content, debates, and reflections arising from the Multi-Stakeholder Forum, organised according to the different working sessions. Its purpose is to provide an analytical account of the exchanges held and to contribute evidence and insights that advance the bi-regional dialogue on care within the framework of the strategic partnership between the European Union and Latin America and the Caribbean.

OPENING SESSION

SUMMARY

The opening session reaffirmed the strategic nature of the Birregional Pact on Care as a cooperation platform between the European Union and Latin America and the Caribbean, as well as the importance of consolidating multi-stakeholder coordination mechanisms to advance the strengthening of long-term care systems.



Moderation

- **Anna Barrera**, Head of Programmes, EU-LAC Foundation

Speakers

- **Annika Gottmann**, South America Division, Federal Ministry for Economic Cooperation and Development (BMZ), Germany
- **Alberto Brunori**, Executive Director, EU-LAC Foundation
- **Heike Schneider**, Deputy Director of the Americas Division, European External Action Service (EEAS)
- **Noelia Martínez**, Deputy Director-General for Political Affairs, Ministry of Foreign Affairs of Uruguay (CELAC Pro Tempore Presidency), Special Representative for Gender Equality

Annika Gottmann highlighted the importance of bringing together governments, international organisations, academia, civil society organisations and actors linked to the care sector in order to address existing challenges from a comprehensive perspective. She noted that the Forum's objective went beyond the exchange of experiences and sought to advance a concrete cooperation agenda, strengthen alliances, and translate the political momentum generated by the Birregional Pact on Care into tangible actions and results.

In the same vein, **Alberto Brunori** emphasised that the Birregional Pact on Care represents a shared political commitment to promoting fairer, more inclusive and sustainable care systems. He highlighted that Europe and Latin America and the Caribbean face converging

challenges associated with population ageing, increased life expectancy and changes in family structures—factors that are driving up the demand for care. In this context, he stressed the need to ensure the sustainability of social protection systems, expand the coverage and quality of services, improve working conditions, promote the formalisation of employment and secure sustainable sources of financing. He also presented long-term care as a strategic investment capable of generating employment, stimulating economies and contributing to the reduction of inequalities. Within this framework, he underscored the importance of strengthening multi-stakeholder partnerships and advancing towards effective co-responsibility between the State, the private sector, communities and civil society, in order to prevent care responsibilities from continuing to fall disproportionately on families and women.

For her part, **Heike Schneider** reported on the progress achieved during the meeting of focal points of the Birregional Pact on Care, which took place the day before the Forum. She highlighted the existing consensus on holding annual meetings of the network and on establishing working groups to advance specific thematic areas. She also noted the importance of defining coordination methods, work priorities and articulation mechanisms to strengthen bi-regional cooperation and complement initiatives already promoted by organisations such as ECLAC, UN Women, the ILO and the Global Alliance for Care. In this regard, she stated that the actors involved have the technical and political capacity needed to advance the implementation of the Pact and consolidate a common agenda on care.

Noelia Martínez emphasised the need to sustain work at the political, technical and operational levels to ensure the consolidation of the Birregional Pact on Care. She stressed that this initiative builds on a broader trajectory of regional and international processes linked to care, gender equality and social protection agendas. She also highlighted the importance of making use of existing capacities, avoiding duplication, and strengthening coordination among government actors, international organisations, civil society, academia, and representatives of workers in the sector. Among the challenges identified, she underlined the need to build sufficiently flexible and inclusive working mechanisms to incorporate contributions from different sectors and strengthen the participatory dimension of the Pact. Finally, she reaffirmed the importance of the social dimension within the CELAC–EU bi-regional partnership and highlighted the transformative potential of care policies to advance towards more equal, inclusive and sustainable societies.

During the dialogue with participants, the importance of ensuring civil society participation in the governance, monitoring and implementation mechanisms of the Pact was reiterated. Particular recognition was given to the contribution of feminist, academic and grassroots organisations in positioning the care agenda in Latin America and the Caribbean and in the development of the Birregional Pact on Care. A representative of Uruguay's National Care System also shared the experience of its integrated care system as a model of intersectoral coordination linking health, labour, education, economy and social protection policies. It was stressed that such systems should be understood as comprehensive coordination policies combining services, training, labour regulation and mechanisms aimed at ensuring job quality.

The interventions converged on the need to strengthen the social dimension of the CELAC–EU bi-regional partnership, consolidate care as a priority axis of cooperation between both regions, and advance the implementation of the Birregional Pact on Care as a tool to promote a care-oriented society based on co-responsibility, equality and sustainability.

PLENARY SESSION 1

Trends in demographic transformation in Europe, Latin America and the Caribbean

Summary

The session, moderated by Ana Güezmes (Director of the Gender Affairs Division at ECLAC), was devoted to analysing the challenges posed by demographic ageing for long-term care systems, as well as the public policy responses currently being developed in Latin America and the Caribbean and in the European Union. Speakers were unanimous in emphasising that the ongoing demographic transformation will significantly increase the demand for care in the coming decades, which requires strengthening the responsiveness of social protection systems, improving working conditions in the sector and moving towards more sustainable, inclusive and equitable models of care.



Moderation

- **Ana Güezmes,** Director of the Gender Affairs Division, ECLAC

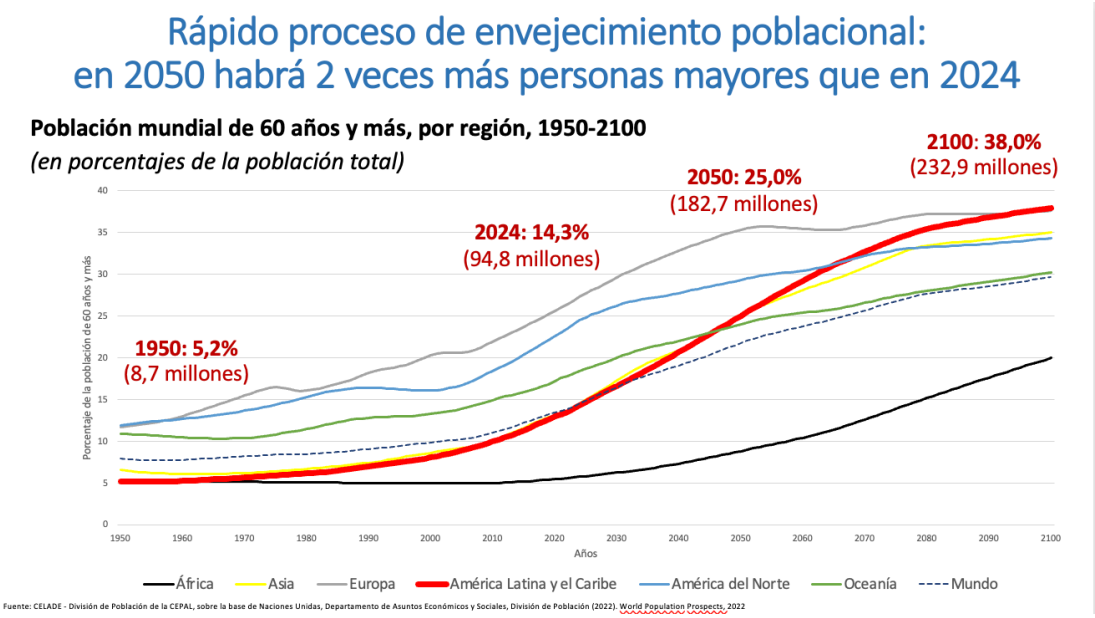
Speakers

- **Simone Cecchini,** Director of the Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC
- **Dorota Korczynska,** Directorate-General for Employment, Social Affairs and Inclusion of the European Commission; member of the care team

Demographic ageing in Latin America and the Caribbean: challenges, policies and considerations

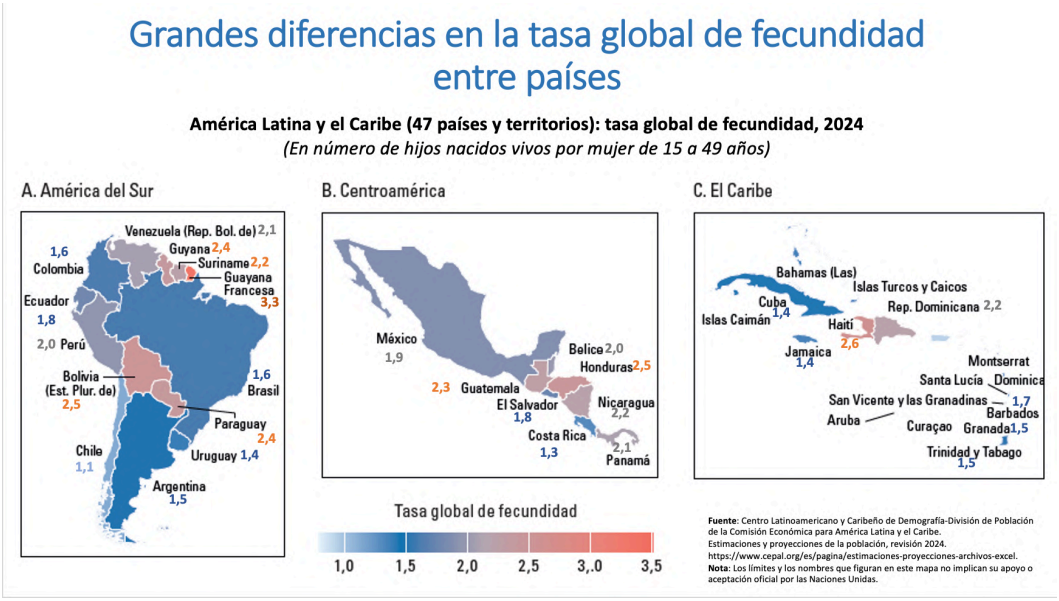
Simone Cecchini framed the debate in the context of the rapid demographic ageing process currently underway in Latin America and the Caribbean. Drawing on data produced by CELADE and the United Nations Population Division, he noted that the region is ageing at a faster pace than projected just twenty-five years ago, which will have profound implications

for the social organisation of care and for the sustainability of social protection systems.



Source: Latin American and Caribbean Demographic Centre (CELADE), 2024

The speaker recalled that the growing relevance of long-term care is part of a broader process of building regional agreements promoted by ECLAC and other intergovernmental organisations, including those linked to the rights of older persons, the Regional Intergovernmental Conference on Ageing and the Rights of Older Persons, and the implementation of the Montevideo Consensus on Population and Development (2013).



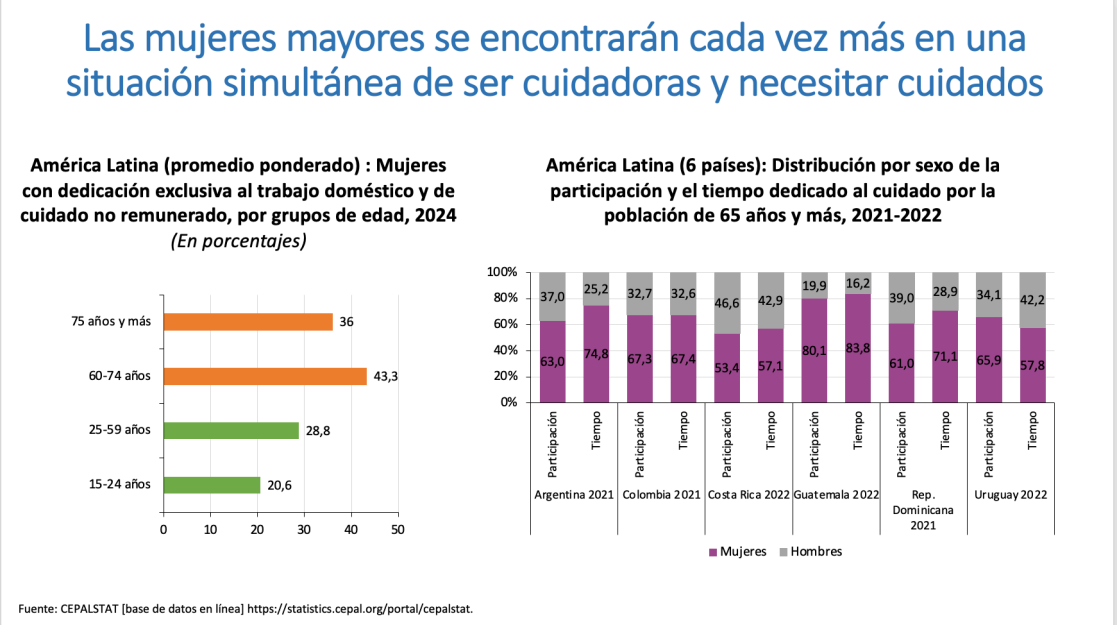
Fuente: Centro Latinoamericano y Caribeño de Demografía (CELADE), 2024

From a demographic perspective, he explained that ageing is mainly driven by a sustained decline in fertility and an increase in life expectancy, although with significant differences between countries and subregions. He also noted that the effects of the pandemic temporarily altered certain demographic trends, particularly in terms of mortality and life expectancy. However, he warned that increased longevity does not necessarily imply more

years lived in good health, making it essential to incorporate the concept of healthy life expectancy into public policy design.

Cecchini also showed that demographic transformations are profoundly changing the age structure of the population. In particular, he noted that the fastest-growing groups in the coming decades will be people aged 65 and over, as well as the oldest segments within this group—a phenomenon known as “population ageing within ageing”. This process will have direct implications for the demand for long-term care and for the need to develop appropriate institutional responses.

The presentation also highlighted gender inequalities associated with ageing. Cecchini observed that women continue to play a predominant role as care providers, while at the same time they represent an increasing share of the population requiring care in older age. The higher rates of disability and dependency observed among older women underscore this dual dimension of care and reinforce the need to incorporate a gender perspective into policies addressing ageing.



Source: Latin American and Caribbean Demographic Centre (CELADE), 2024

As a main conclusion, he argued that public policies must adopt a life-course approach that takes into account care needs across all stages of life. This requires strengthening investment in social protection, health, and long-term care, as well as addressing in an integrated manner issues related to dependency, financing, the territorial organisation of services, and the working conditions of those employed in the sector. He also highlighted the importance of promoting healthy ageing and intergenerational solidarity in contexts marked by deep social inequalities across the region.

Demographic ageing in the European Union: challenges, policies and considerations

Dorota Korczyńska complemented this diagnosis from the perspective of the European Union, focusing on the economic, labour, and institutional challenges associated with long-term care. She noted that Europe is facing demographic trends similar to those observed in Latin America and the Caribbean, characterised by declining fertility, population ageing, and transformations in labour markets. In this context, she identified as a central issue the question of who will provide the care required by an increasingly ageing population.

Korczyńska indicated that approximately 31 million people currently require long-term care in the European Union, and that this figure could exceed 37 million in the coming decades. However, she warned that there are significant differences among Member States in terms of coverage, institutional capacity, and levels of expenditure. She also highlighted that around 80% of care is still provided by family members, underscoring the need to strengthen public and community-based services in order to avoid placing the main responsibility on households.

One of the key challenges identified was service accessibility. The speaker emphasised that territorial inequalities remain significant and that older people living in rural, mountainous, or remote areas face greater difficulties in accessing quality services. In this regard, she argued that access to dignified care should not depend on place of residence and that public policies must pay particular attention to these territorial gaps.

As a response to these challenges, she presented the progress of the European Care Strategy, adopted in 2022, which aims to improve access to quality services and strengthen employment in the sector. Among its main lines of action, she highlighted investments in training, skills development, and digitalisation, as well as the Skills Pact, aimed at improving career pathways, working conditions, and gender equality in a highly feminised sector. She also noted the European Union's collaboration with the WHO and the OECD to assess national long-term care systems and strengthen monitoring and evaluation mechanisms.

The speaker also underlined the essential role of social dialogue in addressing issues related to wages, working conditions, staff retention, and service quality. In this context, she highlighted the Joint Action Framework on workforce retention and recruitment adopted in 2025, and recalled that Member States have agreed on a common recommendation aimed at promoting affordable, accessible, and high-quality care. This recommendation incorporates aspects related to social protection, service quality, the situation of both formal and informal carers, and the governance of care systems.

Finally, Korczyńska presented the main lines of work of the forthcoming "European Care Deal", an initiative designed to strengthen European policies on employment, professional development, accessibility, quality, and digitalisation of care. Her key message was that, although demographic change is inevitable, a care crisis is not. From this perspective, long-term care should be understood as a strategic investment that simultaneously contributes to job creation, gender equality, social cohesion, and people's well-being.

Closing of the session

In the final exchange, it was highlighted that several of the initiatives presented are being developed in cooperation with the ILO and that the different countries start from diverse institutional realities, while facing converging challenges. The interventions agreed that social dialogue constitutes a key instrument for building sustainable responses to the growing demand for care. It was reaffirmed that investment in long-term care should be understood as a strategic priority to address demographic change, strengthen social protection systems, and promote more equal, inclusive, and sustainable societies.

PLENARY SESSION 2

Historical trajectories and today's challenges in long-term care policies, infrastructures and services in selected countries

Summary

The session, moderated by Belén Pilares la Hoz (GIZ), focused on analysing the progress, challenges and lessons learned in the development of national care systems from different country experiences. The interventions by representatives from the Dominican Republic, Brazil and Germany allowed for complementary perspectives on this agenda, including processes of institutionalisation of care policies, governance and financing challenges, the expansion of long-term care services, and the demographic and social transformations that are reshaping care needs across different regions.



Moderation

- **Belén Pilares la Hoz**, GIZ

Speakers

- **Rosa Mejía**, Vice Minister for Women, Dominican Republic
- **Carolina Alvarado Bolaño**s, Deputy Director of Inclusive Development, Social Development Directorate Súperate, Dominican Republic
- **Carolina Miranda Rodrigues**, Project Manger at the National Secretariat for Care and Family, Brazil
- **Prof. Dr. Jutta Allmendinger**, Humboldt University of Berlin, Germany

The institutional construction of the care system in the Dominican Republic

Rosa Mejía (Vice Minister for Women of the Dominican Republic) opened the session by presenting the process of building the country's care policy and the progress achieved in

consolidating an approach that recognises care as a shared social responsibility and a public policy priority. In her intervention, she emphasised that care has gradually ceased to be conceived exclusively as a private and family responsibility and has increasingly been addressed as a central component of gender equality, economic development and social protection agendas.

The Vice Minister noted that, until a few years ago, care provision rested mainly on families and, in particular, on women, which limited their opportunities for economic autonomy and contributed to the reproduction of structural gender inequalities. In this regard, she stressed that the absence of collective care arrangements constitutes a significant barrier to the effective exercise of equality.

As she explained, the institutionalisation process of care policy became more structured from 2021 onwards with the launch of the pilot strategy "Care Communities", an initiative that fostered intersectoral coordination between the Ministry of Finance, the Ministry of Women, and other public institutions. Subsequently, in 2022, the Intersectoral Care Board was created as a formal governance body responsible for coordinating public policy, defining institutional responsibilities, and organising functions related to governance, planning, service provision, training, and sector regulation.

Among the main advances achieved, Mejía highlighted efforts to progressively professionalise care workers through certification programmes aimed at those providing care for early childhood, persons with disabilities, and older persons. She also underscored the development of technical tools designed to estimate costs, identify care needs, and assess the economic impacts of the policies implemented.

The Dominican representative also reported that, during 2024, the territorial implementation of home-based care services was initiated, primarily targeting older persons in situations of dependency and vulnerability. These pilot experiences have generated relevant lessons on the organisation of care services with active state participation, as well as on the challenges associated with scaling up and ensuring sustainability.

Finally, she highlighted progress in strengthening the draft care law, accompanied by consultation processes, technical assistance and dialogue with territorial actors and civil society organisations. She noted that the aim is to consolidate a regulatory framework that ensures the institutional and financial sustainability of a future National Care System. As a concluding reflection, she reaffirmed the Dominican Republic's commitment to building an integrated care policy conceived not only as a social protection instrument, but also as a strategy for economic development, social cohesion and collective well-being. In this sense, she stated that investment in care is a strategic decision for sustainable development.

Governance, territorial expansion and challenges of care in the Dominican Republic

Carolina Alvarado Bolaños elaborated on the process of institutional consolidation of the Dominican Republic's care policy, highlighting that the country is currently at a stage of maturity that allows it to move from pilot experiences towards the gradual and sustained expansion of care services. In this context, she noted that one of the main milestones has been the institutional strengthening of the Supérate programme and its evolution into a more robust structure within the General Directorate for Social Development.

This process has been accompanied by the allocation of a protected budget, helping to reinforce the financial sustainability of the policy while expanding its operational and territorial capacity.

The speaker also highlighted that efforts in the field of long-term care have focused primarily on supporting older persons in situations of dependency. However, she noted that a family care model for persons with disabilities with high levels of dependency has recently been introduced, thereby broadening the coverage of existing policies and strengthening the recognition of care-related rights.



Source: Dirección de Desarrollo Social Supérate

Alvarado identified seven main challenges for strengthening the National Care System. First, she underlined the need to consolidate legal and regulatory frameworks that reinforce institutional capacity, governance and intersectoral coordination, while also ensuring sustained public financing. Second, she highlighted the importance of advancing towards mixed financing mechanisms that combine public resources, international cooperation, social investment and strategic partnerships. As a third challenge, she emphasised the need to strengthen information systems through the generation of interoperable data and measurement tools capable of assessing dependency, monitoring services and improving decision-making.

She also stressed the importance of broadening the participation of a wide range of stakeholders by strengthening the involvement of civil society, the private sector, academia and international cooperation partners. Another challenge identified was the transformation of social and cultural norms that continue to assign care responsibilities disproportionately to women. She also pointed to the need to move towards the progressive universalisation of care through territorial expansion based on an intersectional approach that is responsive to multiple forms of vulnerability. Finally, she highlighted the importance of linking care systems with adaptive social protection policies, which are particularly relevant for Caribbean countries exposed to the impacts of climate change and natural disasters. The speaker concluded by stating that the principal shared challenge facing countries across the region is to fully guarantee the human right to care in its three dimensions: the right to provide care, the right to receive care, and the right to self-care.

The process of developing Brazil's National Care Policy

Carolina Miranda Rodríguez presented an overview of the organisation of care in Brazil and the process of developing the National Care Policy promoted by the government of Luiz Inácio Lula da Silva. She noted that Brazil came later than other Latin American countries to this agenda, as previous initiatives had been fragmented across different institutions and lacked a comprehensive strategy. Since 2023, she explained, the government has placed care at the centre of its political agenda, linking it to social justice, gender and racial equality, and sustainable development.

The speaker described the heavy burden of unpaid care work borne by women, particularly Afro-Brazilian women and those living in poverty, alongside a state response that remains insufficient to meet existing needs. She also warned of Brazil's rapidly ageing population and the resulting increase in demand for long-term care, a trend expected to intensify over the coming decades.

In response to this situation, she highlighted the establishment of an Interministerial Working Group coordinated by the Ministry of Social Development and the Ministry of Women, with the participation of subnational governments, civil society, academia, the private sector and carers. This process culminated in 2024 with the adoption of a national law recognising the right to care and establishing the National Care Policy, which defines care as work, a need, a right and a shared responsibility of the State, families, communities and the private sector.

The Brazilian representative also presented the launch of the National Care Plan, Brazil that Cares (Brasil que Cuida), comprising around 80 actions and 250 measures implemented by 24 federal ministries. Among the main initiatives, she highlighted the expansion of early childhood education services and full-time schools; training programmes for domestic workers and carers; the establishment of public laundries and community-based services; the extension of parental leave; the strengthening of home-based care for older persons and persons with disabilities; and the expansion of day-care centres and community-based care services.

Miranda Rodríguez gave particular emphasis to the new pilot home-care programme for older persons, conceived as an integrated health and social care strategy bringing together the health and social assistance sectors, with the prospect of being scaled up nationwide. Among the main challenges identified, she pointed to the need to preserve the comprehensive nature of the care policy and avoid institutional fragmentation. She also stressed the importance of moving beyond the notion that care is solely the responsibility of families and consolidating its recognition as a right guaranteed by the State.

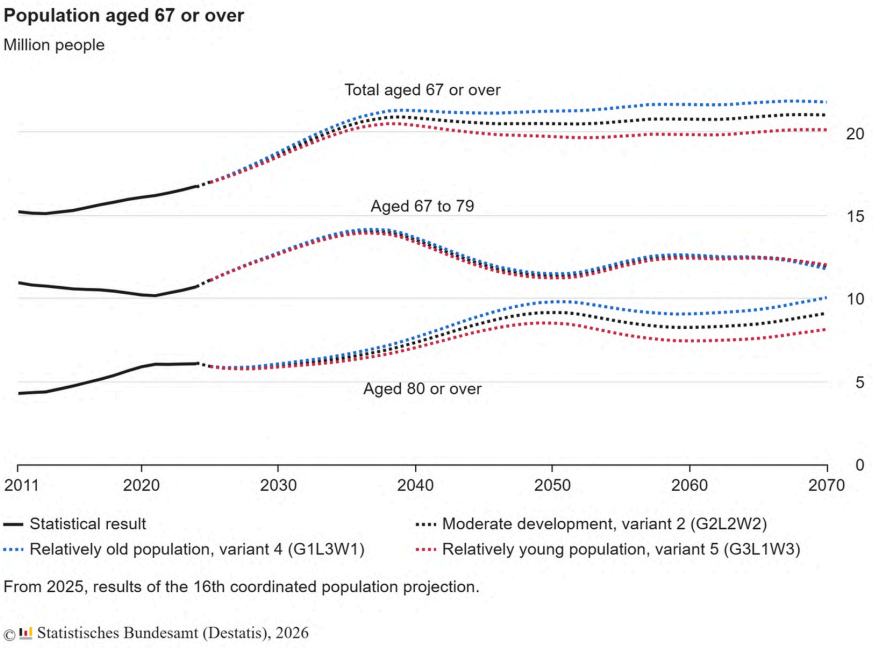
The speaker also referred to the challenges associated with coordinating an intersectoral policy involving 24 ministries, the complexities arising from Brazil's federal system, budgetary constraints and ongoing debates over financing.

Finally, she emphasised that social participation and shared governance are essential to ensuring the legitimacy, sustainability and effectiveness of the National Care Policy.

Gender, ageing and migration in the German care system

Professor Jutta Allmendinger presented an analysis of the German long-term care system, focusing on gender inequalities, demographic change and the growing reliance on migrant labour in the care sector. She explained that Germany is experiencing rapid population ageing and a steady increase in the number of people aged 80 and over, the group with the greatest long-term care needs. At the same time, she noted the decline in fertility rates and the increasing number of women choosing not to have children because of the difficulties of reconciling motherhood with professional careers.

POPULATION AGEING



Source: Statistiches Bundesant, 2026

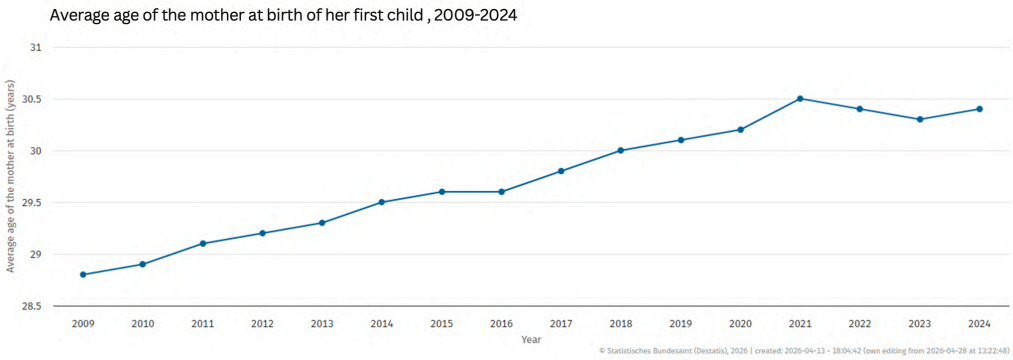
According to Allmendinger, the German care system continues to rely disproportionately on the work of women. More than 70% of carers, both within and outside the home, are women, many of whom are approaching retirement age. This situation compels many women to reduce their working hours, accept part-time employment, and consequently face lower incomes and reduced pension entitlements in later life.

The speaker further underlined that the inequalities associated with care are not only economic but also cultural. She noted that strong social expectations regarding women's role in caring for children, grandchildren and older relatives persist in Germany, while men remain relatively detached from these responsibilities. Comparing different European countries, she argued that those with higher levels of public investment in long-term care systems, such as Norway and Sweden, exhibit significantly smaller gender gaps than countries with weaker care systems, such as Germany, Greece and Croatia.

Another central theme of her presentation was the growing dependence of the German care system on migrant care workers.

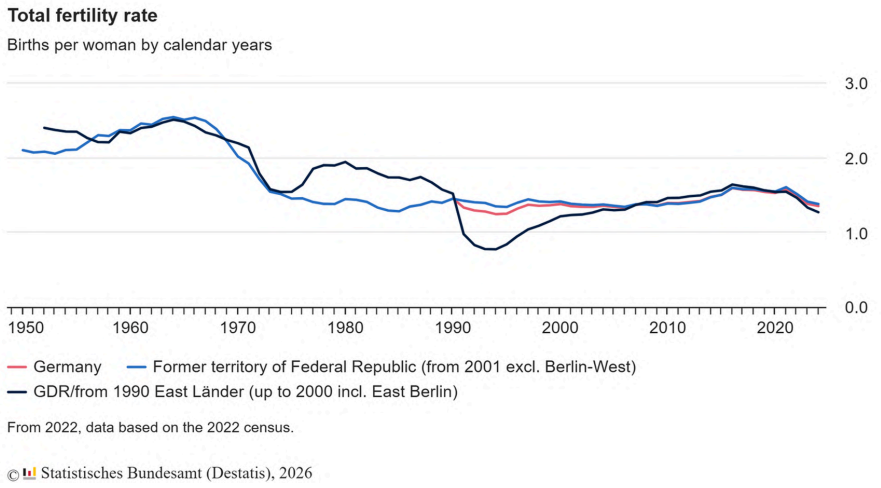
AGE AT FIRST BIRTH

German women are having children later in life:
The average mother is now **30.4 years** old at first birth.



FERTILITY RATES

On average, each woman in Germany now has 1.35 Children.
The rate remains well below the replacement level of 2.1.



Source: Statistiches Bundesant, 2026

She explained that Germany increasingly relies on foreign labour due to an insufficient domestic workforce in the care sector. However, she warned of several structural challenges, including the lack of accurate data on migrant care workers, precarious working conditions, limited social protection, difficulties in the recognition of professional qualifications, and the absence of a genuine culture of welcome and inclusion.

Finally, Allmendinger pointed out that care-related professions remain highly feminised and socially undervalued, characterised by low pay and limited professional recognition. In this regard, she argued for the need to attract more men into the care sector and to challenge the gender stereotypes that have historically been associated with care work.

Closing of the session

In the closing remarks of the plenary, it was highlighted that despite institutional, economic and social differences between countries and regions, there are shared challenges linked to population ageing, insufficient service coverage, gender inequalities, financial sustainability and the need to strengthen intersectoral coordination.

It was also emphasised that there is significant value in birregional learning and in the exchange of experiences promoted by the Birregional Pact on Care between the European Union and Latin America and the Caribbean. The interventions agreed that building integrated care systems requires strong institutions, stable financing, effective governance mechanisms and social participation, as well as the recognition of care as a human right and an essential component of sustainable development.

GOOD PRACTICES SESSION 1

Formalisation, professionalisation and decent employment in long-term care

Summary

The session, moderated by Franziska Haas (Director of the Berlin Office of the International Labour Organization – ILO), focused on analysing the challenges associated with the professionalisation, formalisation and valorisation of care work, as well as the transformations required to ensure decent work in a sector that is becoming increasingly strategic for the sustainability of societies. The interventions addressed different dimensions of this agenda, including training and skills certification, working conditions, labour migration, the inclusion of persons with disabilities, territorial experiences in care provision, and the recognition of skills acquired through practice.



Moderation

- **Franziska Haas,** Director of the Berlin Office of the International Labour Organization (ILO)

Speakers

- **Adriana Paz,** General Secretary of the International Domestic Workers Federation (IDWF)
- **Maria Jepsen,** Deputy Director of Eurofound
- **Paola Álvarez,** Global Thematic Specialist – Labour Mobility and Social Inclusion, International Organization for Migration (IOM)
- **Javier Güemes,** Director of International Relations, ONCE Social Group, Spain
- **Vanessa Rojas,** Senior Researcher, Group for the Analysis of Development (GRADE)
- **Silvia Soler,** Acting Director of the Simone de Beauvoir Leadership Institute (ILSB)

Rapporteurs

- **Miguel Ramos**, European External Action Service (EEAS)
- **Nora Goren**, CLACSO

Professionalising care through recognition, rights and collective organisation

Adriana Paz emphasised that the professionalisation of care work should not be understood solely as a process of technical training. From her perspective, professionalisation involves recognising the knowledge and skills that workers have developed through experience, dignifying a historically invisible occupation, and expanding access to formal, protected and socially valued employment opportunities.

The representative of the IDWF underlined that professionalisation must be accompanied by the effective recognition of labour rights, access to social protection, improved working conditions and greater opportunities for professional development. In this regard, she highlighted the role of trade union organisations as key actors in strengthening workers' capacities, promoting collective organisation and expanding their ability to engage in labour negotiations and public policy processes.

As a good practice example, she presented the training school of the Union of Household Workers (UPACP) in Argentina, which combines technical training with education on labour rights, union organisation and collective bargaining. According to her explanation, such initiatives simultaneously strengthen professional skills, economic autonomy and workers' representative capacity.

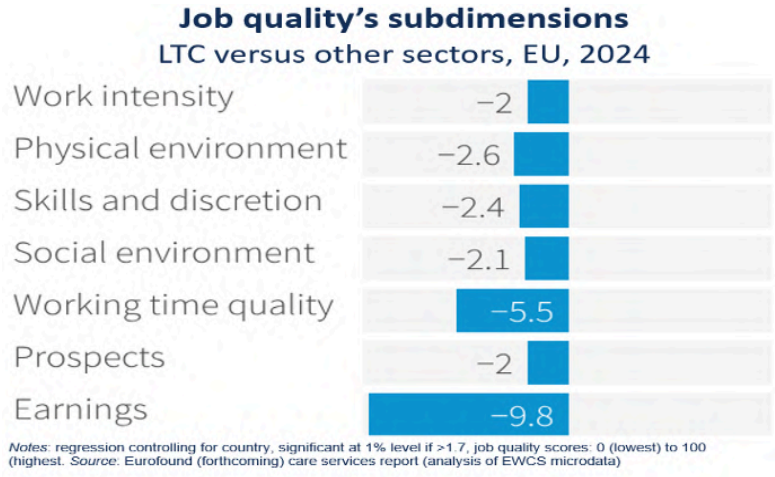
Paz argued that training is a strategic tool not only to improve the quality of care services, but also to advance the social and economic recognition of domestic and care work. In this sense, she stressed that professionalisation should be understood as a comprehensive process of valuing work, aimed at transforming historically unequal and precarious labour relations that have particularly affected women workers in the sector.
As her main message, the speaker emphasised that building sustainable care systems requires recognising workers as rights-holders and as central actors in the organisation of care, ensuring decent working conditions, spaces for collective representation and effective opportunities for professional development.

Training, job quality and the limits of professionalisation in the Swedish case

Maria Jepsen presented the Swedish case as a relevant example of professionalisation in the long-term care sector, while also warning that this model must be understood within the framework of a comprehensive welfare system characterised by strong public provision and a lower reliance on informal domestic work.

The speaker particularly highlighted the "Elderly Care Take-off" programme (Äldreomsorgslyftet), launched in 2020 with the aim of strengthening the skills of care workers following the weaknesses identified during the COVID-19 pandemic. She explained that the initiative enables workers to access training during working hours, while the State compensates employers for the associated wage costs. In this way, training is no longer treated as an individual responsibility but is embedded within a public strategy aimed at improving the quality and sustainability of the sector.

Jepsen noted that the programme combines paid training, sustained public financing and specialisation in areas such as dementia, disability, palliative care, professional ethics and digitalisation. She also highlighted the recent inclusion of language training for migrant workers, as well as mentoring and leadership programmes designed to strengthen career pathways within the sector. The scope of the initiative has been significant, with nearly 50,000 participants in 2024.



Source: Eurofund, 2024



Source: Eurofund, 2024

However, the speaker emphasised that training alone does not resolve the structural problems affecting long-term care. Despite progress achieved, challenges persist related to chronic staff shortages, workload pressures, limited control over working schedules, and difficulties arising from linguistic or educational barriers faced by some groups of workers. These conditions continue to affect job satisfaction levels and staff retention capacity.

Jepsen also warned that these challenges tend to intensify in contexts where informality prevails, where employment is mediated through digital platforms, or where care is provided directly within private households. In such settings, she explained, regulatory, supervisory and labour inspection mechanisms are often weaker, increasing the risk of precarisation and rights violations.

As a policy orientation, she argued for the need to link professionalisation processes with comprehensive improvements in working conditions. This implies strengthening the regulation of domestic and care work, expanding access to quality services, increasing the availability of staff to reduce workload pressures, and promoting greater participation of workers in shaping their own working conditions.

As her main conclusion, the speaker stated that professionalisation in the sector cannot be reduced to technical training alone, but must be understood as part of a broader strategy aimed at building decent, stable and sustainable employment capable of responding to the growing demand for long-term care.

Labour mobility, ethical recruitment and rights protection in the care sector

Paola Álvarez addressed the links between migration, labour mobility and long-term care, highlighting the need to develop more integrated responses to the growing workforce shortages affecting the sector. In her intervention, she emphasised that the formalisation and professionalisation of care work must be adapted to diverse contexts and that there are no single solutions to address the challenges posed by increasing demand for care.

The speaker noted that both the European Union and Latin America and the Caribbean face converging demographic trends, characterised by population ageing, declining fertility and growing pressure on care systems. In this context, she stressed the importance of strengthening coherence between migration, employment, education, vocational training and social development policies in order to ensure a sustainable response to future care needs.

Álvarez observed that migrants are playing an increasingly important role in the provision of care, particularly in Europe, where they contribute significantly to addressing labour shortages in health and long-term care sectors. However, she warned that many of these workers continue to face barriers related to skills recognition, access to labour rights and social protection, as well as risks linked to informality, abusive intermediaries and labour exploitation.

From this perspective, she highlighted the potential of “Skills Mobility Partnerships” as instruments aimed at promoting structured, safe and rights-based labour mobility. She explained that these partnerships seek to align vocational training with employment opportunities, generating benefits for both countries of origin and destination. As an example, she presented the cooperation experience between Belgium and Suriname in nursing, an initiative that combined the strengthening of local capacities with future opportunities for labour mobility, involving governments, educational institutions and employers.

The specialist identified several challenges currently limiting the development of fairer and more efficient labour mobility schemes. These include fragmented migration policies, complex administrative procedures, difficulties in recognising qualifications and skills, language barriers, and insufficient protection of migrant workers’ rights. She also noted that these issues are particularly visible in domestic and care work carried out in private households, where labour inspection and oversight mechanisms are more limited.

Álvarez argued that labour mobility should be understood as a comprehensive process covering all stages of the migration trajectory, from pre-departure preparation to integration in the destination country and, eventually, return or onward migration. In this regard, she stated that short-term recruitment mechanisms are insufficient in the face of the need to build more transparent, coordinated systems oriented towards rights protection.

As a policy recommendation, she proposed strengthening coordination between migration, employment, education, integration and care policies; simplifying administrative procedures; improving skills recognition systems; reinforcing labour protection and inspection in the sector; and investing in vocational training in both origin and destination countries. She also emphasised the importance of strategically planning the care workforce to avoid brain drain dynamics that could weaken care systems in countries of origin.

As her main conclusion, the speaker stated that labour mobility can significantly contribute to meeting the growing demand for care, provided it is developed through an ethical, multi-stakeholder and rights-based approach capable of ensuring decent working conditions and preventing new forms of precarisation and labour exploitation.

Care, support and independent living from a rights-based approach

Javier Güemes focused his intervention on the need to incorporate a disability perspective and a rights-based approach into care policies, stressing that care and support systems must be oriented towards promoting autonomy, independent living and the full social participation of persons with disabilities. In this regard, he argued that the care agenda is, above all, a human rights agenda, closely linked to equality, dignity and social justice.

The speaker warned about the persistence of overly institutionalised care models and highlighted the importance of moving towards community-based approaches centred on individuals' preferences, will and life projects. He also drew attention to emerging risks associated with new forms of care organisation, particularly those mediated by digital platforms, which may foster precarious working conditions and weaken guarantees of quality, training and protection for both care providers and recipients.

Güemes stressed that support systems are a key component in ensuring the effective exercise of rights and independent living for persons with disabilities. These supports include not only personal assistance, but also access to technologies, accessible transport, community services and other resources that enable autonomous life projects, in line with the principles set out in the Convention on the Rights of Persons with Disabilities.

From this perspective, he argued that care and support should be understood as a strategic investment for sustainable development. According to his analysis, they contribute to the achievement of the Sustainable Development Goals, strengthen social cohesion, reduce inequalities and generate significant social and economic returns. He also highlighted their potential to expand the labour market participation of persons with disabilities and to consolidate the care economy as a strategic sector for job creation.

The speaker further emphasised the need for an intersectional approach that recognises the interaction between disability, gender, poverty, ageing and migration. In this framework, he noted that persons with disabilities are not only recipients of care, but also providers of care, although they continue to face structural barriers and prejudices that limit the recognition of

their capacities and contributions.

As an example of regional cooperation, he presented the Ibero-American Disability Programme (PID), an intergovernmental South-South and triangular cooperation initiative adopted in 2018 and currently comprising thirteen countries. The programme promotes actions in areas such as inclusive education, employment, access to justice, participation and independent living. He highlighted that it has specifically incorporated the strengthening of care and support systems, fostering the exchange of experiences and lessons learned among participating countries.

He also shared several national experiences illustrating the evolution of care policies from a rights-based perspective, including Chile Cuida, aimed at strengthening the right to care, self-care and community networks; Costa Rica's National Care and Support System, which integrates person-centred services across the life course; and Spain's State Strategy for a New Community-Based Care Model, which promotes deinstitutionalisation and transitions towards autonomy, inclusion and social innovation.

In this context, he introduced the concept of "care citizenship" (cuidadanía), understood as the right of all citizens to both receive and provide care under conditions of dignity. Building on this idea, he questioned whether a truly inclusive care agenda can be developed without explicitly incorporating the needs, rights and contributions of persons with disabilities, who represent a significant share of the global population.

As a main conclusion, Güemes stated that a transformative care agenda must necessarily integrate support systems as a constituent part of public policy. This implies ensuring autonomy, independent living and the full participation of persons with disabilities, moving towards care models based on rights, inclusion and social co-responsibility.

Community care, socio-health coordination and the limits of formalisation

Vanessa Rojas addressed the importance of building care systems from a territorial and community-based perspective, highlighting the role that local initiatives can play in expanding access to support services and responding to the needs of people in situations of dependency. In her intervention, she presented the "Maior Cuidado" programme, implemented in Belo Horizonte (Brazil), as a relevant example of coordination between health and social assistance systems for the provision of long-term care. The speaker explained that the programme provides home-based care for older persons in situations of dependency and vulnerability through paid care workers who offer regular support within the family environment. Its main objective is not to replace care provided by families, but to complement it through a publicly organised, territorially based response, strengthening households' capacity to cope with care demands.

Rojas highlighted that one of the main contributions of this experience lies in the effective coordination between the health and social assistance sectors, as well as the gradual incorporation of mechanisms for professionalisation and labour recognition for care workers. She also noted that the programme has helped strengthen the institutional capacities of local governments to identify care needs, coordinate services and develop more integrated responses to dependency situations.



Source: Presentation "Initiatives to strengthen Care Policies in Latin America and the Caribbean", Vanessa Rojas

The researcher emphasised that available evidence shows positive outcomes both for older beneficiaries and their families. Among the main impacts identified were improvements in the quality of care received, stronger links between public services and households, and a partial reduction in the care burden placed on family carers, particularly women.

Beyond its operational results, Rojas stressed that the programme has helped to make care visible as a public issue rather than an exclusively private or family matter. In this regard, she argued that experiences such as "Maior Cuidado" demonstrate that the social organisation of care continues to rely disproportionately on women and therefore requires more active state intervention to move towards a more equitable distribution of care responsibilities.

However, she warned that such initiatives, while valuable, are not sufficient on their own to transform the structural inequalities embedded in the social organisation of care. She pointed to persistent challenges related to wage levels, working conditions, job stability and the physical and emotional demands of care work. She also noted that service provision does not automatically change social norms and gender stereotypes that continue to assign the bulk of care responsibilities to women within households.

Rojas further emphasised that these inequalities intersect with other forms of exclusion linked to poverty, territory, age and various vulnerabilities, reinforcing the need for an intersectional approach in the design and evaluation of public care policies.

As a policy orientation, she stressed the importance of combining the expansion of public care services with strategies aimed at ensuring decent work, strengthening carers' rights and promoting a more equitable redistribution of responsibilities between the State, families, communities and men. She also highlighted the need to generate stronger evidence on the impacts of care policies on households and on the living conditions of both care providers and recipients.

Finally, the speaker argued that community and territorial-based initiatives can offer concrete responses to the growing demand for care, provided they are embedded within broader structural transformation strategies. In this sense, she emphasised that strengthening care

systems requires combining proximity-based services, a rights-based approach, gender equality and greater state capacity to ensure well-being and autonomy across the life course

Certification of skills and the dignification of care work

Silvia Soler focused her intervention on the importance of recognising and valuing the skills acquired through practice by care workers, particularly in domestic work and long-term care. Drawing on the experience developed in Mexico, she stressed that the professionalisation of the sector must begin with the recognition of the competences that workers have built throughout their employment trajectories, often in contexts marked by informality and a lack of institutional recognition.

The speaker situated this discussion within the broader framework of the deep inequalities that characterise the social organisation of care. She recalled that women continue to bear a disproportionate share of unpaid care work, which limits their opportunities for economic participation and autonomy. She also noted that a significant part of the social response to care needs has been channelled through the employment of paid domestic and care workers, a sector that continues to be characterised by high levels of precariousness and insufficient social protection.

From this perspective, Soler argued for placing care at the centre of public policy and recognising it as a fundamental component of economic and social organisation. In this regard, she advocated for the incorporation of a transversal care perspective within state action, capable of making care responsibilities visible, valued and redistributed, in a similar way to the institutionalisation of the gender perspective in various policy areas.

As a concrete example, she presented the initiative promoted by the ILSB in Mexico through training and certification processes linked to Competency Standard EC0669 for basic care of older persons at home. According to her explanation, this initiative seeks to formally recognise knowledge acquired through work experience, strengthen the capacities of those already performing care tasks, and contribute to improving their working conditions.

Soler highlighted that certification processes generate benefits that go beyond the acquisition of technical skills. Among other aspects, they make previously unrecognised knowledge visible, strengthen workers' professional self-esteem, expand employment opportunities and improve bargaining capacity. She also noted that certification can facilitate access to labour rights and social protection, while contributing to the consolidation of care workers as rights-holders.

The speaker further emphasised that these processes can become tools for collective organisation when linked to cooperatives, workers' organisations, training centres, governments and civil society organisations. From this perspective, certification should be understood as part of a broader strategy aimed at promoting decent work, strengthening workers' autonomy and building more sustainable care economies.

However, Soler cautioned that certification alone does not guarantee real improvements in working conditions. In this regard, she stressed the need to avoid overly technocratic approaches focused on standardisation and to ensure that skills recognition processes

adequately value workers' accumulated experience. She also identified persistent challenges related to informality, lack of access to social security, insufficient protection against violence and discrimination, and high costs that may, in some contexts, limit access to certification processes.

The expert also highlighted the importance of addressing cultural dimensions that have historically contributed to the devaluation of domestic and care work. In particular, she pointed to the need to confront discrimination linked to gender, social class and ethno-racial origin, which continues to affect a significant proportion of care workers.

As a policy orientation, she proposed advancing towards integrated approaches that combine training, skills certification, labour inspection, access to social security and improved employment conditions. She also highlighted the potential of cooperativism and collective forms of organisation to strengthen workers' economic autonomy and reduce persistent precariousness in the sector.

As her main conclusion, Soler argued that the professionalisation of care must be understood as a process of recognition, dignity and the expansion of rights. In this sense, she emphasised that the ultimate goal is not merely to certify competences, but to contribute to the construction of a decent work ecosystem that recognises workers' knowledge, strengthens collective organisation and positions care as a fundamental pillar of social justice and equality.

Closing of the session

The session concluded by highlighting that building care societies requires recognising and valuing the work that sustains life, moving towards more inclusive, accessible and rights-based systems. The interventions agreed on the need to strengthen the working conditions of those who provide care, ensure the participation and autonomy of care recipients, and develop public policies grounded in evidence, equality and co-responsibility. It was also emphasised that cooperation between Latin America, the Caribbean and Europe offers an opportunity to exchange learning and promote a shared agenda that places care at the centre of sustainable development, social cohesion and gender justice.

GOOD PRACTICES SESSION 2:
Financing strategies for long-term care systems

Summary

The session, moderated by Bibiana Aído Amago (Regional Director of UN Women for Latin America and the Caribbean), focused on analysing the challenges associated with financing long-term care systems and the conditions required to ensure their long-term sustainability. The interventions addressed different dimensions of this agenda, including the principles that should guide financing strategies, trends in expenditure and demand driven by population ageing, the role of public and private investment, institutional arrangements that support financial sustainability, and lessons learned from national experiences. Overall, the session highlighted that financing care is not only a technical and fiscal challenge, but also a political decision linked to the model of welfare, social protection and development that societies seek to build.



Moderation

- **Bibiana Aido Amagro,** Regional Director of UN Women for Latin America and the Caribbean

Speakers

- **Raquel Coello,** Policy Advisor in Macroeconomics and Global Care Lead, UN Women
- **Ricarda Milstein,** Health Policy Analyst, OECD
- **Tunde Szabo,** Senior Economist, Life Sciences Division, European Investment Bank (EIB)
- **Alexander Chaverri,** Researcher, Centre for Demographic Studies, Autonomous University of Barcelona
- **Francisco Delgado,** Former Vice Minister of Human Development and Social Inclusion of Costa Rica; economist specialised in social protection and public policy

Rapporteurs

- **Ermira Lubani,** UN Women
- **Marta San Juan,** UN Women

Principles for fair and sustainable financing of care systems

Raquel Coello presented a proposal aimed at building financing strategies for care systems based on principles of equity, sustainability and rights guarantees. Her intervention highlighted that the design of financing mechanisms should not be limited to ensuring sufficient resources, but should also contribute to reducing inequalities and preventing access to care from depending on the economic capacity of individuals and households.

As a starting point, the speaker underlined the importance of the principle of universality, understood as the guarantee of access to quality care services for all people, regardless of income level, place of residence or social condition. She explained that this principle is essential to avoid fragmentation in care systems and to reduce territorial and socio-economic gaps in access to services.

Coello also highlighted the principle of progressivity, which enables the gradual expansion of care coverage, prioritising people and groups facing higher levels of vulnerability or dependency. In this regard, she noted that expanding coverage must take into account factors such as age, socio-economic situation, level of dependency and territorial inequalities, and must be accompanied by sustained increases in public investment.

Another key pillar addressed was the principle of solidarity, understood as organising financing according to people's contributory capacity rather than their individual care needs. From this perspective, she argued that resources should be distributed according to existing care and dependency needs, incorporating territorial redistribution mechanisms that help correct regional inequalities and ensure equivalent standards of access and quality.

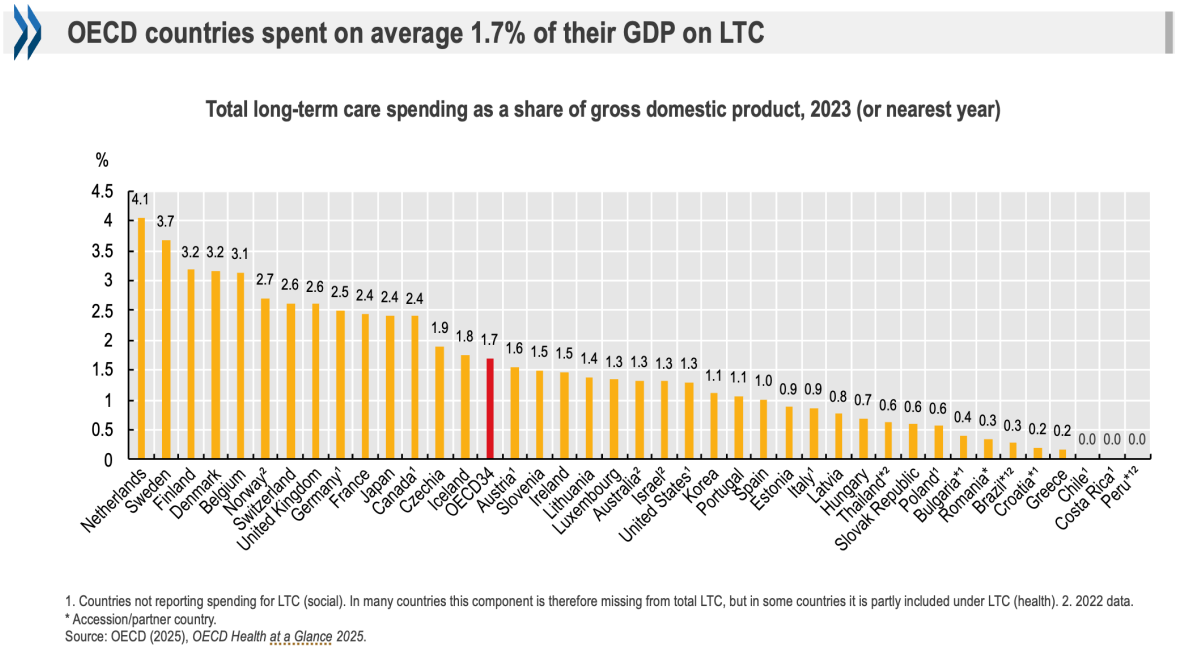
The expert also emphasised co-responsibility as a central element for the sustainability of care systems. She explained that the State must assume the primary role as rights guarantor, while the private sector can contribute through taxation mechanisms, social security systems and work-life balance policies for workers. Likewise, households and communities also play an important role, although any co-payment scheme must be designed progressively and in line with families' economic capacity.

As a main conclusion, Coello argued that care financing must be understood as a tool to guarantee rights and promote equality. In this sense, she stressed that sustainable systems require a combination of universality, progressivity, solidarity and co-responsibility, avoiding a situation in which the costs and responsibilities of care continue to fall disproportionately on households and, in particular, on women.

Financial sustainability and social protection in the face of dependency in old age

Ricarda Milstein presented a comparative perspective on the financing challenges of long-term care across different OECD countries, with particular attention to the implications of demographic ageing for the sustainability of social protection systems. Her intervention helped to illustrate the scale of future financing needs and the risks faced by older persons when public support systems are insufficient.

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Source: OECD, 2025, OECD Health at a Glance

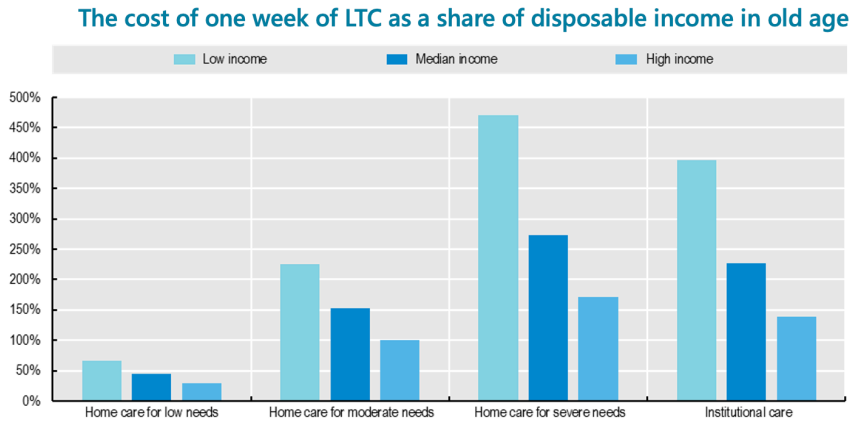
Milstein explained that countries have developed different mechanisms to finance long-term care. Some rely primarily on general taxation, while others use dedicated social insurance schemes or combinations of various funding sources. This diversity of models shows that there is no single solution, although there is a shared concern about ensuring financial sustainability and equitable access to services.

A central aspect of her intervention was the analysis of the costs faced by older people when they require care. Drawing on OECD studies, she explained that even relatively moderate care needs can involve a significant number of weekly care hours and generate costs that far exceed the payment capacity of many households. According to her, without adequate social protection mechanisms, long-term care expenses can absorb a substantial share of older persons' income and even exceed their full economic capacity, affecting not only lower-income groups but also broad segments of middle-income households.

In this regard, she warned that insufficient public coverage may push many older people into situations of income poverty or even asset depletion, as they are forced to use savings, sell assets or incur high out-of-pocket expenses to access the services they need. This situation is particularly concerning given that care needs are often concentrated among the most vulnerable segments of the population.

The specialist also highlighted the close relationship between the development of public care systems and the reduction of old-age poverty. From this perspective, she argued that collective financing of care not only fulfils a social protection function, but also constitutes a key instrument for promoting equity and ensuring dignified living conditions for older persons.

The cost of long-term care without public social protection is high



Note: Bars show unweighted averages for 20 EU Member States and 24 OECD countries and subnational areas. Low income refers to the upper boundary of the 20th percentile, and high income to the upper boundary of the 80th percentile. Low, moderate and severe needs correspond to 6.5, 22.5 and 41.25 hours of care per week, respectively. The costs of institutional care include the provision of food and accommodation, so are overestimated relative to home care. Detailed descriptions of care recipients' needs are available in Annex A
Source: OECD analyses based on the Long-Term Care Social Protection questionnaire and the OECD Income Distribution Database.

Source: OECD, 2025, Long-Term Care Social Protection

Milstein further emphasised that investments in long-term care can generate broader economic and social benefits. These include reducing avoidable hospitalisations, lowering health system costs, and alleviating the burden on family caregivers, which in turn can support higher labour market participation and generate additional fiscal returns. She also stressed the importance of investing in healthy ageing and home-based care services, which can delay severe dependency and provide more cost-effective responses for many individuals.

The speaker also noted that countries have a range of instruments available to balance financial sustainability and equity in access to care. These include progressive co-payment mechanisms, income and asset assessment systems, and mixed financing schemes combining public resources, social contributions and regulated private payments. In her view, diversifying funding sources can help reduce vulnerabilities and strengthen system resilience in the face of demographic and economic change.

Finally, Milstein warned that significant data gaps remain regarding long-term care needs, particularly among people with moderate levels of dependency. This lack of evidence hampers planning, cost estimation and policy design. As a main conclusion, she argued that demographic ageing will make it increasingly urgent to expand robust and sustainable care systems capable of combining social protection, financial sustainability and equitable access to quality services for the entire population.

Financing, governance and sustainability of investments in care

From a European perspective, **Tünde Szabó,** of the European Investment Bank (EIB), addressed the role of financing and expanding long-term care systems, with particular attention to the conditions needed to mobilise investment in a sector characterised by high social needs and limited financial returns. Her intervention emphasised that the challenge is not only to increase available resources, but also to build institutional and operational frameworks capable of ensuring the long-term sustainability of investments.

The speaker explained that the EIB acts as the European Union's long-term lending arm, supporting infrastructure projects and initiatives with significant social and economic impact. In the field of long-term care, the Bank prioritises investments aimed at ensuring equitable access to quality services, strengthening the financial and operational sustainability of systems, and expanding coverage for different population groups, avoiding approaches that are purely market-driven or oriented towards elite services.

Szabó noted that Europe is increasingly shifting towards home-based and community care models, while also stressing that residential services continue to play an essential role in addressing high dependency, complex care needs and end-of-life support. From this perspective, she argued that care systems require a balanced combination of care modalities capable of responding to different levels of need.

One of the main contributions of her intervention was the identification of factors that support the sustainability of care systems from a dual perspective. At the systemic level, she highlighted the importance of clear regulatory frameworks, transparent financing mechanisms, quality assurance systems, workforce development and retention policies, as well as planning and institutional coordination processes that provide stability and predictability. According to her, these elements reduce uncertainty and create favourable conditions for investment.

At the level of service providers, sustainability depends on factors such as long-term contracts, stable and predictable funding flows, adequate occupancy rates, management capacity, and a skilled and stable workforce. In her view, income predictability is a key element in reducing risk and facilitating access to financing under favourable conditions.

To illustrate these dynamics, Szabó presented a model developed in Catalonia with support from the EIB, based on small- and medium-scale residential facilities integrated into communities and designed to offer more personalised and proximity-based care environments.

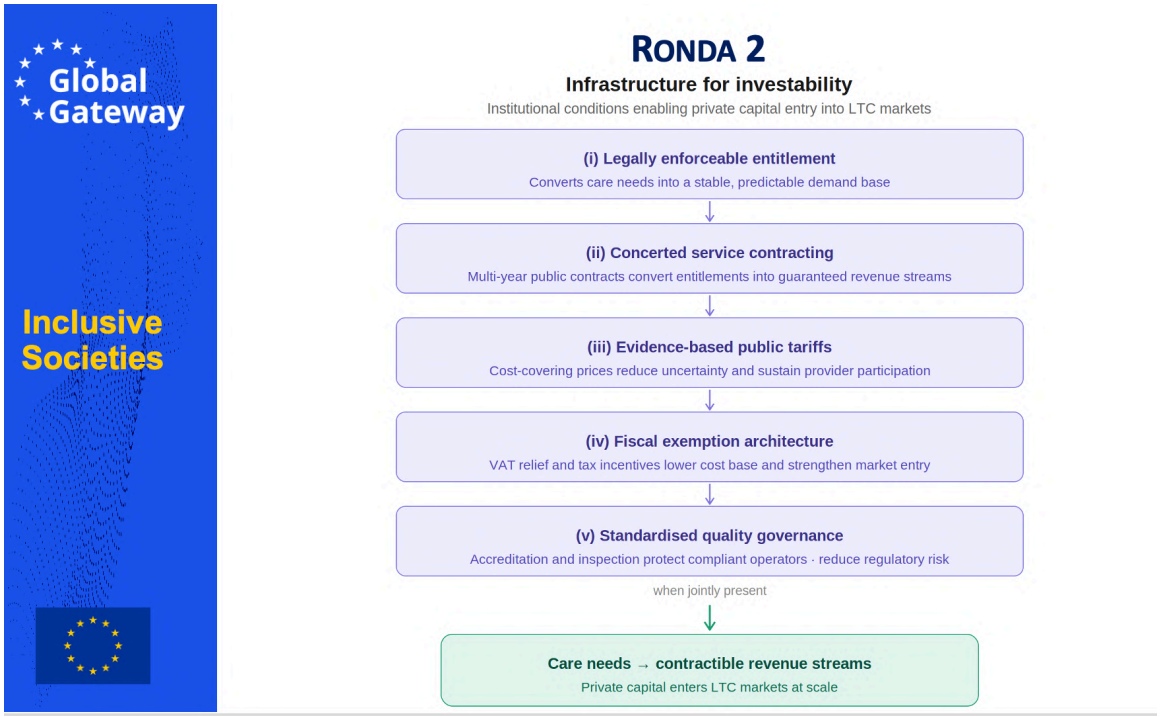
The economist noted that despite growing demand for long-term care, significant barriers to investment persist in many countries. These include fragmented or unstable regulatory frameworks, a lack of common standards, insufficient medium- and long-term planning, and budget constraints that limit system expansion. These conditions increase perceived risk and hinder the mobilisation of resources into the sector. She also highlighted specific financial challenges associated with long-term care, including reputational risks linked to potential quality failures or abuse, as well as difficulties faced by many small or non-profit providers in accessing financing on favourable terms.

In this context, she observed that organisations with strong governance structures, consolidated management capacities and clear institutional strategies tend to be better positioned to mobilise resources and implement expansion projects.

As a policy orientation, Szabó argued that the financial sustainability of care systems requires a combination of investment, regulation and institutional strengthening. Key enabling factors include transparency in financing mechanisms, clearly defined quality standards, professionalisation of the workforce, certification systems, and the consolidation of governance structures capable of ensuring efficient and accountable management. As a main conclusion, she stated that investment in long-term care can only scale sustainably when it is grounded in predictable, transparent systems oriented towards rights. In this sense, she emphasised that the availability of financing is a necessary but not sufficient condition: true sustainability depends on the capacity of systems to combine quality, access, institutional stability and long-term trust.

Obstacles and strategies Latin America needs to address for care financing

Alexander Chaverri analysed the conditions required to ensure the financial sustainability of long-term care systems and to explore mechanisms that can mobilise investment into the sector without compromising the principles of equity and universal access. His intervention focused on identifying the institutional factors that enable the sustainable expansion of care services and on examining the conditions under which private investment can complement public efforts.



Source: presentation by Alexander Chaverri

The speaker noted that the rapid population ageing observed in both Europe and Latin America and the Caribbean is generating a growing demand for long-term care services. However, he warned that the existence of care needs does not automatically translate into the expansion of service supply or the arrival of new investment. For this to occur, it is essential to have systems capable of converting social demand into predictable and sustainable financing flows.

From this perspective, Chaverri argued that the main gap faced by many countries is not only the availability of financial resources, but also institutional capacity to organise and structure care systems. According to him, private investment tends to develop more steadily when there are clear rules, recognised rights, transparent financing mechanisms and regulatory frameworks that reduce uncertainty for the various stakeholders involved

One of the key elements highlighted by the researcher was the importance of building a diversified financing architecture. In his view, the most robust systems typically combine a guaranteed public funding base with complementary contribution mechanisms and regulated co-payments, adjusted both to care needs and to users' ability to pay. Such arrangements help distribute risk, avoid excessive burdens on households and create more stable conditions for service provision.

Chaverri emphasised that institutional design is as important as the volume of resources invested. In this regard, he identified several elements that support system sustainability: the legal recognition of dependency as a socially protected contingency, standardised tools to assess care needs, cost-based pricing systems, medium- and long-term contracts for providers, and reliable information systems to monitor costs, demand and outcomes.

Conversely, he noted that highly fragmented systems with unstable financing, short-term contracts or a predominance of cash transfers without adequate service regulation tend to produce a dispersed and unequal supply, with difficulties in ensuring quality, coverage and scalability. These conditions also reduce incentives for long-term investment in infrastructure, technology and capacity development.

Regarding Latin America and the Caribbean, the speaker warned that the pursuit of private investment should not precede the construction of a solid public foundation. In his view, before promoting private participation mechanisms, it is necessary to advance in fundamental areas such as the definition of rights, the creation of dependency assessment systems, the establishment of transparent financing frameworks and the consolidation of regulatory and institutional capacities.

He also highlighted the potential of blended finance instruments that combine public resources, concessional financing and private investment to reduce risks and facilitate the development of social projects. Among the options mentioned were public guarantees, co-investment funds, concessional loans and other mechanisms aimed at mobilising resources into the care sector without excessively shifting costs onto users.

As an example of innovation, Chaverri pointed to the opportunities offered by services such as teleassistance and telecare, particularly in contexts where territorial coverage remains limited. According to him, these modalities require lower initial infrastructure investments and can help expand access to basic support, provided they are integrated into broader public systems

with appropriate financing and oversight mechanisms. However, the researcher stressed that any expansion strategy must preserve the principles of equity and universality. In this regard, he warned that private participation can generate risks of segmentation if economic incentives lead to service concentration in more profitable areas or among higher-income groups. Therefore, he argued that public regulation must ensure that the expansion of supply effectively contributes to reducing inequalities rather than reproducing them.

As a main conclusion, Chaverri stated that the financial sustainability of long-term care depends on the ability to build strong institutions, predictable financing mechanisms and transparent governance systems. Within this framework, private investment can play an important complementary role, but only when embedded in a robust public architecture capable of guaranteeing universal access, service quality and effective protection of rights.

Financial sustainability and the gradual development of the care system in Costa Rica

Francisco Delgado addressed the challenges associated with financing long-term care systems based on the Costa Rican experience. His intervention highlighted that the discussion on care financing goes beyond technical and budgetary aspects, as it is ultimately a political decision linked to the welfare and social protection model that a society seeks to build.

As a starting point, Delgado noted that the National Care Policy 2021–2031 was designed in a particularly complex context, marked by the effects of the COVID-19 pandemic and a fiscal consolidation process that imposed significant constraints on public spending. Despite these limitations, he explained that the policy sought to position care as a social function that should move from the private and invisible sphere to a public responsibility supported by services, financing and formal employment. In this sense, he argued that budgetary decisions reflect collective priorities and determine whether care continues to be treated as a private family responsibility or as a social function guaranteed by the State.

The speaker explained that Costa Rica adopted a gradual strategy to advance in building a care system under conditions of fiscal constraint and rapid demographic ageing. This strategy was based, first, on generating evidence about demographic trends and future investment needs; second, on developing pilot experiences to test care models and generate learning for eventual scaling-up; and finally, on reorganising and articulating existing resources and services within the social protection system. According to him, this experience shows that care systems can be initiated through better use of available resources and stronger institutional coordination, without relying exclusively on large budget increases in the early stages.

However, Delgado identified a structural limitation in Costa Rica's financing model. He explained that many social policies developed since the 1990s have been primarily targeted at the population in poverty, resulting in a highly means-tested system. As a consequence, large segments of the middle-income population have been excluded from public care services and continue to meet these needs through private household arrangements. This has limited progress towards broader social protection schemes linked to care. To address this challenge, the country has explored co-payment mechanisms and partial subsidies aimed at gradually expanding coverage and including groups not eligible for targeted programmes.

However, he noted that these initiatives still face implementation difficulties. From this experience, he argued that long-term care systems need to move beyond overly targeted approaches and towards more universal or mixed models capable of including middle-income groups as well.

A key aspect of his intervention was the importance of having protected and sustainable financing mechanisms over time. Delgado stressed that care systems require guaranteed and clearly identified resources to ensure service continuity, enable long-term planning and prevent setbacks linked to political changes or short-term budgetary constraints. In this regard, he emphasised that financial sustainability depends not only on resource availability but also on strong institutional frameworks capable of protecting those resources.

Among the conditions that support sustainability, he mentioned robust legal backing, dedicated care funding pools, fiscal rules that recognise the specificities of social investment, and governance mechanisms that ensure institutional continuity. A key aspect of his intervention was the importance of having protected and sustainable financing mechanisms over time. Delgado stressed that care systems require guaranteed and clearly identified resources to ensure service continuity, enable long-term planning and prevent setbacks linked to political changes or short-term budgetary constraints. In this regard, he emphasised that financial sustainability depends not only on resource availability but also on strong institutional frameworks capable of protecting those resources.

Among the conditions that support sustainability, he mentioned robust legal backing, dedicated care funding pools, fiscal rules that recognise the specificities of social investment, and governance mechanisms that ensure institutional continuity. He also highlighted the role of an organised civil society capable of demanding, monitoring and defending budget allocations for care. According to him, without these conditions, progress can remain fragile and vulnerable to competing political priorities.

As an innovative experience, Delgado highlighted recent measures promoting the participation of cooperatives and social and solidarity economy organisations in care service provision. These include incentives and temporary tax exemptions aimed at expanding service supply, promoting labour formalisation and strengthening provider presence in territories where public capacity remains limited. In his view, these instruments show that financing strategies can also include indirect mechanisms to stimulate sector development without relying solely on increases in public expenditure.

As a main conclusion, Delgado argued that care financing is a concrete expression of the social contract and redefines how societies distribute responsibilities and guarantee rights. In this sense, he stated that the challenge is not only how much is invested, but also who has access to services, under what conditions and with what guarantees of continuity. The Costa Rican experience shows that progress is possible even under fiscal constraints, but also demonstrates that the sustainability of care systems requires clear rules, protected financing and an active social demand capable of sustaining these policies over time.

Closing Session

In the closing of the session, Bibiana Aído (Regional Director of UN Women for Latin America and the Caribbean) emphasised that financing long-term care is a fundamental political decision about the welfare and social protection model that societies wish to build. She stressed that demographic ageing makes care an unavoidable priority and that, without adequate public financing mechanisms, the costs associated with dependency fall disproportionately on older persons and their families.

In this regard, she noted that financing strategies should be grounded in the principles of universality, progressivity, solidarity and co-responsibility. She also highlighted that the sustainability of care systems requires not only sufficient resources, but also a strong institutional architecture based on recognised rights, transparent financing and evaluation mechanisms, quality standards, and effective accountability systems.

Finally, she recalled that these debates are part of broader international commitments, including the Birregional Pact on Care, the Tlatelolco Commitment and the European Care Strategy, reaffirming that strengthening robust, sustainable and rights-based care systems is an essential condition for advancing towards more inclusive and sustainable development.

LABORATORY OF IDEAS 1
Positive impacts of investments in the “silver economy” on well-being, gender equality and social justice

Summary

The Laboratory of Ideas 1 was moderated by Virginia Tedeschi, who in her introduction highlighted a key tension: not every investment generates social impact, and not every social investment produces immediate economic returns. She also distinguished between the “silver economy”, focused on goods and services for older people with purchasing power, and the care economy, which responds to situations of dependency, vulnerability, insufficient pensions and the overload of informal care networks. This distinction shifted the focus of the debate towards long-term care as a public policy issue rather than merely an emerging market.

The contributions agreed on the need to move beyond views that frame ageing exclusively as a social burden or a sectoral problem, and instead to advance towards a “longevity society” approach that recognises older people as rights-holders, active participants in social life and key actors in both the provision and receipt of care. In this context, it was emphasised that long-term care constitutes a strategic investment capable of promoting healthy ageing, generating employment, reducing gender inequalities and strengthening social and territorial cohesion. The need to combat ageism, acknowledge the diversity of older people’s circumstances, and strengthen their participation in the design of policies that affect them was also underlined. Drawing on experiences from Europe, Latin America and the Caribbean, the session highlighted that bi-regional cooperation offers an opportunity to promote more inclusive, preventive care models centred on personal autonomy.



Moderator

- **Virginia Tedeschi,** EU Programme "Inclusive Societies" – Italo-Latin American Institute (IILA)

Speakers

- **Pablo Ibarrarán,** Head of the Social Protection and Labour Markets Division, Inter-American Development Bank (IDB) (video message)
- **Valentina Perrotta**, Deputy Director of the National Secretariat of Care, Uruguay
- **Patricia Morsch,**Expert on Healthy Ageing – Pan American Health Organization (PAHO)
- **Celestina Valeria De Tommaso,** Researcher, University of Milan and Percorsi di Secondo Welfare
- **Shelene Gomes,** Professor, University of the West Indies (UWI, St. Augustine Campus)
- **Paz González Ibarra,** Director of Institutional Policy and External Cooperation, Ombudsperson Institution of the City of La Plata, Argentina.

Rappporteurs

- **Francesco Chiodi,** EU Inclusive Societies Programme
- **Yasmina Lakmad,** EU Inclusive Societies Programme

Long-term care as a strategic investment for ageing societies

Through a pre-recorded message specially prepared for the Forum, **Pablo Ibarrarán,** Head of the Social Protection and Labour Markets Division at the Inter-American Development Bank (IDB), addressed long-term care for older persons from the perspective of social and economic investment, highlighting its strategic role in ensuring the sustainability of social protection and health systems in Latin America and the Caribbean. In his intervention, he presented the IDB Cuida initiative, launched by the Inter-American Development Bank with the aim of strengthening the governance and financing of care systems, expanding access to services for older persons, persons with disabilities and other populations requiring support, and promoting a more equitable distribution of care responsibilities among families, businesses and governments.

Ibarrarán noted that the region faces three closely interlinked challenges. Firstly, accelerated demographic ageing, which will significantly increase demand for long-term care in the coming decades. He recalled that by 2050 the number of older persons will triple and that millions will be living in situations of dependency, placing growing pressure on health, social protection and pension systems. Secondly, he highlighted the limited coverage of long-term care services, which currently reach only a small proportion of those in need. And thirdly, he underlined the persistence of deep gender inequalities in the social organisation of care, noting that women continue to bear the bulk of unpaid care work in the region.

In response to these challenges, he argued that long-term care should be understood as an investment opportunity with significant economic and social returns. He emphasised that available evidence shows that investment in care services generates benefits that far exceed their costs, by improving the well-being of older persons, reducing the burden on families, supporting labour market participation — particularly among women — and contributing to a more efficient use of health resources.

In this regard, he presented experiences related to day centres, community-based prevention of dependency centres and home care services, highlighting their capacity to prevent hospital admissions, delay dependency and strengthen older persons' autonomy.

He also stressed the importance of developing a skilled and well-trained care workforce with decent working conditions, noting that the quality of care systems is directly linked to the training, professionalisation and recognition of care workers. He further highlighted the potential of international cooperation to accelerate policy and service development, referring to exchanges promoted by the IDB with European and Latin American countries to strengthen long-term care systems.

Finally, Ibarrarán stated that Latin America and the Caribbean are at a decisive moment marked by the gradual exhaustion of the demographic dividend. In this context, he argued that investing in care is a key strategy to expand labour market participation, improve productivity and strengthen the financial sustainability of social protection and health systems. He concluded by stating that long-term care should be seen as a strategic investment to promote economic growth, reduce inequalities and ensure the well-being of increasingly ageing societies.

From the silver economy to the longevity society: investment, governance and long-term care

Valeria De Tommaso proposed rethinking the conceptual frameworks through which ageing is approached. Rather than focusing on the so-called "silver economy", she suggested adopting the concept of a "longevity society", a broader notion that allows ageing to be understood as a structural transformation that affects multiple dimensions of social life. From this perspective, older people should not be seen solely as consumers of goods and services or as recipients of care, but also as individuals who actively participate in economic, social and community life, provide care, and continue to pursue life projects. The challenge, she argued, is to adapt institutions, public policies and social protection systems to societies in which people live longer and require new forms of participation and support.

The speaker emphasised that long-term care should be understood as a strategic social investment rather than a residual cost associated with ageing. She noted that well-designed care systems generate benefits that go beyond individual wellbeing, as they contribute to the creation of formal employment, reduce the unpaid care burden that falls mainly on women, strengthen territorial cohesion, and delay the onset of dependency through preventive approaches. She also highlighted that investments in adapted housing, assistive technologies, rehabilitation, digital health and community participation can improve the quality of life of older people and reduce future demand for intensive care.

De Tommaso paid particular attention to the role of public–private partnerships. She warned that these should not be understood merely as mechanisms for mobilising financial resources, but as governance tools capable of aligning economic incentives with objectives of equity, solidarity and rights protection. Drawing on experiences from France, Spain, Italy and Portugal, she argued that mixed models can help expand coverage and improve service quality, provided that clearly defined enabling conditions are in place. These include robust regulatory frameworks, stable public financing, effective oversight, adequate labour standards, accountability mechanisms and safeguards ensuring that access to services does not depend

solely on users' ability to pay.

She stressed that the success of such models depends on an active role of the state, which must simultaneously act as regulator, co-financier and strategic planner. Without these conditions, she warned, private provision tends to concentrate in higher-income segments, shifting financial risks onto households and deepening territorial and social inequalities. For this reason, cooperation between sectors only produces socially sustainable outcomes when embedded in a strong public architecture guided by principles of universality and equity.

Finally, she highlighted the importance of developing standardised systems for assessing dependency and reliable mechanisms for measuring needs. In her view, these tools are essential for planning public policies, allocating resources efficiently, ensuring transparency and providing the predictability required to attract responsible investment into long-term care. She concluded that building a longevity society requires integrating care, prevention, innovation and rights within a single inclusive development strategy.

Healthy ageing, rights and public leadership in Latin America and the Caribbean

Patricia Morsch placed the debate on long-term care within the framework of healthy ageing, highlighting the need to advance policies that promote autonomy, functional capacity and the effective exercise of older persons' rights. She noted that increased longevity is one of the major social achievements of recent decades, but it also poses significant challenges for health, social protection and care systems, particularly in a region marked by deep territorial and socio-economic inequalities.

The speaker stressed that policies targeting older people must recognise the heterogeneity of this population group and respond to different levels of dependency, health conditions and life contexts. In this sense, she argued that long-term care cannot be conceived in isolation, but rather as part of a continuum of supports aimed at preserving autonomy, preventing dependency and ensuring the full participation of older persons in society.

Morsch also emphasised the importance of state leadership in building integrated care systems capable of articulating health, social and community services from a territorial and rights-based perspective. She highlighted that older persons should actively participate in the design and evaluation of policies that affect them, moving beyond approaches that consider them merely passive recipients of services.

Another central theme of her intervention was the need to combat ageism, understood as a structural form of discrimination that limits the recognition of older persons' rights, capabilities and contributions. She noted that age-related prejudices influence resource allocation, the organisation of services and opportunities for social participation, thereby reproducing exclusion and dependency. For this reason, she argued that building more inclusive societies requires transforming social perceptions of ageing and promoting environments that foster autonomy, dignity and wellbeing throughout the life course.

Finally, she stressed that the development of sustainable care systems requires strengthening prevention policies, health promotion and healthy ageing strategies, noting that early investment in wellbeing, accessibility and community-based support not only improves older

people's quality of life but also reduces future demand for intensive care and strengthens the sustainability of social protection systems.

The care system in Uruguay: rights, prevention and decent work

Valentina Perrota presented Uruguay's experience in building integrated care policies from a rights-based perspective, emphasising the importance of placing older persons at the centre of social protection strategies. In this regard, she noted that in Uruguay there is a certain caution regarding the concept of the "silver economy", insofar as it may shift attention away from older people as rights-holders towards their role as consumers of goods and services. She therefore argued for the need to strengthen care systems that prioritise autonomy, the prevention of dependency and the guarantee of rights throughout the life course.

The speaker highlighted that the Uruguayan experience has sought to consolidate a network of services that combines care provision, prevention and community participation. As an example, she mentioned the development of day centres for older persons, implemented in coordination with civil society organisations and adapted to the specific needs of each territory. These spaces not only provide support and accompaniment, but also help prevent or delay situations of severe dependency, thereby strengthening autonomy and social inclusion among older people.

Perrotta also stressed that the sustainability of care systems depends largely on the quality of employment in the sector. In this regard, she noted that Uruguay has faced significant challenges in ensuring adequate working conditions for care workers. She explained that for several years many workers were directly employed by service users' households, a model that helped expand coverage but created limitations in terms of labour protection and collective bargaining.

In response to these challenges, she highlighted recent efforts aimed at strengthening formalisation and professionalisation in the sector, including the promotion of care cooperatives and the recognition of care work as a specific labour category within domestic work. These initiatives have contributed to improving working conditions, strengthening workers' collective organisation and advancing towards higher-quality service provision.

Finally, she argued that labour formalisation should not be understood solely as an issue of justice for workers, but also as a fundamental condition for ensuring the continuity, quality and sustainability of care systems. From this perspective, the Uruguayan experience shows that care policies, social protection and decent work are closely interrelated dimensions of a single strategy for welfare and social inclusion.

The invisible household subsidy: gender, unpaid care and the real economy

Shelene Gomes focused her intervention on the relationship between ageing, care and gender inequalities, highlighting that care systems continue to rely heavily on the unpaid work performed by women. Drawing on regional evidence, she noted that in many developing countries women spend between eleven and twelve times more time than men on unpaid care activities, a situation that limits their employment opportunities, income and economic autonomy.

According to her, each increase in unpaid care responsibilities has a direct impact on women's labour market participation, thereby reproducing structural inequalities in employment systems.

The speaker stressed that these dynamics cannot be explained solely by individual or household choices, but are deeply rooted in historical, social and economic structures. In the Caribbean context, she explained that the current social organisation of care is shaped by legacies of plantation economies and by a sexual division of labour that continues to assign primary responsibility for care to women within households and communities.

Gomes also highlighted the need to broaden the traditional understanding of who provides and receives care. In this regard, she recalled that many older people play a crucial role as caregivers for relatives, grandchildren, partners and other dependants. Recognising this contribution is essential to challenging stereotypical views of ageing and to gaining a more accurate understanding of how care economies actually function.

The speaker argued that the current organisation of care rests on a significant "invisible subsidy" provided by women's time and labour. She therefore warned that investments in care services and systems will not be sufficient unless they are accompanied by a genuine redistribution of responsibilities between the state, the market, communities and households. Otherwise, there is a risk that policies will reproduce the very gender inequalities they aim to address.

Finally, she emphasised that building more just care systems requires recognising the economic and social value of care work, strengthening social co-responsibility and promoting cultural change that enables a more equitable distribution of care responsibilities between women and men. From this perspective, care is not only a matter of social welfare, but also a central pillar of gender equality and sustainable development.

Caring locally: rights, formalisation and municipal innovation in Argentina

Paz González Ibarra addressed the challenges of building care systems from a human rights and local governance perspective, highlighting both recent normative advances and the difficulties that care policies face in consolidating themselves in a sustained manner. In this regard, she valued instruments such as the MERCOSUR Recommendation on Comprehensive Care Systems and Advisory Opinion OC-31/2025 of the Inter-American Court of Human Rights on the right to care, which contribute to strengthening the legal recognition of care as a right and a shared social responsibility.

Against the backdrop of limitations and policy discontinuities observed in some national contexts, the speaker emphasised the role that local governments can play in promoting innovative policies. As an example, she presented the experience of the Citizens' Ombudsperson's Office of La Plata and the development of the Local Care Map, a tool designed to identify needs, make actors visible, strengthen training processes and contribute to the formalisation of care work. According to her explanation, this initiative has made it possible to generate information on the territorial organisation of care and to foster coordination spaces between public institutions, universities, social organisations and care workers.

González Ibarra stressed that local experiences can become laboratories of policy innovation, particularly when they succeed in producing evidence on care needs, identifying access gaps and strengthening the capacities of involved actors. She also noted that these processes help to make care visible as a public issue and to promote strategies of professionalisation and labour recognition

The speaker also drew attention to the persistent economic undervaluation of care work. As an example, she pointed to existing limitations in financing mechanisms and service coverage for older persons, highlighting the gap that still exists between the rhetorical recognition of the importance of care and the actual resources allocated to sustaining it.
This situation, she warned, affects both the working conditions of care workers and the quality and accessibility of services.

Finally, González Ibarra emphasised that care is a profoundly relational and human activity, based on bonds, trust and accompaniment. While technological innovations can contribute to improving the organisation and management of services, she argued that they cannot replace the human dimension of care. In this sense, she reaffirmed the need to build systems that combine innovation, rights and social recognition of care work, placing people and their needs at the centre of public policy.

Closing of the session

The session made it possible to identify important convergences between Latin America and the Caribbean and Europe regarding the challenges posed by demographic ageing and the growing demand for long-term care. The interventions agreed on the need to move beyond a view of ageing focused exclusively on social costs, and instead advance towards an understanding of longevity as a structural transformation that requires comprehensive responses across areas such as health, social protection, housing, employment, autonomy and social participation.

It was also reaffirmed that long-term care is a strategic investment capable of generating employment, strengthening women's labour force participation, preventing situations of dependency, reducing inequalities and contributing to economic and territorial development. The debates further highlighted the importance of building sustainable care systems based on strong state leadership, with robust regulatory frameworks, stable financing, quality standards and adequate working conditions, ensuring that the involvement of private actors serves the public interest and does not reproduce inequalities in access to services.

Finally, the discussion emphasised the potential of birregional cooperation to advance this agenda, making use of instruments such as the Birregional Pact on Care, the Inclusive Societies Regional Programme and the Global Gateway strategy to promote care systems that are inclusive, territorially balanced, sensitive to gender inequalities and committed to combating ageism and other forms of discrimination.

LABORATORY OF IDEAS 2
Innovative local partnerships (family/community/public sector/private sector) for long-term care delivery

Summary

This Lab of Ideas focused on the role of territories, communities and local governments in building more inclusive, participatory and sustainable care systems. Through experiences from Colombia, Spain, Mexico, Uruguay, Switzerland and civil society organisations, it highlighted that care cannot be organised solely through national structures or standardised models, but requires responses adapted to local realities, co-produced with communities and oriented towards strengthening the social ties that sustain everyday life. The interventions agreed on the need to recognise care as both a right and a collective responsibility, and to move towards multi-level and multi-actor governance models. Strengthening decent work in the care sector was identified as a key priority, alongside the promotion of community-based forms of organisation capable of addressing challenges such as loneliness, social exclusion, gender inequalities and territorial disparities. The session also stressed that a transformative care agenda must go beyond service provision alone, incorporating community participation, autonomy, social justice and democratic sustainability as core components of care systems.



Moderator

- **Ana Moreno,** Technical Secretariat of the Care Alliance

Speakers

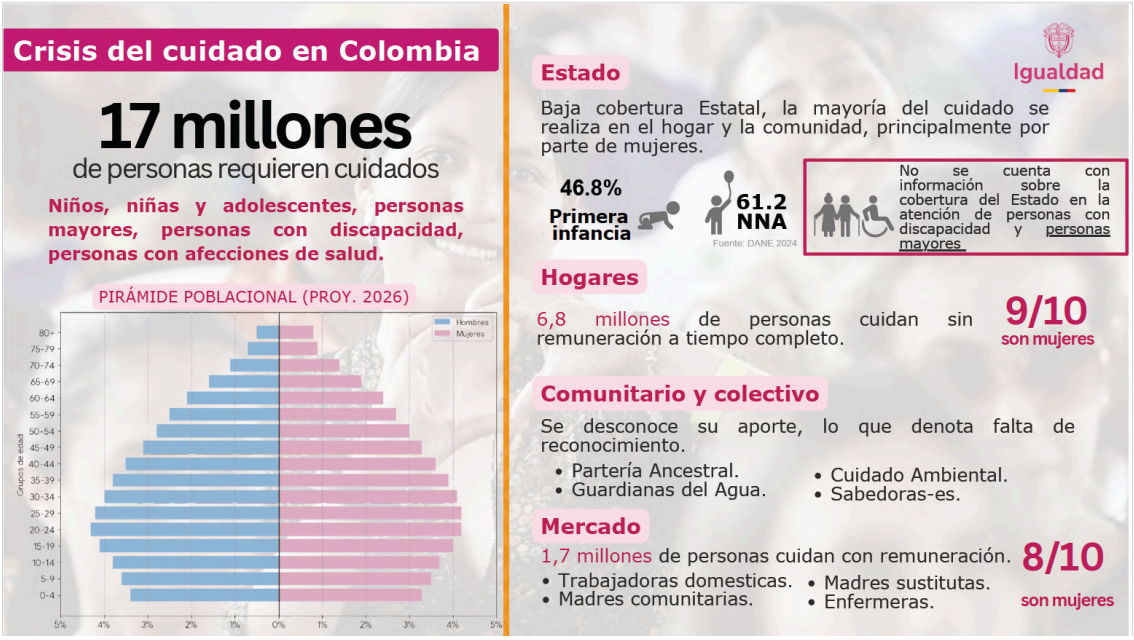
- **Natalia Moreno,** Director of Care, Ministry of Equality, Colombia
- **Edurne Larracoechea,** Lead of the Care and Feminisms Programme, Oxfam Spain / Trenzando Cuidados Network
- **Aurora Zimbrón,** Director of Gender Equality, Municipality of Metepec, Mexico
- **Montserrat Pineda,** Director of Creación Positiva, Cataluña
- **Mayerly Díaz**, Latin American institute for an Alternative Society and Law (ILSA)
- **Feline Tecklenburg,** Managing Director and Member of the Board of Directors, Wirtschaft it Care (WiC)
- **Silvana Pissano,** Former Mayor of Municipality B, Montevideo

Rapporteurs

- **Samara Hernández**, Global Alliance for Care
- **Fernanda Montiel,** Global Alliance for Care

Regional care systems and the local adaptation of public policies

Natalia Moreno presented Colombia's experience with the 'Manzanas del Cuidado' (Care Blocks) and the Territorial Care Systems as examples of public policies aimed at reorganising care socially and territorially, based on an approach of proximity, equity and shared responsibility. Her presentation focused on how to adapt care models to highly diverse territorial contexts, characterised by institutional inequalities, infrastructure gaps and, in some cases, the presence of criminal groups or the effective absence of the state.



Source: Presentation "Sistema Nacional de Cuidado", Natalia Moreno

The speaker explained that the 'Manzanas del Cuidado' operate on the basis of a community-based care model that integrates health and wellbeing services, legal and psychological advice, recreational activities, home care and specialised support within settings that are accessible to carers and those in need of care. She also highlighted that the system's geographical expansion was guided by prioritisation criteria linked to the demand for care, poverty levels, the concentration of carers and mechanisms for community participation enabling resources to be channelled towards the areas with the greatest needs.

Moreno also presented the 'Communities of Care' strategy, aimed at strengthening community organisations that are already providing care services in local areas. This initiative combines participatory assessments, institutional strengthening plans, material support and the creation of knowledge-sharing networks, recognising the fundamental role of communities in the day-to-day provision of care.



Source: Presentation "Sistema Nacional de Cuidado", Natalia Moreno

With regard to the challenges, she emphasised that the main difficulty in building a national care system in Colombia lies in the country's enormous territorial diversity. He pointed out that most of the country's municipalities have limited institutional capacity, which makes it necessary to move away from one-size-fits-all approaches and towards differentiated models. Whilst some regions may be able to develop public-private partnerships, others need to strengthen forms of community care and 'public-popular' models based on existing social organisation.



Source: Presentation "Sistema Nacional de Cuidado", Natalia Moreno

As a guide for public policy, he argued for the need to carry out rigorous territorial assessments, strengthen the capacities of local governments and community organisations, ensure sustainable funding, and consolidate multi-level governance mechanisms. In conclusion, he maintained that care systems can only be consolidated if they recognise the specific characteristics of each territory and are built on the basis of active community participation.

Care-giving communities and local governance of care

Edurne Larracoechea presented the "Pueblos que cuidan" ("Caring Communities") initiative, a project developed in Catalonia aimed at strengthening community-based support networks to accompany people throughout the life course, particularly in situations of chronic illness, end-of-life care, dependency or unwanted loneliness. Her intervention began with a critical reflection on the current organisation of care, noting that it remains unevenly distributed and continues to rely disproportionately on women and families. The speaker explained that the project originated in the municipality of Alella in 2020 and is based on the belief that care cannot be placed solely on public services or households, but requires active co-responsibility among public administrations, communities and private actors within the territory. From this perspective, the objective is not only to respond to care needs, but also to strengthen the social fabric and build more caring communities.

The model is structured around three main pillars: direct support for people in vulnerable situations, training for professionals and carers, and public awareness-raising on the value of care. One of its distinctive features is shared governance, involving local authorities, health centres, care homes, schools, local businesses, social organisations and citizens. Within this framework, municipalities play a key role as coordinators of stakeholders, facilitators of participatory processes and guarantors of the sustainability of the initiatives.

Among the tools developed, she highlighted a digital platform designed to coordinate volunteers, families and health and social care services, as well as the **"Caring Establishments"** initiative, through which local shops help identify situations of isolation, frailty or loneliness, becoming active members of the community care network. Larracoechea emphasised that the experience has enabled the development of a replicable methodology based on co-creation, community participation, transparency and accountability. In this regard, she argued that community care should not be seen as a low-cost alternative to public action, but rather as a strategy to strengthen social cohesion, rebuild relationships and expand collective capacities for care.

Regarding the challenges, she warned that even the most innovative initiatives continue to face the persistent feminisation of care. A significant share of community work, volunteering and coordination tasks is still carried out by women, which makes it necessary to adopt explicit strategies to encourage greater male participation and avoid the reproduction of gender inequalities. She also noted that the sustainability of these models depends heavily on stable public funding, the continuity of local political leadership and the ability to protect participatory processes from political instrumentalisation. As recommendations, she emphasised the need to establish permanent funding mechanisms for community care initiatives, to integrate a cross-cutting care perspective into all public policies, and to promote spaces for exchange between territories to share methodologies and learning. She also proposed broadening the understanding of care to include often.

In conclusion, Larracoechea argued that building caring societies requires combining strong public services with active and co-responsible communities. The “Pueblos que cuidan” experience shows that local governments can play a decisive role in this process, not only by providing services, but also by strengthening the social bonds that make collective care possible.

Transformative care, autonomy and rights in the face of structural inequalities

Montserrat Pineda focused her intervention on the need to deconstruct care models that do not merely respond to immediate needs, but instead contribute to transforming the structures of inequality that shape people’s lives. Drawing on her organisation’s experience, she argued that care must be understood as a matter of human rights, autonomy and social justice, rather than solely as an assistance provision or a set of services.

Pineda explained that the work of Creación Positiva combines direct support with policy advocacy, linking accompaniment for people in situations of vulnerability with efforts to promote institutional and regulatory change. From this perspective, she warned that many care systems risk reproducing inequalities and forms of structural violence when they fail to incorporate a gender, diversity and rights-based approach. In particular, she highlighted how older women, people living with HIV, and LGBTI communities face specific barriers stemming from stigma, discrimination and accumulated trajectories of exclusion.

The speaker emphasised that gender-based violence forms part of a continuum that runs across the life course and shapes the possibilities for autonomy and wellbeing of many women. In this context, she stressed that care policies must recognise these trajectories and generate responses that strengthen people’s capacity for decision-making and participation, avoiding paternalistic or overly medicalised approaches.

As an example, she presented initiatives developed by Creación Positiva with older women and women living with HIV, aimed at creating safe collective spaces within public services. These spaces promote mutual support, shared reflection and the construction of new narratives around ageing, health and care, recognising participants as active rights-holders rather than merely beneficiaries of assistance.

She also highlighted advocacy work around the so-called “Fourth 95”, an initiative that expands the traditional clinical goals of UNAIDS by incorporating quality of life and the overall wellbeing of people living with HIV. From this perspective, care includes not only access to treatment, but also material conditions, support networks, economic autonomy and the capacity for self-care.Pineda warned that one of the main challenges remains the institutional fragmentation of public policies. Health, social services, housing, employment and violence prevention often operate separately, making it difficult to provide integrated responses to complex and interconnected needs. In her view, this fragmentation reflects a lack of recognition of care as essential social infrastructure for sustaining life.

She also drew attention to the persistent feminisation and precarisation of the care economy, largely sustained by women—particularly migrant women—whose contributions continue to be insufficiently recognised and protected. In this regard, she stressed the need to make visible

global care chains and the inequalities that run through them.

As policy recommendations, she proposed explicitly incorporating gender-based violence—including economic violence—within care systems; ensuring the effective participation of care recipients in policy design and governance; tackling stigma and discrimination affecting people living with HIV, LGBTI communities and migrant populations; and strengthening cross-sector coordination to deliver integrated responses.

In conclusion, Pineda argued that a transformative care agenda must go beyond the expansion of services. It requires questioning the social, economic and cultural structures that generate inequality and dependency, placing care at the centre of public policy as an essential condition for equality, autonomy and the sustainability of life.

Cooperative models for decent work in the care sector

Feline Tecklenburg presented the experience of the cleaning cooperative "Autonomía" in Zurich as an example of social innovation aimed at improving working conditions in sectors closely linked to the care economy. Her intervention began with a broader reflection on the need to reorganise the economy from a life-sustainability perspective, recognising that traditionally invisible activities—such as cleaning, domestic work and care—are fundamental to collective wellbeing and the functioning of societies.

Tecklenburg explained that the cooperative was created in response to the precarious conditions that characterise a large share of cleaning and home-based care services. In contrast to models based on outsourcing and intermediation, "Autonomía" was built on principles of self-management, collective ownership and democratic participation. Its aim was to create a structure capable of ensuring fair working conditions while providing high-quality services to users.

One of the most notable aspects of the initiative is that workers can progressively become members of the cooperative, participating in decision-making and sharing ownership of the project. This model seeks not only to improve incomes, but also to strengthen autonomy, representation and professional recognition for those carrying out this work.

The speaker noted that the cooperative has succeeded in establishing working conditions significantly better than those typically found in the sector. These include collectively agreed wages, stable working hours, access to social security, paid holidays, sick leave and travel compensation. According to her, remuneration is approximately 30% higher than the sector average, helping to reduce precariousness and enhance the social value of these occupations.

She also highlighted that the project received initial financial support from the City of Zurich and the Zurich Jobs Foundation, which helped consolidate the initiative in its early stages. From this experience, new cooperation and advocacy platforms have emerged, such as the "Netzwerk Faire Reinigung" (Fair Cleaning Network) and the "Centre for Care Cooperatives", spaces designed to share learning, promote cooperative models and strengthen workers' collective organisation.

Beyond the cleaning sector, Tecklenburg argued that this model offers relevant lessons for other areas of long-term care and home-based support. In particular, it demonstrates how

cooperative structures can simultaneously improve service quality, strengthen labour rights and expand workers' participation in defining working conditions.

However, she acknowledged that the creation and sustainability of care cooperatives face significant challenges. These include difficulties in collectively organising workers who often operate in isolation, limited familiarity among public institutions with cooperative models, the high amount of voluntary work required in early stages, and the challenges of coordinating training in a sector characterised by fragmented schedules and geographical dispersion.

She also warned that the replicability of such experiences may be limited in contexts with lower purchasing power or weaker institutional support. For this reason, she stressed the importance of an active role for public administrations in promoting these initiatives.

As recommendations, she proposed developing subsidy programmes for the creation and consolidation of cooperatives, providing technical support during initial phases, and implementing demand-side financing mechanisms such as vouchers or care service credits for private households. Drawing on experiences from countries such as Belgium and the Netherlands, she suggested that such instruments could help expand access to services, provided they are linked to decent work standards, fair wages and social protection.

In conclusion, Tecklenburg argued that cooperative models represent a promising pathway towards fairer and more sustainable care systems. However, she emphasised that their transformative potential depends on public policies that provide financing, institutional support and regulatory frameworks capable of ensuring both service quality and the rights of care workers.

Community care, labour rights and territorial recognition

Mayerly Díaz presented a vision of care deeply rooted in human rights, social justice and the defence of territories. Drawing on more than four decades of work by ILSA alongside community, ethnic, peasant, grassroots, women's and conflict-affected organisations in Colombia, she argued that care should not be understood solely as a set of services, but as a fundamental dimension for guaranteeing rights, sustaining life and strengthening the social fabric.

The speaker explained that ILSA's work combines research, policy advocacy, legal support and organisational strengthening, incorporating gender, intersectionality, human rights and recognition of territorial and cultural diversity. From this perspective, she argued that public care policies must be built from the knowledge and experiences of communities, recognising the plurality of ways of providing care that exist in different territories.

As an example of this approach, she presented the work carried out with "madres comunitarias (community mothers) in Colombia—women who for decades have undertaken essential childcare and community support roles in contexts marked by poverty, exclusion and, in many cases, armed conflict. Díaz highlighted that these women performed a fundamental social function without their work being fully recognised as formal employment or protected through labour rights.

In this context, ILSA supported processes of organisation, legal advocacy and social mobilisation aimed at securing recognition of community mothers as workers. Among the actions undertaken, she mentioned technical support for strategic litigation, research documenting labour precarity, and awareness-raising campaigns designed to highlight the economic and social value of care.

According to Díaz, this work contributed to a process that led to the formal labour incorporation of thousands of community mothers into the Colombian state system, representing an example of how collective organisation and rights-based advocacy can transform historically unpaid or informal activities into recognised and protected employment.

Beyond this specific case, she stressed that care policies must acknowledge the diversity of actors who sustain everyday life in territories. In particular, she highlighted the role of rural women, migrants, social leaders, human rights defenders and older persons, whose contributions often remain invisible despite being essential to social cohesion and wellbeing.

Díaz noted that one of the main challenges is ensuring that public care systems maintain a continuous link with communities and their own forms of organisation. In her view, care policies can only be effective if they include genuine participation mechanisms and recognise the cultural, territorial and ethnic diversity present across the region.

She also emphasised the importance of recognising and integrating ancestral, peasant, Indigenous, Afro-descendant and grassroots care practices, avoiding institutional approaches that impose homogeneous models and overlook other forms of social organisation.

The speaker further underlined the need to strengthen preventive policies in areas such as health, food security and food sovereignty, particularly in rural territories where older people face higher risks of exclusion and limited access to public services. In this sense, she advocated for a vision of care that goes beyond addressing dependency and instead contributes to ensuring dignified living conditions throughout the entire life course.

Another central aspect of her intervention was the relationship between care and territorial protection. Díaz argued that many communities and social leaders carry out essential collective care work while facing threats linked to socio-environmental conflicts, violence or disputes over territorial control. Therefore, she maintained that guaranteeing care also involves protecting those who defend territories and ensuring conditions for communities to remain in their places of life.

In conclusion, Díaz argued that a truly transformative care policy must combine rights recognition, community participation and territorial justice. This implies valuing knowledge produced within communities, redistributing work historically borne by women, and strengthening mechanisms that enable communities themselves to participate actively in the design, implementation and monitoring of public care policies.

Municipal care systems, local outreach and digital innovation

Aurora Zimbrón presented the experience of the Metepec Municipal Care Network as an example of how local governments can play a strategic role in building integrated care

systems from a territorial, community-based and gender-sensitive perspective. Her intervention highlighted the importance of bringing care policies closer to people's everyday lives, leveraging the institutional proximity of municipalities to identify needs, coordinate services and strengthen community support networks.

Zimbrón explained that the municipality has promoted a gradual process of building a local care system, articulated with existing services and programmes, avoiding the creation of parallel structures and favouring greater institutional coordination. One of the main objectives has been to mainstream the care perspective across different areas of municipal administration, recognising it as a central pillar of wellbeing rather than a sectoral policy limited to specific population groups.

The speaker emphasised that this process has required strengthening coordination between departments with different mandates, building technical capacity within local government, and fostering a shared understanding of care as a public responsibility. She also noted that needs are identified from a territorial perspective, taking into account the specific characteristics of each community and the inequalities affecting different population groups.

Among the most significant advances, she mentioned the consolidation of community-based support networks and the development of care mechanisms with a gender and human rights approach. These networks aim to strengthen response capacity in situations of vulnerability while promoting greater co-responsibility among institutions, communities and families.

An innovative component of the experience has been the development of a municipal digital care system. According to Zimbrón, this tool helps facilitate communication between citizens and institutions, improve case follow-up, detect situations of risk and generate useful data for public policy planning. However, she stressed that technology cannot replace the human and community dimension of care. Its role is to complement and strengthen territorial work, expanding institutional responsiveness without replacing direct contact with people.
The Metepec experience illustrates how digital transformation can become a resource for improving care provision when embedded within broader strategies of proximity and community participation.

Zimbrón identified several challenges in consolidating sustainable municipal care systems. These include the need to maintain institutional mainstreaming over time, particularly in the face of changes in government administrations and policy priorities. She also highlighted difficulties in coordinating between departments with different mandates and working cultures, as well as the need to enure sufficient financial resources and technical capacity to sustain initiatives.

Another important challenge relates to territorial inequalities and digital access gaps. While technological tools can expand service reach, she warned that their implementation must take into account varying levels of access and connectivity across territories to avoid new forms of exclusion.

As a key lesson, she stressed the importance of building care policies from proximity, through ongoing dialogue with citizens and mechanisms that allow institutional responses to be adapted to the specific needs of each community. In her view, care systems are only effective when they manage to combine institutional planning with territorial knowledge and social

participation.

In conclusion, Zimbrón argued that municipal governments are uniquely positioned to advance the care agenda, due to their closeness to the population and their ability to deliver rapid, context-specific responses. She therefore advocated for stronger coordination between levels of government and for consolidating care as a cross-cutting pillar of public policies aimed at promoting equality, inclusion and collective wellbeing.

Local policies for community care and rebuilding the community fabric

Silvana Pissano, former mayor of Municipio B in Montevideo, presented a reflection on the role of local governments in building care policies, highlighting the importance of integrating community and relational dimensions into public systems. Drawing on the experience developed within the framework of Law No. 19.353, which established Uruguay's National Integrated Care System, she showed how municipalities can translate national frameworks into concrete, participatory responses adapted to territorial realities.

The speaker noted that one of the main challenges of local governance lies in transforming everyday experiences, citizen demands and territorially identified problems into effective public policies. At the same time, she emphasised that this proximity to the population is one of the greatest strengths of local governments, as it enables a more precise understanding of people's needs and the design of context-specific responses.

From this perspective, she presented the **"CONECTA"** initiative, developed as part of the programme **"Cuidar Nos Transforma",** aimed at addressing the growing issue of loneliness and social isolation, particularly among older women. According to her, the pandemic made more visible a phenomenon that already existed: the fragility of many support networks and the need to strengthen community ties as an essential part of care policies.

Pissano stressed that unwanted loneliness should be understood as a social and political issue, not merely an individual condition. For this reason, "CONECTA" was designed as a strategy to rebuild relationships of belonging, trust and mutual support, promoting spaces of encounter between neighbours, civil society organisations and community groups.

Unlike approaches focused exclusively on service provision, the initiative sought to strengthen social interdependence and communities' capacity to care collectively. Cultural, recreational and community activities were used as tools to foster participation, combat isolation and enhance the emotional wellbeing and autonomy of older people.

The former mayor emphasised that cities are not neutral in relation to care. The way public spaces, services, mobility systems and community networks are designed can either facilitate or hinder the creation of supportive relationships. She therefore argued for the need to incorporate a care perspective into urban planning and local development policies. In this line, she also presented the **"Mujeres con Historias"** experience, an initiative led by older feminist women exploring cooperative housing models aimed at creating collective ways of ageing. For Pissano, such initiatives demonstrate that care can be organised through logics of autonomy, solidarity and community, expanding available options beyond traditional institutional responses.

Challenges and recommendations

Pissano warned that, despite progress in the region, care systems continue to rely heavily on unpaid work performed by women and on family networks whose contribution remains insufficiently recognised by public policy. She also pointed to a persistent gap between the formal design of policies and the spaces where care is actually produced in everyday life.

Another challenge identified was the tendency to associate care exclusively with situations of physical dependency, leaving aside equally relevant dimensions such as loneliness, isolation, a sense of belonging, and the need to build meaningful social bonds. From her perspective, an integrated care policy must recognise that wellbeing depends not only on material support but also on the quality of social relationships.

The speaker also advocated for a rethinking of the debate on care financing. Rather than treating it as a cost, she proposed understanding it as a social investment that strengthens community cohesion, improves quality of life, and helps prevent situations of exclusion and vulnerability.

As policy directions, she proposed recognising care as a right and as an essential social infrastructure for sustaining life; strengthening the local level as a space for innovation and policy experimentation; promoting effective co-responsibility between the State, communities, women and men; and explicitly incorporating the community dimension into care systems.

In conclusion, Pissano argued that building a care society requires much more than expanding services or professionalising tasks. It demands strengthening social ties, rebuilding spaces for connection, and recognising the value of community life. Her intervention conveyed a central idea that summarises this vision: care is not sustained only through institutions, but also through the social relationships that allow people to feel accompanied, recognised, and part of a community.

Closing of the session

The session highlighted a fundamental convergence between Latin America, the Caribbean and Europe: the need to place communities at the centre of the care agenda. The different experiences presented showed that care is built and sustained in territories, through community networks, social organisations, local governments and participatory processes that make it possible to adapt public policies to the specific realities of each context. From support for workers' organisations to initiatives led by municipalities and citizen movements, the interventions demonstrated that social participation is not a complement to care policies, but an essential condition for their legitimacy, relevance and effectiveness.

Another shared lesson was the importance of creating institutional mechanisms capable of ensuring the continuity and sustainability of policies beyond political cycles and changes of government. In this regard, the value of multi-level governance structures and multi-stakeholder spaces was emphasised, as they make it possible to articulate public administrations, community organisations, civil society and other relevant actors. These mechanisms not only strengthen policy implementation and monitoring, but also facilitate the transversal incorporation of gender, human rights and social inclusion approaches, enriching

public responses through a diversity of experiences and perspectives.

Finally, the discussion reaffirmed that care work constitutes essential infrastructure for sustaining life and collective wellbeing. Revaluing care means recognising its economic and social contribution, as well as its central role in building more equal, democratic and sustainable societies. In this sense, the care agenda goes beyond service provision: it represents a commitment to transforming social organisation, redistributing responsibilities, strengthening community cohesion and ensuring dignified living conditions for all people. The message shared by participants was clear: moving towards a care society requires investing not only in services and policies, but also in the relationships, institutions and communities that make it possible to sustain life in common.

PLENARY SESSION 3
Presentation of Rapporteurs of Parallel Sessions



The four parallel sessions of the EU-LAC Multi-stakeholder Forum on Long-Term Care provided an opportunity to explore complementary aspects of a single challenge: how to build care systems capable of responding to the rapid demographic ageing in Europe, Latin America and the Caribbean, whilst ensuring financial sustainability, quality of services, gender equality, decent work and respect for the rights of older people.

Although the sessions addressed different themes—formalisation and professionalisation of the sector, financing strategies, investments in the "silver economy", and models of territorial cooperation—they converged on a shared diagnosis: long-term care has ceased to be a private or family matter and has become a strategic issue for public policy, social cohesion and economic development.

One of the strongest points of consensus was the recognition of care as both a right and a shared social responsibility. The interventions agreed that the growing demand for care driven by population ageing cannot continue to rely primarily on families and, in particular, on women. Instead, it requires integrated systems that articulate the action of the State, communities, the private sector, workers' organisations, civil society and care recipients themselves.

The labour dimension played a central role in the debates. The session on formalisation, professionalisation and decent work highlighted that the quality of services is directly linked to the quality of employment in the sector. Training and certification of skills were identified as important tools, but insufficient if not accompanied by decent wages, social protection, collective representation mechanisms and adequate working conditions. The need to recognise skills acquired through practice, strengthen workforce planning in the care sector, and promote ethical and safe forms of international labour mobility was also emphasised, avoiding migration being used as an improvised response to structural labour shortages.

Another cross-cutting theme was the need to move towards care models centred on autonomy and rights. Various experiences showed the importance of moving beyond overly

assistential or institutional approaches in order to promote forms of care that support independent living, social participation and remaining within community settings. This perspective emerged in discussions on disability, mental health, healthy ageing and long-term care alike.

The discussions on financing revealed that the sustainability of care systems is one of the main challenges for both regions. Participants agreed that investment in care should be understood as a social and economic investment, not merely a public expenditure. The evidence presented showed that care generates formal employment, supports women's labour force participation, reduces future health costs and contributes to overall societal wellbeing.

In this regard, the importance of building financing schemes based on the principles of universality, progressivity, solidarity and co-responsibility was highlighted. The need to diversify funding sources was also stressed, through combinations of public financing, social contributions, income-adjusted co-payments and innovative resource-mobilisation instruments. However, several participants emphasised that no financial mechanism can function without clear regulatory frameworks, strong institutions and sustained political commitment that places the right to care at the centre of budgetary priorities.

The sessions also offered a broader reflection on the so-called "silver economy". Against perspectives that reduce ageing to a fiscal burden or a consumer niche, some participants proposed understanding longevity as a structural transformation of contemporary societies. From this standpoint, care systems emerge as a strategic investment for building more inclusive societies, capable of ensuring wellbeing throughout the life course and harnessing the economic and social potential associated with population ageing.

At the same time, concerns were raised about the need to balance the economic opportunities of this process with a firm rights-based approach. Several interventions noted that private sector participation can contribute to strengthening care systems, provided there is robust public governance capable of ensuring quality standards, territorial equity and universal access. Otherwise, there is a risk of deepening inequalities and segmenting access to services according to ability to pay.

The discussion also highlighted structural obstacles that limit the development of more inclusive care policies. Among them, ageism—which continues to render invisible the capacities and contributions of older people—and the persistent feminisation of care, which places a disproportionate burden of unpaid work on women. Both were identified as barriers that must be addressed simultaneously in order to advance towards more just and equal care societies.

Finally, the experiences presented in the Ideas Lab on innovative local cooperation showed that territories are privileged spaces for developing solutions adapted to people's real needs. Cases from Colombia, Uruguay, Mexico, Spain and other countries demonstrated the importance of community participation, co-responsibility among actors, institutional flexibility and adaptation to diverse contexts. These experiences showed that proximity to citizens facilitates the identification of needs, strengthens policy legitimacy and fosters the creation of more resilient care networks.

Taken together, the four sessions led to a shared conclusion: building long-term care systems requires profound transformations in the social organisation of care. This implies recognising care as a human right, strengthening the State's role as guarantor, ensuring sustainable

financing, improving working conditions for care workers, promoting the autonomy of older people and consolidating mechanisms of social co-responsibility that allow for a fairer distribution of care responsibilities. In a context of accelerated ageing in both regions, these transformations appear not only as a social necessity, but as an essential condition for advancing towards more inclusive, equitable and sustainable development models.

CONCLUSIONS AND STRATEGIC RECOMMENDATIONS FOR BI-REGIONAL COOPERATION IN THE FIELD OF CARE

The discussions held during the EU-LAC Multi-stakeholder Forum on Long-Term Care, which took place on 5 May 2026 in Berlin, Germany, led to the identification of a series of strategic guidelines to advance the implementation of the Bi-regional Pact on Care and to strengthen convergence between the European Care Strategy and the regional care agenda for Latin America and the Caribbean.

1. To establish care as a pillar of social protection systems and development models

Recommendation: Incorporate long-term care as a cross-cutting priority in national strategies on development, social protection, employment, health and ageing, strengthening their alignment with the commitments set out in the European Care Strategy and the Tlatelolco Commitment, and sharing national experiences within the framework of the EU-LAC Bi-regional Pact on Care.

2.Moving towards universal systems based on rights, autonomy and participation

Recommendation: Develop regulatory frameworks and public policies that guarantee the right to care, promoting person-centred care models, with the effective participation of older people, people with disabilities and their representative organisations.

3. Strengthen sustainable financing through solidarity-based and diversified approaches

Recommendation: To promote funding strategies based on the principles of universality, progressivity, solidarity and shared responsibility, by strengthening the fiscal capacity of governments and promoting mechanisms that enable coverage to be gradually expanded without creating financial barriers for service users.

4. Professionalising and enhancing the status of care work as a prerequisite for high-quality services

Recommendation: Develop comprehensive strategies to strengthen the care workforce, including training, certification, social protection, collective bargaining, equal pay and the recognition of skills acquired in both formal and community settings.

5.Promoting models of multi-level governance and social co-responsibility

Recommendation: Strengthen multi-level governance mechanisms that coordinate the various levels of government and promote shared responsibility amongst public, private and community stakeholders, whilst always ensuring that the State maintains its leadership role as the guarantor of rights and regulator of the system.

6. Tackling ageism and gender inequalities at the same time

Recommendation: Mainstream gender, human rights, diversity and intersectionality perspectives into care policies, promoting awareness-raising campaigns, participation mechanisms and specific measures to prevent all forms of discrimination.

7. Strengthen bi-regional cooperation to accelerate mutual learning and innovation in care

Recommendation: To consolidate the Bi-regional Pact on Care as a permanent platform for political and technical cooperation, promoting the exchange of good practices, the generation of evidence, the strengthening of institutional capacities, and the development of joint mechanisms to monitor the commitments made by both regions.

The experiences shared during the Forum demonstrated that Europe, Latin America and the Caribbean face common challenges, even though they have followed different institutional paths. Bi-regional cooperation offers a unique opportunity to exchange knowledge, adapt innovative solutions and establish shared standards in the field of long-term care.

ANNEX

WRITTEN CONTRIBUTIONS BY EXPERTS WHO COULD NOT ATTEND THE EU-LAC MULTI-STAKEHOLDER FORUM ON 5 MAY 2026, IN PERSON

Community care, forced mobility, and the reconstruction of the social fabric through the leadership of women human rights defenders

Director for Latin America and the Caribbean, International Human Rights Network Europe (RIDHE) (https://www.ridheuropa.org/)

In Latin America and the Caribbean, care systems face growing pressure stemming from the convergence of structural inequality, an ageing population, democratic crises, forced displacement, and the weakening of community-based social protection networks. This situation is particularly intense in the contexts where we work, which are marked by forced human mobility, political exile, family fragmentation, and the historical burden placed on women as the primary providers of unpaid care.

In this scenario, long-term care cannot be understood solely through the lens of health institutions or formal services. Instead, it must be viewed as a social infrastructure for sustaining life, where communities, diasporas, human rights organisations, universities, and transnational women's networks play a decisive role in the protection, recovery, and reconstruction of the social fabric.

Presenting RIDHE's approach to care

At the International Human Rights Network Europe (RIDHE), we promote a comprehensive and replicable model of long-term community care. This model is aimed at women human rights defenders, young people, and families experiencing forced mobility, with a special emphasis on individuals from Nicaragua, Venezuela, and other contexts of democratic crisis in Latin America.

Our approach perceives care not just through a welfare or healthcare dimension, but as a social infrastructure for sustaining life that links mental health, economic autonomy, education, social cohesion, and the reconstruction of the community fabric.

How?

The model is implemented through a hybrid ecosystem of protection and autonomy that integrates:

- psychosocial support and emotional first aid;
- support networks among women carers, defenders, and host communities;
- training for economic autonomy and employability;
- emergency education programmes for young people in mobility;
- safe spaces for well-being, active listening, and leadership;
- digital innovation for monitoring, tele-support, and care networks;
- coordination with universities, municipalities, social organisations, and public actors;
- the generation of evidence for political advocacy on social rights and care systems.

Where?

The project is developed across bi-regional corridors between Europe and Latin America, with specific implementation in Costa Rica, Colombia, Belgium, and transnational diaspora communities between Europe and Latin America. This model has a high potential for replication in other EU–LAC corridors marked by human mobility, exile, and prolonged displacement.

With and for whom?

We work with and for women human rights defenders, young refugees experiencing forced mobility, de facto stateless persons, host communities, and diaspora networks.

Implementation is carried out in partnership with universities, local organisations, municipalities, feminist networks, migrant communities, youth leadership, and humanitarian and human rights actors.

With what results?

Key achievements include:

- the strengthening of four community care and protection networks in exile between 2023–2025;
- the improvement of psychosocial well-being and the reduction of isolation for 124 women human rights defenders;
- expanded educational access for 300 young people experiencing forced mobility;
- the development of employability and economic autonomy pathways for 200 women in situations of exile and vulnerability;
- the creation of intergenerational spaces for care, leadership, and the rebuilding of trust;
- the reduction of social isolation and the strengthening of community cohesion within host communities.

The experience demonstrates that long-term care is also a care economy and a driver of social cohesion, which are essential for sustaining educational, professional, and community pathways in contexts of displacement.

Our recommendations

Based on this experience, we propose strengthening the bi-regional care agenda through five priority areas:

1. Integrate human mobility, exile, and statelessness as explicit variables in long-term care policies and systems.
2. Recognise and fund transnational community care led by women defenders and diaspora networks.
3. Incorporate mental health, trauma, isolation, and community reconstruction as structural dimensions of care.
4. Strengthen partnerships between universities, local governments, civil society, and migrant networks to create replicable local models.
5. Develop hybrid systems of digital innovation, tele-support, and economic autonomy pathways linked to care.

Bi-regional value proposition

The model developed by RIDHE has a high potential for replication in other human mobility corridors within the EU–LAC space, particularly in contexts of prolonged displacement, political violence, democratic crises, and statelessness. Its added value lies in connecting care, human rights, economic autonomy, mental health, and community reconstruction into a single architecture for sustaining life. Long-term care in contexts of human mobility can no longer be treated as a residual response. It constitutes a democratic infrastructure for social reconstruction, territorial cohesion, and sustaining life, where women defenders are strategic actors for building bridges between Europe, Latin America, and the Caribbean.

Strategy

Long-term care systems in Latin America and the Caribbean face new challenges arising from forced human mobility, political exile, statelessness, the burden of care, and the fragmentation of family and community networks.

In these contexts, care cannot be limited to a welfare or healthcare response. It must be understood as a democratic and local infrastructure for sustaining life, connecting mental health, economic autonomy, social cohesion, and the reconstruction of the community fabric.

RIDHE's experience demonstrates that community care models led by women defenders, diaspora networks, universities, and local organisations are highly effective in responding to long-term needs in contexts of prolonged displacement. These models are replicable and scalable across other EU–LAC corridors.

Three key messages for decision-makers

- Integrate human mobility into care policies: Long-term care policies must explicitly recognise the needs of displaced persons, refugees, stateless individuals, and host communities, incorporating variables such as trauma, family reunification, mental health, and the reconstruction of networks.
- Fund community care ecosystems: Priority must be given to funding hybrid models that combine psychosocial support, networks of women carers, tele-support, financial aid, employability and autonomy, and safe intergenerational spaces. These systems reduce future public costs and strengthen community resilience.
- Scale replicable EU–LAC models: Bi-regional cooperation must prioritise the transfer of community care methodologies between Europe, Latin America, and the Caribbean, especially in forced mobility corridors, receiving cities, and border zones.

Operational recommendations

- fund local community care pilots;
- create innovation funds for the care economy;
- link universities and municipalities;
- integrate digital monitoring tools;
- strengthen economic autonomy pathways for carers;
- include indicators for well-being, isolation, and cohesion.

Call to action

Long-term care must be recognised as a strategic investment in democracy, territorial cohesion, and social reconstruction. Investing in women carers, youth experiencing mobility, and community networks does not just protect lives: it rebuilds communities, reduces inequality, and strengthens the EU–LAC bridge from the foundation of sustaining life.

Long-term care as a lens of structural inequality and a starting point for systemic transformation. Caring Economics and Gender Equality as joint levers for transformation

Elisabeth Sechser, Collaborator of the Research Institute CloseEconDataGap. Consultant for organisational development. Member of the Global Alliance for Care and the Center for Partnership Systems

In Germany, the time spent by women alone on unpaid care for relatives increased from 3.22 billion hours in 2020 to 4.3 billion hours in 2021 - an increase of around 1.1 billion hours. Calculated in terms of 30-hour-a-week jobs, this increase alone corresponds to more than 700.000 jobs.

A ten-year analysis shows absolutely no change in the distribution of unpaid work between women and men. All political measures have remained ineffective, despite men working fewer hours and women earning more. The problem is growing, yet within the current economic framework, nothing is changing (CloseEconDataGap, 2024).

"Care must be placed at the centre of development strategies, as it is essential for sustaining life, reducing inequality and enabling inclusive and sustainable economic growth." (ECLAC, 2023)

Core hypothesis: Long-term care is not a downstream social expenditure; it is productive social infrastructure. Those who expand formal, mobile, and cooperative care simultaneously invest in health, employment, regional value creation, poverty prevention, and gender equality.

Therefore, the central policy task is not to patch up individual deficiencies within existing care systems, but to fundamentally realign our economic logic. Care, caregiving, and education must be understood as core domains of economic value creation - in the spirit of "Caring Economics", as conceptually developed by Riane Eisler.

The economic value of formal care

The economic importance of formal care is systematically underestimated, even though studies show that investments in care generate strong multiplier effects:

- **The WIFO Analysis (Austria):** Shows that €3.4 billion in expenditures generated a total economic impact of €5.9 billion and secured over 115.000 jobs (WIFO, 2017).

- **Fiscal Returns:** These investments generate significant tax revenues and social security contributions, proving that care is a productive economic sector with strong domestic effects rather than a mere cost factor.

This finding is confirmed internationally. The International Labour Organization (ILO) estimates that the global care economy employs around 381 million people (ILO, 2018). Furthermore, simulations by ECLAC and the ILO show that investments in care infrastructure in Latin America and the Caribbean could generate more than 30 million jobs by 2035. Consequently, care investments act simultaneously as labour market, economic, and social policy.

Informal care and gender equality

The current structure of many care systems relies on externalising costs onto private households. In Austria, around 80% of care is provided by family members, predominantly women (BMASGK/University of Vienna, 2018). This setup leads to:

- Reduced labour market participation for women
- Lower lifetime income levels
- Long-term structural risks, such as old-age poverty

Empirical research clearly links public care investments to gender equality. “The gender care gap is smaller in countries that invest more in formal care systems,” notes Peter Haan (DIW Berlin). Ingrid Mairhuber (FORBA, 2018) also emphasises that the compatibility of employment and caregiving depends heavily on system design. Countries with well-developed public care systems - such as the Nordic countries - show significantly higher female employment rates and lower levels of inequality.

Systemic perspective: family caregiving, unpaid work and economic distortions

Shifting public responsibilities like long-term care back onto households weakens state capacity and creates profound economic distortions. This unpaid work is pushed into the private sphere, where it is insufficiently captured by traditional statistics despite reaching massive macroeconomic dimensions:

- **In Austria:** The value of unpaid household production for 2022 is estimated at approximately €195 billion - around 44% of GDP (Institut CloseEconDataGap, 2022).
- **In Germany:** Analyses show that the gender distribution of unpaid work has stagnated for over a decade.

At the same time, acute care shortages - driven by cost pressures, profit orientation, and inadequate management models - further offload care work onto families. This reduces overall labour market participation, exacerbates inequality, and undermines macroeconomic efficiency (OECD, 2022; EIGE, 2021).

Caring Communities and new organisational models

A future-oriented long-term care system requires innovative organizational forms. Caring Communities combine professional care, municipal infrastructure, and civil society support. Crucially, these models should not be viewed as substitutes for public responsibility, but as complementary elements within a robust formal care system.

Cooperative organizational models, such as “Buurtzorg” in the Netherlands, demonstrate that decentralised, self-managed teams can improve both the quality of care and nurse job satisfaction. The main barrier to scaling these models lies not in execution, but in rigid financing and governance logics.

Shifting to a more cooperative, regionally embedded, and preventive model creates measurable added value:

- **System Resilience:** Improves quality, efficiency, and adaptability (cf. CaringEconomy.Jetzt, 2023).
- **Fiscal Relief:** Better preventive care and reduced burdens on informal caregivers lower transfer payments and healthcare costs, ultimately easing pressure on public budgets.

Macroeconomic perspective and transformation

The macroeconomic benefits of gender equality are substantial. According to the European Commission, improving gender equality could increase EU GDP per capita by up to 9.6% by 2050 and create more than 10 million additional jobs. These effects are intrinsically linked to the expansion of the Caring Economy.

The evidence makes it clear: this is not a matter of minor sectoral reforms, but a profound transformation of our economic system. Caring Economics means recognising care, caregiving, and education as foundational economic drivers. Under this paradigm, economic success is no longer measured solely by GDP growth, but by social stability, equality, and overall quality of life.

Conclusion

Systems based on formal services and public responsibility are more economically efficient and socially just. Systems that rely primarily on informal care and cash benefits increase transfer costs, shift burdens to households and reproduce inequality.

Caring Economics and gender equality are not parallel policy agendas, but mutually reinforcing levers of transformation. This strengthens not only individuals, but entire economies. The evidence is clear: investing in care is not only socially necessary, but economically rational. A sustainable transformation of our economy is only possible if care, equality and value creation are no longer treated separately.

Graphic Resources for the EU-LAC Foundation: The Economic Footprint of Care and Unpaid Work: https://www.caringeconomy.jetzt/eu-lac

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Redefining Well-being: Ageing trajectories, structural gaps and care economies from a regional perspective

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Long-Term Care (LTC) has become firmly established as a central component in the reconfiguration of contemporary welfare regimes. Within a context shaped by demographic ageing and the epidemiological transition in numerous regions of the world, care is no longer conceived as a strictly private responsibility. Instead, it is recognised as a structural social risk that requires public, comprehensive, and intersectoral responses. This transformation implies placing LTC at the core of social protection systems, transversally incorporating the dimensions of gender, territory, and life cycle.

In Europe, from a comparative perspective, significant progress is evident in the institutionalisation of LTC under the paradigm of the right to autonomy. These systems combine public funding schemes, social insurance, and professionalisation processes for care work, progressively integrating it into the formal labour market. However, they face growing tensions associated with fiscal sustainability in highly aged societies. In parallel, a progressive consolidation of a shift towards de-institutionalisation models can be observed. These are oriented towards "ageing in place", prioritising home care, the use of assistive technologies, and community integration.

In Latin America and the Caribbean, by contrast, the social organisation of care is characterised by high levels of informality, institutional fragmentation, and deep socio-economic inequalities. In this scenario, care operates as an "invisible buffer" in the face of crises, largely sustained by the unpaid work of women, which reproduces gender inequalities and limits their participation in the labour market. At the same time, territorial gaps and socio-cultural diversity pose specific challenges for the provision of care, especially in rural contexts, indigenous communities, and migrant populations, where community networks acquire a central role. This situation becomes particularly critical in contexts of high demographic dependency, where the burden of care falls upon households with limited resources and scarce social protection. In response to this, experiences that make progress in institutionalising care as a right and a shared responsibility show that it is possible to articulate policies that improve the well-being of dependent populations while promoting labour inclusion and the reduction of inequalities.

Within this framework, the notion of intergenerational solidarity regains centrality as a structuring principle of pension and social protection systems. This "tacit compact" between generations, which sustains the redistribution of resources and care throughout the life cycle, is strained by the growing erosion of social bonds, institutional distrust, and the advance of individualistic logics. The fragility of this principle compromises the sustainability of existing systems and weakens the collective foundations necessary for building more inclusive and equitable care policies.

At the same time, it is essential to recognise the heterogeneity of ageing trajectories. This diversity challenges both pension systems and care policies, which must abandon uniform approaches to move towards flexible, accessible, and relevant frameworks capable of responding to differentiated needs.

In particular, the acceleration of digitisation processes introduces new forms of exclusion, affecting the access of many older people to services, benefits, and employment opportunities.

These inequalities are embedded in a deeply segmented labour market in Latin America, where protected sectors coexist with large numbers of workers in conditions of informality, precariousness, and low social coverage. The high incidence of informal employment, alongside gaps in gender, ethnicity, disability, and migratory status, shapes a scenario of cumulative vulnerabilities that directly impact pension trajectories and the capacity to access quality care. Within this framework, women continue to disproportionately assume unpaid care work, restricting their economic autonomy and reproducing structural inequalities.

The consolidation of comprehensive long-term care systems implies advancing simultaneously across three strategic dimensions:

- Firstly, the promotion of functional autonomy and the prevention of dependency, through policies that strengthen social, cultural, and community participation, contributing to improving quality of life and delaying institutionalisation processes.
- Secondly, the construction of co-responsibility frameworks between the State, the market, families, and the community, accompanied by the professionalisation and elevation of care work, guaranteeing quality standards and labour recognition.
- Thirdly, the incorporation of a territorial and intersectoral approach that allows for the design of situated responses, sensitive to inequalities of gender, class, ethnicity, and life cycle.

From the perspective of global, regional, and local agendas for comprehensive and inclusive social development, the care economy is configured as a strategic field, both for its capacity to generate employment and for its potential to reduce inequalities and strengthen social cohesion. The construction of care systems in the Latin American region implies, therefore, a challenge of consensus-building and institutional and political innovation. This must be oriented towards achieving fiscally sustainable, socially just, and culturally relevant frameworks that recognise care as a right, an opportunity, and a fundamental pillar of sustainable human development.

Regenerative Longevity: a practical approach to strengthening care and well-being in old age

Inmaculada Aragón Marina, Consultant, promoter of Regenerative Longevity, Madrid (https://www.linkedin.com/in/inma-aragon-027828b/)

Presentation of the Regenerative Longevity Approach

Regenerative Longevity is an approach to supporting the care of older people that seeks to promote comprehensive well-being, strengthen the role of carers, and raise visibility for the social value of care. It arises from direct experience in daily support and proposes understanding longevity not merely as a process of ageing, but as a stage of life in which it is possible to sustain relationships, meaning, and quality of life.

How?

The approach is based on a person-centred care model that integrates emotional support, active listening, and the strengthening of support networks. Through practice, it promotes more humane care spaces where both the needs of older people and the burden placed on carers are recognised. Furthermore, it drives a perspective that understands care as a shared responsibility between families, the community, and the wider social environment.

Where?

The project is primarily developed within family and community contexts in Spain, as well as in relation to Latin American realities, especially in Colombia, where informal care dynamics, social inequalities, and cultural and ethnic dimensions significantly influence the organisation of care.

With and for whom?

The initiative is aimed at older people who require support in their daily lives and those who carry out caregiving tasks, the majority of whom are women, in both family and community settings. The proposal recognises that the burden of care falls predominantly on women, which entails specific challenges in terms of overload and social recognition. Likewise, it seeks to contribute to the debate on the care economy from a practice-based perspective.

With what results?

The experience has highlighted the importance of emotional support, the reduction of isolation among older people, and the need to strengthen support networks for carers. In practice, the need to create spaces for listening and support that help reduce burnout and improve the well-being of both older people and their carers is consistently observed. Furthermore, it has contributed to making the social value of care visible, as well as the urgency of moving towards more sustainable, inclusive models centred on human dignity.

Regenerative Longevity proposes that well-being in old age does not depend solely on formal services, but on the capacity to build care networks that sustain daily life in a more humane, shared, and inclusive manner.

Institutionalising care from the territory: a methodological model for building Local Integrated Care Systems in urban-popular contexts in Latin America

Karla Paula Reyes Allpoc, Political scientist and public manager, specialist in the care economy and local public policy. Head of the Women and Gender Equality Department, District Municipality of Villa El Salvador, Lima, Peru

Methodology for institutionalising care services at the local level

I propose a methodological model to enable local governments with limited resources to identify, coordinate, and institutionalise existing care services within their territory through a systemic approach, with a focus on gender and the care economy. The proposal stems from a core diagnosis: within the urban-popular territories of Latin America, there is a real but invisible and fragmented care infrastructure. This infrastructure is composed of public social programmes, community organisations, municipal services, and informal networks operating without coordination or institutional recognition. Shaping this dispersed infrastructure into a system is achievable, and doing so from the level of local government transforms care into a development policy rather than a residual form of welfare.

How?

The model is structured around four interdependent phases:

- The first phase is the participatory territorial diagnosis, which combines household surveys with qualitative methodologies to document the distribution of care work by sex, age, socio-economic status, and migratory background, thereby producing original evidence directly from the territory.
- The second phase is the design of the institutional architecture, which assigns distinct roles to the municipal government as the governing and partial funding body, to community organisations as co-managers, to the local private sector as an employer of certified carers, and to international cooperation agencies as technical and financial support.
- The third phase is the formulation of the social co-responsibility framework, which redistributes the burden of care among the State, the market, the community, and households, thereby reducing its concentration on women.
- The fourth phase is the production of management tools based on territorial evidence: a baseline with monitorable indicators, a replicable methodological guide, and a multi-year work plan with progressive targets.

Where?

The model has been developed and validated in Villa El Salvador, Lima, Peru - an urban-popular district of approximately 500.000 inhabitants with a renowned history of community organisation and the status of a “Messenger City of Peace” (Ciudad Mensajera de Paz). This territory is one where poverty, labour informality, and the absence of coordinated public care services create structural conditions similar to those in numerous urban contexts across Latin America, making the lessons learned transferable to other local governments in the region.

With and for whom?

The model is designed with and for four main stakeholders:

- local governments seeking to lead systemic transformations from the territory within limited budgets;

- women carers, who form the primary care workforce and remain invisible in municipal statistics and budgets;
- grassroots community organisations, which act as co-managers and ensure the territorial relevance of services; and
- international cooperation agencies, which can provide technical and financial support throughout the processes without replacing local leadership.

The design process was highly participatory: the women carers themselves took part in the diagnosis, validated the tools, and contributed to defining the priority services.

With what results?

The application of the model in Villa El Salvador yielded a set of concrete results:

- The participatory diagnosis generated quantitative evidence regarding the feminisation of care and its impact on women's economic autonomy, establishing the first district baseline on this matter.
- The designed institutional architecture was formally validated by the Ministry of Development and Social Inclusion (MIDIS), the Ministry of Women and Vulnerable Populations (MIMP), UN Women, and the German development agency GIZ, granting it inter-institutional legitimacy and political viability.
- The 2026–2027 multi-year work plan coordinates five management tools that enable the gradual and sustainable implementation of the system.

The experience demonstrates that local governments can lead innovations in care policy without waiting for national regulatory frameworks, and that the local territory can serve as a laboratory for systemic transformation.

The Sixth "R"? Reclassifying Care Work

Megan Ballesty, Co-founder, Sur Futuro (Latin American hub of IDRC's FutureWORKS initiative) https://www.sur-futuro.org/

Research shows that care workers develop sophisticated cognitive, relational, and organisational skills, challenging the notion that care work is elementary. As demographic, technological, and climate transformations reshape labour markets, demand for care is growing structurally, placing it at the core of the future of work. Yet its dividends for employment creation, gender equality, productivity, and resilience are not automatic. Reclassifying care as the complex and vital sector it is can help unlock this potential.

The multiple dividends of care

Care is a unique segment of the labour market that simultaneously delivers returns across dimensions that are central not only to social and gender agendas but also to the future of work:

Quality care systems are an essential driver of gender equality. Today, women perform the vast majority of both paid and unpaid care work. Institutionalising care systems that provide accessible care services as well as a source of quality employment, directly reduces the unequal burden that limits women's labour market participation and economic autonomy.

But care is also a future-of-work sector in its own right.

- **It is a major and growing source of employment:** demographic aging, rising life expectancy, expanding demand for early childhood services, and the increasing frequency of health and climate crises are structurally expanding the need for care, with strong projected job growth in the coming decades (Albrieu, R. & Ballesty, M., 2026).
- **It is also foundational for future productivity:** the cognitive, socioemotional, and interpersonal skills that are increasingly valued in labour markets are cultivated in the early stages of life, through quality caregiving. Investing in the care workforce is, in this sense, investing in the human capital base of the future economy.
- **And it is resilient:** care work faces low exposure to automation, is inherently low in polluting emissions, and is essential during climate crises. In a world where technology and climate are upending labour markets, the robustness of care work stands out.

These dividends, however, are not automatic. Across Latin America and the Caribbean care provision remains locked in a low-quality equilibrium: the bulk of caregiving falls on women as unpaid household work, while the paid care segment is largely informal and poorly compensated. A better equilibrium requires developing institutionalized, adequately financed care systems that widen access to care services, reducing pressure for unpaid care while creating quality jobs. Enabling professional pathways and certification systems for care workers is, in turn, essential to achieving this goal.

Complex work, misclassified

Yet care work continues to be widely perceived as elementary, an assumption embedded not only in collective perceptions but also in occupational taxonomies that classify some care occupations as low-skilled. Sur Futuro, in partnership with workers' union ATRAHDOM, conducted a pioneering study of domestic and care workers across Guatemala, Honduras, and El Salvador.

Based on nearly 4.000 surveys and a competency framework aligned with the European ESCO classification, the findings are unambiguous: care work is not elementary (Padilla, I. O, Velasquez Estrada, M. & Marroquin, A., 2025).

According to the study, the competency profile of care workers can be structured around four dimensions: relational skills (interpersonal communication, empathy, trust-building), self-regulation and resilience (emotional control, stress management, adaptability), leadership and influence (initiative, coordination, negotiation), and organisational-cognitive skills (planning, problem-solving, time management). The profiles are consistent with evidence from OECD countries, where relational and emotional competencies are equally central, reinforcing that care work involves complex skills wherever it takes place.

Reclassifying care

Classifying care work as simple or elementary not only misdescribes the sector but risks undermining it, weakening the case for investing in professional training, certification systems, and structured career pathways.

The 5R framework (Recognise, Reduce, Redistribute, Reward, Represent) has been instrumental in raising awareness of the importance of care work and supporting concrete actions. Building on this, **we propose a sixth R: reclassifying care as a highly specialised and strategic segment for the future of work.** Reclassification operates on two fronts:

- **First, it creates the institutional conditions for professionalisation.** When care is classified as elementary despite its vast potential for skill development and professionalisation, training systems have little basis for designing specialised curricula or certification frameworks and the only path to competence remains accumulated experience. Reclassification reverses this logic, opening the way for training pathways structured around the competencies the sector demands and certifications that allow workers to capitalise on the skills they develop.
- **Second, it repositions care within the future-of-work agenda.** If care work is considered as inherently simple, its role as a high-value sector remains overlooked. Reclassification places care where the evidence says it belongs: alongside science and technology, green energy, and other areas widely recognised as strategic priorities for job creation, productivity, and development.

Ultimately, reclassifying care work for what it is – a sophisticated, specialised, and crucial segment for the future of work – is a key step to unlock its potential as a driver of quality jobs, productivity, and gender equality.

Sources:

- Albrieu, R. & Ballesty, M. (2026). Atlas of Future Jobs. Ten years of transformation in Latin America & the Caribbean. Sur Futuro.
- Padilla, I. O, Velasquez Estrada, M. & Marroquin, A. (2025). Overview of the care sector in Guatemala, El Salvador, and Honduras. Sur Futuro.

Reparative Justice and Active Ageing: The Intergenerational Care Model of the Sankofa Foundation in the Chota Valley, Ecuador

Norma Patricia de la Cruz Santacruz, Representative & Technical Coordination, SANKOFA Foundation

Long-term care model based on Reparative Justice and Ethno-development

Our proposal consists of a long-term care model based on Reparative Justice and Ethno-development. Unlike standardised care models, this project integrates the active ageing of older people of African descent as a process of cultural safeguarding. It is not merely about medical or basic assistance; it is the creation of a system that recognises the older person as the custodian of historical memory and ancestral oral traditions, transforming the vulnerability of ageing into an opportunity to strengthen the social fabric.

Where?

The initiative is implemented in the communities of the Chota Valley and Quinindé in northern Ecuador. This is a region historically marked by economic exclusion and structural racism. In this territory, human mobility and the migration of young people to cities have left older individuals in a situation of "geographical abandonment", turning the community into the sole vital support system in the absence of specialised state gerontological services with an ethnic lens.

How?

The model operates through Ancestral Knowledge Laboratories, where long-term care is intertwined with intergenerational education. Community care networks are implemented, composed of women leaders from the Sankofa Foundation, who coordinate traditional health brigades and socio-emotional support. The "Vuelve y Busca" (Sankofa / Go back and fetch it) methodology is utilised, which consists of systematising the elders' knowledge of natural medicine, subsistence agriculture, and music, restoring them to an active and respected role within the local economy.

With and for whom? (subjects of rights)

This proposal is built alongside the Afro-Ecuadorian women of the communities, who take on the role of carers, but from a rights-based perspective that seeks to reduce their burden of unpaid care work. The beneficiaries are older people of African descent - individuals facing critical intersections of poverty, old age, and structural, systematic racial discrimination. The programme also includes children and youth, who participate as recipients of the elders' memories.

The technical and community-based approach

From a technical standpoint, the model applies indicators of functional autonomy and emotional well-being tailored to rural realities. From a community standpoint, it is grounded in ethnic solidarity. We have designed care protocols that respect the Afro-descendant worldview, where health is understood as a balance between the individual, their community, and their territory, offering a viable alternative to institutionalisation (care homes), which often strips older people of their identity and roots.

With what results?

To date, we have achieved a reduction in social isolation among a significant group of older individuals in the Chota Valley, recovering ancestral medicine practices that have improved their basic quality of life. The most powerful outcome is the dignification of ageing: older adults have transitioned from being passive recipients of charity to becoming active teachers in local programmes. Furthermore, the resilience of women carers has been strengthened by providing them with international cooperation management tools and earning recognition for their work from the Ministry of Women and Human Rights.

The challenge of recognition

We recognise that older individuals in rural Afro-descendant communities are those who receive the least attention and lack real options for dignified care. Our contribution to the final report of the EU-LAC Foundation seeks to highlight that the Care Economy in Latin America must be anti-racist and intercultural. The Sankofa Foundation model demonstrates that reparative justice is possible when care is understood as an act of resistance and collective love that heals the wounds of structural violence.

Conclusion and bi-regional perspective

Our experience suggests that the dialogue between Europe, Latin America and the Caribbean must consider the community care model as an efficient solution to the collapse of public systems. The Chota Valley offers a lesson in resilience to the world: where the State does not reach, the organised community does. We invite the EU-LAC Foundation to include this approach in the final report, promoting policies that fund and protect these grassroots social infrastructures that sustain life on the margins today.

Investing in a Caring Economics

Riane Eisler, Systems scientist and cultural historian President of the Center for Partnership Systems https://rianeeisler.com/

When thinking of a new economics, let's not think of stocks, bonds, derivatives, or other financial instruments. Let's think of children. Let's ask what kind of economic policies and practices are good for children, and the people who raise them. Let's ask what's needed so all children are healthy, safe, well educated, and prepared to live good lives.

More fundamentally, let's ask what kind of economic system helps, or prevents, children from realizing their great potentials for consciousness, empathy, caring, and creativity - the capacities that make us fully and uniquely human.

Once we address these questions, we can start designing the economic system we want and need: one that not only promotes human survival but also full human development.

We must design such a system, not only because it is the right thing to do, but because it is the economically sensible thing to do, particularly as we move into the postindustrial knowledge-information era. With the advent of AI, this shift to valuing and rewarding care is more urgent than ever.

We must go beyond the tired debate of capitalism versus socialism. Both theories ignore a fundamental truth: that all value created in an economy relies on the underlying care for people and nature.

Adam Smith and Karl Marx ignored the vital importance of nature's life-sustaining activities. For them, nature exists to be exploited, period. As for the life-sustaining activities of caring for people starting in childhood, they considered this merely "reproductive" labor, and not part of their "productive" economic equation. Both focus on markets, but neither included the care work that supports them, without which they couldn't exist at all. Ignored are three essential economic arenas; the household economy, the volunteer community economy and the natural environment that sustains us all.

The first step toward building a truly new economics is a full-spectrum economic model that includes these sectors and gives real visibility and value to the most essential human work: the work of caring for people and for our natural environment.

Care in the Age of AI

The mix of high technology and the prevalent ethos of what my work calls "Domination Systems" is not sustainable. It's not only that the old economic models - both capitalist and socialist - came out of the industrial era and we're rapidly moving into the postindustrial era. The current economic meltdown and the meltdown of the ice caps are not isolated events: both are symptoms of the domination system reaching its logical end.

We must build economic structures, rules, policies, and practices that support caring for ourselves, others, and nature in both the market and nonmarket economic sectors. At the same time, we must accelerate the shift to partnership cultures and structures worldwide so that anything stereotypically considered "soft" or "feminine" - such as caring and caregiving - is no longer devalued and in fact considered the most important human work.

Cost Effectiveness of Care

Hundreds of studies show the cost-effectiveness of supporting and rewarding caring in the market economy. To give just one example, companies that regularly appear on the Working Mothers or Fortune 500 lists of the best companies to work for - that is, companies with good health care, child care, flextime, parental leave, and other caring policies - have a higher return to investors.

Other examples abound, such as reports of the enormous financial benefits that have come from investing in parenting education and assistance (as shown by the Canadian Healthy Babies, Healthy Children programme) and investing in high-quality early childhood education (as shown by follow-up studies of the U.S. Abecedarian Project).

There are many ways of funding this investment in our world's human infrastructure - which should be amortised over a period of years, as is done for investments in material infrastructure, such as machines and buildings. One way is through the savings a society gains when it no longer has to pay the immense costs of not investing in caring and caregiving: the huge expenditures of taxpayer money on crime, courts, prisons, lost human potential, and environmental damage. Taxes on harmful activities, such as making and selling junk food, can also fund investment in caring for people and our natural habitat.

Good care for children will ensure we have the flexible, innovative, and caring people needed for the postindustrial workforce. Both psychology and neuroscience show that whether these capacities develop largely hinges on the quality of care children receive. Educating and remunerating people for caregiving will help close the "caring gap" - the worldwide lack of care for children, the elderly, and the sick and infirm. And it will eventually lead to a redefinition of "productivity" that gives visibility and value to what really makes us healthy and happy - and in the bargain leads to economic prosperity and ecological sustainability.

Conclusion

Economic systems are human creations. They can be changed. We must build a political movement to convince policymakers to make these changes - or change the policymakers.

We must see to it that our world's governments make a massive investment in parenting education, paid parental leave, and innovative measures such as tax credits for caregivers and social security credit for the first years of caring for a child (as is already done in Norway).

We can all be leaders in building a social and economic system that really meets human needs - not only our material ones but also our emotional and spiritual ones.

This text was adapted from its original form

Lifelong Learning as a Strategy Against Ageism: The University Programme for Older Adults at the National University of Rosario (Argentina)

Santiago Vieytes, Coordinator of the University Programme for Older Adults at the National University of Rosario (Argentina) https://unr.edu.ar/personasmayores/

The University Programme for Older Adults at the National University of Rosario (UNR), created in 2011, is a non-formal lifelong learning initiative aimed at promoting active ageing, social participation and the right to education for older persons. Initially designed for individuals aged 60 and over, it has progressively expanded to include people aged 50+.

Framed within the social mission of a public university, the programme offers courses, workshops and cultural activities across a wide range of disciplines, including arts, humanities, social sciences, health, citizenship, digital literacy and environmental sustainability. Between 2019 and 2025 alone, more than 400 courses have been delivered, with sustained annual participation exceeding 3.000 enrolments.

How?

The programme is grounded in a rights-based and interdisciplinary approach, aligned with the Inter-American Convention on the Protection of the Human Rights of Older Persons, particularly the right to education without discrimination.

It is implemented through university extension policies, promoting the co-construction of knowledge between academic actors and older adults, valuing both formal and experiential knowledge. The initiative fosters intersectoral and intergenerational collaboration, combining educational, cultural and community-based strategies.

A central dimension of the programme is the strengthening of social bonds as a key factor in well-being. Learning spaces are conceived not only as sites of knowledge transmission but also as spaces of encounter, participation and collective construction. In this sense, lifelong learning becomes a key strategy to challenge ageism, by enhancing visibility, agency and the active role of older persons in society.

During the COVID-19 pandemic (2020–2022), the programme transitioned to a fully virtual format, sustaining approximately 60 courses per year. In the post-pandemic period, a hybrid model has been consolidated, expanding access while recovering the value of in-person interaction.

Where?

The programme is based in the city of Rosario, Argentina, and has a strong territorial anchoring. Activities take place both within university facilities and in decentralised locations, including municipal district centres and community organisations.

In recent years, the programme has expanded its reach through virtual proposals, enabling participation from 84 municipalities and communes across the central and southern regions of the province of Santa Fe. This territorial strategy has been key to reducing both physical and symbolic barriers to university access.

With and for whom?

The programme is designed for older adults (50+), involving a diverse and growing community of participants. It is supported by an interdisciplinary teaching body and articulated through partnerships with public institutions, local governments and civil society organisations.

Key collaborations include the Municipality of Rosario, the Province of Santa Fe, public service institutions and community organisations. The programme also promotes exchanges with university students through social educational practices and professional training spaces, fostering intergenerational dialogue.

Results

Between 2019 and 2025, the programme has reached an estimated 23.000 to 25.000 enrolments, with sustained growth in participation, reaching 4.165 enrolments in 2025 across 58 courses.
Beyond quantitative indicators, the programme has consolidated a stable and recognised space within the university, characterised by strong participant retention and a high level of community appropriation. It contributes to strengthening social participation, reducing isolation and fostering meaningful social bonds among older adults.

Evidence from programme monitoring and media coverage highlights that these spaces function not only as educational environments but also as key settings for socialisation, where participants build relationships, develop projects and actively engage in cultural and community life.

The initiative has also fostered the development of specialised teaching trajectories and interdisciplinary work, while expanding its institutional presence through congresses, public events, audiovisual productions and collaborative projects, including the creation of an observatory on media representations of older persons.

Overall, the programme demonstrates how lifelong learning policies, rooted in public universities and territorial engagement, can play a key role in challenging ageism by strengthening social bonds, promoting participation and recognising older adults as active subjects of knowledge and rights.

Additional information

·Infobae article:
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