



El futuro de los cuidados en México



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What aspects should a care policy in Mexico consider?

1. **Promote a gender and intersectional approach** to recognize the systematic and structural inequalities and discrimination that affect girls, adolescents and adult women, people with disabilities, older persons, people of gender diversity, Indigenous people, and afro-descendant people. This recognition must be accompanied by specific measures to **avoid reproducing the sexual division of care work, the conditions of disadvantage and to reduce the inequalities produced by the overload of care**, to promote equal opportunities and social mobility for those who provide and receive care.
2. **To have a human rights perspective** through regulatory frameworks that guarantee the conditions for the effective exercise of the right to care in its triple dimension of receiving care, providing care and self-care, materializing social and gender **co-responsibility** through concrete and specific inter-institutional articulation measures among the actors in the care diamond (the Mexican State as the central entity, the market, civil society and households) aimed at defamiliarizing and defeminizing care.
3. Promote **interdependence** and **autonomy** throughout the life cycle, understanding that all people require care and support throughout their lives and that all people can care if they choose to do so, while promoting the autonomy of individuals to avoid dependence on their careworkers. While a national care policy may determine target populations and **initially prioritize some, its coverage should be progressive and universal**.
4. Maintain the **5R's** approach to designing measures to recognize, reduce and redistribute care work, while rewarding it and ensuring adequate representation of the needs, perspectives and preferences of caregivers and care receivers at all stages of public policy.
5. Create, articulate, and diversify public care services with the purpose of strengthening alternatives to its modalities, such as home services for certain groups, such as people with disabilities or older people. Such services must maintain the principle of **universality** and must be **quality, affordable, and accessible**.
6. Establish **decent conditions for the provision of care**, including: access to social security benefits and guaranteed decent working conditions for both paid and unpaid care workers.
7. **Target investments through progressive financing, social spending and fair tax strategies, using a human rights, gender and care-based approach.**



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8. Develop strategies and mechanisms for **active participation**, consultation, socialization, and permanent information with all sectors, especially civil society and those who provide and receive care.

9. **Generate statistical information** and a monitoring and evaluation system to deepen the study of the care economy and incorporate the information into economic and social development strategies for decision-making so that the designed measures are based on evidence.

10. **Recognize community and collective care**, seeking the well-being of people, territories, natural resources and knowledge from the collective, ensuring the cultural appropriateness of care actions and policies.

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