

Summary Report: Building Care Systems Across Latin America, the Caribbean, and Africa from the Global South

Lessons and Pathways from the CELAC–Africa Peer Learning Exchange

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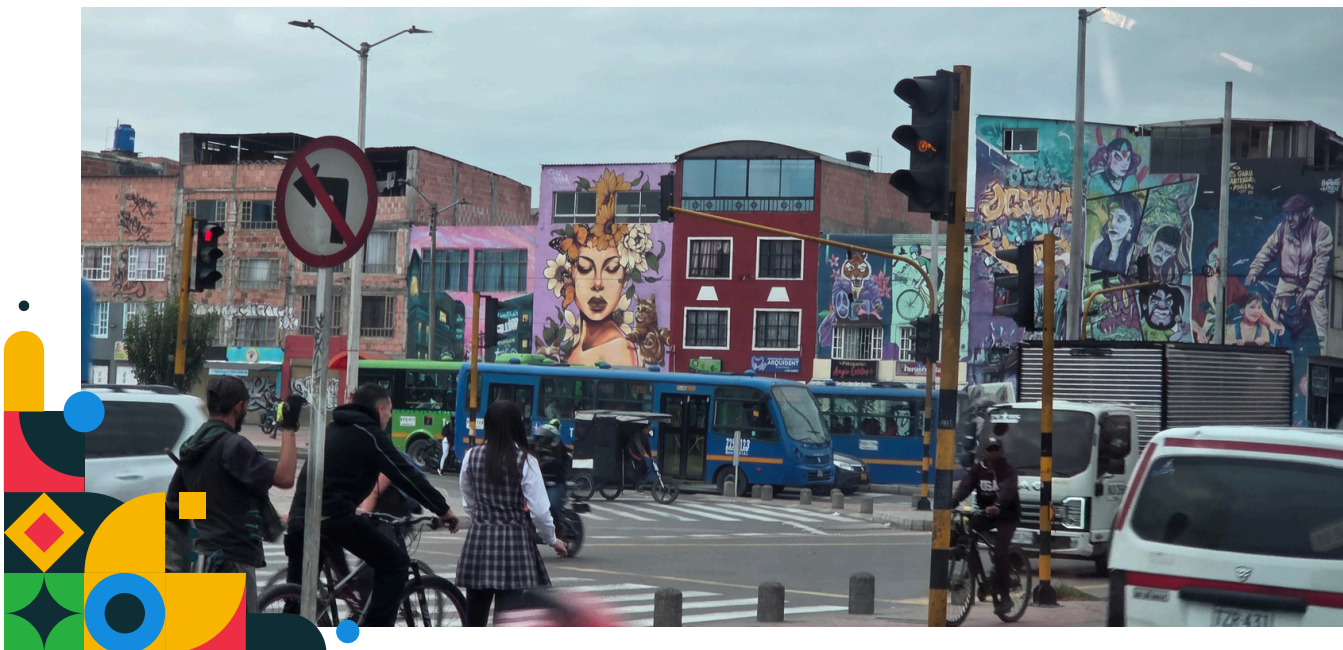
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Executive Summary



The CELAC–Africa Forum (Bogotá, March 2026) marked an important milestone in advancing care as a strategic public policy agenda across Latin America, the Caribbean, and Africa. Bringing together government representatives, civil society actors, researchers and community leaders from both regions, **the forum created a space for dialogue across distinct policy trajectories united by shared commitments and highlighted the growing recognition of care as a strategic policy issue linked to gender equality, social protection, and inclusive development.**

Three key insights emerged from the exchange:

First: countries across both regions are increasingly positioning care as a public policy priority, moving from fragmented interventions towards more integrated systems supported by legal frameworks, intersectoral coordination, and evidence. Several Latin American and Caribbean countries have developed more consolidated legal and institutional frameworks, while many African countries are building momentum through emerging policy processes shaped by their own social, political, and territorial realities.

Second, territorial implementation is decisive in translating policy into practice: Experiences such as Bogotá's care models (Care Blocks) illustrate how integrated and accessible services can expand access and support caregivers and generate lessons that may inform adaptation in other settings. At the same time, the forum made clear that territorial models cannot simply be replicated: their effectiveness depends on responsiveness to local institutional capacities, territorial inequalities, and community dynamics.

Third, care systems are not built from scratch. Across Latin America, the Caribbean, and Africa, care continues to rely on longstanding community-based practices that sustain daily life and social reproduction. These practices are not peripheral to formal systems; they are foundational to how care is organised and must be recognised, strengthened, and engaged through context-sensitive policy design.

The forum identified priority areas for strengthening care systems: securing sustainable financing, improving coordination across sectors, addressing persistent gender inequalities in unpaid care work, and reducing territorial disparities in access to care. Participants also underscored the importance of stronger data systems and evidence generation to inform policy design, monitor progress, and sustain political commitments and investments during government transitions and in contexts where human rights and social protections face increasing pressure.

Advancing these priorities will require moving beyond exchange towards more structured forms of collaboration, including sustained peer-learning processes, joint work on policy design and implementation, and strengthened approaches to data, monitoring, and evaluation across regions.

The forum also highlighted concrete opportunities for strengthening bi-regional cooperation and advancing South-South exchange beyond isolated initiatives towards more sustained and integrated system-building.

Priority areas include structured exchanges on policy design and legislative processes, peer learning on territorial service delivery models, and collaboration on data, research, and monitoring systems.

These efforts may also involve the development of joint knowledge initiatives – such as comparative analyses or publications on care systems and practices across regions– as well as the systematic integration of South-South cooperation into ongoing and future initiatives.

Participants emphasised the importance of sustained platforms and collaborative initiatives to support ongoing engagement beyond the forum.

The forum demonstrated that advancing care systems requires integrated approaches that connect institutional development, territorial implementation, and community practices. It also reaffirmed the importance of sustained South-South cooperation, including through existing multistakeholder platforms, as a pathway for strengthening care agendas through mutual learning, respect for diverse contexts, and shared political commitment.

Background and purpose



After the COVID-19 pandemic, care has gained increasing prominence as a key issue in global policy debates on gender equality, social protection, and sustainable development. Across regions, there is growing recognition that care is not a private or familial responsibility, but a fundamental component of social and economic systems that sustain life and well-being and as such, requires social co-responsibility and state involvement to guarantee the right to care.

Within this context, Latin America and the Caribbean (LAC) have played a significant role in advancing care policies, with several countries developing national frameworks, care laws, systems, and territorial models. At the same time, countries across Africa are increasingly engaging in the development of care policies, often building on longstanding community-based caregiving practices and exploring ways to integrate these into public policy frameworks.

While these trajectories differ in institutional pathways and starting points, both regions face shared challenges, including persistent gender inequalities, high levels of informality, and resource constraints that affect the expansion and sustainability of care services.

The panel "Caring for Life from the Global South: An Exchange of Experiences between Africa and Latin America and the Caribbean" and its accompanying field visit took place as part of the First CELAC-Africa High-Level Forum, during Colombia's pro tempore presidency of CELAC and Burundi's presidency of the African Union (AU). Held in Bogotá in March 2026, the panel was convened as part of an ongoing bi-regional dialogue and collaboration on care, organised by the Ministry of Equality and Equity of Colombia, the panel brought together representatives from government, civil society, academia, and international organisations to reflect on care as a political, social, and territorial issue, and to strengthen a shared agenda between Latin America, the Caribbean, and Africa.

This forum builds on previous exchanges between the two regions, including dialogues held during [South Africa's G20](#) Presidency and other South-South cooperation processes, contributing to a growing body of shared learning on care policies. The CELAC-Africa Forum, and particularly the panel in question, deepened this process by linking policy dialogue with territorial implementation experiences and community-based care practices.

This report presents a synthesis of the main insights emerging from the panel, situating them within this broader process of exchange and knowledge-building, and highlighting their relevance for the development and strengthening of care policies and systems across regions.

The analysis draws on discussions held during the event, including panel discussions, community dialogues, and territorial visits, and adopts a thematic approach to identify key patterns and lessons across contexts. It also reflects the accumulated learning generated through ongoing collaboration between actors in Latin America, the Caribbean, and Africa on care policy.



Care as a Political and Institutional Project

High-level panel “Care for life from the Global South: exchange of experiences between Africa and Latin America and the Caribbean”



The high-level panel “Care for life from the Global South: exchange of experiences between Africa and Latin America and the Caribbean” brought together government representatives, international organisations, and policy experts from multiple countries, including Brazil, Colombia, Kenya, Mexico, Uruguay and Zimbabwe. The panel provided a space to reflect on how care is being framed and advanced as a public policy issue across different contexts, and to identify shared challenges and opportunities for South–South cooperation. The First CELAC–Africa High-Level Forum is particularly relevant, as it situates care within a broader agenda of regional integration and cooperation between Latin America, the Caribbean, and Africa, while recognizing that both regions are actively engaged—albeit from different starting points—in the development of care policies and systems. **Moderated by Natalia Moreno, Director of Care (Colombia), the discussion emphasised the importance of linking discussions on care policies with territorial experiences and ongoing processes of system-building, framing care as a cross-cutting issue that requires dialogue between different actors and levels of governance.**

Interventions also converged on the importance of cross-sectoral coordination as a defining feature of care policy. In Kenya, the policy process was described as involving multiple sectors, including gender, labour, and social development, reflecting the understanding that care intersects with employment, social protection, and economic participation. Uruguay's experience similarly illustrated how care policies are articulated across sectors, including labour and social protection systems. These examples suggest that care cannot be addressed through a single policy domain but requires coordination across different areas of government

Brazil's contribution added a further layer to this discussion by highlighting the role of conceptual frameworks in shaping policy design. *Adriana Phillips (Advisor to the National Secretariat of Care and Family)* explained that Brazil's National Care Policy was developed with an explicit focus on recognising intersecting inequalities, including those related to gender, race, class, and territory. **Rather than creating a new institutional structure from scratch, the policy seeks to articulate existing systems, such as health and social assistance, under a broader care framework.** The policy process included public consultation and the establishment of governance mechanisms with civil society participation, reflecting an effort to align policy design with social realities and demands.

Similarly, the **intervention from Mexico highlighted the importance of adopting a gradual and territorially grounded approach to building care systems.** *Ariadna Sánchez (Director of Community Networks, Secretariat for Women)* referred to the development of Mexico's National Progressive Care System (SNPC), **emphasising that its implementation requires sustained engagement with communities and an understanding of diverse local needs.** She described efforts to strengthen direct interaction between the state and communities, including initiatives aimed at identifying care needs at the household level and supporting access to services. This approach underscores the relevance of territorial strategies in translating policy frameworks into practice.



Across interventions, participants emphasized that care is a long-standing social practice that has historically been organised within households and communities and disproportionately carried by women. What is relatively recent is its recognition as a matter of public policy and institutional responsibility.

A recurring point across regions was therefore the distinction between the longstanding existence of care practices and their formal political and institutional recognition as a basis for advancing co-responsibility.

This distinction was particularly evident in the Kenyan intervention. Josephine Obonyo (Secretary for Gender at the State Department for Gender and Affirmative Action, Ministry of Gender, Culture, the Arts and Heritage) noted that Kenya's National Care Policy, endorsed by the Cabinet in December 2025, and adopted by Parliament as Position Paper No. 2 of 2026 does not create care as such, but formalises and recognises practices that have long existed but remained insufficiently valued. **She described a policy process that required building a shared understanding of care through data, consultation, and inter-institutional coordination, involving ministries, civil society organisations, and international partners.** The availability of evidence—particularly data that make visible gendered inequalities in care—was highlighted as critical for advancing the policy and securing political support. The critical next steps include translating the policy into implementation plans, budget lines, monitoring frameworks, county-level action and institutional accountability mechanisms.

A related emphasis on institutionalisation emerged from Uruguay, though from a different temporal perspective. **Reflecting on a decade of implementation of Uruguay's National Integrated Care System, Julio Melgar** (National Care Secretariat, Care Services Division of the Ministry of Social Development) underscored that the system was established through legislation to address structural gender inequalities and recognize care as a right. **His intervention pointed to the importance of embedding care within legal and institutional frameworks, including governance arrangements that link multiple sectors of the state. At the same time, he noted that institutionalisation does not automatically resolve inequalities, as women continue to bear most of the unpaid care work.**

At the same time, the panel made visible important differences in the conditions under which care policies are being developed.

Zimbabwe's intervention highlighted the challenges of advancing care policy in contexts marked by economic constraints, competing priorities, and varying levels of political recognition of care as a policy issue. *Sitabile Dewa (Founder and Executive Director of the Women's Academy for Leadership and Political Engagement – WALPE)* described ongoing efforts to position care within political agendas, including the development of model laws and advocacy strategies, while noting the need to engage a wide range of actors—from traditional and religious leaders to policymakers—to build support. Her intervention underscored that advancing care policy is as much a political process as a technical one that depends on negotiation, advocacy, and the production of evidence.

Across regions, **participants also emphasised the role of data and evidence in making care visible and actionable within policy frameworks.** In Kenya, *Chryspin Afifu (Senior Advisor-Research, Policy and Partnerships ICRW Africa)* emphasised the importance of approaching care from a systems perspective. He noted that advancing care requires not only recognising its value, but also understanding the implementation architecture—how systems function in practice, including how they are financed, coordinated, and monitored and made accountable to the people they are intended to serve. He highlighted the need to generate comparative evidence across Africa, Latin America and the Caribbean to better understand how care challenges are being addressed under different institutional, fiscal and territorial conditions. He further underscored the importance of developing practical tools and indicators that can track whether care policies are translating into concrete improvements for unpaid caregivers, paid care workers, children, older persons, persons with disabilities and other groups requiring care and support. In sum, **the generation and use of data were described as central for identifying needs, informing policy design, and supporting legislative processes.**

Finally, **the panel highlighted that the advancement of care policies is closely linked to processes of coalition-building and dialogue between state and non-state actors.** Several interventions pointed to the role of civil society organisations, research institutions, and social movements in shaping care agendas, providing technical input, and sustaining political attention. Interventions also converged on the need to continue promoting the care agenda from a gender, human rights, and intersectional perspective. These processes were described not as complementary, but as integral components of the development and implementation of care policies.

The panel did not aim to present a unified pathway or a standardised approach to care policy. Rather, it illustrated a set of converging concerns—recognition, institutionalisation, coordination, and evidence—alongside diverse trajectories shaped by specific historical, political, and socio-economic contexts. What emerges from this exchange is a shared effort to position care as a central component of public policy while expanding the institutional capacities required to sustain it.

Community Care as a Foundation of Care Systems

Complementary session “Círculo de la Palabra”



Following the high-level panel, which focused on the institutional and policy dimensions of care, the complementary session on the afternoon of the first day directed the discussion towards community-based care practices and the experiences across both regions. **Conceived as a “círculo de la palabra”, this space brought together representatives from indigenous communities, Afro-descendant organisations, civil society groups, academia, and government actors to reflect on how care is understood and practiced in different territories.** While the morning panel addressed how care is being institutionalised through policies and systems, this session complemented that discussion by grounding it in lived experience and situated knowledge, highlighting practices that have historically sustained life beyond formal state provision.

A central theme across interventions was that care is not introduced by policy but already exists as a set of practices embedded in communities, territories, and cultural traditions.

Participants repeatedly emphasised that communities have long developed their own forms of care, often in response to the structural absence or insufficiency of state services.

These practices include intergenerational care, collective caregiving arrangements, traditional knowledge systems, and forms of mutual support that are closely tied to identity, territory, and ways of life. In this sense, community care was not presented as an auxiliary component of care systems, but as a foundational dimension that precedes and, in many cases, sustains them. This point resonates strongly with many African contexts where care is often organised through extended families, neighbourhood networks, religious institutions, women's groups, community health structures and informal mutual support systems. These arrangements have historically filled gaps left by limited public services, especially in rural areas, informal settlements and low-income communities

Interventions from indigenous and Afro-descendant leaders were particularly illustrative in this regard. **Reflections from indigenous participants emphasised that care is inseparable from broader understandings of territory, body, and community, and that caring practices are rooted in long-standing relationships with land, nature, and collective life.** Similarly, contributions from organisations of traditional midwives highlighted care as a continuous, intergenerational practice that encompasses not only physical support, but also emotional, cultural, and social dimensions. These perspectives underscore that care cannot be reduced to discrete services or interventions but must be understood as part of broader systems of meaning and social organisation.

At the same time, **the session highlighted the growing interaction between community practices and public policy. Several interventions pointed to ongoing efforts to incorporate community-based approaches into national care strategies, including through programmes that recognise, support, or partner with local organisations.** In Mexico, for instance, the emphasis on a territorial and community-based approach to care was described as part of a broader political process that seeks to engage directly with communities and recognise their role in shaping policy priorities. In Colombia, participants referred to initiatives aimed at articulating community organisations with the National Care System through collaborative arrangements that acknowledge their role in care provision. These efforts are also reflected in projects supported under the Care Policy Research–Action Fund, which have sought to strengthen community-based approaches and their integration into emerging care systems.



However, **this process of articulation is not without tensions. A recurring concern across discussions was the risk that institutionalisation may lead to the standardisation or simplification of community practices.** Participants cautioned against approaches that attempt to formalise care in ways that overlook local specificities or impose external frameworks that do not align with territorial realities. In this regard, **the importance of horizontal dialogue was repeatedly emphasised.** Rather than incorporating community care into pre-defined policy structures, there is a need for co-construction processes that recognise different forms of knowledge and allow for mutual adaptation.

These tensions were also evident in discussions around the role of the state. While **there was broad agreement on the need for greater public investment and institutional support for care, participants stressed that this should not come at the expense of community autonomy.** Experiences of collaboration between public institutions and grassroots organisations—sometimes referred to as public–community or public–popular partnerships—were mentioned as potential pathways for addressing this challenge, particularly when they involve mechanisms that enable community organisations to participate on more equal terms.

Another dimension that emerged from the session relates to the scope of care. While policy discussions often focus on specific population groups—such as children, older persons, or persons with disabilities—community practices tend to encompass all stages and forms of life and respond to a broader range of needs, including emotional support, social cohesion, and collective well-being—considering the environmental component. This broader understanding of care challenges more segmented policy approaches and suggests the need for models that are more integrated and context sensitive.

Taken together, the discussions demonstrate that community care is not simply a complementary layer to formal care systems, but a critical foundation that both precedes and informs them. At the same time, they point to the need for careful and context-sensitive approaches to policy design, to ensure that the incorporation of community practices strengthens rather than displaces them. In this sense, the session expands the institutional discussion of the morning by underscoring that care systems are not built solely through policies and services, but also through recognising and supporting practices that are already sustaining life in diverse territories.

Implementation in Practice

Visits to the Bus del Cuidado (Care Bus) and the Manzana del Cuidado (Care Block) in Bogotá: Territorialising Care Systems



While the previous sections highlighted the institutional and community dimensions of care, the territorial visits conducted on the second day of the supplementary agenda provided an opportunity to observe how care systems are being operationalised in practice. **Visits to the *Bus del Cuidado* (Care Bus) and the *Manzana del Cuidado* (Care Block) in Bogotá offered concrete examples of how care policies are translated into service delivery models, particularly in urban contexts marked by socio-economic inequality and uneven access to services.**

A first key feature of these models is the integration of multiple services within a single platform. Both the mobile and fixed-site initiatives aim to address a range of care-related needs through coordinated interventions, including health services, psychosocial support, legal assistance, and programmes focused on income generation and skill development. These services are targeted not only at individuals who require care, but also at caregivers, particularly women, recognising the multiple dimensions of care responsibilities and their impact on economic and social participation.

The *Bus del Cuidado Urbano* illustrates an approach centred on mobility and outreach. By bringing services directly into neighbourhoods, the model seeks to reduce barriers related to distance, time, and cost, which often limit access to care-related services. **This approach is particularly relevant in contexts where populations face geographic, economic, or time-related constraints in accessing institutional services.** The mobile nature of the intervention also allows for flexibility in responding to different territorial needs.

In contrast, **the *Manzana del Cuidado* represents a permanent and spatially integrated model.** It brings together a range of services within a defined urban area, creating a localised ecosystem of care that connects different types of support. This includes services for children, older persons, and persons with disabilities, as well as spaces and programmes designed for caregivers. **The model emphasises proximity and continuity, aiming to create stable access points for care services within specific territories.**

In addition to the visit, the Bogotá District Secretariat for Women , in collaboration with the staff of the Manzana del Cuidado Kennedy, explained how the Manzanas are organised and the principles under which they operate. They noted that **each Manzana has distinct objectives, infrastructure, and scope, defined in response to community needs.** This presentation on institutional processes and architecture opened the floor for exchange and questions regarding the care system models existing at the local level in Bogotá and at the national level in Colombia.

Across both experiences, participants highlighted the importance of accessibility and proximity as central principles of care provision. Reducing the time and effort required to access services was seen as critical, particularly for women with heavy care responsibilities. In this sense, territorial models do not only expand service coverage but also reshape the conditions under which care can be accessed and redistributed



At the same time, **the visits also brought attention to a set of implementation challenges. One issue that emerged relates to continuity and sustainability.** While mobile services allow for flexible outreach, they may also face limitations in terms of follow-up and long-term engagement with users. Fixed-site models, on the other hand, require sustained investment and coordination to maintain service quality and coverage. In both cases, **the articulation between different services and institutions remains a key challenge, particularly in ensuring that users can navigate the system effectively.**

Another recurring point concerns the scope of these interventions. While the models aim to address multiple dimensions of care, their reach is still bounded by territorial and resource constraints. This raises questions about scalability and how such initiatives can be expanded or adapted to other contexts without losing their responsiveness to local needs.

Importantly, **the territorial experiences also highlight the relationship between formal services and community dynamics.** While these models are state led, their effectiveness depends in part on their ability to connect with existing social networks and community practices. **In this sense, territorialisation is not only about delivering services in specific locations, but also about engaging with the social fabric of those territories.**

Taken together, **the visits suggest that territorial models play a critical role in bridging the gap between policy design and everyday experience.** They make visible how care systems are enacted in practice, and how institutional commitments are translated into concrete forms of support. At the same time, **they reveal the operational complexities involved in sustaining integrated and accessible care provision across different contexts.**

Rather than presenting a single model for replication, these experiences illustrate a set of principles—such as integration, proximity, and responsiveness—that may inform the development of care systems in other settings

Building on these observations, the experiences observed during the territorial visits point to a set of practices that may be relevant for adaptation in other contexts. These include the integration of services within accessible platforms, the emphasis on proximity to reduce time and access constraints, and the recognition of caregivers as direct beneficiaries of care policies. Their potential for adaptation, however, depends on contextual factors such as institutional capacity, financing, and territorial conditions.

Key Challenges and Opportunities for Strengthening Care Systems



Across the different sessions, a set of key lessons emerged from the exchange of experiences, reflecting both convergences across regions and insights grounded in specific contexts.

Participants highlighted the importance of recognising care as a political and institutional priority, the need to connect policy frameworks with territorial realities, and the value of building on existing community-based practices. These lessons, which cut across policy design, implementation, and the social organisation of care, provide an entry point for identifying priority areas for strengthening care systems.

PRIORITIES:

Financing and sustainability: Expanding care services and improving working conditions for caregivers require predictable and sustained public investment. This includes public budget allocations, gender responsive budgeting, integration of care into social protection financing, municipal and subnational budgets lines and catalytic support from development partners. In African contexts, where fiscal constraints are often acute, financing strategies may need to combine national policy commitments with decentralised implementation budgets and targeted investments in care infrastructure. At the same time, participants emphasised the importance of strengthening the evidence base on care needs, costs, and impacts (economic and social returns of care) to better inform planning and budgeting processes.



Institutional coordination: Care policies cut across multiple sectors, including health, social protection, labour, and education. While this is widely recognised, translating intersectoral approaches into effective coordination mechanisms remains an ongoing challenge. Strengthening institutional arrangements—particularly at the territorial level—may help improve the coherence and effectiveness of care systems, ensuring that services are delivered in an integrated manner.

Addressing gender inequalities in care: Across contexts, care responsibilities continue to fall disproportionately on women, reflecting deeply embedded social norms. Participants highlighted that policies aimed at expanding services need to be complemented by efforts to promote shared responsibility, including engaging men and broader communities. Positioning care as a collective and rights-based issue remains central to advancing more equitable systems. Further, the expansion of care systems must be accompanied by attention to the rights, remuneration, training, protection and professionalisation of paid care workers, many of whom operate in informal or poorly regulated conditions. Without decent work protections, care systems risk expanding services while reproducing the same inequalities they seek to address.

Territorial equity: A fourth priority relates to Differences in infrastructure, service availability, and institutional capacity shape access to care across territories. Experiences presented during the forum illustrate how targeted interventions can improve access but also highlight the importance of adapting models to different contexts. Strengthening mechanisms for territorial implementation and scaling, while maintaining responsiveness to local conditions, is therefore critical.

Finally, **participants underscored the importance of articulating formal policy frameworks with existing community-based practices.** Ensuring that institutionalisation processes build on, rather than displace, these practices require approaches that promote dialogue, co-construction, and collaboration between state and community actors.

Taken together, these areas point to the political economy of care reform and demonstrate that strengthening care systems requires integrated approaches that connect institutional development, territorial implementation, community engagement, and mechanisms that protect progress across government transitions supported by evidence and sustained political commitment.

South–South Cooperation and Pathways for Strengthening Care Agendas

The panel and its complementary agenda highlighted the strategic potential of South–South cooperation as a mechanism to advance care agendas across regions.

Rather than promoting the replication of specific models, participants emphasised the value of exchange, mutual learning, and the co-development of approaches adapted to different contexts. Existing multistakeholder platforms, including the Global Alliance for Care, as well as other organisations, such as IDRC, have contributed to fostering such exchanges and may continue to support their expansion.

Several priority areas for technical cooperation emerged from the discussions

Policy design and institutional development

Cooperation can support countries in strengthening legislative processes, developing national care frameworks, and building governance arrangements that enable implementation. This could involve structured exchanges between government actors, as well as technical dialogue between policymakers and research institutions.

Territorial implementation

Participants identified opportunities for sharing experiences on integrated service delivery models, including approaches that improve access and reduce time constraints for caregivers. Technical cooperation in this area can include peer learning between subnational governments and implementing agencies, as well as the adaptation of service models to different territorial contexts.



Data, monitoring, and evidence generation

Strengthening statistical systems, improving the measurement of unpaid care work, and developing tools for monitoring care policies were identified as shared priorities. Cooperation can support the exchange of methodologies, the development of common indicators, and capacity-building initiatives for data production and analysis.



Community-based care

In addition, participants highlighted the relevance of strengthening collaboration around community-based care. This may include exchanges between community organisations across regions, as well as initiatives that connect these organisations with policymakers and researchers to inform more inclusive care policies.

Across these areas, participants emphasised the importance of sustained mechanisms for collaboration. Platforms for ongoing dialogue, research–action partnerships, and multi-actor networks can provide a foundation for structuring technical cooperation over time, allowing for continuity beyond one-off exchanges.

South–South cooperation in the field of care can be understood as a process of structured exchange and joint learning that strengthens policy development and implementation while remaining responsive to different institutional and territorial contexts.

Conclusions



Building on the discussions and exchanges held during the CELAC–Africa Forum on the panel Care Policies, the findings of this report point not only to shared challenges and lessons, but also to concrete opportunities for advancing collaboration between Latin America, the Caribbean, and Africa.

Rather than reiterating a single pathway for care system development, the forum underscored the importance of sustaining dialogue and joint learning across regions, recognising that care policies are evolving through diverse institutional and territorial trajectories. In this sense, the value of the forum lies not only in the exchange itself, but in its potential to serve as a foundation for continued collaboration.

Looking ahead, several upcoming regional and international processes provide opportunities to carry this agenda forward.

- The CELAC presidency of Uruguay provides a platform to continue strengthening regional dialogue and to connect these discussions with broader Latin American and Caribbean policy processes.
- The African Union Care Forum to be held in Ethiopia in September represents a key moment to deepen engagement within the African region while maintaining and expanding bi-regional exchange.

These processes create an opportunity to further consolidate CELAC–Africa dialogue on care, building on the relationships, knowledge, and priorities identified during the forum. They also offer a space to further develop technical cooperation, including in areas such as policy design, territorial implementation, data systems, and community-based care.

Advancing this agenda will require moving beyond dialogue towards more structured and sustained forms of collaboration. This may include the development of joint knowledge initiatives—such as comparative analyses or publications on care systems and practices across Latin America, the Caribbean, and Africa—as well as the strengthening of peer learning processes on policy design, territorial implementation, and data systems. **It may also involve ensuring that South–South cooperation is systematically integrated into ongoing and future initiatives, enabling continued exchange across regions and contributing to the consolidation of shared approaches to care.**

In this context, strengthening collaboration will depend not only on creating new spaces for exchange, but also on leveraging existing platforms that have established both relevance and legitimacy across regions. Platforms that bring together diverse actors—governments, civil society, research institutions, and international organisations—and that align around a transformative vision of care can play a critical role in sustaining momentum and deepening collaboration.

Within this landscape, **multistakeholder initiatives that have supported exchanges across regions**—including the Global Alliance for Care—can contribute to coordination, knowledge exchange, and the continuity of collaborative efforts.

Moving forward, participants emphasised the importance of maintaining structured platforms for exchange, strengthening collaboration between governments, community organisations, and research institutions, and ensuring that care remains positioned as a central component of social and economic policy agendas.

South–South cooperation can continue to play a key role—not only as a mechanism for knowledge exchange, but as a means of collectively advancing care agendas that are grounded in shared challenges, diverse experiences, and mutual learning.

Looking ahead, CELAC–Africa cooperation can play a critical role in sustaining momentum. Joint research, peer learning, technical exchanges, shared indicators and collaborative platforms can help countries move from recognition to implementation. By grounding this cooperation in mutual respect, contextual diversity and shared political commitment, both regions can contribute to a more ambitious global care agenda rooted in justice, equality and collective responsibility.



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