Design, Approval and Implementation of National Care Systems and/or National Care Policies

Results of the experience exchange workshop, 2022

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At the Instituto Nacional de las Mujeres de México, Inmujeres (hereinafter National Institute for Women and/or Inmujeres), based on our National Program for Equality between Women and Men (2020-2024), our main objective is to lay the foundations for the construction of an inclusive, progressive and sustainable National Care System, which offers: first, the necessary conditions for the exercise of the human right to provide care and receive care, under the principles of accessibility, quality and sufficiency; second, to enhance the empowerment of women; and third, to build peace and security.

Achieving this objective undoubtedly requires the exchange of experiences, good practices, opinions and data –as collective learning– to make progress and contribute each one from our field of expertise, amplifying voices and spaces. In response to this, Inmujeres, in collaboration with the Global Alliance for Care, convened the workshop "Taller de intercambio de experiencias sobre diseño, aprobación e implementación de Sistemas Nacionales de Cuidados y/o políticas nacionales de cuidados" (hereinafter Experience exchange workshop on the design, approval and implementation of National Care Systems and/or national care policies), together with the Ministerio de la Mujer y Poblaciones Vulnerables de Perú (hereinafter Ministry of Women and Vulnerable Populations of Peru), UN Women, the Eurosocial Program and the Instituto de Liderazgo Simone de Beauvoir de México (hereinafter Simone de Beauvoir Leadership Institute of Mexico).

It is essential to capture the dialogues and results arisen from the productive exchanges achieved in this unprecedented space. That is why we are sure, that through the lines of this text, readers will be able to delve into the experiences and paths undertaken by governments such as Argentina, Spain, Mexico, Panama and Peru, all with a common denominator in their public agendas: moving towards a society for care.

We are sure that this publication will be very useful and worthwhile for the work that we carry out as governments, organizations, companies and collectives, aimed at strengthening the adoption of the feminist care agenda at a global level.

As co-convener and co-leader of the Global Alliance for Care, at Inmujeres we will continue to promote efforts and opportunities of exchange and collaborative learning in a committed manner, highlighting the value of the global community, constituted in the Alliance, as an open platform for its members to share knowledge and practices.

Nadine Gasman Zylbermann
President of Inmujeres

The care economy from a gender perspective has been a central action area of EUROsociAL+, and a key element for women's economic autonomy.

In fact, in both Latin America and Europe, the models that reproduce the role of women as the main responsible for care work in public programs, business policies and family arrangements persist, with the overload and limitations that this entails for entering the labor market.

Therefore, it requires that we take into account the value of work –paid or not– carried out by women at home, on the one hand, and on the other, the differentiated impact that public policies can have on them.

Moving the care agenda towards Comprehensive Care Systems requires public infrastructure and services, co-responsibility in the private and men's sectors, as well as measures for equal opportunities, conditions and salaries in the labor market.

We are facing a moment of opportunity after the pandemic, which has brought the historical claims of feminism into the public policy debate: the unfair sexual division of work and the centrality of care in life and society. It is a moment in which we can re-found the model, by placing care at the center of decisions and public policies.

A society for care can only be achieved, with the effective right to care and be cared for, from intersectorality and with a key role for the Institutional mechanisms for the advancement of women.

Ana Pérez Camporeale
Coordinator of the Gender Equality Policies Area, EUROsociAL+

I. INTRODUCTION

In July 2022, the "Experience exchange workshop on the design, approval and implementation of National Care Systems and/or national care policies" was held by the Global Alliance for Care, in collaboration with the Government of Mexico, through the National Institute for Women, as well as the Ministry of Women and Vulnerable Populations of Peru, UN Women and the European Union Program for Social Cohesion in Latin America EUROsociAL+. One of the expected results was the creation of a publication describing the main findings from the exchanges that were held during the meeting.

This document is an exercise to systematize the results of the above mentioned workshop. It is divided into five sections. The first one presents the methodology used to carry out the workshop, as well as a conceptual introduction to the National Care Systems. The second section contains the central points of the interventions of the people who participated on behalf of the convening institutions. Their messages are useful to highlight the objectives of the workshop and the importance of this exchange exercise for those who are members of the Global Alliance for Care. The third section focuses on the analysis and summary of each of the interventions made by the representatives of the participating governments. In order to contribute to a better understanding of the interventions and to facilitate the comparison of the progress presented in each case, this section has been divided in different categories of analysis, as followed:

a. Care policy conceptualization and principles
b. Regulatory strategies implemented
c. Management structure and government agencies involved
d. Challenges and opportunities

The fourth section is a comparative exercise between the cases presented, in order to trace common elements, identify similar strategies and actions, as well as recognize the challenges of each stage within this process of institutional change regarding care. The last section lays out the conclusions drawn from the systematization and analysis exercise presented here.

The analysis in this paper refers exclusively to the contents presented in the workshops, which may not reflect the current reality of the countries in terms of public care policies.

1.1 Methodological Aspects

The "Experience exchange workshop on the design, approval and implementation of National Care Systems and/or national care policies" was held virtually[1] on July 11th 2022, with the main objective of **establishing a channel for dialogue and active exchange between governments that are part of the Alliance and other governments interested in sharing the experiences of design, approval and implementation of national care policies.**

This effort to materialize an unprecedented learning space is part of the Alliance's action area, which focuses on the exchange of experiences and the creation of communities of practice in terms of care. In addition, it is part of the series of meetings (called "Workshops of exchange and training in care policies") that have been jointly organized with the Simone de Beauvoir Leadership Institute of Mexico, in order to provide a space for the exchange of practical knowledge and training in care policies for public decision-makers.

Following this same approach, the workshop was designed to address two types of target populations:

- Governments with experience in designing, approving and/or implementing national care policies interested in sharing their practical knowledge.
- Governments interested in learning about the processes of design, approval and/or implementation of national care policies.

Each government participating in the workshop designated representatives from the technical teams involved in the process of designing and/or implementing system, policies or actions at the national level in the area of care. Within the framework of the workshop, the term "focal points" was used to designate these government representatives.

During the preparation phase of the workshop, the focal points were asked to submit a description of their experiences in care. And during the workshop, they shared this information on the screen with the participants.[2]

The focal points' presentations were organized in two rounds of exchange, as described below:

1st ROUND OF EXCHANGE

- Mexico. Designated focal point: Marta Clara Ferreyra Beltrán, General Director of the National Policy of Equality and Women's Rights of the National Institute for Women (Inmujeres).
- Spain. Designated focal point: Begoña Suárez Suárez, Deputy Director General for Entrepreneurship, the Equality in the Company and Collective Bargaining Women, Instituto de las Mujeres de España (hereinafter Women's Institute from Spain).
- Peru. Designated focal point: Karina Huaraca, Director II of the Directorate of Promotion and Development of Economic Autonomy of Women, Ministry of Women and Vulnerable Populations of Peru.

2nd ROUND OF EXCHANGE

- Argentina. Designated focal point: Leandro Bleger, National Director of Care Policies, Ministerio de las Mujeres, Géneros y Diversidad, Argentina (hereinafter Ministry of Women, Gender and Diversity, Argentina).
- Panama. Designated focal point: Nischma Villarreal, Director of Social Policies, Ministerio de Desarrollo Social, Panamá (hereinafter Ministry of Social Development of Panama).

Each round included a brief presentation of the corresponding experience or good practice, followed by a structured dialogue based on leading questions that were previously shared with the focal points. At the end of both rounds, the conversation was opened with the audience.[3]

Both the design, approach and execution of the workshop were participatory, and were based on the initial inputs collected in these two documents:

1) "Hacia la Construcción de Sistemas Integrales de Cuidados en América Latina y El Caribe. Elementos para su Implementación" ("Towards the construction of Comprehensive Care Systems in Latin America and the Caribbean: Elements for its Implementation,") elaborated by UN Women and the Economic Commission for Latin America and the Caribbean (ECLAC). This document contains the conceptual bases of the Comprehensive Care Systems, as well as a proposed roadmap for its implementation, based on the experiences and learnings from Latin America and the Caribbean.

2) "Treinta experiencias exitosas para redistribuir, reducir, reconocer, remunerar o representar el trabajo de cuidados" ("Thirty successful experiences to redistribute, reduce, recognize, remunerate or represent the care work", available in Spanish) edited by the National Institute of Women of Mexico, coordinated by the Simone de Beauvoir Leadership Institute of Mexico and written by Lourdes Jiménez Brito. This document is a systematization and analysis exercise of a selection of thirty successful public policy experiences aimed at redistributing, reducing, recognizing, remunerating or representing care work.

1.2 Leading and Triggering Questions for the Exchange

In the preparatory phase of the workshop, a series of questions were developed to guide the presentations and encourage the exchange of experiences, taking into account the different stages in which the care policies of each of the countries participating might be.

General questions:

- What does the policy entail? What is the current status of the policy in question?
- In what way does this policy recognize, reduce, redistribute, represent or remunerate the care work?
- How was the process of positioning the care issue in the political agenda of your government?
- What were the key strategies in order to achieve such positioning?

Specific questions about the design or approval stage:

- What were the governmental instances that participated in the design of the policy?
- Was there participation from other sectors such as academia, organized civil society, unions, among others, in this process?
- What approval strategy was followed? Was a legislative and/or constitutional reform required?
- What were the main challenges you faced and how did you overcome them?

Specific questions about the implementation stage:

- What do you consider to be the main achievements or results that the policy has had so far?
- What have been the main challenges you have faced in relation to this policy?
- What aspects would you change or improve? Is there anything you would do differently?

1.3 Key Concepts

A **Comprehensive Care System** can be defined as "*the set of policies aimed at specifying a new social organization of care, in order to care for, assist and support people who require care, as well as to recognize, reduce and redistribute the care work, today is mostly carried out by women, from a human rights, gender, intersectional and intercultural perspective.*"[4]

Such policies must be carried out through an inter-institutional articulation and from a people-centred approach, in which the State is the guarantor of the access to the right to care under a model of gender equality and social co-responsibility with civil society, the private sector as well as families. Therefore, the implementation of a Comprehensive Care System requires intersectoral management for the gradual development of each of its components (services, regulations, training, information and knowledge management, as well as communication for the promotion of cultural change) that addresses cultural and territorial diversity.[5]

Furthermore, there is a growing consensus on how wide-ranging care systems constitute the highest canon in terms of public provision of care. However, in order to understand the heterogeneity of situations present in the region –and globally– in relation to care, it is necessary to **distinguish between care programs, policies and systems**.

In practically all Latin American countries, it is possible to find **programs** that implement care services of some kind. Undoubtedly, the most widespread are **services** aimed at early childhood, the elderly or people with disabilities. **Care policies**, on the other hand, comprise a series of articulated programs that aims to satisfy the needs and ensure the exercise of rights of a given population.

In order for these care policies to become a system, it is also necessary to develop a governance model that includes inter-institutional articulation –at the national and territorial levels– among all the institutions that implement actions aimed at the care of different target populations, as a way of efficiently taking advantage of the capacities installed at the state and social levels, thus developing a management model that tends to move "*from the logic of services to the logic of people*." This distinction is extremely useful for understanding the different stages of care-related actions in Latin America and the world.[6]

II. The Importance of Generating Spaces for Knowledge Exchange Between Governments

Authorities from the different convening institutions were present at the opening of the workshop. In their presentations, they placed special emphasis on the need and importance of having this type of spaces for the exchange of practical knowledge, in order to promote and accelerate actions, programs and policies regarding care. Likewise, they agreed that all these efforts should be aimed at transforming the current social organization of care, with a view to advancing towards a care society.

The welcome panel was formed by:

- Nadine Gasman, President of the Inmujeres, Mexico.
- Diana Miriam Miloslavich, Minister of Women and Vulnerable Populations of Peru.
- Belén Sanz, UN Women Representative in Mexico.
- Bénédicte Lucas, Head of the Gender Help Desk of the Gender Equality Policies Area of EUROsociAL+.

In her speech, Nadine Gasman, President of Inmujeres, expressed the importance of having these exchange spaces for the Institute:

> *"This workshop for the exchange of experiences of national scope is a very valuable exercise for Inmujeres, because it is an opportunity to talk about the challenges involved in the design, approval, and implementation of National Care Systems."*

> *"This workshop is also valuable because it is a space for mutual learning, to know more about the experiences and the paths taken by other countries in this common effort for transitioning to care societies. It is in Inmujeres' interest to continue promoting these spaces that, from the Global Alliance for Care, have made it possible to form a co-creative, collaborative and open global community for its members to share experiences and practices, in order to advance the feminist care agenda in all areas and at all levels.*

To conclude, and alluding to the Mexican case, whose National Care System was at that time in the process of legislative approval, she mentioned that this is an experience to which the Institute feels a special commitment, and is also completely in line with its main objectives:

"[First] to lay the foundations for the progressive construction of an universal and sustainable National Care System that offers, on the one hand, the conditions for the exercise of the human right to care and be cared for, under the principles of accessibility, quality and sufficiency. Second, to enhance the empowerment of women. And third, to contribute to substantive equality between women and men."

Meanwhile, Diana Miriam Miloslavich, Minister of Women and Vulnerable Populations of Peru, focused her participation on showing the advances that her country presents in the area of care. In this regard, she reported on some tools that support this institutional effort:

"The main [progress] is the Government Policy from 2021 to 2026 that aims to promote the creation and implementation of the National Care System, a proposal that was present since the first statements of the president and the ministers of the current government."

Likewise, she briefly commented on the previous participatory process of social dialogue that fed a diagnosis on the situation in terms of care services faced by Peru, and the impacts on women's lives that it represents. In addition, she informed that a legislative proposal containing the recognition of the right to care and the creation of the National Care System of Peru was being developed by the time of this workshop. The minister stressed that this system should have a gender focus, and contribute decisively to achieving women's equality, putting an end to the current sexual division of labor.

Belén Sanz, UN Women Representative in Mexico, focused her message on three central points:

a. She valued the interest of the Global Alliance for Care in generating spaces for exchange and co-leadership aimed at sharing experiences in the matter (such as this workshop) in which central issues are addressed, such as the development of care systems, the financing and innovative methodological tools that can be useful for the Alliance. In this case, the workshop allows us to understand "*how, from the different countries, the three experiences are contributing to laying the steps or the progressive foundations of these Care Systems.*"
b. She reiterated that "*care is one of the structural nodes of gender inequality and its unequal distribution.*" In this sense, she recovered the work carried out with the UNDP which proposed to review the gender gaps after the COVID-19 pandemic, and whose results[7] point to a widening of these gender gaps. By adding the ECLAC data, it is evident that, in places like Latin America, this represents:
"(...) a setback of more than a decade in certain advances achieved in terms of women's

participation in the labor market. And from an intersectional perspective, this inequality in the distribution of care work exacerbates other obstacles and forms of inequality and discrimination faced by different groups of women in our region."

c. She concluded by addressing the issue of investment in Care Systems:
"Investment with a gradual progress, but without setbacks for a Care System, is a transforming commitment to get out of this pandemic, and the care agenda is essential to counteract the multiple crises that we are facing as a region, that we are facing as a planet, including the conflicts that are linked to the climate and food crisis. And investing in Care Systems helps us build the foundation of social protection to face many of these crises."

Finally, Belén Sanz celebrated the effort to exchange experiences in this workshop and mentioned that UN Women has worked to establish the principles and components that the Care Systems should have, which are mentioned below:

Principles

1. Care as a Human Right
2. Universal access and provision of services
3. Social and gender co-responsibility, both inside and outside the home
4. Autonomy of women's promotion
5. Solidarity financing

Components

1. Creation and expansion of services aimed at the different target populations, taking into account various modalities and schedules.
2. Regulation of public and private services, as well as the regulation of the labor conditions of workers.
3. Quality training for caregivers to strengthen their rights, their employment trajectories and obtain decent job conditions.
4. Development of information systems and statistics for the design, implementation and evaluation of Care Systems, as well as the generation of evidence.
5. Promotion of cultural change focused on social co-responsibility for care, which means dismantling gender stereotypes and the redistribution of care.

Finally, Bénédicte Lucas, Head of the Gender Help Desk of the Gender Equality Policies Area of EUROsociAL+ spoke on behalf of Ana Pérez, Coordinator of the Gender Equality Policies Area of EUROsociAL+ . In her speech, she explained that the program, with 15 years of trajectory, has among its central action areas of work the socioeconomic autonomy of women, physical and political autonomy, gender mainstreaming and the economy of care. These four areas are developed throughout the various actions of the program, in collaboration with the countries with which they work[8].

In line with the regional and global agenda, EUROsociAL+ has participated in different spaces of exchange[9] and, in this respect, they not only celebrate their participation in this workshop, but are also interested in joining and supporting these exchange processes. One particular interest of the Program is to learn about the differentiated impact that public policies can have on women. Some of their learnings in this sense have been: the need to value care tasks, recognize women's unpaid work , promote co-responsibility and redistribution of tasks. All this requires true Comprehensive Care Systems, with a territorial approach and a range of measures specific to women, such as the issue of training caregivers, as well as the provision of quality public services that allow us to truly achieve a society of care. To conclude, the representative of EUROsociAL+ expressed her certainty that the exchanges planned during the workshop will allow to move towards this goal.

III. Analysis of Five Experiences of Design, Approval and Implementation of National Care Systems and/or Care Policies

This section presents the experiences of the five countries participating in the workshop, following the same order in which they made their presentation. These are: Mexico, Spain and Peru (first round of exchange), and then Argentina and Panama (second round of exchange).

In order to contribute to a better understanding and facilitate the comparison of the advances presented in each case, different categories were established for the analysis: a) care policy conceptualization and principles; b) regulatory strategies implemented; c) management structure and government agencies involved; d) challenges and opportunities.

The following pages present the analysis of the five experiences considering these categories.

3.1 First Round of Exchange

MEXICO

In the case of the Government of Mexico, the presentation was in charge of Marta Clara Ferreyra Beltrán, General Director of the National Policy of Equality and Women's Rights of the Inmujeres. In her presentation, she addressed various points of great interest to the audience: from the institutional anchoring of the care agenda in Mexico, to the constitutional reform strategy that has been prioritized. The official in charge of the presentation also explained the lessons learned from the Mexican experience so far.

a) Care policy conceptualization and principles

According to Marta Clara Ferreyra Beltrán, the care model promoted by Inmujeres is inclusive, progressive and sustainable. The main objective being promoted from the Institute is to contribute to laying the foundations for the development of a care model, and leave it in place if possible. This model is considered by the Institute as the fourth pillar of well-being.[10]

In her presentation, the official emphasized the need to include the gender perspective –unlike previous experiences– and of course, a feminist perspective that places the needs, demands and life purposes of the country's women and girls at the center of public policies.

Inmujeres has been very aware that Mexico has specificities and, despite having learned a lot through the comparison of experiences, promoting the idea of situated and territorially adapted national public policies is one of the characteristics of the actions led by the Institute. In this regard, she comments that in a consultation carried out by the Programa Nacional para la Igualdad entre Mujeres y Hombres,

PROIGUALDAD (hereinafter National Program for the Equality between Women and Men and/or PROIGUALDAD), the women surveyed identified three urgent problems: (1) provision of care, (2) economic growth, and (3) violence against women.

This triangle has been central in guiding the management and the way in which public policy is designed. Based on this identification, they set about the task of working on the design of a National Care System that not only contributes to solving these three problems, but also takes them as a starting point. The following image illustrates the relationship between these key elements.

Image 1: Principles and Elements of the National Care System of Mexico

Source: Presentation by Marta Clara Ferreyra Beltrán, Mexico.

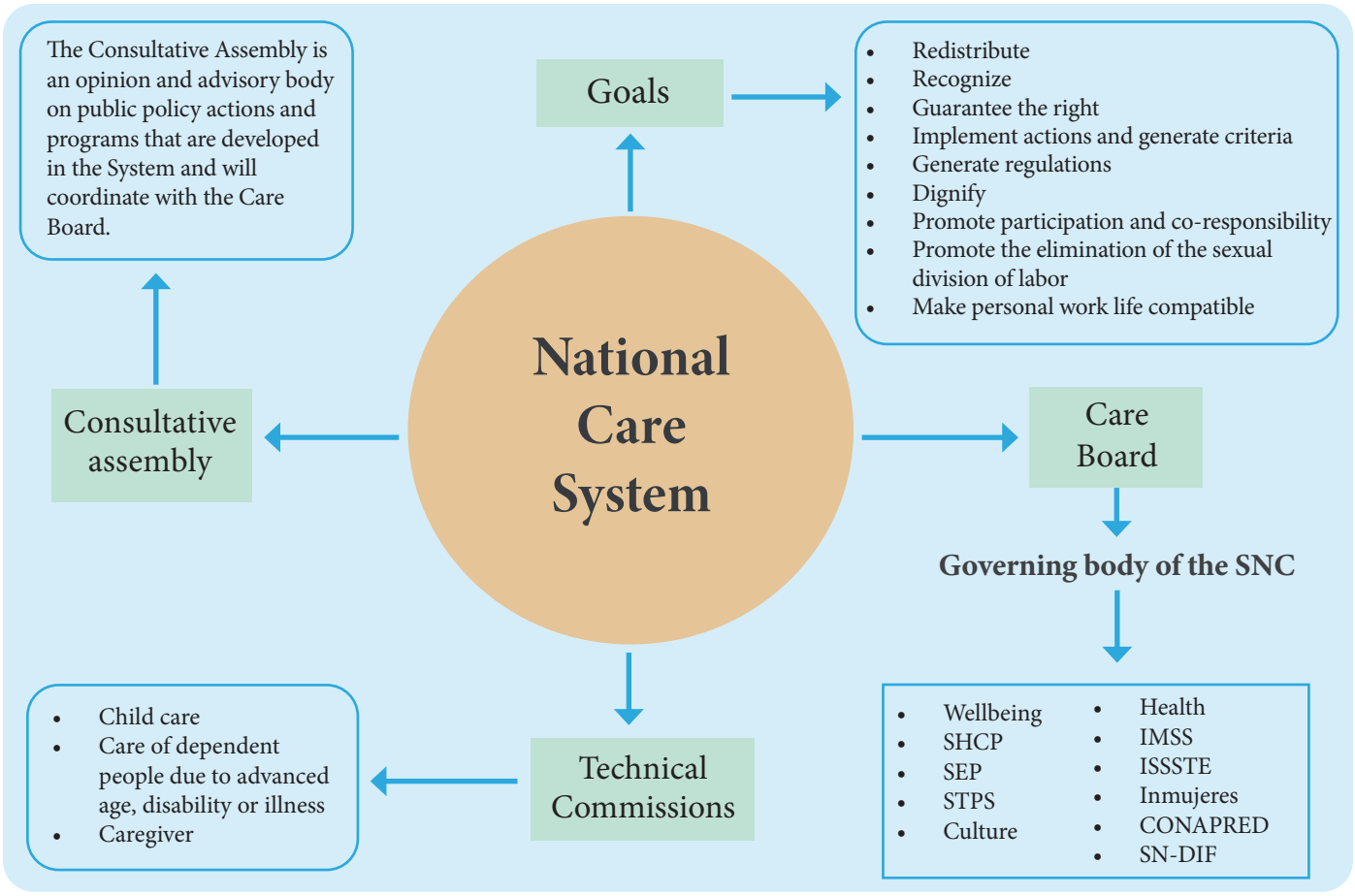
b) Regulatory strategies implemented

The first substantial change in the positioning of the care agenda was the inclusion of the topic in the PROIGUALDAD program, mentioned above. Marta Ferreyra explained that the second objective of this program is to generate the conditions to recognize, reduce and redistribute domestic and care work family members, the State, the community and the private sector. It also mentions that it is a clearly feminist, transformative objective and even a civilizational change.

The second central piece that Mexico has prioritized in the strategy towards regulatory change is a constitutional reform to include the right to care, as well as the establishment of a National Care System as a way of guaranteeing the exercise of the mentioned right. As the Inmujeres official mentioned, this constitutional reform is essential to give institutional sustainability to the care agenda. In addition, she stressed that the main objective of this strategy is to establish a guaranteeing basis at the constitutional level, which functions as a State pact to protect and maintain these advances through the different changes of government that may arise in the future. This constitutional reform has already been approved by the Chamber of Deputies and is awaiting approval in the Senate.

Parallel to the constitutional reform process, the approval of the General Law of the National Care System is being promoted as a third normative strategy. The official explained that this law was based on the results of a national consultation and had the contributions of experts. It is currently in the review process in the Senate. The contents of this initiative legislation can be seen in the image below:

Image 2: Contents of the General Law of the National Care System (SNC, for its Spanish acronym)



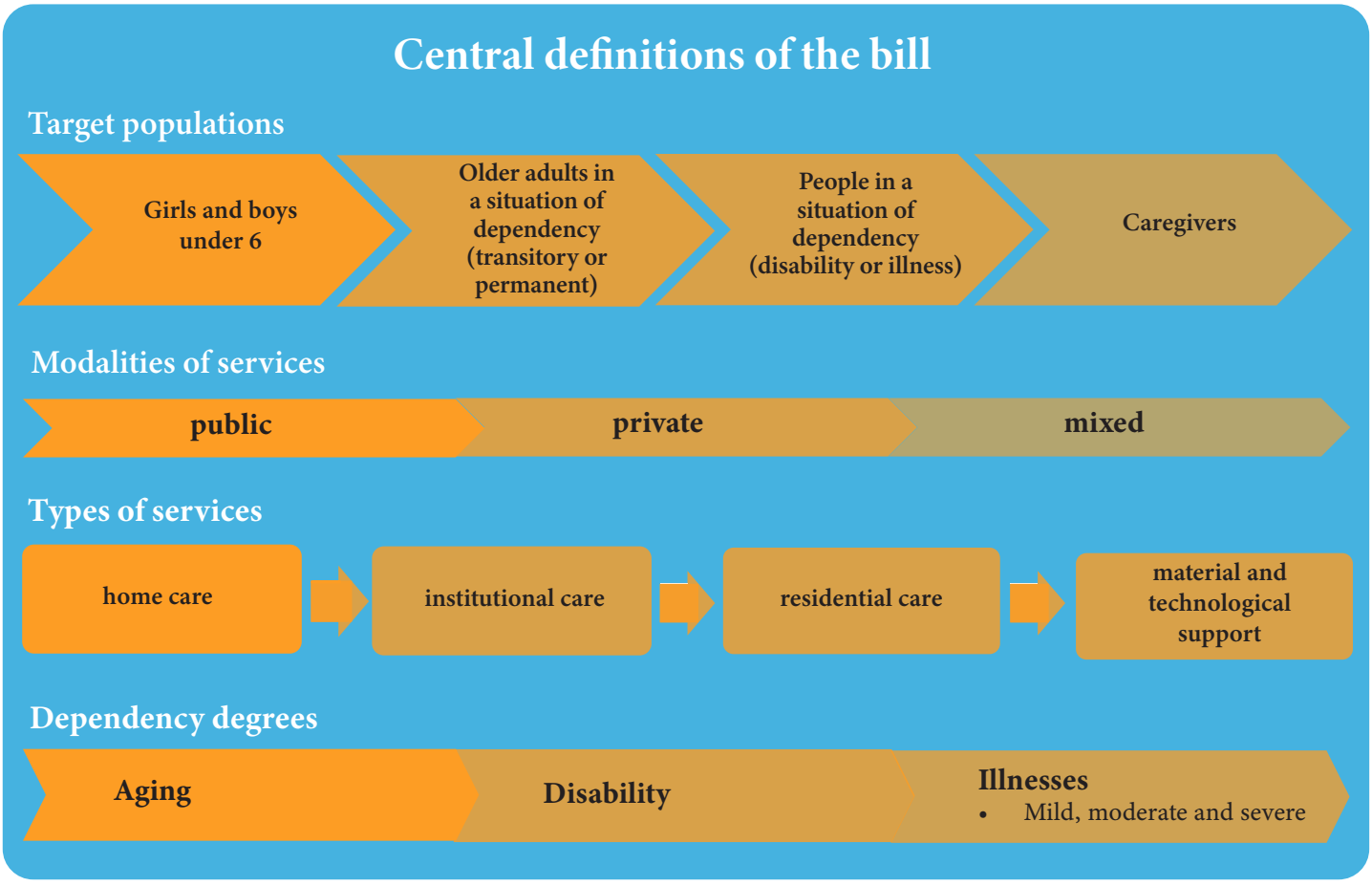
Source: Presentation by Marta Clara Ferreyra Beltrán, Mexico.

c) Management structure and government agencies involved

The bill provides for the creation of a Care Board constituted by various Mexican government agencies,[11] the creation of Technical Commissions[12] that stem from the target populations, as well as a Consultative Assembly that will be directly coordinated with the Care Board and will function as an advisory body regarding the activities carried out by the System.

The official explained that, despite the fact that the law is still in the process of deliberation, meetings are being held with the governmental bodies that would form part of the governing body for the National Care System's governance. There is already a previous work of articulation and coordination, as well as a process of progress in the definitions of the target populations, the modalities of services, types of services and degrees of dependency. The following image includes the central definitions of the bill.

Image 3: Central definitions of the General Law for the National Care System



Source: Presentation by Marta Clara Ferreyra Beltrán, Mexico.

d) Challenges and opportunities

The main challenges are associated with reaching the necessary political agreements to approve the constitutional reform and the General Law of the National Care System. Both topics are in the parliamentary headquarters and in different legislative stages. On the other hand, the work meetings between the governmental bodies that will make up the governing organ of the National Care System are key to determine the foundations and critical agreements for the implementation phase of the mentioned system.

SPAIN

Begoña Suárez Suárez, Deputy Director General for Entrepreneurship, Equality in the Company and Collective Bargaining of Women of the Women's Institute from Spain, began its presentation highlighting the decentralized nature of Spain, which forces us to consider a series of particularities and pre-existing complications.

Due to this decentralized nature of the country, it can be said that Spain shows a fragmented political and regulatory response in terms of care, with different levels of implementation of public policies. For example, the supply of care systems is divided between the different target populations (children, elderly people or people with functional diversity, paid household work, etc.). Likewise, it is divided into different characteristics and degrees of development. This poses the challenge of a strong state development that supports these agendas. Although, there isn't yet a State Care System, efforts to move in this direction have been made.

a) Care policy conceptualization and principles

In Spain, care is considered a right that must be inclusive and universal in nature, which must be supported by the fact that "*all people at some point in our lives require care, and [that] most people are capable of caring.*"

The final conceptualization of care, as well as the pillars of the State Care System are still in a development stage, subject to revisions. However, the following have been considered central elements:

- Child Care and Education System
- Promotion and Autonomy System for Dependency Situations
- Strategy to professionalize and dignify care work
- Cultural and paradigm shift

b) Regulatory strategies implemented

As a regulatory background, Spain has the 2006 Law for the Promotion of Personal Autonomy and Care for dependent people, from which Social Services were incorporated.[13] This effort represented a fundamental step, which unfortunately has been overtaken by the current care needs.

The global pandemic COVID-19 has been the major trigger for the visibility of the care crisis. In this context, the Ministry of Equality –along with the Women's Institute– established among its objectives the creation of a State Care System.

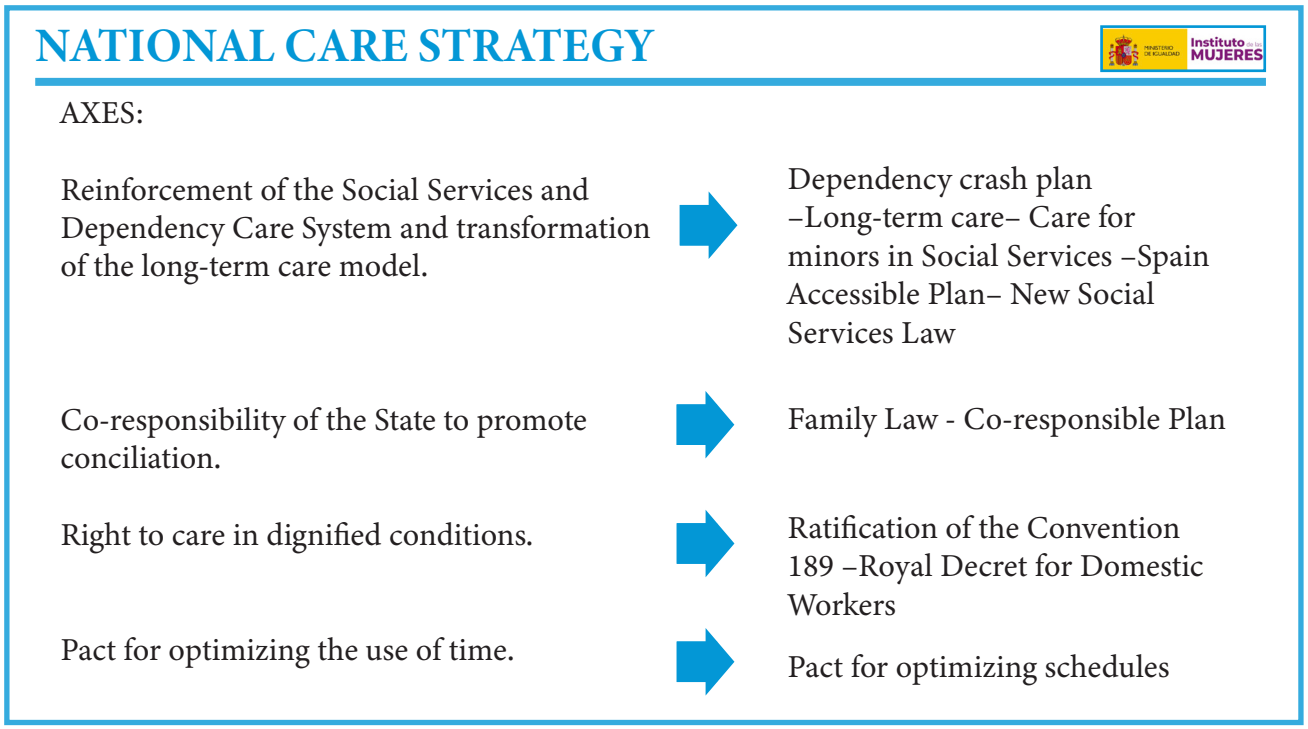
In order to fulfill this objective, the need to develop a National Care Strategy that serves as an "*immediate political level and allows to progressively advance in the construction of that Public State System of Care*" was raised.

To this effect, in May 2021 the State Advisory Bureau for Care, conformed by more than 70 entities, was created.[14] It is a space for reflection, articulation and participation with the following objectives: 1) the inclusion of care in the public agenda, 2) to address the definition of public policies related to the field of care, 3) to propose the immediate necessary reforms that allow the construction of the System and 4) to develop a base document, that constitutes the foundation of the State Care System.

The first phase began with the constitution of the bureau, , in which two working groups were formed: one for the conceptualization of care –what is meant by care and what are the basic pillars of the System– and the second to define priority actions. Both groups have concluded their work, and as a result an initial base document has been prepared in which the keys and pillars of the System[15] are established.

Parallel to this process, work is being done on the National Care Strategy with four essential axes, as shown in the following image:

Image 4: Spain's National Care Strategy



Source: Presentation by Begoña Suárez Suárez, Spain.

Progress is being made in the first axis –as Begoña Suárez explained– through a plan for dependency (2021-2023), a plan for the care economy and reinforcement of public policies for inclusion (within the European Union's Recovery, Transformation and Resilience Plan), as well as the Accessible Spain Plan, which is focused on the problems of physical and cognitive accessibility of people with functional diversity.

In the axis of co-responsibility of the State, the official commented that work is being done on a "*Family Law on issues of conciliation and co-responsibility in care of both parents. Likewise, the Co-responsible Plan, which establishes care packages for families with dependent minors, develops accreditation systems of informal experience in care and the objective of creating quality employment in the care sector.*"

Regarding the third axis, the work is aimed at the "*accreditation of caregivers, the creation of decent public employment linked to care and the ratification of the International Labour Organization (ILO) Domestic Workers Convention 189*", in July 2022.

The fourth axis focuses on reaching an agreement for the optimization of the use of time in order to promote co-responsibility in care.

Finally, Begoña Suárez highlighted that in Spain there is a plan that articulates all the administration' equality policies: the "Plan Estratégico de Igualdad Efectiva entre Mujeres y Hombres 2022-2025" ("Strategic Plan for Effective Equality between Women and Men 2022-2025"). In its "Eje 2: Economía para la vida y el reparto justo del tiempo y de la riqueza" ("Axis 2: Economy for life and fair distribution of time and wealth") this plan establishes the need to recognize care work and the right to care, as well as to fairly reorganize the social distribution of care. It also proposes the creation of a care observatory, the universalization of education for children from zero to three years old, the professionalization of care and co-responsible conciliation in employment.

c) Management structure and government agencies involved

As mentioned above, the pillars of the State Care System being promoted in Spain, consist of a Child Care and Education System, a System for the Promotion and Autonomy of Dependency Situations, a Strategy to professionalize and dignify care work, as well as actions for cultural and paradigm shift.

Likewise, the following Working Groups (WG) have been set up on the basis on these pillars:

- WG Care conceptualization
- WG Priority actions
- WG Professionalization and dignification of care work strategy
- WG Broadening the perspective and accompanying the cultural shift
- WG Integrated child care and education system
- WG Promotion of autonomy system and attention to situations of dependency
- WG Use of time and measures in the workplace
- WG Governance and financing model of the system

d) Challenges and opportunities

During the second half of 2023, Spain will assume the presidency of the European Union (EU), and from there it will seek to promote a European Care Strategy, on which the European Commission is already working. Begoña Suárez Suárez highlighted the relevance of this opportunity: "*For us it is a milestone and a priority area to promote during our presidency, because we would like this European Care Strategy to become a reality after the Spanish presidency*."

On the other hand, the official identified as one of the greatest challenges the universalization of the right to care at state level, recognizing the sector and territorial diversity.

PERU

Peru was the last country in the first round of exchange. Its focal point –Karina Huaraca, Director II of the Directorate of Promotion and Development of Economic Autonomy of Women, Ministry of Women and Vulnerable Populations of Peru– explained the multiple strategies developed by her country and highlighted the pilot tests that are expected to be implemented at a territorial level. The official also presented the entire progress of the current care agenda in the country and the steps to follow.

a) Care policy conceptualization and principles

According to Karina Huaraca, there is a political decision in her country to support the creation of the National Care System, as well as to advance in care policies. This is a commitment that has been ratified by several of Peru's prime ministers, and is being promoted by the Ministry of Women and Vulnerable Populations.

The following ideas have been taken into account as a starting point for the creation of a National Care System:

1. Promote a process of collective reflection that allows to advance towards a common vision of care as a right, which overcomes the view that each family must resolve it privately. This means assuming that the State is the guarantor of the exercise of these rights.
2. Talking about care implies an important paradigm shift in the community and in the society in general: the aim is to democratize care.
3. Care policies require a double perspective. On the one hand those who receive care, and on the other, those who provide care. This represents a major challenge in creating this system.
4. Institutional articulation is necessary in order to have a shared vision, not only from women's ministries, but also from other ministries or public institutions.
5. Participation or dialogue with civil society should be a key input for this type of institutional and cultural transformation processes.

It is worth mentioning the special emphasis that the Ministry of Women and Vulnerable Populations has given to the gender approach in the construction of the entire National Care System of Peru.

b) Regulatory strategies implemented

According to Karina Huaraca, in Peru the foundations have been laid for the construction of a Care System through various actions.

First of all, the Ministry of Women and Vulnerable Populations recently approved a technical document, as a conceptual framework for care. Progress has also been made in a first approximation to the current situation regarding supply and demand of care services in the country. In addition, a participatory process on care needs and strategies was started, with the participation of more than seven thousand people, including children, the elderly, people with disabilities, women who provide care and people who are engaged in paid care work. The results[16] demonstrated the deficit of care services that Peru faces and the impact on women's lives. In this regard, the official commented that this is the first participatory process, and that it won't be the only one. The experience was very valuable since it allowed us to know how the different sectors of the population conceive the issue of care.

On the other hand, the National Gender Equality Policy –that is the instrument in which structural discrimination against women is identified as a public problem– mandates in its "Priority Objective N°4" the implementation of the National Care System with a gender approach for people in a situation of dependency. The official highlights that this is the first public policy instrument that expressly establishes the implementation of a National Care System, and it is revealing that it is precisely in the National Gender Equality Policy.

In order to promote the creation and implementation of the National Care System, two working groups were created:

- The first is the one in charge of the creation of the System, which implies developing the legislative proposal so that the right to care is recognized and the National Care System is created. Said proposal is in the Council of Vice Ministers, which is the step prior to the Council of Ministers. Once approved, the proposal must pass to the Congress of the Republic. In parallel, territorial pilot programs are being designed.
- The second working group aims to restructure existing care services, such as the Centros de Desarrollo Integral para la Familia, CEDIF, (Comprehensive Development Centers for the Family),[17] which in the official's opinion "*need to be strengthened and their approaches updated in order to be deployed in the territory and guarantee the right to care with a gender approach*." These centers have the potential to become an articulating space at the local level, but they need to be improved, which is precisely where progress is being made.

Karina Huaraca emphasized that the most important thing in relation to the National Care System is that it contributes to achieving gender equality. It must, on the one hand, contribute to well-being, quality of life, the integral development of people, the strengthening of families, especially those that require care, and caregivers. It must also overcome the sexual division of labor and promote family and democratic relations.

In 2021, other policies that address the issue of care and care services aimed at children and adolescents, as well as the elderly and people with disabilities were approved. The official also highlighted the Plan Nacional de Acción sobre Empresas y Derechos Humanos (National Action Plan on Business and Human Rights), which describes objectives and activities that address the role of companies in promoting co-responsibility policies in the area of care.

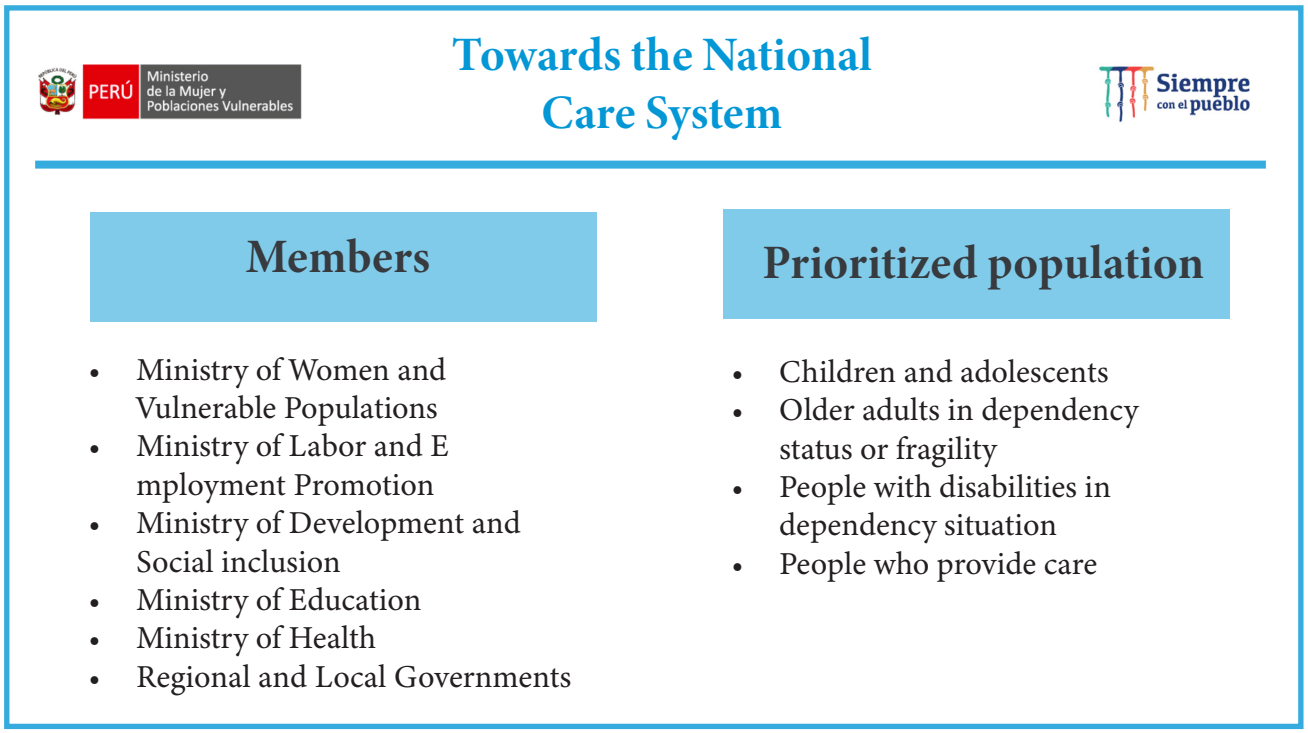
c) Management structure and government agencies involved

In Peru, the issue of care is being addressed from two main action areas.

On the one hand, the formulation of the bill for the creation of the National Care System that recognizes the right to care as a fundamental right. The right to care is not recognized in the Constitution of Peru, however, the Peruvian statute contemplates the figure of unnamed rights. This means that it is possible to recognize rights without the need for them to be expressly established in the constitution.

On the other hand, they are working on the process of defining who would integrate the National Care System. As leading entities would be the Ministry of Women and Vulnerable Populations and the Ministry of Labor and Employment Promotion. As members, the Ministry of Development and Social Inclusion, the Ministry of Education, the Ministry of Health and regional and local governments. The prioritized population would be children and adolescents, elderly people in a situation of dependency or fragility, people with disabilities in a situation of dependency and caregivers. This information is summarized in the following image.

Image 5: Members and target population of the National Care System of Peru



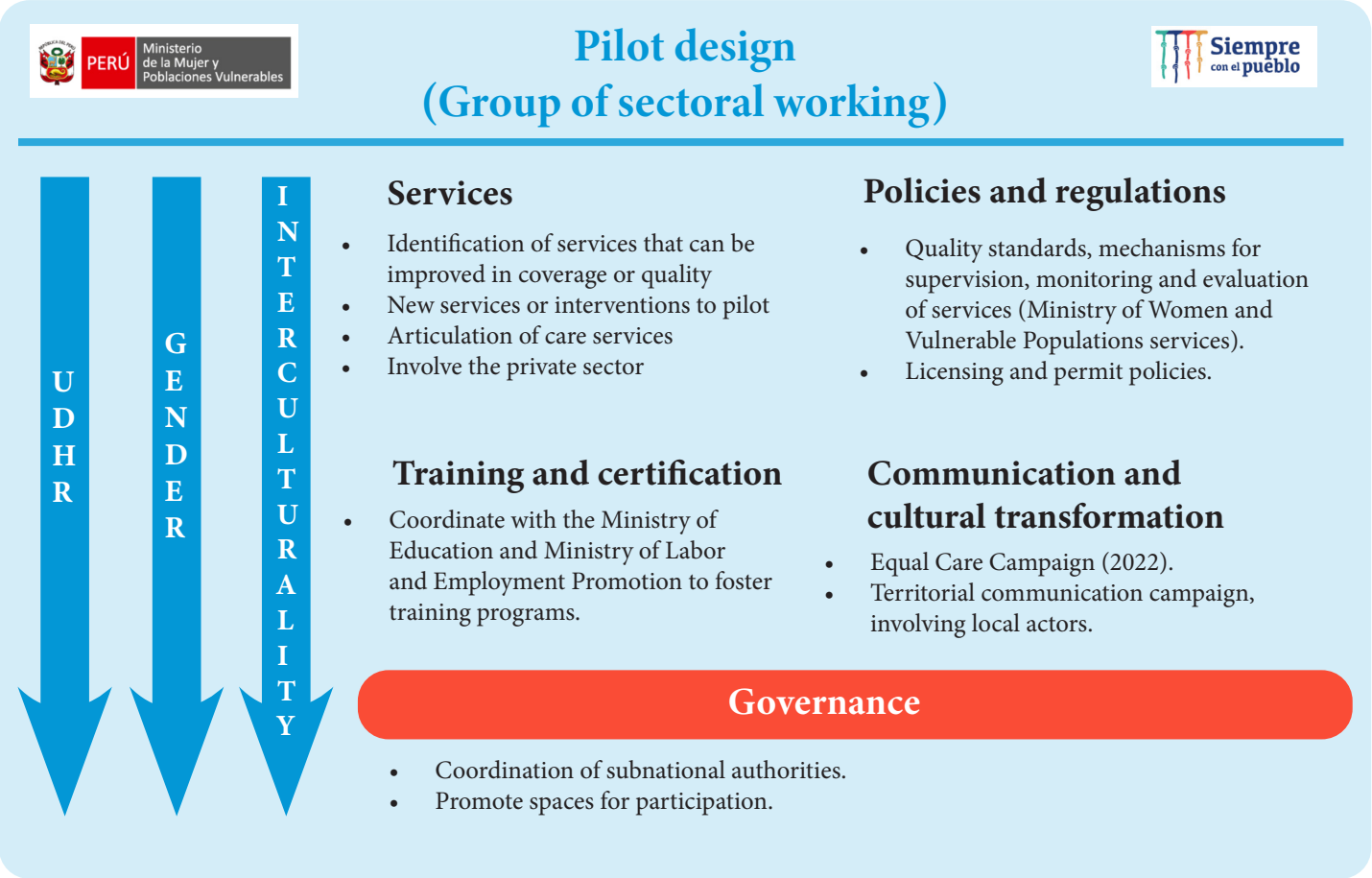
Source: Presentation by Karina Huaraca, Peru.

d) Challenges and opportunities

The challenges identified by the official are related to the effort of inter-institutional coordination that leads to a common view of the care agenda, not only from the women's ministries but also from other ministries or other public institutions. The legislative debate on the project for the creation of the National Care System is also a challenge, particularly being able to join efforts and obtain the necessary votes in a context of political instability.

As an area of opportunity, Karina Huaraca explained that the design process is underway for pilot tests at the territorial level, which are expected to be implemented during 2023. The following image summarizes this process.

Image 6: Territorial pilots



Source: Presentation by Karina Huaraca, Peru.

3.2 Second round of exchange

ARGENTINA

In order to contextualize the status of care work in his country, Leandro Bleger, National Director of Care Policies of the Ministry of Women, Gender and Diversity, Argentina, presented a series of statistics.

According to the official, the data allows to visualize the historical unequal distribution of care work for women in general, and in particular for poor households, which contributes in part to explain the country's inactivity, unemployment and informality. For example, women spend twice as much time on care tasks (9.3 hours) as men (4.5 hours). Likewise, labor market participation in households with children

up to four years old is higher for men (85.1%) than for women (60.5%). On the other hand, seven out of ten households that dedicate hours of care for children up to 14 years old are poor households.[18]

In terms of supply and demand of care, it is reported that 95% of children between zero and two years old do not attend educational and care establishments, and that 45% of kindergartens or nursery schools do not have rooms for children under three years old. This means that almost half of the women with children under three years old do not participate in the labor market.

On the other hand, the supply and demand of care for the elderly does not show a better situation, since 43% of the country's departments do not have public residences or long-stay private residencies for this population. It is also estimated that there are more than five million people with a disability in the country, of which more than half are women. In addition, approximately 1.3 million people with disabilities are registered for the Single Certificate of Disability (CUD, for its acronym in Spanish), meaning that only 26% of this population has access to different benefits and services.[19]

The official added that as a result of the COVID-19 pandemic, the 27755 Act was promoted, which contemplates the interruption of tasks for reasons related to care or schedules compatible with them.

a) Care policy conceptualization and principles

As Leandro Bleger explained, what Argentina proposes in terms of care is to modify the current social organization of care work, so that there is an equal and fair organization: *"(...) we are thinking about the importance of retribution, of modifying what the current care organization implies, so that this becomes truly egalitarian. (...) we know [that this] has an impact in terms of labor access, in terms of access to leisure, to political participation, to social participation. So we are precisely aiming to change that."*

These are the objectives defined for each of the population groups:

Population Group	Objective
Childhood and adolescence, with priority to early childhood	To respect the heterogeneity and richness of experiences, overcoming the gaps between the formal educational environment and community spaces. And to expand the coverage of care services, guaranteeing quality standards or of shared quality floor.
People with disabilities	To create and improve services and support for independent life and for the exercise of the right to care.
Elderly people	To create and improve services and benefits for dignified aging and sustaining autonomy. To think about the granting of benefits, according to the degree of fragility of the person, considering their degree of dependency and economic situation.
People who provide care work	To recognize care work, to create and to strengthen their registration as formal workers and create a social security subsystem.

The focal point from Argentina expressed that the aim is to generate conceptual, cultural and material changes. In addition, he highlighted that special attention has been paid to the community component of care:

> *"Since our entire region is strongly affected by inequality, what we know is that many times when it is not the family that can provide this care, when the State is not enough (...) and obviously the market does not guarantee it, what appears strong is the community actor, which is very important in our country. Thus, the aim is to recognize and also strengthen [the community sphere] with a series of measures aimed at improving the quality of care provided and also the working conditions [of caregivers]."*

b) Regulatory strategies implemented

Bleger explained that in 2020 the Mesa Interministerial de Políticas de Cuidados, MIPC, (hereinafter Inter-Ministerial Bureau for Care Policies and/or MIPC) was created together with the Ministry of Women, Gender and Diversity. This constituted a "*historic achievement of feminisms in the country*," which has been supported the positioning that the care agenda has had at a national and international level, as well as the support of the current government of Argentina.

Bleger explained that through the MIPC, it has been proposed to promote a care agenda from the National State, in a transversal and articulated manner which reviews, enhances and guides "*in gender key*" the current policies. The expectation has been that the MIPC will allow the exchange of relevant information, and will nurture the Federal Care Map, resulting in the formulation, design and implementation of public policies that promote a more equal distribution of care.

Since its creation in 2020, these are the main actions promoted by the MIPC:

- The COVID-19 pandemic prompted the 27755 Act. Legal regime of the Tele-working contract, which contemplates the interruption of tasks for reasons related to care or schedules compatible with them (2020).
- The contribution of care work to the Gross Domestic Product (GDP) was calculated, resulting in 15.9% (2020).
- Entry into force of 27611 Act on Comprehensive Health Care and Attention during Pregnancy and Early Childhood (1000 Day Plan) (2020).
- Creation of the program for the Acknowledgement of contributions for care tasks, which recognizes and remunerates the care work carried out by women to enable access to old age pension (2021).
- Launch of the Federal Care Map (2021).
- Creation of the Care Infrastructure Program (2021).
- Creation of the Registered Program, to improve the registration of the highly informal and feminized sector of domestic workers, based on the subsidy of 50% of the salary for 6 months by the National State and the opening of a bank account with the Banco de la Nación Argentina (Bank of the Argentine Nation) (2021).
- Carrying out the first National Survey on Time Use and Unpaid Work (2021).
- Regulation of article 179 of the Ley de Contrato de Trabajo (Labor Contract Law) which obliges companies with more than 100 people employed to have care spaces for children, from 45 days old to 3 years old. (2022). This is a regulation that has been pending for 50

years, and which is now presented improved, by placing the care needs at the center rather than the gender of the person provinding care.

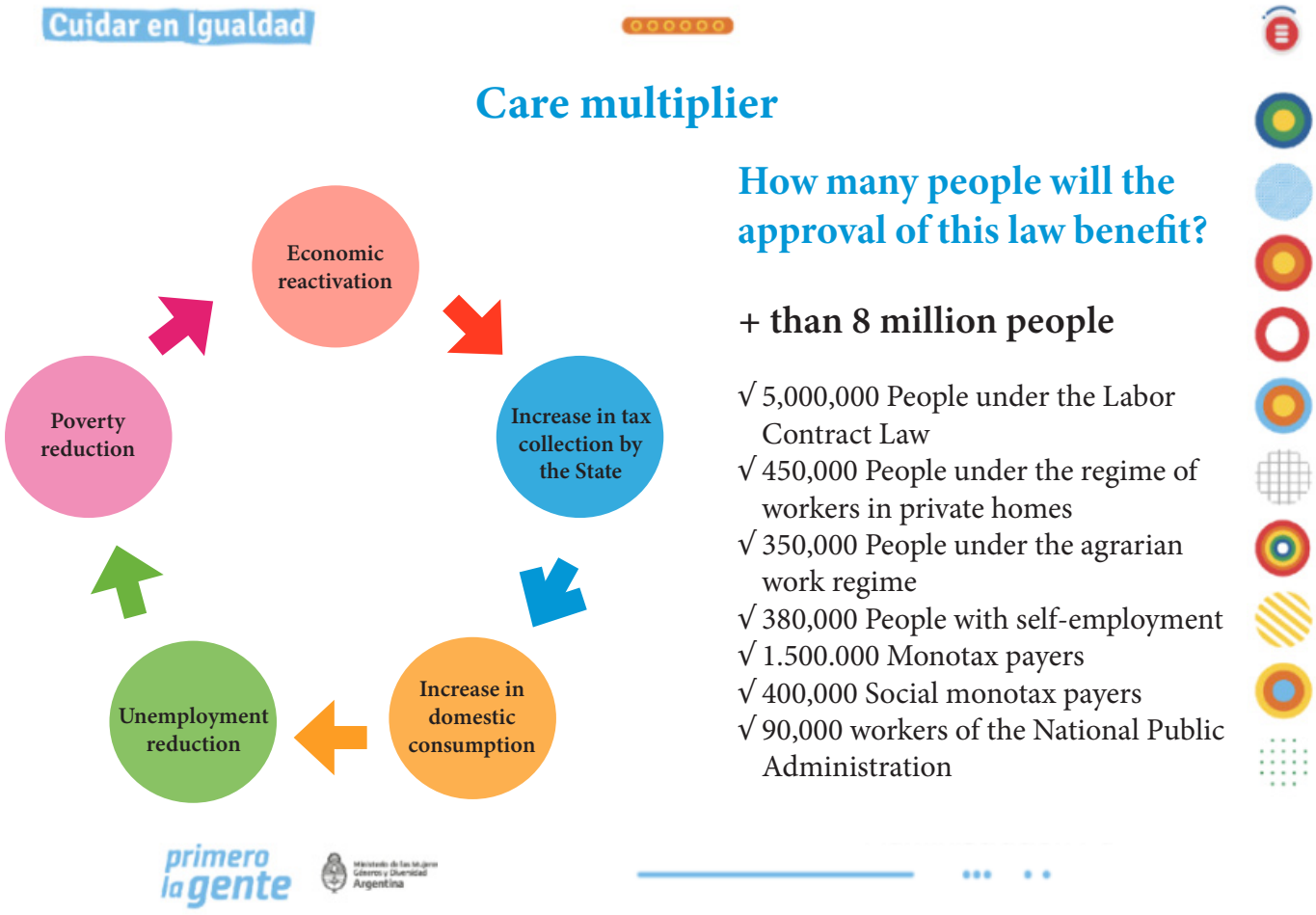
- The bill to create an Sistema Integral de Políticas de Cuidados de Argentina (hereinafter Comprehensive Care System Policies of Argentina and/or SINCA, by its acronym in Spanish) was sent to Congress (2022). On May 3, 2022, Alberto Fernández, the President of Argentina, sent the bill "Caring in Equality" to the Congress, which was the result of an arduous participatory process. Firstly, a Writing Commission of specialists was formed in which people from different fields worked, such as feminist economists, lawyers, specialists in early childhood, in disability, in elderly people, and in social security. This Commission's work continued in dialogue with the Inter-Ministerial Bureau of Care, and received contributions from the Economic Commission For Latin America and the Caribbean (ECLAC) and EUROsociAL+. In the same way, some advisory bodies of various organizations were involved and Territorial Care Parliaments were held in 15 provinces of the country, in order to retrieve experiences in this area and learn about the conditions of each of the territories. Bleger emphasized that this participatory process allowed "*getting to know the state of the art regarding the territories and the organisms, and allowed to bring positions closer together.*"[20]

This is how the official described SINCA, a system that is expected to be in place once the bill is approved:

> *"(...) is a set of public policies and services that promote the recognition, co-responsibility, and redistribution of care work between the public and private sectors, families, and grassroots organizations. That is to say, what is proposed is precisely to modify the current social organization of care for a fairer one".*

SINCA is also conceived as an economic reactivation strategy. The following image summarizes some of the multiplier effects of care that have been considered in the case of Argentina.

Image 7: Multiplier effect of SINCA in Argentina



Source: Presentation by Leandro Bleger, Argentina

The bill proposes, among other points, the creation of a Comprehensive Care System with a gender perspective. In general, the bill also establishes the objectives for care policies, as well as for specific populations in particular, and promotes the expansion of the supply of services and infrastructure of care, as well as the adaptation of working hours to the needs of care in the public and private sectors. The bill also recognizes and promotes paid care work; recognizes and seeks to strengthen the work care at the community level; and recognizes the time to provide care, through the modification of the public and private license regime.

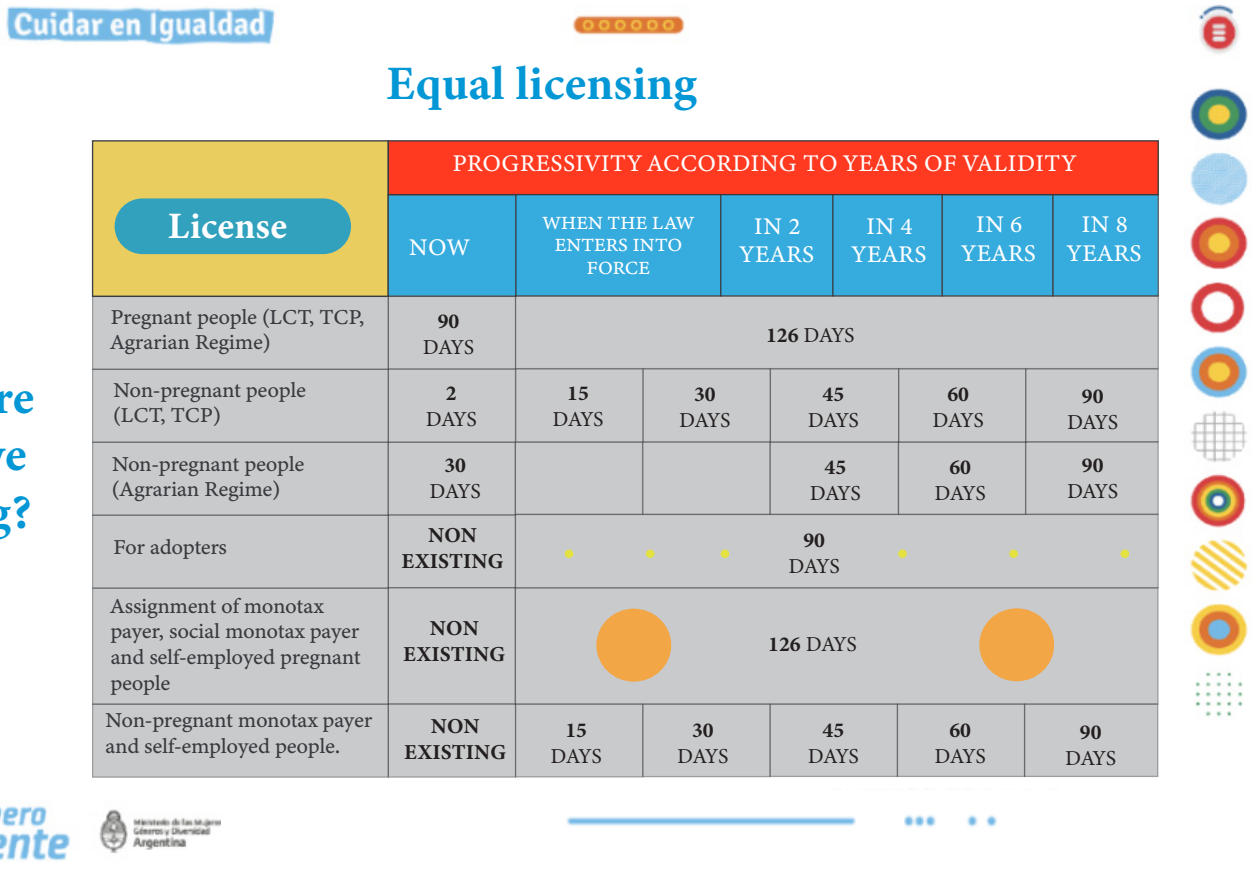
The focal point of Argentina mentioned that they are also working on the modification of licenses for pregnant and non-pregnant people, thinking of an equal system. Among these changes, it is planned that the licenses are covered by the State through social security, to avoid strong resistance from the employer. Additionally, it is planned to extend the license periods: for pregnant people, it is contemplated to go from

90 days –with current legislation– to 126 days. The leave for non-pregnant people would go from two days to 90 days. A third important change planned is the implementation of the license for adopters, which currently does not exist, with a period of 90 days.

It is contemplated that the licenses will be non-transferable and mandatory, as well as that they will apply to the monotax regime, the agrarian and private household workers, in order to avoid deepening the gap between people who work under a formal labor regime and those who do not.

The bill also includes the creation of a license from two to six days to care for or accompany the spouse or domestic partner who is undergoing medically assisted reproductive techniques, and this license is extended from three to ten days in the event that the partner has dependent minor children in their care. It also incorporates license extensions for children with disabilities, multiple births or adoptions, premature births or with chronic illnesses. It recognizes the right of non-pregnant people and adopters to leave of absence. It eliminates the presumption of resignation in case of non-reinstatement to employment after expiration of license terms. And the months of leave are included in the pension calculation as months contributed. The following image shows these proposed modifications.

Image 8: Licenses regime provided by SINCA initiative of Argentina

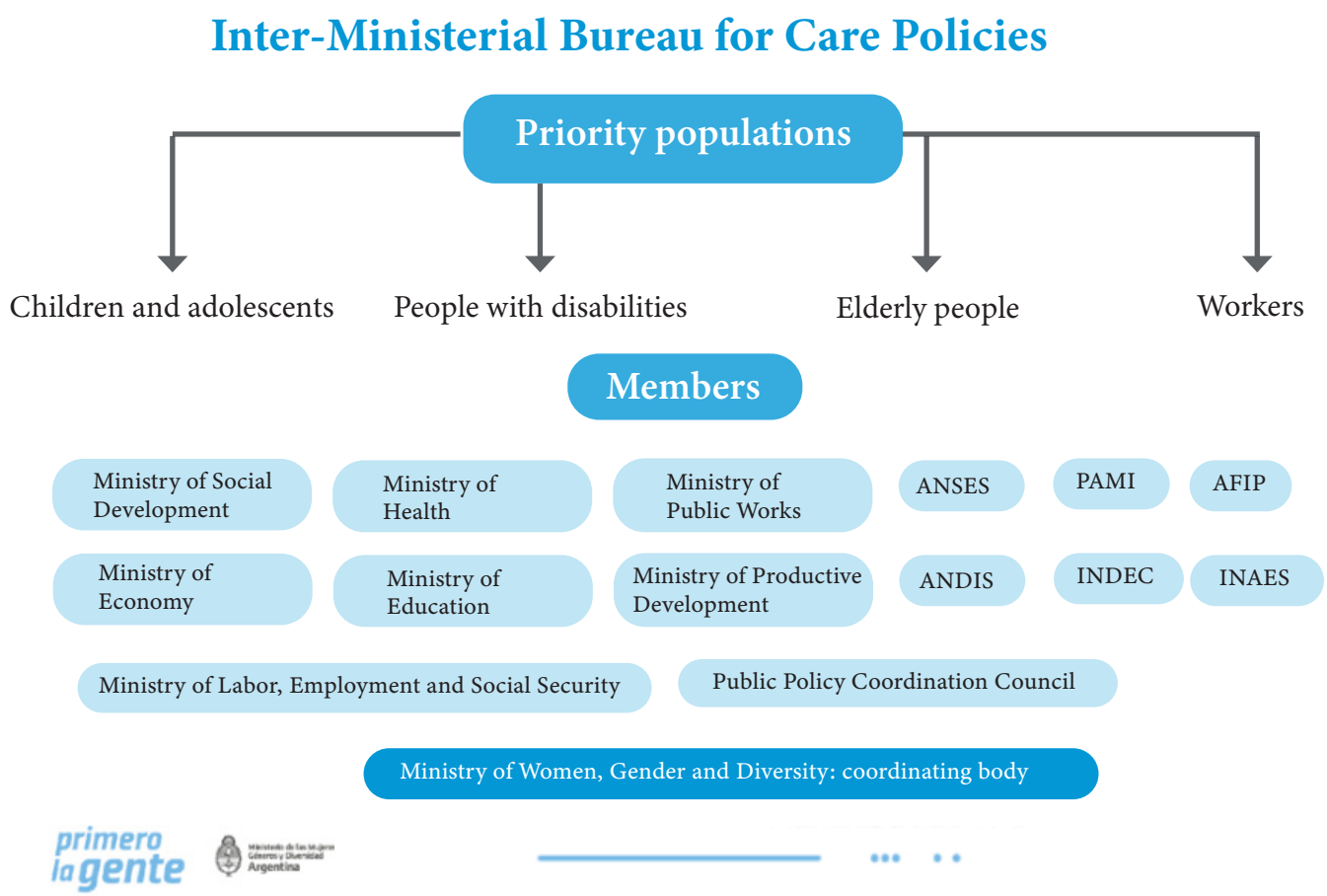


Source: Presentation by Leandro Bleger, Argentina.

c) Management structure and government agencies involved

Until now, the Inter-Ministerial Bureau for Care Policies is formed by the following organizations of the national public administration: Ministry of Social Development, Ministry of Health, Ministry of Public Works, Ministry of Economy, Ministry of Education, Ministry of Productive Development, Ministry of Labor, Employment and Social Security, National Social Security Administration (ANSES), Comprehensive Medical Care Program (PAMI), Federal Administration of Public Revenue (AFIP), National Disability Agency (ANDIS), National Institute of Statistics and Censuses (INDEC), National Institute of Associativism and Social Economy (INAES) and the Coordination of Social Policies Council, all coordinated by the Ministry of Women, Gender and Diversity. The intention is to articulate the Bureau with mirror organizations at the provincial and local levels, with a view to generating concrete programs and promoting the organization of local care bureaus. In the next image the current conformation of the MIPC is presented.

Image 9: Formation of the Inter-Ministerial Bureau for Care Policies



Source: Presentation of Leandro Bleger, Argentina.

d) Challenges and opportunities

As Leandro Bleger mentioned, one of the main challenges is to obtain information that allows contextualizing the current situation in the area of care. Similar to what happens in the case of intersectoral work, it is something of great relevance, but very costly and complicated. In his opinion there is a statistical silence in his country, with little solid and linked information on some target populations, such as the LGBTQI+ community. This challenge could be solved, in part, by generating statistical spaces that include this sector in the Federal Care Map.

In this sense, Leandro Bleger considered that it is not only a question of generating evidence, but of establishing guidelines on how to do it in each of the different sectors and levels involved in care work. In the case of Argentina, the need for information is a particular challenge, partly because the country did not have a Time Use Survey until 2021, nor an estimated measurement of the contribution of care work to GDP, which took place for the first time in 2020.

Argentina is in a moment of social debate among the diversity of actors involved. One of the first challenges in this process is to break with false dichotomies –such as prioritizing the quality of care received or the working conditions and quality of life of caregivers– which are considered opposite poles but are complementary in order to better think about the distribution and redistribution of care work.

The inter-institutional governance is another great challenge, which stems from the strong participatory component of this experience, on the one hand. On the other, the budget is another challenge due to strong economic restriction and debt with the International Monetary Fund in which Argentina is at the present moment, a complicated situation that is fuelled –as is the case throughout the world– by the war in Ukraine and the consequences of the pandemic. Finally, he mentioned that the aging population should be considered as a challenge, which represents a very important variable for care systems.

PANAMA

Nischma Villarreal, Director of Social Policies of the Ministry of Social Development of Panama, began her presentation talking about the most important demographic changes that have occurred in the last 30 years in her country, such as the decrease in the percentage of the population aged 15 or younger and the accelerated process of population aging. These changes are relevant, since they have produced a greater demand for care.

By 2021, Panama's population was estimated at 4,337,406 inhabitants, of which approximately 2.3% in 2020 were people over 65 years old and people with mild, moderate and severe dependency. Also in 2020, it was estimated that there were 370,000 children from zero to four years old, which represents approximately 8.6% of the total population.[21]

a) Care policy conceptualization and principles

According to the official, in Panama *"it is planned to design and implement a National Care Strategy that lays the foundations for a social pact that guarantees care with co-responsibility at the familial, public and private level."*

The main purpose of this National Care System should be *"the recognition of the social rights of the people requiring care and the people providing care, under conditions of equality, social co-responsibility, universality and solidarity."*

For the development of the Care System, it is planned to carry out a pilot test of the initial guidelines agreed upon, which will allow to obtain *"operational evidence in the territory."*

It is expected that the pilot test will contribute to generate conditions for the economic autonomy of women (who bear the overload of responsibilities) and promote shared responsibilities for care between men and women, with the intention of producing a cultural transformation in the territory, and at the same time, dignifying and giving value to the work carried out by caregivers.

These are the four components of the pilot system:

1. Local management model
2. Information and knowledge
3. Caregivers certification and training
4. Communication for cultural transformation

On this last component, special emphasis has been placed since it is considered that it allows: a) to assess in the social imaginary the value of care work, which is mostly performed by women; b) to recognize and establish care as a right that involves both the people who receive care and those who provide care;

c) to recognize and establish the co-responsibility of all sectors in the work of care; and d) to promote the transformation of the social organization of care towards a fair model (especially for women), now that it has become evident, particularly since the pandemic, that it is impossible to continue with the traditional organization of care.

Although care programs exist in Panama, they are not organized as a system. Therefore, the effort of this process is aimed at developing this system, as well as creating (or strengthening) services and programs that respond to the present and future care needs of the country, taking into account the demographic trends.

b) Regulatory strategies implemented

As previously mentioned, Panama is currently in the process of designing a National Care System. *"Specifically we are in the discussion phase* —said Nischma Villarreal— *in the phase of awareness, training and appropriation, of course, of the key actors with a first piloting."*

However, since 2019 Panama began the process of creating a National Care Strategy, driven by the National Government through its Technical Secretariat of the Social Cabinet, which is coordinated by the Ministry of Social Development. Based on an executive decree, the first public policy bureau was established to define the National Care System, with the aim of proposing and promoting actions that would boost the recognition of the social rights of people who require care and people providing care, under conditions of equality, social co-responsibility, universality and solidarity.

In order to create a road map for the construction of this system, public-private alliances between governmental and non-governmental sectors, social organizations and academia have been created within the framework of the gender parity initiative. Additionally, through various bureaus among more than 20 institutions, commitments and agreements were established on the first basic guidelines of the system, which were approved by the Public Policy Bureau of the Social Cabinet Multi-Sectoral Commission. Throughout this process, technical assistance has also been provided by international organizations such as UN Women for the preliminary analysis of the supply and demand of care services, as well as for estimates on the costs and effects of these services. The following image summarizes the main advances towards the construction of Panama's National Care System.

Image 10: Progress towards the construction of Panama's National Care System

Source: Presentation by Nischma Villarreal, Panama.

The first phase of the National Care System focuses on the development of a first pilot of care with a local management model in the Juan Díaz jurisdiction, a territory with almost 117,000 people, of whom 20,000 are elderly people and more than 21,500 are children between zero and four years old.[22] The idea is to carry out as a first step[23] *"a participatory diagnosis that must conclude in a local care plan in that territory that serves as a model for other municipalities."* It also includes a component of information and knowledge, certification, as well as communication for the cultural transformation.

The official also highlighted other complementary strategies such as the Colmena Plan, *"which is a multi-sectoral strategy to enhance both, the inter-institutional and institutional offer, and the public policies in the territory"* focused on social and economic development in the province of Panama. Likewise, she referred to *"the first strategy of the Day House Program for Elderly people, whose first house will be inaugurated in October"* in the same jurisdiction where the pilot will take place.

c) Management structure and government agencies involved

The National Government, through its Technical Secretariat of the Social Cabinet, has been promoting the National Care Strategy since 2019, which has been coordinated by the Ministry of Social Development. Given that the National Care System is still in its design phase, the official did not delve into the management structure that it will have.

d) Challenges and opportunities

As a challenge, Nischma Villarreal pointed out the need to update the information on supply and demand. Meaning to know which are the indicators that impact the country regarding the care gap. On the other hand, she mentioned the support they receive from the Inter-American Development Bank (IDB) as an opportunity to develop the program of first personal assistants for people with disability, which is carried out in the same territory where the pilot will be implemented.

The second phase is expected to begin next year. In the meantime, resources and actors are being mobilized to support both this process and the local care management model. This model, supported by UN Women, already has a base document with its first basic guidelines, as well as a roadmap. This organism will develop a tool to carry out the participatory diagnosis and achieve the first local care plan by December 2022.

IV. How far we have come: Balance of the national experiences presented in the workshop

The workshop to exchange experiences on design, approval and implementation of National Care Systems and/or national care policies, was an unprecedented space for exchange between officials directly involved in the design or implementation process for policies or National Care Systems in five countries –four from Latin America and one from Europe. Based on the individual interventions, as well as the exchanges between the focal points, it is possible to identify patterns, common lines of action and shared challenges that will contribute, without a doubt, to strengthening the care agenda at a regional and global level.

4.1 Meeting points

From the experiences presented here, it is possible to identify coincidences in six areas:

1. **Establishment of inter-institutional and intersectoral discussion spaces to address the care agenda.**

In most of the cases presented, the existence of a space for discussion and coordination efforts formed by various governmental and sectoral instances to address the situation of care was mentioned. In Spain, the Advisory Bureau for Care has been created; in Peru, the sectoral working groups; in Argentina, Inter-Ministerial Bureau for Care Policies; and in Panama, the Public Policy Bureau for the definition of the National Care System. In the case of Mexico, the Inter-institutional Group of the National Care System has been established to coordinate the federal government's policies of care. This coordination will contribute to lay the programmatic and public policy foundations for the progressive and sustainable construction of a National Care System. Currently, within this group progress has been made in creating work commissions dedicated to priority attention groups.

2. **Incorporation of participatory processes for the policies or National Care Systems design.**

The implementation of participatory citizens processes –as part of the National Care Systems design– was another point of agreement between the cases analyzed. With the aim of ascertaining the demands of the people directly involved in care work, most of these governments have promoted consultation and participation processes. These processes have ranged from citizens consultations with target populations –such as those in Peru– to more articulated processes –such as the territorial parliaments regarding care in Argentina. Mexico made special emphasis on how the inputs obtained from these participatory exercises feed the legislative debate of the initiative currently under evaluation in parliament.

3 Prioritization of legal channels to guarantee the sustainability of care policies or systems.

Most of the countries analyzed have chosen to prioritize the path of ordinary legislation in order to give institutional sustainability to the National Care Systems, (Peru, Argentina, Mexico). This means that they opted to establish a National Care System based on the approval of a national law. In the case of Mexico, they also opted for the constitutional reform to include the right to care. However, a law for the creation of the National Care System was simultaneously promoted.

4 Carrying out diagnoses prior to the design of the initiatives.

Another common point among the participating countries is the carrying out of diagnoses to determine the situation of the supply and demand for care, as well as the needs of the people who provide care and receive care. These diagnostics represent a fundamental input to feed the care policies design process that can provide an effective solution to the needs of the target populations: people providing care and people requiring care.

5 A broader definition of the target populations of the policies or systems.

The target populations determined by the analyzed countries are not solely limited to people who demand care (children, people with disabilities, elderly people, etc.), but also include people who provide care, with equal priority. There is a special common interest in dignifying unpaid caregivers, from the design to the implementation of a National Care System.

6 The role of international cooperation in promoting and moving forward with the care agenda.

This is undoubtedly one of the most innovative points of convergence, because several of the focal points from the participating countries highlighted the role of the international cooperation in the positioning and progress of the care agenda within their governments. Two ways in which this cooperation contributed were identified. The first one consisted in technical assistance. Mexico, Peru, Argentina and Panama mentioned having received technical cooperation from international organizations such as UN Women, ECLAC, cooperation programs and initiatives of the European Union (EUROsociAL+, RedCUIDAR+) and the IDB, among others. This technical cooperation seems to have been an essential factor in the progress achieved in each case in terms of National Care Systems. The second refers to the strategic use of supranational spaces to advance the care agenda. For example,

the case of Spain, which hopes to position the issue of care at the level of the regional bloc from its place in the presidency of the European Union. Even, the creation of the Global Alliance for Care –an initiative of the Government of Mexico, through the National Institute for Women together with UN Women Mexico– could be included in this category of global efforts that seek to position the care agenda.

4.2 Common challenges

The five countries that participated in this exchange space face some common challenges that are described below:

1. **Achieving inter-institutional agreements and governance systems.**

Participating governments identified as a major challenge to reach agreements in the context of inter-institutional and sectoral spaces, particularly with such an ambitious and challenging objective as transforming the social organization of care. In the case of Spain, for example, the Care Advisory Bureau consists of more than 70 members, which makes it difficult to find points of agreement and move on. Similarly, the governance of the National Care Systems requires special attention, so that the care demand of the people who require it are met, without violating the rights of the people who provide them. In the case of the MIPC in Argentina, inter-institutional governance is a great challenge, especially due to the participatory approach of the initiative. And in the case of Peru, the establishment of intersectoral agreements is an even greater challenge, due to the context of political instability that the country is undergoing.

2. **Availability of reliable information on the situation of care.**

In order for public policies to be effective, it is essential to base the design of public policies on reliable information about the reality of the public problems they are intended to address. Obtaining accurate information on the supply of care services, for example, was mentioned by several of the participating countries as one of the challenges to be overcome. Argentina expressly mentioned the difficulties for the government of not having –until very recently– statistical information on the use of time, or on the specific needs of particular populations such as the LGBTQI+ community. Faced with this situation, the governments in question have resorted to different strategies: geo-location efforts of care services, federal care maps, time use surveys, among others.

3 **Budgetary and financial sustainability.**

One of the aspects mentioned by governments as the most challenging in the case of this type of policy is usually the economic and financial sustainability of National Care Systems. And this is a critical dimension when assessing the viability and sustainability of the system in the long term. Although this aspect was not addressed centrally during the workshop, it was identified as a challenge by some countries. Argentina, for example, mentioned that the situation is even more complex due to the current severe restrictions and external debt economic, in addition to the consequences of the global pandemic caused by COVID-19 and the war.[24]

4.3 Other pathways and alternative actions promoted by the countries

Beyond the patterns and common points identified, there are certain aspects in which the countries have acted differently. For example, of all the participating countries, Mexico is the only one that opted to incorporate the right to care in its political constitution through the path of a constitutional reform. Pilot testing is another strategy that has not been widely followed. Peru and Panama stated that they plan to carry out pilots at the territorial and local level on this issue. Finally, it is important to mention that the specificities of each national case strongly condition actions and strategies. Spain, for example, highlighted the articulation with the autonomous communities and their role in this process of creating a State Care System.

IV. Conclusions

The workshop for the exchange of experiences on the design, approval and implementation of National Care Systems and/or national care policies organized by the Global Alliance for Care, in collaboration with the Government of Mexico, through National Institute for Women (Inmujeres), the Ministry of Women and Vulnerable Populations of Peru, UN Women and the European Union Program for Social Cohesion in Latin America (EUROsociAL+) constituted an unprecedented space for the exchange of practical knowledge among governments, members of the Alliance and the public interested in this subject. Through the participation and interactions between the officials designated by the governments invited as focal points, it was possible to initiate a conversation and foster a useful learning for all parties involved.

Spaces such as this one, in which some governments present their progress in the design or implementation of National Care Systems, are extremely valuable for other governments that have the will and the intention to position the care agenda in their respective countries and promote a process of transformation of the social organization of care. The analisis of both, the points in common and the challenges goverments face in the same way, has shown how useful it is to have these spaces for exchange and communication, with the sole purpose of combining efforts to promote the care agenda.

Frequently, governments and other political and social institutions lack of information or resources that are necessary to promote a process of transformation and ownership of an agenda aimed at seeking equality, dignity and well-being. And therefore, these spaces constitute, without a doubt, an excellent input to nurture such processes.

Citations and notes

1 The Zoom platform was used in its "webinar" version.

2 All the presentations have been included in an annex available at this link (in Spanish).

3 Interaction with the audience was through the chat tool included in the zoom platform. This limited participation to written communication, and therefore it was not possible to give the floor to the audience.

4 UN Women and ECLAC. Towards the construction of Comprehensive Care Systems in Latin America and the Caribbean: Elements for Implementation, 2021. Available at https://lac.unwomen.org/en/digiteca/publicaciones/2021/11/hacia-la-construccion-de-sistemas-integrales-de-cuidados-en-america-latina-y-el-caribe

5 Ibid.

6 Ibid.

7 The number of jobs lost worldwide since the pandemic has been nearly double for women compared to men (19.7 million paid jobs lost for women, compared to 10.2 million jobs lost for men). Likewise, in 2020, the care workload for women during the pandemic was greater than for men, as women spent 29% more time per week on childcare compared to men. Data retrieved by Belén Sanz in her welcoming remarks during the Experience Exchange Workshop on the Design, Approval and Implementation of National Care Systems and/or national care policies (Global Alliance for Care, Inmujeres), Ministry of Women and Vulnerable Populations of Peru, UN Women, Simone de Beauvoir Leadership Institute of Mexico and EUROsociAL+), 2022.

8 Examples of these actions include strengthening social co-responsibility for care with a gender perspective in Costa Rica, through mitigation actions for public workers teleworking during the Covid-19 crisis. Also their participation in the framework of the Inter-American Model Law on Care, with the Inter-American Commission on Women (CIM, by its acronym in Spanish) of the Organization of American States. The high-level forum organized in Paris on economic autonomy, where the issue of care is a subject for learning and a necessity for all countries. Data retrieved by Bénédicte Lucas in his words of welcome at the Experience Exchange Workshop on the Design, Approval and Implementation of National Care Systems and/or national care policies (Global Alliance for Care, Inmujeres), Ministry of Women and Vulnerable Populations of Peru, UN Women, Simone de Beauvoir Leadership Institute of Mexico and EUROsociAL+), 2022.

9 For example, at the Regional Conferences on Women in Latin America and the Caribbean of the Economic Commission for the Latin America and the Caribbean (ECLAC) with UN Women, or the Generation Equality Forum of UN Women and the Government of Mexico, as well as the French Development Agency and the Inter-American Development Bank with whom they formed the RedCUIDAR+. Ibid.

10 Education, health and social security are the classic pillars associated with a welfare regime. UN Women and ECLAC, Op. Cit.

11 Secretaría de Bienestar (Secretariat of Welfare), Secretaría de Hacienda y Crédito Público, SHCP (Secretariat of Finance and Public Credit), Secretaría de Educación Pública, SEP, (Secretariat of Public Education), Secretaría del Trabajo y Previsión Social, STPS (Secretariat of Labor and Social Welfare), Secretaría de Cultura (Secretariat of Culture), Secretaría de Salud (Secretariat of Health), Instituto Mexicano del Seguro Social, IMSS (Mexican Social Security Institute), Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado, ISSSTE (Institute of Security and Social Services for State Workers), National Institute for Women, Inmujeres, Consejo Nacional Para Prevenir la Discriminación, CONAPRED (National Council to Prevent Discrimination) and Sistema Nacional para el Desarrollo Integral de la Familia, SN-DIF (National System for the Comprehensive Development of the Family).

12 TC- Child care, TC- Care for dependent people due to advanced age, disability or illness and TC- Caregivers.

13 Social services are benefits that are included within the protective action of the Social Security System, whose purpose is to complement economic benefits and, at the same time, seek to improve the living conditions of the beneficiaries, reducing as much as possible personal limitations motivated by reasons of age or disability. This protective action is expanded and complemented by a public system of benefits and services for the care of people in a situation of dependency (those who for reasons of age, illness or disability require the care or help of other people to carry out basic activities of daily life). These benefits and services are provided through the social services network of the Autonomous Communities. Ministry of Inclusion, Social Security and Migrations, Social Services, s.f. Retrieved from: https://www.seg-social.es/wps/portal/wss/internet/Pensionistas/Derechos/33500?changeLan¬guage=es

Citations and notes continued

14 Space for reflection, articulation and participation of civil society, social agents, employers and unions, experts and academics from various universities, countries that share their experiences in the matter, the Spanish Ministries authorities (Ministry of Labor and Social Economy, Ministry of Social Rights and the 2030 Agenda, Ministry of Health, Ministry of Education and Ministry of Social Security, until now), representation of the Autonomous Communities, representation of the Spanish Federation of Municipalities and Provinces, representatives of the Participation Council of the Women, associations and international organizations. Begoña Suárez Suárez in her participation in the Experience Exchange Workshop on the Design, Approval and Implementation of National Care Systems and/or national care policies (Global Alliance for Care, Inmujeres), Ministry of Women and Vulnerable Populations of Peru, UN Women, Simone de Beauvoir Leadership Institute of Mexico and EUROsociAL+), 2022.

15 At the time of this Workshop, the bureau was in its second phase of work, in which the initial base document to the plenary of the State Advisory Bureau for Care, which would allow continuing to develop the base document. Likewise, supported by the established pillars, Working Groups (WG) had been constituted which should begin to meet in September 2022. It was also planned to implement public deliberation forums, whose contributions would serve to conclude the base document, which is expected to be presented in December 2022.

16 44% of adult women caregivers resort to care centers for their children, of which 39% are private care centres. 79% of caregivers interrupted their paid activities at some point to attend to care work. Of these, only 37% managed to re-enter the workforce. Data indicated by Karina Huaraca in her participation in the Experience Exchange Workshop on the Design, Approval and Implementation of National Care Systems and/or national care policies (Global Alliance for Care, Inmujeres), Ministry of Women and Vulnerable Populations of Peru, UN Women, Simone de Beauvoir Leadership Institute of Mexico and EUROsociAL+), 2022.

17 "Day care services, with nearly 60 years of existence. These services provide care and food to infants, children, adolescents and elderly people. They are part of the National Institute of Family Welfare (INABIF) which is part of the Ministry of Women and Vulnerable Populations, and this year turned 83 years old" Ibid.

18 Data indicated by Leandro Bleger in his participation in the Experience Exchange Workshop on the Design, Approval and Implementation of National Care Systems and/or national care policies (Global Alliance for Care, Inmujeres), Ministry of Women and Vulnerable Populations of Peru, UN Women, Simone de Beauvoir Leadership Institute and EUROsociAL+), 2022.

19 Ibid.

20 This expression used by the focal point "bring positions closer" refers to the process of building agreements between the different parties involved.

21 Data indicated by Nischma Villarreal in her participation in the Experience Exchange Workshop on the Design, Approval and Implementation of National Care Systems and/or national care policies (Global Alliance for Care, Inmujeres), Ministry of Women and Vulnerable Populations of Peru, UN Women, Simone de Beauvoir Leadership Institute and EUROsociAL+), 2022.

22 Ibid.

23 At the time of the workshop, the pilot had not yet been carried out and was scheduled for August 2022.

24 The focal point of Argentina was referring to the war between Russia and Ukraine.

Credits

The Global Alliance for Care, co-convened by the Government of Mexico, through Inmujeres and UN Women, was launched at the Foro Generación Igualdad (Generation Equality Forum) 2021 as a multi-stakeholder global community to position and advance the care agenda from the local to the global level. Learn more at: https://alianzadecuidados.forogeneracionigualdad.mx/ or email us at: info@globalallianceforcare.org

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