



COMPARATIVE ANALYSIS OF COMPREHENSIVE CARE SYSTEMS

IN LEADING
COUNTRIES IN THE
EUROPEAN UNION,
LATIN AMERICA AND
THE CARIBBEAN

EXECUTIVE SUMMARY

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Founded in 1986, it is the national network of organisations and platforms working in the field of development, international solidarity, humanitarian action, education for global citizenship and the defence of human rights throughout the world.

Formed by 75 member organisations, six associates and 17 regional coordinators, in total, it represents more than 600 organisations working in more than 100 countries in the defence of human rights, gender equality and the protection of the planet.

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In light of the current global situation characterised by the existence of a systemic crisis —primarily a care crisis that also affects the planet— it seems essential to analyse care from a comprehensive perspective. During and after the COVID-19 pandemic, and when care gained importance in public debates and the focus of governments and the private sector, there has been greater awareness of the risks of a development model and system that are unsustainable.

Through this study, the Coordinadora de Organizaciones para el Desarrollo (Spanish Development NGO Coordinator, hereinafter La Coordinadora¹) joins this debate, creating a knowledge base of the nature and characteristics of care policies through a dual —national and regional— approach. In the current situation, the responses to the growing need for care are heterogeneous and divergent in their transformative reach of the gender, class and race inequalities throughout society. The emphasis is sometimes placed on proposals that are more commodified or digitalised, and other times on views that are more collectivised, regional or sensitive to their affective dimension.

1 This research is done within the framework of the Spanish Presidency Project of the EU Council, led in Spain by La Coordinadora, and the aim is to raise awareness and have an impact on EU initiatives to fulfil the 2030 Agenda goals and to help create a more equal, inclusive, green and feminist future. This project, in turn, forms part of the “Towards an open, fair and sustainable Europe in the world - Fourth Trio European Union Presidency Project 2023-2024”, funded by the European Commission and with the participation of CONCORD Europe, the HAND Association (Hungary) and the platforms of development organisations 11.11.11 and CNCD-11.11.11 (Belgium).

This **study aims** to thoroughly analyse the feminist policies of the European Union (EU) and Latin America and the Caribbean (LAC) to extract lessons learned and recommendations that help guide La Coordinadora's advocacy work on policies on comprehensive care systems through proposals from the feminist economy. This has been done by performing a **comparative analysis of the policies of comprehensive care systems in six leading countries from the two regions: Argentina, Spain, France, Mexico, the Dominican Republic and Sweden.**

The research performs this analysis from the approaches that shape La Coordinadora's work on political and social advocacy, which are: feminist, based on human rights, decolonial and intersectional ecofeminist, and policy coherence for sustainable development. This comparative study has used a series of **key variables** as a reference to explain the nature of the models and their transformative reach in terms of social, gender and racial justice. These variables were: the context, evolution and acceleration factors; care services, policies and regulations, through the analysis of specific policies; governance of care; budget and funding models; and social transformations **promoted**. The assessment of the transformative reach of the models' inequalities responds to the alignment with the **criteria of progressivity, universality, complexity, comprehensiveness, intersectorality and inter-institutionality, social and gender-shared responsibility, funding and intersectionality**. Various bibliographic sources, in-depth interviews and information collected through questionnaires were used in the study. The analysis of each case and the stipulated criteria is documented in the country fact sheets attached to the research.

Based on the theoretical framework that characterises the **feminist approaches to care** and that includes the ecofeminist perspective on the need for life— and therefore the care that sustains it— to be at the centre of an alternative development model, nuclear matters are considered in the debate about comprehensive care systems and policy coherence. This is the case of the transnational dimension of care and the connection between migration, work and reproduction from a racist and colonial logic; or the challenges posed by the link between the transition towards care societies, and green and digital transitions. The study recognises the importance of other intersections in the comprehensive approach to care, such as caring for the planet, violence against women, gender-ba-



sed violence², health and sexual/reproductive rights that, due to technical limitations, are not included systematically in the study. Additionally, the formulation of specific proposals from an ecofeminist and decolonial perspective could be addressed by future analyses that complement or further explore this one.

The **conceptual framework** addresses the continuing advancement of care as a human right, recognised universally and nationally, highlighting the interdependence and interrelation of rights and their importance for women's autonomy and equality. Various international regulatory instruments integrate the right to care, with mentions in declarations, conventions and recommendations of the United Nations and of regional bodies. Care encompasses **many complex daily and everyday activities aimed at promoting the physical and emotional welfare of people**. These are essential activities for the sustainability of life and the economic system that have a strong impact on the lives of the people who receive care and of carers (Ministry of Equality, 2023).

The concept of care includes the right of people to provide and receive care and exercise self-care based on the principles of equality, universality, and social and gender-shared responsibility. This triple recognition supports the inclusion of care in public policies and specific public spending allocations. This recognition has led to comprehensive laws, regulations linked to policies, care services and an array of initiatives. Most recognise paid domestic work and put into practice policies for time, shared responsibility and maternity/paternity leave, etc. Despite this vast heterogeneity, for comparison purposes, the study will differentiate between the following three levels of State responses: programmes, policies and comprehensive care systems (UN Women and ECLAC, 2021).

A **comprehensive care system** can be defined as the set of policies aimed at defining a new social organisation to care for, assist and support people with needs, and also to recognise, reduce and distribute the care work primarily done by women and girls. These care policies form a system under a governance model that includes national and regional inter-institutional organisation between all the entities that implement care actions for people who need them, shifting from a welfare perspective

2 The study does not classify violence against women as an analytical variable, although the country analyses in the attached fact sheets specify the adhesion to international and regional regulatory instruments for gender-based violence.

to one of subjective rights (Güezmes and Vaeza, 2023; UN Women and ECLAC, 2021).

Creating a new care model also entails establishing **transformative care policies** (ILO, 2022) with strategies that dignify, professionalise, collectivise and help move towards **shared responsibility by all the social actors** that make up what is known as the care diamond (Razavi, 2007). Advancing towards transformative societies entails undertaking vast and comprehensive concepts of care through a sustainability of life paradigm that includes the environmental dimension, promoting a care culture, and achieving equality and social, gender and racial justice. A narrow perspective of care can lead to ongoing structural inequalities found in unjust, unequal and racist care models.

The **analysis of care policies** in this study is done through a dual approach —regional and national— in the search for shared trends, differentiating elements and replicable practices. The main findings of the report are explained in the following conclusions and recommendations:



Heterogeneous response on behalf of States in recognising, guaranteeing and protecting the right to care

Although the countries studied face a variety of realities and differences in the implementation of economic and social rights, they structurally share the existence of a care crisis with gaps in the coverage to address the needs of their populations. **In most, the social organisation of care is based on the division of work according to gender and class inequalities, which are also racialised by origin and migratory status.** At this time, the various concepts about care and its translation into policies and systems address specific development perspectives that heterogeneously recognise the right to care.

The existence of welfare states with the development and strength of their social protection systems will be directly related to the reach and nature of the care policies that are implemented. This is a meaningful observation for this study since we are comparing countries that have welfare pillars with different implementation histories and in which the State's presence and social protection systems vary significantly. The European Union and the three European countries analysed go hand in hand with the development over the past two centuries of the welfare states (each European nation representing a different model) and the set of interconnected policies and institutionalised social rights that offer protection—in varying degrees, depending on the country—to citizens against certain social and economic situations and risks. Under the principle of universality, they make up a key instrument for social cohesion.

These policies are frequently associated with care policies and face, just like the welfare states, today's demographic, economic and financial challenges; the guarantee of required social protection standards; and the sustainability of the development models in which they are interwoven. This history constrains the debates and influences the systemic view of care, hindering the transformation of a highly sectoralised and increasingly commodified model.

These are models that, when analysed from the perspective of the Coherence Index³, create and are based on global externalities. In other words, countries with relatively decent socioeconomic and democratic performance indicators are exerting significant pressure on the planet and influencing the development potential of other regions. Additionally, welfare states have been built on the foundation of their colonial heritage, and in the current care crisis, colonial and racist logic shapes the social responses to care needs by exploiting migrants and racialised people due to the failure of universal public models.

On the other hand, in the LAC countries analysed, which also represent three different realities with heterogeneous structures, we find that, in light of the structural inequality and lack of social protections, care is viewed through a more systemic logic that serves as an opportunity to strengthen States and create instruments for social cohesion. However, these initiatives also face challenges linked to the creation of class and race-based privileges.

Regional care policies and systems are linked to various development proposals

The recognition, visibility and worth of care work respond to the feminist perspective's critical review of the hegemonic development model. There are several feminist approaches to care with different proposals for the model's transformation, from care as a component of welfare to the care economy and proposals from the ecofeminist perspective. **The ecofeminist view places the reproduction of life in the centre, instead of markets and the reproduction of capital, resulting in a paradigm shift that calls for the creation of an alternative macroeconomic model.** The proposal is shaped around **recognising the ecocodependence, vulnerability and interdependence of human beings**, with care needs throughout life as the basis of a new system of collective organisation. The ecofeminism perspective is also anti-racist and community-oriented, emphasising the transnational dimension of care and the decisive role of migrant women and community care networks that have emerged in the region.

3 The Coherence Index is a composite indicator for exploring country performance in terms of policy coherence for sustainable development through the interconnected analysis of transitions and their impact on the planet



Under an ecofeminist sustainability of life paradigm, **the transition towards care societies should be the aspect that guides major changes in the existing development model.** The shifts towards a care society appear in international frameworks with different accents translated into transformative focuses, one through the sustainability of life, defining the interdependence between people and regions (carers and care recipients) and comprising the environmental dimension; and others more geared towards the care economy and creating the labour and social rights framework it promotes.

In Europe and LAC, the COVID-19 pandemic has brought to light the model's deficiencies as well as the gender, class and race inequalities of care. Regional policies (the European Care Strategy, the Buenos Aires Commitment and the Bi-Regional Pact for Care) converge and recognise the role main role of women and emphasise the importance of addressing gender inequality by balancing the responsibilities between genders and social-shared responsibility. They also focus on improving the availability, quality and accessibility of care, making the sector more resilient to future challenges such as new pandemics or the demographic change linked to ageing. They recognise the economic and social yields of care as essential for economic prosperity and social cohesion, from childcare to elderly care and caring for persons with disabilities. Both models recognise the importance of the care economy as a fundamental vector for social investment, job creation and economic reactivation. However, this view leans towards responses based on the commodification of services and the system's productivity, in detriment to alternatives that place the reproduction of life in the centre and promote structural changes in the social and economic organisation. **Another weakness shared by the two regions is the lack of integration of the decolonial focus and the inadequate handling of the migratory reality in their diagnoses and planning.**

The two regions analysed have significant differences. Whereas the EU has chosen to integrate digital and technological solutions into its care policies, LAC has placed less emphasis on this while highlighting the role of the care community dimension. Additionally, the policies in both regions reflect their specific structures and implementation models, the differences in their socioeconomic and cultural realities, and the variations in their welfare states. The EU tends to favour public-private funding and partnerships for care, whereas LAC places more emphasis on the role of the State and public policies. Another key difference lies in the focus on deinstitutionalisation, which is more present in the EU and its policies for long-term care and ageing.

Care at the crossroads of green and digital transitions

We are in the midst of an era of transition marked by significant changes in how we live, organise ourselves, work and interact. Public agendas are undertaking the ecological and digital transition in parallel to the shift towards care societies. The two regions are attempting to focus their policies on revitalising, restructuring and transforming their economies and production systems. Regional proposals are defined by approaches centred on boosting economies with low-carbon emissions and a defined technological presence to effectively address the climate crisis and bridge the divides, structural disparities and historical dualisms, although the environmental consequences of this digital transformation have not yet been thoroughly analysed. However, coordination and dialogue between these agendas and the care agenda remain weak and relatively unstructured because State and regional debates have an isolated view of the green and digital transitions, with little basis on postulates of the sustainability of life paradigm.

From the just transition perspective, the care economy is a strategic sector that can have a significant impact on the creation of just and decent work, sustainability and social transformation. However, capitalism and the market play a key role in the evolution and nature of these transitions and the underlying socioeconomic matrices, with the risk of continuing to reproduce existing inequalities and create new ones. For example, **the lack of integration of the gender perspective in the digital agenda (given the current digital gender divide) heightens the risk of greater inequality and discrimination in the access, use and benefits of digital technology.** On the other hand, the care agenda aspects linked to the digitalisation of services appear to have a longer track record than those related to the collectivisation and redistribution of care or the corresponding affective dimension.

Policy coherence as a key part of the systemic care concept

Systemic care cannot be addressed without policy coherence. Traditionally, care policies have been promoted in a sectoralised manner through employment policies, education policies, healthcare policies and social policies. **One of the weaknesses identified in all the cases studied is the difficulty in creating a comprehensive and coordinated view of the actors and institutions on different administrative levels.** Additionally, a broad view of care transcends these traditional areas and involves



other policy categories such as infrastructure, housing, the environment, migration, foreign affairs, taxation and the economy.

The intersections between care schemes and migratory schemes lead to national and local institutional frameworks that are the specific context in which care work is done and where policy coherence is required. **Migratory policy does not include the care perspective in any of the cases studied.** Regional strategies do not have the recognition and central support required, based on their representativeness among the care population, on a formal and informal level.

Feminist foreign policy and feminist governance can be the past, present or future, depending on the country analysed. In most cases, the care perspective is slightly integrated, with isolated international diplomacy initiatives in certain instances, and in others, such as Argentina up until the arrival of the new government (2023), a more structured proposal to promote the shift towards care societies through FFP.

Beyond the multilateral work to support international and regional care initiatives, **FFP can also include equality as a transformative pillar of national and foreign policy, and the sustainability of life focus for the internal and external development of countries.** While care appears to have an ecodpendence reality, an essential dimension of care through policy coherence is the environmental one and the connections to climate change and biodiversity loss. Through this policy coherence, a care society entails addressing these dimensions and overcoming androcentric and anthropocentric views of development.

In this sense, **care should not be linked solely to the external dimension, but rather there should be coordination and correlation with the national sphere to include it in the various dimensions and components.** FFP is an opportunity to transform the hierarchies and privileges reproduced in the spheres of power and on an international level that perpetuate gender inequality and systemic discrimination, thereby hindering sustainable development. It should also become a comprehensive strategy that is aligned with the equality commitments made in international and regional frameworks and increases the value of care ethics and the sustainability of life.

Top experiences in national approaches to care

The COVID-19 pandemic magnified existing inequalities and brought to light care overload, underscoring the urgency of designing public policies centred on care. In various areas of the countries analysed —State, private sector, families and society— the importance and value of care are starting to be recognised as key aspects in the fight against gender inequality, economic reactivation, the fight against poverty, decent job creation and the preservation and promotion of personal welfare and health. In this context, LAC proposes a new public policy agenda that includes **care as the fourth pillar of welfare**, along with education, health and social protection. This agenda is an opportunity to establish, from the onset, a perspective of rights and social and gender-shared responsibility. In Europe, in the context of the pandemic, a series of care measures are being developed within a consolidated welfare state model that faces challenges in light of new demands and finds it difficult to respond from a systemic perspective, going beyond the focus of needs.

In countries with strong feminist movements that are capable of dialogue with the government, the resulting proposals include broader views on the sustainability of life and more transformative gender inequality measures, as in the case of Mexico and Argentina. The organisational capabilities and impact of migrant women who work in the care sector, as in the case of Spain, are fundamental in recognising their rights and establishing decent work standards for this collective that is so essential for the care needs of every country.

A notable element in the new experiences of creating comprehensive systems is that they are based on the explicit recognition of the right to care. This recognition is guaranteed by legislation in most instances, and even, as in the case of Mexico, by the Mexico City Constitution. The same does not occur in Europe, where the right to care is not integrated into the national regulatory frameworks. This difference is transferred to the institutionality and governance of care. Although institutionality in Europe is solid, it is sectoralised, almost always with a high degree of decentralisation, making it difficult to coordinate and address intersectoral and intersectional aspects, thereby compromising the quality, efficacy and universality of measures. Institutionality in LAC is fragile and has the same weaknesses, but the comprehensive system proposals seek to overcome them by creating intersectoral governance and coordination mechanisms led by the ministries or mechanisms for equality, such as the Inter-ministerial Board of Care Policies in Argentina, the Intersectoral Care Table in the Dominican Republic and the National Care Council



in Mexico. Following these experiences, Spain has created the Advisory Board for Care.

Most of the experiences focus on early childhood policies, care for dependency and elderly care. These policies have a heterogeneous nature with an unequal promotion of self-care and personal autonomy, surpassing welfare-based or gerontological approaches with more personalised, flexible and community care models. Sweden is an example of the creation of benefits and services from this perspective. On the other hand, the creation of awareness and community measures aimed at cultural change by breaking down gender roles and stereotypes and promoting shared responsibility and the care culture are very suitable elements found in new experiences of comprehensive systems.

The creation of information, data and records about service and care gaps plays an important role in the quality of care systems and policies. Therefore, experiences of gathering statistical information through time-use surveys, specific surveys about care, the systematisation of care resources through, for example, carer records and care service mapping, or shared certification and quality criteria, are important and replicable elements. On this matter, France stands out for its degree of institutionalisation of care-related evaluations.

Political commitment and budget allocation are essential for the care agenda's sustainability

When analysing care systems and policies, their success, implementation, ability to adapt and address the population's care needs will be defined by **three essential elements: political support, legislation and funding.** Without these elements, it is not possible to discuss care systems and policies, regardless of social pressure and debates. These pieces are essential to ensure the existence and survival of any initiative, which is paradoxical because care entails sustainability. They are the cornerstone of the economy and society, and play a systemic role in capitalist economic dynamics and the system's sustainability.

However, the idea of sustainability, which is present in the essence of care and in the systemic proposals that make up the logic of the sustainability of life, does not translate directly into these essential elements. On this matter, **the lack of specific legislation, the political changes, and the**

funding priorities and challenges faced by governments create a complex scenario. Transformative comprehensive care systems cannot exist without increased public revenue or unless care investments become a budgetary priority. The cases studied do not show a clear willingness to economically expand the care agenda or to guarantee stable funding.

On the other hand, a systemic approach to care would require exploring **innovative mechanisms for public budgeting**, such as adding new budget line items, tagging allocations for care, and designing new gender-based budgeting mechanisms that contribute to monitoring, evaluation and accountability. On this point, proposals in which care, as an essential part of life, is recognised and transferred to all areas and sectors stand out. One example is the Argentina Draft Bill that requires the Ministry of Public Works of Argentina to establish a Care Infrastructure Fund to which at least 8.5% of the annual infrastructure budget is allocated to care.

The role of multilateral institutions has been essential to implement the law, which accompanies institutional initiatives and advances towards care systems. On this matter, many countries with new systems, laws or policies received full or partial support and funding from United Nations entities, such as UN Women, the ILO or ECLAC, or the EUROsocial Programme. The implementation of certain measures in Europe has depended on the availability of community funds. This reality poses questions about the continuity and sustainability of the initiatives if the support or funding is removed since these are extraordinary contributions that will not be kept in the long term. **States must adjust and redirect their taxation systems, using different sources and consolidating public and private funding, without compromising the principles of universality and progressivity.**

The weak commitment of political forces endangers the model's sustainability, particularly in those cases where funding has not been approved and the systems are in the early stages, such as Argentina and Mexico.



Making progress in La Coordinadora's impact on comprehensive care systems through feminist economy proposals

The research document ends by highlighting several key findings and proposing lines of action towards the creation of more integrating and sustainable care systems. The conclusions and recommendations are guided by the in-depth evaluation of the care policies in the countries selected in the European Union and Latin America and the Caribbean, and are influenced by the theoretical feminist, ecofeminist and intersectional perspectives explored throughout the study. The conclusions and recommendations highlighted in the document are summarised below:



RECOMMENDATION 1

Within the framework of the United Nations, **promoting international standards on care** from a systemic perspective, that address the right of people to provide and receive care and exercise self-care based on the principles of equality, universality, and social and gender-shared responsibility.



RECOMMENDATION 2

Promoting knowledge creation about care from a broad and systemic perspective that takes into consideration the different cultural approaches towards care, the affection that defines it, the community dimension, the importance of the surroundings and region, the care needs throughout the life cycle, and the links to race, social class and power dynamics. This is a duty for those who hold obligations towards citizen rights and welfare.



RECOMMENDATION 3

Advancing towards transformative societies entails undertaking vast and comprehensive concepts of care through a **policy coherence and sustainability of life paradigm** that includes the environmental dimension, promoting a care culture, and achieving equality and social, gender and racial justice.



RECOMMENDATION 4

Establishing **bi-regional and inter-agent dialogue**, ensuring the involvement of feminist organisations, indigenous people, and migrant and racialised women to roll out a common feminist agenda that explores innovative mechanisms for technical and financial collaboration. On this point, countries, institutions and entities are encouraged to actively participate in building dialogue within the framework of the Bi-Regional Pact for Care between Latin America and the Caribbean and the European Union.



RECOMMENDATION 5

The **transition towards care societies** should serve as the basis for the inspiration and organisation of other **transitions proposed in the current agendas**.



RECOMMENDATION 6

The **private sector** is involved in building care societies, specifically in the green and digital transitions, and it is not exempt from making existing gender equality commitments. This requires creating **new accountability mechanisms and strategies**.



RECOMMENDATION 7

Ensuring just transitions requires anticipating the potential inequalities that may arise due to changes in the social-production models without real social transformations regarding care. This entails transforming the gender stereotype for this type of work and **guaranteeing job opportunities for women in STEM sectors**, which currently have a greater social and economic value.



RECOMMENDATION 8

Promoting ecosystemic approaches to care focused on people and with tailored and **flexible community care models**.



RECOMMENDATION 9

Improving policy coherence for sustainable development between work and migration for sustainable, inclusive and fair development is an inevitable part of undertaking comprehensive care systems and policies.



RECOMMENDATION 10

Feminist foreign policy must include **broader views of care and the sustainability of life through comprehensive public policy approaches**, coordinating the external relations and internal policies of countries.



RECOMMENDATION 11

Further delving into the creation of alliances, strategic lines and operations to promote **care societies within the framework of international cooperation policies for development**.



RECOMMENDATION 12

Making progress in **recognising and protecting care rights** within national regulatory frameworks, and working towards creating and implementing inter-regional, intersectoral and multi-actor coordination mechanisms, with strong involvement of civil society Equality mechanisms must be bolstered to guarantee the integration of the intersectional gender perspective in measures.



RECOMMENDATION 13

Creating robust information collection and analysis systems that feed the integration of **mechanisms to monitor and evaluate care policies** is one of the biggest challenges.



RECOMMENDATION 14

Guaranteeing sufficient, adequate and stable public funding for care systems and policies to ensure their universality and progressivity.



RECOMMENDATION 15

Guaranteeing the integration of the **feminist perspective** in investments in the care economy.



RECOMMENDATION 16

The care agenda requires **State deals** that serve as turning points for existing sectoralised initiatives and a commitment to their **budgetary and political sustainability**.



