

Joint Declaration on a bi-regional Pact on Care European Union – Latin America and the Caribbean

1. We, the European Union (EU) and Colombia, Barbados, Belize, Brazil, Bolivia, Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Honduras, Mexico, Suriname, Trinidad and Tobago and Uruguay, seeking to enhance our partnership, are launching a Bi-regional Pact on Care. The Bi-regional Pact on Care is an informal, values-based framework for cooperation, open to all Latin American and Caribbean (LAC) countries and EU Member States and institutions.
2. The Pact provides a forum for regular bi-regional dialogue and cooperation on the legal, social and economic aspects of comprehensive care systems, including support systems, with the aim of improving their effectiveness, quality, inclusiveness and accessibility, as well as their financial and fiscal sustainability, in order to achieve greater levels of well-being, gender equality and social justice in our societies. The Pact also serves as a forum for promoting cooperation at sub-regional, regional and multilateral level in this field.
3. The Pact is based on the high importance that both the European Union and Latin America and the Caribbean attach to care systems. Our two regions have traditionally pursued the most ambitious policies to transform and strengthen these systems, with the aim of making them more effective, sustainable, equitable and inclusive.
4. We acknowledge the growing demand for care across our populations, driven by demographic and cultural shifts. We consider that the rising need for care can be addressed through a transformative approach that promotes economic and social justice, taking into account the principles and priorities developed in this field within the United Nations system and other relevant multilateral fora, including in our respective regions.
5. We recognise that care is both a need, a responsibility, a co-responsibility and an essential element for social justice and human dignity, as well as for a sustainable and inclusive economic and social development, as it allows individuals to emerge from vulnerability and actively participate in society. It encompasses all activities undertaken to ensure and maintain the well-being, health, and development of individuals throughout their lives, including the provision of assistance to those in a situation of dependency or requiring temporary or permanent support, such as children, older persons, persons with disabilities, or persons with chronic or temporary illnesses.
6. We consider that care is also a key source of both paid and unpaid work, which must be better recognised and more equitably distributed among the state, the private sector, families, communities and between women and men. Care, without which the current system could not function, is inherently intersectional and cross-cutting, as it permeates

all areas of society and affects everyone throughout the life cycle. Daily care contributes to the economy by enabling the participation of care workers, both women and men, many of whom face precarious conditions and social invisibility. Women, in particular, continue to carry most of the responsibility for unpaid care and domestic work.

7. We recognise that improving the working conditions of care workers and promoting the professionalisation and formalisation of the sector can have a significant impact on ensuring full respect for human rights, including labour and social rights, within the field of care; and on fostering the economy and women's formal participation in the labour market. Moreover, redistributing care responsibilities contributes to levelling the playing field between women and men, promoting equal opportunities and gender justice, and ensuring that access to care services does not limit women's economic autonomy.
8. In light of the above, we are strongly committed to strengthening our care systems as one of the main pillars of welfare, and to advancing towards a care society that supports and protects both those who require care and those who provide it. A care society that also embraces self-care, mutual care, and environmental protection, grounded on a comprehensive approach that seeks to ensure the sustainability of life and the planet.

Cooperation modalities

9. To this aim, we will conduct voluntary regular exchanges on progress and good practices in care policies, systems, programmes, and benefits, including policy and regulatory frameworks, infrastructure, digitalisation, governance mechanisms, policies to improve access to affordable, accessible and quality care services, and the institutional architecture of care systems. These exchanges will also encompass the working conditions of care workers, fair recruitment, professionalisation strategies and skills development, initiatives to recognise unpaid care work and reduce its burden on those providing it; as well as sectoral, local and community-based experiences and financing strategies for care systems, among other matters.
10. We will conduct and share comparative studies and analyses on topics such as time use in care and gender gaps; the availability, affordability, adequacy and quality of care services, the gap between the supply and demand of care services for different populations, access to self-care services and programmes, and the positive impact of investment in the sector. These comparative studies will also encompass regulations on maternity and paternity, including on parental leave and their conditions of application, and the disproportionate impact of unpaid care responsibilities on women and girls; as well as on persons in situation of vulnerability, such as afro-descendant communities and indigenous peoples. Furthermore, the shared analyses may cover the working conditions of care workers, including their health and safety, their access to social protection and their link to migration flows in both regions, including the regional and global care chains and their structural causes and implications, among other matters.

11. We will update each other on significant political and legal advancements achieved in our respective regions aimed at recognising care as a fundamental component for gender equality, social justice and collective well-being, and which can serve as inspiration for other regions and reinforce our bi-regional cooperation to build fairer, more sustainable, and more inclusive care systems.
12. The Pact also aims to stimulate the formulation of concrete proposals to be taken into consideration by the authorities of both regions, promoting innovation, adaptation to the different local contexts and progress measurement; and it will aim to seize opportunities to create decent and productive employment, strengthen and broaden the financing mechanisms and strategies of care systems, and enhance public-private partnerships with multi-stakeholder approaches through innovative investments in the care economy.
13. Given the dynamic nature of the sector, priorities will be revised regularly and new areas could be included per mutual agreement, in line with changing needs and opportunities.

Implementation

14. Participants are welcome to designate a governmental entity to act as country focal point. The focal points will meet regularly to conduct the abovementioned exchanges of good practices, comparative studies and analysis, as well as to identify cooperation opportunities, promote joint initiatives, review the implementation of joint priorities and call for specific thematic meetings. Modalities for the work on these dialogues will be defined jointly, and progress will be reviewed on a regular basis
15. The EU-LAC Foundation will be invited to support the work of this Network, and to make concrete proposals to be considered by decision-makers and authorities in order to move towards a care society, in collaboration with relevant stakeholders.
16. Modalities of consultation with representatives of the civil society, including the different stakeholders in the care sector, social partners and the academia will be defined jointly.