

DECLARATION

14th Gathering of the Parliamentary Network for Gender Equality

Legislative Perspectives for Inclusive Economic Growth: Investing in the Care Economy

November 30 - December 2, 2022
Bogota, Colombia

We, parliamentarian delegates from 18 countries¹ in the Americas and the Caribbean, have convened on November 30 and December 1, 2022, in Bogota, Colombia, at the Congress of the Republic of Colombia, for the 14th Gathering of the Parliamentary Network for Gender Equality within the framework of the 19th ParlAmericas Plenary Assembly, titled *Legislative Perspectives for Inclusive Economic Growth: Investing in the Care Economy*.²

The Gathering provided a space for us to exchange with our colleagues and subject matter experts on good practices for legislative initiatives related to the economics of care work. During the Gathering, it was recognized that care work, a foundation of our societies, contributes significantly to the functioning of economies, to women's autonomy and gender equality, and that it can be a catalyst both for inclusive economic growth and social well-being.

The dialogues highlighted the importance of high-quality data on care work – paid and especially unpaid – as an essential component in the development of evidence-based legislative and policy initiatives that advance gender equality, economic growth, and poverty alleviation. We further had the opportunity to review tools, legal frameworks, and international instruments based upon human rights standards related to recognizing, valuing, redistributing, regulating, promoting, and creating new ways of addressing care work.

Considering the above and,

Recognizing:

1. That care is essential for all individuals' physical, biological, and emotional well-being and needs which change depending on the phase, stage, or conditions in their lifecycle, including but not limited to, whether they are a child, adolescent, adult, older persons, pregnant, ill, persons with disabilities, whether temporary or permanent, or belong to a population group requiring care.

¹ Belize, Bolivia, Canada, Chile, Colombia, Costa Rica, Ecuador, Grenada, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Saint Lucia, Suriname, Trinidad and Tobago. A parliamentary delegation representing the MERCOSUR Parliament (PARLASUR) also participated.

² "Caregiving is viewed as a wide array of everyday activities for managing and sustaining life that take place inside and outside the home, and that allow the physical, biological and emotional well-being of people, particularly those who lack the autonomy to perform these activities on their own. Caregiving includes self-care, providing direct care for others, establishing the pre-conditions for care, and managing care." [Inter-American Model Law on Care](#), Article 4, Inter-American Commission of Women.

2. That the care economy is one of the fastest-growing economic sectors globally and is projected to generate more than 40 percent of all job opportunities in new professions between 2020 and 2023.³ Countries in the Americas and the Caribbean that have calculated the economic value of unpaid work in households estimate that it accounts for between 15.9 and 27.6 percent of the Gross Domestic Product, with unpaid care work performed by women accounting for approximately 74 percent of that value.⁴
3. That there will be an estimated 2.3 billion people receiving care by 2030, taking into account demographic and socioeconomic trends such as population ageing or growth, shifting family and household structures, women's labour force participation, and gaps in social security systems.⁵
4. That parliaments can play a decisive role in promoting public investments in the care economy as a necessary human rights pursuit that helps to ensure that all individuals can access the needed range of services and supports to enable their care, and that workers in these fields are recognized, remunerated, and have adequate protections.
5. That, statistically, women and girls make up the majority of providers of paid and unpaid direct care work due to gendered social norms that perpetuates a lifelong cycle of unequal distribution of care work from an early age. In Latin America and the Caribbean women spend more than three times as many hours on unpaid care and domestic work than men.⁶
6. That despite the essential contributions made by careworkers, they and those they care for face various risks, especially when the work is unregulated, lacks benefits and protections, and is low-paid or unremunerated; women are disproportionately impacted by the risk of physical, emotional, and sexual violence under these circumstances.
7. That the uneven distribution of care work is experienced differently by individuals, collectives, and communities given their economic, cultural, and geographic situation and other social identity factors; migrant care workers, for instance, can face particular vulnerabilities due to their immigration status, and it is primarily women who are migrants and/or living in poverty who are hired as domestic workers by private households, with these individuals often working in unregulated environments without full access to social protection or labour rights.
8. That care work is a skilled occupation, and that care workers in all fields – as well as the recipients of their care – would benefit from greater access to specialized training as a means of ensuring the provision of high-quality, safe, person-centred care while reducing the prevalence of risks.

³ [Jobs of Tomorrow Mapping Opportunity in the New Economy](#). WEF

⁴ [The Care Society: A Horizon for Sustainable Recovery with Gender Equality](#). ECLAC

⁵ [Care Work and Care Jobs](#). ILO

⁶ [Care in Latin America and the Caribbean during the COVID-19](#). ECLAC

9. That women's full participation in the labour market and general autonomy are undermined by the unequal distribution, intensity, and lack of acknowledgment and support for unpaid care work, which also limits their ability to fully exercise their economic, social, cultural, civic, and political rights.
10. That the COVID-19 pandemic has revealed the urgency of strengthening the capacity and resilience of our health, educational, and social protection systems and visibilized the critical and essential role of labour associated with care as a result of school closures, social isolation, the increased number of ill people, decreased access to some care services and an overburdening of others.
11. That the redistribution of care responsibilities can result in significant benefits for all genders, as studies show that men carers tend to live longer, have a better work/life balance, and are less likely to engage in risky behaviour.⁷
12. That commitments to addressing the disproportionate distribution of paid and unpaid care work between women and men are enshrined in different international instruments such as [the Beijing Declaration and Platform for Action](#), [the International Covenant on Economic, Social, and Cultural Rights \(ICESCR\)](#), the [Convention on the Elimination of All Forms of Discrimination Against Women](#), [Sustainable Development Goal target 5.4](#), [the International Covenant on Civil and Political Rights](#), [Maternity Protection Convention 2000 \(No. 183\)](#), and the commitments adopted by governments at the sessions of the Regional Conference on Women in Latin America and the Caribbean that form part of the [Regional Gender Agenda](#), particularly the [Buenos Aires Commitment](#), among others.
13. That countries in the Americas and the Caribbean are making progress in the legal and policy landscape associated with care work, aided by civil society collaborations and important regional frameworks such as the [Inter-American Model Law on Care](#) developed by the Inter-American Commission of Women – a tool with the aim of regulating care, its recognition, redistribution, provision, and promotion, as well as the recognition of unpaid care work as work.
14. That despite the number of relevant international and regional agreements and policy tools, advocacy by women's organizations, and enhanced awareness about unequal care burdens during the COVID-19 pandemic, the need for the redistribution and valuing of care work remains insufficiently prioritized in political agendas, developmental policies, budgeting, human rights debates, political rhetoric, and research.
15. That States ought to act as guarantors in access to the right to care by implementing a comprehensive care system that consists of evidence-based and disaggregated data-driven

⁷ [State of the World Father's: Structural Solutions to Achieve Equality In Care Work](#). MENCARE

policies and programs that organize the care economy in a manner that reduces and redistributes care work equitably.

16. That parliaments are responsible for adopting legislative frameworks that enable such a comprehensive care system comprising the provision of public services, infrastructure, and social protection policies. Parliaments can furthermore be key actors in acknowledging the economic value of unpaid care work and in promoting a co-responsibility model in which actors such as the State, civil society, the private sector, communities, and families actively inform, assist with, and support care work.
17. That public investment in the care economy and a shift in social and economic policies towards more sustainable care arrangements can yield multiplier effects through an expansion of job opportunities, reductions in unemployment and poverty, and advancements in sustainable development and gender equality which benefits all people, including men and boys.
18. That parliaments hold the potential to serve as a positive model for society by adopting internal policies that accommodate and promote care responsibilities, such as enacting workplace policies and procedures that enable childcare services and flexibility in scheduling, as well as parental leave for parliamentarians and employees of the parliaments.
19. That the XV Regional Conference on Women in Latin America and the Caribbean, organized by ECLAC with support from UN Women, in Buenos Aires, Argentina, from November 7-11, 2022, contributed concretely to multi-stakeholder consensus-building on its theme of “The Care Society as a Horizontal for Sustainable Recovery with Gender Equality.”

We commit to:

1. Adopt an approach in our lawmaking and oversight functions that acknowledges that care work, caregiving, and investing in the care economy should be priorities for government action, essential to the advancement of social and economic development and gender equality commitments.
2. Introduce legislation, table motions, or conduct oversight to require our governments to improve the collection of disaggregated data through periodic time-use surveys and economic analyses in order to gain a more complete and nuanced understanding of care work and the care economy.
3. Advocate for the public and private sector to adopt measures that lessen the burden of care work and foster the social co-responsibility of care via economic incentives, education, flexible working arrangements that do not compromise labour and social rights, extended paid family and sick leave, and programmes that provide compensation or accommodations during closures of care services like schools or daycare centres.

4. Promote the implementation of gender-responsive counter-cyclical fiscal policies, in order to mitigate the impact of economic crises and recessions on all women's lives and promote regulatory frameworks and policies to galvanize the economy in sectors key to the sustainability of life, including the care economy (Paragraph 28, Buenos Aires Commitment).
5. Introduce legislative reforms, table motions, or conduct oversight to expand protections for all care workers and recipients of care, with a special focus on migrant workers and other traditionally marginalized groups.
6. Adopt legislation, table motions, or conduct oversight needed to develop/strengthen and finance a comprehensive national care system informed by economic and gender analyses, as well as by consultations with civil society organizations, families, the private sector, providers and recipients of care work, temporary and migrant care workers, and other stakeholders.
7. Call on our governments to take into account the current situation of unpaid care work in the development of the [Action Plan on Health and Resilience in the Americas](#) to be implemented by 2030, as part of the larger strategy to expand equitable access to comprehensive, high-quality, and people-centred health services accounting for the sociocultural, economic, and structural challenges facing the hemisphere, as agreed by the Heads of State and Government during the IX Summit of the Americas.
8. Advocate for the development and strengthening of health programmes that prioritize mental health and encompass prevention and early intervention through services, treatments, and supports that offer those living with mental illness the opportunity to experience significant improvements in their quality of life. In this regard, we will take note of the recommendations to be issued in the final report of the High-Level Commission on Mental Health and COVID-19 of the Pan-American Health Organization.
9. Introduce legislation or motions, and undertake the oversight required to provide tax and financial incentives to businesses and industries that adopt inclusive care work practices and further provide social protection service infrastructure, including by supporting access to care services for the sick, disabled, the elderly, and children.
10. Promote public programmes and campaigns that help to reshape the norms and stereotypes surrounding care work with the objective of achieving more gender-equal households, workplaces, economies, and societies.
11. Enact legislative or oversight initiatives to formalize the unpaid care work sector and guarantee decent employment for all care workers according to national or international labour standards.
12. Promote the freedom of association for care workers and employers and the building of alliances between trade unions representing care workers and civil society organizations representing care recipients and unpaid carers.

13. Use our political platforms to contribute to a positive shift in societal understanding and practices surrounding care work, such as by challenging stereotypes related to care work that are rooted in harmful gender norms implying that men are not natural caregivers and that care work and the related societal and economic impacts solely concern women.
14. Consider the elements developed in the Inter-American Model Law on Care of the CIM/OAS as a reference tool for the development of legal frameworks on the recognition, regulation, redistribution, provision, and promotion of care work.
15. Call on our governments, regional parliaments, and other multilateral bodies to fulfill the commitments and recommendations made in the framework of the XV Regional Conference on Women in Latin America and the Caribbean, and oversee their implementation from a legislative standpoint.

Adopted on December 2, 2022