

**Habitat International Coalition**

**Submission for the ‘Call for contributions - Human Rights Council Resolution 54/6 on the centrality of care and support from a human rights perspective’**

[Habitat International Coalition (HIC)](https://www.hic-net.org/) is a global, civil society coalition that fights for the recognition, defense and full implementation of human rights related to habitat. HIC understands the right to care, to be cared for and to self-care as the protection and guarantee of all the activities that ensure the reproduction and sustaining of life. These activities are usually carried out by women and are unpaid. They encompass care-giving for those that require specific care, but also day-to-day activities that are carried out inside or outside the home and that ensure the sustaining of life in adequate conditions and allow for physical and emotional well-being. The coalition submits its input to inform the expert workshop and High Commissioner’s report to the Human Rights Council, pursuant to resolution 54/6- centrality of care and support from a human rights perspective.

***1. In your country, regionally or globally, how are the following rights recognised and protected under national, regional and/or international law? Please provide concrete examples, such as legal provisions, court jurisprudence and/or human rights mechanisms:***

*- Human rights of paid and unpaid carers, including those who are women, persons with disabilities, children and older persons;*

*- Human rights of persons receiving care and support, including women, persons with disabilities, children and older persons;*

*- Human rights related to self-care for caregivers and recipients of care and support, including women, persons with disabilities, children and older persons.*

1. **Argentina** has made advances towards recognizing care as a human right:

* In 2021, Argentina along with Mexico brought the concept and importance of "right to care" to the forefront during the 48th session of the UN Human Rights Council. This initiative gained traction with over 50 countries supporting it and acknowledging the importance of further discussing care and its link to human rights.
* Argentina requested an Advisory Opinion from the Inter-American Court of Human Rights on the nature and scope of the right to care.This sought to define the concept and its connection to other established human rights.
* In 2022, the Argentine Ministry of Women, Genders and Diversity, along with the Ministry of Labour, Employment and Social Security, presented to the country’s legislature, the “Equality in Care” Bill that seeks the creation of the Comprehensive System of Care Policies (SINCA); a set of public care policies for a coordinated comprehensive care system organized by society to provide accessible and quality care, with gender equality and a human rights-based approach.
	+ The bill recognizes care and support as a necessity, a right and a job.
	+ It also defines SINCA as a set of policies and services designed to ensure the provision, socialization and redistribution of care and support work, as well as seeking to expand the rights of workers caring for dependent people.
	+ In terms of childhood care and support, the Bill prioritizes children aged up to five years old. It proposes quality criteria and calls for the expansion of services for those aged 0-3.
* The Buenos Aires Commitment was adopted by the member States of the Economic Commission for Latin America and the Caribbean (ECLAC) at the fifteenth session of the Regional Conference on Women in Latin America and the Caribbean, in November 2022.
	+ Recognizes care as a right, it paves the way for countries in Latin America and the Caribbean to develop policies that support this right.
	+ It calls for Comprehensive care systems that ensure everyone has access to the care they need, including healthcare, social services, and education.
	+ Gender equality in care; addressing the unequal burden of care work that often falls on women.
	+ Shared responsibility: Encouraging a social approach to care, where families, communities, and governments all play a part.

2. **Costa Rica:** a National Care Policy 2021-2031 was created, aimed at reorganizing the public policy sector dedicated to elderly care only. It still lacks a more comprehensive vision that establishes care as a human right associated with multiple life conditions, and not only focused on facilitating access conditions for people in conditions of dependency. Moreover, in budgetary terms, it does not manage new resources, but only a redistribution that should be evaluated.

* In March 2024, hearings were held in San José, Costa Rica, where various actors, as well as the government of Argentina, presented different arguments to strengthen the demand for the recognition of care as a right. The macro trends that characterize the Latin American region today were presented, including the rise of political authoritarianism in association with conservative tendencies, as well as the expansion of economic austerity agendas and fiscal reforms that are undermining basic, already consolidated social policies. This would imply risks in the face of proposals centered on care for the reproduction of life.
* For more than 20 years, academia, as well as community organizations and NGOs, have been defending care as a work that should be discussed within the framework of human rights, associated with the co-responsibility of the State. Theaim has been to request (on this occasion) an interpretation of the scope of the associated norms, especially in Argentina, linked to the right to care, in dialogue with the Inter-American Convention on Human Rights. Progress has been made at the regional level in this discussion, as there is already a wealth of legal arguments, however, the notion of social reproduction still needs to be strengthened in an expanded manner, based on comprehensive health, which includes not only access to health services or state subsidies, but also access to housing, decent work, etc. This has to do with recognising that guaranteeing care as a right is the gateway to other rights, with a commitment to universality and transversality.

3. **In Mexico**, efforts show a growing recognition of the importance of care, particularly for people with disabilities, older adults, and children.Mexico currently does not have a fully implemented National Care System, however, there is an ongoing proposal to establish one.

* The proposed National Care System aims to guarantee access to care services for those who need them. This includes people who are dependent on others due to age, disability, or other factors.
* The proposal emphasizes "co-responsibility" between different groups. This means the state, families, communities, the market (private sector), and individuals would all share the responsibility of providing and supporting care.
* A bill outlining the right to care and the creation of the system was approved by the Chamber of Deputies in 2020 but has yet to be implemented.
* Mexico City's 2017 constitution doesn't explicitly mention a right to care, but it does recognize the importance of caregiving.

4. **The Inter-American Court of Human Rights** hasn't issued a definitive Advisory Opinion on the specific right to care yet. However, there was a request submitted to the court for one in December 2023, to define the content and scope of the right to care, along with corresponding state obligations under the American Convention on Human Rights (ACHR) and other relevant instruments. This request highlights the growing recognition of care as a fundamental aspect of human well-being. The outcome of this request has the potential to significantly impact how countries in the Americas approach caregiving and related policies.

5. **Kenya** has formulated a draft National Care Policy that applies specifically to state and non-state actors and will be anchored on various policy and programmatic interventions addressing the issues that are within the context of care work.The policy’s priority areas include measurement of unpaid work, employment, social protection, child care, health care, social and cultural norms, care for elderly persons, care for PWDs, gender responsive public services and domestic services.

***2. Concrete policy or programmatic measures taken to promote and guarantee the human rights of persons providing and receiving care and support in national care and support systems, as mentioned in question 1 above. If possible, please indicate the impact of such measures.***

* Vulnerability of public policies related to care after changes of government. Care is often seen as an excessive expense to be cut. The recognition of care as a human right is fundamental to defend and ensure public investment in care systems and policies that ensure universal access, especially for marginalized communities and people.
* It is essential to focus on the perspective of seeing care as an investment, pointing out the potential that public investment in care has to influence and boost consumption and the economy in general, not only because of the jobs generated directly and indirectly, but also because of the economic consequences in terms of freeing up time spent on care.
* It is therefore essential to look universally at the different policies and initiatives related to care that have been implemented, even if they have been discontinued. These are public policies that must be recovered and seen as progress.

Some key points to keep in mind when thinking about care policies and initiatives include:

* Existing care systems tend to be very limited and focus primarily on care for those in need of care. It is essential to recognise the **comprehensiveness of care, to** think of care policies not as isolated and ad hoc, but as integral elements of a care system that takes into account the needs of those who require care and those who care for them;
* However, even with this comprehensive characteristic, it is essential that such systems are not excessively centralized, but are based on **decentralization** both in terms of territorial coverage and in terms of the bodies and actors that provide care services within the system (public, community, social and solidarity economy, etc.);
* Understand the **transversality of care** in all spheres of life and therefore that public policies in different areas have clear consequences in terms of care. It is therefore vital to think about care policies not as a specific area within public management, but in terms of their transversality. In particular, for example, the potential that lies in developing territorial policies from a care perspective is highlighted, considering how urban planning from a feminist perspective can have an impact on supporting care activities, which, contrary to common assumptions, go far beyond the private sphere of households. Seen in this way, such policies, by bringing together a care and territorial perspective, help to advance gender and territorial justice.
* Finally, it is essential that public policies move in the direction of **recognising both paid and unpaid care work as work**, creating different mechanisms that allow the people who carry out this work, the majority of whom are women, to access resources and support. In this sense, it is essential that care policies are collectively constructed, building on what already exists, in particular community care networks that are fundamental to respond to the care demands of marginalized communities. The challenge is to address what exactly is happening in these territories. The first challenge is to address this demand.

**Some examples of policies and initiatives from the above:**

* **Uruguay’s integrated care systems:**
	+ Uruguay's healthcare system offers a strong example of integrated care: the National Integrated Care System (SNIS).One specific example of integrated care within SNIS is the National Integrated System of Care for older adults. This program offers a range of services, including: Personal assistance, Day care, Telemedicine and Help with home modifications.
* **Care and territory:**
	+ CISCSA's very local project in Argentina to map local care networks at the community level and understand them as a redistribution of time and resources. In their critical mapping they can see a clear overlapping of territories subject to vulnerability and a lack of supply of care services, the response to this has been the organization of community spaces and services.
	+ Manzanas del Cuidado in Bogotà (Apples of care in Bogotá)- Care Blocks as a way of rethinking unpaid care work; not only about recognizing and redistributing care but institutionalizing it to free up time and opportunities for caregivers so that they find all the services they need in their neighborhood, in a nearby perimeter
	+ Social production of habitat: there is a diversity of experiences associated with housing, livelihoods and habitat in Latin America that account for care-oriented practices, linked to notions of good living, well-being and the development of just and inclusive communities and habitats, which provide clues on how to move towards caring cities and territories, placing the reproduction of life at the centre.
* **Recognition of unpaid work as work and direct support:**
	+ In Argentina, retirement was made available to people who had not paid taxes, this was huge for women who stayed at home to take care of the house, the time dedicated to this care work is covered by the pension.
	+ Often women who are involved in community care work are linked to these policies, which also enable community work in itself and decrease dependency on male breadwinners.
	+ Subsidized services as direct support, this includes affordable childcare, eldercare, or home care options. It is important to note that recognition and support can work together effectively. Recognition can build a case for increased support, while support can alleviate some of the burdens of unpaid work, allowing people more time and resources to contribute.
* **Community care**
	+ Example of community kitchens fighting for decent pay and working conditions. This support is not only monetary, but also supports the self-care of caregivers.
	+ The richness of territorial community action- Territorial community action can benefit from the social support offered by communities of care. Communities of care can leverage the resources and focus of territorial action to create a wider impact.
	+ Also starting from already mapped practices, as through the social production of HIC-Latin America.

***3. Key challenges faced at the national level in building strong, resilient, gender-responsive, disability-inclusive and age-sensitive care and support systems, with full respect for human rights.***

* First focus on unpaid work being recognised as work, community work is an additional burden for women to a set of already accumulated burdens, this care work by community organisations can even place a burden on community organisations to do their political advocacy work vis-à-vis the state.
* This means assuming that care policies have a fundamental dimension of socio-economic justice and income redistribution, whether direct or indirect. In this sense, a key challenge lies in how to develop care policies aimed at promoting socio-economic, territorial and gender equity in the face of the limitations imposed by the capitalist system. This entails recognising the collective rather than individual dimension of care, relying on collective solutions rather than market solutions that view care as individualised services. This entails recognising the interdependence within the tasks of care: interdependence between inhabitants to organise community care that breaks down the divisions between public and private and generates political activation, solidarity, but also interdependence between the productive economic reality and care. To care we need time, resources and services. More hours of productive work as wages and purchasing power fall takes time away from care work. What is the role of business, women's leadership in business in that equation?
* We need universality in public care policies, and not only to take into account specific communities in need of care. However, it is also essential to build policies that take into account and prioritise communities and diversities that are marginalised and for whom care policies can have a central impact. It is essential to think about these policies from an intersectional perspective that promotes socio-economic, territorial, gender, racial and intergenerational justice, based on redistribution and representation.
* Decolonial reframing of the right to care- from this perspective, the right to care takes on a broader and more critical meaning, that is:
	+ Collective responsibility where care is a collective responsibility within communities,based on reciprocity, kinship, and shared values.
	+ Decolonizing knowledge and self-determination: Communities have the right to define their own needs for care and choose how to meet them, drawing on their cultural traditions and resources.
	+ Centering marginalized voices: prioritizing the needs and experiences of those who have been historically marginalized
* Intersection between commons and the right to care:
	+ Community-based care: creation and management of community-based care systems. This means communities share resources, knowledge, and skills to provide care for one another.
	+ Sustainability of care: By sharing resources and responsibility, communities can ensure long-term sustainability of care systems, reducing dependence on external funding or overburdened formal systems.
	+ The commons fosters a sense of ownership and agency within communities. People have a greater say in how care is provided and can tailor it to their specific needs.

Due to the difficulty of recognising care work as work, there is not an abundance of disaggregated data and information that would make it possible to advance in an intersectional perspective, but it could be possible through specific studies to generate the requested information. In the case of paid domestic work, domestic workers' associations and trade unions have their own data on the subject.