2025 Second World Social Summit – Doha, Qatar

Shifting the Paradigm: Centring Care, Society and Social Protection for Social Development

Report of our official Virtual Solutions Session held online on 3 November 2025

Care **and support** are fundamental to human well-being and social development, yet they remain undervalued in policy and practice. To address this gap, **Make Mothers Matter and its partners** convened a high-level Solutions Session at the 2025 Second World Social Summit, *Shifting the Paradigm – Centring Care, Society and Social Protection for Social Development*. The event called for care and support to be recognised as essential social infrastructure and central to building equitable, resilient, and inclusive societies.

Speakers underscored that the unequal distribution of unpaid care and support, borne largely by **women and marginalised groups**, continues to undermine global development commitments. They stressed that strong, universal social protection systems are key to recognising, reducing, and redistributing care responsibilities. This report captures the session's main insights and recommendations, urging governments to **elevate care, invest in it sustainably, and ensure it is shared fairly between men and women and across society**.

Key Takeaways

1. **Care and support are essential pillars of social development**, underpinning health, education, decent work, and social cohesion. Investing in care generates multiplier effects comparable to, and often exceeding, traditional infrastructure.

2. **The unequal distribution of unpaid care is both a driver and consequence of gender inequality**, limiting women's labour force participation, financial autonomy, and physical and mental health.

3. **Integrated care and support systems are achievable**, as demonstrated by pioneering models in Latin America. These systems strengthen social protection, reduce poverty, and promote gender-responsive development.

4. **Care must be recognised, legislated, financed, and institutionalised as a human right**, following recent human rights frameworks affirming the rights of caregivers and care recipients.

5. **Transforming care requires a paradigm shift**, from treating care as a private, family-based duty to understanding it as a collective responsibility supported by the state, communities, public institutions and the private sector.

Welcome & Opening Remarks

Farah Arabe, Representative and Head of advocacy at the UN in New York, Make Mothers Matter

Farah opened the Solutions Session by emphasising the urgency of rethinking how societies value and support care. She reiterated that care and support systems must not remain at the margins of policy discussions but should be embedded in the architecture of social protection and sustainable development. Farah highlighted the need for a structural shift: from rhetorical acknowledgement of care to concrete institutional, financial, and governance reforms that centre caregivers and care recipients across the life course.

Roberto Bissio, Third World Institute & Global Coalition for Social Protection Floors

Roberto grounded the conversation in Uruguay's transformative experience as the first country to legislate and implement a national integrated care system. He emphasized that the unanimous parliamentary recognition of the right to care reshaped public perception and state responsibility.[1]

- Care is not only the "right thing to do," but the economically smart thing to do.
- Investments in care generate returns greater than many traditional infrastructure projects.
- Women's movements and trade unions have played a decisive role in advancing national care reforms in Latin America.

Roberto concluded by underscoring that integrated care systems are not utopian, they are feasible with political will and social consensus.[2]

Panel Discussion

1. The Human Rights Dimension of Care and Support – Asako Hattori, Human Rights Officer, Women's Human Rights and Gender Section, UN Human Rights Office (OHCHR)

Asako reframed care as a core human rights issue, emphasizing that both caregivers and care recipients are rights-holders, and that states are legally obligated to ensure accessible, quality, and rights-respecting care systems. She reminded participants that care and support are essential throughout the life course, from birth to old age, and underpin autonomy, dignity, and inclusion. Key points highlighted in her intervention included:

- **Care and support are foundational for human rights.** They enable autonomy, dignity, and participation while strengthening a broad spectrum of rights, including health, education, work,

[1] UN Women Uruguay. (2019). *The National Integrated System of Care in Uruguay*. UN Women. https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2019/10/SNIC%20web%20INGLES.pdf

[2] Also see NU CEPAL. (2023). *Buenos Aires Commitment* (LC/CRM.15/6/Rev.1). Economic Commission for Latin America and the Caribbean (ECLAC). https://conferenciamujer.cepal.org/15/en/documents/buenos-aires-commitment. This commitment is crucial because it frames care as a **right** (to give, to receive, and to self-care) and calls for a structural shift: overcoming the sexual division of labour and building a *care society*. It sets a roadmap toward gender-equal, sustainable development by promoting comprehensive care systems and recognizing care work's social, economic, and environmental value.

social security, and freedom from violence.[3][4] Care and support should be understood as part of shared humanity, not as burdens, and people requiring care should never be regarded as burdens themselves.

- **Gender inequalities persist.** Social norms and systemic structures continue to place a disproportionate share of unpaid care work on women and girls, including those with disabilities, migrant women, and older women. Excessive workload undermines well-being, limits opportunities, and denies fundamental rights.[5]

- **Discriminatory care models persist.** Persons with disabilities, older persons, Indigenous communities, minority groups, and other marginalized populations often face institutional or harmful care systems. Such systems can reinforce inequality, exclude rights-holders from decision-making, and ignore autonomy, choice, and control.[6]

- **States must act.** Governments have the responsibility to regulate care providers, mobilize resources, and treat care as a collective social responsibility rather than a private family duty. Social protection systems should recognize unpaid care work, protect care workers (especially domestic, migrant, and informal workers), redistribute responsibilities through public services, and account for disability-related extra costs to ensure participation and autonomy.

- **Recent human rights developments underline the centrality of care.** The Inter-American Court of Human Rights recently recognized the right to care as a human right linked to social security. UN human rights mechanisms, including the Working Group on Discrimination against Women and Girls and the Special Rapporteur on Disability, have highlighted the gendered dimensions of care and the need for rights-based approaches to care systems.

Asako concluded that investing in care and support systems and universal social protection is a human rights imperative, ensuring inclusion, addressing inequalities, and building just and sustainable societies.

2. Care as a Public Good and Foundation of a "Care Society" – Valentina Contreras Orrego, Programme Officer on Public Services and Care, Global Initiative for Economic, Social and Cultural Rights (GI-ESCR)

Valentina highlighted that social development cannot be fully realized without transforming care systems. She framed care as a **public good** and called for a shift from what she termed a "society of

[3] Also see OHCHR, *Care and support | OHCHR*, https://www.ohchr.org/en/care-and-support. Provides key human rights principles for care and support, including autonomy, participation, and equality

[4] Also see UN System Staff College, *Transforming Care Systems: UN System Policy Paper*,https://unsdg.un.org/resources/transforming-care-systems-un-system-policy-paper Highlights the UN-wide approach to building comprehensive, rights-based care systems.

[5] Working Group on Discrimination against Women and Girls, *Gendered dimensions of care and support systems* (A/HRC/59/45), OHCHR, https://www.ohchr.org/en/documents/reports/ahrc5945-gendered-dimensions-care-and-support-systems

[6] Special Rapporteur on Disability, *Care and support for children with disabilities within the family environment and its gendered dimensions* (A/80/170), OHCHR, https://www.ohchr.org/en/documents/reports/a80170-care-and-support-children-disabilities

carelessness" to a "care society," aligning with ECLAC's regional vision.[7] In such a society, care moves to the centre of development, progress is measured beyond GDP, and includes people's well-being and the sustainability of life itself.

She outlined **two core missions** for advancing care:

- **Mission 1: Connecting Agendas**
  Care is deeply interconnected with multiple social, economic, and environmental agendas, including labour rights, public services, social justice, children's and older persons' rights, and environmental sustainability. Recognizing care as a human right and a public good bridges these frameworks, ensuring that social development policies are comprehensive, inclusive, and equitable.

- **Mission 2: Bringing Care into Practice**
  Valentina presented examples of regional initiatives across Latin America where care reforms have been **co-designed with communities**, emphasizing feminist and intersectional approaches. She stressed that states have the primary responsibility to legally recognize care as a right and to build systems that redistribute care responsibilities across society, rather than placing the sole responsibility on families, particularly women and marginalized groups. These initiatives demonstrate how inclusive policy-making can contribute to the fair recognition, support, and redistribution of unpaid care work across society.

3. The Economic Valuation of Care and Links to Social Protection – Olivier de Schutter, UN Special Rapporteur on extreme poverty and human rights

Olivier argued that the global economy **structurally undervalues both paid and unpaid care work**, undermining gender equality and weakening social protection systems.[8] He emphasised that social protection reform must go hand-in-hand with better **valuation of care work**, not only as a social service, but as a foundation of decent work.

Magnitude of the care economy: Care work represents about **11.5% of global employment**, roughly **381 million workers**, three quarters of whom are women.[9] Women spend on average **4 h 25 minutes/day** on unpaid care work, compared to only **1 h 23 minutes/day** for men, contributing to their exclusion from formal employment.

Pay gap and undervaluation: Essential care workers earn **26% less** than other workers, only a small fraction of this gap being explained by education or experience. This systematic undervaluation is reinforced by three factors:

1. *Care serves communities who cannot pay*: Wages are in line with purchasing power instead of reflecting social importance.

[7] ECLAC, *The Care Society: Governance, Political Economy and Social Dialogue for a Transformation with Gender Equality* (LC/CRM.16/3). https://www.cepal.org/en/publications/82274-care-society-governance-political-economy-and-social-dialogue-transformation

[8] Olivier de Schutter, *The Working Poor: A Human Rights Approach to Wages*, UN Doc. A/78/175, 2023. Argues that wages should reflect social contribution, supporting care work valuation https://documents.un.org/doc/undoc/gen/n23/206/05/pdf/n2320605.pdf

[9] ILO, background paper 2024: estimates that 381 million jobs, 11.5% of global employment, are in the care economy https://www.ilo.org/publications/major-publications/care-work-and-care-jobs-future-decent-work

2. *Historical gender bias*: Most care work has historically been unpaid and performed by women; this continues to depress wages.

3. *Weak bargaining power*: Low unionization and precarious employment leave care workers with minimal leverage.[10]

What must change: Olivier's recommendations:

- Remuneration should reflect both economic output and **social contribution**.
- Social protection systems must **integrate care work**, recognising caregivers in pensions, leave schemes, and other benefits.
- Governments should ensure **decent wages in socially vital sectors**, implement non-transferable paternity leave, and consider wage caps in socially harmful sectors.[6]

4. Regional Innovations: The Latin American Experience – Florencia Caro Sachetti, Associate Researcher Social Protection Program, CIPPEC (Argentina)

Florencia highlighted how Latin America has **moved care from the private sphere to the public agenda**, turning it into a matter of rights, public policy and financing. After decades of feminist advocacy, several countries have developed **integrated national care systems** that coordinate childcare, long-term care, and disability support, while also recognizing and supporting unpaid caregivers and paid care workers.[11]

Examples of national and local initiatives:

- **Uruguay:** National Integrated Care System (2015), under inter-ministerial coordination, offers services for early childhood, persons with disability, and older persons, plus support for **caregiver cooperatives**.[12]
- **Colombia:** National Care System emphasizing intersectoral coordination and community caregiving; Bogotá's "**Manzanas del Cuidado" ("Care Blocks")** provide services and respite care locally.[13]
- **Chile:** National Support and Care Policy 2025–2030 integrates care into social protection and inequality reduction policy.[14]

---

[10] Olivier de Schutter, *Prohibiting Discrimination Based on Socioeconomic Disadvantage*, UN Doc. A/77/157, 2022. Shows structural labor and wage discrimination affecting marginalized workers. https://documents.un.org/doc/undoc/gen/n22/423/82/pdf/n2242382.pdf

[11] Inter-American Court of Human Rights, *Advisory Opinion on the Right to Care as a Human Right*, 2025. https://www.corteidh.or.cr/docs/opiniones/seriea_31_es.pdf

[12] Stampini et al., *Who Cares?* (OECD / IDB, 2025) https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/10/who-cares-how-to-support-and-recognize-the-caregivers-of-older-persons-in-latin-america-and-the-caribbean_835ad355/dc0029b6-en.pdf

[13] Bogotá City, *Manzanas del Cuidado,* https://oecd-opsi.org/innovations/bogota-care-blocks/

[14] Government of Chile, *National Support and Care Policy: We recognize the work of caregivers and those in need of care*, March 6, 2025 https://www.gob.cl/en/news/national-support-and-care-policy-we-recognize-the-work-of-caregivers-and-those-in-need-of-care/

- **Brazil:** Legislative momentum toward a National Care Policy and Plan continues despite political shifts.[15]

Key enabling factors:
1. Legal recognition of care as a human right
2. Sustainable public financing
3. Multi-level and intersectoral coordination
4. Participatory design involving caregivers and communities

Latin America demonstrates that **integrated care systems are achievable** with political will, adequate funding, and strong legal frameworks. The **Inter-American Court of Human Rights in 2025** recognised care as an enforceable human right, reinforcing the legal basis for national and local investment.

Q&A and Discussion Highlights

The Q&A session deepened the political, cultural, and economic debates on care.

1. Why do governments invest in roads but not in care?

Speakers pointed to the dominance of **GDP-based decision-making**, which rewards investments with quick, measurable returns. Care generates long-term social benefits that GDP fails to capture, leading policymakers to treat it as a cost to minimise. Gender norms further reinforce neglect: societies assume women will continue to provide unpaid care, making public investment seem unnecessary. This paradox persists even though the estimated economic value of unpaid care represents a significant economic sector, as in Chile where it accounts for 16% of GDP.

2. How can care strengthen multilateralism?

Participants noted that care is internationally fragmented across multiple policy areas. Elevating care as a universal social infrastructure could unify global agendas. They emphasized that the crisis of multilateralism stems from an **implementation gap**, countries sign global agreements but fail to act. Centring care would require concrete reforms, helping restore trust. Moving beyond GDP to indicators that include wellbeing and care could help shift global priorities.

3. What holds countries back from investing in care?

Austerity and short political cycles discourage long-term investment, even though care systems yield returns over the longer term. Speakers stressed that fiscal scarcity is often a political choice shaped by tax cuts and budget priorities. They also noted misallocation of resources toward costly institutional models instead of community-based care. Broader issues of global economic justice, tax reform, debt relief, and fair financing, are essential for expanding fiscal space.

4. Should we support a global women's strike?

[15] Government of Brazil, *Brazil prepares proposal for a National Care Policy and a National Care Plan* (Ministry of Labour and Employment, April 11, 2024), https://www.gov.br/trabalho-e-emprego/en/brazil-prepares-proposal-for-a-national-care-policy-and-a-national-care-plan

Panellists strongly agreed. A coordinated strike would reveal how economies rely on women's invisible labour and create political urgency. Historically, major rights advances have required collective action, and a care-centred strike could shift public consciousness.

5. Who is responsible for making care systems work?

Speakers emphasized that **the State is the primary duty-bearer**, especially in light of the 2025 Inter-American Court ruling recognizing care as an autonomous human right. States must build, fund, and regulate care systems.
Internal government structures also need reform so that long-term social investments can take priority, supported by fiscal policies that expand, not limit, public resource

Closing Remarks
Yara Tarabulsi, Technical Secretary, Global Alliance for Care
In her concluding remarks, Yara reaffirmed that care is the backbone of social and economic resilience and must be treated as a policy priority, not an afterthought. She stressed that without recognising, reducing, and redistributing unpaid care work, social protection systems will continue to exclude caregivers, particularly women in informal and domestic work. Yara highlighted global examples demonstrating that integrated national care systems, adequate financing, and participatory policymaking can drive transformative change. She called on stakeholders to maintain political momentum ahead of the 2028 UN Commission on the Status of Women (CSW72) that will focus on Care, and to build a strong public narrative that truly values care as essential to development and human rights.

Conclusion

The MMM Solutions Session at the Second World Social Summit delivered a clear message: **care is not a secondary issue, together with Social Protection, it is a structural pillar of social development**. Bringing together human rights perspectives, feminist advocacy, and proven policy examples, the discussion demonstrated that societies cannot achieve dignity, equality, or inclusion without strong, well-resourced care and support systems.

As a human rights–driven organisation rooted in civil society, MMM urges Member States and multilateral institutions to take concrete action:

- **Legally recognise care as a right**.
- **Invest in universal care and support systems**, integrated with social protection.
- **Elevate the voices of caregivers and care recipients** in all policymaking.
- **Align macroeconomic policies with the social value of care and support**.
- **Integrate care and support indicators into national planning and global goals**.

By moving from commitments to implementation, governments can build societies where care is **visible, valued, shared, and publicly supported**, the true backbone of inclusive and resilient development.