RED DE GÉNERO Y COMERCIO

A FEMINIST PROPOSAL FOR FINANCING CARE

executive summary

Written by
Lucía Cirmi Obón
June 2025

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DISCUSSING CARE FINANCING IS IMPORTANT HERE AND NOW

Since the second decade of the 21ST century, there has been a renewed global surge in feminist activism, greater incorporation of feminism into societal institutions, and the resulting creation or elevation of government gender offices and women advancement mechanisms. Care has also been taking center stage in the global gender policy agenda, as well as in the world of social policy.

The COVID-19 pandemic led to a strong visibility of the care economy and, at the same time, exacerbated the already existing care crisis, resulting from the deterioration in the quality and coverage of pre-existing care services, or by the over-exploitation of women who already performed care work within their homes.

In recent years, in Latin America, several countries have made progress in creating institutional gender mechanisms, as well as legislative initiatives to build care systems, with the Uruguayan and Costa Rican experiences as a beacon. The Buenos Aires Commitment, adopted at the XV Regional Conference on Women in Latin America and the Caribbean in 2022, summarized this post-pandemic climate in the region. However, all these new projects faced questions and limits in terms of defining, obtaining and/or sustaining their financing, as well as a reactionary wave to the post-COVID-19 feminist approach.

The confluence of different factors under these circumstances challenges the feminist economy and forces it to take a step further in its agenda. For governments, it means revisiting unsolved funding problems, now from care perspective. In this context, the 4th International Conference on Financing for Development to take place in Seville in July 2025 becomes a strategic scenario to propose a feminist alternative that can finally place sustainable living in the center. Therefore, this paper analyzes, from a feminist perspective, the possible funding sources for pending care policies and systems.

TODAY, WOMEN CAREGIVERS FUND THE REST OF THE ECONOMY, AND THAT IS A PROBLEM

Currently, women are financing care with their time and, consequently, with their (lost) income. In the world, there are 748 million people outside paid work who dedicate their days to care work. Of these, 700 million are women (International Labour Organization [ILO], 2024). The total global unpaid care work hours, among full-time and part-time caregivers, would represent 9% of the global GDP (ILO, 2019). The existence of this work enables the possibility of carrying out all other economic and social activities.

The familiarization and, therefore, feminization of unpaid care work has negative impacts not only on those who exercise and finance it, but on those who need to receive it. In the first case, the unequal distribution of care work affects the feminization of global poverty. This burden does not affect all women equally. Factors such as class, ethnicity, rurality, disability or immigration status end up being accumulated inequalities that deepen the unfairness in the distribution of care work. In the second case, the familiarization of care leads to the quality and quantity of care received being determined by the conditions of the home, thus replicating inequalities.

In most countries, the provision of care services by the private sector is still emerging. For example, in Latin

America, only 25% of care for dependent older people is provided through the private hiring of professional care services (IDB, 2024). Informal hiring of domestic workers is more common, and this form of hiring is not neutral: it reproduces historical hierarchies of class, gender, race and nationality that systematically place women (especially migrant and racialized women) in structural conditions of greater exclusion and insecurity. Globally, only 20% of domestic workers are registered, not even in developed economies (ILO, 2024).

Care is a public good that, once provided, has positive effects for the whole society. However, the global public provision of care is small and uneven. Most of the current provision that can be implicitly associated with care is actually made up of education, health or social policies – even considering conditional transfers– that tangentially affect the organization of care. For this reason, feminist economics, academia, activism and international organizations themselves seek to develop national care systems that explicitly redistribute, remunerate, represent and reduce care work. By 2030, ILO estimates that there will be 2.2 billion children under the age of 15, 200 million people over the age of 65, and between 110 and 190 million people with disabilities requiring such care (ILO, 2019).

THE LATIN AMERICAN EXPERIENCE

The care agenda advances with some peculiarities and gets caught up in financing

In the Buenos Aires Commitment (2022), the member States of the Economic Commission for Latin America and the Caribbean participating in the XV Regional Conference on Women in Latin America and the Caribbean committed to moving toward a care society. This implies promoting measures to overcome the sexual division of labor and move toward a fair social organization of care, recognizing care as a right of people to care, be cared for, and exercise self-care, based on the principles of equality, universality and social and gender co-responsibility. To this end, adopting regulatory frameworks and economic and tax measures that guarantee the right to care were identified as a need.

The two countries in the region that already had care systems laws were Uruguay (2015) and Costa Rica (2014). In recent years, Venezuela (2021), Panama (2024), Brazil (2024) and Cuba (2024) passed their own care laws, and Ecuador (2017), Mexico (2020), Paraguay (2021), Argentina (2022) and Peru (2022) submitted relevant bills or were promoted by the Executive (ECLAC and UN Women, 2023). In line with the model law of the Inter-American Commission of Women of the Organization of American States (CIM-OAS), most of these texts outline a very general framework of care, propose to create plans and convene multiple actors from the civil society to continue with this task, but do not translate into the immediate provision of services or end up mobilizing the necessary resources for it. Therefore, we must ask what particular challenges this agenda finds on the path to achieving the implementation of its policies. Some are noted in the following paragraphs.

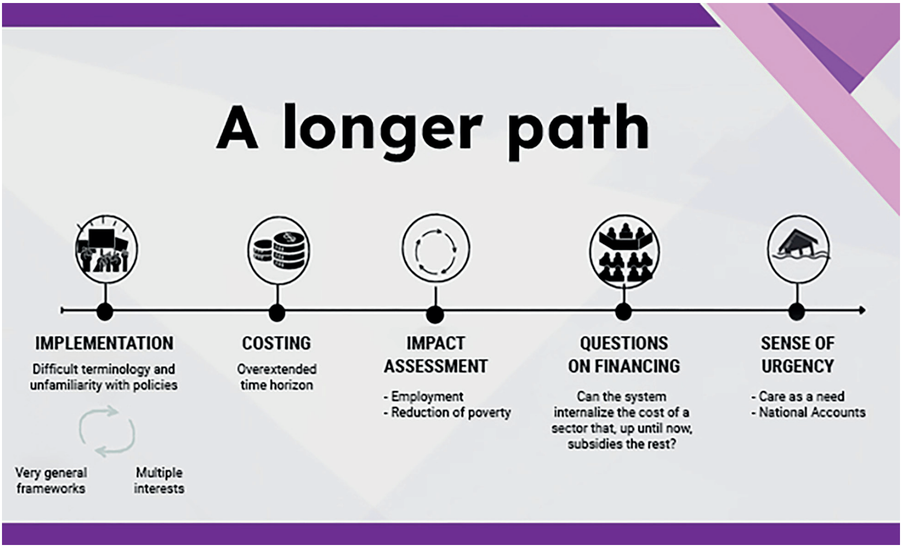

Figure 1

Implementation and design challenges: a vicious circle between ignorance, multiple interests and very general frameworks

The first challenge faced by this agenda is that the concept of *care* in Spanish, or the *economy of care*, or the *care systems* are expressions that are foreign to the women who carry out these tasks, either for free or paid, in these regions. Therefore, first of all, this agenda has a semantic challenge that also triggers an alert: it arises as an agenda that is not its own —that entails an imported concept— or one that, at least, is not expressed in the language of the territory. And even if the care overload is something that has been installed, the actual demand for the type of policies that are needed is not in the people's knowledge, since it is not identified as a right that must be demanded. For this reason, this discussion predates or even saturates a later discussion on financing.

Secondly, the design of care systems, as a set of policies that engage different populations –with different intersectional effects– involves a political conversation with very different perceptions about care in different collective representations. Finding meeting points between such diverse positions usually results in more general framework projects, leaving details to the design of policies by the Executive, as seen in Argentina, Mexico, Chile, Uruguay and Brazil. These texts establish care as a right, creating dialog and planning structures to deploy a system over time, but they do not set concrete obligations for the population in the immediate future. This result ends up reinforcing the first difficulty: not only is the topic developed in a language that is not that of caregivers, but any advance in the agenda does not bring concrete results in their lives.

Excessive costing and impact assessments with more requirements than in other public policies

Redistribution and socialization of care requires care systems that interconnect time policies (e.g., paternity leave), resources and care infrastructure for a fairer distribution.

Infrastructure of education and care for early childhood, remuneration and formalization of community care, compulsory, paid and equitably distributed time policies for workers, assistants for independent living for people with disabilities who require home care, and caregivers for the elderly accompanying their different degrees of dependency. Formalization, training and remuneration of care workers in all its forms.

In order to implement such policies, governments need to know how much they will cost, what benefits they will bring to society and the economy to invest in such system, and finally how to finance them. Although similar exercises take place as a preamble to all kinds of policies, it is striking to note the vast development these exercises require with respect to care, answering each time new questions —which are also paralyzing.

In order to demonstrate the return on investment in care, several authors of feminist economics have worked to build macroeconomic models that simulate the impact of injecting such expenses on macroeconomic and social variables. These models, with the support of international organizations, were applied in almost all countries so as to calculate the outstanding demand for care and its cost.

Considering the practical impact of these studies on the decision of policy makers, three challenges can be identified. Firstly, **cost calculations are often over-sized, because they have problems defining what enters and what does not within the system (and, when in doubt, all possible populations are added)**.

Secondly, the costs used by these exercises are often **over-sized in terms of time**. That is, even if there is full political will to implement them, the implementation of care systems has a time of its own (training in care, construction of infrastructure, cultural change in the hiring of care) that is not always well expressed in the calculations of total values. For example, the Inter-American Development Bank's (IDB) calculation for the Mexican long-term care system estimates 166,000 jobs in long-term care residences in the most ambitious scenario (IDB, 2019). However, the sector currently employs only 8,500 people.* Therefore, even if we politically decide to move forward with an expanded system of home care, the process will take much longer to execute and, consequently, the annual expenditure will be lower.

Finally, there are valuable studies that show the results in employment generation, but fewer show effects on poverty reduction from a multidimensional approach –which is not only limited to income growth, but also to the improvement in the quality of life and well-being, which consequently have positive economic impacts. The latter may be even more relevant for those who decide whether or not to advance this agenda. In practice, the proposals for care systems interact and dispute resources with traditional social policy agendas rather than with those of labor or economic policies, which may be most interested in the impact on employment. For example, this is the case of Brazil and Chile, where their respective ministries of social development are submitting the project and leading the agenda.

* Own elaboration based on data from the Input-Output Matrix (IO Matrix), National Institute of Statistics and Geography of Mexico (INEGI), 2018.

There is also a lack of studies of the long-term savings in public spending resulting from a care system.

Questions about funding and sense of urgency

Once the design, cost and impact of the pending care policy have been resolved, questions arise about financing, "Where will the money come from?", "Is it really sustainable?", "There are no funds", "There are other priorities". Why are these phrases repeated over and over again in this subject and not so much in others?

First, the fact that the contribution of unpaid care work is invisible in the System of National Accounts affects any conversation in which women who do it want to decide on the use of the country's resources or claim part of the wealth generated, either while being active or for retirement. They do not appear as contributors to the economic system that they actually sustain. In fact, although feminist economics achieved that, in many countries, time use surveys are carried out to measure how much it takes to care temporarily, and that gross domestic product (GDP) satellite accounts are calculated with such surveys, as these are outside the system of indicators* used to assess political management, they do not end up being of immediate interest to policymakers.

* A new international handbook on the System of National Accounts was adopted in March 2025, after 15 years with no changes. Although there was a specific working group to incorporate care in the new handbook, the conclusion reached is that it was not appropriate to account for the economy of unpaid care in the GDP because that item should be paired with a similar expense, and there wasn't, because it is a fictitious calculation.

Second, the "golden rules" that are formally or informally added to the System of Accounts and accept only new expenditures that compromise a State's tax account, if any, are capital investments and not current expenditures, which also affect this agenda. In particular, the logic that the expenditure on capital goods is considered an investment, but the expenditure on education and health—even when both sectors have subsequent returns—is considered an expense, has a direct limiting effect on the care agenda (Serafini, 2024). On this, the incidence of indiscriminate adjustment discourses ends up reducing the plasticity of fiscal sustainability: something that should be understood inter-temporarily –both in its expenses and its capacity to collect– is interpreted as a static arrival point –and only approachable from the reduction of expenditure.

Third, and linked to the first two, it is possible to think that both limitations and questions arise in this topic because, in the end, the problem is another. If deploying care systems involves paying for care within different policies, **can the economic system, which until now has been subsisting thanks to women's free care work, internalize this work as a cost?** Can the economic system survive if it begins to pay for a job that, until now, has subsidized the rest of the economy?

Four, politics does not perceive this issue as urgent because care, in the meantime, is resolved. This agenda fights against the indifference of a system that identifies gender issues as "specific/particular" and not of general interest, and does not perceive the problem as urgent. Since care is a need that cannot be left unresolved, and women respond to it free of charge, in the short term, politics sees here a problem “solved”. As long as care systems are not in place, women respond to this need free of charge.

Finally, and at operational level, the fact that this pending policy agenda is naturally “inter-ministerial” extends the internal political process that involves any budgetary extension. The structure of a care system overlaps competences with the traditional cabinet structure of ministries. In practice, such split attempts to result in the construction of inter-ministerial roundtables, councils or working groups for the implementation of comprehensive plans and the design of the pending policy. However, the multiplicity of actors and the mismatch between those who lead or can capitalize on the agenda and those who have formal and budgetary competence in the issue –a traditionally male sector and with little openness to incorporate gender or human rights perspectives for being considered “technical”– complexes the political economy behind achieving budgetary expansions in the Executive, since this decision-making process, at its highest hierarchy, has informal modes, depends on individualities, aspirations, and has electoral effects.

HOW CAN WE FINANCE THE CREATION AND EXPANSION OF CARE SYSTEMS?

Exploring sources of financing for development and its possibilities in selected Latin American economies

Since 2002, UN member countries have held four Conferences on Financing for Development and set targets around six funding sources: domestic resources, private flows and foreign direct investment, international trade, international cooperation/official development assistance, and external debt. In the four consensus (including the draft conference to take place in 2025) the message about the role of the State has been growing, not only regarding the regulation of the financial system, but also the need to build progressive tax systems and combat evasion globally, in order to have robust national resources.

The Monterrey Consensus (2002) noted the imprint of the Washington Consensus, still in force, on the role of Foreign Direct Investment (FDI) and free trade as major sources of development. In the Doha Declaration (2008), in the context of the recent outbreak of the global financial crisis, a more critical and pragmatic approach was taken, seeking greater financial regulation and FDI. The Addis Abbaba Declaration (2015) fully incorporated the framework of the Sustainable Development Goals (SDGs) and proposed that policies implemented to achieve them be financed in a mixed way: domestic resources, international cooperation and the private sector. The Seville preliminary documents (2025) promote a more flexible view of the fiscal deficit, calling for reforms in the international financial system to allow developing countries to spend more without increasing over-indebtedness.

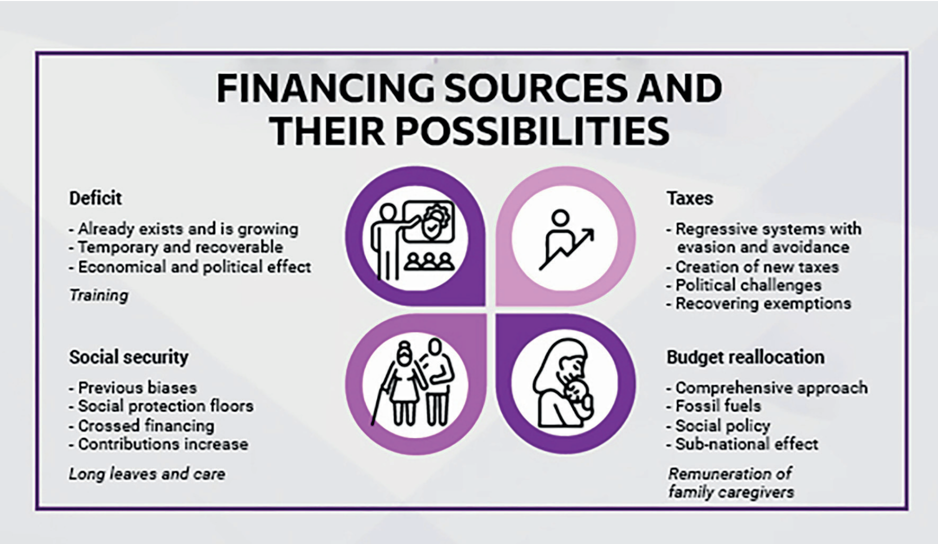

Figure 2

In its preliminary version, point 11 of the agreement states: "Gender equality brings proven economic benefits and has the potential to contribute to development financing. We are committed to mainstreaming gender equality and to promoting gender-responsive solutions throughout the development financing agenda. We will increase investment in the care economy and recognize, value and redistribute equitably the disproportionate burden of unpaid care and domestic work on women."

Now, how can we finance this necessary increase in investing in care? Next, each of the sources mentioned in the preliminary agreement of the conference to finance care are explained, sharing global trends and what is happening in this regard in some Latin American countries.

Do not demand from care what is not required of other agendas. The deficit in public accounts is prior to the inclusion of care policies –and grows as we discuss how to fund them.

With fiscal revenues as a share of GDP stagnant or falling in several regions since 2010, countries have turned to debt in order to finance their growing spending needs. Globally, in 2022, 152 out of 192 countries had fiscal deficits (Datosmacro, 2025). Deficits did not start with care policies, nor is the care policy agenda responsible for addressing them. The estimated values of care systems are lower than the current deficit rates in most countries. Moreover, the numbers show that while care agendas are presented, debated and even abandoned due to “lack of budget”, initiatives from other economic sectors or new expenditures of other kinds advance, and increase existing deficits. Brazil, Chile, Mexico, Uruguay and Argentina* have at least a decade of fiscal deficits.

In this sense, it is possible to finance part of the outstanding investments with more deficit. In practice, this is done by monetary or government bonds issuance, which in the long term, depending on the rigidity of the country’s

* Reduced in 2024 after deep fiscal adjustment.

productive and social structure, may have economic (inflation) and political impacts (backlash). Within this framework, it would be possible and preferable to use deficit as a short-term source. Policies of low or very slow spending within a potential care system could be financed with more deficits. One of these could be the policy of training caregivers, being its expenditure relatively small and involving a temporary cohort process.

Social security funds are already in deficit and have never actually included caregivers

Given its significant weight in tax collection and in the provision of social protection, part of the recent literature proposes to accommodate the financing of care within social security funds (Bango, et al., 2022; Alemany, et al., 2022).

Before considering such contributions or funds to finance care, it is necessary to note that these sources have previous problems. Feminist economics has shown how these contributory regimes have not always been available to women because they have been designed for the career of men who do not provide care (MacDonald, 1998).

Secondly, the sustainability of the exclusively contributory logic of these funds is already globally at stake. Around the world, population aging stresses the relationship between the contributions of active workers and the withdrawals for those retired. In developing economies, the efforts to expand policies to the informal world in order to build social protection floors (ILO, 2011) and thus contribute to SDG 1 to eradicate poverty have broken the contributory logic to include informal workers and, implicitly, women caregivers. That brought enormous social benefits, but it deepened the mismatch affecting these social security funds, which –in addition to having always been partially financed by general taxation, not only through payroll contributions–, now increasingly require bailouts from the national treasury or general budget to balance their accounts. These funds are already in deficit in the case of Argentina, Brazil and Mexico, and are financed with treasury transfers. In Uruguay, although there is a mixed system, the general regime runs a deficit, while in Chile there is no public social security scheme, but rather a capitalization system.

For all these reasons, financing the care system from the social security contributions fund would carry the same problems: the exclusion of women caregivers as contributors, the need to cover –within the care system– people who have not been able to contribute due to their informal work; and, without increases –since there are no leftovers of what has already been collected– there is a growing need for transfers by the treasury. However, there are two types of policies within a care system that would make political sense to include them within social security funding. The first is the extension and reform of parental care leave. These are entirely associated with the world of paid and contributory work and, given the trend of falling birth rates in a large majority of developing countries, including those in Latin America, the probability of births occurring in societies with declining birth rates is low and, therefore, the costs in terms of cash are also low. It would imply a very small increase[*] in contributions to leave no effect on the balance sheets of the pension system. For example, in 2024, Uruguay passed a reform of progressive paternity leave, which is funded in this way.

A second axis, which would make political sense to be included, is the financing of the provision of long-term care for older people with some degree of dependence. "Contribute so that, when you get older, you have some income and someone to take care of you" (even when in practice these services should also cover all those who did not make any contributions). This axis is also usually the most expensive within the care systems, since home care is increasingly the gerontological recommendation, which leaves a very low ratio of people cared for per caregiver. Therefore, having a specific contribution associated with this would be valuable, even if it implies the same population problems mentioned above.

As we fight for progressive tax reforms, let's repeal regressive exemptions

Given the current fiscal deficits mentioned above, it makes sense to think of raising taxes or creating new taxes as a way of financing pending policies.

* According to the UN itself (2024), extending social insurance coverage is important to finance the missing social protection, considering that evidence has shown that reducing contribution rates does not generate significant gains in terms of employment or formalization.

There is untaxed tax space (Ortiz, Cummins, and Karunanethy, 2017). Median tax-to-GDP ratios in developed countries exceeded 22% before the pandemic, but only reached 12% in less developed countries. Developing countries achieved significant increases in the first decade of the century, but then faced stagnation and setbacks due to various crises (UN, 2024).

In addition, developing countries have regressive tax systems with negative gender effects (Rossignolo, 2018). Therefore, having tax reforms that allow for progressive schemes could have a two-fold transformative effect: by better taxing the masculinization of wealth and thereby financing health policies that reduce the feminization of poverty. Much of civil society is advocating for this option (OXFAM, Global Alliance for Care, UN Women, Colombia's Feminist Economy Roundtable and Latin American and Caribbean Network for Economic, Social and Climate Justice [Latindadd], 2024): building progressive tax systems to fund care systems.

However, linking two complex issues can be counterproductive. As mentioned above, the topic of care brings many challenging issues and questions. The tax issue is a problem in itself, and presents even greater challenges in developing countries (see the recent attempt in the Colombian tax reform). Presenting them together may lead to the misconception that there will be no funds for care systems until new tax systems are implemented.

Likewise, the idea of creating at least one new tax that specifically finances the system's requirements becomes challenging in the current political scenario. In very unequal societies, such as Latin American societies, reforming tax systems implies breaking with a culture of privilege –in the terms described by ECLAC (Bielschowsky and Torres, 2018)– articulated with different power structures. Therefore, this type of initiatives ends up abandoned (Callegari, 2023). In Brazil, for example, the mere rumor that the Executive would tax transactions on the virtual wallet created by the government itself (Pix) generated a strong political and economic backlash. In addition, in some democratic systems, creating new taxes requires special majorities and agreements of the different states or provinces. How can we add, in Parliament, to the already complex issue and the pending care policies, the discussion on the creation of new and more taxes?

A simpler path with the same result, but with less political hustle and bustle, could be the repeal of tax exemptions already in force. These tend to have the same gender biases as the rest of the tax system and may be politically simpler (though not free of tensions). The table below* compares the sizes of tax exemptions in a group of Latin American

* Sources: Inter-American Center of Tax Administrations (CIAT). Overview of tax expenditures in Latin America. June 2023; United Nations Children's Fund (UNICEF) and Latin American Justice and Gender Team (ELA). ¿Por qué Argentina necesita un sistema nacional integral de cuidados? September 2022; Dirección de Presupuestos, Ministerio de Hacienda de Chile. Informe Financiero: Proyecto de ley que crea el Sistema Nacional de Cuidados. June 2025; Instituto Nacional de las Mujeres (Inmujeres), Economic Commission for Latin America and the Caribbean (ECLAC) and United Nations Women's Organization (UN Women). Costos, retornos y efectos de un sistema de cuidado infantil universal, gratuito y de calidad en México. 2020; Vital, Facilidad sobre Envejecimiento en América Latina y el Caribe. Impacto macroeconómico y social de la inversión en cuidados en México. 2024; Sistema Nacional Integrado de Cuidados (SNIC), Uruguay. Informe Quinquenal 2020-2024, Sistema de Cuidados. 2024.

countries versus the current and potential costs of care systems for each these countries.

	Tax expense		Care		
Country	Tax incentives to investment (2016-2019 GDP%)	Tax expense (GDP%)	Current (GDP%)	Legislative proposal (GDP%)	Other proposals (GDP%)
Argentina	1.2	2.5	0.006	0.014	0.28
Brazil	1.3	3.3	0.05	0	4.5
Chile	2.4	2.3	0.042	0.019	0.3
Mexico	0.9	3.3	0.1	0	0.94 to 1.11
Uruguay	2.5	6	0.06	Law in force and with available budget	0.19

Table 1

Current budget reallocation: revisiting conditional transfer policies to integrate them into the care system

The reallocation of existing budgets is another financing possibility. The UN's suggestion (2024) to broaden the social protection funding base is to eliminate fossil fuel subsidies. If it were to finance care, this change would contribute to this objective, not only by stopping encouraging the use of non-renewable energies, but also because the reallocation to the care economy is itself a commitment to a non-polluting sector, marked as the future of work (Srnicek and Spencer, 2024) and undergoing a "maintenance pace" (Dengler and Strunk, 2018; p. 163). In Mexico and Argentina, approximately 3% of the GDP in subsidies to non-renewable energy could be reallocated (CEPALSTAT, 2024).

And in this sense, it could be strategic to articulate care policies with national strategies that move toward a fair transition (to contribute to more sustainable, equitable and decent employment-generating approaches to development). However, these transformations take time and it is not clear why the investment in care should be limited or influenced by the slowing pace of fair ecological transition.

A second way of reallocation is redesigning existing social policies in order to deploy a care system. In this field, social policies for working-age population have always been implicitly and confusingly linked to care issues (Chant, 2008; Chhachhi, 2009; Molyneux and Thomson, 2011). Microloan policies considered women as more reliable payers because they already had the daily burden of care expenses. Work education policies, if they do not resolve the care of children, cannot help beneficiary mothers (Cirmi Obón, 2023). Conditional or unconditional transfer policies intended for children were granted to women under the same logic. Many of the workfare programs for workplace inclusion target women with dependent children. Many others have the care –of children from their neighborhood or some dining room– as consideration of the program in which they are enrolled. Even in universal income pilot experiences there is a large percentage of "housewives". Without ignoring the underlying challenge of intersectoriality, these policies take large portions of the budget and, by not applying a logic of care, they are then evaluated without considering it. Can a mother who is already dedicated to caring make other considerations? Considering that the existence of care services that allow family care to be one more option and not the only one is a necessary condition, what part of the current social policy budget could be redesigned to be used to explicitly pay for family caregivers and to register and pay those who today perform non-health care activities in vulnerable spaces? Conditional and unconditional transfer policies were the last major budgetary achievement for social policy in the Latin American region (see Table 2),* with a very specific material impact on the lives of the women they care, but with the risk of strengthening roles in the medium term if these policies remain alone. Hence the conversation of the two agendas is also urgent.

				Care		
Country	Social protection (GDP%)	Non-contributory transfers (~2019) (GDP%)	Non-conditioned transfers (GDP%)	Current (GDP%)	Legislative proposal (GDP%)	Other proposals (GDP%)
Argentina	14.28	1.48	1.48	0.006	0.014	0.28
Brazil	17.47	1.08	0.61	0.05	0	4.5
Chile	8.12	0.81	0.23	0.042	0.019	0.3
Mexico	4.49	0.42	0.27	0.1	0	0.94 to 1.11
Uruguay	4.51	0.72	0.3	0.06	Law in force and with available budget	0.19

Table 2

Finally, and as proposed, part of this reallocation should be for subnational governments, since much of the care organization is resolved in the immediate surroundings.

* Source: own preparation based on CEPALSTAT.

It is necessary to build a sovereign and critical approach to mobilize resources from the corporate sector, increase regulation of the private care sector, and prioritize public management of care services whenever possible

The State has the obligation to regulate and supervise all economic actors on this subject: moving forward and accompanying in the regulation of the existing informal provision of care, supporting the experiences of solidarity and cooperative economy, and regulating the collaborative experiences of care. As a priority of investments, care as a public good must be managed by the State, in order to avoid the coexistence of services of different qualities and access reproducing inequality. In that sense, public-private partnerships promoted by the conference agreement are not an option. They could otherwise be dangerous if we consider the effects that similar experiences have already had on health and education. Feminist civil society organizations have explained the problems this entail and advocate prioritizing not only public provision but also public funding of care (Arenas and Serafini, 2024; Rodríguez and Llavaneras Blanco, 2023). Moreover, in most cases, this methodology proves to be more costly than bank lending or bond issuance, especially in developing countries where private actors demand more favorable terms and higher returns, due to the assumed higher risks posed by these countries (Ndoye, 2021).

On the other hand, the private sector can finance care by providing time and space to carry it out, in each of the productive sectors. It plays a fundamental role in ensuring the co-responsibility of care in its role as a melting pot, within the model of consumption patterns and work culture design.

Figure 3

Resources could be raised for local care infrastructure from existing FDI

On the other hand, the mobilization of resources from the private sector is key, ensuring its role as contributor. The past 15 years have seen a slowdown in FDI, coupled with slower trade growth and stagnation in global value chains. The investment in strategic natural resources is still in motion, and the State can impose more favorable conditions to fund its treasury. In this sense, such investments can be a good opportunity to commit part of the wealth generated in social policies (following the Norwegian example), or even require the development of local care infrastructure in the territory they invest. The above, without ignoring that taking income from the exploitation of non-renewable energy sources, or coming from large projects with harmful local impact, or from the financialization of nature, does not seem to be aligned with the objective of sustainable living proposed by feminist economics.

Although it is hard to imagine the influx of foreign direct investment to the care sector in particular, it is true that the large infrastructure investments that receive it affect the organization of care and can definitely affect the time care implies.

Acquiring more external debt is not an option, as their terms have a negative impact on the lives of women caregivers

The average external debt service burden for the least developed countries (LDCs) increased from 3.1% of revenues in 2010 to 12% in 2023, the highest level since 2000, and the conference document is critical about the overall level of over-indebtedness and the need to regulate the international financial architecture differently.

Feminisms have also been critical of the adjustment programs inherent to external indebtedness and its particular impact on women (Elson and Cagatay, 2000; Seguino, 2017). With external debt, what is now considered an investment in care, tomorrow is cut as an adjustment program due to the conditionalities required. Indebtedness is not well seen from the feminist ecological economy because it constantly promotes an increase in production and consumption for repayment, with the consequent climate effect. Moreover, since pending investment in care policies does not require the import of capital goods or large initial investments, in principle, it would not justify borrowing in a currency other than the country's currency, an action that may compromise the countries' balance of payments.

Another option explored was to demand an exchange of external debt for care. It would imply that creditor countries cancel part of the external debt of debtor countries, in exchange for the latter to invest the funds now available in public policies that strengthen care systems, following the climate experience. This debt swap would be sovereign debt relief or restructuring on condition that the debtor country meets environmental goals. There are few experiences of acceptance of this format, and those having a real effect on the environment much less. However, Latindadd (2023) warns that governments and civil society organizations (CSOs) in southern countries should protect themselves against manipulative accounting strategies and insist on climate finance being additional, new and predictable, since these exchanges have North-friendly terms and conversion rates, and are not transparent in their assessment. In addition, they somehow "commission" the southern countries to solve the environmental/care crisis while leaving the large emitters without consequences. What do we propose for restructuring global debt considering the impacts inequality and economic systems have caused on the social organization of care and the environment in a cohesive way?

For investigation and further discussion: national public debt, national development banks and care bonds

The issuance of sovereign debt in local currency offers more freedom for developing countries governments and is not necessarily coupled with structural adjustment programs, so it could be used to expand care spending. How do you make sure that such debt goes to care? How can interests not drive more unnecessary growth? This serves to revisit the experience of sustainability-linked bonds promoted in the new conference agreement, making a critical review of what gender bonds have done so far. Unlike green swaps, bonds related to investments in environmental sustainability are multiplying and are demanded by the private sector. Why is the private sector interested in investing in the environment (and losing interest gains if the investment is fulfilled)? Because through environmental disasters the capitalist system is already directly experiencing the losses of profit caused by the lack of attention to climate risks (Rodriguez Tornquist, 2025).

Following that experience, how could we build financial instruments that finance the risk reduction of not investing in care? So far, gender bonds have been excessively concentrated on female entrepreneurship, are designed for large international investment funds and, when the targets are not met, the effect is more debt (Bohoslavsky and Lavinas, 2023).

National and regional development banks could play a role in the administration and design of care bonds. It would mean a transformation of the role for banks that in Latin America often finance industrial sectors or other sectors where there is little women employment.

Finally, international cooperation is strategic for one-time care investments (e.g. infrastructure), but not for current expenses (which make up most of the costs of a system).

What ultimately ensures spending levels reflect the maximum available resources is the degree of obligation and universality of the policy —not its financing method.

With the intention of consolidating "untouchable" resources, academia and feminist activism have sought and proposed to allocate specific funds to care in different ways: taxes with specific allocation, creation of trust funds, commitments of a certain percentage of the GDP, among others. However, it is important to distinguish that the discussion about the untouchability of resources is different from that of funding sources. In practice, money being fungible makes it easier for States to make a "single account" and it is a trend that they are increasingly cross-financed. In effect, the Brazilian and Uruguayan care laws, and the Argentinian, Mexican and Chilean care bills are all financed by creating new budget items and taking resources from the general treasury. In the end, this is the most common formula when drafting laws linked to social spending, but also to economic and other subsidies.

In addition, although the search for allocation and creation of specific funds helps the population to realize which rights are extended with their tax efforts –which helps to visualize a State close to its citizens– the specific allocation also enables subgroup logics (e. g. why do people who have cars have to fund those who have caregiving responsibilities?)

Considering the evolution of social expenses in adjustment periods, it seems that what ultimately ensures spending levels reflect the maximum available resources is the degree of obligation and universality of the policy —not its financing method. The rights that are granted in detail by law, the granting and magnitude of which does not depend on the funds available from a certain program, but simply on the fact that the people who require them meet the requirements, are the most difficult to cut in a discretionary manner and generate the greatest social resistance in doing so —because the population also knows and uses them. So far, none of the region's care systems have provided services with this degree of universality.

RECOMMENDATIONS FOR ADVANCING THE FINANCING OF CARE

For Governments

- Mainstreaming the intersectionality approach in the regulatory and financial frameworks of care policies to ensure that they respond to the diversity of social, territorial and structural conditions faced by caregivers and those requiring care of each territory.
- Designing universal care policies, avoiding approving very general frameworks and prioritizing the provision of public care.
- Regulating the private provision of care and committing the contribution of the corporate sector of the economy in time and resources to provide care.
- Building National Integrated Care Financing Frameworks, diversifying sources and not imposing greater demands than other types of policy.
- Recovering unfair tax exemptions, reassigning or redefining current budgets.
- Avoiding new external indebtedness and, if necessary, preferring sovereign debt in local currency tied to sustainability results in care.

- Committing to foreign direct investment already present in the country to contribute to the care infrastructure.
- Clearly establishing the channels involved in the intersectoriality of care systems to expand their financing.

For the academia, activism and cooperation

- Refining the cost and impact analyzes of care systems, observing the actual temporality of disbursements.
- Deepening impact studies on poverty reduction that accompany the discussion of social budget reallocation.
- Building more tools for governments to calculate risk mitigation and long-term savings that imply investing in care.
- Continuing the global debate on the incorporation of care into the System of National Accounts and supporting the construction of alternative indices.
- Deepening the debates and research on the role of national development banks and the different instruments of public-private financing, as well as climate finance.

For the global discussion within the framework of the IV International Conference on Financing for Development (FfD4)

- Making visible that women and their care work time have been a source of financing –they have been until now– and that it is strategic for society as a whole that they no longer are. Exploring debt cancellation, considering what is owed to women.

- Requiring precise indicators for advancing in investment in care and its impacts on closing inequality gaps.
- Rejecting the promotion of public-private partnerships for the sector. Demanding a private sector allied to this transformation from its own sectors.
- Including in the debate on restructuring global debt a critical look at the role that creditor and debtor countries have played in reorganizing care and the environment, to think from there a different economic system.

As this document has shown, all the funding sources suggested by the conference have an impact on care, which should be made explicit in the global conversation.

CONCLUSIONS

Women already finance care with their lost time, energy and income, and even through indebtedness. This silent financing has macroeconomic effects by feminizing poverty, restricting labor participation and generating structural inequality.

The Addis Ababa Conference (2015) urged each country to design its own Integrated National Funding Framework to manage funding sources in a coherent manner. The Seville preliminary document (2025) consolidates this instrument as the central pillar of national financial planning, promoting its use with technology, international cooperation and structural reforms. It emphasizes that frameworks should be aligned with national development strategies and ensure the financing of essential services such as education, health and social protection, and that these frameworks should, in turn, consider all systemic economic, social, environmental and geopolitical risks (comprehensive risk-informed financing strategies). It is argued that in order to achieve profound and resilient transformations in development financing, it is essential to integrate risk assessment and mitigation into policy formulation and implementation at national and international levels.

Throughout this document, we have analyzed the difficulties that the care policy agenda is going through, and we have critically discussed that there is not a single source of funding for a care system, but multiple options for each of its axes. Therefore, it is possible to consider building a national framework for integrated care financing, which in each country will take a different form. The countries' public accounts and social security systems are already running a deficit –before discussing this agenda. Creating new taxes and implementing progressive tax reforms is a desirable option, not a necessary condition. There is fiscal space in existing exemptions and in other policies that do not have their objectives fully defined around care. The deficit can finance short-term investments such as training; social security can do the same with caregiving and leave systems; the current social policy budget can be reformulated to provide remuneration to family caregivers; FDI –from other areas– the local infrastructure. They are divisions that make political sense rather than economic sense. The State's account is one and financing is crossed.

The new resources should be used to implement care policies, preferably for public, universal and mandatory services. It is the most efficient and the only way to approach securing untouchable resources. The expansion of the private sector in this area must be regulated and public-private partnerships (PPPs) must be avoided; even more the expansion of the external debt that has a boomerang effect on the lives of women. Debt in national currency is an option to be explored, but it should be devoted to care bonds with a much more critical and assertive logic than the gender bonds that were used until now.

Reviewing national and global accounting rules with gender biases must be done simultaneously, as conventions such as the golden rule or the satellite definition of the care economy technically and politically limit the possibility of investing in care.

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