

Access to Justice and Care Work

Advancing Care as a Human Right—from Latin America to a Global Movement

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11:30–12:45 (New York)

Conference Room E (CRE),
UN Headquarters, New York

Co Organizers: UNRISD, IDRC, ELA, GI-ESCR, GRADE, Public Services International, with the support of the Global Alliance for Care, Defensoría del Pueblo de Colombia, UN Women

Co-sponsored by ECLAC and the Governments of Chile, Colombia and Finland

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Background & Rationale

The 70th session of the Commission on the Status of Women (CSW70) focuses on ensuring and strengthening access to justice for all women and girls. This imperative intersects profoundly with the social organization of care —structurally unjust, undervalued, feminized, and legally invisible. From a feminist standpoint, justice cannot be achieved without recognizing, redistributing, rewarding, and protecting care work, nor without dismantling gendered norms that perpetuate inequality, including its legal recognition as a human right. The human right to care has three dimensions: the right to care, the right to be cared for, and the right to self-care, thus guaranteeing its universal character and its application to every person, regardless of their condition or position.

An inclusive legal system can transform the social organisation of care, from an asset of the economy into a space for agency, autonomy, and the realisation of rights when it stops treating care as a private arrangement or business and recognises it as a field of enforceable rights, social protection, and labour guarantees, with effective access to public resources. This implies that the right to care is translated into: (i) rules and mechanisms that recognise the social and economic value of care, both paid and unpaid; (ii) policies and programmes that give concrete

effect to progress in work- and family-related reconciliation, legal capacity, and the protection of ancestral practices and knowledge such as midwifery, among others; (iii) accessible justice institutions, in terms of time, cost, language, rural location, disability, and connectivity, that enable the claiming of rights related to services, social security, working conditions, and shared responsibility; (iv) the removal of structural gender barriers that sustain inequality, including judicial stereotypes that normalise care overload or penalise women when they seek protection or autonomy; and (v) analysis of the collective and community dimension of the right to care that recognises and protects the role of women in the defence of nature, the environment, and culture.

This approach is especially critical where care intersects with gender-based violence (GBV): economic dependence, isolation, lack of care services, and precarious labour conditions can increase exposure to violence and, at the same time, limit the ability to report abuse, sustain judicial proceedings, and access protective measures. In this sense, guaranteeing access to justice for caregivers is also a strategy for prevention, protection, and redress in relation to GBV, and not merely a sector-specific discussion on “social policy”.

A landmark development in the legal recognition of care is the Inter-American Court of Human Rights Advisory Opinion OC-31/25, which affirms the right to care as an autonomous human right and constitutes a watershed moment for feminist legal advocacy. Among other obligations, OC-31/25 requires states to treat care as an enforceable human right rather than a secondary aspect of other rights. It calls for the recognition of care work as an autonomous, integral, human right within legal and social protection frameworks, the protection of care workers—particularly those in informal or migrant situations—from exploitation, and the guarantee of access to justice for caregivers through legal aid, education, and enforcement mechanisms. The Court concluded that paid care workers, in whichever sector they carry out their duties, possess the same rights as any other workers and must be able to exercise them without discrimination. Therefore, States must implement special measures to ensure the full exercise of guarantees relating to the right to work in just, equitable, and satisfactory conditions, including protection from violence and harassment, and the establishment of health and safety measures.

Additionally, it mandates the promotion of shared responsibility for care work (paid and unpaid) across genders and institutions. This opinion establishes that states have a duty to guarantee the right to care through inclusive, equitable, and rights-based public policies. It recognizes both the right to provide and receive care under dignified conditions, and the right to self-care.

The right to care and/or care work entails making visible the protection of caregivers and care workers so that their work does not become a disproportionate and invisible burden. It also implies shared responsibility among the State, society, and families to distribute care responsibilities, preventing them from falling primarily on women. For this reason, it is essential to take into account components such as the right to receive quality care, the right of caregivers to care for themselves, and the existence of community care networks that make it possible to effectively realise the rights of both those who provide care and those who receive it.

Justice Systems should be adequately prepared to implement existing and new international legal standards. This includes the provision of adequately funded, rights-based, gender-responsive, and accessible public services, with the potential to reduce women’s unpaid or underpaid care responsibilities and guarantee the human right to care and support. It also entails adequately protecting the labour rights of the professional care workers who sustain these services, as well as informal or unpaid workers. Expanding access to justice—so women can claim and exercise their rights—also requires exposing the diverse ways in which justice systems are discriminatory, inefficient, or biased. For this access to be meaningful, institutional responses must be caregiver-centred and take into account constraints related to time, mobility, and safety. This requires integrated pathways, accessible legal assistance, protection measures coordinated with care services, and enforcement mechanisms that do not rely exclusively on the individual capacity of victims.

The Regional Conference on Women Buenos Aires Commitment (2022) and Tlatelolco Commitment (2025) reinforce this mandate, recognizing care work and support as a right (to care, be cared for, and self-care) and setting a Decade of Action (2025–2035) to build comprehensive, universal, co-responsible care systems. These commitments provide a roadmap for governance, financing, and cultural change—positioning the region as a Global South reference for CSW70 and beyond. The Tlatelolco Commitment as well built a new paradigm toward a care-centered society—one that moves beyond a purely economic approach and positions care as a public good. This requires progress toward a fairer social organization of care, recognition of care as a human right, and acknowledgment of the fundamental role of the State in guaranteeing it. It also entails protecting labor rights and decent work for paid care workers, while urging governments to ratify key ILO Conventions on gender equality (100, 111, 156, 189, and 190)

These achievements occur amid growing global momentum for care in multilateral spaces, but also in a context of geopolitical reconfigurations and gender backlash that risk co-opting the agenda under conservative visions (tokenism, unpaid work intensification, privatization of public services, moralized “return-to-home” narratives and questioning of a gender perspective needed in order to ensure access to justice).

This raises critical questions: How do we move OC-31/25 forward in this context? How to translate judicial mandates into actionable policies and institutional reforms? How do we ensure the design and implementation of public policies to promote people-centered access to justice mechanisms that recognise the relevance of care in the life experiences of women in all their diversity? What are the legislative implications at the national level? What happened and how did we get there? What can other regions learn from the trajectory and process that led to OC-31/25? How can integrated public justice systems transform women’s lives in this context? How this consultative opinion therefore establishes a global standard that challenges all governments, everywhere, to follow its example: to recognise, legislate for, and invest in care as a human right in a progressive and sustained manner?

Objectives of the Panel

- Understand the process that enabled the adoption of OC-31/25, as a learning opportunity to inform other processes globally.
- Explore the practical implications and applications of OC31/25
- Unpack how inclusive legal systems and access to justice can transform the care economy into a site of empowerment, rights realization, and gender equality, with an intersectional approach in contexts of rurality, migration, ethnicity, and disability.
- Share practical, evidence-based approaches to ensure meaningful access to justice for caregivers (paid and unpaid).
- Identify barriers and solutions for access to justice when care intersects with gender-based violence, including protection, reparation, and the economic autonomy of caregivers and care workers.

Panel Guiding Questions:

- What are the implications of OC-31/25 for justice systems and care policies?
- How did OC-31/25 adoption happen? What strategies and actors drove this process, and what lessons can other regions learn from it? How do we catalyze a global moment on care as a human right?
- What works in practice to ensure meaningful access to justice for caregivers?
- What works in practice to ensure meaningful access to justice for women with caring responsibilities?
- How can these approaches be scaled and integrated globally?
- What does judicial “due diligence” mean when care overload limits participation in access to justice processes (flexible hearings, accessibility, protection against retaliation, plain language, and non-revictimization)?
- How recognizing care as a human right in national law strengthens the role of the State and helps reclaim care as a public good, not a commodity?

Agenda

Opening Remarks

- Magdalena Sepúlveda, UNRISD
- Ambassador Claudio Garrido, Permanent Representation for Chile at the United Nations
- Camila Barretto Maia, GI-ESCR

Government perspectives

- Mónica Alexandra Cruz Omaña, Office of the Ombudsman of Colombia
- Valentina Perrota, National Care Secretariat, Uruguay

Keynote Speaker

Care as a human right

- Natalia Gherardi, ELA

Panel Discussion

Civil society, unions and multilateral organizations

- Ana Güzmes, ECLAC
- Raquel Coello, UN Women
- Verónica Montúfar, PSI

Closing

- Carolina Robino, IDRC

Moderator

- Ana Moreno, Global Alliance for Care

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