Akãhatã

The Care Agenda at the Human Rights Council: Consolidation or Institutional Reabsorption?

By Fernando D´Elio
Akãhatã - Equipo de trabajo en sexualidades y géneros

The COVID-19 pandemic marked a turning point for the global care agenda. The health crisis made clear that sustaining life depends on a vast range of care activities—both paid and unpaid—that have historically been rendered invisible and distributed in profoundly unequal ways. It also showed that the social organization of care is not merely a matter of social policy or equality between women and men, but a structural issue for the realization of human rights, democracy, sustainable development, and social cohesion.

From that point onward, the main multilateral forums accelerated the incorporation of care into their agendas. Within a few years, care ceased to be regarded as a sector-specific issue and began to consolidate its position as a cross-cutting concern of international human rights law.

In Latin America and the Caribbean, the fifteenth session of the Regional Conference on Women, held in Buenos Aires in 2022, represented one of the most important milestones in this process. The Buenos Aires Commitment consolidated the concept of the care society as a new horizon for sustainable development with equality and deepened a path promoted for years by the Economic Commission for Latin America and the Caribbean (ECLAC), aimed at recognizing care as a public and social responsibility rather than an exclusively private or family matter. At the sixteenth session of the Regional Conference on Women in Latin America and the Caribbean, held in Mexico City, that achievement was reinforced through the Tlatelolco Commitment.

At the universal level, the Commission on the Status of Women (CSW) progressively incorporated care into its agreed conclusions, linking it to women's economic autonomy, social protection, decent work, and sustainable development. Although the approach remained grounded in gender equality, it began to recognize that the social organization of care is one of the main determinants of structural inequalities.

At the same time, the Inter-American System produced one of the most innovative legal developments of recent years through the Advisory Opinion of the Inter-American Court of Human Rights on the content and scope of the right to care. The Court recognized care as an autonomous human right with multiple dimensions—the right to provide care, to receive care, and to self-care—and held that guaranteeing it gives rise to State obligations that cut across numerous rights protected by the American Convention. In doing so, care ceased to be understood solely as an issue associated with family responsibilities or gender equality and became an autonomous legal category within international human rights law.

This process reached a new level when the United Nations Human Rights Council (HRC) adopted its first resolution specifically on care at its fifty-fourth session in October 2023. Beyond its specific content, that decision carried profound institutional significance: the Council recognized care as an agenda in its own right, cutting across virtually all human rights and relevant to multiple mechanisms of the international system (A/HRC/RES/54/6).

The resolution reflected an increasingly broad understanding of care as an issue that simultaneously engages equality and non-discrimination, health, work, social security, disability, ageing, childhood, migration, development, poverty reduction, and the strengthening of democratic institutions. In other words, care was beginning to consolidate its role as a new lens through which to interpret States' human rights obligations.

However, during the HRC's sixty-second session, States decided to merge the resolution on care with the long-standing resolution on the elimination of all forms of discrimination against women. Although the merger of this and other resolutions was driven by efforts to rationalise the Council's work, reduce duplication and respond to growing financial and operational constraints—particularly the UN's serious liquidity crisis—and received support from several States and civil society organisations, we believe this initiative deserves a deeper analysis of its implications for the care agenda within the Human Rights Council.

While it is true that women continue to perform a disproportionate share of unpaid care work and this unequal distribution is one of the main mechanisms through which gender discrimination is reproduced, limiting the analysis to that observation means overlooking a much deeper institutional issue.

In multilateral processes, emerging agendas tend to follow a relatively predictable path. At an initial stage, they appear linked to already established thematic frameworks, which provide them with political legitimacy and facilitate their incorporation into international debate. Later, as they develop their own language, generate new consensus, and broaden the range of actors involved, these agendas begin to become institutionalized through dedicated resolutions, thematic reports, specialized mechanisms, or mandates of their own. It is precisely this institutional autonomy that enables them to evolve and produce new international standards.

The recent trajectory of the care agenda appears to have followed exactly this path. For years, it was addressed primarily as a dimension of equality between women and men. However, developments driven by ECLAC, the CSW, the Inter-American Court, and the HRC itself demonstrated that care had acquired far greater conceptual depth. It was no longer only a matter of explaining why women face discrimination, but of understanding how the social organization of care shapes the exercise of multiple human rights for diverse population groups and requires comprehensive responses from States.

Viewed from this perspective, the decision adopted during the HRC's sixty-second session may be interpreted as a move toward the institutional reabsorption of an agenda that was beginning to consolidate a space of its own. It is not necessarily a decision intended to diminish the importance of care, but it is one whose effects may limit the agenda's ability to continue expanding its normative content across different fields. By ceasing to exist as an autonomous subject of negotiation, care loses a dedicated forum through which to bring in new

actors, develop new legal interpretations, and build consensus extending beyond the sphere of gender equality policies.

This issue is particularly relevant because, within the Human Rights Council, institutional architecture also distributes power.

Resolutions do more than express political agreements; they organize the space in which those agreements evolve. Each resolution creates a "community of practice" made up of sponsoring States, United Nations offices, special procedures, independent experts, academic institutions, and civil society organizations that, session after session, negotiate language, produce knowledge, identify new challenges, and progressively develop international standards.

The existence of a stand-alone resolution creates its own political cycle. Each renewal opens informal consultations among States, generates side events, promotes research, encourages the preparation of reports, mobilizes diplomatic resources, and expands opportunities for participation by specialized actors. Resolutions do not merely reflect the state of international law; they actively contribute to shaping it.

From this perspective, merging the resolution on care with the resolution on discrimination against women has consequences that go far beyond the text ultimately adopted. When care ceases to be an autonomous subject of negotiation, the institutional space devoted exclusively to its development also shrinks. Less political time is available to discuss new dimensions of the right to care, opportunities to broaden coalitions of support are restricted, and it becomes more difficult to involve actors from other fields—such as disability, ageing, health, social protection, labour, childhood, or migration—whose participation had been precisely one of the factors strengthening the cross-cutting nature of this agenda.

In other words, the merger does not merely reorganize resolutions; it also reshapes the distribution of visibility, political resources, and advocacy capacity within the Council. Agendas with spaces of their own have greater opportunities to develop international standards, strengthen alliances, and extend their influence to other mechanisms of the system. By contrast, those absorbed into broader thematic frameworks risk having their priorities compete for attention within increasingly complex negotiations.

There is also a conceptual risk. One of the main advances achieved since the pandemic was precisely to demonstrate that care is not solely a women's issue, but one that cuts across multiple rights holders and multiple State obligations. Older persons, persons with disabilities, children and adolescents, migrants, racialized people, paid care workers—who are often informal workers—and those who provide unpaid care are all part of the same conversation about the sustainability of life and economies, and about the responsibility of States to build comprehensive care systems.

If care once again comes to be addressed predominantly as a component of the agenda on discrimination against women, there is a risk that other equally central dimensions will lose visibility: the right to receive adequate care; the working conditions of care providers; the development and financing of public care systems; the relationship between care, social protection, and fiscal policies; and the role of care in consolidating more inclusive and democratic societies.

The challenge, of course, is not to sever the link between care and gender equality. That relationship is one of the agenda's historical and political foundations and will remain indispensable. The real challenge is to prevent that connection from becoming a constraint on its normative development.

The sixty-second session thus leaves an open question for the future of the international human rights system. The issue is not whether care will remain present at the Human Rights Council. All indications are that it will continue to be relevant to States and to the various United Nations mechanisms. The real question is in what capacity it will remain present: as a component of the gender equality agenda, or as a cross-cutting agenda capable of continuing to transform the understanding of State obligations and enrich the international human rights architecture.

The answer to that question will determine whether the extraordinary momentum gained by the care agenda since the pandemic culminates in the consolidation of a new human rights paradigm or whether, on the contrary, it ultimately becomes reabsorbed into pre-existing normative frameworks. Preserving dedicated spaces for its development is not merely a procedural matter; it is a condition for the right to care to continue evolving as one of the most innovative and promising contributions of contemporary international law.