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Global Accelerator on Jobs and Social Protection for Just Transitions

Country Brief: The National Integrated Care System in Uruguay

December 2025

Summary

The Global Accelerator on Jobs and Social Protection for Just Transitions promotes, inter alia, the creation of decent jobs and access to social protection for care workers while fostering the development of a care economy to increase women's participation in the labour market and reduce inequalities (Global Accelerator 2023).

Uruguay's National Integrated Care System (*Sistema Nacional Integrado de Cuidados*, SNIC) serves as a compelling example for the Global Accelerator pathfinder countries by demonstrating how integrated policies and social dialogue can help to advance a comprehensive care system while contributing to the transition of thousands of informal care workers into the formal economy. This example illustrates the value of coordinated investment in public services, employment and social protection policies to create new jobs and promote the formalization of existing ones, in line with the Global Accelerator's core objectives.

Formally established through the adoption of Act No. 19.353 in 2015, SNIC provides care for children up to the age of 3 years, older people aged 80 years or over and persons with disabilities (up to the age of 29 years). It contributes to the professionalization and formalization of care work, the extension of social security and the training of care workers.

With the establishment of SNIC, Uruguay today boasts the most comprehensive care system in the Latin American region. Ultimately, SNIC created a "historic opportunity" for the recognition, reduction and redistribution of unpaid care work, along with opportunities for the economic empowerment of women in Uruguay (UN-Women 2019). SNIC supports a diverse range of predominantly female care workers, including in-home personal assistants, day-care and residential care staff, tele-assistance operators and early childhood educators. These roles span both institutional and community-based settings, and the support provided under SNIC contributes to improved care coverage and formal employment opportunities for women. This comprehensive support structure has helped to professionalize the care sector while advancing gender equality and women's economic empowerment in Uruguay.

SNIC is presented in this case study as a positive example of how to establish a comprehensive care and support system in order to transform the social organization of care.

Relevance to the Global Accelerator

Public policies and investments in advancing the care and support agenda are a critical factor in achieving job-rich, gender-equitable and sustainable development. Recognizing care as an issue of societal importance and transforming the social organization of care are necessary to reduce unpaid care responsibilities, which are almost exclusively shouldered by women and girls and often constitute a barrier to accessing decent jobs and, in the case of girls, to pursuing education and learning-to-earning pathways. Acknowledgement of the societal value of care is also necessary to create decent jobs in the care sector. Ultimately, public investments in care and support can have important multiplier effects in creating decent jobs, enabling individuals to return to work, generating new sources of tax revenues and social security contributions, and advancing gender equality.

Integrated care and support systems comprise a set of policies, services and infrastructure designed to achieve a fairer organization, professionalization and humanization of care work – both for caregivers and the users of care and support services (Barrantes and Cretney 2024).

Box 1. Key lessons learned from Uruguay's National Integrated Care System

Uruguay's National Integrated Care System (SNIC) offers a number of key lessons that are pertinent to the three pillars of the Global Accelerator on Jobs and Social Protection for Just Transitions: (a) integrated policy approaches; (b) sustainable financing; and (c) multilateral cooperation.

WHAT has Uruguay done?

Uruguay has implemented a comprehensive and integrated approach that links social protection and employment policies to respond to the country's demographic transition and care needs. SNIC is designed to recognize, reduce and redistribute unpaid care work while creating formal employment opportunities, particularly for women. The system is inherently multisectoral and gender-responsive, combining services for young children, persons with disabilities and older people while addressing intersecting inequalities related to gender, age and socio-economic status.

HOW has Uruguay done it?

SNIC was built through strong social dialogue and inclusive participation, bringing together civil society, the social partners and policymakers to ensure co-creation and public ownership. The system has been institutionalized through effective horizontal and vertical coordination across various sectors and levels of government, supported by a legal framework and dedicated public institutions. Uruguay has also made long-term investments in evidence generation (including time-use surveys and studies on the impact of unpaid care work on gender equality), which have been instrumental for advocacy, public awareness and building cross-sectoral alliances in both civil society and political spaces.

Financing and cooperation:

Ensuring financial sustainability has been a central challenge, addressed through the gradual integration of care into public budgeting and ongoing efforts to identify innovative financing solutions. Uruguay's experience underscores the need for countries to prioritize investments in care and serves as a compelling example of South–South cooperation and peer learning with regard to institutionalizing and sustainably financing integrated care systems.

Care is essential to the well-being and prosperity of individuals and society as a whole (UN 2024). By 2030, the number of care recipients (children under the age of 15 years and persons aged 60 years or over) is predicted to reach 2.3 billion globally (UN-Women 2024). However, the social organization of care is rooted in, and creates, inequalities based on gender, status and power (UN 2024). As a result of care work being highly undervalued, the lack of recognition for care as a public good and a shortage of paid care workers, care work remains largely unpaid (UN-Women 2024). Across the world, unpaid care work has restricted the time that women and girls are able to spend on education, public life, rest and leisure, and socio-economic opportunities (UN 2024). Unpaid care work has been identified as the main reason preventing women from accessing the labour force (Global Accelerator 2023). It has resulted in the labour exploitation of women and girls, particularly of those from ethnic and racial minority groups, migrant women and girls, and women working in informal settings (UN 2024). Ultimately, unpaid care work also implies neglecting the rights of those needing care and support, such as children, persons with disabilities and

older people (Barrantes and Cretney 2024). These inequalities and challenges are expected to be exacerbated by rising demand for care and support due to demographic and labour market shifts (Global Accelerator 2023). The UN system has recently committed itself to transforming care systems as a key lever for achieving the Sustainable Development Goals (UN 2024). Based on the 5R Framework for Decent Care Work (ILO 2018), the UN recommends pursuing measures across the following five axes:

1) Recognizing the value of care work and the rights of care recipients and caregivers
2) Reducing labour-intensive unpaid care work
3) Redistributing unpaid care work between households and the State, businesses and community, and between genders
4) Rewarding paid care workers
5) Representation and meaningful participation of caregivers and care recipients and their organizations.

To transform the social organization of care, an increasing number of countries have moved towards the establishment of integrated care and support systems.[1] Such systems may be defined as comprising "public and private actions aimed at caring for, supporting and assisting dependent persons and those who care for them", which include an "articulated and consolidated set of different benefits and services, as well as the regulation of people and organizations that provide care services and seek to build a new social organization of care based on its recognition, reduction, and redistribution from women to men" (UNICEF 2023, 18). Integrated care and support systems seek to advance an approach of co-operation and co-responsibility between families, the State, the private sector and the community/voluntary care (UNICEF 2023). Public investments in care and support could have important accelerating and multiplying effects in terms of creating decent jobs, enabling individuals to return to work, generating new sources of tax revenues and social security contributions, and advancing gender equality (UN 2024). Large-scale investments in inclusive care policies, services and decent employment could generate close to 300 million jobs globally by 2035. Unpaid care work would generate 9 per cent of the global GDP (or US$11 trillion in purchasing power parity terms in 2011), if the hours spent on unpaid work were compensated by the minimum wage (Global Accelerator 2023).

Context

In Uruguay, as in many Latin American countries, the continuous increase in female labour force participation, combined with population ageing and a changing family structure, led to growing tensions over the division of labour between men and women and put pressure on traditional care arrangements within families. This was exacerbated by the lack of affordable care and support services and the increased demand for care. Uruguay is among the Latin American countries with the highest rates of female labour force participation and oldest populations (UNICEF 2024). In addition, Uruguay has one of the highest rates of formal employment in the region, even though informal employment remains widespread at over 28 per cent (Maurizio 2021).

Overall, Uruguay maintains a well-developed and comprehensive social protection system that underpins the integrated care system. Since its establishment, Uruguay's social protection system has been largely based on a universalistic stratified model. It provides universal access to education, healthcare and pensions, but the type and level of benefits received by individuals vary depending on their position in the formal labour market. Ongoing changes in demographic, family and household structures as well as labour market trends have been putting Uruguay's social protection system to the test since the late 1990s, causing a crisis of care marked by high levels of child poverty, growing care demands among a rapidly ageing population and increasing vulnerability among women, particularly women in low-income households. From 2004 onwards, there have been efforts to create a broader, more inclusive social protection system with a view to increasing programme coverage and strengthening the system's gender-responsiveness and financial sustainability (UNICEF 2024).

In 2015, Uruguay launched the National Integrated Care System (*Sistema Nacional Integrado de Cuidados*, SNIC), which to this day is regarded as the most robust integrated care system in Latin America and the Caribbean. The launching of SNIC can be traced back to the emerging care needs in Uruguay, the mismatch between the supply of and demand for care, and strong advocacy efforts within civil society (UNICEF 2024).

[1] In Latin America, for instance, at least ten countries have done so. Beyond that region, interest in integrated care and support systems has been growing continuously. Relevant examples include Cabo Verde and Kenya (UN-Women 2024).

Although SNIC was formally established in 2015, the trajectory for it began earlier – a process in which women's organizations and civil society and academia played a crucial role by raising public awareness of the issue of care. During the country's transition to democracy, feminist activists called for a diagnostic study of the conditions faced by women in the years of the dictatorship (1973–85). In 2002, the Sociological Gender Group of the Faculty of Social Sciences at the University of the Republic (UDELAR) conducted the first time-use survey in the Montevideo metropolitan region, the findings of which highlighted gender inequalities in time use (UNICEF 2024). Studies based on later surveys have concluded that domestic and caregiving tasks constitute a significant barrier to accessing work and pointed to the urgent need for a reorganization of care (Batthyány 2010). In 2007, Uruguay's national statistical office launched its first time-use module with national coverage, embedded into the household survey – an exercise that was repeated in 2011 and 2013 (Aguirre et al. 2008). Under President José Mujica's *Frente Amplio* administration in 2010–15 the efforts to establish a nationwide integrated care system gained further traction (UNICEF 2024). By then, there was a vast body of evidence, amplified by the advocacy of civil society, highlighting the challenges of women having to meet care needs while simultaneously entering the labour market on an equal footing with men (UN-Women 2019). In 2010, an interinstitutional working group was set up to explore the construction of an integrated care system (ANONG 2023). These developments in Uruguay did not take place in a vacuum but, rather, concurrently with the gradual integration of care and support into the political agenda at the regional level (Bango, Campanella and Cossani 2022). Feminist advocacy and the UN Economic Commission for Latin America (ECLAC), in particular the ECLAC Division for Gender Affairs, championed the idea of a care economy at the regional level. Accordingly, the care economy became a central concept in the region ever since the tenth session of the Regional Conference on the Integration of Women into the Economic and Social Development of Latin America and the Caribbean, held in Quito in August 2007. International organizations – especially ECLAC, United Nations Population Fund, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the ILO and UNICEF – supported the push for an integrated care and support system through advocacy, research and technical assistance (Mahon 2024).

Description of the National Integrated Care System

Policy framework

Adopted in 2015, the Care Act (Act No. 19.353) established the institutional structure of SNIC, the aim being to create a model in which responsibility for care would be shared between families, the State and the community, and also to challenge the unjust gendered division of labour (Government of Uruguay 2015a; UNICEF 2024). To that end, SNIC is guided by the principles of solidarity, universality, autonomy, and social and gender co-responsibility (UNICEF 2024).

With the introduction of SNIC, care was reconceptualized as a societal and human rights issue, meaning in particular that the right to care had to be guaranteed for children, older people and persons with disabilities (UNICEF 2024). The Care Act also recognizes the rights of care workers and emphasizes gender equality as a cross-cutting theme in SNIC-related policies (Bango 2023). Accordingly, the SNIC model seeks to "do away with the unjust gender-based division of work that has historically characterized our [Uruguayan] society and which still does" and to ensure that "caregivers, for the most part, women, are integrated from a gender perspective as an active subject of rights" (UN-Women 2019, 5, 7).

Following the adoption of the Care Act, the National Care Plan for the 2016–20 period was approved. It sets out the foundations, objectives and principles, components and beneficiaries, management guidelines and institutional framework of SNIC (Government of Uruguay 2015b). An updated National Care Plan was launched for the 2021–25 period, the general objective being to "strengthen, professionalize, and humanize the SNIC" (Bango 2023, 11; Uruguay, Ministry of Social Development 2021).

Scope and target groups

The following dimensions and target populations are covered under SNIC:

- childcare for children in their early years (aged 0–3 years)[2]

[2] Compulsory education in Uruguay starts at the age of 4 years (UNICEF 2023, 28).

- care services for older people (aged over 80 years)
- care services for persons with disabilities (up to the age of 29 years)
- professionalization of care work, extension of social security and training of care workers (UNICEF 2024).

The care policy is primarily funded through allocations from the national budget, supplemented by individual co-payments for subsidized services, mixed financing with contributions from companies and labour unions, and tax exemptions. Between 2015 and 2020, the aggregate SNIC budget totalled 3,084.8 million Uruguayan pesos, representing approximately 0.2 per cent of GDP, equivalent to an accumulated investment of around US$771 million (UN-Women 2019). This model demonstrates a deliberate effort to institutionalize care financing as part of public fiscal frameworks while creating space for innovative, mixed-source funding to ensure both sustainability and inclusivity.

Under the new care policy, pre-existing programmes and structures were merged and broadened in the light of the following objectives: the recognition and professionalization of care work and the right to quality care; the reduction of unpaid care work through care services; and the redistribution of care work between men and women (UNICEF 2024).

One central aim of SNIC is the **expansion of family-friendly policies**, such as paid parental leave and the universalization of childcare services for children aged 0–3 years (UNICEF 2023). With the introduction of SNIC, the pre-existing care services provided by Family and Child Support Centres (*Centros de Atención a la Infancia y la Familia*, CAIF) were expanded. SNIC was also intended to achieve greater cohesion among early-care providers and to harmonize supervision mechanisms. In addition, the length of paid paternity and maternity leave was increased. As long-term care and support services for older people and persons with disabilities were less developed at the onset of SNIC, another objective was to ensure access to quality care for these groups and to support approaches promoting personal autonomy (UNICEF 2023). Accordingly, a personal assistance programme for older people and persons with disabilities was developed and the availability of telecare and permanent care centres extended (Government of Uruguay 2015b).

The training component of SNIC is intended to **professionalize and formalize care work** by improving access to training for new service providers and personal assistants and by regulating the training for experienced care workers at long-stay residential care homes. The regulatory component is aimed at creating an environment conducive to the provision of quality comprehensive care irrespective of the nature of the service provider (company or individual) and at advancing social protection for caregivers. Existing regulatory frameworks have been reviewed and adapted, and new ones established (UNICEF 2024).

SNIC also pursues the objective of **extending social security to care workers** (see also box 19). Households are required to register their personal assistants with the social security agency as employees. In addition, to facilitate social security coverage for personal assistants who have multiple employers, Uruguay is currently developing a mechanism so that personal assistants can provide their services through cooperatives. The cooperative acts as the formal employer responsible for paying social security contributions; households do not pay contributions directly, but benefit from a state subsidy that covers the full cost of hiring (UNICEF 2024).

Box 2. Social Security for care workers

Social security for care workers refers to the set of protections ensuring that care workers – both paid and unpaid – have access to income security, healthcare and other social benefits throughout their life course. This includes coverage for pensions, maternity and parental leave, health insurance, unemployment benefits and occupational protections in line with the Social Security (Minimum Standards) Convention, 1952 (No. 102), and the Social Protection Floors Recommendation, 2012 (No. 202).

Care workers, particularly those in informal or domestic settings, are often excluded from formal social protection systems owing to the nature of their work arrangements, which are frequently informal, part-time or lacking in contracts. Women make up the vast majority of care workers worldwide and are disproportionately affected by gaps in coverage. Extending social security to this workforce is essential in order to reduce gender inequalities, prevent poverty and recognize care as a critical component of economic and social development.

Integrating care workers into social protection systems requires targeted policy measures, including legal recognition of care work, the establishment of contributory and non-contributory schemes, subsidized enrolment

for low-income workers and innovative employer arrangements (such as cooperatives or State-supported registries) to facilitate contributions and access to benefits.

Financing of care assistance. Households that receive care are eligible for a non-contributory subsidy designed to incentivize the formal registration and employment of personal assistants. This subsidy fully covers the cost of hiring, including both wages and employer-side social security contributions, which means that families have no direct financial obligation and that the personal assistant benefits from full social security coverage through their cooperative-employer structure.

The information and knowledge management component includes the development of information systems for the management of SNIC, the establishment of a monitoring and evaluation system, and the introduction of a national care registry and care portal (UN-Women 2019). Complementing this, the SNIC communications component includes outreach campaigns and initiatives aimed at promoting a cultural transformation towards the sharing of care work between families and society. One such initiative is the declaration of a "Month of Care" (UNICEF 2024).

Institutional architecture

Within the policy framework, an institutional architecture was created that comprises the following elements: the National Care Board, the National Secretariat for Care and Disability, and the Care Advisory Committee. The National Care Board oversees the setting of guidelines, objectives and policies. The Board is made up of representatives from the Ministry of Social Development, the Ministry of Education and Culture, the Ministry of Labour and Social Security, the Ministry of Health, the Ministry of Economic Affairs and Finance, the Planning and Budget Office, the National Public Education Administration, the Social Security Bank, the Uruguayan Institute for Children and Adolescents, the National Care Secretariat and the National Women's Institute (UN-Women 2019).

The executive body of SNIC is the National Secretariat for Care and Disability, which is part of the Ministry of Social Development and is tasked with coordinating and implementing the system. In 2018, a dedicated gender unit was set up within the National Secretariat. In 2020, SNIC was merged with the National Disability Programme (*Programa Nacional de Discapacidad*, PRONADIS). The work of the National Secretariat is complemented by the Care Advisory Committee, which brings together relevant trade unions, civil society and representatives from the private sector (UNICEF 2024).

SNIC is decentralized, with activities implemented at the local level through departments and municipalities in collaboration among local and regional actors and national institutions (Bango 2023). The system is financed from the national budget, but also through extrabudgetary allocations. In 2022, the budget for SNIC amounted to 1.6 billion pesos (US$39.7 million), representing about 0.34 per cent of total public expenditure (UNICEF 2024).

Integrated approach and progressive roll-out of the care system

SNIC follows an integrated approach in line with the Global Accelerator's first pillar. To advance the rights of people receiving and providing care, SNIC is promoted through a combination of social protection and employment policies, investment in quality services and active labour market policies – all of which are central components of the Global Accelerator (Global Accelerator 2024). SNIC also relies on horizontal and vertical coordination: several different sectors and ministries, and various administrative levels ranging from the local to the national level, are involved in advancing care and support.

Before the creation of SNIC, childcare for children aged between 1 and 3 years had been available through public and private services, most notably through Family and Child Support Centres (CAIFs), which had already been established in the late 1980s (Amarante, Colacce and Tenenbaum 2019). The rolling out of SNIC meant continuing an already impressive expansion of the CAIF programme (UNICEF 2023). In 2016, the CAIF programme was integrated into SNIC with a view to expanding the care provided at such centres to cover 1-year-old children and to increase the number of facilities (Government of Uruguay 2015b). In contrast, long-term care and support had been institutionalized to a much lesser degree before the adoption of the Care Act (UNICEF 2023). Consequently, during the first years of SNIC, the priority in that area was the establishment of a system to ensure quality care and to roll out the personal assistance programme and a telecare programme (UNICEF 2023).

Impact and challenges

Overall, SNIC has contributed to (a) the expansion of services for people receiving care; (b) increasing the professionalization of decent work for a range of paid care workers, including by giving them access to social security; and (c) reducing the gender inequalities in responsibilities for caregiving. Since its inception in 2015, SNIC has supported approximately 12,860 caregiver–recipient relationships, with over 4,000 assistants registered in 2022 alone and around 6,048 active pairs continuing their work in 2023. Beyond these numbers, the initiative has significantly promoted the formalization of employment in the care sector – extending social security coverage to care workers and enhancing women's access to the labour market by recognizing and supporting their caregiving roles.

The establishment of an integrated care and support system underpinned by a robust political and legal framework and a dedicated institutional architecture is a noteworthy success. Few countries have achieved a comparable level of integration between the social protection system and related services. The Care Act recognizes the right to care and treats care and support as an integral pillar of social welfare (González Flores and Maqueda Sánchez 2022).

With the adoption of SNIC, a number of positive trends in access to family-friendly policies and care services can be observed. Overall, more than 80,000 families were reached by SNIC between 2015 and 2020 (ANONG 2023). The public coverage of childcare for children aged 0–3 years rose to 50 per cent in 2020 (from 33 per cent in 2015) (González Flores and Maqueda Sánchez 2022). Childcare coverage of 85 per cent for children aged 3 years was achieved (Sistema de Cuidados 2020a). In addition, the part-time childcare subsidy was extended from four to six months. Maternity leave was increased from 13 to 14 weeks and paternity leave from three to ten days (UNICEF 2023). As a result, the number of fathers taking paternity leave almost doubled between 2014 and 2016. The number of personal assistants tripled from 2017 to 2019 (Sistema de Cuidados 2020b). A minimum wage for personal assistants was established by decree (ANONG 2023). The number of training courses for providers of long-term care and support has increased steadily since 2016 (González Flores and Maqueda Sánchez 2022).

However, there are still some challenges that need to be addressed.

The stated goal of providing universal childcare coverage for children aged 3 years has not yet been achieved (Estrades and Amábile 2024). Another challenge has to do with the number of hours covered. Most Family and Child Support Centres (CAIFs) and schools continue to operate for only four hours, which does not allow parents to pursue a regular full-time job unless a caregiver can be hired. Similarly, the CAIFs for 1-year-olds open only one day a week. Although childcare services and coverage have already reached a relatively high level, there is still much to achieve in the provision of long-term care and support for older people and persons with disabilities – particularly since there were barely any relevant structures in place before SNIC. Most of those who need long-term care and support must fall back on the work and resources of their families (UNICEF 2023). Owing to the age limit of 29 years, persons with disabilities aged between 29 and 79 years are not eligible for the programme of personal assistance services (HRW 2024). In view of the high demand, the Government has acknowledged that the programme needs to be expanded. The human-centred approach must be further pursued and efforts undertaken to move to a multidimensional assessment of dependency and a comprehensive approach to care provision (Sistema de Cuidados 2020b).

To achieve the envisioned cultural and normative changes, greater awareness has to be raised regarding social and gender co-responsibility in caregiving and common assumptions about the ideal worker as someone without care responsibilities need to be challenged (UN-Women 2019). Research shows that gender biases in relation to traditional caregiving roles persist within the Uruguayan social protection system (Marzonetto 2019). Thus, although the formalization of care work is being promoted, the overwhelming majority of care workers continue to be women (González Flores and Maqueda Sánchez 2022).

There is still much to be done in terms of evidence generation and the incorporation of a gender perspective that is relevant to the design, implementation and evaluation of policies. For instance, time-use surveys need to be conducted regularly and more evidence collected on the type of care required. Such surveys would provide greater detail on, and a more nuanced analysis of, the paid care workforce and its diverse working conditions and challenges. In addition, the training provided to paid caregivers needs to be enhanced in terms of design and options for specialization (UN-Women 2019).

In a booming sector such as care, it is also essential to uphold the labour rights of all care workers and include

these perspectives into collective bargaining to ensure decent work for care workers (UN-Women 2019).

Despite the need to promote and further invest in SNIC, its budget relative to GDP has stagnated (Estrades and Amábile 2024). While SNIC has contributed to achieving inclusive growth and development, experts point to the programme's high cost compared with the return on investment, as only a small proportion of the population currently benefit from SNIC. This issue is all the more important given that care needs are likely to grow with an ageing population, which will also increase pressure on the system's financial sustainability (UNICEF 2024).

Main takeaways for the Global Accelerator

As noted in a strategy document for the Global Accelerator, it is crucial to recognize care as a cornerstone of decent work, well-being and sustainable development. The existing care crisis underlines the need for "urgent and large-scale investments in the care economy, including care policies, services, and decent care jobs that are integrated and transformative and promote people's well-being, gender equality, inclusion, decent work, and social cohesion, as well as sustainable development" (Global Accelerator 2023, 2).

Integrated policies for transformative care systems

The example of Uruguay illustrates the transformative potential of an integrated care and support system that brings together social protection, employment policies and public service delivery. These integrated policies serve the dual purpose of expanding access to quality care services across the life course and formalizing care work, especially for women, thereby contributing to decent work and poverty reduction. To be effective, such systems must be universal, rights-based and gender-transformative, with a clear commitment to state accountability and the principle of leaving no one behind.

In addition to combining social protection and employment strategies, such systems must address the intersecting needs of women, persons with disabilities, older people and other groups frequently excluded from care and support provision. A life-course and intersectional approach is essential to ensure that care and support systems respond to diverse needs at every stage of a person's life, taking gender, age, disability status and other relevant factors into account.

Institutional mechanisms, evidence and political coalitions

Uruguay's experience underscores the importance of strong institutional mechanisms and multi-stakeholder collaboration. A key driver of progress has been the formation of a broad political coalition, bringing together feminist academics, civil society organizations, advocates of workers' rights and political allies across party lines. Academia has played a central role in generating evidence, such as time-use surveys and analyses of how unpaid care work affects gender equality outcomes. Civil society has transformed this evidence into effective advocacy, awareness campaigns and pressure on decision-makers, while the Government has provided executive capacity to implement reforms. Levels of unionization among care workers – in particular, personal assistants – have traditionally been low, but labour unions and associations such as the Inter-Union Plenary of Workers – National Workers' Convention (PIT-CNT) and domestic workers' unions have actively advocated for care workers' rights, including the right to formal employment and improved working conditions under SNIC.

Institutional coordination across sectors (such as health, education and social protection) and levels of government, and between branches (executive and legislative) and with civil society, has proved to be essential. The establishment of national care bodies and interministerial mechanisms has supported more coherent policy implementation and improved accountability.

Financing and South–South cooperation

One of the main challenges in advancing integrated care and support systems is financial sustainability. Innovative financing models are needed to create fiscal space for care, through solidarity-based care funds, budgetary reallocations and public–private partnerships that expand access to services and ensure care-related benefits in the workplace (UN-Women 2019). Recognizing investments in care systems as core priorities in economic and fiscal policy is key to achieving long-term sustainability and resilience.

It is also essential to foster South–South cooperation. Countries can benefit from the experience of others – such as Uruguay – that have successfully placed care systems on an institutional footing through a combination of political commitment, technical innovation and inclusive governance. Such peer learning offers valuable insights for countries that may be at different stages in the development of their respective systems but are facing similar challenges.

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The documentation of these policy reforms is supported by the Joint SDG Fund as part of their support to the Global Accelerator through a UN Joint Programme. The implementation of reforms under the Global Accelerator is supported by the Joint SDG Fund through UN Joint Programmes and UN-World Bank joint programmes. All joint programmes of the Joint SDG Fund are led by UN Resident Coordinators and implemented by the agencies, funds and programmes of the United Nations development system. With sincere appreciation for the contributions from the European Union and Governments of Belgium, Denmark, Germany, Ireland, Italy, Luxembourg, Monaco, The Netherlands, Norway, Poland, Portugal, Republic of Korea, Kingdom of Saudi Arabia, Spain, Sweden, Switzerland for a transformative movement towards achieving the SDGs by 2030.

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FAO, ILO, UNICEF, UNDP, UN Women, WFP, *The National Integrated Care System in Uruguay,* Country brief. Geneva, Rome: FAO, ILO, UNICEF, UNDP, UN Women, WFP, 2026. https://doi.org/10.54394/00035332

This country brief was prepared by Clara Praschl (UNICEF) and benefited from inputs by Dario Fuletti (UNICEF), Silke Staab (UN-Women) and Clara Ceravolo (UNICEF).

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