

THE FUTURE OF CARE

Redesigning social protection under a neoliberal horizon¹

CAMILA FERNANDES*

<http://dx.doi.org/10.25091/S01013300202600010004>

ABSTRACT

This article examines the institutionalization of care as a political agenda in Brazil, considering its connections with international debates and legislative disputes. Based on experience in systematizing the National Care Plan, it explores how care is reframed as a right and a collective responsibility. It also discusses implementation, funding, and governance challenges, positioning care as a pillar of social protection in a post-neoliberal context.

KEYWORDS: *care; public policy; social protection; neoliberalism*

O futuro do cuidado: redesenhando a proteção social num horizonte neoliberal

RESUMO

O artigo analisa o processo de institucionalização do cuidado como agenda política no Brasil, considerando suas articulações com debates internacionais e disputas legislativas. A partir do mapeamento das discussões sobre o Plano Nacional de Cuidados, investiga como o cuidado é reposicionado como direito e responsabilidade coletiva. Discute também desafios de implementação, financiamento e governança, situando o cuidado como pilar da proteção social no contexto neoliberal.

PALAVRAS-CHAVE: *cuidado; política pública; proteção social; neoliberalismo*

INTRODUCTION

In recent years, care has been progressively repositioned as a central public issue, both in Brazil and international forums. Historically relegated to the private sphere and organized through familial, deeply gendered, and racialized arrangements, care is now being claimed as a social right, an infrastructure of citizenship, and a strategic dimension of social protection (Guimarães; Hirata, 2020; Solís, 2019; Batthyány, 2020). This shift, however, is not without its ambiguities: it unfolds in a context marked by fiscal constraints, reconfigurations

[*] Professor, Institute of Social Medicine (IMS), State University of Rio de Janeiro (UERJ), Rio de Janeiro, RJ, Brazil. E-mail: fernandesv.camila@gmail.com

[1] This article is the result of dialogues developed at different moments and in different contexts, and it benefited from exchanges with colleagues who contributed decisively to its elaboration. I would like to thank, first and foremost, Nadya Guimarães, who supervised the first year of fieldwork conducted within the scope of the Center for Critical Imag-

of the welfare state, and the persistence of neoliberal rationalities that continually strain the boundary between right and commodity.

In Brazil, this process has recently gained political momentum with efforts to institutionalize a National Care Policy (PNC). President Luiz Inácio Lula da Silva's statement that "to govern is to care for people" signals an attempt to integrate care into the core of public policy (President..., 2024). This effort is reflected in initiatives such as the development of the National Care Plan, legislative debates on the subject — including Bill 2762/2024 and Constitutional Amendment Proposal 14/24 — and Brazil's participation in international initiatives such as the Global Alliance for Care.²

In the legislative sphere, care has become a priority for the women's caucus, with the creation of a parliamentary group in defense of the PNC and the advancement of bills aimed at regulating and financing this policy. In both the Senate and the Chamber of Deputies, proposals such as the "Care Economy Bill" and the "National Care Fund" reflect efforts to recognize and value care work.³

In the international arena, the care economy was one of the priority topics at the G20, highlighted as an essential tool for women's economic empowerment and for strengthening global economies. According to experts such as Adriana Carvalho, investing in care is not only a matter of social justice but also an economic imperative, given its positive impact on female employability and GDP growth.

Moreover, the incorporation of the care economy into discussions on public policy and economic planning has drawn attention to categories such as "care society," "care economy," "time-use research," "time poverty," "care cities," and "paid family caregiver." These concepts highlight how unpaid domestic work constitutes an essential component of the economy that remains invisible in national accounts. As Jesus (2018) and Nassif (2020) point out, when considered alongside market production, domestic production reveals the significant economic contribution of women, often overlooked by traditional macroeconomic models.

Following these discussions, this article analyzes the movements surrounding the consolidation of care as a priority political agenda in Brazil, considering its connections with international debates, national legislation, and the disputes surrounding its implementation. Throughout the text, the advances and challenges of this process are explored, highlighting how the narrative of care is incorporated by different actors and across distinct spheres of power. In particular, the analysis examines how care is being repositioned as a central dimension of citizenship and how this process may contribute to strengthening social protection.⁴

This research deliberately takes the form of an analysis of a process in formation, functioning as an analytical snapshot of a specific

ination (CCI-Cebrap), in which I participated as a doctoral researcher, as well as for her careful readings and for the discussions held in the research group "Who Cares? CuiDDE", ver: <https://cuidado.cebrap.org.br/>". The article also benefited from valuable comments from the CCI research group, especially Jonas Medeiros, Ana Carolina Brandão, Tânia Paes, Luciana Morgado, Aramis Luís Silva, Jordano Roma, Maira Rodrigues, and Ana Claudia Chaves Teixeira. This research was also presented at seminars of CLAM (IMS/UERJ), where it received important contributions from participants. I would also like to thank Andrea Moraes Alves, Laura Lowenkron, Ueslei Solaterraz, Marjorie Murray, Luana Mimacher, and Huri Paz for their careful readings and generous comments. Finally, I thank the anonymous reviewers, whose criticisms and suggestions were essential to refining the argument.

[2] In the federal legislative arena, Representative Taliria Petrone (Socialism and Liberty Party, PSOL—Rio de Janeiro) led the creation of a parliamentary group in support of the policy and the advancement of a constitutional amendment proposal to include care among the social rights guaranteed by the Constitution (PEC 14/24). Federal Representative Sâmia Bomfim (PSOL—São Paulo) also introduced Bill (PL) 2947/2024, which proposes allocating resources from the *pré-sal* Social Fund [the fund derived from offshore oil and natural gas reserves] to support the implementation of the policy. Since the beginning of the year, she has served as rapporteur of the Working Group (GT) of the Chamber of Deputies, established by the Secretariat for Women.

[3] The Women's Rights Committee of the Chamber of Deputies approved Bill 638/2019, known as the "Care Economy Bill," introduced by Federal Deputy Luizianne Lins (Workers' Party, PT—Ceará). The bill proposes the inclusion of care activities in the System of National Accounts, the framework used to measure the country's economic and social development.

[4] In Brazil, the development of the PNC involved an interministerial process, with the participation of various executive branch agencies and consultations with social movements and experts.

political moment. It adopts a qualitative and interpretative approach, configured as an essay on the institutionalization of care within the public policy agenda in Brazil. Rather than exploring isolated dimensions such as governance, federative articulation, social participation, financing, or legal frameworks, the text surveys these different areas in order to grasp the magnitude and complexity of the movement underway in the early years of the institutionalization of the care agenda. Thus, the aim is less to exhaustively analyze each of these dimensions than to compose a comprehensive view capable of situating this initial cycle of formulation and political dispute.

The analysis stems from a situated position, anchored primarily in the author's experience as a legislative analyst of the PNC, within the scope of work developed by the National School of Public Administration (ENAP).⁵ It is important to note that, due to the professional confidentiality inherent to the consultancy provided, the discussions conducted within the Interministerial Working Group were not produced in a research context, but rather as part of an institutional process of public policy formulation. Although these spaces are permeated by mechanisms of social participation, the statements made therein are protected by institutional confidentiality agreements, which preclude their direct use as identifiable empirical material.

In addition to this legislative experience, the author also participated in the research agenda developed within the scope of the Center for Critical Imagination: Political Economy and Citizenship at the Brazilian Center for Analysis and Planning (CCI/Cebrap), aimed at investigating the political movements surrounding care in the first years of Lula's government. From this research position, it was possible to systematically gather and monitor different public sources over a one-year period. This article thus results from the articulation between institutional experience and ongoing analytical work, enabling a situated and longitudinal reading of the process.

From this perspective, the analysis draws on press articles, online media reports, and public records of lectures and events related to policy development, collected from outlets such as the Chamber of Deputies Portal, *Folha de S. Paulo*, *Outras Palavras*, *PT in the Senate*, and institutional platforms, especially the website of the Ministry of Development and Social Assistance. A database was compiled with approximately fifty reports published between April 2024 and December 2025, in addition to the analysis of the Report of the Interministerial Working Group (GTI-Care), which systematizes key information about the policy formulation process (GTI-Care, 2024).

The analysis prioritizes the themes and axes of debate publicly mobilized in the construction of the PNC, taken as central to understanding the rationales and disputes that permeate the institutionalization

[5] Within the scope of the consultancy provided to ENAP, I monitored the following activities of the interministerial working group: the federative dimension of governance, the intersectoral dimension, the dimension of social participation, and the presentation of the first version of the PNC. In addition, I participated in several roundtable discussions with representatives of civil society.

of care. Additionally, the analytical corpus includes lectures, seminars, and public debates relevant to the topic, among which the following stand out: the “Cards on the Table” cycle; the seminar “National Care Policy: Necessary Infrastructure” (MDS); the “International Symposium Care that Matters, Matters of Care: Overcoming Inequalities through Care Policies” (Mecila); the conference “Building Caring Societies in the G20 and Beyond,” within the framework of the G20 agenda; and the “1st State Forum on Care Policy in Bahia.”⁶

The analysis of these sources is guided by the identification of dominant narratives, interpretative disputes, and political framings surrounding care, considering the actions of different actors — the state, Congress, social movements, and international organizations. The objective is not to provide an exhaustive reconstruction of the decision-making process, but to understand how care is discursively repositioned as a right, work, and collective responsibility, along with the limits and tensions of this movement in a context marked by fiscal constraints and the persistence of neoliberal rationalities.

The formation of a public agenda, as suggested by Capella (2020), involves transforming a social problem into a political issue through the mobilization of actors capable of placing it on the agenda of state decision-making bodies. In the case of the PNC, this process has unfolded through a complex trajectory combining structural factors, social mobilizations, and institutional networks. This article therefore analyzes the emergence of care as a public policy through the interactions between the state and civil society, adopting the perspective of mutual constitution (Lavalle; Szwako, 2015), whereby the institutionalization of care results neither from an isolated technical decision nor from the simple absorption of feminist demands, but from a field of exchanges and tensions that simultaneously reconfigures state action and forms of social mobilization.

THE PANDEMIC AS A CATALYST FOR CARE

The Covid-19 pandemic intensified the “care crisis,” overstraining health systems and highlighting the fragility of support networks in Latin America (Camarano; Pinheiro, 2023; Romero; Groisman; Ramos, 2023). The neoliberal model commodifies care without guaranteeing adequate public support, a dynamic reflected in Brazil in the precariousness of domestic work and the insufficiency of services such as daycare centers and paid caregivers (Fernandes, 2021; Vieira, 2023). The increase in care demands exposed both the fragility of support networks and the absence of effective policies.

The pandemic led to a transfer of burdens to families, especially women, who experienced a disproportionate overload of work

[6] The activities took place both online and in person.

due to school closures, mounting domestic responsibilities, and difficulties in accessing essential public services (Pierobon; Lacerda; Rui, 2021). Lowenkron (2022) discusses how the management of school reopenings illustrated the tension between an approach centered on the logic of individual choice and the need for governance grounded in the logic of care, attentive to the vulnerability and interdependence of poorer families.

The crisis also exposed the racial and gender inequalities that structure the organization of care in the country, reinforcing the need for policies that address these intersectional oppressions. As Eleonor Faur argues, the pandemic highlighted the centrality of care as an indispensable element for sustaining the reproduction of life, “revealing the disproportionate burden that women face and the urgent need for inclusive public policies that recognize and redistribute these responsibilities” (Carneiro, Batista; Braga; Bartolomeu, 2022).

Nancy Fraser (2020) identifies the care crisis as one of the central contradictions of financialized capitalism, resulting from the mismatch between the growing demand for care and the systematic devaluation of activities that sustain social reproduction. In Brazil, this tension is acutely expressed in the disproportionate burden placed on women — especially Black and impoverished women — who are the most concentrated in this work, often without remuneration or recognition. By externalizing the costs of care to families and communities, and under austerity policies that weaken public services, capitalism deepens the fracture between economic production and social reproduction. At the same time, as social movements have shown, this scenario opens space for new disputes around the valuation of care and the redistribution of responsibilities.

The health crisis exposed both the collapse of health systems and the structural inequalities of care regimes, deeply rooted in the sexual and racial division of labor and in the precarious working conditions of women, especially Black and migrant women. In Latin America, as Laura Pautassi (2023) observes, the pandemic revealed institutional fragilities but also catalyzed debates on the construction of integrated care policies as a pillar of social well-being. For Batthyány (2021), this context reinforces the need to “defamiliarize” and “decommodify” care, redistributing responsibilities among the state, the market, and the community, while Laugier (2021) highlights that the pandemic brought to light a new moral grammar grounded in interdependence.

The pandemic also reinforced the notion of the so-called “front line,” revealing the centrality of professionals from historically marginalized sectors — such as nursing staff, early childhood education teachers, domestic workers, nannies, and delivery workers — in providing essential services. Cleonice Gonçalves, a Black domestic worker,

was the first recorded fatal victim of Covid-19 in Rio de Janeiro, illustrating how Black women were disproportionately exposed to the virus due to the precariousness of their work. The case of the boy Miguel, whose mother, Mirtes Renata Santana de Souza, was forced to bring him to her workplace during the peak of the pandemic, exposed the extreme vulnerability faced by domestic workers. This episode highlighted how caregiving relationships in Brazil are predominantly performed by Black women, often without access to rights and adequate protection.

In Brazil, Black women made up the majority of these workers who faced high risks during the health crisis. Among the most affected sectors, nursing stands out, composed of approximately 85% women, many of whom worked exhausting shifts with limited resources, exposing themselves to contamination in order to meet public health demands (Silva, 2022).

The increased visibility of care work reinforced the need to recognize it as a collective responsibility and a pillar of public policy, rather than a private or secondary issue, in line with Tronto's (2007) classic formulation on its centrality in democracies. Integrating care into social protection systems implies both guaranteeing universal access and valuing and protecting those who provide care, recognizing it as a human right and as an infrastructure of social well-being. In this sense, the pandemic acted as a catalyst, consolidating care as a key theme in public and academic agendas aimed at building more democratic societies.

A LITTLE ABOUT THE "PREHISTORY" OF NATIONAL CARE POLICY IN BRAZIL

The emergence of care as a central category in the Brazilian public agenda is the result of decades of mobilization by various social and political actors, as well as of external influences from successful experiences in Latin America (Batthyány, 2015). This process is rooted in historical demands from feminist and Black movements, unions, civil society organizations, and academic debates that have brought to light the collective, public, and political dimensions of care.

Since the 1970s, Brazilian feminist movements have played a central role in politicizing care, linking its invisibility to inequalities of gender, class, and race, initially through critiques of the sexual division of labor and the unequal burden placed on women.⁷ In the 1980s, these mobilizations translated into pressure for public policies, such as the expansion of maternity leave and the recognition of the right to childcare, culminating in initiatives such as the National Early Childhood Education Program (Rosemberg, 2013; Moreno, 2019).

In Brazil, the politicization of the "care crisis" cannot be understood without considering the historical role of Black women,

[7] Although the text refers to "feminist movements," it is important to note that the feminist field in Brazil has always been internally heterogeneous and marked by racial and class tensions. Critiques formulated by Black intellectuals and activists, such as Lélia Gonzalez, Jurema Werneck, and Sueli Carneiro, have been central to highlighting the limitations of hegemonic feminism and to introducing racism as a structuring axis in reflections on work, care, and social reproduction, thereby shifting the debate toward a perspective that inextricably links gender, race, and class.

especially through the domestic workers' movement. Long before the pandemic, these women had already denounced the racialized naturalization of care and the structural precariousness of domestic work. As a direct legacy of slaveholding relations, this centrality placed them at the forefront of denouncing the inequalities that organize care, decisively contributing to its transformation into a public problem and an agenda for state intervention.

The approval of the so-called Domestic Workers' Constitutional Amendment (PEC das Domésticas) in 2013 is an expression of this process, but it also reveals its limitations: although it expanded formal rights, it did not break with the informality, social insecurity, and symbolic devaluation that continue to structure care in Brazil. Alexandre Fraga and Thays Monticelli (2022) observe that, by failing to address issues such as widespread informality and asymmetrical relationships between employers and workers, the legislation perpetuates limitations in the protection of these professionals. The critique, therefore, lies in the persistence of a system that, even with legal innovations, continues to reproduce conditions of vulnerability for a segment historically undervalued in the labor market (Fraga; Monticelli, 2021).

Civil society actors have played a fundamental role in shaping the public debate on the care agenda. Organizations such as the National Federation of Domestic Workers (Fenatrad) promote campaigns for labor rights and against the precariousness of domestic work. Groups such as Geledés and Criola have highlighted the intersectionality of race, gender, and care, pressuring the government to incorporate these dimensions into public policies.

During national and international conferences on women, such as the Beijing Conference in 1995, caregiving was associated with struggles for public policies guaranteeing reproductive rights, access to childcare, and maternity leave. In a subsequent development, the Quito Consensus (2007), adopted at the 10th Regional Conference on Women in Latin America and the Caribbean of the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), recognized the centrality of caregiving and domestic work for economic reproduction and social well-being. More recently, in 2023, the UN General Assembly reinforced this agenda by proclaiming the International Day of Care and Support (October 29), consolidating the global recognition of care as a key pillar of social justice and economic sustainability.

Brazilian academic production has played a central role in consolidating the field of care studies. In sociology, Helena Hirata, through a comparative approach between Brazil, France, and Japan, highlighted how the sexual and international division of labor organizes care at both local and transnational scales (Hirata, 2016). Nadya Araújo

Guimarães, in turn, developed the concept of “care circuits,” which emphasizes the diversity of forms and meanings of care work, ranging from family obligations to commodified activities and community exchanges (2024).

In the field of aging, anthropologist Guita Debert explores the challenges generated by longevity and the growing need for elderly care, showing how intergenerational tensions reflect broader social inequalities (Debert, 1999; Debert; Félix, 2024). In the field of gender policies, Bila Sorj analyzes the redistribution of care among the state, the market, and families, proposing co-responsibility as a central axis for promoting gender equality (Sorj, 2013).

Brazilian anthropology has renewed this debate by conceptualizing care not only as labor or policy, but also as a relational practice, a situated ethics, and a technology of government, based on ethnographies of aging, disability, mental health, motherhood, urban peripheries, and public policies. Research such as that of Engel and Fietz (2023), Fazzioni (2018), Pierobon (2018), Solaterrar and Lowenkron (2025), and Fernandes (2020), among others, demonstrates how care is constituted in contexts of precarization and moral dispute. This body of work has shifted care from a sectoral object to a central analytical operator for understanding contemporary forms of governmentality, the production of inequalities, and regimes of social protection.

Thus, national literature on care produced prior to the pandemic had already indicated that the so-called “care crisis” in Brazil does not stem solely from conjunctural shocks, but from structural transformations associated with population aging, the familism of social policies, and the precariousness of care work. Studies such as those by Daniel Groisman and Raquel Passos (2019) show that the professionalization of care — particularly in elderly care — has developed unevenly and precariously in a context of state withdrawal and the advance of austerity policies.

Similarly, demographic analyses by Ana Amélia Camarano (2002) show that population aging intensifies the demand for care while shifting this responsibility onto families. These contributions reinforce that the recent politicization of care is part of a longer trajectory of tensions involving demography, labor, racial inequality, and the limits of social protection in Brazil.

In the period examined in this research, discussions on care policies in Latin America were also developed through initiatives such as the seminar series “Cards on the Table.” The contributions of Francisca Gallegos, a Chilean sociologist and specialist in social policy, who reflected on care policies in Chile, as well as those of Karina Batthyány and Valentina Perrotta, who analyzed Uruguay’s National Integrated Care System — considered a regional landmark — stand out.⁸

[8] This initiative is part of the “Who Cares? Rebuilding care in a post-pandemic world” project, coordinated by Professor Nadya Araújo Guimarães, which aims to connect academic research and public policy in the field of care, promoting interdisciplinary and intersectoral dialogue.

The experiences of countries such as Uruguay, Chile, and Argentina, as well as constitutional innovations recognizing unpaid reproductive work (as in Ecuador, Bolivia, and Venezuela), have decisively influenced the Brazilian debate on care policies (Pautassi, 2016; Nieves and Robles, 2016). In particular, the Argentine case highlighted the articulation between care and women's economic emancipation, reinforcing the centrality of public infrastructure and caregiver training. This regional circulation of experiences, driven by organizations such as ECLAC and UN Women and by networks of social movements, contributed to pressuring the Brazilian government to prioritize the issue; even so, as Nieves and Robles (2016) note, care policies in Latin America remain fragmented and lack greater institutional integration.

In this sense, the emergence of care as a political theme in Brazil can be understood through the notion of "political opportunity structures" (Tarrow, 1996), which favored the entry of this debate into the public sphere. Originating in social movement theory, this concept suggests that historical contexts, institutional changes, and the actions of specific actors create conditions under which certain agendas become priorities.

In the case of care, these opportunities emerged from crises, social mobilizations, and political rearrangements that revealed both the centrality and the precariousness of this work in Brazil. Care enters the public debate not only as a response to these crises, but also as an opportunity to reimagine the role of the state and to redefine responsibilities among the public sector, the private sphere, and the market.

Thus, the political opportunity structure that enabled care to enter the Brazilian public agenda results from a complex interaction between structural crises, social mobilizations, and political transformations. Care emerges as a "fourth pillar" (Batthyány, 2015) of welfare systems, complementing health, education, and social assistance. While the Covid-19 pandemic catalyzed this debate, it was preceded by decades of feminist and anti-racist struggles that laid the foundations for care to emerge as a central issue of social justice and citizenship.

THE CONSTRUCTION OF THE NATIONAL CARE PLAN (PNC)

Launched under the leadership of the National Secretariat for Care and Family (SNCF), within the Ministry of Social Development, and the Secretariat for Economic Autonomy and Care, within the Ministry of Women, the plan began to take shape in a scenario of institutional "reconstruction," following a period of public policy dismantling under the previous government. The discussions held in the Interministerial Working Group (GTI) were marked by discourses that frequently returned to the idea of "reconstruction" and "reorganization" of the

welfare state. Representatives from different ministries emphasized the need to recover lost institutional capacities, while civil society actors, also present at the meetings, demanded concrete and urgent actions to address the so-called “care crisis.”

The methodology for constructing the PNC involved a process of inter-federative and intersectoral articulation. In the meetings, led by the National Secretariat for Care and Family (SNCF), there was a constant effort to define the concept of care that would guide the plan. One of the discussions was led by Secretary Laís Abramo, who highlighted the centrality of the “unjust social organization of care.”⁹ As she explained in one of the meetings of the “Cards on the Table” cycle, “care is work, a need, and a right, and the policy must address, simultaneously, those who provide care and those who need it.”¹⁰

The initial steps included the development of a “conceptual framework,” which served as the theoretical and practical basis for the plan.¹¹ During the workshops and meetings of the Interministerial Working Group (GTI), debates arose over the need to adapt the plan to Brazil’s regional realities. One participant in the group emphasized: “We cannot impose a single model of care on such a diverse country. Quilombola communities, indigenous communities, rural populations — all these realities need to be included in the plan.” Thus, the GTI began to work with the idea of a hybrid governance model combining vertical articulation (between the federal government, states, and municipalities) and horizontal articulation (promoting municipal autonomy and the participation of civil society).

A central aspect in the construction of the PNC was the intensive use of data and empirical evidence to legitimize and prioritize actions. The so-called techno-political rationality designates precisely this mode of governance in which public decisions are presented as resulting from the articulation between political authority and specialized knowledge, mobilizing indicators, studies, and technical instruments as the basis of state action. These devices, however, operate not only as diagnostic tools, but also as mechanisms for defining priorities and framing problems and political controversies.

In this context, public presentations of the plan frequently included statistics on the precariousness of domestic work, the insufficiency of daycare centers, and the vulnerability of older persons and people with disabilities. One of the figures frequently cited in the meetings was the high rate of informality among domestic workers: “70% of them do not have formal employment contracts,” as highlighted by an SNCF professional. As one of the GTI coordinators summarized, “We are building a policy based on evidence, but without losing sight of the fact that data are also tools for political debate.” During an event focused on discussing the policy’s infrastructure, for

[9] Laís Abramo is a Brazilian sociologist who has worked for many years in international organizations such as the International Labour Organization (ILO) and ECLAC, where she held leadership positions in the areas of social policy and gender equality.

[10] *Cartas na Mesa: Construindo a Política Nacional de Cuidados no Brasil: avanços e desafios*. Panel (video). YouTube, Available at: <<https://www.youtube.com/watch?v=UVI09jR5od8&t=11s>>. Accessed on: Jan. 27, 2026.

[11] Brasil. *Marco conceitual da Política Nacional de Cuidados do Brasil*. Available at: <<https://www.gov.br/participamaisbrasil/marco-conceitual-da-politica-nacional-de-cuidados-do-brasil>>. Accessed on: Jan. 27, 2026.

example, researcher Luísa Nassif presented a study on the “multiplier effect” of investment in care, arguing that each Brazilian real invested in the sector could generate positive impacts on both GDP and the reduction of socioeconomic inequalities.

The bill’s progress through the executive branch and its subsequent submission to Congress faced significant resistance. GTI participants frequently mentioned the need for social mobilization to overcome the barriers imposed by a Congress identified as “conservative”: “the policy will only be approved if there is popular pressure,” said a representative of a feminist movement present at one of the group’s meetings.

Governance also emerged as a central concern. During the debates, mechanisms such as technical committees and regional consortia were proposed to ensure that the policy would be adapted to local needs. However, municipal representatives expressed concerns about the lack of resources and technical support needed to implement the plan: “no secretary alone will be able to execute it. We need more technical and financial support,” emphasized one participant during a meeting.

A recurring point in the discussions was the issue of funding. During a public meeting organized in Salvador by the SNCF, Secretary Laís Abramo explained: “We have an action plan, but we still don’t have a guaranteed budget. Without funding, we will not be able to implement the policies.” The discussions surrounding the PNC project frame the initiative as more than just a public policy; it represents an achievement that symbolizes a change in how care is perceived and organized in Brazil. In the narratives surrounding the policy’s construction, care appears as an essential right, and the plan seeks to address the gender, race, and class inequalities that have structured care work in the country for decades. At the same time, its construction reflects the political and institutional challenges of implementing a policy in a context of fiscal austerity and political fragmentation.

PROGRESSIVE UNIVERSALISM AS A KEY CATEGORY IN POLICY CONSTRUCTION

The concept of progressive universalism occupies a central position in the formulation of the PNC, advancing an approach that mediates between universality and targeting. It is a principle that seeks to ensure that everyone has access to essential services, while concentrating resources on the most vulnerable groups.

Derived from debates on social welfare policies in contexts of budgetary constraint, progressive universalism is frequently used as a strategy to optimize public resources, ensuring that those who need them most are prioritized (Draibe, 2003; Kerstenetzky, 2006). In Brazil, the concept appears in social programs such as Bolsa Família, which reconciled the universality of the right to social assistance with

the targeting of specific groups, such as poor families and children in vulnerable situations (Costa, 2009).

The logic of progressive universalism is expressed particularly clearly in the definition of the priority groups considered by the PNC: (i) children and adolescents, (ii) older persons, (iii) people with disabilities, and (iv) care workers, both paid and unpaid. In the case of children and adolescents, the focus is on early childhood, while the other groups are gathered under the same classificatory key: the category of those “who need care.” More than a simple administrative criterion, this category serves as a practical synthesis of the idea of progressive universalism: care is affirmed as a universal right, but its implementation is organized on the basis of identifying those whose condition demands priority attention from the state.

This conceptual choice is not trivial and is likely to become one of the central points of contention in the coming years. While it makes it possible to recognize care as an essential dimension of citizenship, it also shifts responsibility onto public policy and its frontline agents, placing it at the level of social workers and psychologists in Social Assistance Reference Centers (CRAS), educators and daycare managers, teams from Long-Term Care Facilities for Older Persons (ILPIs), professionals in primary care and mental health, the Psychosocial Care Network (RAPS), and other institutions often marked by resource scarcity and precarious employment relations. It is crucial to define who “needs care,” what criteria guide this definition, and what benefits and rights derive from it. It is therefore a strategic category, at once foundational and potentially controversial, for the future of care policy.

As already emphasized, a central aspect of operationalizing progressive universalism in the PNC is the emphasis on techno-political rationality, which combines the production of evidence with processes of political agreement. Within this framework, the mobilization of empirical data does not appear as a negation of the principle that rights should be universal, but rather as a technical basis for defining implementation priorities in a context of resource scarcity and profound structural inequalities. In its various public presentations, the SNCF has used detailed statistics to highlight social and territorial asymmetries and thus justify the need for targeted strategies within a universalist horizon of the progressive expansion of social protection.

The idea of progressive universalism rests on an intrinsically tense conceptual and political architecture, which demands careful analysis and further investigation. In normative terms, the principle of universality assumes that certain rights should be guaranteed to all; targeting, by definition, operates through cuts, prioritizations, and the delimitation of target populations. Progressive universalism seeks precisely to accommodate these two logics, in a context

marked by the “short blanket” of social protection, in which resource scarcity and structural inequalities impose difficult choices regarding the pace and sequence of the expansion of rights.

Within this framework, targeting ceases to be seen as an alternative to universalism and begins to operate as a strategy for implementing a universal horizon, allowing scarce resources to be directed toward situations of more acute vulnerability. As Alvarenga (2011) observes, however, the effectiveness of this architecture depends crucially on the existence of a robust universal apparatus capable of reducing vulnerabilities more broadly. In the absence of consistent investment in universal, high-quality public services, targeted policies tend to produce limited effects: they alleviate poverty in the short term but lack the structural capacity to address the reproduction of inequalities and to consolidate rights in a lasting way.

One of the main points of contention in the construction of the PNC concerns financing and the absence of clearly defined budgetary goals and commitments in the draft law. As Jorge Félix observes, the lack of precise indications regarding actions, deadlines, and sources of funding leaves room for partial implementation or even non-implementation of the policy, since its execution is conditional on the “financial and budgetary availability” of federative entities (Félix, 2025). According to the author, this gap may even favor litigation by states and municipalities that choose not to comply with the measures, arguing that they do not constitute legally enforceable obligations. The “gradual and progressive” nature of the policy, when dissociated from deadlines and financial guarantees, thus appears as one of the main criticisms of its effectiveness, especially in a context marked by fiscal austerity.

This budgetary fragility brings back, in concrete terms, the dilemmas of progressive universalism. If, on the one hand, it offers a strategy for reconciling the expansion of rights with fiscal constraints, on the other, it carries a permanent risk of reversibility and slowness, insofar as its actions remain subordinated to political cycles and budgetary contingencies. In this scenario, the dispute concerns not only who should be prioritized, but also how to build care systems under conditions of structural precariousness, in which the promise of universalization may be converted into the permanent management of scarcity and institutional insufficiency (Freire, 2019).

Not by chance, funding emerged as a recurring theme in public debates and meetings during the policy formulation process.¹² At the Bahia Care Forum, held in person in the city of Salvador, Secretary Laís Abramo emphatically stated that “the absence of guaranteed funding jeopardizes the viability of the policy.” At the same time, different actors sought to challenge the framing of care not as a cost, but as an economic and social investment. In a public debate held in

[12] In-person participation in the 1st State Forum on Care Policy in Bahia, held by the Government of the State of Bahia, on September 12, 2024.

2024, Luísa Nassif presented evidence that investment in care infrastructure has significant multiplier effects, both in job creation and in increasing women's participation in the labor market (Políticas..., 2024). Even so, the current fiscal framework imposes severe limitations, which has led to proposals such as the adoption of a more progressive tax policy, the expansion of public service provision, and the creation of budget-linkage mechanisms associating targets with resources allocated to states and municipalities.

Another central challenge concerns inter-federative coordination. The implementation of a national policy such as the PNC requires coordination among the federal government, states, and municipalities, whose institutional capacities and administrative realities are profoundly unequal. In a federalism marked by high territorial heterogeneity, smaller municipalities often face difficulties in adhering to and operationalizing national guidelines, which strains the very claim of universality underlying the policy. Not surprisingly, in the GTI meetings, inter-federative governance emerged as a strategic issue: although subnational entities have administrative autonomy, the effectiveness of the PNC depends on the construction of mechanisms capable of articulating national guidelines with local conditions of implementation.

Another recurring point in the GTI's activities was the need to build conceptual alignment around what is understood by care, precisely because it is a polysemic notion, contested and traversed by different sectoral traditions — health, education, social assistance — as well as by diverse social expectations. The SNCF insisted that, although care is already present in multiple public policies, its consolidation as a cross-cutting agenda requires the production of a minimum common basis of understanding.

The definition employed in this process, grounded in the sociology of work, theories of social reproduction, and feminism, conceives care as the “daily work necessary for the sustenance and reproduction of life,” shifting it from a merely domestic or moral practice to a structural component of social and economic life. At the same time, this effort at conceptual unification reveals a challenge that is likely to deepen in the coming years: ensuring that this definition transcends technical frameworks and managerial conceptions, engaging instead with the heterogeneity of care demands and experiences in Brazilian society. In this sense, an additional challenge lies in understanding what was signaled in the Discussion Circles organized by the Ministry of Social Development (MDS) within the framework of so-called “social participation,” whose demands and statements constitute valuable empirical material for future research on the social and political meanings of care.

Discussions within the GTI also highlighted that the viability of the PNC depends on delicate institutional choices regarding coordi-

nation and governance. While more vertical models, inspired by the Brazilian Unified Health System (SUS), were more decentralized arrangements, closer to the educational system, were simultaneously considered. The solution adopted was a hybrid model that combines national coordination with room for local adaptation, in recognition of Brazil's territorial heterogeneity, which includes everything from large urban centers to small municipalities, indigenous communities, and quilombola communities, making purely centralized solutions unfeasible. In recent public events on the policy, such as the "III International Colloquium 'Care, Rights and Inequalities'," the government's own actions have reiterated that the active presence of social movements is a crucial condition for the effective implementation and public accountability of the policy. In this arrangement, social participation appears not as an institutional adornment, but as a condition of possibility for the policy itself, through forums, councils, and inter-sectoral bodies capable of supporting the circulation of experiences, the negotiation of conflicts, and the continuous monitoring of a care system still under construction.

CARE IN TIMES OF TRANSITION: CHALLENGES IN NEOLIBERAL BRAZIL

The formulation of the PNC takes place in a context of transition, in which the state, the market, and civil society continue to be shaped by neoliberalism. This model not only reduces the role of the state, but also reconfigures it, subordinating social policies to market logics and individual responsibility. Fraser (2017) coined the concept of progressive neoliberalism to describe the alliance between recognition politics (feminism, racial and gender diversity) and a neoliberal economic agenda that weakens social protection and transfers responsibilities to individuals. This perspective is essential to understanding both the advances and the limitations of the PNC in Brazil. If, on the one hand, the policy seeks to establish a new paradigm by recognizing care as a fundamental right, on the other, the country's economic and fiscal structure still operates under neoliberal logic, imposing concrete challenges to its implementation.

The Brazilian case presents a transition marked by ambivalences. As Guimarães (2023) points out, there has been unprecedented progress in the institutionalization of care as a public policy, without this translating into the overcoming of the precariousness of care work. Although milestones such as the Domestic Workers' Constitutional Amendment represent important achievements, care continues to be carried out predominantly by Black women under unequal conditions, highlighting the mismatch between the recognition of care as a right and the persistence of precarious forms of labor in the neoliberal context.

In Brazil, the neoliberal turn deepened during the Temer administration (2016-2018) with the approval of the Spending Cap Amendment (EC 95/2016), which instituted a long-term regime of fiscal austerity and structurally restricted the expansion of social policies. This process was reinforced by the 2017 labor reform, which further precarized the labor market. The notion of the “aftermath” of Bolsonaroism, formulated by Nobre (2024), helps to explain how these institutional and ideological devices continue to operate even under a government that seeks to rebuild state capacities. In the field of care, this is expressed in the difficulties of guaranteeing robust funding for the PNC, in resistance from the private sector, and in disputes over the role of the state. The economic policy pursued by the then-Finance Minister, Fernando Haddad, synthesizes this ambiguity: although it seeks to resume social investment, the maintenance of the fiscal framework demonstrates the continuity of principles of neoliberal discipline and the containment of public expenditure.

In the field of care, this hybrid transition is particularly evident. During the Temer and Bolsonaro (2019-2022) terms, the care crisis was exacerbated by the absence of robust public policies and by the transfer of responsibilities to the market and to families. Under the Lula government (2023-), there has been an attempt to reposition care as a collective and public responsibility. However, fiscal constraints and political disputes in Congress continue to strain the government’s capacity to sustain a national care policy capable of responding to the needs of the most vulnerable populations.

It is important to note, therefore, that neoliberalism is understood here not as a homogeneous or linear project, but as a plural political and economic rationality that materializes in distinct ways according to specific power dynamics, institutional arrangements, and social disputes. In this sense, although the governments that have succeeded one another since 2016 have shared inherited fiscal constraints and structural limitations, it is analytically necessary to distinguish their specific inflections. The Temer administration deepened a radical austerity agenda, anchored in the containment of social spending and the reconfiguration of the role of the state; the Bolsonaro tenure carried out an active and negationist dismantling of social policies, combining state retraction with the symbolic delegitimization of rights; and the current Lula government, while placing care at the center of the public agenda, does so under strong fiscal and institutional constraints. This distinction is fundamental to understanding how, even in different political contexts, neoliberal rationalities persist that undermine the conception of care as a right, favoring commodified and stratified solutions accessible mainly to those who can pay, rather than a universal model of social protection.

Based on the debate proposed by Lavalle and Szwako (2018), the PNC can be understood within the logic of socio-state interactions, that is, as a field in which the state not only responds to the demands of civil society, but also reorients its own mode of action and regulates the participation of the actors involved. In the case of care, this process is expressed in the way feminist and Black organizations, unions, and associations of domestic workers have influenced policy formulation while also adapting their repertoires and strategies in order to make themselves heard in institutional spaces.

This point becomes evident when we analyze the trajectory of the debate on care in Brazil. Initially framed as a private and feminine issue, the topic was progressively politicized through women's conferences, union mobilizations, and discussions within ECLAC (Economic Commission for Latin America and the Caribbean). This shift, from a domestic issue to a central category of public policy, illustrates this process of mutual constitution: the Brazilian state not only incorporated this agenda, but also shaped it according to its internal governance logics, while social movements had to adjust their strategies in order to engage with state and international structures.

However, this process does not occur without tensions. As Lavalle and Szwako point out, the institutionalization of demands can generate both gains and challenges, since translating care into public policy can soften some of its most critical dimensions, such as the struggle against the precariousness of domestic work and resistance to neoliberalism. In this sense, the PNC constitutes a field of dispute in which different actors attempt to define the contours and limits of what "care" means within public policy.

The construction of citizenship in Brazil has been marked by structural inequalities, in which the attainment of rights tends to be partial and fragile (Santos, 1979; Carvalho, 2001).¹³ As Medeiros (2024) argues, the 1988 Constitution consolidated a model of mediated citizenship, in which access to rights depends on processes of intermediation between the state and collective actors. Although there have been important advances, the universalization of rights remains limited by socioeconomic and racial inequalities, maintaining citizenship within a field of tension between formal rights and their substantive realization. At the same time, the PNC also represents an innovative and bold policy, especially in a difficult context marked by budgetary constraints. By proposing a redesign of state action and inserting care into the grammar of public policies, the PNC points to a significant transformation in the way care is understood, no longer as an individual or family responsibility, but as a collective right and an essential pillar of social well-being. This proposal, however, is not without its challenges.

[13] Wanderley Guilherme dos Santos (1979) defines Brazilian citizenship as "regulated," characterized by rights tied to the regulation of urban and formal occupations, which systematically excluded rural, domestic, and informal workers, effectively relegating them to the condition of "pre-citizens."

In this context, the PNC appears as more than just a public policy; it symbolizes a shift in how care is perceived and organized in Brazil. At the same time, its development reflects the political and institutional challenges of implementing a robust policy in a context of fiscal austerity and political fragmentation. Yet, as demonstrated by the examples of the SUS and the Unified Social Assistance System (SUAS), the consolidation of inclusive public systems requires time, planning, and continuous political negotiation.¹⁴ The time required to secure adequate budgets for these systems serves as a warning that the effective implementation of the PNC may face similar obstacles. Even so, such experiences show that structural progress is possible, provided there is sustained commitment to strengthening public policies and overcoming initial barriers.

More than simply responding to immediate needs, the PNC calls on society and the state to exercise critical imagination within the neoliberal context. Care — understood here as a public good, a human right, and a historically invisible form of labor — emerges as a powerful tool of critical imagination, capable of redesigning social protection and challenging the hierarchies that structure contemporary inequalities. As a social practice and political category, care proposes a new grammar for the organization of collective life, resignifying the relationships among the state, the market, families, and communities. By placing care at the center of public policy, the PNC not only expands social rights, but also challenges neoliberal conceptions that have reduced the role of the state and intensified the privatization of reproductive responsibilities.

This perspective paves the way to a reconfiguration of social co-responsibility, promoting a horizon in which collective solidarity prevails over the commodification of life. Care, when recognized as a right and as a pillar of social well-being, enables the construction of public policies that respond to the concrete needs of the most vulnerable populations, while simultaneously inaugurating new forms of governance based on interdependence and mutual recognition. Although the challenges are profound, the PNC represents a milestone in the construction of this new paradigm, reaffirming care as a structuring axis of democracy and social justice in Brazil.

CAMILA FERNANDES [<https://orcid.org/0000-0003-2446-1760>] is a professor at the Institute of Social Medicine, Rio de Janeiro State University (UERJ). She holds a master's degree in anthropology from Fluminense Federal University (UFF) and a PhD in social anthropology from the Federal University of Rio de Janeiro (UFRJ). She was also a researcher at the Center for Critical Imagination (CCI): Political Economy and Citizenship, at the Brazilian Center for Analysis and Planning (Cebap), and is affiliated with the Transnational Network of Research on Deprived, Violated and Afflicted Motherhoods (REMA) and the International Network of Anthropological Research on Family and Kinship (Anthera). She is the author of *Figuras da causação: as novinhas, as mães nervosas e as mães que abandonam os filhos* (2021).

[14] The definition of the budgets for the SUS and the SUAS has been a complex process involving multiple stages and government actors. In the case of the SUS, Law n. 8,080/1990 establishes that budget planning and programming must follow an ascending process, beginning at the local level and proceeding to the federal level, with the participation of the relevant deliberative bodies. This is a continuous process that requires aligning health needs with the availability of financial resources, and the consolidation of a robust budget for the SUS took several years of coordination among municipal, state, and federal levels.

Similarly, the SUAS, established by the National Social Assistance Policy of 2004, underwent a gradual process of budgetary structuring. Defining its funding required the development of social assistance plans aligned with the Multi-Year Plan (PPA), the Budget Guidelines Law (LDO), and the Annual Budget Law (LOA). This alignment involved an extended period of planning and negotiation across different levels of government. The experiences of SUS and SUAS thus demonstrate that defining and consolidating budgets for complex public policies are processes that require time, strategic planning, and intergovernmental coordination.

Editora responsável: Renata Francisco.

Received for publication
on July 8, 2025.

Approved for publication
on January 15, 2026.

NOVOS ESTUDOS

CEBRAP

134, jan. - abr. 2026
pp. 1-21

DATA AVAILABILITY

The database compiled for this research is not publicly available; it is maintained in the researchers' private archive.

STATEMENT OF THE USE OF AI

No artificial intelligence was used at any stage of this work.

FUNDING

The article was funded by Center for Critical Imagination: political economy e cidadania/Cebrap with resources from the Open Society Foundations (OSF), between march 2024 and february 2025.

BIBLIOGRAPHICAL REFERENCES

- Alvarenga, Livia Vilas-Bôas Hacker. "A focalização e universalização na política social brasileira: opostos e complementares". Texto para Discussão, n. 56, 2011.
- Batthyány, Karina. *Las políticas y el cuidado en América Latina: una mirada a las experiencias regionales*. Montevideo: CEPAL, 2015.
- Batthyány, Karina. "La pandemia evidencia y potencia la crisis de los cuidados". *Tareas*, n. 167, 2021, pp. 25-30.
- Batthyány, Karina (coord.). *Miradas latinoamericanas a los cuidados*. Ciudad Autónoma de Buenos Aires: CLACSO; México, DF: Siglo XXI, 2020.
- Camarano, Ana Amélia. *Envelhecimento da população brasileira: uma contri-buição demográfica*. Rio de Janeiro: Ipea, 2002.
- Camarano, Ana Amélia; Pinheiro, Luana (eds.). *Cuidar, verbo transitivo: caminhos para a provisão de cuidados no Brasil*. Brasília: Ipea, 2023.
- Capella, Ana Claudia. "Estudos sobre formação da agenda de políticas públicas: um panorama das pesquisas no Brasil". *Revista de Administração Pública*, v. 54, n. 6, 2020, pp. 1498-512.
- Carneiro, Rosamaria Giatti et al. "Género, cuidado e Covid-19 en Argentina: una charla con la socióloga Eleonor Faur". *Pós – Revista Brasiliense de Pós-Graduação em Ciências Sociais*, v. 17, n. 1, 2022, pp. 41-50.
- Costa, Nilson do Rosário. "A proteção social no Brasil: universalismo e fo-calização nos governos FHC e Lula". *Ciência & Saúde Coletiva*, v. 14, n. 3, 2009, pp. 693-706.
- Debert, Guita Grin; Félix, Jorge. "A financeirização da velhice e a convergência entre Estado e mercado". *Estudos Avançados*, v. 38, n. 111, 2024, pp. 91-113.
- Draibe, Sônia. "A política social no período FHC e o sistema de proteção social". *Tempo Social*, v. 15, n. 2, 2003, pp. 63-101.
- Fernandes, Camila. "Casas de 'tomar conta' e creches públicas: relações de cuidados e interdependência entre periferias e Estado". *Revista de Antro-pologia*, v. 64, n. 3, 2021, e189648.
- Fraser, Nancy. "Contradições entre capital e cuidado". *Princípios: Revista de Filosofia*, v. 27, n. 53, 2020, pp. 1-20.
- Fraga, Alexandre Barbosa; Monticelli, Thays Almeida. "'PEC das Domésticas': holofotes e bastidores". *Revista Estudos Feministas*, v. 29, n. 3, 2021, e71312.
- Freire, Lucas de Magalhães. *A gestão da escassez: uma etnografia da administração*. Tese (doutorado em antropologia social) – Museu Nacional, Universida-de Federal do Rio de Janeiro, Rio de Janeiro, 2019.
- Groisman, Daniel; Passos, Rachel Gouveia. "Políticas de austeridade e tra-balho do cuidado no Brasil: desafios e perspectivas". *Revista Latinoameri-cana de Estudios del Trabajo*, v. 23, n. 38/39, 2019, pp. 171-93.
- GTI-Care. Ministérios das Mulheres e Ministério do Desenvolvimento e Assistência Social, Família e Combate à Fome. "Relatório do Grupo de Trabalho Interministerial (GTI-Cuidados)", 2024. Disponível em:

- <<https://www.gov.br/mulheres/pt-br/central-de-conteudos/publicacoes/relatorio-final-do-gti.pdf/view>>. Acesso em: 30/4/2026.
- Guimarães, Nadya Araújo. “A ‘crise do cuidado’ e os cuidados na crise: refletindo a partir da experiência brasileira”. *Sociologia & Antropologia*, v. 14, 2024, e230050.
- Guimarães, Nadya Araújo. “Cuidados: tecendo e desfazendo direitos. Desigualdades sociais e desafios institucionais no Brasil”. *Política & Trabalho: Revista de Ciências Sociais*, n. 59, 2023.
- Guimarães, Nadya Araújo; Hirata, Helena Sumiko. *O gênero do cuidado: desigualdades, significações e identidades*. São Paulo: Ateliê Editorial, 2020.
- Guimarães, Nadya Araújo; Hirata, Helena. *El cuidado en América Latina: mirando los casos de Argentina, Brasil, Chile, Colombia y Uruguay*. Ciudad Autónoma de Buenos Aires: Fundación Medifé Edita, 2020.
- Hirata, Helena. “O trabalho de cuidado”. *Sur: Revista Internacional de Direitos Humanos*, v. 13, 2016, pp. 53-64.
- Kerstenetzky, Celia Lessa. “Políticas sociais: focalização ou universalização?”. *Revista de Economia Política*, v. 26, n. 4, 2006, pp. 564-84.
- Lavalle, Adrian; Szwako, José. “Sociedade civil, Estado e autonomia: argumentos, contra-argumentos e avanços no debate”. *Opinião Pública*, v. 21, n. 1, 2015, pp. 157-87.
- Lowenkron, Laura. “Gênero, família e Estado: cuidado de crianças, pandemia e a gestão da (não) reabertura escolar”. *Sexualidad, Salud y Sociedad*, n. 38, 2022, e22212.
- Medeiros, Jonas. Configurações históricas da cidadania no Brasil: regulada, mediada e a ser nomeada. (in press)
- Pautassi, Laura C. *El derecho al cuidado: de la conquista a su ejercicio efectivo*. Buenos Aires: Friedrich-Ebert-Stiftung, 2023.
- Pierobon, Camila; Lacerda, Paula; Rui, Taniele. “Efeitos da pandemia na vida de famílias de baixa renda: apontamentos preliminares”. Blog da SBS – Sociedade Brasileira de Sociologia, 7 jun. 2021. Available at: <<https://sbsociologia.com.br/efeitos-da-pandemia-na-vida-de-familias-de-baixa-renda-apontamentos-preliminares/>>. Accessed on: 10/3/2026.
- “Política Nacional de Cuidados: infraestrutura necessária”. Published on the Youtube Channel of the Ministry of Social Development (MDS), 14 jun. 2024. Available at: <<https://www.youtube.com/watch?v=VXTa4ieGfl4>>. Accessed on: 27/1/2026.
- President of the Republic. “Pronunciamento: Feliz Natal e um 2025 cheio de prosperidade.” Christmas address broadcast nationwide on radio and television. Published on Lula Youtube Channel, 23 dez. 2024. Available at: <<https://www.youtube.com/watch?v=Rso4R9LmQBU>>. Accessed on: 23/4/2026
- Romero, Dalia Elena; Groisman, Daniel; Maia, Leo Ramos. “O apoio às cuidadoras familiares de pessoas idosas no contexto da pandemia de Covid-19”. *Cadernos de Saúde Pública*, v. 39, 2023, e00072423.

- Rico, María Nieves; Robles, Claudia. *Políticas de cuidado en América Latina: forjando la igualdad*. Santiago: CEPAL, 2016.
- Rosemberg, Fúlvia. “Políticas de educação infantil e avaliação”. *Cadernos de Pesquisa*, v. 43, 2013, pp. 44-75.
- Solís, Cristina Vega. “Reproducción social y cuidados en la reinención de lo común: aportes conceptuales y analíticos desde los feminismos”. *Revista de Estudios Sociales*, n. 70, 2019, pp. 49-63.
- Silva, Ana Paula Marcelino da. Os riscos do cuidado: experiências do trabalho das profissionais de enfermagem na pandemia de Covid-19. Dissertação (mestrado em saúde coletiva) – PPGA/Faculdade de Saúde Coletiva, Universidade Federal da Paraíba, Paraíba, 2022.
- Tarrow, Sidney. “Making social science work across space and time: a critical reflection on Putnam’s Making Democracy Work”. *American Political Science Review*, v. 90, n. 2, 1996, pp. 389-97.
- Tronto, Joan. “Assistência democrática e democracias assistenciais”. *Sociedade e Estado*, v. 22, 2007, pp. 285-308.
- Vieira, Priscila; Paz, Huri; Fernandes, Camila; Leonardo, Souza; Bicev, Jonas. *Envelhecimento e desigualdades raciais*. São Paulo: Centro Brasileiro de Análise e Planejamento (Cebap), 2023.

