

The Global Roadmap for Action on the Care Economy



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The care economy is a complex and evolving system that has seen multifaceted challenges and opportunities at the global level over the last few years. Both paid and unpaid care work display a sustained gender imbalance, heavily relying on women and girls in all their diversity.ⁱ Patriarchal gender norms often lead to unequal care responsibilities between men and boys and women and girls, minimizing and marginalizing the role of men in caring for children, people with disabilities, and older people. Addressing these norms is crucial for driving a paradigm shift that puts care at the center of our societies and economies and transforms its social organization. In recent years, the COVID-19 pandemic, increased conflict, and climate disasters have exacerbated care responsibilities and exposed our fragile and inadequate care and support infrastructures worldwide. Demographic changes combined with humanitarian crises have led to an unprecedented demand for all kinds of care and support.ⁱⁱ However, care worker shortages and decent work deficits persist, and unpaid care work remains unrecognized in terms of its economic and social contributions.¹ It is projected that by 2030, **475 million more formal jobs** will be needed to meet global care demands,² while global

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- i Throughout this paper, we refer to “women and girls;” we do so with inclusive recognition of the various identities, experiences and backgrounds that women and girls can have. We acknowledge and embrace that gender identity inextricably links with other overlapping and defining factors such as race and ethnicity, age, gender identity, sexual orientation, disability, socioeconomic status, religion and beliefs, geography, and cultural practices.
- ii Forms of care and support include childcare, maternal care, eldercare, health care, social care, and disability-inclusive care and support services. Throughout the roadmap, this may be simplified to “care and support.”

investments in universal childcare and long-term care (LTC) services could generate **280 million jobs** in that period.³

Following the [Women Deliver \(WD2023\) Care Economy Pre-Conference](#) and several global and regional convenings on care, numerous recommendations have emerged to catalyze change; this includes the June 2024 International Labour Conference where a historic [Resolution](#)⁴ concerning decent work and the care economy was adopted and the [November 2022 Bali Care Economy Dialogue](#), which resulted in a [care economy roadmap for Asia and the Pacific](#).⁵ These convenings, as well as the [focus on care](#) within the Generation Equality Forum (GEF) and the establishment of the multi-stakeholder [Global Alliance for Care](#),⁶ international resolutions at the United Nations; and regional and global forums like Asia Pacific Economic Cooperation (APEC), the G7, and the G20 forums, reflect a growing global recognition of the importance of care work as a social investment and public good that drives inclusive and sustainable development.

Despite this recognition, extensive policy, program delivery, data, and financing gaps, and a lack of coordination persist. Further, context-specific and common policy asks and recommendations across the 5R Framework for Decent Care Work (recognize, reduce, and redistribute unpaid care work, and reward and represent paid care work) of care exist, but their translation into a coherent and shared global approach remains a critical gap. This highlights the need for a strategic roadmap for action at the global level.

A photograph of an elderly woman with a white headwrap and a red shawl, leaning over a bed. She is adjusting a large, colorful, patterned blanket. The room has a beige wall with a lamp and a light switch.

1

The Global Roadmap for Action on the Care Economy (GRAC)

The Global Roadmap for Action on the Care Economy (GRAC) provides a strategic framework that maps the global care landscape and its opportunities, highlights existing data and gaps in measurement, supports coordination and de-siloing efforts, and provides insights to inform future advocacy, research, policy action, and financing. The GRAC focuses on specific recommendations and existing metrics to highlight care at key global moments, with the ultimate goal of elevating and integrating care on a global scale by 2030.

Our Vision

By acting on the recommendations and opportunities, our vision is that by 2030, policy, data, and financing gaps in the care economy will start to be addressed, coordination between partners will have improved, and care will be an integral part of conversations at key global moments crucial for sustainable development and gender equality. As a result, care will become a central theme in policymaking processes and investment decisions, which will support the ultimate achievement of the Sustainable Development Goals (SDGs) and inform the participatory process to develop the next set of global development goals.

The GRAC is a tool for policymaking, advocacy, and coordination for stakeholders working to influence change in the global care economy, including:

Stakeholder	GRAC utilization
International Organizations and Civil Society Organizations (CSOs)	Leverage the GRAC to coordinate international strategies to address gaps in the care economy.
Advocacy Groups and Networks	Use the document to amplify advocacy efforts, provide agreed-upon definitions, and align engagement and messaging on care at key global moments.
Policy Researchers	Use the GRAC to better understand existing data tracking mechanisms, metrics, and indicators to measure investments and progress on care-related issues, as well as highlight key gaps in care data metrics and indicators that require additional research and data collection.
Policymakers	Use the GRAC to support their bilateral and multilateral policymaking and internal advocacy at the national and local levels.
Donors	Use the GRAC to identify gaps that need funding and integrate them with current and future priorities.

This document will also be useful to anyone else who desires a comprehensive understanding of how to improve the care economy and the specific levers to do so.

After first establishing context and a comprehensive understanding of the care economy in Sections II and III, the GRAC provides a framework for action in Section IV with overarching recommendations accompanied by suggested immediate actions which are necessary to achieve set goals by 2030. After outlining recommendations specific to key global moments in Section V, the GRAC concludes and offers next steps in Section VI.

The GRAC is designed to evolve over time with a goal of being a dynamic, responsive document. It is drafted in anticipation of revisions, the addition of more focused sectoral explorations, and opportunities for adaptation across various contexts in its implementation. In this initial phase, the GRAC does not include recommendations at the country-level (or other levels, such as municipal) nor does it delve into the diverse sectors within the care economy. Additionally, this document does not include every global or regional convening related to care, as it prioritizes the global moments of greatest potential impact, to the best of our knowledge.





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Context: The Current Landscape of Care

Women and girls remain disproportionately responsible for both paid and unpaid care work, performing 76% of unpaid care work globally. [On average](#), women spend 265 minutes daily on unpaid care work—over two hours more than men, who spend just 83 minutes.⁷ [This disparity widens in Global South Countries](#)⁸ and [among groups](#) like migrants, workers in the informal economy, and persons with disabilities.⁹ The uneven distribution of care responsibilities limits women's ability to engage in paid work, pursue education, assert their rights, or enjoy personal interests, including leisure and self-care. Meanwhile, access to high-quality care services can be challenging and unaffordable, especially in low and middle-income countries (LMICs), exacerbating existing inequities and preventing women, children, older people, and people with disabilities from reaching their full potential and living in dignity.¹⁰ This unpaid care work is critical to the global economy; whilst uncouned in traditional GDP measures, its value was estimated at [\\$11 trillion](#) USD in 2011.¹¹

Paid care work, predominately performed by women in sectors like health, social work, education, and domestic work, is undervalued by economic systems and constrained by gender norms, [resulting](#) in low remuneration, poor working conditions, and limited opportunities for advancement.¹² Informally employed care workersⁱⁱⁱ face additional challenges to have their work rewarded and represented; over three-quarters of the world's [75 million](#)

iii This includes individuals who provide paid care but are not in the formal labor market and thus are excluded from social protection.

[domestic workers](#) are women, and less than 6% are fully covered by social security.¹³ [Migrant care workers](#), such as domestic workers, are particularly vulnerable to low wages, long hours under unregulated working conditions, and limited access to and awareness of their rights and protections.¹⁴

The increasing frequency of global shocks is expected to further strain care systems and exacerbate existing inequalities, especially for the most marginalized. Collective action is critical to address these rising demands and build equitable, resilient, and inclusive care systems.^{iv} To advance gender equality, early childhood development, and social and economic justice, all stakeholders must recognize and respond to the needs of paid and unpaid care workers and those they support. This requires a whole-of-society approach to create gender-transformative, disability-inclusive, and age-sensitive care and support systems, with meaningful collaboration between governments, the private sector, civil society, care workers, and households.

iv Care systems include networks, policies, and institutions that support caregiving and care provision, such as healthcare systems or social welfare systems.



Defining the Care Economy

Care is fundamental to the development of societies and economies, as [it sustains life and the well-being of people and the planet](#).¹⁵ Everyone, regardless of their age or circumstances, will both give and receive care and support throughout their lives to maintain health, nutrition, development, safety and security—all necessary to the fulfillment of human rights. While early childhood is particularly critical to shaping a person's future, care needs evolve throughout life, from infancy to old age. This complexity gives rise to diverse conceptualizations of the care economy, making it challenging to arrive at a single definition. However, in 2024, UN Women and the ILO set forward definitions related to the care economy which together contribute to a clearer understanding of this ecosystem. The GRAC embraces these definitions to guide its recommendations, further detailing our conception of the care economy^v in [Appendix A](#).

“The care economy comprises care work, both paid and unpaid, and direct and indirect care, its provision within and outside the household, as well as the people who provide and receive care and the employers and institutions that offer care. Care work consists of, among others, activities and relations that pursue sustainability and quality of life; nurture human capabilities; foster agency, autonomy and dignity; develop the opportunities and resilience of those who provide and receive care; address the diverse needs of individuals across different life stages; and meet

^v While this roadmap uses the term care economy, we acknowledge that different institutions and organizations utilize a range of terms, including care societies, caring economies, and care and support systems.

the physical, psychological, cognitive, mental health and developmental needs for care and support of people including children, adolescents, youth, adults, older persons, persons with disabilities and all caregivers.” ([ILO Resolution concerning decent work and the care economy](#))¹⁶

“Care systems...encompass the following components: legal and policy frameworks, services, financing, social and physical infrastructure, programmes, standards and training, governance and administration, and social norms. A “comprehensive care system” involves these components working in an integrated and deliberate way, with the aim of implementing a new social organization of care to assist, support and care for people and the environment, as well as recognizing, reducing and redistributing, rewarding and representing care work from a gender, intersectional and human rights perspective that fosters co-responsibility between genders and between households, the State, the market, families and the community.” ([UN System Policy Paper on Transforming Care Systems](#))¹⁷

All these interconnected elements—relationships, work, services, activities, infrastructure, policies, and any other structures underpinning them—are the key components of the care economy. Thus, for the purpose of this roadmap, the care economy is understood as a network of these elements involving families, the state, the private sector, and communities working together across the lifecycle to develop, maintain, and restore humans to their maximum potential, ultimately nurturing societies and economies.



4

Roadmap Framework

The following policy recommendations serve as a shared, evidence-based framework to support global efforts to transform the care economy. However, each country and community's unique circumstances may influence their capacity to implement these recommendations or require a phased approach to implementation. Therefore, we propose these recommendations with the understanding that:

- ▶ They serve as guiding principles rather than rigid prescriptions, outlining comprehensive proposals, targets, and goals that can be adapted to diverse contexts;
- ▶ Implementation should be tailored to local needs and capabilities; and
- ▶ Evaluation and adjustment will be necessary to ensure their effectiveness and utility.

Each recommendation includes specific indicators from various international institutions to establish a collective global understanding and support international accountability efforts related to these indicators. While a sincere effort was made to ensure comprehensive metrics, there are data availability and comparability challenges, particularly for LMICs, and there are no metrics for important populations and issue areas like children under age 3 and LTC. Where appropriate, existing 2030 goals are utilized (e.g. GEF targets or SDGs), and where not available, new goals are established based on the information available. Given these challenges, the metrics and goals outlined below are as encompassing as possible, and notable data gaps are highlighted that, if filled, would provide a more holistic global picture of the care economy.

The recommendations below evolved from [discussions](#)¹⁸ on the need for global investments, coordination and communication, and policy change at the 2023 [Women Deliver Pre-Conference on the Care Economy](#)¹⁹ and its subsequent follow up via the GRAC's Advisory Group.



GRAC Framework

1. Invest in a Sustainable Care Economy

To address gaps in services and support reduction of unpaid care work, increasing investments in the care economy is essential. However, tracking data on care expenditures can present significant challenges due to varying care definitions, expenditure classifications, and governance norms. For example, care expenditures are often dispersed across various governmental departments; aged and long-term care (LTC) may be classified under social services in some countries and healthcare in others, while pre-primary education often falls under education, but childcare for children under 3 could be the responsibility of another ministry. Although some expenditure data is available, it is fragmented, limited, and often primarily focused on Global North countries, with childcare being more thoroughly documented than LTC. Data that is available shows that care investments are still insufficient in most countries. To address this, there is a need for increased government investment in care, better tracking of existing expenditures, and improved coordination across government bodies. Additionally, it is crucial to explore how to meet these needs through debt servicing and relief in LMICs with limited fiscal capacity.

Recommendation	Global Indicator (and Institution Tracking)	Baseline	Intermediate Action (to achieve 2030 goal)	2030 Goal
1.1 Increase public expenditure on equitable quality public care services, as a share of national income or GDP	Childcare: ECEC public expenditure data (OECD) or pre-primary education (UNESCO) Aged-care and disability care: LTC spending (OECD) Total long-term care expenditure as a share of GDP (GEF EJR Indicator 1.2)	ECEC expenditures: average of 0.8% GDP in OECD countries; global data on ECEC is scarce LTC expenditures: average of 1.8% of GDP in OECD countries; global data is scarce Insufficient data for GEF EJR Indicator 1.2; datasets are available from WHO and OECD, but coverage is limited	Governments set forward a plan to gradually increase the % of budget invested in public care services, ECEC/childcare, and LTC. Governments, particularly non-OECD countries publish more public data on expenditures for ECEC/childcare for ages 0-2 and long-term care services	3-10% of national income for equitable quality care services (GEF) 1% of national GDP to pre-primary education (OECD, ILO) 10% of national education spending is allocated to pre-primary education (Tashkent Declaration , ILO)
1.2 Increase bilateral and multilateral foreign aid to support care services and infrastructure	% of foreign aid to education allocated to pre-primary education (TheWorld) % of foreign aid to LTC	1.4% (of which, 0.4% came from bilateral donors) of foreign aid to education went to pre-primary education No data on foreign aid to LTC	Donor governments pledge increased bilateral or multilateral funding that is specific to care services and infrastructure. International organizations and governments publish data on foreign aid to LTC.	10% of foreign aid to education is allocated to pre-primary education (Tashkent Declaration) Foreign aid funding for LTC is tracked, moving towards a goal of 1-2% of foreign aid to LTC

2. Enhance An Integrated Approach Through Effective Coordination and Advocacy

To ensure investments and policies are effective and impactful, greater coordination and communication within the global care ecosystem is essential. This requires platforms and structures that facilitate greater collaboration, advocacy, and engagement on issues related to the care economy, particularly among governments. Leveraging existing platforms like the Global Alliance for Care can help convene diverse actors to collaborate and strategize. Additionally, care must be strategically integrated at key global forums to elevate its importance at the global level. Improved coordination at these forums can lead to actionable commitments and joint funding initiatives. Therefore, it is crucial to better track care-related discussions at the G20, G7, and other global forums to identify opportunities and address gaps in advancing this agenda.

Recommendation	Global Indicator (and Institution Tracking)	Baseline	Intermediate Action (to achieve 2030 goal)	2030 Goal
2.1 Enhance the role of national governments as primary duty bearers of care systems and provide more space for policy leaders to share what works in policy, financing, and practice.	# of governments that are members of the Global Alliance for Care (Global Alliance for Care)	20 members	More governments in Africa, Asia and the Pacific, and the Middle East and North Africa (MENA) join the Global Alliance for Care.	50 members, with equivalent representation across regions
2.2 Strengthen the inclusion and cross-cutting integration of care in multilateral forum and investments.	# of international instruments (e.g. commitments or resolutions) on the care economy or that mention the care economy, with disaggregation in non-gender focused sectors like humanitarian relief, climate and environment, health, labor, and education Amount of \$ from philanthropic donors to care-related organizations and programs	There is no tracking of this, yet. Once a tracking mechanism is established, the baseline and 2030 goal can be determined after the first year.	Establish a global registry or centralized database to track global conversations, international instruments, and investments on the care economy, with sectoral disaggregation. Stakeholders engage in knowledge exchange, collective advocacy, and strategic mobilization of funds through the Global Alliance for Care.	10% annual increase from baseline in representation of care in actionable (non-binding) instruments/commitments Increased coordination and transparency between philanthropic donors on care, including joint funding models and at least one strategic convening

3. Accelerate Policy Change Across the Care Economy

The following actions cut across the vast number of policy areas and entry points that, when implemented effectively and sustainably together, create comprehensive public care systems. Indicators are identified that can help to track progress towards these policy changes, but major data gaps still exist, which led to the selection of the below metrics for which data is available. We acknowledge that this results in the exclusion of some important issues in the GRAC's metrics and goals, like the availability of non-center-based childcare services or the systematic documentation of long-term care policies. This lack of data is an important finding; such missing metrics should be prioritized, tracked, and regularly monitored, especially for countries outside the Global North where data is particularly scarce. Additionally, it is important to note that there can be a significant gap between law and/or policy and implementation, and that reality is more difficult to quantify and track.

Recommendation	Global Indicator (and Institution Tracking)	Baseline	Intermediate Action (to achieve 2030 goal)	2030 Goal
3.1 Ensure universal access to quality, affordable, and accessible childcare	# of countries with no childcare policy gap (ILO) # of countries with a statutory national pre-primary education system for ages 3 and above (ILO) # of countries that establish quality standards for the provision of center-based childcare services (World Bank WBL)	26 countries have no statutory childcare policy gap (zero time between parental leave and childcare services or pre-primary education) 105 countries have a statutory pre-primary education system 62/190 countries establish quality standards for center-based childcare services	Governments reduce the childcare policy gap through establishment of statutory childcare, pre-primary education systems, and paid maternity, paternity, and parental leave. Governments and childcare providers implement the World Bank's forthcoming quality standards on care and the ILO Policy Guidelines on the promotion of decent work for early childhood education personnel.	20% increase in the # of countries with no childcare policy gap (31 countries) 15% increase in # of countries with provision of a statutory national pre-primary education system (120) 20% increase in # of countries with quality standards for center-based childcare services (74)
3.2 Strengthen comprehensive support systems for aging and long-term care (LTC)	# of countries with statutory long-term care service systems (ILO) # of countries with paid long-term care leave (ILO) # of countries with national long-term care strategy (WHO)	91 countries have a statutory long-term care service system 35 countries have paid long-term care leave 95 countries have a long-term care strategy	International organizations and other global stakeholders organize regional workshops and learning exchanges to promote best practices and successful models of LTC systems and paid leave policies. International organizations and donors support pilot programs and training initiatives to build skills and demonstrate the feasibility of LTC strategies.	10% increase in establishment of statutory LTC service systems (100 countries) 15% increase in the number of countries with paid long-term care leave (40) 10% increase in the number of countries with a LTC strategy (105)

Recommendation	Global Indicator (and Institution Tracking)	Baseline	Intermediate Action (to achieve 2030 goal)	2030 Goal
3.3 Provide paid maternity and parental leave to all new parents of infants, adhering to ILO minimum international labor standards	<p># of countries that adhere to ILO C183 guaranteeing women at least 14 weeks of paid maternity leave plus other protections (ILO Global Care Policy Portal, World Bank Gender Data Portal, WBL)</p> <p># of countries that offer at least 1 week of paid leave to fathers (ILO)</p> <p># of country ratifications of ILO C183 on maternity protection (ILO)</p> <p># of country ratifications of ILO C156 on workers with family responsibilities (ILO)</p>	<p>100 countries adhere to ILO C183</p> <p>122 countries provide at least 14 weeks of paid maternity leave, with 117 countries financing maternity cash benefits through social protection systems</p> <p>81 countries provide mandatory coverage for maternity leave cash benefits for self-employed women</p> <p>115 countries provide at least 1 week of paid leave to fathers, and 16 countries reserve some parental leave to fathers</p> <p>43 countries have ratified C183</p> <p>46 countries have ratified C156</p>	<p>All stakeholders increase awareness of ILO minimum international labor standards at a global level.</p> <p>Governments ratify ILO Conventions Nos. 183 and 156 and ensure adequately paid leave is provided (close to 100% of salary), that all types of workers can take parental leave, and individual and non-transferable rights to parental leave and uptake of paternity leave are encouraged.</p> <p>Societies shift toward a model of more flexible and equal rights to parental leave to promote a more equal sharing of unpaid care work.</p>	<p>20% increase in # of countries that adhere to ILO C183 (120 countries), ideally financing maternity cash benefits through social protection systems and ensuring benefits for self-employed women</p> <p>20% increase in # of countries that offer at least 1 week of paid paternity leave or non-transferable parental leave to fathers (or non-birthing parent) (138/19)</p> <p>20% increase in # of country ratifications of ILO C183 (51)</p> <p>20% increase in country ratifications of C156 (55)</p>
3.4 Ensure adequate paid leave encompasses all family members in their household needing care, including older people and those with disabilities	<p># of countries providing no paid leave for workers to meet the care needs of 'family members' and 'relatives' (World Policy Analysis Center)</p>	<p>110 countries provide no paid leave for workers to meet the care needs of immediate family members, extended family members, or relatives</p>	<p>All stakeholders increase awareness of paid family leave for all those in the household needing care through events and outreach at relevant global spaces.</p>	<p>Reduce by 50% the number of countries with no paid leave to meet the care needs of any family members (55 countries)</p>

Recommendation	Global Indicator (and Institution Tracking)	Baseline	Intermediate Action (to achieve 2030 goal)	2030 Goal
3.5 Enhance social protection systems to promote financial security and ensure the provision and receipt of quality care, considering the support needs of persons with disabilities	<p>% of national income spent on comprehensive social protection floor (GEF EJRI Indicator 1.1, ILO)</p> <p># of countries providing financial or tax support for families to pay for childcare services (WBL)</p> <p>SDG 1.3.1: % of children/families with children receiving cash transfers (ILO)</p> <p>SDG 1.3.1: % of the population above retirement age receiving pension benefits (ILO)</p> <p>SDG 1.3.1: # of countries providing cash transfers to persons with disabilities (ILO)</p>	<p>GEF EJRI Indicator 1.1: target has been met per GEF; however, some countries still fall below the 3% threshold on total expenditure for social protection (excluding health)</p> <p>78/190 countries provide support (financial or tax) for families for childcare services</p> <p>31/117 countries provide family cash transfers to more than 75% of children/households</p> <p>79/131 countries provide pensions to more than 75% of the population above retirement age</p> <p>43/110 countries provide social protection benefits to more than 75% of the population with severe disabilities</p>	<p>Governments increase investments in sustainable and progressive social protection systems, including floors, with special attention paid to include categories of workers typically excluded from coverage (e.g. self-employed, workers in the informal economy, migrants, adoptive parents, and LGBTQI+ parents).</p>	<p>3-10% of national income for equitable quality care services (GEF, which utilizes social protection expenditures as a proxy for this)</p> <p>10% increase in the number of countries that provide social protection benefits to more than 75% of their population requiring increased care and support (children, older persons, persons with disabilities). (34, 86, and 47 countries, respectively)</p>
3.6 Improve access to basic infrastructure to support care provision, including safe water and sanitation, electricity, convenient transport, and time and labor-saving technology and equipment	<p>SDG indicator 6.1.1 (WHO/UNICEF's JMP): % of population using safely managed drinking water source</p> <p>SDG indicator 6.2.1a (WHO/UNICEF's JMP): % of population using a safely managed sanitation service</p> <p>SDG indicator 7.1.1 (IEA/World Bank): % of population with access to electricity</p> <p>SDG indicator 11.2 (UN Habitat): % of population that has convenient access to public transport, by sex</p>	<p>73% of the world is using a safely managed drinking source (e.g., piped water)</p> <p>57% of the world uses a safely managed sanitation service</p> <p>91% of world has access to electricity</p> <p>60.6% of the world has convenient access to public transportation in urban areas</p> <p>There are wide regional variations across all metrics, with Sub-Saharan Africa having the widest access gaps.</p>	<p>All stakeholders ensure that global discussions about physical infrastructure and household technologies and equipment adequately incorporate care considerations.</p> <p>Governments and international organizations improve (disaggregated) data on affordable transport and time and labor-saving technology and equipment.</p>	<p>Meet SDG targets for water, sanitation, electricity, and transport (100% access to safe and affordable drinking water; adequate and equitable sanitation and hygiene; affordable, reliable and modern energy services; safe, affordable, accessible and sustainable transport systems).</p> <p>Reduce gaps on SDG targets between regions (e.g. gap between North America and Sub-Saharan Africa).</p>

Recommendation	Global Indicator (and Institution Tracking)	Baseline	Intermediate Action (to achieve 2030 goal)	2030 Goal
3.7 Ratify ILO Convention 189 on domestic workers, Convention 190 on violence and harassment in the world of work, Convention 149 on nursing personnel, and other relevant key international normative frameworks critical for improving working conditions for care workers	<p># of country ratifications of C189 (ILO)</p> <p># of country ratifications of C190 (ILO)</p> <p># of country ratifications of C149 (ILO)</p>	<p>38 countries have ratified C189</p> <p>44 countries have ratified C190</p> <p>41 countries have ratified C149</p>	<p>International organizations, supported by civil society advocates, create a revitalized campaign around ratification of C189 (and other relevant ILO conventions) and the care economy.</p>	<p>At least a 50% increase in ratifications for C189 (57 countries) C190 (66), and C149 (61)</p>

4. Strengthen the Evidence Base, Data Collection, and Dissemination

None of these actions will be possible without a robust evidence base and regular, reliable, accessible, and disaggregated data. The importance of intersectional data cuts across all of these recommendations to ensure that the unique circumstances of marginalized groups in different contexts are recognized and can be better addressed through policy action.

Recommendation	Global Indicator (and Institution Tracking)	Baseline	Intermediate Action (to achieve 2030 goal)	2030 Goal
4.1 Share better, up-to-date, disaggregated data on national care expenditures and foreign aid	<p># of countries that share public data on national care expenditures on pre-primary education and early childhood care and education (UNESCO)</p> <p># of countries that share public data on national expenditures on LTC</p>	<p>38 countries published pre-primary education expenditure data in the last 3 years (since 2021)</p> <p>Global data unavailable for early childhood care and education (ECCE) and LTC</p>	<p>Governments create and utilize standardized indicators, definitions, and tracking as it relates to public care expenditures (with support and guidance from international institutions).</p> <p>Governments, particularly non-OECD countries, publish more public data on government expenditures for public care services</p>	<p>At least 50% of countries globally regularly share public expenditure data for pre-primary education, ECCE, and LTC (97 countries)</p>
4.2 Conduct regular time-use surveys to determine the proportion of time spent on unpaid domestic and care work, disaggregated by sex, age, disability, and location	<p>SDG indicator 5.4.1 (UNSD, UN Women): proportion of time spent on unpaid domestic and care work, by sex, age and location</p> <p># of countries using time use surveys (Open Data Watch; UN Women)</p>	<p>Far from global SDG 5.4.1 target</p> <p>49 countries published time use data between 2013-2022</p>	<p>Countries conduct time use surveys and utilize National Transfer Accounts to quantify the value of care within their GDP and better understand and address unpaid care work.</p> <p>Donors and governments leverage M&E data to inform funding prioritization, program design, and implementation.</p> <p>Engage in global discussions and efforts on moving beyond GDP.</p>	<p>Close to target (global), with some regions meeting target</p> <p>Countries from all regions of the world are using time use surveys and contributing to a comprehensive repository of data.</p> <p>Countries move towards a measurement approach beyond a sole focus on GDP.</p>

Recommendation	Global Indicator (and Institution Tracking)	Baseline	Intermediate Action (to achieve 2030 goal)	2030 Goal
4.3 Prioritize evidence generation on what works to amplify rigorous research results, and communicate results in accessible formats and forums, disseminated to a diversity of audiences	# of major new publications on care economy (collected by the Global Alliance for Care's Global Digital Community), disaggregated by type of care work, region, and populations	<p>93 resources in the Global Digital Community in 2023</p> <p>Research dissemination via events and information sharing on care is not currently tracked comprehensively.</p>	<p>Researchers and donors fill intersectional care research and data gaps focused on populations where research is currently sparse, including for migrants/in humanitarian settings, LGBTQI+, disability, indigenous persons, and rural populations.</p> <p>Expand the Global Digital Community to include already available resources across all topics, regions, and populations.</p> <p>Create global and regional care communities of practice to expand information exchange.</p>	10% annual increase in new evidence products that focus on marginalized populations

Global Milestone Moments

Below are key moments identified as global opportunities to elevate the recommendations in the Global Roadmap for Action on the Care Economy to accelerate global progress on care. We acknowledge that these forums do not encompass all platforms or moments that present opportunities in that regard, particularly those specific to certain care sectors like disability care, long-term care, early childhood education, etc.; however, coordination around these main moments is integral to advancing this agenda.

2024

September 10–24:
UNGA, NYC, USA

September 22–23:
Summit of the Future, NYC, USA

October 25–27: IMF and WBG Annual Meetings, Washington, DC, USA

October 29: International Day of Care and Support (Global Event)

November 11–22: UNFCCC COP29, Baku, Azerbaijan

November 15–19: G20 Social Summit and Leaders' Summit, Rio de Janeiro, Brazil

December 10–11: Final IDA21 replenishment meeting, Washington, DC, USA

2025

March 10–21: CSW69 and Beijing+30, NYC, USA

April 25–27: IMF and WBG Spring Meetings, Washington, DC, USA

Summer 2025 (TBC): G7 Summit, Kananaskis, Canada

June 30–July 3: 4th International Conference on Financing for Development, Seville, Spain

July: High-level Political Forum (SDGs 3, 5, 8, 14, 17), NYC, USA

Fall 2025 (TBC): G20 Leaders' Summit, South Africa

September 9–23: UNGA, NYC, USA

October 17–19: IMF and WBG Annual Meetings, Washington, DC, USA

October 29: International Day of Care and Support (Global Event)

November 4–6: Second World Social Summit for Social Development, Qatar

November 21–25: UNFCCC COP30, Belém do Pará, Brazil

2026

March 2026: CSW70, NYC, USA

April 16–19: IMF and WBG Spring Meetings, Washington, DC, USA

Summer 2026 (TBC): G7 Summit, France

Fall 2026 (TBC): United States G20 Summit, NYC, USA

September 8–22: UNGA, NYC, USA

October 16–18: IMF and WBG Annual Meetings, Bangkok, Thailand

October 29: International Day of Care and Support (Global Event)

Fall 2026 (TBC): UNFCCC COP31, Australia

December (TBC): End of UN Generation Equality

G7

As a small group of states seeking economic and political cooperation, the G7 can be an important global forum for collective decision-making on economic, social, and climate action policy. G7 outcome documents have recognized the need to [encourage a more equal division of unpaid care and domestic work](#) and [value the contribution of unpaid care work to the economy](#);²⁰ [invest in social infrastructure to support care](#);²¹ and [develop comprehensive work-life balance policies](#).²² However, this recognition has not always been accompanied by concrete financial and policy commitments, nor have G7 members consistently reported on progress toward achieving pledges such as the investment [of USD \\$79 million in the Invest in Childcare initiative](#) to expand global access to quality childcare infrastructure.²³ Immediate opportunities for care at the G7 include:

1. Commit to increased public financing and improved data around domestic care expenditures and foreign assistance, particularly for children under 3, older persons, and those with disabilities.
2. As the first phase of the Invest in Childcare²⁴ initiative ends, G7 governments, particularly the 4 governments (UK, France, Japan, and Italy) that have not yet contributed resources, must (re)commit financial resources and work with other donors to ensure the

program's continuity, impact, and growth. It is also important to support efforts to expand the size and improve the quality of other multilateral investments in childcare, with a view to expanding support to other elements of the care economy.

3. Leverage forthcoming G7 presidencies (Canada, France, the US, the UK, Germany, and Japan) that have shown leadership on the care economy to develop a joint, comprehensive care economy action plan by 2030, including clear commitments, metrics, and accountability.
4. Develop or expand monitoring mechanisms - such as the [G7 Dashboard on Gender Gaps](#) - to report on commitments to care investments and policies by G7 leaders and ministers, including the Invest in Childcare initiative and the Partnership for Global Infrastructure and Investment.

G20

Representing 85% of the world's GDP, 75% of global trade, and $\frac{2}{3}$ of the global population, the G20 brings together the world's largest economies and has an important coordinating and agenda-setting role around issues of global importance such as sustainable development and gender equality. Over the last decade, G20 leaders have [increasingly recognized the care economy in Leaders' Declarations](#),²⁵ but impactful commitments, especially those that include financing, have been limited and strongly focused on women's labor force participation. The adoption of a systemic, comprehensive perspective on care, accompanied by financing commitments, has been particularly overlooked in both [G20 diagnoses and policy commitments](#).²⁶

The G20 is an important forum to continue to elevate issues related to the care economy, encourage accountability to existing commitments, and promote translation of commitments into policies and investments in care services and infrastructure. The next six years will be critical, particularly as the G20's presidency is held by Global South countries in 2024 (Brazil) and 2025 (South Africa), presenting an opportunity to highlight care issues and opportunities faced by developing countries. Immediate actions for care through the G20 include:

1. As the 2014 Brisbane goal of reducing the women's workforce participation gap by 25% by 2025 is ending, the G20 should designate the newly formed Women's Empowerment Working Group to assess progress towards that goal and establish next steps.
2. Develop an expanded roadmap, drawing on the G20 Initiative for Early Childhood Development and the [G20 Roadmap Towards and Beyond the Brisbane Target](#),²⁷ for the next 10 years that establishes an actionable plan for governments to advance the creation of comprehensive care and support systems.
3. Commit to increased public financing and improved data around care expenditures, particularly for non-OECD countries and for children under 3, older persons, and persons with disabilities.
4. Move beyond identifying care as instrumental to women's empowerment, recognizing in the Leaders' Declaration the potential of comprehensive care and support systems to build thriving societies and economies and address interlocking crises.
5. Develop data, indicators, and evidence to better recognize care's socioeconomic contributions, increase countries' accountability, and track progress.
6. Promote spaces, both in the sherpa and the finance track, to foster peer learning, knowledge sharing, and coordination, integrating care discussions across different sectors beyond gender.

UNFCCC and COP

The United Nations Framework Convention on Climate Change (UNFCCC) is a multilateral treaty adopted in 1992 which created the basis for international negotiations on climate change, including the Kyoto Protocol (1997) and the Paris Agreement (2015). The Conference of Parties (COP) is the decision-making body of the [UNFCCC](#) and brings together a variety of stakeholders annually to set global milestones on climate change. The UNFCCC and the annual COP meetings focus on discussions between Member States (parties to the convention) but historically [have not provided a space](#) for affected communities to make demands and seek reparations for global environmental injustice.²⁸ Apart from side events to the COP, the intersection of care and climate has not been a priority area of negotiation between Member States, in part due to the barriers of entry for civil society to influence key discussions.

Since 2015, the opportunities for civil society representatives to interact with delegations at UNFCCC COPs [have dwindled](#).²⁹ The COP's 5 year [Gender Action Plan](#), which is up for renewal in 2024, sets out objectives and activities under five priority areas (capacity building; gender balance, participation, and women's leadership; coherence; gender-responsive implementation; monitoring and reporting) to advance knowledge and understanding of gender-responsive climate action.³⁰ [According to the Women and Gender Constituency](#) (WGC), as an official civil society mechanism

and one of the few ways for civil society to influence the annual conferences, the GAP fell short and did not meaningfully address gender and climate justice. The WGC recommends the new GAP be strengthened, including by addressing care in the activities.³¹

With women and girls' care responsibilities exacerbated by climate change and related disasters, advancing commitments to improve care infrastructure is vital for enhancing resilience fostering shared responsibility, and supporting climate mitigation and adaptation. As the main negotiating body and commitment-making space on climate change, the UNFCCC and COP must address climate change's impact on the global care economy and better mainstream it within discussions and negotiations. To do so, it is critical that the COP:

1. Ensure meaningful engagement of gender advocates and civil society representatives, including those focused on paid and unpaid care work and the right of care recipients, in the national delegations to UNFCCC and within diplomatic negotiations at COP.
2. Provide platforms for stakeholders to share views on how to mainstream care in the UNFCCC, including the next GAP and in national policies (e.g. national adaptation plans and nationally determined contributions).
3. Build on the [COP28 Gender-Responsive Just Transitions and Climate Action Partnership](#),³² which addresses care work and was signed on to by 82 countries.
4. Include care in future discussions related to climate financing, including non-economic loss and damages.

IMF and World Bank Group

The World Bank has been increasing its focus on the care economy through a more ambitious [Gender Strategy for 2024-30](#),³³ a commitment in the [International Development Association \(IDA\) 20 replenishment](#)³⁴ in 2021³⁵ specific to childcare, and the launch of the World Bank's [Invest in Childcare initiative](#).³⁶ While the World Bank has invested in childcare in the [past](#),³⁷ this new initiative, supported by donor funding, ushered in at least \$180 million in new funding for childcare [grants](#),³⁸ for which there was high country demand. The World Bank's Women, Business, and the Law (WBL) team have also expanded their analysis around care, introducing an [expanded indicator on childcare in their 2024 study](#), and their [Gender Innovation Labs](#) are conducting important regional research on care. Additionally, the IMF released its first [Strategy Toward Mainstreaming Gender](#) in 2022,³⁹ which addresses unpaid care as a driver of gender gaps. Continuing this momentum is critical in the implementation of the World Bank and IMF's gender strategies, through future replenishments of IDA, and via ongoing research and analysis at the World Bank. Opportunities related to the IMF and World Bank Group (WBG) include:

1. Build on the IDA20 policy commitment on childcare by including a [more ambitious policy commitment on care](#)⁴⁰ in the [IDA21 replenishment](#)⁴¹ in 2024. This should take a more holistic approach to care across the lifecycle, including care for children, people with disabilities, and older people, increasing the number of countries from 15 to 30. This policy commitment should be framed around supporting the well-being of care recipients, including early childhood development, quality jobs in care sectors, and the importance of implementing programs in fragile, conflict-affected, and vulnerable (FCV) contexts.
2. Continue to analyze legal and policy changes on care through WBL research, and consider expanding the focus on care by incorporating long-term care into future reports.
3. The [2024-30 World Bank Gender Strategy](#)⁴² emphasizes the importance of accessible quality care services to elevate human capital, expand and enable economic opportunities, and engage women as leaders. In the strategy's implementation and in furtherance of the WBG [Corporate Scorecard's](#)⁴³ outcome indicator around the number of people benefiting from greater gender equality, care elements should be explicitly included in World Bank project design and budgets, and time-use indicators should be more frequently incorporated in World Bank results frameworks.
4. Utilize the IMF/WBG spring and annual meetings to emphasize the broader development and macroeconomic connections (e.g. debt relief and taxation) to the care economy.

United Nations

The United Nations (UN) has long recognized the unequal distribution of unpaid care and domestic work as a key driver of gender inequalities, and it has promoted the role of sufficient investments in the care economy as an accelerator for decent employment, entrepreneurship, the provision of quality care services, and women's improved labor force participation. [Target 5.4 of the SDGs](#) commits member states to recognize and value unpaid care and domestic work through the provision of public services, infrastructure, and social protection policies and the promotion of shared responsibility within the household and the family, as nationally appropriate.

In his [vision for a renewed social contract](#),⁴⁴ the Secretary-General has called on member states and the multilateral system to value care as an indicator of social well-being, and to invest in the care economy to facilitate women's economic inclusion. The [Economic Justice and Rights Action Coalition](#) (EJR AC)⁴⁵ of the Generation Equality Forum (GEF) seeks to transform the care economy to increase women's economic empowerment through laws and policies, financial investments, and the collection and use of data and accountability mechanisms. Multiple resolutions (including in the [Economic and Social Council](#),⁴⁶ [Human Rights Council](#),⁴⁷ and the [International Labour Conference](#)⁴⁸) stress the need

to recognize and value the work of caregiving and support, and to establish support and care systems that are human rights-based, gender-responsive, disability-inclusive, and age-sensitive. These concerted efforts by member states and UN entities culminated in the proclamation of October 29 as the [International Day of Care and Support](#) by the General Assembly⁴⁹ to raise awareness of their role in achieving gender equality and contributing to sustainable economies and societies. Immediate opportunities related to the United Nations include:

1. Ensure a strong focus on investments in the care economy through [the M-GA](#),⁵⁰ the joint partnership between the UN Global Accelerator on Jobs and Social Protection and the World Bank that aims to accelerate progress toward universal social protection and decent and productive jobs in nine countries. Member states can consider providing financial support to the M-GA to support expansion to more countries.
2. With [recent reporting](#) indicating that progress is lagging or relevant data is not available,⁵¹ GEF commitment makers can urgently prioritize financial investments to reach the 3-10 percent of GDP goal and reforms to laws and policies to improve gender-responsive public and private quality care services by 2026.
3. Ensure that ongoing work on developing [a framework to go beyond GDP](#)⁵² and the [revision to the System of National Accounts](#)⁵³ is translated into concrete commitments in upcoming intergovernmental processes, including the Summit of the Future and the International Conference on Financing for Development.

4. Ensure support for intergovernmental processes and initiatives to address unsustainable debt burdens, provide more and better official development assistance and climate financing, and reform international financial architecture and governance. This includes the proposed [Framework Convention on International Tax Cooperation](#),⁵⁴ the [SDG Stimulus](#),⁵⁵ and other recommendations to improve fiscal capacity in LMICs and free up financial resources for social protection and comprehensive care systems.





Implementation of the GRAC

The Global Roadmap for Action on the Care Economy represents our collective vision for a transformed global care landscape—one that prioritizes equitable access to quality and choice of care, empowers caregivers, supports gender equality and social inclusion, and catalyzes economic prosperity and social progress. Through this roadmap, we aspire to strengthen comprehensive support systems for childcare, aging populations, individuals with disabilities, and families, fostering resilience and well-being across communities. Rooted in insights from the Bali Care Economy Dialogue and the Women Deliver pre-conference and informed by existing

national and regional frameworks, this roadmap is designed to translate vision into action.

The GRAC is designed to enable targeted discussion, action, and progress toward strengthened care policies and programmatic delivery over the next six years, to advance the objectives of the SDGs and inform the next set of global development goals. By establishing concrete recommendations tied to measurable metrics, the GRAC aims to achieve a meaningful, sustainable, intergenerational, and transformational impact in the lives of caregivers and care recipients worldwide.

Appendix A

Defining the Care Economy

What is the care economy and why is it critical for societies? The care economy sustains the fundamental bonds and cohesion of our social and economic fabric. It plays a critical role in [supporting people to be healthy and develop their capabilities](#)⁵⁶, thereby [enabling individuals to live with dignity and autonomy](#)⁵⁷. In this way, care is also [essential for all economic and productive processes](#), as housework, childrearing, caregiving and other social reproduction activities enable societies to produce new generations that constitute the labor force⁵⁸. Thus, the care economy is foundational to our own existence and to the sustainable development of all communities. No society or economy can thrive without fulfilling care needs, yet these activities and services are often undervalued, underserved, and overlooked. The care economy is often segmented in two parts:

1. The [unpaid care economy](#) predominantly comprises work performed by women at the household or community level, restricting their time and ability to engage in other activities, including paid employment, education, rest and leisure⁵⁹. Traditionally, it has been [excluded from economic](#)

[analyses](#), as it falls outside the conventional market economy that is measured through GDP⁶⁰.

2. The paid care economy encompasses a significant labor force, which is mostly feminized and often faces low wages, poor working conditions, a lack of social protection, and few opportunities for progression and leadership. Recognizing and valuing the contributions of these workers is essential for building resilient and equitable care systems.

What activities are considered under care and support?

According to the ILO's definition presented above, care work encompasses all activities and relations that seek to "[pursue sustainability and quality of life](#)"⁶¹. These care and support activities can be classified into [two types](#) and unfold across different settings and under diverse circumstances.⁶²

1. Direct care refers to personal activities that require face-to-face interaction between caregivers and those in need of support. Examples are feeding a baby, accompanying an older person to medical appointments, playing with a child, or providing assistance to a person with a disability to carry out activities of daily living.
2. Indirect care, in turn, involves activities that set the preconditions for direct caregiving to occur, such as cooking, cleaning, doing the laundry, or the mental and emotional management of care work.

What else is considered part of the care economy?

Essential infrastructure necessary for enabling care work is part of the care economy and is mostly provided by the state at all levels. This includes care, support, health, and education facilities, as well as water pipelines, sanitation systems, and other basic utilities and technology that facilitate families' care provision. In addition, policies and regulatory frameworks and institutions and financing mechanisms necessary to adopt and maintain those frameworks are [part of the care economy](#)⁶³.

How is care provided? Most care work is provided without compensation within households by family members, predominantly women and girls, although [men are gradually taking on more](#) care responsibilities⁶⁴. The public sector also plays a critical role by offering essential services such as childcare, education, health, and social care to promote the wellbeing of families and individuals. Furthermore, households may outsource their care needs by hiring paid services or care workers, including domestic workers, nurses, teachers, doctors, personal assistants, and others. In some cases, this work is performed informally, in precarious labor conditions and without social protection, particularly in domestic settings. Care and support work can also be offered at the community and grassroots level through formal or informal networks and can be either paid or unpaid. These four providers—families, public sector, private sector and communities - compose “[the care diamond](#)” of care provision.⁶⁵

Appendix B

Additional Key Resources

[Care Policy Scorecard \(Oxfam\)](#) (2021)⁶⁶

- ▶ **What it is:** The Scorecard is a practical tool for countries to assess and track the extent to which government policies related to care are adopted, budgeted and implemented, and have a gender-transformative approach.
- ▶ **Who should use this and why:** This can be used at the national or sub-national level by governments, civil society, and/or researchers to see where there is progress and where there are gaps in care policy. Thus far, a scorecard has been released for [the U.S.](#)⁶⁷.

[APEC Embracing Carers Policy Toolkit to Address the Unpaid Care Gap](#)⁶⁸

- ▶ **What it is:** This toolkit puts forward policy examples, case studies, and implementation steps to support and empower unpaid carers.
- ▶ **Who should use this and why:** Health, gender, finance, and labor officials in APEC member countries; academia; private sector; and other stakeholders can use this to better understand evidence around unpaid care. Best practices to develop and implement time-use surveys are included.

[ILO Global Care Policy Portal](#) and [ILO Care Policy Investment Simulator](#) (2023)

- ▶ **What it is:** The portal is a knowledge platform on country-level care policies presenting over 60 legal and statistical indicators on maternity, paternity and parental protection, as well as childcare and long-term care for more than 180 countries. The portal also offers the simulator, which is the largest online care policy modeling tool available, with data for 118 countries. It uses 180 statistical indicators to calculate the investment requirements and benefits of investing in 4 care policy areas (childcare-related paid leave, breastfeeding breaks, early childhood care and education and long-term care services).
- ▶ **Who should use this and why:** Policymakers, researchers, and civil society can use this tool to review care policies and services around the world and through time, as well as to simulate tailor-made investment packages around childcare-related paid leave, breastfeeding breaks, early childhood care and education services, and long-term care services. The results will enhance understanding around investment requirements and provide justification for care policies given the subsequent benefits to job generation, reduction in gender employment and wage gaps, and the return on investment.

[Women, Business, and the Law](#) (2024)⁶⁹

- ▶ **What it is:** This is an annual report by the World Bank that provides a comprehensive analysis of laws, policy frameworks, and implementation gaps for women in 190 economies across 10 indicators, including childcare (focused

on services for children below 3 years of age) and parenthood.

- ▶ **Who should use this and why:** A wide range of stakeholders can use this report to identify gaps in legal protections and policy frameworks, such as around the availability, affordability, and quality of childcare or the availability of paid maternity and paternity leave, to provide an evidence base for policy discussions, and to provide a comparative dataset to monitor global and regional progress on childcare and parenthood.

[OECD Development Centre SIGI 2023 Report](#)⁷⁰

- ▶ **What it is:** This report is a comprehensive publication by the OECD that evaluates and ranks countries based on their social institutions (formal and informal laws, norms, and practices), with a focus on identifying and quantifying discriminatory social institutions that hold back women's rights and opportunities in various domains, including family, education, the economy, and public life.
- ▶ **Who should use this and why:** A wide range of stakeholders can use this report to identify where gender-discriminatory social norms and practices are burdening women with unequal responsibilities in unpaid care work. This information can inform policy-making, targeted research, and advocacy around social and legal reforms.

Transforming Care Systems: UN System Policy Paper (2024)⁷¹

- ▶ **What it is:** This collaborative effort across the UN System (including UN Women, ECLAC, ILO, OHCHR, and UNDP) presents key principles, a practical framework for UN agencies to address care in the context of the SDGs and entry points and policy measures to support the transformation of care systems. It includes a glossary of terms, a historical overview of the evolution of care conceptual and normative frameworks, and a list of key international normative frameworks relevant to care.
- ▶ **Who should use this and why:** While this document is framed for use by UN agencies, it is useful to external stakeholders that are defining and framing care economies and systems and developing comprehensive policy solutions.

Fair Share for Health and Care: Gender and the Undervaluation of Health and Care Work (2024)⁷²

- ▶ **What it is:** This report by the World Health Organization uses a gender equality lens and existing data to identify how health and care work is undervalued, and it takes a transformative approach to “reset” how it is valued. The report identifies gender value gaps in care, participation, earnings, working conditions, data, and investment, and it recommends how to close them through gender-equitable investments in health and care work and numerous policy levers for relevant stakeholders.

- ▶ **Who should use this and why:** Policymakers, national ministries, researchers, civil society, and health service providers, among others, can use this report to understand the relationship between the value of health and care work, gender inequalities, and health outcomes. It provides examples that readers can use to assess and improve actions and policies in their own context.

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