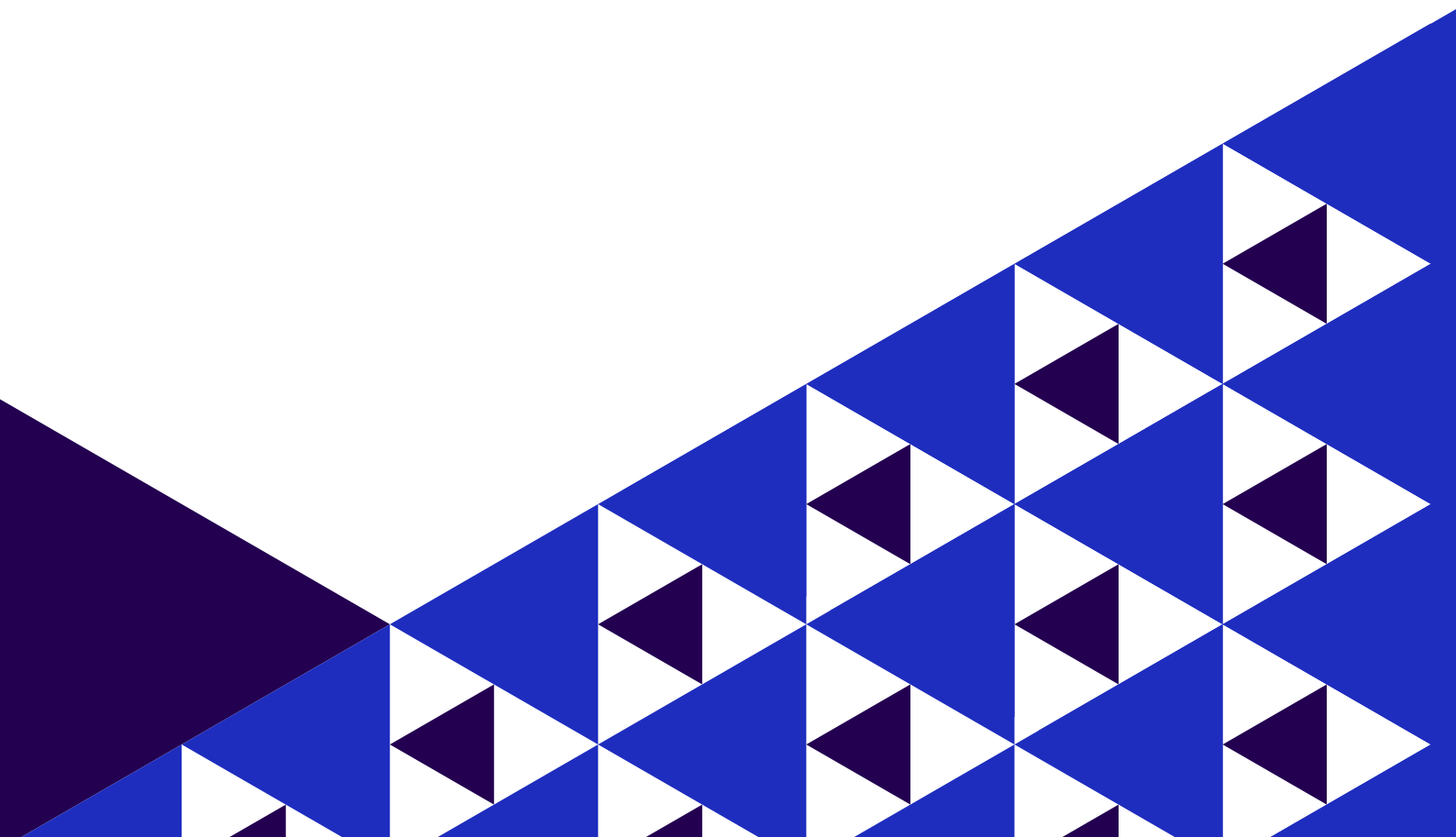


► Decent work and the care economy

International Labour Conference
112th Session, 2024



Report VI

▶ Decent work and the care economy

Sixth item on the agenda

© International Labour Organization 2024
First published 2024



Attribution 4.0 International (CC BY 4.0)

This work is licensed under the Creative Commons Attribution 4.0 International. To view a copy of this licence, please visit <https://creativecommons.org/licenses/by/4.0/>. The user is allowed to reuse, share (copy and redistribute), adapt (remix, transform and build upon the original work) as detailed in the licence. The user must clearly credit the ILO as the source of the material and indicate if changes were made to the original content. Use of the emblem, name and logo of the ILO is not permitted in connection with translations, adaptations or other derivative works.

Attribution – The user must indicate if changes were made and must cite the work as follows: *Decent work and the care economy*, Geneva: International Labour Office, 2024. © ILO.

Translations – In case of a translation of this work, the following disclaimer must be added along with the attribution: *This is a translation of a copyrighted work of the International Labour Organization (ILO). This translation has not been prepared, reviewed or endorsed by the ILO and should not be considered an official ILO translation. The ILO disclaims all responsibility for its content and accuracy. Responsibility rests solely with the author(s) of the translation.*

Adaptations – In case of an adaptation of this work, the following disclaimer must be added along with the attribution: *This is an adaptation of a copyrighted work of the International Labour Organization (ILO). This adaptation has not been prepared, reviewed or endorsed by the ILO and should not be considered an official ILO adaptation. The ILO disclaims all responsibility for its content and accuracy. Responsibility rests solely with the author(s) of the adaptation.*

Third-party materials – This Creative Commons licence does not apply to non-ILO copyright materials included in this publication. If the material is attributed to a third party, the user of such material is solely responsible for clearing the rights with the rights holder and for any claims of infringement.

Any dispute arising under this licence that cannot be settled amicably shall be referred to arbitration in accordance with the Arbitration Rules of the United Nations Commission on International Trade Law (UNCITRAL). The parties shall be bound by any arbitration award rendered as a result of such arbitration as the final adjudication of such a dispute.

Queries on rights and licensing should be addressed to the ILO Publishing Unit (Rights and Licensing) at rights@ilo.org. Information on ILO publications and digital products can be found at: www.ilo.org/publns.

ISBN 978-92-2-039746-6 (print)
ISBN 978-92-2-039747-3 (web PDF)

Also available in:

Arabic: ISBN 978-92-2-039748-0 (print), ISBN 978-92-2-039749-7 (web PDF);
Chinese: ISBN 978-92-2-039750-3 (print), ISBN 978-92-2-039751-0 (web PDF);
French: ISBN 978-92-2-039758-9 (print), ISBN 978-92-2-039759-6 (web PDF);
German: ISBN 978-92-2-039752-7 (print), ISBN 978-92-2-039753-4 (web PDF);
Russian: ISBN 978-92-2-039754-1 (print), ISBN 978-92-2-039755-8 (web PDF);
Spanish: ISBN 978-92-2-039756-5 (print), ISBN 978-92-2-039757-2 (web PDF).

The designations employed in ILO publications and databases, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the ILO concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The opinions and views expressed in this publication are those of the author(s) and do not necessarily reflect the opinions, views or policies of the ILO.

Reference to names of firms and commercial products and processes does not imply their endorsement by the ILO, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

▶ Contents

	Page
Introduction.....	5
Overview of the care economy.....	5
Care work in the ILO and within the United Nations system	6
About this report	8
Chapter 1. Why care about the care economy?	11
1.1. The care economy is central to human, social and economic well-being.....	11
1.2. The changing world of work has implications for the care economy	12
1.3. Recent international developments prioritizing the care economy	15
1.4. ILO developments on care	17
1.5. Concluding remarks	18
Chapter 2. What is the care economy?	19
2.1. What is care work, who provides it and how is it provided?	19
2.2. Organization and distribution of unpaid care work.....	22
2.3. How are care workers faring?.....	24
2.4. Concluding remarks	34
Chapter 3. What is being done? A review of policies for the care economy.....	35
3.1. Care leave policies and care services	35
3.2. Mainstreaming care into other policy areas	42
3.3. Towards coherent policy approaches at the regional, national and municipal levels	52
3.4. The 5R Framework to advance nationally defined, coherent and integrated policy approaches to the care economy.....	53
3.5. Concluding remarks	56
Chapter 4. Investing in care for gender equality, decent work and sustainable development	59
4.1. Public investment in the care economy	61
4.2. Funding for the care economy	65
4.3. Building the capacity of constituents regarding the financing of care	67
4.4. Concluding remarks	67
Chapter 5. Towards decent work in the care economy: Lessons and prospects	69
5.1. The way forward	71

► Introduction

Overview of the care economy

- 1. Societies and economies depend upon unpaid and paid care work to function, and to sustain human, social and economic development.** Human beings depend on care, as recipients and as providers. Care activities and relations involve meeting the physical, psychological and emotional needs of adults and children, whether or not they have disabilities or are ill, and include self-care. Care comes in many forms, including childcare, long-term care, support services, education and healthcare.¹
- 2. Care workers are essential to the provision of care.** The care economy constitutes 381 million jobs globally – about 11.5 per cent of total employment. Unpaid care work is mostly provided within households or families and contributes an estimated US\$11 trillion to the global economy each year.²
- 3. How care needs are met and how care is distributed and rewarded matters for gender equality.** More than three quarters of unpaid care work worldwide is performed by women. Globally, women spend on average 4 hours and 25 minutes each day on unpaid care work, compared with an average of 1 hour and 23 minutes for men.³ An estimated 606 million working-age women are outside the workforce due to caring responsibilities and social reproduction.⁴ The non-availability of, or reduced access to, paid care services has a significant impact on women's access to decent work and productive employment, as it compromises their opportunities to engage on an equal basis in paid work or income-generating activities, and in socio-political life. At the same time, two thirds of the paid care workforce are women. Increasing access to care services and improving working conditions in the care sector could help boost women's and men's participation in the labour market and access to decent work, which would, in turn, improve their socio-economic opportunities and overall well-being. This would contribute to the Sustainable Development Goals (SDGs): Goal 5 on gender equality, Goal 8 on full and productive employment for all, and Goal 10 on reducing inequalities.
- 4. The COVID-19 pandemic and the resulting economic and social crises have emphasized the importance of the care economy, while exposing its weaknesses,** including the poor working conditions of care workers and staff shortages. The pandemic intensified the amount of unpaid care work performed, particularly by women and girls. In this context, rising demands for care are likely to deepen unequal distributions of work between mothers and fathers and increase unmet needs for care, thus perpetuating a cycle of poverty and social exclusion.⁵ Globally, care workforce shortages persist and many care workers face decent work deficits, which can also impact the overall quality of the care provided.⁶

¹ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 2018, 6 ff.

² ILO, *Care Work and Care Jobs for the Future of Decent Work*, 49.

³ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 53.

⁴ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 83.

⁵ ILO, *Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work*, 2022, 40.

⁶ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 12.

5. **Investing in the care economy** can build robust and inclusive care infrastructure and services that are more resilient to external shocks such as pandemics, natural disasters and conflict, as well as economic downturns. Such investment can: enhance the skills of care workers and provide decent employment opportunities and better working conditions for what is currently a substantially feminized paid care workforce; lead to the recruitment of more men into the care workforce to tackle occupational segregation; address the unequal distribution of unpaid care work; and promote work–life balance for workers with family responsibilities. This, in turn, can promote the human rights, well-being and agency of those who provide care as well as those who receive care; the right to organize and fully functioning social dialogue mechanisms are also crucial for care workers. Investing in the care economy can reduce the inequalities associated with it by increasing the societal value, appreciation and prioritization of care activities, care service providers and the people who undertake paid and unpaid care work.⁷

Care work in the ILO and within the United Nations system

6. **The ILO Centenary Declaration for the Future of Work, 2019, recognizes the importance of investment in the care economy as a means of achieving gender equality at work.**⁸ Building on the Centenary Declaration and stressing social dialogue as an essential tool, the Global Call to Action for a human-centred recovery from the COVID-19 crisis that is inclusive, sustainable and resilient, adopted by the International Labour Conference at its 109th Session (2021), places investment in the care economy within the context of a job-rich recovery with decent work and inclusive economic growth.⁹ At the same session, the Conference called for gender-responsive social protection policies and investments in the care economy, including through providing care credits in social insurance; fostering income security during maternity, paternity and parental leave; and facilitating access to affordable and quality childcare and long-term care services as an integral part of social protection systems.¹⁰ At its 110th Session (2022), the Conference called for pro-employment macroeconomic and sectoral policies to facilitate the creation of decent jobs in the care economy.¹¹ The Programme and Budget for 2020–21, 2022–23 and 2024–25 include a focus on supporting investments in the care economy, ensuring decent work for care workers, and work–life balance. As a follow-up to the resolution concerning inequalities and the world of work, adopted by the Conference at its 109th Session (2021), the comprehensive and integrated ILO strategy to reduce and prevent inequalities in the world of work identifies combined policy responses that address the unequal distribution of unpaid care work between men and women as a requirement for the achievement of gender equality and non-discrimination, and considers improvements in the quality of public services and social protection to be essential to enable combining of paid work and family care.¹² The conclusions concerning the second recurrent discussion on labour protection, adopted by the Conference at its 111th Session (2023), state that the Organization should strengthen its support to governments and employers' and workers' organizations by "elaborating a strategy ... that ensures equality of treatment and opportunity for

⁷ ILO, *Care Work and Care Jobs for the Future of Decent Work*, Ch. 6.

⁸ ILO, *ILO Centenary Declaration for the Future of Work*, 2019.

⁹ ILO, *Global Call to Action for a Human-Centred Recovery from the COVID-19 Crisis that Is Inclusive, Sustainable and Resilient*, 2021.

¹⁰ ILO, *Resolution and conclusions concerning the second recurrent discussion on social protection (social security)*, ILC.109/Resolution III (2021), point 13(f) and (g).

¹¹ ILO, *Resolution and conclusions concerning the third recurrent discussion on employment*, ILC.110/Resolution IV (2022), point 11(b).

¹² ILO, *Follow-up to the resolution concerning inequalities and the world of work (2021): Comprehensive and integrated ILO strategy to reduce and prevent inequalities in the world of work*, GB.346/INS/5, 2022.

all women, particularly for those of intersectional identities, a balanced sharing of family responsibilities and an increased investment in the care economy; and tackles violence and harassment in the world of work".¹³

7. **The ILO has engaged in long-standing efforts to promote decent work in the care economy and a life-cycle approach to care.** Its body of international labour standards includes many that are relevant to the care economy, such as the Social Security (Minimum Standards) Convention, 1952 (No. 102). A number of standards specifically address care professions, such as the Nursing Personnel Convention (No. 149) and Recommendation (No. 157), 1977, and the Domestic Workers Convention (No. 189) and Recommendation (No. 201), 2011. In addition, many other standards on specific aspects of decent work and with a broad scope of application also cover, and are relevant to, care professions. Others also address the situation of workers with family responsibilities, such as the Workers with Family Responsibilities Convention (No. 156) and Recommendation (No. 165), 1981, and the Maternity Protection Convention (No. 183) and Recommendation (No. 191), 2000.¹⁴
8. **More recently, the ILO has furthered its efforts to highlight the opportunities and challenges of care work,** including the importance of care work to a just transition to environmentally sustainable economies and societies for all.¹⁵ A global survey into the attitudes and perceptions of women and men found that balance between work and family remains the main challenge for women in entering the labour market and remaining and advancing in it.¹⁶ A landmark ILO report, *Care work and care jobs for the future of decent work*, examined the global dimensions of unpaid and paid care work and their relationship with the changing world of work. It highlighted persistent gender inequalities in households and in the labour market, and their inextricable links with care work. It also emphasized the care economy as an engine of decent job creation and the need to tackle decent work deficits in the relevant sectors. In 2022, the ILO published *Care at work: Investing in care leave and services for a more gender equal world of work*, which provides a global overview of national laws and practices regarding care policies, as well as childcare and long-term care services, and assesses persistent gaps in protection. It concluded with a call for investments in a package of care policies for a strong care economy and as a pathway to building a better and more gender-equal world. Pursuant to decisions of the ILO Governing Body, the ILO Committee of Experts on the Application of Conventions and Recommendations also published, in 2022 and 2023, two General Surveys examining the implementation of several international labour standards relevant for the care economy.¹⁷
9. In the broader United Nations (UN) system, the report of the Secretary-General, ***Our Common Agenda, calls for "rethinking the care economy"*** by valuing unpaid care work in economic models, and also investing in quality paid care as part of essential public services and social protection arrangements.¹⁸ This also means improving pay and working conditions for care workers to help achieve the SDGs. The UN Global Accelerator on Jobs and Social Protection for Just Transitions, launched by the UN Secretary-General in 2021, signals the collective response of UN agencies to create jobs and enhance social protection coverage, and underscores the need to

¹³ ILO, [Resolution and conclusions concerning the second recurrent discussion on labour protection](#), ILC.111/Resolution IV (2023), point. 23(h).

¹⁴ Although not an international labour standard, the ILO/UNESCO [Recommendation concerning the Status of Teachers](#) (1966) is also relevant.

¹⁵ ILO, *Gender Equality and Inclusion for a Just Transition in Climate Action: A Practical Guide*, forthcoming.

¹⁶ ILO and Gallup, *Towards a Better Future for Women and Work: Voices of Women and Men*, 2017, 39.

¹⁷ ILO, *Securing Decent Work for Nursing Personnel and Domestic Workers, Key Actors in the Care Economy*, ILC110/III/(B), 2022; ILO, *Achieving Gender Equality at Work*, ILC111/III(B), 2023.

¹⁸ UN, *Our Common Agenda – Report of the Secretary-General*, 2021, para. 39.

“facilitate women’s economic inclusion, including through large-scale investment in the care economy and equal pay, and more support for women entrepreneurs”.¹⁹ Investing in the care economy is also an important contribution to the follow-up to the High-Level Commission on Health, Employment and Economic Growth, endorsed by the ILO and the World Health Organization (WHO), and the thematic action tracks of the Transforming Education Summit, held in New York in September 2022. In 2023, the UN General Assembly proclaimed 29 October as International Day of Care and Support to promote the need to invest in the care economy and to create robust, resilient and gender-responsive, disability-inclusive and age-sensitive care and support systems.²⁰

10. Against this background, at its 344th Session (March 2022) **the Governing Body** of the International Labour Office **decided to place on the agenda of the 112th Session (2024) of the International Labour Conference, for a general discussion, an item on decent work and the care economy**²¹ to “provide an opportunity for a timely and integrated review of developments concerning care work, across the ILO’s strategic objectives, as a critical area for advancing the transformative agenda for gender equality; for equality, diversity and inclusion, and for promoting an ecosystem of care for all”.²²

About this report

11. **This report aims to contribute to an informed general discussion** of the issues surrounding the care economy. It examines the role of the ILO and its constituents in ensuring decent work in the care economy and the importance of the care economy to decent work.
12. **It presents the ILO’s framework for understanding the care economy**, and the social organization of care for gender equality. It recognizes that collecting comparable, harmonized and comprehensive data on the care economy and care work is an important area of further development. The report examines the situation with regard to the fundamental principles and rights at work and the working conditions of care workers, and underscores the connection between decent work for care workers and quality of care services. The report makes visible the prominent role that workers play in the care economy across all regions and the critical importance of the care economy for gender equality. It reviews relevant international labour standards for the care economy as well as global, regional and national policies and their evolution. These include social protection and labour protection policies, including non-discrimination, migration policies and employment policies, including macroeconomic policies. The report looks forward to consider the impact of transformative changes in the world of work, particularly in relation to new technologies, climate and demographics, and their impact on the care economy, as well as the need for effective social dialogue for a strong care economy.
13. **Examples of efforts to strengthen the care economy** are presented, including investing in care work, care policies and care services, as well as improving the working conditions of care workers, including by supporting the transition to formal jobs for care workers in the informal economy. The report explores the dynamic and interconnected relationship between: care and universal social protection, investment in care to create decent employment opportunities in the care economy, and the positive outcomes for employers, workers, care recipients and society as a

¹⁹ *Global Accelerator on Jobs and Social Protection for Just Transitions, Theme: Care Economy and Health Workers*, undated, 7.

²⁰ UN General Assembly, *Resolution on the International Day of Care and Support*, A/RES/77/317 (2023).

²¹ ILO, *Minutes of the 344th Session of the Governing Body of the International Labour Office*, GB.344/PV, para. 99(a)(ii).

²² ILO, *Agenda of the International Labour Conference: Agenda of future sessions of the Conference*, GB.344/INS/3/1, 2022, para. 48.

whole. The report highlights the ILO's leading role in building knowledge and advancing the care agenda at the global, regional and national levels.

14. **The report reviews policies and regulations that strengthen the care economy and suggests areas for further attention and action**, while promoting decent work for all and the achievement of the SDGs. This requires a coherent and integrated approach that: recognizes, reduces and redistributes unpaid care work; ensures decent work for care workers; and guarantees freedom of association, social dialogue and collective bargaining for care workers.²³ To achieve this, financial investment in care systems and care infrastructure is needed, alongside social and political action for care-related policies.
15. The report is structured as follows: Chapter 1 addresses the **importance of the care economy and its position in a changing world**, examines recent international developments and details the ILO's recent work on the care economy. Chapter 2 presents **key concepts, statistics and the organization and distribution of care work** before turning to fundamental principles and rights at work and conditions of work in the care economy. Chapter 3 reviews **policies and policy trends for the care economy**, providing country examples, and outlines coherent and integrated policy approaches to the care economy. Chapter 4 examines **financial investment in the care economy** for gender equality, decent work and sustainable development. Lastly, Chapter 5 presents a **way forward and possible future Office work** on decent work and the care economy.

²³ ILO, *Care Work and Care Jobs for the Future of Decent Work*, Ch. 6.

► Chapter 1

Why care about the care economy?

16. The care economy includes all workers in the education, health and social work sectors, domestic workers and individuals who perform unpaid care work. The care economy is critical for sustained economic development and decent work. Most care work is provided by four institutions: the State, the private sector, the non-profit sector and households.

1.1. The care economy is central to human, social and economic well-being

17. The care economy is responsible for the provision of care and services that contribute to the nurturing, support and reproduction of current and future populations. As such, care work sustains life. There is often a relational aspect to care, which makes care work different from other forms of work. It includes childcare, elder care, care for those with physical and mental illnesses and disabilities, access to treatment for persons living with HIV, education, healthcare, and personal social and domestic services, as well as daily domestic work such as cooking, cleaning, washing and mending. Care work is provided both formally and informally, and in paid and unpaid forms.

18. Throughout the pandemic, the critical role that healthcare and medical services staff played on the frontline of the response to COVID-19 was very clear.²⁴ While economies were in lockdown, care work continued, both within and outside the home, with workers often at risk of disease or death. Most countries issued lists of services that were considered essential for continued economic activity and to meet basic needs, and some categories of care workers were considered to be essential workers, in particular, health workers and those providing long-term care.²⁵

19. Educators in the care economy contribute to a better educated and more skilled workforce, which enterprises need for sustainable growth.²⁶ The care economy also contributes to producing **a healthier workforce in the present and for the future**, which can increase productivity, through which businesses and economies can gain a competitive advantage.²⁷

20. The care economy is a major generator of employment, with 215 million care workers in care sectors and 70.1 million domestic workers worldwide. When workers supporting care provision are added, the global care workforce reaches 381 million, or 11.5 per cent of total global employment.²⁸

²⁴ See the 2022 General Survey, *Securing Decent Work for Nursing Personnel and Domestic Workers*, and the related discussion in *Information and Reports on the Application of Conventions and Recommendations: Report of the Committee on the Application of Standards*, ILC.110/Record No.4B/P.II.

²⁵ ILO, *World Employment and Social Outlook 2023: The Value of Essential Work*, 2023, 7–8.

²⁶ A 2021 report of the World Economic Forum, *Upskilling for Shared Prosperity*, estimates that closing skills gaps could add an extra US\$5–6.5 trillion to global GDP by 2030 (figure 1).

²⁷ World Economic Forum, “A Healthy Workforce is Good for Business. Here’s Why”, *WEF Better Business Blog*, 19 July 2023.

²⁸ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 8.

21. **A significant share of all young workers** aged 15–29 years (10.7 per cent) were working in healthcare, social work and education or as domestic workers just before the onset of the COVID-19 pandemic. In absolute numbers, this represents 47.8 million young workers: 33.6 million young women (20.2 per cent of all young female workers) and 14.2 million young men (5.1 per cent of all young male workers), although there were regional variations.²⁹
22. Care sectors are expanding. From 2000 to 2019, employment in health and social work grew by 49 per cent in countries of the Organisation for Economic Co-operation and Development (OECD). **According to ILO estimates, global employment in care and related jobs could grow from 206 million in 2015 to 358 million by 2030.** With sufficient investment to meet the SDGs, this figure could grow to 475 million.³⁰ In India, for example, a 2023 study finds that an additional 22.74 million workers need to be recruited to meet the 2030 national health and education policy targets.³¹ The employment-generating aspect of the care economy is highlighted in the Global Accelerator on Jobs and Social Protection for Just Transitions.³²
23. **Care work contributes significantly to global gross domestic product (GDP).** In 2018, the ILO estimated that the health, education and social care sectors constitute **8.7 per cent of global GDP.** Unpaid care contributes to 9 per cent of global GDP, or US\$11 trillion (purchasing power parity of 2011).³³ In some countries, such as Australia, conservative estimates suggest that if unpaid care work was given an equivalent monetary value, it would exceed 40 per cent of GDP.³⁴
24. **The care economy is critical for addressing inequalities and promoting social justice.** The care economy is heterogeneous and includes workers with various levels of skills, education and income. Occupational segregation is a feature of the care economy. Within healthcare, women make up 70 per cent of the global workforce,³⁵ and a disproportionate share of unpaid care work – three quarters – is undertaken by women. Unpaid care work is among the main barriers to women’s labour force participation and a driver of gender inequalities in the world of work. While some care jobs are highly paid, many, including those of domestic workers, are characterized by low pay and informality. Women domestic workers earn half (51.1 per cent) of the average monthly wages of other employees,³⁶ while nurses and midwives are paid less than the average for high-skilled workers in 34 out of 49 countries.³⁷ Improving conditions of work in the care economy, including through the principle of equal pay for work of equal value, is one of the priority policy areas of the ILO’s comprehensive and integrated strategy to reduce and prevent inequalities in the world of work.

1.2. The changing world of work has implications for the care economy

25. Demographic shifts have direct implications for both the demand for care and the supply of labour. Global life expectancy has continuously risen over the past two decades, and older people form an increasingly large share of the population in all world regions, most notably in high-

²⁹ ILO, *Global Employment Trends for Youth 2022: Investing in Transforming Futures for Young People*, 2022, 170.

³⁰ ILO, *Care Work and Care Jobs for the Future of Decent Work*, section 5.4.1.

³¹ ILO and NITI Aayog, *Estimating the Employment Generation Potential of India’s Care Economy*, forthcoming, 33.

³² ILO et al., *The Global Accelerator on Jobs and Social Protection for Just Transitions: Implementation Strategy*, n.d., 9.

³³ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 49.

³⁴ economic Security4Women, *Counting on Care Work in Australia: Final Report*, 2012.

³⁵ WHO, *Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce*, 2019, 13.

³⁶ ILO, *Making Decent Work a Reality for Domestic Workers: Progress and Prospects Ten Years after the Adoption of the Domestic Workers Convention, 2011 (No. 189)*, 2021, 154.

³⁷ ILO, “Nurses and Midwives: Overworked, Underpaid, Undervalued?”, *ILOSTAT Blog*.

income countries.³⁸ In 2015, 2.1 billion people were in need of care: 1.9 billion children under the age of 15, of whom 0.8 billion under 6 years of age, and 0.2 billion older persons. **Due to the ageing population, 2.3 billion people are expected to need care by 2030.** While the care dependency ratio will decrease, the number of care recipients will be higher, as although the number of children aged 0–5 years will remain constant, there will be an additional 0.1 billion children aged 6–14 years and an additional 0.1 billion older persons.³⁹

26. An ageing population means that planning is required for older persons' long-term care. Social protection policies are central to a life-cycle approach that promotes healthy ageing, including ensuring that older persons can access long-term care without hardship.⁴⁰ In high-income countries, the demand for and provision of care are especially impacted by demographic ageing, alongside lower fertility rates, women's increasing participation in the paid labour force, changing household structures, and geographical mobility that stretches families over long distances.

► Box 1. Demographic shifts and care work in China

Care work is of growing importance to China's economic and social development. From the demand side, demographic change, prolonged life expectancy and population ageing, together with policy adjustments such as the relaxation of the "one-child policy", create an increased need for care provision and services. In terms of supply, Chinese households have become smaller, and the dependency ratio has risen (that is, the share of the working-age population as part of the total population has shrunk), resulting in reduced capacity of families to provide care for their members. At the same time, the emerging paid care sector remains fragile. This mismatch between demand for and supply of care services is reflected in the heavy burden of unpaid care work undertaken within the household – work that is largely undertaken by women.

Source: ILO and UN-Women, *Care Work in China: Who Does Care Work, What Is Its Economic Value and How Has It Been Affected by COVID-19?*, 2023, 2.

27. At the same time, there are many lower-income countries, particularly on the African continent, that have large and growing youth populations and will need to create jobs for young people to reap the demographic dividend. In 2022, 23.5 per cent of young people globally were not in employment, education or training; the share among young women is higher, linked to unpaid care work.⁴¹ Ageing in some parts of the world and youthful populations in other parts will have implications for labour supply and labour demand and how these are to be addressed in the care economy.
28. **Climate change may increase the demand for care work, both paid and unpaid.** More severe desertification, deforestation, natural disasters, persistent drought and extreme weather events will have impacts on the world of work, including gendered impacts, with implications for how care work is distributed outside and within households. The increased demands placed on households due to crises triggered by extreme weather events often fall on women, who then spend more time on the work of caring for the family.⁴² Furthermore, climate-related health

³⁸ According to data from the UN Department of Economic and Social Affairs, *World Population Prospects 2019* and *World Population Prospects 2022*. Lou Tessier, Nathalie De Wulf and Yuta Momose, "Long-Term Care in the Context of Population Ageing: A Rights-Based Approach to Universal Coverage", ILO Working Paper No. 82, 2022, 10.

³⁹ ILO, *Care Work and Care Jobs for the Future of Decent Work*, xxix.

⁴⁰ Tessier, De Wulf and Momose, 9.

⁴¹ ILO, *Global Employment Policy Review 2023: Macroeconomic Policies for Recovery and Structural Transformation*, 2023, Ch. 3.

⁴² ILO, "Mainstreaming Care Work to Combat the Effects of Climate Change" in *Green Jobs, an Opportunity for Women in Latin America. Climate Change, Gender and Just Transition*, 2023, 2.

impacts may increase the demand for healthcare services. Rural women, children, older people, and indigenous and tribal peoples are particularly affected by the care-related impacts of climate change.

29. Recent research also shows that, on average, care jobs produce a fraction of the greenhouse gas emissions of other sectors. In the United Kingdom of Great Britain and Northern Ireland, a care job produces 26 times fewer emissions than a manufacturing job, 200 times fewer than an agricultural job, and 1,500 times fewer than oil and gas jobs.⁴³ However, this will vary across the different types of care jobs and sectors.
30. **Emerging technologies, including artificial intelligence and machine learning, are altering health and social care** by assisting in medical diagnosis and treatment. Use of “telecare” and “telehealth” products such as personal alarms and self-monitoring devices for blood pressure, diabetes, asthma and so on, is increasing. Tasks such as taking vital signs or administering medication may be delegated to machines, enabling nurses to attend to more complex patient care,⁴⁴ provided that workers have the necessary training to use these technologies. However, the relational nature of care work may limit the extent to which technologies, including robots and artificial intelligence, can replace human labour.⁴⁵ The digital divide between high- and low-income countries – and between women and men – will also influence the extent to which technologies can support care work.⁴⁶

► Box 2. Japan’s Robot Strategy for long-term care

In 2015, the Japanese Ministry of Economy, Trade and Industry adopted the Robot Strategy to meet the increase in care needs by 2020 due to the ageing of the population. The objective is to reduce nurses’ workload and create a better working environment by using robotic nursing equipment. The Strategy envisages the use of technology to support older persons who need care to continue living independently.

Source: ILO, *Securing Decent Work for Nursing Personnel and Domestic Workers, Key Actors in the Care Economy*, 71.

31. **Digital labour platforms that provide care services are increasing** in number.⁴⁷ From 2010 to 2020, a time of change, the number of digital labour platforms for care workers rose more than eightfold (figure 1).⁴⁸ Digital labour platforms may help domestic workers, particularly migrant domestic workers, access jobs.⁴⁹ In addition, there are digital labour platforms that offer mental health services (online therapy and counselling), disability support services and childcare services.

⁴³ Rebekah Diski, *A Green and Caring Economy: Final Report*, Women’s Budget Group and Wen, 2022, 8.

⁴⁴ ILO, *Securing Decent Work for Nursing Personnel and Domestic Workers*, 71.

⁴⁵ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 12.

⁴⁶ Paweł Gmyrek, Janine Berg and David Bescond, “Generative AI and Jobs: A Global Analysis of Potential Effects on Job Quantity and Quality”, ILO Working Paper No. 96, 2023, section 5.

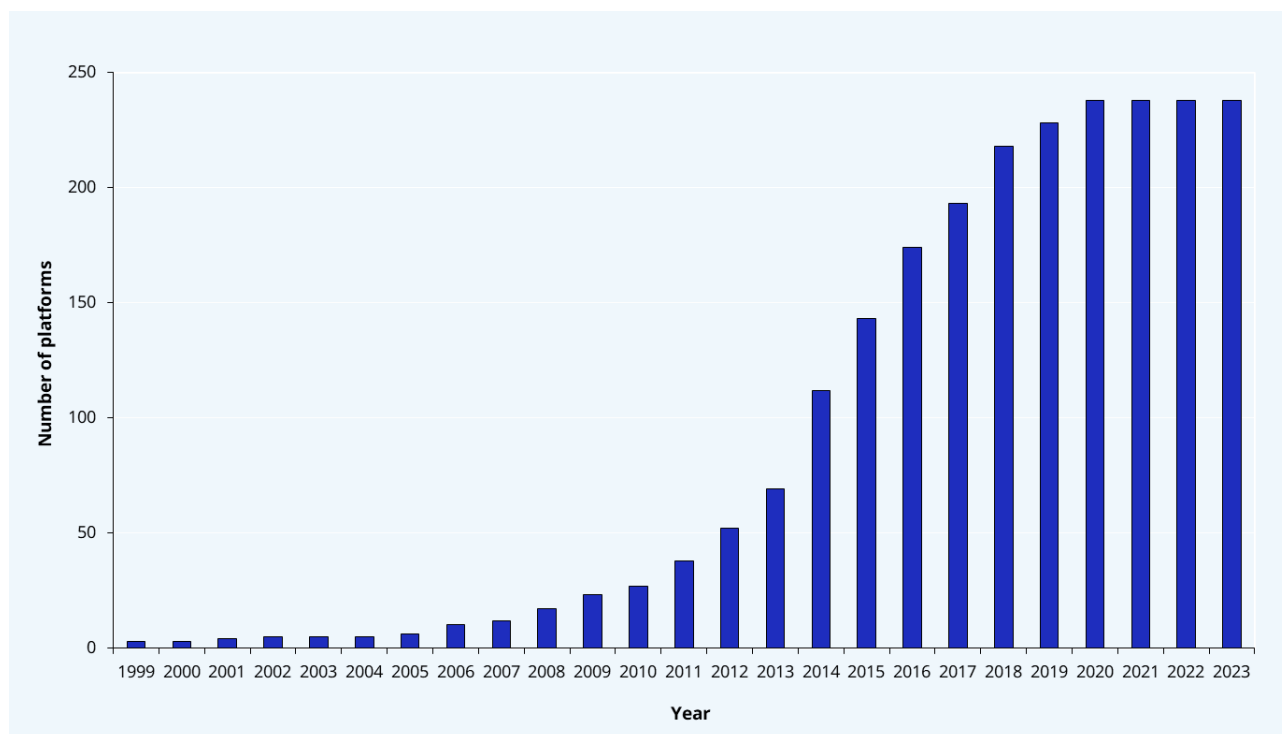
⁴⁷ Paula Rodríguez-Modroño, Astrid Agenjo-Calderón and Purificación López-Igual, “Platform Work in the Domestic and Home Care Sector: New Mechanisms of Invisibility and Exploitation of Women Migrant Workers”, *Gender & Development* 30, No. 3 (2022): 619–635.

⁴⁸ ILO, *Making Decent Work a Reality for Domestic Workers*, 48.

⁴⁹ Francisca Pereyra, Lorena Poblete and Ania Tizziani, *Plataformas digitales de servicio doméstico y condiciones laborales: El caso de Argentina* (ILO, 2023); Abigail Hunt and Fortunata Machingura, “A Good Gig: The Rise of On-Demand Domestic Work”, ODI Working Paper No. 7, December 2016.

Care-related digital labour platforms are growing fastest in high-income countries.⁵⁰ This has implications for both demand for and supply of care, and for how such platforms are governed.⁵¹

► **Figure 1. Evolution of active platforms connecting businesses and clients to care workers globally, 1999–2023**



Note: Data includes elderly care, childcare, patient care, home cleaning and other home-based tasks. Only currently active companies in the Crunchbase global repository of companies are included. Source: Uma Rani and Matias Golman, *Rise in Domestic Work and Care Platforms: Experiences of Workers from Select Developing Countries* (ILO, forthcoming).

32. Another impact of digital technologies on the care economy relates to how such technologies affect working hours and support work–life balance for all, including care workers. The flexible work arrangements that were put in place during the COVID-19 crisis enabled workers to continue working when childcare, education and other care services were unavailable. Beyond the COVID-19 pandemic measures, flexible and family-friendly working arrangements and telework can promote work–life balance, with implications for how paid and unpaid care is provided.⁵² Telework can also increase care needs if it affects workers’ health, safety and well-being.⁵³

1.3. Recent international developments prioritizing the care economy

33. Recent international developments have promoted progress towards a stronger care economy. The UN Secretary-General’s report, *Our Common Agenda*, includes a key measure of

⁵⁰ ILO, *World Employment and Social Outlook 2021: The Role of Digital Labour Platforms in Transforming the World of Work*, 2021, 40.

⁵¹ The subject of decent work in the platform economy will be discussed by constituents at the International Labour Conference in 2025 and 2026 with a view to creating a new standard on the subject.

⁵² Heejung Chung, “Company-Level Family Policies: Who Has Access to It and What Are Some of Its Outcomes?”, in *The Palgrave Handbook of Family Policy*, ed. Rense Nieuwenhuis and Wim Van Lancker, 535–573 (Cham: Palgrave Macmillan, 2020).

⁵³ ILO and WHO, *Healthy and Safe Telework*, Technical Brief, 2021, 5–10; ILO, *Leaving No One Behind: Building Inclusive Labour Protection in an Evolving World of Work*, ILC.111/Report V, 2023, para. 83.

“large-scale investment in the care economy”.⁵⁴ The UN’s Global Accelerator on Jobs and Social Protection for Just Transitions, which is led by the ILO, has a distinct component on investments in the care economy to promote decent working conditions and quality care services.⁵⁵ A 2024 UN system policy paper on transforming care systems calls for a paradigm shift “towards a society that prioritizes the sustainability of life and care for the planet; guarantees the human rights of people who receive or provide care; and promotes a model of co-responsibility for the provision of care with the State as a primary duty bearer”.⁵⁶ The policy recommendations align with the call of *Our Common Agenda* for a new social contract and UN system-wide work to advance measures of economic progress beyond GDP.

34. March 2021 saw the launch of the Global Alliance for Care, a multisectoral initiative by Mexico’s National Institute of Women and UN-Women. The ILO, along with over 160 members, joined to advance global and national care work agendas. The ILO agenda for investment in the care economy contributes to the Global Alliance for Care and other national and international initiatives, while also offering an avenue for action and a programmatic platform to scale up and accelerate progress in investing in care.⁵⁷
35. In October 2023, the UN Human Rights Council adopted, by consensus, a resolution on the centrality of care and support from a human rights perspective.⁵⁸ In addition, the UN General Assembly proclaimed 29 October to be the International Day of Care and Support, beginning in 2023. The ILO has provided support to each of these.
36. The 2020 G20 Leaders’ Declaration includes a commitment to address the unequal distribution of unpaid work and care responsibilities between men and women as a means of advancing gender equality and women’s empowerment.⁵⁹ The G7 Labour and Employment Ministers’ Declaration in 2023, which focused on the need to invest in human capital and decent work, commits to promoting high-quality care-related jobs.⁶⁰
37. There have also been notable regional developments in thinking and action on the care economy. The Buenos Aires Commitment, adopted at the 15th session of the Regional Conference on Women in Latin America and the Caribbean, recognizes care as a right to provide and receive care and to exercise self-care. The Commitment calls for measures to move towards a fair organization of care and overcome the gendered division of labour in care.⁶¹ The Comprehensive Framework on Care Economy of the Association of Southeast Asian Nations (ASEAN) guides the development of the care economy in complex crises and challenging contexts.⁶² Meanwhile, the European Care Strategy seeks to ensure quality, affordable and accessible care services, while improving the situations of care receivers and those who provide care. In Africa, care has been embedded in regional declarations and treaties such as the African Union’s Solemn Declaration on Gender

⁵⁴ UN, *Our Common Agenda*, para. 31.

⁵⁵ ILO et al., *The Global Accelerator on Jobs and Social Protection for Just Transitions: Implementation Strategy*, n.d., 9.

⁵⁶ UN, *Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda*, forthcoming. This forthcoming policy paper (March 2024) represents an inter-agency and UN system-wide effort to inform and harmonize UN agency efforts on care.

⁵⁷ ILO, *Care at Work*, 44.

⁵⁸ UN, “[Press Release on Human Rights Council Concludes Fifty-Fourth Regular Session after Adopting 36 Resolutions and One President’s Statement](#)”, 13 October 2023.

⁵⁹ G20, [Leaders’ Declaration](#), Riyadh, November 2020, para. 25.

⁶⁰ ILO, “[ILO Welcomes G7 Commitment to Invest in Human Capital and Decent Work](#)”, press release, 24 April 2023.

⁶¹ ECLAC and UN-Women, [Buenos Aires Commitment](#), 2023, paras 7 and 8.

⁶² ASEAN, [ASEAN Comprehensive Framework on Care Economy](#), 2021.

Equality in Africa, which included increasing budgetary allocations to address “women’s burden of care”,⁶³ and the 2007 Treaty for the Establishment of the East African Community, which included commitments for Partner States to cooperate in health activities.⁶⁴ The 2014 Cairo Declaration referred to the need to “recognize unpaid care work and redistribution of wealth through social protection policies and access to basic services”.⁶⁵

► Box 3. The European Care Strategy

In 2022, the European Commission introduced the European Care Strategy to “ensure quality, affordable and accessible care services” while prioritizing quality care provision for care recipients and decent work for care workers. The Strategy recommends that, among other measures, Member States of the European Union:

- (1) establish ambitious targets to increase enrolment in early childhood care and education services, to 50 per cent of children under the age of 3 and 96 per cent of children between age 3 and the compulsory age for starting primary education;
- (2) develop national action plans to improve the availability, accessibility and quality of long-term care services, including by increasing the amount and type of long-term care services available, and ensuring that they are accessible to persons with disabilities;
- (3) improve the working conditions of care sector workers, by promoting collective bargaining and social dialogue, ensuring safe and healthy work environments, designing training systems that encourage lifelong learning for care workers, and ratifying and implementing the ILO Domestic Workers Convention, 2011 (No. 189).

Source: European Commission, “A European Care Strategy for Caregivers and Care Receivers”, press release, 7 September 2022.

1.4. ILO developments on care

- 38. In recent years, the ILO has re-emphasized the importance of the care economy.** As a road map for a human-centred future, the Centenary Declaration prominently recognized the relevance of the care economy for a transformative agenda for gender equality. As a result, a specific focus on supporting investments in the care economy and work–family balance was included in the ILO programme and budget starting from the 2020–21 exercise. Following the devastations of the COVID-19 pandemic, and building on the Centenary Declaration while stressing social dialogue as an essential tool, the 2021 Global Call to Action for a human-centred recovery from the COVID-19 crisis that is inclusive, sustainable and resilient calls for appropriate public and private investment in the care economy in the context of a job-rich recovery with decent work and inclusive economic growth. In the recurrent discussion on employment at the 110th Session of the Conference (2022), ILO constituents highlighted the importance of quality care services, and in the second recurrent discussion on labour protection (social protection) the following year, ILO constituents called for increased investment in the care economy for advancing the transformative agenda for gender equality.
- 39.** The ILO’s work on the care economy has expanded in recent years. In the 2020–21 biennium, there was a deepened consensus on addressing care work from a gender perspective and in a holistic manner. Four Member States achieved results along these lines during the 2020–21

⁶³ African Union, [Solemn Declaration on Gender Equality in Africa](#), Assembly/AU/Decl.12 (III) Rev.1, July 2004.

⁶⁴ EAC, [The Treaty for the Establishment of the East African Community](#), November 1999, Ch. 21.

⁶⁵ UN-Women, [Cairo Declaration](#), High-level Meeting on Implementing the Millennium Development Goals (MDGs) for Women and Girls, Gender Equality and the Empowerment of Women in the Arab Region, February 2014.

biennium.⁶⁶ This increased dramatically in the 2022–23 biennium, as the Office stepped up its efforts to support constituents in promoting investments in the care economy, leading to **the adoption or implementation of strategies or policy measures in eight Member States and improvements in the working conditions of care workers in twelve countries across all regions**.⁶⁷ During the 2022–23 biennium, many more governments tried to reduce the burden of unpaid care work by extending the duration of care leave, improving access to childcare facilities, or providing care-related allowances to pay for care services for children and other persons in need of care.⁶⁸

40. The context of multiple crises prompted the Governing Body to place an item on the agenda of the International Labour Conference for a general discussion on decent work and the care economy, so as to have a timely and integrated review of developments concerning care work across the ILO's strategic objectives. The discussion will provide further guidance on promoting decent work in the care economy in a coherent and integrated manner, based on the understanding that the care economy can be a motor for sustainable development, and will also address the interconnected needs of people performing paid and unpaid care work in the care economy.

1.5. Concluding remarks

41. In light of the transformations in the world of work and the multiple crisis that the world has faced in recent years, care work has moved centre stage in global debates and discussions, highlighting the importance of the care economy for economic social and environmental sustainability. The ILO has played a leading role in raising awareness of the importance of care work and policy measures to address decent work in the care economy. In a fast-changing world of work, further discussions, reflections and guidance on the ILO's work in this area are important to ensure that ILO research and policy advice remain relevant, practical and cutting-edge in order to advance gender equality and social justice.

⁶⁶ ILO, *ILO Programme Implementation 2020–21*, ILC.110/Report I(A), 2022, 50.

⁶⁷ ILO, *ILO Programme Implementation 2022–23*, forthcoming, para. 183.

⁶⁸ ILO, *ILO Programme Implementation 2022–23*, para. 184.

► Chapter 2

What is the care economy?

42. The term “care economy” is now used throughout the UN system and in a wide body of academic and socio-economic literature.⁶⁹ Arguably, it is a term that has entered common language; however, there is no single widely accepted concept or definition of what the care economy is. Other terms used to refer to the provision and receipt of care include the “social organization of care”, “care systems” or “health and care systems”, and “care ecosystems”. These terms may not be interchangeable.
43. **Reaching a common understanding of the care economy is an important step** if the overall aims are to ensure that: quality care is available to all; care is provided in conditions that uphold the rights of care workers and care recipients; and care provision promotes rather than hinders equality and inclusion. **Such an understanding is important in the context of the vast differences in the social, economic and political contexts in which care is provided around the world**, as well as the varying terminology used for care jobs and occupations and the heterogeneity of the care workforce. A universal and common understanding of the “care economy” can help ensure that care provision is supported by a legal, policy and investment framework that enables actors to operate in a stable and sustainable environment. This chapter aims to advance that common understanding by setting out key concepts of the care economy: what “care work” is, how and by whom care is provided, and the conditions under which care is provided.

2.1. What is care work, who provides it and how is it provided?

44. **Care work is delivered throughout the life cycle and covers the activities and relations that ensure the sustainability and quality of life.** This includes building human capabilities and developing agency, autonomy, opportunities and resilience, while also meeting people’s physical, psychological, cognitive and developmental needs.⁷⁰
45. **Care work consists of overlapping and complementary activities. Direct care** can be described as “personal”, “relational” or “nurturing”, such as feeding a baby, nursing a sick partner, supporting an older person to take a bath, or teaching young children. **Indirect care** activities are sometimes referred to as household work or “non-relational care”, and include tasks such as cleaning and cooking. **Care work is both paid and unpaid.**
46. **Paid care work is delivered at the intersection of health, social and educational systems**, and may be provided in a range of settings, including hospitals, long-term care facilities, schools, communities, the workplace and private households.⁷¹ It comprises **a wide range of occupations**, such as nurses, teachers, doctors, psychologists, childcare workers, early childhood care and education workers, domestic workers, personal care and support workers, long-term

⁶⁹ UN, *Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda*, forthcoming.

⁷⁰ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 6; ILO, *Care at Work*, section 8.2; Sherilyn MacGregor, Seema Arora-Jonsson and Maeve Cohen, *Caring in a Changing Climate: Centering Care Work in Climate Action* (Oxfam, 2022), 15.

⁷¹ ILO, *Securing Decent Work for Nursing Personnel and Domestic Workers*, 25.

care workers, community health workers and social workers.⁷² Although not the main focus of this report, the care workforce can also include the activities of workers engaged in indirect care activities in care sectors, for instance cafeteria workers.⁷³

► Box 4. Key terms for care work

Care work: activities and relations that ensure the sustainability and quality of life. Care work can be direct and indirect, unpaid and paid:

- **Direct care work:** personal care activities, sometimes referred to as “nurturing” or “relational” care, for example, nursing a sick partner, carrying out health check-ups or teaching young children.
- **Indirect care work:** activities that are not face-to-face, but provide the preconditions for personal care, such as cleaning and cooking.
- **Unpaid care work:** activities undertaken without a monetary reward.
- **Paid care workers/care workforce:** people who perform care work for pay or profit, including nurses, teachers, doctors, psychologists, childcare workers, early childhood care and education workers, domestic workers, personal care and support workers, long-term care workers, community workers and social workers. This can also include indirect care.

Sources: ILO, *Statistical Definitions of Care Work*, ICLS/21/2023/Room Document 8, 2023, 14; ILO, *Care Work and Care Jobs for the Future of Decent Work*, xxxviii and 174; ILO, *From Global Care Crisis to Quality Care at Home: The Case for Including Domestic Workers in Care Policies and Ensuring Their Rights at Work*, forthcoming.

47. **The care workforce is highly heterogeneous**, with workers who differ markedly in education levels, skills, and remuneration and work in very different sectors. **High levels of vertical and horizontal gender-based occupational segregation persist.** With over 70 per cent of the global workforce comprised of women, paid care work remains largely feminized, especially at lower income levels.⁷⁴ In care jobs, women, migrants and racial minorities are overrepresented within lower-paid, lower-status occupations.⁷⁵ Men remain overrepresented in higher-paid occupations, such as medical doctors, despite some evidence of more women entering these professions in recent years and more men entering the nursing profession.⁷⁶

► Box 5. The global care economy in numbers

- In 2018, the global paid care workforce (including all persons employed in the education sector and health and social work sector, as well as all domestic workers) comprised 249 million women and 132 million men.
- Health and education workers make up the largest part of the care economy, and represent 6.5 per cent of total global employment.

⁷² For information on care sectors and care activities under the International Standard Classification of Occupations (ISCO-08) and the International Standard Industrial Classification of All Economic Activities (ISIC rev. 4), see “[Worker and sector profiles \(PROFILES database\): Paid care workers](#)”, ILOSTAT Database Description.

⁷³ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 8.

⁷⁴ WHO, *Delivered by Women, Led by Men*, 2.

⁷⁵ Kjersti Misje Østbakken, Julia Orupabo and Marjan Nadim, “[The Hierarchy of Care Work: How Immigrants Influence the Gender-Segregated Labor Market](#)”, *Social Politics: International Studies in Gender, State & Society* 30, No. 3 (2023): 818–843; ILO, *Making Decent Work a Reality for Domestic Workers*, 30, 35.

⁷⁶ ILO and WHO, *The Gender Pay Gap in the Health and Care Sector: A Global Analysis in the Time of COVID-19*, 2022, 36; WHO, *Delivered by Women, Led by Men*, 2.

- Domestic workers employed directly by households constitute 25 per cent of the paid care workforce.
- Women perform 76.2 per cent of the total amount of unpaid care work: 16 billion hours per day – 3.2 times more time than men.
- In 2018, 606 million women were unavailable for employment due to unpaid care work, compared to only 41 million men.
- Unpaid care work represented a total of US\$11 trillion in purchasing power parity in 2011.
- Women migrant and domestic workers constitute a significant portion of the paid care workforce in many countries of the world. For example, within OECD countries, 90 per cent of care workers are women, and 20 per cent are foreign-born.
- In high-income countries, a migrant care worker is likely to earn 19.6 per cent less than a non-migrant care worker.

Sources: ILO, *Care Work and Care Jobs for the Future of Decent Work*; ILO, *From Global Care Crisis to Quality Care at Home*; ILO, *The Migrant Pay Gap: Understanding Wage Differences between Migrants and Nationals: Executive Summary*, 2020.

- 48. Most care work is provided by four institutions: the State, the private sector, the non-profit sector, and families/households.** ⁷⁷ These institutions allocate care on different terms, including rights, need, availability of money or time, services or infrastructure, and care recipients' ability to pay. The distribution of care work among these institutions varies, as does total care provision. States have a leadership role in paid care provision, including direct provision of care, funding of care and regulation of care providers, and in ensuring the highest attainable standards of quality, safety and health for care workers and care recipients across diverse settings.

► **Box 6. Domestic workers as care workers**

Domestic workers provide direct and indirect care services to private households. They can be hired directly by the household or through/by a public or private service provider. Even when counting only those employed directly by households, domestic workers account for 25 per cent of all care workers.

Domestic workers often do not have access to labour rights and social protection, and lack access to care rights and services for themselves and their families. These gaps in protection and in access to services are more pronounced among domestic workers facing multiple forms of discrimination based on migration status and ethnic or indigenous origin.

Source: ILO, "Domestic Work as Care Work", policy brief, forthcoming.

- 49. Unpaid care work is provided without a monetary reward.** Most unpaid care work occurs as own-use provision of services (also termed unpaid domestic and care work). ⁷⁸ Intra-household and/or intra-familial work is undertaken by and for members of the same household or by and for relatives living elsewhere, and includes indirect and direct care activities. ⁷⁹ The distribution of unpaid care work is highly feminized.
- 50. A common understanding and description of the care economy** can also be advanced through **statistical standardization** and **data collection**. The ILO, at the request of constituents, has initiated an international statistical standard-setting process and is working to develop a statistical definition, conceptual framework and indicator framework for care work, and recommendations,

⁷⁷ This is described as the "care diamond" in Shahra Razavi, *The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options* (UNRISD, 2007), 21.

⁷⁸ See section 2.2 for more details.

⁷⁹ ILO, *Statistical Definitions of Care Work*, ICLS/21/2023/Room Document 8, 2023, 14.

which will be presented for discussion and possible adoption at the 22nd International Conference of Labour Statisticians (2028).⁸⁰ By promoting consistency and international comparability, this work will enable the production of comprehensive statistics on care work (both paid and unpaid), those performing it and their characteristics, the conditions involved, and its valuation.⁸¹

► Box 7. Statistical definitions and availability of data on the care economy

In recent years, demand for data on care work and the care economy has increased considerably. Progress has, however, been hampered by the absence of internationally agreed statistical standards to inform measurement and promote consistency and international comparability. As a result, a wide variety of practices are observable among countries, international agencies, non-governmental organizations, and academic researchers. There is growing demand, both from within the wider UN system and from ILO constituents, for an internationally agreed statistical definition of care work.

The ILO is well positioned to coordinate and advance this work. Labour force surveys are an important source of data on care work. Their relevance to, and coverage of, the topic was considerably heightened by the adoption of the statistical definitions on work by the 19th International Conference of Labour Statisticians in 2013, which widened the focus of work statistics to include all paid and unpaid work, with clear relevance for the measurement of care work.

In 2023, the 21st International Conference of Labour Statisticians recognized the need to build on this foundation, to provide a framework focused specifically on the measurement of care work. This can address widespread and substantial data gaps, while also promoting comparability across countries. Countries strongly supported the need to establish a consultative process that would develop this framework, providing both definitions and guidance on the range of indicators needed to promote improvements in the range and depth of data available in the future. This process will be launched by the ILO in 2024.

Source: ILO, *Report of the Conference – 21st International Conference of Labour Statisticians*, 2024, paras 104–108.

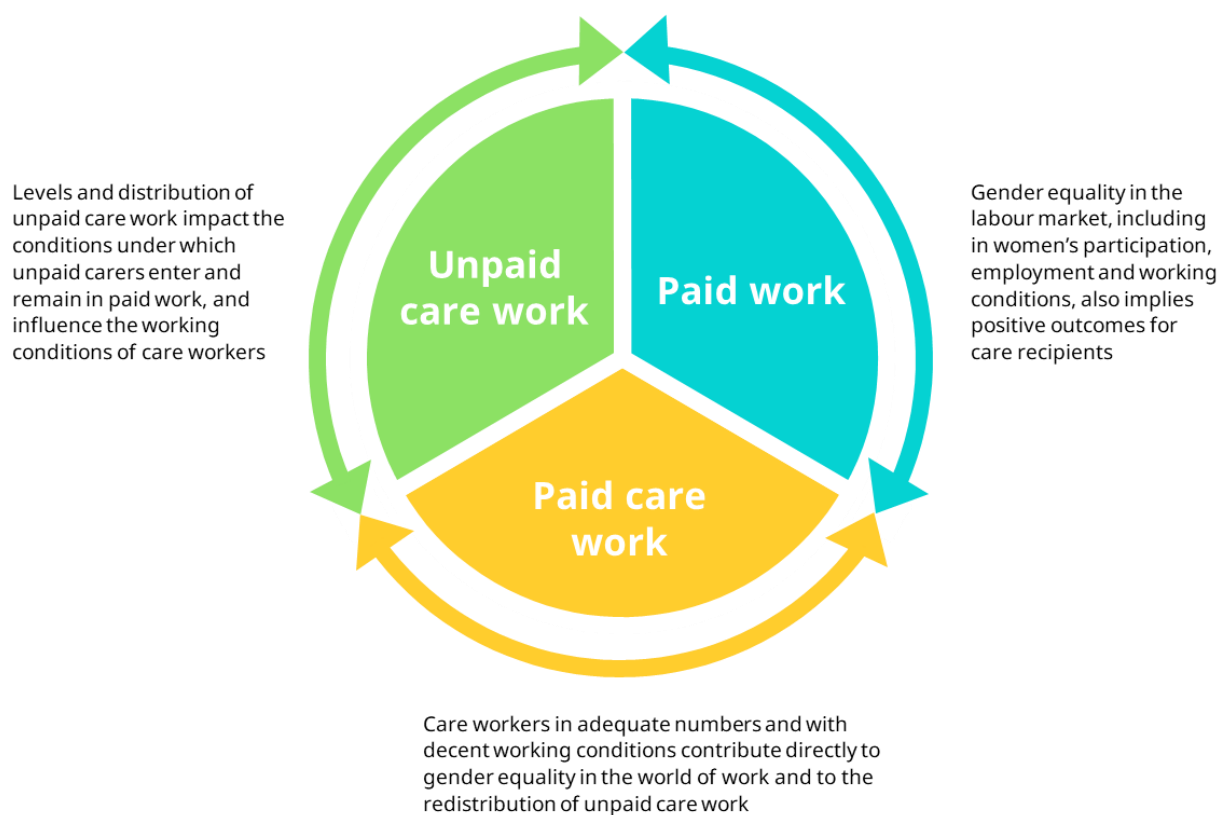
2.2. Organization and distribution of unpaid care work

51. Unpaid care work, paid care work, and other work for pay or profit (paid work) should be understood in relation to one another (figure 2). The conditions under which both paid and unpaid care work are performed influence each other, and also have a bearing on paid work outside the care economy. This is referred to as the “unpaid care work–paid care work–paid work (other than care) circle”. Depending on how these components relate to each other, inequalities – particularly gender inequalities – may increase or decrease.

⁸⁰ In October 2023, the 21st International Conference of Labour Statisticians asked the ILO to progress work to develop new statistical standards to enhance the measurement of care work, for discussion and possible adoption at its 22nd Conference. ILO, [Resolution to amend the 19th ICLS resolution concerning statistics of work, employment and labour underutilization, ICLS/21/2023/RES. II \(2023\)](#).

⁸¹ ILO, *Statistical Definitions of Care Work*, 8.

► **Figure 2. The unpaid care work–paid care work–paid work (other than care) circle**



Note: Paid care work is a subset of paid work, and all segments of this diagram influence one another. Source: ILO, *Care Work and Care Jobs for the Future of Decent Work*, 11.

- 52. Globally, women perform 76.2 per cent of all unpaid care work**, with 21.7 per cent of women and 1.5 per cent of men doing unpaid care work full-time.⁸² In the absence of (or lack of effective access to) care leave policies and benefits and accessible quality services, this imbalance in unpaid care work forms a major structural barrier to women's labour market participation, with adverse effects on women's well-being and socio-economic opportunities. For example, women's labour force participation, chances of employment, earnings and access to managerial and leadership positions have been shown to decline after childbirth.⁸³ Conversely, fathers of young children have the highest employment-to-population ratios globally and across all regions.⁸⁴
- 53.** This loss of opportunity arising from how unpaid care work is distributed is sometimes referred to as "time poverty". Other areas where opportunities may be reduced by such time poverty include: transitions into and progression within the labour market; building up social security entitlements, in particular pension entitlements; access to education, training and reskilling; access to and participation in representation and collective action processes such as social dialogue, including collective bargaining; and the achievement of long-term professional careers. Furthermore, insufficient access to decent employment opportunities combined with inadequate labour and social protection contribute to women staying at home, reducing their working hours, working informally, or working as contributing family workers to balance their private and

⁸² ILO, *A Quantum Leap for Gender Equality: For a Better Future of Work for All*, 2019, 35–36.

⁸³ ILO, *A Quantum Leap for Gender Equality*, 14.

⁸⁴ ILO, *A Quantum Leap for Gender Equality*, 14; ILO, *Care Work and Care Jobs for the Future of Decent Work*, 88.

professional lives.⁸⁵ **In 2018, 606 million women and 41 million men of working age declared themselves to be unavailable for employment or not seeking a job due to unpaid care work.**⁸⁶ In the United Kingdom, a recent poll found that caring responsibilities prevented 58 per cent of women from applying for a new job or promotion.⁸⁷ More widely, lack of affordable care reduces women's chances of labour market participation by nearly 5 percentage points in developing countries, and by 4 percentage points in developed countries.⁸⁸

- 54. Uneven sharing of care responsibilities is an underlying factor of the gender pay gap.** For example, women may be prevented from reaching top-level decision-making positions – and the associated higher earnings – as these typically require a greater time commitment and leave limited space for family life.⁸⁹ Women are more likely to take breaks from their careers, reduce their working hours or opt for part-time work to balance caregiving responsibilities. The resulting impact on women's earnings over time also affects their career and their pensions later in life.⁹⁰
- 55. Intersecting inequalities, typically associated with race, colour, sex, national extraction or social origin,** also influence the distribution of care work, both paid and unpaid. Socio-economically disadvantaged women and girls do more unpaid care work than their wealthier counterparts, who have access to replacement care services.⁹¹ Paid domestic work and other forms of often informal, low-paid care work are frequently done by women in disadvantaged situations, including female migrant workers, women from racial and ethnic minorities, and women from poorer socio-economic backgrounds. High proportions of domestic workers in the labour force are associated with high levels of income inequality.⁹²

2.3. How are care workers faring?

- 56. Decent working conditions are a prerequisite for quality care.** The COVID-19 pandemic demonstrated the need for a resilient care sector that is well-staffed and well-trained, where workers and employers can engage in social dialogue, and where decent working conditions, including occupational safety and health, are prioritized. Global comparisons are difficult due to the high level of heterogeneity in the care sector.
- 57. However, issues that came to the fore everywhere and that were accentuated during the pandemic include:**
- labour shortages and understaffing;
 - difficulties in recruiting and retaining care workers;
 - excessive working hours and workloads;
 - the physical and emotional intensity of care work; and
 - the importance of adequate health and safety measures, including personal protective equipment and preventing exposure to violence and harassment.

⁸⁵ ILO, *Care Work and Care Jobs for the Future of Decent Work*, section 1.1.2.

⁸⁶ ILO, *Care Work and Care Jobs for the Future of Decent Work*, xxxi.

⁸⁷ IPSOS, "Who Cares? Business in the Community & Ipsos Research Reveals the Great Workplace Divide", press release, 7 March 2022.

⁸⁸ ILO, "The Gender Gap in Employment: What's Holding Women Back?", *ILO InfoStories*, February 2022.

⁸⁹ ILO, *Women in Business and Management: The Business Case for Change*, 2019, 66.

⁹⁰ OECD, "Wide Gap in Pension Benefits between Men and Women", *OECD Gender Equality Blog*, March 2020.

⁹¹ OXFAM, *Time to Care: Unpaid and Underpaid Care Work and the Global Inequality Crisis*, 2020, 32.

⁹² ILO, *Care Work and Care Jobs for the Future of Decent Work*, 236–242.

58. Decent work deficits are most pronounced among care workers employed in the informal economy. Available data indicates that in many low-income countries, care workers in the informal economy, such as domestic workers and community health and community care workers, form an important component of the care workforce, and can even account for the majority of care workers.⁹³ Globally, 20 per cent of workers engaged in health and social work activities work in conditions of informality, with this figure ranging from 10.4 per cent in high-income countries to 30.5 per cent in low- and middle-income countries.⁹⁴ The ILO estimates that 81.2 per cent of domestic workers are informally employed – twice the rate of informality among other employees.⁹⁵ Like other workers, care workers are considered to be in the informal economy if their economic activities “are – in law or in practice – not covered or insufficiently covered by formal arrangements”.⁹⁶ Facilitating their transition to formality is a prerequisite for informal workers to access decent jobs and, notably, to ensure access to legal protections, including wage protections, working time guarantees and social protection.
59. The WHO estimates a **projected shortfall of 18 million health workers by 2030, mostly in low- and lower-middle-income countries**.⁹⁷ Meanwhile, the OECD warns that labour shortages in long-term care could reach “unacceptable levels in the near future” if no decisive action is taken now.⁹⁸ Employers in the care sector point to acute recruitment and retention issues, which affect business operations and sustainability. Shortages of healthcare workers continue; this can lead to long waiting times and unmet health needs.⁹⁹ When difficult working conditions and low pay are systemic, labour shortages, high staff turnover and, ultimately, inadequate provision of key care services are the result. To avert this crisis and to tackle current systemic challenges, **investments in improving the working conditions of those who perform this essential work are needed urgently**. This includes investing in the education, skills and career pathways of care workers, and developing long-term workforce planning strategies.¹⁰⁰

2.3.1. Fundamental principles and rights at work and working conditions in the care economy

60. The fundamental principles and rights at work, set out in the ILO Declaration on Fundamental Principles and Rights at Work (1998), as amended in 2022, are: (a) freedom of association and the effective recognition of the right to collective bargaining; (b) the elimination of all forms of forced or compulsory labour; (c) the effective abolition of child labour; (d) the elimination of discrimination in respect of employment and occupation; and (e) a safe and healthy working environment.¹⁰¹ They apply to all workers, including those in the care economy. They are inseparable and mutually reinforcing enabling rights, meaning that deficiencies in one domain lead to deficiencies in the others.

⁹³ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 236–242.

⁹⁴ ILO, *Women and Men in the Informal Economy: A Statistical Update*, figure 10.

⁹⁵ ILO, *Making Decent Work a Reality for Domestic Workers*, 17.

⁹⁶ *Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204)*, Paragraph 2(a).

⁹⁷ WHO, *Global Strategy on Human Resources for Health: Workforce 2030*, 2016, para. 13.

⁹⁸ OECD, *Beyond Applause? Improving Working Conditions in Long-Term Care*, 2023, 18.

⁹⁹ ILO, *World Employment and Social Outlook: Trends 2024*, 2024, 62.

¹⁰⁰ For further discussion on skills, see Ch. 3.

¹⁰¹ In June 2022, the International Labour Conference amended the Declaration by adding to it a safe and healthy working environment. It also declared the Occupational Safety and Health Convention, 1981 (No. 155), and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), to be fundamental Conventions.

- 61. Strong, independent and representative employers' and workers' organizations and respect for freedom of association and the effective recognition of the right to collective bargaining** are preconditions for sound social dialogue, including for care economy workers and employers, and a cornerstone for achieving decent work in the care economy. While the majority of countries recognize the right to freedom of association and collective bargaining for categories of workers and employers in the care sector, some care workers and employers are excluded from these rights in law. This is especially the case for domestic workers and their employers.¹⁰² Other care workers may have difficulty in exercising these rights due to their non-recognition as "employees" (as is often the case for community health and community care workers) or their status as migrant care workers, or practical obstacles faced by trade unions in reaching and organizing care workers, among other factors.
- 62.** Since the adoption of the ILO Domestic Workers Convention, 2011 (No. 189), the number of domestic workers in trade unions has increased significantly. As of 2023, the International Domestic Workers Federation represents more than half a million domestic workers in over 65 countries.¹⁰³ There is also a small but growing number of organizations of employers of domestic workers, representing either households or service providers.¹⁰⁴ Some of these national-level employers' organizations have also formed regional associations. For example, within the European Union (EU), there are two regional organizations of employers: the European Federation for Services to Individuals, representing private service providers, and the European Federation for Family Employment and Home Care, representing households as employers. This points the way forward for securing the rights to freedom of association and collective bargaining for other care workers in the informal economy, such as community health and community care workers.
- 63. Discrimination, both direct and indirect** – including discrimination based on gender and factors such as race, socio-economic status and migration status – impacts the terms under which care workers are recruited, and manifests, among other ways, in the segregated nature of many care jobs and occupations. This is exemplified in a decision of the Constitutional Court of South Africa, which considered that "the differentiation between domestic workers and other categories of workers ... amounts to discrimination albeit indirectly ... because ... domestic workers are predominantly Black women" and that "discrimination against them constitutes indirect discrimination on the basis of race, sex and gender", and "with these grounds intersecting, not only is the discrimination presumptively unfair but the level of discrimination is aggravated".¹⁰⁵ This discrimination also manifests in terms of care workers' remuneration and exposure to violence and harassment (see below).
- 64. Workers in the care sector are exposed to a wide range of risks to their health and well-being**, which include:
- biological risks – exposure to biological agents such as blood-transmitted pathogens and infectious microorganisms;
 - chemical risks – such as exposure to drugs used in certain treatments from disinfectants;
 - physical risks – from noise, slips, trips and falls;
 - ergonomic risks leading to musculoskeletal problems – for example, from lifting patients;

¹⁰² ILO, *Making Decent Work a Reality for Domestic Workers*, 176–182.

¹⁰³ International Domestic Workers Federation, "Who We Are".

¹⁰⁴ ILO, *Making Decent Work a Reality for Domestic Workers*, 225–227.

¹⁰⁵ Constitutional Court of South Africa, *Mahlangu and Another v. Minister of Labour and Others* (CCT306/19) (2020).

- psychosocial risks – including violence and harassment, exposure to traumatic events, high workload and burnout.¹⁰⁶

In the OECD countries, an average of 7 per cent of nurses and personal care workers have a bone, joint or muscle problem due to work, compared to 4 per cent of all employees.¹⁰⁷ Psychosocial risks such as post-traumatic stress, which can particularly affect workers in acute care facilities, are increasingly receiving attention.¹⁰⁸ Understaffing and excessive working hours exacerbate risks of burnout and exhaustion, as was seen across the care sector during the COVID-19 pandemic.¹⁰⁹

- 65. For domestic workers and other care workers in the informal economy, exclusion from national labour laws means exclusions from coverage under national occupational safety and health (OSH) legislation.** In some cases, these workers may be explicitly excluded from OSH legislation,¹¹⁰ as well as related social security provisions, meaning that they are denied access to workers' compensation and other social security schemes, and thereby increasing the vulnerability of their situation. In the case of domestic workers, the practical difficulties of enforcing OSH legislation in the domestic workplace are often invoked as a reason for this exclusion. In some countries, such as Portugal and Spain, specific legislation on domestic workers includes OSH provisions. In Saudi Arabia, the legislation on domestic work recognizes the right of domestic workers to refuse to provide domestic services or to end the labour contract if the working conditions pose a threat to their health, life or dignity. In other countries, the social partners have adopted measures to improve OSH protection for domestic workers through collective agreements and joint committees.¹¹¹
- 66. Regular risk assessments in consultation with workers and their organizations;** training and awareness-raising on OSH risks and preventive measures; and the provision of adequate, risk-specific and gender-responsive personal protective equipment can help to mitigate OSH risks in the sector. Ergonomic equipment and technology can reduce risks by replacing or assisting with tasks that normally have the potential to cause harm to the workforce. For example, the use of lifting equipment, accompanied by proper training, can help reduce musculoskeletal and other physical injuries. Though relatively new, the use of digital technology to collect and analyse data in order to identify and assess different types of risks – such as physical, ergonomic, psychosocial, biological and chemical risks – is increasing.¹¹² Involving workers and their representatives in the design and implementation of the systems using such technology, and in defining their goals and objectives, could help to address concerns over data privacy, ownership and security.

¹⁰⁶ European Agency for Safety and Health at Work, *Human Health and Social Work Activities – Evidence from the European Survey of Enterprises on New and Emerging Risks (ESENER)*, 2022, 7.

¹⁰⁷ OECD, *Beyond Applause?* 96–97.

¹⁰⁸ ILO, *Managing Work-Related Psychosocial Risks During the COVID-19 Pandemic*, 2022, 6.

¹⁰⁹ WHO and ILO, *"Mental Health at Work"*, Policy Brief, 2022, 4.

¹¹⁰ For example, the Bahamas, Canada (Province of Ontario), Denmark, Egypt, Spain, Sudan, Trinidad and Tobago, the United Kingdom and the United States. ILO, *Securing Decent Work for Nursing Personnel and Domestic Workers*.

¹¹¹ ILO, *Making Decent Work a Reality for Domestic Workers*, 175.

¹¹² European Agency for Safety and Health at Work, *"Smart Digital Monitoring Systems for Occupational Safety and Health: Types, Roles Objectives"*, Policy Brief, 2023, 3.

► **Box 8. Strengthening OSH for health workers in Chad**

In response to the priority concerns of constituents during the COVID-19 pandemic, the ILO provided technical support, with funding from the ILO–OECD–WHO Working for Health programme, to improve working conditions in the health sector in Chad. A multisectoral committee involving ministries and employers’ and workers’ representatives in the health sector was established to guide and manage the implementation of policies and strategies for the health workforce. In the context of the COVID-19 pandemic, the partners agreed on a concept to build capacity on the management of OSH in health facilities, including the training of health workers on protection during COVID-19 as well as establishing OSH committees in selected hospitals.

Between 2021 and 2022, more than 200 workers, partners and labour inspectors were trained on OSH. The technical support provided by the ILO initiated the establishment of OSH committees in a dozen health facilities and supported the development of a checklist that labour inspectors will use when visiting health facilities in order to assess OSH performances and to promote the implementation of the HealthWISE and COVID-19 checklists.

Note: HealthWISE is a practical, participatory quality improvement tool for health facilities. It encourages workers and managers to work together to improve workplaces and practices with low-cost solutions.

Source: ILO–OECD–WHO Working for Health Programme.

- 67. High rates of violence and harassment have been reported in the care sector.** According to a Eurofound study, over a one-month period, 12 per cent of personal care workers in long-term care services¹¹³ in the EU were exposed to physical violence, 26 per cent experienced verbal abuse, 11 per cent were threatened, and 8 per cent were humiliated, bullied or harassed.¹¹⁴ High levels of verbal abuse, physical, mental and sexual harassment and violence have also been reported by community health workers.¹¹⁵ Care workers commonly face numerous hazards and risks that increase their risk of violence and harassment at work and the associated psychosocial risks, including (but not limited to) working in contact with the public, understaffing, exercising authority, working outside normal working hours, insufficient security and lack of preventive measures, working alone or in private homes, working with people in distress, and working under conditions of special vulnerability, including decent work deficits.¹¹⁶ Domestic workers are often especially vulnerable to violence and harassment due to factors such as their exclusion from labour laws and the isolation of their workplaces. Reported examples include economic, psychological, physical, sexual and verbal abuse, being prevented access to sufficient food, and non-payment of wages.¹¹⁷
- 68. In recent years, ILO Member States have put in place specific measures to address the risk of violence and harassment in the care economy.** Measures encompass specific and targeted actions dealing with protection and prevention, enforcement and remedies, and guidance, training and awareness-raising for care economy workers. For instance, China adopted the first fundamental and comprehensive law for protecting health workers, which took effect on 1 June 2020. The law bans any organization or individual from threatening or harming the personal

¹¹³ Long-term care refers to a range of services and support for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care.

¹¹⁴ Eurofound, *Long-Term Care Workforce: Employment and Working Conditions*, 2020, 47.

¹¹⁵ ILO, *Securing Decent Work for Nursing Personnel and Domestic Workers*, para. 44.

¹¹⁶ ILO, *Safe and Healthy Working Environments Free from Violence and Harassment*, 2020, section 1.3.

¹¹⁷ ILO, *Making Decent Work a Reality for Domestic Workers*, 176–77.

safety or dignity of health workers.¹¹⁸ Other countries have also adopted specific laws prohibiting violence against care economy workers, such as healthcare personnel, patients and their attendants,¹¹⁹ teaching staff,¹²⁰ and domestic workers.¹²¹ Specific measures have been put in place requiring employers, for instance, to establish a violence prevention committee,¹²² to provide training on workplace violence prevention for nurses and healthcare workers,¹²³ and to document, report and investigate all violent incidents.¹²⁴

69. Domestic work is among the five sectors that account for the majority of adult forced labour. Women in forced labour are more likely than their male counterparts to be in domestic work. Indicators of forced labour are particularly pronounced among migrant domestic workers. Reported instances of violations of the rights of domestic workers creating conditions of forced labour include retention of identity documents, debt bondage, excessive working hours and withholding of wages. This is also a sector in which many children in forced labour are found.¹²⁵ The ILO and UNICEF estimate that there are 7.1 million children aged 5 to 17 years engaged in forms of domestic work that constitute child labour, of whom 4.4 million are girls. This includes 4.1 million children between the ages of 5 and 11 years, 1.0 million children between the ages of 12 and 14 years and 2.0 million children between the ages of 15 and 17 years.¹²⁶

2.3.2. Care workers' pay

70. While workers in certain occupations, such as medical doctors and dentists, generally enjoy high earnings, in many highly feminized care jobs low pay and the undervaluation of work are prevalent. This can be compounded by a lack of recognition of the skills needed for certain care work, such as the work performed by domestic workers, early childhood care and education workers,¹²⁷ and community care and community health workers (figures 3 and 4; box 9).
71. According to OECD data, **workers in residential and non-residential care sectors earn, on average, 80 per cent of the economy-wide gross average hourly wage**, with personal care workers (including in long-term care, education and healthcare) earning about 70 per cent of the economy-wide average wage.¹²⁸ This is reinforced by data from the EU showing that large sections of the long-term care workforce in the EU are paid below the national average wage, with homecare workers being among the lowest paid.¹²⁹ Being female and a migrant worker equates to a double wage penalty, with the gap between migrant care workers' and non-migrant workers'

¹¹⁸ *Global Times*, "China Approves New Law for Medical Workers' Safety after Doctor's Murder", 28 December 2019.

¹¹⁹ India, Tamil Nadu State, *Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act No. 48 of 2008*; Pakistan, Khyber Pakhtunkhwa Province, *Healthcare Service Providers and Facilities (Prevention of Violence and Damage to Property) Act No. XLV of 2020*.

¹²⁰ Republic of Moldova, Order of the Ministry of Education No. 861 approving the Code of Professional Ethics for Teachers (dated 7 September 2015), items 6 and 9.

¹²¹ In Viet Nam, article 165 of the 2019 Labour Code explicitly prohibits employers of domestic workers from mistreating, sexually harassing, extracting forced labour from or using force of violence against a domestic worker.

¹²² United States, New Jersey, *Violence Prevention in Health Care Facilities Act*, N.J. Revised Statutes section 26:2H-5.20 (2022).

¹²³ United States, *Workplace Violence Prevention for Nurses* online course provided by the National Institute for Occupational Safety and Health.

¹²⁴ United States, California, SB-1299 Workplace Violence Prevention Plans: Hospitals, 2014.

¹²⁵ ILO, Walk Free and IOM, *Global Estimates of Modern Slavery: Forced Labour and Forced Marriage*, 2022, 48.

¹²⁶ ILO and UNICEF, *Child Labour: Global Estimates 2020, Trends and the Road Forward*, 2021, figure 19.

¹²⁷ Education and Solidarity Network, "International Barometer of Education Staff – Edition 2023", 5.

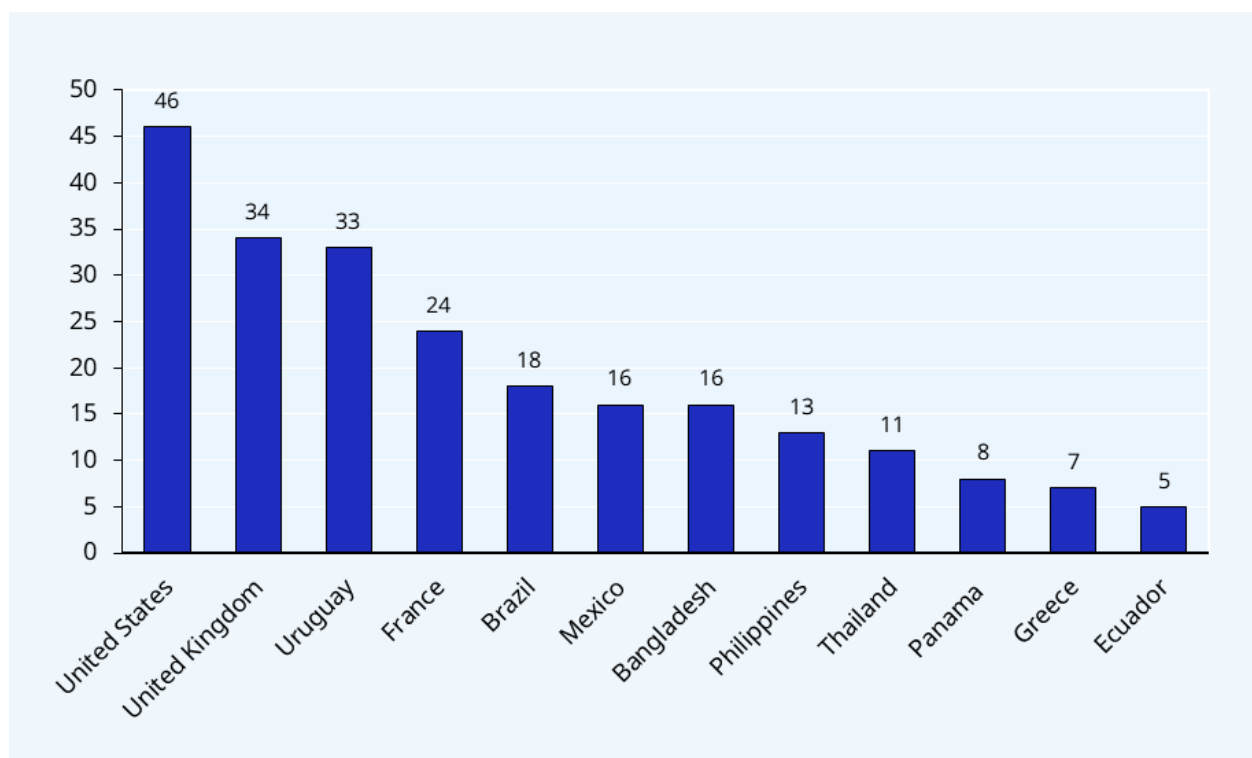
¹²⁸ OECD, *Beyond Applause?* 64.

¹²⁹ Eurofound, *Long-term Care Workforce*, 34.

earnings in high-income countries being about 19.6 per cent – well above the 12.6 per cent pay gap experienced on average by migrants.¹³⁰

- 72. The gender pay gap in the care sector is higher than the overall gender pay gap**, at 24 per cent globally in the care sector, compared to 20 per cent overall.¹³¹ Much of this is unexplained by labour market attributes such as age, education or occupational category. This implies that women working in the care sector are underpaid relative to men who have similar labour market profiles, reflecting the high degree of gender-based occupational segregation in the sector and the undervaluation of the sector as a whole.

► **Figure 3. Share of low-paid personal care employees in selected countries (%)**

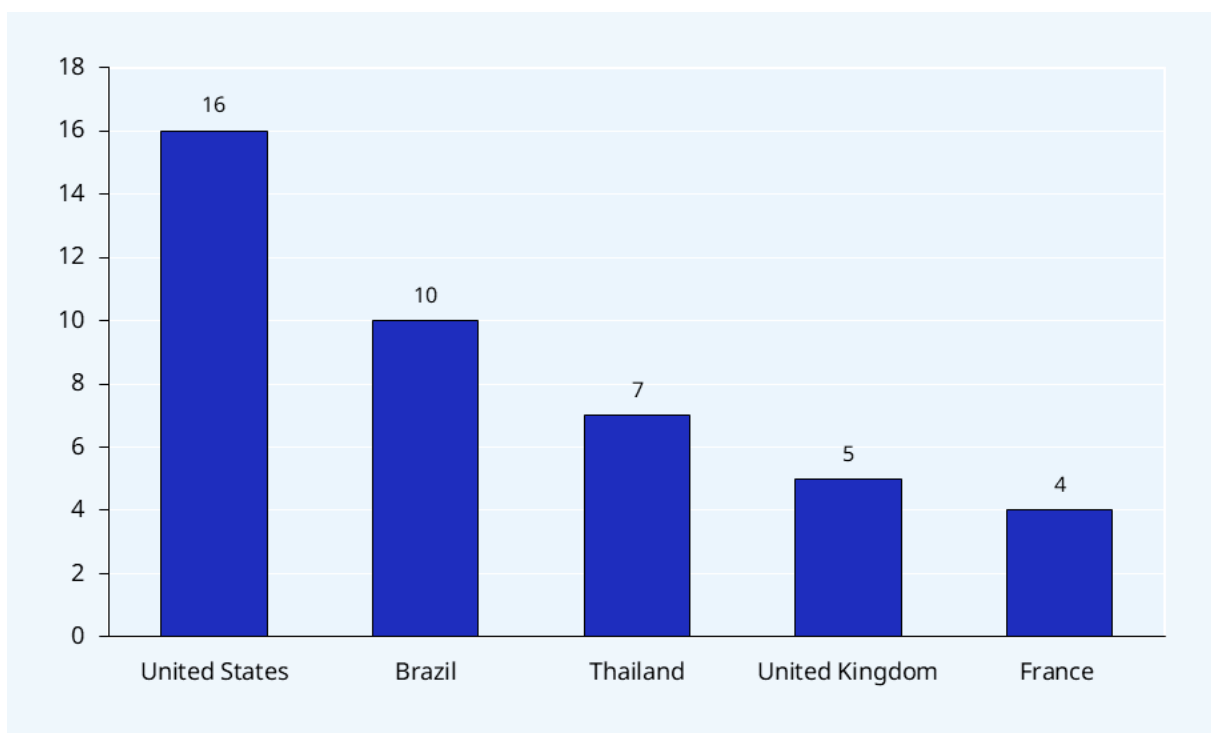


Source: ILO, *World Employment and Social Outlook 2023: The Value of Essential Work*, 2023, 113. Analysis based on ILO Microdata Repository (ILOSTAT).

¹³⁰ ILO, *The Migrant Pay Gap*, 1.

¹³¹ ILO, *A Quantum Leap for Gender Equality*, 14.

► **Figure 4. Gender pay gap among personal care employees in selected countries (%)**



Source: ILO, *World Employment and Social Outlook 2023*, 113. Analysis based on ILO Microdata Repository (ILOSTAT).

► **Box 9. Care workers and low pay**

Care workers are, in most contexts, relatively low paid. A gap in hourly wages, or pay penalty, that cannot be attributed to differences in skills, experience or credentials has been identified in several contexts. For the United States of America, a recent estimation of the pay penalty is 14.2 per cent for women and 10.6 per cent for men care workers. Controlling also for institutional factors, such as the degree of sectoral/occupational feminization and the proportion of public sector employment in the occupations, penalties for women care workers reach 29 per cent in France and 21.2 per cent in Hungary, but there is a premium in Sweden of 30 per cent. Penalties and premiums are also evident for men, but they are comparatively lower. In Mexico, the care pay penalty for women is 43.7 per cent and for men is 21.2 per cent.

Sources: Michelle J. Budig, Melissa J. Hodges and Paula England, “Wages of Nurturant and Reproductive Care Workers: Individual and Job Characteristics, Occupational Closure, and Wage-Equalizing Institutions”, *Social Problems* 66, No. 2 (2019), 294–314, table 2; Michelle J. Budig and Joya Misra, “How Care-Work Employment Shapes Earnings in Cross-National Perspective”, *International Labour Review* 149, No. 4 (2010), 441–460, table 1.

73. Community health and community care workers are often considered “volunteers”, which has consequences for their pay and income. They are predominantly women from poor and modest backgrounds, and they are often recruited by government programmes to address shortages of care workers, especially in rural and remote areas.¹³² As such, they play a crucial yet frequently undervalued role in the delivery of healthcare, social services and childcare. They often lack adequate training, have to deal with insufficient staffing, and are often underpaid – or not

¹³² Ariela Micha and Francisca Pereyra, *Trabajadoras comunitarias de cuidado en el marco del programa Potenciar Trabajo: Experiencias laborales y aportes a la provisión de servicios* (ILO, 2022); ILO et al., *Los Cuidados comunitarios en América Latina y el Caribe: Una aproximación a los cuidados en los territorios*, 2022.

paid at all. Some community health and community care workers receive allowances, incentives and honorariums, or fixed wages; others receive task-based payments, for example, for each baby immunized or each set of vitamins delivered. They often work excessive hours and are responsible for providing care to more people than they can manage or are paid for. Major concerns for these workers include their lack of labour rights, lack of social security rights (including access to pension benefits), lack of recognition and lack of health insurance.¹³³

- 74.** Campaigns by trade unions have secured recognition and better pay for community health and community care workers. For example, the All Pakistan Lady Health Workers Association organized workers in Pakistan's Community Health Workers programme, commonly known as Lady Health Workers, eventually securing their recognition as public employees and ensuring that they receive the minimum wage.¹³⁴ Similarly, in the Indian state of Tamil Nadu, campaigns and negotiations by trade unions achieved the implementation of a special time-scale pay for workers of community mother-and-child care centres that provide education, health and nutrition services for young children, pregnant and lactating women, and adolescent girls.¹³⁵
- 75. Social dialogue, including collective bargaining, has led to improvements in pay for care workers.** In Austria, a collective bargaining agreement covering approximately 10,000 employees of a care provider led to a 9.2 per cent increase in actual wages and salaries. As a result of the increase, the minimum wage of €2,000 can now be implemented.¹³⁶ Meanwhile, dialysis workers at six medical care clinics in Slovenia improved conditions and pay through their first company-specific agreement: the employees received on average between 20 and 30 per cent higher salaries and negotiated an annual 1.33 per cent pay rise for each year of employment in the company for all clinic employees.¹³⁷

► Box 10. Revaluing social care in New Zealand

In 2017, New Zealand unanimously passed a pay equity agreement, with pay increases of 15 to 50 per cent for 55,000 care workers according to their qualifications and experience. Those on the minimum wage received a 21 per cent increase. Key national and regional state funders of social care and three trade unions were party to this agreement, which increased funding by 2 billion New Zealand dollars to deliver pay equity in the sector. The five-year agreement funded training to support a better-qualified workforce and pay progression. Care workers' pay and working hours were the subject of a longer campaign and several court cases.

Source: ILO, *Securing Decent Work for Nursing Personnel and Domestic Workers*, 34.

2.3.3 Working time and working hours

- 76. Long working hours are a feature of work in the care economy.** Certain care jobs, including in acute facilities such as hospitals and in long-term residential care, are characterized by unsocial working hours; evening, night and weekend work; and a lack of fixed work patterns (with rotating or split shifts, unpredictable schedules announced on short notice, and the need to respond to

¹³³ ILO, *Securing Decent Work for Nursing Personnel and Domestic Workers*, 29–30

¹³⁴ Mir Zulfiqar Ali, "Community Health Workers in Pakistan – A Struggle for Union Registration", *PSI Blog*, 2 April 2019.

¹³⁵ Dipa Sinha, "India's Community Health Workers' Struggle for Recognition", *ROAR Magazine*, 11 December 2021.

¹³⁶ OTS, "KV-Abschluss Diakonie Österreich: Löhne und Gehälter steigen um 9,2 %", press release, 5 December 2023.

¹³⁷ Jelena Milos and Mark Bergfeld, *RETAIN: Tackling Labour Shortages and Labour Turnover in the Long-Term Care Sector* (Uni Global Union, 2019), 22.

emergencies or to be on call). This was exacerbated during the COVID-19 pandemic.¹³⁸ Healthcare workers caring for COVID-19 patients had insufficient rest periods and “experienced extremely long working hours, fatigue, depression, burn-out and anxiety”, among other detrimental conditions.¹³⁹ Domestic workers – particularly live-in domestic workers – tend to work long or very long hours, often driven by their exclusion from legislative provisions on working time.

77. Conversely, insufficient working hours present a challenge for some care workers. Involuntary part-time work, with very short hours, can be associated with time-related underemployment. The impacts include reduced earnings due to low hours and low hourly wages, compounded by lower benefit coverage. More than half of personal care workers (56 per cent) provide home-based care, which might consist of short hours, split shifts or night shifts.¹⁴⁰ Where a lack of full-time employment is combined with low wages, care workers often have to work in multiple facilities or visit numerous patients in their private homes each day to make ends meet. Domestic workers in some regions are also more likely than other workers to work short or very short hours, often correlating with informal employment.¹⁴¹

► Box 11. Negotiating better working conditions in Austria

In 2023, health and care workers in Vienna successfully negotiated for better working conditions, including improved pay and limits on working hours. Following negotiations between the trade union, the City of Vienna and the Vienna Health Association, healthcare workers were granted a 9.15 per cent pay rise and extra payments for night work and for working on Sundays and public holidays. Night-shift workers are also set to receive two hours of credit per shift that can be taken as time in lieu, or converted into extra pay. There are extra payments for providing cover at short notice, and from autumn 2024, a new uniform working time model for all workers will mean a reduction in hours of work in the Vienna Health Association, with workers also receiving pay increases to keep salaries in line with those in other regions.

Source: EPSU, “Higher Pay for Health and Care Workers in Public and Non-Profit Sectors”, EPSU Collective Bargaining Newsletter No. 25, December 2023.

2.3.4. Migrant workers: An important part of the care economy

78. **Globally, one in eight nurses (13 per cent) are migrant workers** – calculated as foreign-born or foreign-trained – a total of 3.7 million nurses.¹⁴² Research from 2015 suggests that 17 per cent of all domestic workers worldwide are migrant workers.¹⁴³ Further, in OECD countries, on average, 22 per cent of physicians and 14.5 per cent of nurses are foreign-born, alongside 26 per cent of workers in the long-term care sector.¹⁴⁴ Migrant workers are overrepresented in home-based care services, including as domestic workers and in long-term care residential facilities – the less visible and often poorly regulated segments of the care economy.

¹³⁸ ILO, “COVID-19 and the Health Sector”, ILO Sectoral Brief, 11 April 2020.

¹³⁹ ILO, *Securing Decent Work for Nursing Personnel and Domestic Workers*, paras 38 and 1087; ILO, “COVID-19 and the Health Sector”.

¹⁴⁰ ILO, *Securing Decent Work for Nursing Personnel and Domestic Workers*, para. 45.

¹⁴¹ ILO, *Making Decent Work a Reality for Domestic Workers*, 195.

¹⁴² See also ILO, *Care Work and Care Jobs for the Future of Decent Work*, figures 4.12 and 4.17.

¹⁴³ ILO, *Global Estimates on Migrant Workers*, 2015.

¹⁴⁴ OECD, *Contribution of Migrant Doctors and Nurses to Tackling COVID-19 Crisis in OECD Countries*, 2020, table 1; OECD, *Beyond Applause?* 141.

- 79. International migrant care workers often belong to two, or even three, socio-economically disadvantaged groups.** In addition to being overwhelmingly women, they are of a different race, ethnicity or nationality than non-migrant care workers, and are often from a lower-income country. This exposes them to greater risks of discrimination. Their migration status has specific implications for their effective enjoyment of labour rights in the country of destination. Indicators of forced labour are particularly pronounced among migrant domestic workers. Commonly reported instances of violations of domestic workers' rights that create conditions of forced labour include retention of identity documents, debt bondage, excessive working hours and withholding of wages.
- 80. Migrant workers are employed in a wide range of care jobs** that require differing qualifications and skill levels, and range from home-based care and domestic work to institution- or centre-based care, including in hospitals and clinics. They have diverse profiles and take different migration pathways from their countries of origin to countries of destination. Some may have lived in a country for a long time, while others have recently arrived. Some are permanent residents; others live and work under temporary labour migration visas. Some possess regular residence and working permits; others might find themselves in informal employment and/or with an irregular migration status. Many were care professionals and care practitioners (doctors, nurses, therapists, teachers, older person caregivers, and domestic workers) in their home countries, while many others never worked – or trained – as a care worker prior to migrating.

2.4. Concluding remarks

- 81.** The care economy is not only fundamental to our well-being, it is also an important employer across regions and spanning international borders. Quality care requires quality working conditions, and respect for fundamental principles and rights at work is central to care workers enjoying such conditions. Social dialogue has been instrumental in upholding fundamental principles and rights at work and improving working conditions for care workers. To this end, it is essential to strengthen employers' and workers' organizations and to develop and utilize inclusive and effective social dialogue mechanisms.

▶ Chapter 3

What is being done? A review of policies for the care economy

82. Countries have put in place policies and measures for the care economy, including care leave policies and various care services. Care economy issues have also been mainstreamed into other policy areas, such as social protection; employment, including macroeconomic policies; labour protection, including non-discrimination policies; migration; and environmental policies. All these policies are built on effective social dialogue and promote respect for international labour standards and fundamental principles and rights at work. Working together, these policies can provide a conducive environment for advancing decent work in the care economy; enabling the recognition, redistribution and (where necessary) reduction of unpaid care work; and promoting representation of care workers and care receivers.

3.1. Care leave policies and care services

83. **Care leave policies and services cover care provision throughout the life cycle** and enable workers with family responsibilities to provide care and support for their dependants while remaining in the labour market and progressing within it. These policies and services include: maternity protection; adoption, paternity, parental and other care-related leave; arrangements concerning the place or time of work; and childcare and long-term care services.¹⁴⁵ Not only is employer-supported childcare beneficial to workers with family responsibilities, there is also a business case for it. Furthermore, childcare services can promote the labour force participation and representation of workers with family responsibilities.

▶ Box 12. The business case for employer-supported childcare in Egypt

A 2021 study undertaken by the ILO, the Ministry of Social Solidarity of Egypt, the Federation of Egyptian Industries and UNICEF with funding from the Swedish Development Agency provides an evidence-based business case and framework for the provision of childcare services for workers in the Egyptian private sector. The study notes that childcare service provision presents excellent opportunities to support companies and “communicates a critical message to employees that they are valued” and “helps businesses to retain highly skilled members of the workforce while cementing their reputation”. The research, based on evidence gathered on the current situation of childcare services in the private sector, provides essential building blocks to scale up and/or design programmes that promote the establishment of childcare services in the workplace, and to advocate for models of childcare services in the workplace.

Source: ILO, Federation of Egyptian Industries, UNICEF, Ministry of Social Solidarity, *Business Case for Employer Supported Childcare in Egypt: Childcare Models for Scaling Up*, 2021, 8–14.

¹⁴⁵ ILO, *Care at Work*, figure 1.1.

► **Box 13. Trade union engagement in the care economy in South Africa**

In South Africa, unpaid care work could prevent women from fully participating in trade union activities. The Congress of South African Trade Unions provides childcare to members so that they can attend trade union meetings. The Congress is working on a new campaign on unpaid work that identifies and trains male comrades to be gender champions to boost efforts to recognize and value women's unpaid care work.

Sources: ILO, *Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work*, 2022, 226; ITUC, *Putting the Care Economy in Place: Trade Unions in Action Around the World*, 2022, 36.

- 84. A care policy package that includes time, services and income security, with rights at its very core, supports the provision of care.** Care leave policies and care services ensure the well-being of societies and are a crucial factor in addressing the issue of unpaid care work and in mitigating the inequalities faced by people with high levels of care needs and people typically providing care on an unpaid basis.¹⁴⁶ The Maternity Protection Convention (No. 183) and Recommendation (No. 191), 2000, along with the Workers with Family Responsibilities Convention (No. 156) and Recommendation (No. 165), 1981, shape the definition of care leave policies. As of December 2023, 43 countries have ratified Convention No. 183 and 45 countries have ratified Convention No. 156.¹⁴⁷
- 85. Maternity protection is a prerequisite for achieving substantive equality of opportunity and treatment between women and men at work.** It protects the health of pregnant and postnatal women, breastfeeding mothers and newborns, in addition to protecting women workers' economic security, ensuring that they are not penalized by their reproductive function. Adequate maternity protection provides:
- (a) sufficient time away from work before and after childbirth, and in the event of pregnancy-related ill health or complications;
 - (b) cash and medical benefits to replace income and provide for care, including prenatal, childbirth and postnatal care;
 - (c) breastfeeding breaks;
 - (d) health protection for pregnant and breastfeeding women; and
 - (e) protection from discrimination or dismissal on the grounds of pregnancy or motherhood, including the right to return to the same or an equivalent position at work.¹⁴⁸
- 86.** Over the past decade, progress has been made in national legislation concerning maternity leave. **In 2021, almost all of the 185 countries surveyed by the ILO had adopted statutory provisions for maternity leave in their legislation.** The duration of maternity leave is at least 14 weeks in 120 countries, with 52 countries meeting or exceeding a duration of 18 weeks. Since 2011, 23 new countries have met or exceeded the 14-week minimum duration stipulated by ILO Convention No. 183.¹⁴⁹ This positive trend is also seen in the average duration of maternity leave, which increased from around 14 weeks in 2014, to 17.6 weeks in 2022 (figure 5).

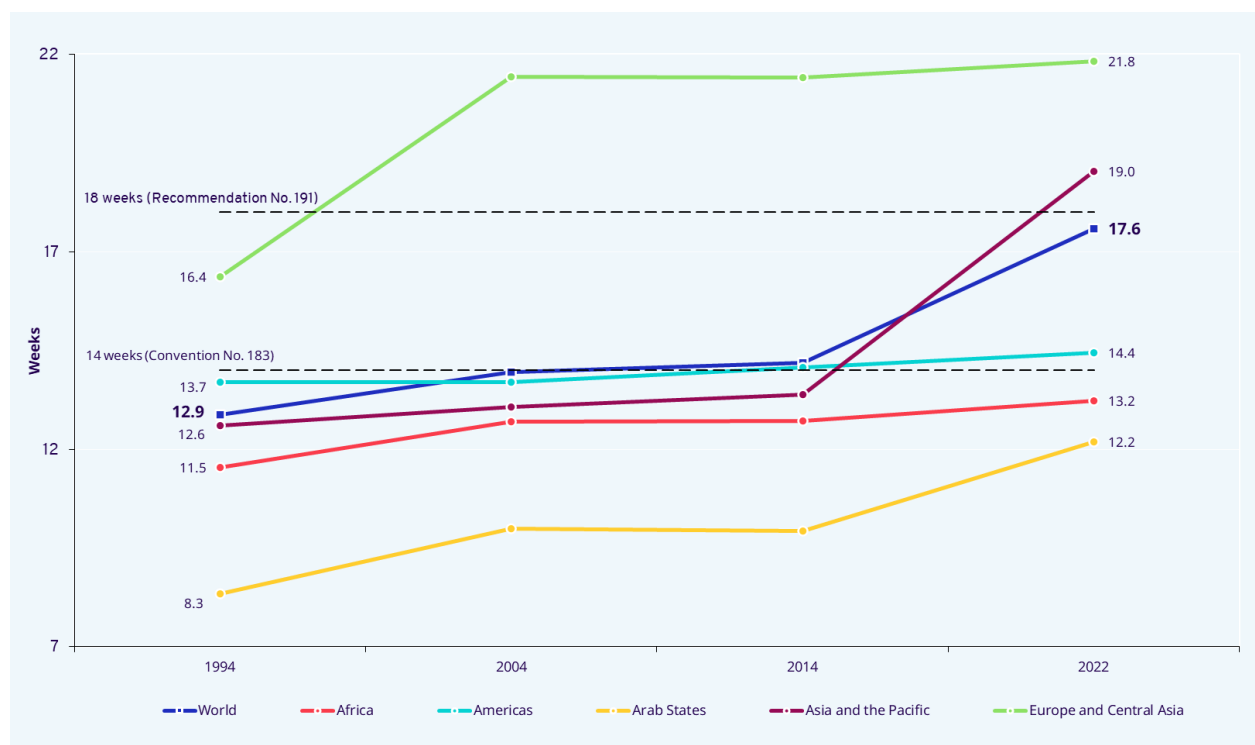
¹⁴⁶ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 29.

¹⁴⁷ ILO, NORMLEX database: [Convention No. 183](#) and [Convention No. 156](#).

¹⁴⁸ ILO, *Care at Work*, Ch. 2.

¹⁴⁹ ILO, *Care at Work*, 54–57.

► **Figure 5. Average duration of maternity leave (in weeks) by region, 1994, 2004, 2014 and 2022**



Note: The averages are population-weighted and are based on 141 countries and territories for 1994, 165 countries and territories for 2004, 177 countries and territories for 2014, and 181 countries and territories for 2022 with available population data. Source: ILO, “Closing the Gender Gap in Childcare-Related Paid Leave”, ILO Brief, forthcoming.

- 87.** Globally, 123 countries offer fully paid maternity leave, with 9 in 10 potential mothers living in these countries. Since 2011, 10 countries have increased the amount of maternity leave cash benefits. Among them, Albania, Cambodia, Paraguay, Rwanda, Slovakia and South Africa now meet the requirements of Convention No. 183, and provide cash benefits of at least two thirds of previous earnings to women on maternity leave.¹⁵⁰
- 88.** Social insurance based on shared contributions promotes solidarity and inclusion, thus preventing discrimination and enhancing both women’s talents and enterprises’ productivity. In 2021, more than two thirds of potential mothers lived in countries where maternity leave cash benefits were funded through social protection. Between 2011 and 2021, eight countries reformed their labour or social security provisions to move away from employer liability schemes towards social security or mixed schemes.¹⁵¹ Despite this significant progress in the provision of cash benefits worldwide, many women remain largely or entirely excluded, in law or in practice, from coverage and access, including many agricultural workers, domestic workers and community care workers. Globally, 44.9 per cent of women who give birth receive a maternity cash benefit.¹⁵²
- 89. Over the last decade, the role of fathers in caregiving has been increasingly cemented in national legislation through paternity leave schemes.** During this time, 16 countries increased paternity leave duration, and 6 introduced cash benefits funded by social protection. This trend

¹⁵⁰ ILO, *Care at Work*, 59–63.

¹⁵¹ ILO, *Care at Work*, 64–69.

¹⁵² ILO, *World Social Protection Report 2020–22: Social Protection at the Crossroads – In Pursuit of a Better Future*, 2021, 21.

also reached several developing countries and territories, including Afghanistan, Equatorial Guinea, Hong Kong (China) and Türkiye, where paternity leave policies were introduced for the first time, bringing the total to 118 countries and territories with statutory provisions by 2021. More countries are also providing incentives to men who make use of their paternity leave entitlement, with Iceland, Lithuania, Portugal and Spain granting fathers one to three months of paid leave, funded by social insurance, which is reserved for them.¹⁵³ More recently, in December 2023, Mexico amended the Federal Labour Law to extend paid paternity leave from 5 to 20 days for both the public and private sectors.¹⁵⁴ Over the last ten years, there has also been a considerable shift in employers' support of fathers, with an increasing number of enterprises offering paternity leave and other work–life balance measures to new fathers.

► **Box 14. Employer activities to support leave (paternity and parental) for new fathers**

Japan

In Japan, a global technology company has adopted a variety of measures to support the care responsibilities of its workers. The company offers 14 weeks of paid paternity leave for new fathers, and saw an increase of 40 percentage points in its take-up between 2015 and 2017.

United States

In 2016, a consulting firm revamped the leave policy for its employees in the United States. It now provides 16 weeks of paid parental leave for all employees who welcome a child through birth, adoption, surrogacy, foster care or legal guardianship. This gender-neutral parental leave replaced the firm's previous 12-week maternity leave provision and 6-week leave for new fathers and adoptive parents, and was put in place with supportive messaging by men in leadership positions. A year after the policy went into effect the take-up rate by fathers taking six weeks of parental leave or more increased from 19 to 38 per cent. The company also credited the expansion and increase in fathers' use of parental leave to increasing gender diversity in company leadership.

India

In 2021, the Indian subsidiary of a multinational beverage company introduced a family leave policy as part of its commitment to building a diverse and inclusive workplace culture. This policy, which takes into consideration surrogacy, adoption and biological conception, offers all eligible employees 26 weeks of parental leave, comprising all benefits and bonuses. This care leave can be taken by new fathers any time within the 12 months following the birth of the child, thereby allowing the mother to better manage her career alongside other priorities.

Sources: ILO, *Care at Work*, 117; ILO, *Empowering Women at Work: Company Policies and Practices for Gender Equality*, 2020; ILO, *Care Work and Care Jobs for the Future of Decent Work*, 313.

- 90. To support the continuum of childcare over the life course, 68 countries (out of 185) provide statutory parental leave, and 46 of them offer parental leave cash benefits.** Between 2011 and 2021, three countries – Angola, Ecuador and the United Arab Emirates – introduced parental leave legislation for the first time, and another nine countries increased parental leave cash benefits.¹⁵⁵ Worldwide, parental leave systems vary widely, with some countries replacing maternity and paternity leave with a paid parental leave provision available to each parent, in the hope of encouraging co-parenting.

¹⁵³ ILO, *Care at Work*, 95–106.

¹⁵⁴ Mexico, Chamber of Deputies, “Aprobó la Cámara de Diputados que el permiso de paternidad sea de 20 días laborables con goce de sueldo”, press release, 12 December 2023.

¹⁵⁵ ILO, *Care at Work*, 26.

► Box 15. New developments in care policies in Ecuador

In Ecuador, the Right to Care Act of 8 May 2023 was an important step in strengthening care policies and meeting the needs of workers with family responsibilities. The new law introduced the right to time off for antenatal examinations and established the right to workplace breastfeeding facilities, if an enterprise employs women of reproductive age. The law also improved on prior care policy provision by extending parental leave to 15 weeks, increasing paternity leave entitlements from 10 to 15 days, and increasing the duration of breastfeeding break entitlements from 12 to 15 months. The new law also stipulates that, if mothers cannot use their entitlement to breastfeeding breaks, fathers are entitled to take those breaks instead.

Source: Ecuador, Ley Orgánica del Derecho al Cuidado Humano (2023).

► Box 16. Nordic approaches to paid parental leave

Nordic governments have strategically prioritized robust compensation schemes for parental leave. Within countries of the Nordic Council of Ministers – comprising Denmark, Finland, Iceland, Norway and Sweden – parents receive full financial compensation for income lost during parental leave. In Iceland, 30 per cent of parental leave is taken by men, with Sweden following closely at 29 per cent and Norway at 20 per cent. For fathers, the taking of parental leave leads to greater involvement throughout their children's lives and is linked to health benefits for men.

Source: Nordic Council of Ministers, *Shared and Paid Parental Leave: The Nordic Gender Effect at Work*, 2019, 9.

91. Other types of leave also exist to address specific needs of workers with family responsibilities. Emergency leave may be available in situations such as accidents, sudden illness, or a birth or death involving a member of the worker's family. In 2021, 127 out of 183 countries had a statutory right to emergency leave, with the provision being paid in 101 of these countries. Long-term care leave to care for dependants is also granted in a number of countries, usually for workers who are caring for a child with a disability or for family members with long-term functional dependency. In 2021, 55 countries had a statutory right to long-term care leave. In 34 of these countries, long-term care leave is paid.¹⁵⁶
92. As for early childhood care and education services, 57 of 178 countries have statutory provision of early childhood educational development programmes for children aged 0–2 years. For children aged between 3 years and the start of primary school, more services are available, with 105 of 178 countries having statutory provision of pre-primary education services.¹⁵⁷ Meanwhile, some countries, including El Salvador, Guatemala and Saudi Arabia, have legislated for employers to provide childcare services to look after the young children of workers.¹⁵⁸

► Box 17. Childcare services for children living with disabilities

United Arab Emirates

The Dubai Early Childhood Development Centre, founded in 2007, provides early childhood education services to children with disabilities or at risk of developmental delay (between the ages of 0 and 6 years). Here, assessment and early intervention services are provided free of charge to families with valid

¹⁵⁶ ILO, *Care at Work*, 160–169.

¹⁵⁷ ILO, *Care at Work*, 28.

¹⁵⁸ ILO, *Achieving Gender Equality at Work*, para. 650.

national identity cards and a medical diagnosis. The service is provided on an almost full-time basis, available for 8 hours from Monday to Thursday and 4.5 hours on Friday.

Viet Nam

In Viet Nam, the inclusivity of early childhood care and education for children with disabilities is improved by linking early intervention centres, integration centres catering to children with disabilities, preschool institutions and families. As a result, in the academic year 2012–13, 62.3 per cent of all preschool age children with disabilities attended preschool programmes.

Sources: Government of Dubai and Community Development Authority, *Development Indicators and Signs of Caution*, n.d.; ILO, *Care at Work: Companion Regional Report for the Middle East and North Africa*, forthcoming. Viet Nam, Ministry of Education and Training, 2015, cited in ILO and Asian Development Bank, *Investments in Childcare for Gender Equality in Asia and the Pacific*, 2023, box 4.

► **Box 18. Childcare services for workers in the informal economy**

Senegal

In 2007, Senegal adopted the Integrated Early Childhood Development Policy, which calls for the care of children from birth to school entry (0–6 years). However, in 2010 the gross enrolment ratio in pre-primary education was only 9.8 per cent. Thus, after focus group discussions, a community-based childcare service centre for the children of women working in the informal economy was established in the city of Bargny. The centre is run by the Association of Young Workers of Bargny, a member of the Confederation of Autonomous Trade Unions of Senegal. In 2020, the pilot phase involved 95 children: 20 children aged 1–2 years and 75 aged 3–12. The centre has since expanded to accommodate children aged 7–12, after school on Wednesdays and Saturdays. Working mothers in the informal economy no longer need to take their children to the workplace and they know that their children are safe after school, which allows them to continue their economic activities, thereby reducing their mental stress and increasing their productivity and income.

India

The Self-Employed Women's Association (SEWA), founded in 1972, now represents 3 million women workers in the informal economy across 19 states in India. Responding to demand, the Association set up the Sangini Child Care Workers' Cooperative in Ahmedabad in 1986. This cooperative now runs 25 childcare centres, staffed by SEWA care workers, to provide care to 500 children aged 0–6, ensuring that the children receive a basic education, social skills, adequate nutrition and basic health services. The centres run from 9 a.m. to 5 p.m. to match the working day, thus enabling 85 per cent of working mothers to increase their own working hours by 2 to 4 hours per day. In addition, SEWA care workers also look after older relatives who need care.

Source: ILO, *Care at Work*, 226; ITUC, *Putting the Care Economy in Place*, 28–32; WIEGO, *The Balsewa Benefits: SEWA's Innovative Child Care Centres & Workers*, 2018, updated through consultation with Mirai Chatterjee, Director, SEWA Social Security.

- 93.** Cooperatives – part of the social and solidarity economy – are emerging as community-level actors in the care economy, and often address childcare needs, particularly in underserved communities.¹⁵⁹ Care cooperatives cater to diverse populations of individuals with care or support needs, and typically include in their by-laws the importance of having women and socio-economically disadvantaged population groups become members and access their services. Cooperatives contribute not only to providing quality care services, but also to ensuring quality working conditions and improving wages, benefits, social security access and worker retention rates, while also facilitating the formalization of home-based care, promoting professionalization

¹⁵⁹ILO and WIEGO, *Cooperatives Meeting Informal Economy Workers' Child Care Needs*, 2018, 2. For more information on cooperatives, see: <https://www.ilo.org/global/topics/cooperatives>.

and training of care workers, and facilitating safer working environments.¹⁶⁰ Governments, such as that of Colombia, have been increasingly enabling the involvement of cooperatives in meeting community care needs, including childcare.

► Box 19. Cooperative models for childcare provision

In Colombia, between May and December 2023, the Vice-Presidency implemented an action plan focusing on the role of care cooperatives. The initiative strengthened two cooperatives in the Caribbean and Pacific regions using a care cooperative methodology based on an adaptation of the ILO tools Think.Coop and Start.Coop. By developing more cooperatives within communities, the initiative supports women's empowerment, by freeing up time for professional development, paid work or other activities.

94. The childcare policy gap is defined as the time lag between the point at which childcare-related paid leave entitlements available to households end and the point at which children become eligible for universal, free childcare services or attend primary school. **In 26 out of 176 countries with available data, there is no childcare policy gap.** Among these, 20 are in Europe and Central Asia¹⁶¹ and 6 are in the Americas.¹⁶² **Across the world, however, most countries have a childcare policy gap. The average duration is 4.2 years,** and it is more than 5 years in 89 out of 176 countries. Increasing access to a complementary benefits package that ensures a continuum of childcare would create jobs, increase women's labour force participation and pay, and also promote the health, nutrition and well-being of children and society at large.¹⁶³
95. The demand for long-term care services for older persons and persons with disabilities who need care or support has been rising steeply due to increased life expectancy as well as changes in household structures and in women's availability to provide unpaid care. Globally, 89 out of 179 countries have a statutory provision of public long-term care services for older persons. This equates to almost half of older persons with potential care needs living in countries with statutory long-term care services. In 29 of these countries, a statutory universal and free long-term care service scheme has been established.¹⁶⁴
96. During the COVID-19 pandemic, parents working from home faced challenges managing their paid work alongside higher levels of unpaid care work; this included educating and caring for children who were at home due to the closure of schools, as well as tending to those who became unwell from the disease itself. At that time, the Government of Australia made childcare services free, with priority given to parents who had to continue working.¹⁶⁵ The COVID-19 crisis also led to some long-standing demands being realized. In 2020, the Federal Government of Canada announced the creation of a national childcare system through increased investment and, in 2022, the establishment of an Early Learning and Child Care Infrastructure Fund. This followed more than 50 years of campaigning by the Canadian Labour Congress, union members and childcare

¹⁶⁰ ILO, *Providing Care through Cooperatives 2: Literature Review and Case Studies*, 2017, 6–7.

¹⁶¹ Albania, Belarus, Belgium, Finland, Germany, Greece, Hungary, Iceland, Latvia, Lithuania, Malta, Montenegro, North Macedonia, Norway, Poland, Romania, Russian Federation, Slovenia, Sweden and Ukraine.

¹⁶² Brazil, Costa Rica, Cuba, Mexico, Panama and Uruguay.

¹⁶³ ILO, "The Benefits of Investing in Transformative Childcare Policy Packages Towards Gender Equality and Social Justice", ILO Brief, October 2023.

¹⁶⁴ ILO, *Care at Work*, 29.

¹⁶⁵ Parliament of Australia, "COVID-19 Economic Response – Free Child Care", 6 April 2020, cited in ILO, *A Quick Reference Guide to Common COVID-19 Policy Responses*, 2020, 19.

advocates.¹⁶⁶ In 2021, Bangladesh passed the Child Day Care Centre Act requiring that all childcare centres must be registered with the Government, subjecting government, semi-government, autonomous and private entities to regulation.¹⁶⁷

3.2. Mainstreaming care into other policy areas

3.2.1. Social protection policies

- 97.** Social protection policies provide one of the key regulatory frameworks that govern the right to social protection of those who provide and receive care. They can provide for support for care recipients, determine access to social security for care workers and establish the right of unpaid carers to income security and social health protection regardless of their employment status.¹⁶⁸
- 98.** Social protection includes access to healthcare and income security in the event of sickness, maternity, care for children, unemployment, work injury or disability, as well as access to old-age and survivor pensions. Table 1 provides an overview of the core elements of the Social Security (Minimum Standards) Convention, 1952 (No. 102), and the Social Protection Floors Recommendation, 2012 (No. 202).

► **Table 1. Core elements of international labour standards on social protection**

Social Security (Minimum Standards) Convention, 1952 (No. 102)	Social Protection Floors Recommendation, 2012 (No. 202)
<p>Nine social security contingencies to cover:</p> <ul style="list-style-type: none"> • medical care • sickness benefits • unemployment benefits • old-age benefits • employment injury benefits • family responsibilities benefits • maternity benefits • disability/invalidity benefits • survivorship benefits (where a dependant outlives an earner) 	<p>Basic social security guarantees:</p> <ul style="list-style-type: none"> • access to essential healthcare, including maternity care • basic income security for children, ensuring access to nutrition, education, care, and other necessary goods and services • basic income security for persons of working age who are unable to earn sufficient income, especially due to sickness, unemployment, maternity and disability • basic income security for older persons

Source: ILO, *World Social Protection Report 2020–22*, 35.

- 99.** When care sector workers are employed with high job insecurity, on low wages, they are unlikely to be adequately covered by social security.¹⁶⁹ This can also be a concern for community health workers and others who are not recognized as workers despite providing an essential service. Domestic workers still face particular difficulties in accessing social security – only 49.9 per cent

¹⁶⁶ ITUC, *Putting the Care Economy in Place: Trade Unions in Action Around the World*, 14.

¹⁶⁷ *Daily Star*, “Parliament Passes Daycare Centre Bill to Support Working Parents”, cited in ILO and Asian Development Bank, *Investments in Childcare for Gender Equality in Asia and the Pacific*, 2023, box 7.

¹⁶⁸ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 30.

¹⁶⁹ ILO, *World Employment and Social Outlook 2023*, 93.

of all domestic workers worldwide are legally covered by at least one benefit under social security schemes.¹⁷⁰

► **Box 20. Towards social protection for domestic workers**

Pakistan

In the Punjab, Pakistan, a regulation pertaining to social security contributions by domestic workers has been formally notified, marking a significant step towards ensuring that they have access to comprehensive welfare. Under this regulation, domestic workers are required to make contributions to a designated social security fund, which provides them with access to a range of social security benefits. The regulation not only recognizes the invaluable role of domestic workers in society, it also demonstrates the Government's commitment to raising their socio-economic status and providing them with social protection to foster dignity, stability and improved quality of life.

Cameroon

In April 2023, the Ministry of Labour and Social Security of Cameroon, in consultation with the Cameroon Confederation of Labour, the Confederation of Public Service Unions–East, Horizons Femmes, ACT TOGETHER and the Association for the Development of Domestic Assistants, adopted an information and awareness-raising plan, which was implemented through a national advocacy, awareness-raising and education campaign to improve the legal and regulatory framework, working conditions and perception of domestic labour in Cameroon. The campaign reached an estimated 4,000 households, and at least 300 employers of domestic workers were referred to the services of the social security management body with a view to affiliating domestic workers.

100. Social protection systems can also respond directly to the needs of care recipients and unpaid caregivers by promoting income security, and thus ensuring their well-being, across the life cycle. Benefits may include child and family benefits; maternity, paternity and parental benefits; sickness benefits; and disability benefits and pensions, and may be complemented by social services and other in-kind benefits. Cash benefits and services can offer relief for unpaid family caregivers and enable them to better balance work and family responsibilities.¹⁷¹ The role of social protection systems in ensuring effective access to healthcare, childcare and long-term care services varies across countries, and is not yet developed in most low- and middle-income countries in regard to childcare and long-term care.¹⁷²
101. **Child benefits can play a critical role in improving children's development and well-being, helping them attain their full potential and supporting family livelihoods and care needs,** while also reducing the prevalence of child labour.¹⁷³ Social protection cash benefits and effective access to care services can be mutually reinforcing, particularly with regard to healthcare, childcare, education and nutrition services. Healthcare and childcare services can maximize and sustain the impacts of cash benefits in overcoming gender inequalities and fostering the social inclusion of marginalized children.¹⁷⁴
102. Domestic workers frequently provide childcare outside the framework of States' care policies or social protection systems. In some cases, governments have created and financed mechanisms

¹⁷⁰ ILO, *Making Decent Work a Reality for Domestic Workers*, 122–123.

¹⁷¹ Shahra Razavi, Ian Orton, Christina Behrendt, Lou Tessier and Veronika Wodsak, "Making Social Protection Work for Gender Equality: What Does It Look like? How Do We Get There?", ILO Working Paper, forthcoming.

¹⁷² ILO, *World Social Protection Report 2020–22*, 21, 55; Tessier, De Wulf and Momose, 22–23.

¹⁷³ ILO and UNICEF, *The Role of Social Protection in the Elimination of Child Labour: Evidence Review and Policy Implications*, 2022, 10.

¹⁷⁴ ILO and UNICEF, *More than a Billion Reasons: The Urgent Need to Build Universal Social Protection for Children*, 2023, 19.

to recognize care-related services provided by domestic workers in the national social protection system or other relevant national systems. In France, under certain conditions, working parents can receive a family allowance to subsidize the costs of care for a child under the age of 6. Among other childcare solutions, the allowance can be used to cover up to 85 per cent of the cost of hiring a domestic worker. Moreover, these workers are covered by collective agreements, whether they are employed directly by a private household or through a service provider.¹⁷⁵

103. Social health protection ensures effective access to quality healthcare without hardship and impoverishment. To date, less than two thirds of the global population are covered by a social health protection scheme – including less than one third in middle-income countries and less than one fifth in low-income countries. As a result, barriers to accessing healthcare remain due to:

- out-of-pocket payments for health services;
- physical distance from health services;
- shortages in and geographically unequal distribution of health workers;
- the limited range, quality and acceptability of health services;
- long waiting times; and
- the opportunity costs of lost working time.

Collective financing, broad risk-pooling, rights-based entitlements, and investments in decent work for health workers are key conditions for reaching effective, universal access to healthcare in line with international social security standards. To monitor progress towards universal health coverage, more and better data is a priority.¹⁷⁶

104. Care credits play a role in social insurance schemes, by recognizing and rewarding periods spent caring for children or other family members, to guarantee minimum pensions in line with international social security standards.¹⁷⁷

3.2.2. Employment policies, including macroeconomic policies

105. Employment policies, including macroeconomic policies, sometimes mainstream care-related clauses, including through specific measures to counter barriers to women’s participation in the labour market. In Bulgaria, the “Back to Work” programme promotes mothers’ return to work by offering free care for children up to 3 years of age.¹⁷⁸ Recent policy reforms in the Republic of Moldova, for example, have included care in the National Employment Programme.

► Box 21. Policy reforms to support women’s labour force participation

Ukraine

In 2022, a rapid assessment conducted by the ILO in Ukraine found inadequate childcare services to be a major impediment to women’s labour force participation, particularly for mothers of children aged 0–3 years. The National Strategy for Closing the Gender Pay Gap up to 2030 calls for urgent measures to reform parental leave and childcare policies and to devise effective strategies for expanding accessible childcare services. In response, the ILO is implementing the project “Enabling the participation of women in the labour market by expanding childcare services in selected regions of Ukraine”. This initiative

¹⁷⁵ ILO, *From Global Care Crisis to Quality Care at Home: The Case for Including Domestic Workers in Care Policies and Ensuring Their Rights at Work*, forthcoming.

¹⁷⁶ ILO, *World Social Protection Report 2020–22*, 189.

¹⁷⁷ ILO, *World Social Protection Report 2020–22*, 54.

¹⁷⁸ ILO, *Achieving Gender Equality at Work*, para. 422.

engages government entities, social partners, and the private sector across national, local and sectoral levels. By October 2023, the project had established four mini-kindergartens and five family-type kindergartens in the Kyiv and Zhytomyr regions and had formalized and expanded existing kindergartens, including for internally displaced people affected by the war.

Republic of Moldova

The Government of the Republic of Moldova adopted a National Employment Programme for 2022–26 and an accompanying action plan with a view to increasing the activity and employment rates of women with family responsibilities by increasing access to childcare by 20 per cent for children up to the age of 3 years, including for refugee children from Ukraine. This includes the expansion of public creche services, support for the creation of alternative childcare services, and incentives to increase the number of private creches, thereby also creating decent jobs in the care sector. A benchmark curriculum and methodology were also developed for training childcare providers.

Source: ILO, “ILO Interventions Aimed at Women’s Economic Empowerment and Gender Equality”, unpublished; ILO, *ILO Programme Implementation 2022–23*, forthcoming, box 21.

- 106. Macroeconomic policies, such as fiscal, monetary and trade policies, are critical to the ILO’s conceptualization of national employment policies. They shape women’s and men’s opportunities for paid employment as well as the resources available for measures aimed at reducing gender inequalities.** Increasing fiscal space expands the resources available to fund care policies and to reduce and redistribute unpaid care work. If focused on employment creation (and not on narrow targets, such as inflation control), monetary policy can support the expansion of overall employment, bringing with it an expansion in care employment and removing downward pressure on wages for care workers. As an example, a joint programme of the ILO and UN-Women provides policy support, training and policy advocacy to promote macroeconomic policy accelerators to support better jobs for women through inclusive growth and investments in care in Argentina, Egypt, Ethiopia, Morocco and Nepal, and promotes South–South exchange to share good practices.
- 107. Skills policies present varied strategies for anticipating care needs, which is a crucial step, considering the time required to train care workers.**¹⁷⁹ This training process not only contributes to worker retention, it also improves the quality of care services and the wages and incomes of care workers. Establishing flexible and appropriate skills recognition systems and qualification frameworks can create diverse pathways into care work, including for migrant workers. This is particularly relevant for people with informal training, including those who accrued considerable experience and skills through unpaid care work or uncertified on-the-job training. Enhancing the education and skills development infrastructure is pivotal, especially in rural and remote areas, for attracting and retaining a local care workforce. To keep up with changing technologies, tools, machines and procedures, further investments in training are needed.¹⁸⁰

¹⁷⁹ It takes 7–10 years to train some healthcare professionals. OECD and ILO, *Equipping Health Workers with the Right Skills: Skills Anticipation in the Health Workforce*, 2022, 27.

¹⁸⁰ ILO, *Securing Decent Work for Nursing Personnel and Domestic Workers*, 99–100.

► **Box 22. Technical and vocational education and training for care workers in the Dominican Republic**

In September 2023, the National Institute for Technical and Vocational Training in the Dominican Republic introduced a programme for the training of personal assistants for people with disabilities, developed within the framework of the National Care System. The programme is committed to the professionalization of care work, and generates conditions to improve access to rights for paid caregivers.

► **Box 23. Caregiver accreditation in Jordan**

In Jordan, the ILO and SADAQA, a national non-governmental organization, are creating a structure for childcare skills development programmes for workers in the care sector and the accreditation of childcare training centres. This has involved developing occupational standards for priority occupations. The aim is to upgrade childcare services by certifying caregivers and managers of early childcare day-care centres in alignment with the national framework. SADAQA has coordinated with the Ministry of Social Development, the Ministry of Labour, the Technical and Vocational Skills Development Commission and managers of day-care centres. Through these efforts, the gaps between labour supply and demand are being bridged, contributing to better working conditions and enhancing the quality of childcare provision.

Source: ILO, *Care at Work: Companion Regional Report for the Middle East and North Africa*, forthcoming.

108. Active labour market policies can help people of working age who are currently outside of the labour force, including those who have been out of the labour force due to care responsibilities. They can encompass employment opportunities, training, and employment services for jobseekers, while also making childcare and long-term care services accessible to them.¹⁸¹ For example, in France, childcare services are available to jobseekers to support their efforts to re-enter the workforce.¹⁸² In Austria, an active labour market policy programme addresses occupational segregation by encouraging women, including mothers, to enter traditionally male-dominated occupations in the trades and technological fields. The programme offers qualifications through apprenticeships, technical vocational schools and universities of applied science.¹⁸³ Globally, sectoral policies also have an influence on the labour market position of care workers across different care-related sectors, including health and social work, education and domestic work.

► **Box 24. Occupational centres for women in the Republic of Korea**

The Korean Public Employment Service provides employment services and training to women, in partnership with specialist organizations in local labour markets. The Occupational Centre for Women in Ansan City, for example, targets services towards women, ranging from those who have interrupted their professional careers for family reasons and lack reliable access to childcare through to migrant women who are not fluent in the Korean language or have no formal qualifications. During the COVID-19 crisis,

¹⁸¹ Paragraph 14 of the [Workers with Family Responsibilities Recommendation, 1981 \(No. 165\)](#), states that services that enable workers with family responsibilities to enter or re-enter employment should be available and that “they should include, free of charge to the workers, vocational guidance, counselling, information and placement services which are staffed by suitably trained personnel and are able to respond adequately to the special needs of workers with family responsibilities”.

¹⁸² ILO, *Women at Work: Trends 2016*, 2016, 92.

¹⁸³ Sriani Ameratunga Kring, “[Gender in Employment Policies and Programmes: What Works for Women?](#)”, ILO Employment Working Paper No. 235, 2017, 19.

the Public Employment Service worked closely with the Occupational Centres for Women to link job search support and training with a special maternity leave allowance and childcare subsidies for eligible women registered with the employment centre. Employers also received a subsidy from the Public Employment Service when authorizing female employees' maternity or childcare leave.

Sources: Zulum Avila, "Public Employment Services: Joined-up Services for People Facing Labour Market Disadvantage", ILO Employment Services and ALMPs Brief No. 1, 2018; ILO, "A Gender-Responsive Employment Recovery: Building Back Fairer", ILO Policy Brief, July 2020.

- 109.** Public works programmes can offer employment while strengthening care provision. In countries without unemployment insurance schemes, public works programmes can increase the participation of unpaid carers or alleviate their care obligations, especially when they are consulted on the programme design.¹⁸⁴ In the United Republic of Tanzania, the ILO's Employment-Intensive Investment Programme worked with the Tanzania Social Action Fund under the Government's National Five-Year Development Plan II (2016–21) and the 2025 Development Vision. Some of the gender-responsive public works involved providing light work and flexible working hours for pregnant, breastfeeding and older women and offering childcare support in some localities, which can enable women to participate on an equal basis and in a sustainable manner.¹⁸⁵

3.2.3. Labour protection policies, including non-discrimination

- 110.** Labour protection policies (including on non-discrimination) relate to working conditions, wages (including pay equity), prevention and tackling of violence and harassment and non-discrimination, working time arrangements (including overtime compensation), and access to redress mechanisms. They also encompass measures to facilitate the transition from the informal to the formal economy, and accessibility policies for persons with disabilities, persons living with HIV and other persons in situations of vulnerability.
- 111.** Labour markets structured on male breadwinner models and an unequal distribution of unpaid care work between mothers and fathers appear to have contributed to recent trends in long working hours on the one hand, and short hours or part-time work on the other.¹⁸⁶ Promoting a shorter working week can promote work–life balance, while flexible working hours, alongside other measures, can support workers with family responsibilities.

► Box 25. Supporting workers with family responsibilities

Cabo Verde

In 2023, Cabo Verde adopted a comprehensive tripartite action plan for equal opportunity and treatment for workers with family responsibilities and for maternity protection at work. It is based on three objectives:

1. To create a legal and policy framework that promotes a balance between family and working life and improves protection for maternity at work;
2. To develop national skills to promote decent work for workers with family responsibilities; and
3. To facilitate the creation of care services for workers of both sexes with family responsibilities.

¹⁸⁴ Ameratunga Kring, 11–12; Nite Tanzarn and Maria Teresa Gutierrez, "Public Works Programmes: A Strategy for Poverty Alleviation – The Gender Dimension Revisited in Employment-Intensive Investment Programmes in 30 Countries in Africa, Asia, Latin America and the Caribbean", ILO Employment Working Paper No. 194, 2015, 36–37.

¹⁸⁵ ILO, "Tanzania: Gender-Responsive Public Works as a Key Building Block of Social Protection for All", EIIP Brief, 2019.

¹⁸⁶ ILO, *Leaving No One Behind*, 32–34.

China

In 2022–23, the Office's engagement with the China Enterprise Confederation resulted in the introduction of workplace policies covering flexible working hours, improved supportive measures on breastfeeding, childcare, and protection for pregnant workers and new mothers. In 2021 and 2022 they delivered trainings to 200 enterprises and 2,000 participants, providing one-on-one technical guidance for five pilot enterprises. These enterprises successfully issued workplace policy on flexible working hours, improved supportive measures on breastfeeding, childcare, and protection for pregnant workers and new mothers. Two enterprises which have received the training improved their collective agreement to strengthen workplace measures balancing family responsibilities.

Source: ILO, *ILO Programme Implementation 2022–23*, forthcoming.

112. To address the exclusion of some categories of care workers, especially domestic workers, from labour and social security laws, some countries have carried out legal reforms. For example, in South Africa, domestic workers were included in the Unemployment Insurance Fund, which provides unemployment and maternity benefits. Implementation of the reform was accompanied by resources to train labour inspectors and employ additional inspectors. Other countries have taken steps to extend legal coverage by eliminating or reducing legal thresholds on minimum working time, duration of employment or earnings that were insufficiently aligned with the typical working arrangements of domestic workers and other care workers. For example, Belgium, Colombia and Uruguay have extended legal coverage for domestic workers and other care workers by allowing workers who work part-time or have multiple employers to enrol with social insurance.¹⁸⁷
113. Policies on equality and non-discrimination at work cover an increasingly broad set of grounds for discrimination and stipulate more comprehensive protection. Around the world, new laws have been introduced or existing legislation amended to eliminate discrimination based on age, maternity and marital status, and disability. Existing legislation has been complemented by family-friendly policies relating, for example, to parental leave, maternity protection and breastfeeding, as well as other new policies for continuous training for older workers and quotas for women in managerial positions. Such policies have been implemented at the enterprise and national levels.¹⁸⁸
114. As of December 2023, ratifications of the two fundamental Conventions in this area – the Equal Remuneration Convention, 1951 (No. 100), and the Discrimination (Employment and Occupation) Convention, 1958 (No. 111) – stand at 174 and 175 countries, respectively, out of a total of 187 ILO Member States. This makes them the fifth- and sixth-most ratified ILO Conventions. Enforcement mechanisms include effective labour inspectorates, specialist courts or ombuds authorities, adequate protection against victimization, the availability of effective remedies, and a fair allocation of the burden of proof.¹⁸⁹

¹⁸⁷ ILO, "Formalizing Domestic Work", ILO Domestic Work Policy Brief No. 10, 2017; ILO, *Domestic Workers Across the World: Global and Regional Statistics and the Extent of Legal Protection*, 2013; European Commission, *European Platform Tackling Undeclared Work: Member State Factsheets and Synthesis Report*, 2016.

¹⁸⁸ ILO, *Equality at Work: The Continuing Challenge*, Global Report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work, 2011, x.

¹⁸⁹ ILO, *Equality at Work*, x.

► Box 26. Gender-responsive training for labour inspectors in Ethiopia

In November 2023, a two-day training course on promoting effective maternity protection and care policies in labour inspection was organized by the ILO in collaboration with the Ethiopian Ministry of Labour and Skills. The training, attended by 40 labour inspectors from all regions of Ethiopia and the federal office, covered the important role the labour inspectorate plays in achieving gender equality at work, and how to promote and implement gender-responsive workplaces. Almost 9 in 10 respondents to the evaluation form replied they were “likely” or “certain” to apply the learnings from the training in their work.

Source: ILO and the Ministry of Foreign Affairs of Norway, Development cooperation project on Promoting workers' rights and gender equality at work in Africa.

- 115. Employment protection and non-discrimination are essential to making the right to maternity leave a reality across the world.** Most countries mandate protection against unlawful dismissal related to maternity, although not always over the full maternity period. In 2021, there were 89 countries that guaranteed the right to return to the same or an equivalent position after maternity leave. The discriminatory practice of mandatory pregnancy testing for securing and retaining employment continues to be reported, and predominantly affects certain categories of workers, such as migrant workers, domestic workers and workers in the garment sector. Between 2011 and 2021, 24 countries, including the Lao People's Democratic Republic, Norway and Panama, included an explicit prohibition of such pregnancy testing in their legislation.¹⁹⁰
- 116.** In the last decade, 11 countries, including Congo, Niger and Zambia, have introduced new legal restrictions against dangerous or unhealthy work being performed by pregnant or breastfeeding women, while 21 countries, including Albania, Germany, and Sao Tome and Principe, have introduced new protective measures for these workers.¹⁹¹ In total, there are 40 countries where employers are obliged to protect pregnant or breastfeeding women against dangerous or unhealthy work.
- 117.** Employment protection and non-discrimination connected with paternity leave could improve take-up rates. In 2021, 55 countries had legislation that explicitly protects fathers against unlawful dismissal for taking paternity leave. Moreover, in 36 countries, the onus is on employers to prove that reasons for dismissal are unrelated to paternity leave. The right to return to the same or an equivalent position after taking paternity leave is afforded to fathers in 30 countries.¹⁹²

3.2.4. Migration policies

- 118.** Migration policies are the rules governing exit from and entrance into a country, quotas and special arrangements for particular groups of people, settlement and naturalization rights, as well as the employment, social, political and civil rights accorded to migrants. Migration policies – and labour migration policies specifically – determine the nature and sustainability of the care workforce by defining, among other matters, how long migrant care workers can stay in a country, what residential status they are granted and whether there is a possibility of family reunion; whether skilled care workers are favoured; whether credentials, skills and qualifications are recognized across borders; and whether fair recruitment policies are in place.¹⁹³

¹⁹⁰ ILO, *Leaving No One Behind*, para. 97.

¹⁹¹ ILO, *Leaving No One Behind*, para. 99.

¹⁹² ILO, *Care at Work*, 26.

¹⁹³ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 31.

- 119. Migration policies can challenge – or reinforce – gender, race and class inequalities in both countries of origin and countries of destination.**¹⁹⁴ Especially in the context of temporary labour migration programmes, there is often a disconnect between migration policy and labour law, resulting in inequality and reduced protection for migrant workers, including those in the care economy.
- 120.** International labour standards relevant to equality between migrant and non-migrant care workers include the Migration for Employment Convention (Revised) (No. 97) and Recommendation (No. 86), 1949, and the Migrant Workers (Supplementary Provisions) Convention (No. 143) and Recommendation (No. 151), 1975, which provide for equality of opportunity, and the Domestic Workers Convention (No. 189) and Recommendation (No. 201), 2011, and the Nursing Personnel Convention (No. 149) and Recommendation (No. 157), 1977, which provide for equality in social security.

► **Table 2. International labour standards relating to migrant care workers**

International labour standard	Provision for equality between migrants and nationals
Migration for Employment Convention (Revised) (No. 97) and Recommendation (No. 86), 1949	Equal opportunities
Migrant Workers (Supplementary Provisions) Convention (No. 143) and Recommendation (No. 151), 1975	
Domestic Workers Convention (No. 189) and Recommendation (No. 201), 2011	Social security
Nursing Personnel Convention (No. 149) and Recommendation (No. 157), 1977	

- 121.** Policies to ensure the equitable treatment of migrant care workers include: measures to ensure equal treatment of both non-national and national workers; extension of social protection to include migrant care workers, for example, by utilizing the ILO's intervention model for migrant domestic workers;¹⁹⁵ and social dialogue mechanisms.¹⁹⁶ Agreements between origin and destination countries can help to protect migrant workers' rights, including those of temporary workers. In particular, bilateral labour agreements or memoranda of understanding can be useful tools to tackle a suite of challenges to promote fair and regular labour migration.¹⁹⁷

► **Box 27. Protecting migrant workers' rights in the Southern African Development Community**

The Employment and Labour Sector of the Southern African Development Community (SADC) functions in a tripartite manner to regulate migration and protect migrant workers' rights. In 2013, the SADC's first Labour Migration Action Plan was approved by ministers and the social partners. It was followed by a second Labour Migration Action Plan for 2016–19. A Labour Migration Policy Framework was endorsed and a Protocol on Employment and Labour was adopted in 2014. These instruments encouraged the

¹⁹⁴ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 31.

¹⁹⁵ ILO and ISSA, "Intervention Model: For Extending Social Protection to Migrant Domestic Workers", ILO Brief, November 2021.

¹⁹⁶ ILO, *Conclusions concerning fair and effective labour migration governance*, 2017, point 6.

¹⁹⁷ For more information on such agreements, see: UN Network on Migration, *Guidance on Bilateral Labour Migration Agreements*, 2022; ILO, *Promoting Fair Migration: General Survey concerning the Migrant Workers Instruments*, 2016, and Conventions Nos 97, 143 and 189, and Recommendation No. 157.

16 Member States of the SADC to put in place national labour migration policies by 2020. The ILO and the International Organization for Migration provided technical assistance for this process.

Source: ILO, “Strengthening Labour Migration Governance through Tripartism and Social Dialogue in the Formulation and Implementation of Evidence-Based and Gender-Sensitive Labour Migration Policies, Legislation and Practices”, undated.

► Box 28. Bilateral labour agreement between the Philippines and Germany

In 2013, the Philippines and Germany signed a bilateral labour agreement with a view to regulating the deployment of Filipino health professionals in Germany, improving and simplifying job placement procedures, and promoting Filipino migrant workers’ welfare.

Under the agreement, an employment contract must be signed before workers leave the Philippines and must provide for working conditions comparable to those of German workers. Before their departure, migrant health workers study German and undertake a four-day vocational and orientation course, funded by German employers, who also cover the costs of travel, recognition of qualifications and language training to achieve proficiency in German. Migrant health workers are covered by German social security.

In 2022, a memorandum of understanding was signed between the two countries to include more opportunities for Filipino healthcare professionals in Germany.

Source: Agreement Concerning the Placement of Filipino Health Professionals in Employment Positions in the Federal Republic of Germany (2013); UN Network on Migration, *Guidance on Bilateral Labour Migration Agreements*, 2022, box 11; German–Philippine Chamber of Commerce and Industry, “GPCCI Welcomes New Labor Agreements between Germany and the Philippines for Filipino Workers in the Healthcare Industry and Other Professional Services”, press release, 22 June 2022.

- 122.** The WHO Global Code of Practice on the International Recruitment of Health Personnel is a voluntary code of conduct for diverse stakeholders: health workers, employers, recruiters, trade unions and other organizations; the public and private sector, including non-governmental organizations; and relevant actors at the global, regional and subregional levels.¹⁹⁸ The code, which is relevant to many sectors, responds to challenges such as “brain drain” through extensive recruitment of care workers by developed countries, which weakens care systems in developing countries.

3.2.5. Environmental policies

- 123.** In recent years, environmental policies have increasingly considered the connection to the care economy due to the direct threat of climate change to humankind’s ability to survive, grow and thrive sustainably, especially among people with care needs or those in more vulnerable situations. Dialogues in this sphere have considered building the resilience of climate-relevant care services, such as universal healthcare and quality education, in addition to protecting human health from climate impacts.¹⁹⁹ This connection to the environment may increasingly be addressed in policies and legislation in the coming years. The ILO has been supporting constituents in this area in recent years, but it is too early to assess impacts.

¹⁹⁸ WHO, *WHO Global Code of Practice on the International Recruitment of Health Personnel*, WHA63.16 (2010).

¹⁹⁹ ILO, *Gender Equality and Inclusion for a Just Transition in Climate Action*.

3.3. Towards coherent policy approaches at the regional, national and municipal levels

124. There is greater recognition of the need to have approaches to care policy that are coherent and integrated. As noted in Chapter 1, the Buenos Aires Commitment recognizes the right to provide and receive care and to exercise self-care in Latin America and the Caribbean. It calls for the promotion of measures to overcome the gendered division of labour and to move towards a fair social organization of care within the framework of a new development model that fosters gender equality in the economic, social and environmental dimensions of sustainable development.²⁰⁰ This entails the development of several care policies in a coherent and complementary way, to avoid fragmentation and coverage gaps and to support synergies. These care policies include: improving the quality of current care services and extending service provision to new populations; new regulations and support for care workers and caregivers; and communication strategies to support cultural shifts with regard to care. Key to comprehensive care systems is governance based on interinstitutional coordination and social participation, and this is taking place at the national and subnational levels.²⁰¹ This represents a paradigm shift.

► Box 29. Uruguay's comprehensive national care system

Uruguay was the first country in Latin America and the Caribbean to establish a comprehensive national care system. Under the 2015 Act establishing the system, mechanisms were set up to provide care and assistance. It was followed by a National Care Plan (2016–20). The right to access care services is established by law for all children, persons with disabilities and elderly people. The State provides care services and trains care workers in understanding the specific needs of the people they care for and support. The system also offers telecare, whereby technology is used to connect people living independently to support when they need it, for instance, if they fall. The Act acknowledges caregivers' right to decent working conditions and seeks to rebalance the unequal distribution of unpaid care work. This system is rooted in the shared responsibility of the State, the community, the labour market and families to provide care, and explicitly addresses the rights of persons who depend on care.

Source: ILO, *Achieving Gender Equality at Work*, ILC.111/III(B), 2023, 256; ILO, "How a New Law in Uruguay Boosted Care Services While Breaking Gender Stereotypes", 27 August 2018; Valeria Esquivel, "The Rights-Based Approach to Care Policies: Latin American Experience", 87–103.

125. The European Care Strategy promotes comprehensive care systems. It recommends that Member States take concrete actions to increase access to high-quality and affordable care services, while improving working conditions and work–life balance for carers. The strategy also highlights the importance of investing in care, and calls for the ratification of the Domestic Workers Convention, 2011 (No. 189).²⁰²

126. Some local governments are pioneering new approaches to care provision. The Colombian capital of Bogotá is recognized as a global champion of care. It has developed a city-level system that comprises a variety of elements to strengthen access to care. One of these is the *Manzanas del Cuidado*, which are described as spaces where caregivers have free time and access to services so that they can fulfil the dreams they have put on hold due to the overload of care work. Open to all women in the city and free of charge, they offer facilities where women can study, start a

²⁰⁰ Buenos Aires Commitment, para. 7.

²⁰¹ Valeria Esquivel, "The Rights-Based Approach to Care Policies: Latin American Experience", *International Social Security Review* 70, No. 4 (2017): 87–103.

²⁰² European Commission, "A European Care Strategy for Caregivers and Care Receivers", press release, 7 September 2022. See also box 3 in Ch. 1 above.

business, look for a job, rest, exercise, receive legal and psychological guidance and advice, and wash their own and their family's clothes in community laundries, while the people they regularly care for are cared for in spaces where their capacities are developed and their autonomy promoted.²⁰³ The centres are part of the District Care System, which also includes “care buses” – fully equipped vehicles that bring free training and welfare and care services to the most remote rural and urban areas.²⁰⁴

127. Other subnational and municipal initiatives include, for example, legal support for early childhood care and education in Türkiye based on a consensus built between the ILO, the European Bank for Reconstruction and Development and the Union of Municipalities of Türkiye on a legislative recommendation to provide a legal background for the delivery of standard, widespread and accessible early childhood care and education services by qualified providers via municipalities in 2022 and 2023.²⁰⁵

3.4. The 5R Framework to advance nationally defined, coherent and integrated policy approaches to the care economy

128. Coherent and integrated policy approaches to the care economy are gaining prominence on international and national public policy agendas. For example, in Asia and the Pacific and in Latin America, care services are topical policy issues.²⁰⁶ As a response, several countries have instituted **intersectoral coordination mechanisms led by key ministries or dedicated institutions to implement such coherent and integrated policies**. These mechanisms aim to address fragmentation, ensuring policy coherence that is responsive to diverse and specific care needs and informed by insights from care workers, care providers and care recipients.

► Box 30. Coherent and integrated national care policies in Brazil

In Brazil, the National Minister for Care and Family, operating under the Ministry of Social Development, collaborates with the Ministry of Women to oversee an Inter-Ministerial Working Group whose primary objective is to draft a comprehensive national care policy. Established by Presidential Decree in March 2023, the Group comprises 17 federal ministries, including health, education, labour, social security, planning and budget, indigenous peoples and racial equality, along with three public agencies. The national care policy aims to secure the right to care for all individuals in need and ensure decent working conditions for care workers.

Brazil has long been at the forefront of care provision through initiatives like day-care services and flagship programmes such as the Continuous Cash Benefit, the “Bolsa Família”, the Unified Social Assistance System and the Unified Health System. The country's care innovations stem from its integrated, multisectoral approach to care policies. This approach spans the life cycle and is firmly grounded in legislation, shaped through consultations with parliamentarians, trade unions and civil society organizations, including the National Federation of Domestic Workers and the Association of Caregivers and Receivers.

Source: Brazil, Office of the President, “Secretária Laís Abramo explica os objetivos e a construção da Política Nacional de Cuidados”, press release, 26 June 2023.

²⁰³ Diana Rodríguez Franco, “The Bogotá CARE System: How a City Is Reorganizing Itself for Women”, City Playbook for Advancing the SDGs (Center for Sustainable Development at Brookings, 2022).

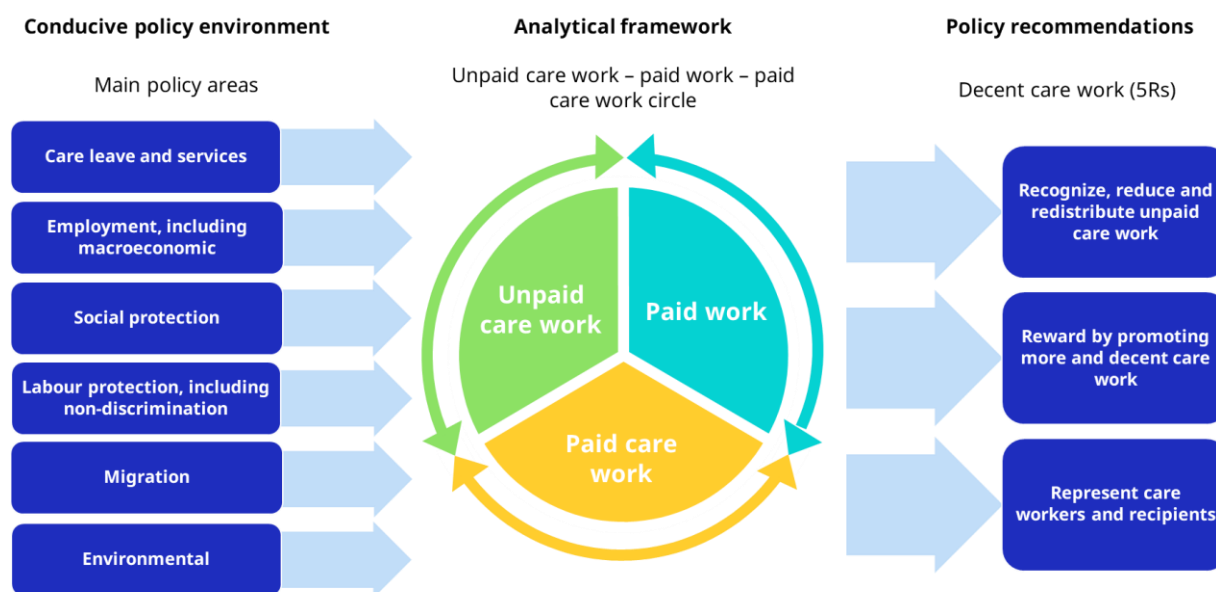
²⁰⁴ For more information, see: <https://councilonurbaninitiatives.com/resources/shaping-urban-futures>.

²⁰⁵ ILO, “ILO, EBRD and UMT Sign Protocol to Increase Women's Employment through Promoting Early Childhood Care Services”, ILO News, 2021.

²⁰⁶ See, for example: ILO and Asian Development Bank, *Investments in Childcare for Gender Equality in Asia and the Pacific*, Ch. 3; ECLAC, *The Care Society: A Horizon for Sustainable Recovery with Gender Equality*, 2022, Ch. VI.

129. **The 5R Framework for Decent Care Work proposes a coherent and integrated strategy to achieve decent work in the care economy**, both by mainstreaming care in all key policy areas and by proposing specific laws, policies and programmes for the care economy. It presents the relationship between the six main policy areas that comprise a conducive policy environment and describes the policy areas and policy measures needed to coherently shape a stronger, more gender-equal care economy (figure 6 and table 3). Social dialogue has an important role to play in shaping and embedding the 5R framework in national contexts.²⁰⁷

► **Figure 6. The 5R Framework for Decent Care Work for gender equality and social justice**



Source: Adapted from ILO, *Care Work and Care Jobs for the Future of Decent Work*, figure 9.

²⁰⁷ ILO, *Social Dialogue Report 2022: Collective Bargaining for an Inclusive, Sustainable and Resilient Recovery*, 2022, 23.

► **Table 3. Policy measures for the care economy based on the 5R Framework**

Policy recommendations	Policy measures
Recognize, reduce and redistribute unpaid care work	<ul style="list-style-type: none"> • Measure all forms of care work, and take unpaid care work into account in decision-making. • Invest in quality care services, care policies and care-relevant infrastructure. • Promote active labour market policies that support unpaid carers in joining, re-entering and progressing within the labour force. • Enact and implement laws on family-friendly working arrangements for all workers. • Promote information and education for more gender-equal households, workplaces and societies. • Guarantee the right to universal access to quality care services. • Ensure care-friendly and gender-responsive social protection systems, including social protection floors. • Implement gender-responsive and publicly funded leave policies for all women and men. • Collect data and advance knowledge on care-related impacts of climate change, such as women's time and labour, including attention to the effects on accessing drinking water, sanitation, electricity, and environmentally friendly and disaster-resilient housing. • Incorporate interventions aimed at reducing unpaid care work into climate change mitigation and adaptation actions. • Provide quality public care services (for children, older people and persons with disabilities), with quality jobs and environmentally friendly, low-pollution infrastructure.
Reward: More and decent work for care workers	<ul style="list-style-type: none"> • Regulate and implement decent terms and conditions of employment and achieve equal pay for work of equal value for all care workers. • Ensure a safe, attractive and stimulating work environment for both women and men care workers. • Enact laws and implement measures to protect migrant care workers. • Offer decent jobs in the care sector with better working conditions to women and men transitioning from polluting to environmentally friendly sectors.
Representation, social dialogue and collective bargaining for care workers	<ul style="list-style-type: none"> • Ensure women's full and effective participation in political, economic and public life – including equal opportunities for leadership at all levels of decision-making. • Promote freedom of association for care workers and employers. • Promote social dialogue and strengthen the right to collective bargaining in care sectors. • Promote the building of alliances between trade unions representing care workers and civil society organizations representing care recipients and unpaid carers. • Create spaces for social dialogue for employers' and workers' organizations to negotiate on climate action initiatives that include considerations relevant to the care economy.

Source: Based on ILO, *Care Work and Care Jobs for the Future of Decent Work*, figure 9; ILO, *Gender Equality and Inclusion for a Just Transition in Climate Action: A Practical Guide*, forthcoming.

- 130.** Built on a set of core principles that are broadly applicable, the 5R Framework provides guidance for a wide array of policy scenarios and priorities. The principles of the 5R Framework:
- (a) are based on international labour standards, which together provide a framework that can advance the agenda for gender equality and promote good-quality care work;
 - (b) are founded on social dialogue and representation, with workers' and employers' organizations as well as the State having key roles to play in guaranteeing the rights, agency, autonomy and well-being of care recipients, care workers and unpaid providers of care;
 - (c) offer a rights-based approach to actively and systematically encourage the achievement of non-discrimination and gender equality, including valuing and recognizing unpaid work;
 - (d) are grounded in universality in design, implementation and outcomes, which also implies a distribution of coverage and generosity across beneficiaries – women and men, poor and non-poor, urban and rural, citizen and non-citizen;
 - (e) recognize the leading role of the State – a role that includes:
 - (i) setting benefits and defining the quality of services (eligibility, level, entitlements, funding, delivery, and monitoring and evaluation);
 - (ii) effectively regulating the market;
 - (iii) coordinating among ministries and institutions at different levels (national, subnational, regional and local) to enable policy coherence and effectiveness among the multiple laws, policies and programmes for the economy; and
 - (iv) acting as a direct provider of and employer of care workers in the public sector.
- 131. The 5R Framework can guide national and subnational policies, taking into account their particular needs.** For instance, high-income countries – particularly the Nordic countries – have traditionally been at the forefront of addressing care contingencies as an integral component of welfare state responsibilities, and in developing labour market-related measures, such as leave policies and family-friendly working arrangements.

► **Box 31. The 5R framework in Canada's development cooperation policy strategy**

The Government of Canada's programmatic entry points for addressing unpaid and paid care work in its international assistance are based on a 5Rs approach. The Government has developed policy guidance for implementing partners that underscores the interconnectedness of the five components and encourages partners to work simultaneously on multiple components to enhance the impact and sustainability of interventions that are part of Canada's international assistance efforts.

Note: The Canadian approach diverges from that used by the ILO, in that it refers to "respond" rather than "reward".

Source: Government of Canada, "Canada's Feminist Approach to Addressing Unpaid and Paid Care Work through International Assistance".

3.5. Concluding remarks

- 132.** In recent decades, care leave policies and care services have improved globally, with positive trends in the ratification of care-related international labour standards, in the enhancement of maternity protection legislation, and in the acknowledgement of paternity and parental leave rights in national legislation. Despite these advances, legal gaps persist, leaving millions worldwide – especially marginalized caregivers – without adequate protection and support.

- 133.** There has also been an increasing trend in mainstreaming care in other policy areas, including employment policies, social protection policies, labour protection policies, including non-discrimination, migration policies and environmental policies. This shows the extent to which the care economy has become integrated into many aspects of socio-economic life.
- 134.** Examples of how to design and build rights-based, gender-responsive care systems exist at the national and municipal levels. Uruguay, for example, has a concerted policy on care, while many other countries mainstream care into other policy areas, such as employment policy. Coordination and coherence between ministries and other levels of government can result in policies that are complementary, bring synergies and address gaps in the coverage and quality of care provision. Such policy coordination and coherence – both within government and among the social partners and other stakeholders – can be fostered through the application of the 5R Framework.

► Chapter 4

Investing in care for gender equality, decent work and sustainable development

- 135. Implementing policies for the care economy requires financing.** It is estimated that universal provision of early childhood care and education would require additional annual spending of US\$1.6 trillion by 2030 and a further US\$291 billion by 2035, representing 1.5 per cent of global GDP in 2035. Expanding long-term care services to all children and adults with these care needs would require additional annual spending of about US\$2.5 trillion by 2030 and a further US\$578 billion by 2035, or in total 2.4 per cent of GDP.²⁰⁸
- 136.** Who pays for care, who subsidizes it, who has access to it and who provides it are all important questions from the perspective of users, and answers will vary according to the type of care. For example, whenever there is no entitlement to care services, most care is paid for out-of-pocket. In such a situation, access mirrors existing income inequalities and can exacerbate them, if marginalized communities are excluded when fee-paying care services are beyond their means. Free public provision – including through cooperatives or government-supported private provision – can make care accessible to more people.²⁰⁹ Tax-financed social protection benefits may be necessary to complement the extension of contributory schemes. These can both benefit from and support formalization efforts, including for domestic workers. All of this reinforces the need to broaden the debate about how to expand fiscal space, rather than only seeking to identify ways to re-prioritize expenditures or increase their efficiency. Lack of public resources for care can lead to high fees, fragmentation in service quality, and decent work deficits for care workers.
- 137.** Many low-income households require care services but cannot afford to pay for them. Without care services, low-income households find it difficult to participate in the labour market. In these circumstances, care provision is often accessed informally, with consequences for the quality of care. Thus, investment in the care economy can reduce inequalities in access to care services and to the labour market.
- 138. Investments in the care economy can boost aggregate demand, directly create employment in care sectors and indirectly create employment in the economy** as a whole (table 4).²¹⁰ Such investments can also make care jobs more attractive, including for men, thus reducing occupational segregation within the care economy. On the supply side, comprehensive and well-funded care policy packages remove barriers for women to enter the labour force, increase women's employment and reduce the motherhood wage gap.²¹¹ They also contribute to improving the health, well-being and social development of children, thus improving their future economic outcomes. More generally, care services contribute to enhancing overall labour

²⁰⁸ ILO, *Care at Work*, 289–291; Jerome De Henau, “Costs and Benefits of Investing in Transformative Care Policy Packages: A Macrosimulation Study in 82 Countries”, ILO Working Paper No. 55, 2022.

²⁰⁹ ILO, “Childcare Leave and Services from a Women's Entrepreneurship Development Perspective”, ILO Brief, December 2022.

²¹⁰ ILO and UN-Women, *A Guide to Public Investments in the Care Economy: Policy Support Tool for Estimating Care Deficits, Investment Costs and Economic Returns*, Policy Tool, March 2021, section II.B; Donika Limani and Marie-Claire Sodergren, “Where Women Work: Female-Dominated Occupations and Sectors”, *ILOSTAT Blog*, 7 November 2023.

²¹¹ ILO, *Care at Work*, 295.

productivity by improving workers' health and education and allowing for better work-life balance, which could translate into fewer sick days and lost working hours.²¹²

► **Box 32. Investments in care as a job creation strategy and an entry point for gender-responsive macroeconomic policies**

A joint programme between UN-Women and the ILO worked in Argentina, Egypt, Ethiopia, Morocco and Nepal in response to the aftermath of the COVID-19 crisis. It developed a successful intervention model with three interrelated and mutually reinforcing outcomes:

- macroeconomic policies that support employment creation and financing for investments in the care economy;
- sectoral and labour market policies that focus on creating decent jobs for women; and
- the costing and positive employment and fiscal revenue impacts of investments in the care economy, which lift barriers for women's entry into employment and contribute to inclusive growth.

The work in Argentina, a federal country, resulted in detailed estimations of investments in the care economy at the request of two provinces, following work previously supported by the ILO at the country level. In Egypt, the programme helped make the case for an expansion of early childcare and education. In Ethiopia, gaps in early childcare and education were estimated, with implications for the creation of new jobs. In Morocco, the Ministry of Finance emphasized the linkages between fiscal stimulus policies and the care economy. In Nepal, the results of the costing exercise are informing investments in care plans as part of the 16th National Plan.

Source: UN-Women–ILO Joint Programme, “Promoting Decent Employment for Women through Inclusive Growth Policies and Investments in Care”.

► **Box 33. The ILO Global Care Policy Portal and Investment Simulator**

The **ILO Global Care Policy Portal** presents over 60 legal and statistical indicators on maternity protection, paternity leave, parental leave and other care leave, non-discrimination policies, and childcare and long-term care services in more than 180 countries. Legal data is available for selected years since 1994.

It includes the **ILO Care Policy Investment Simulator**, the largest online care policy modelling tool, which simulates the investment requirements and the benefits of closing national gaps in care services and childcare-related leave. Created to advance the ILO's agenda for gender equality and non-discrimination, the Simulator allows users to build tailor-made care policy investment packages for four care policies: childcare-related paid leave; breastfeeding breaks; early childcare and education services; and long-term care services. Results of the simulations include:

- the investment requirements of the simulated policy packages;
- the job generation impact;
- the reduction in gender employment gaps;
- the reduction in gender wage gaps; and
- the return on investment of closing the childcare policy gap, that is, the cost-to-benefit ratio of investing in two care policies: childcare-related paid leave policies and early childcare and education services.

Sources: ILO, “ILO Global Care Policy Portal”; and ILO, “ILO Care Policy Investment Simulator”.

²¹² ILO, *Fiscal Space for Social Protection: A Handbook for Assessing Financing Options*, 2019, 61.

► **Box 34. The benefits of investing in care policy packages**

There is a strong employment-generation case for investing in integrated and coherent care policy packages. Investing in childcare-related leave (maternity, paternity and parental leave), breastfeeding breaks, early childhood care and education, and long-term care services would generate 280 million jobs by 2030 and a further 19 million by 2035, for a total of 299 million jobs. By 2035, this job creation potential would be driven by 96 million jobs in childcare, 136 million jobs in long-term care and 67 million jobs indirectly in non-care sectors. Further, it is estimated that every dollar invested in closing the childcare policy gap could result in an average increase of US\$3.76 in global GDP by 2035. The investment in leave policies and early childhood care and education services could increase women's employment rate from a global average of 46.2 per cent in 2019 to 56.5 per cent in 2035, and could reduce the global gender gap in monthly earnings from 20.1 per cent in 2019 to 8.0 per cent in 2035.

Sources: ILO, *Care at Work*, Ch. 9.3; ILO, "The Benefits of Investing in Transformative Childcare Policy Packages towards Gender Equality and Social Justice", ILO Brief, October 2023; ILO, "ILO Care Policy Investment Simulator".

► **Table 4. Dividends from investing in care – for individuals, families and societies**

Dividends from investing in care

1. Contributes to enhancing individuals' good health and well-being as well as their capabilities, particularly for the most disadvantaged.
2. Facilitates women's labour force participation and access to income, and advances gender equality and female empowerment.
3. Fosters productivity and better business performance.
4. Can generate decent jobs in care and other sectors through backward linkages from investments in health and education.
5. Creates jobs with a relatively low carbon footprint.

Source: ILO et al., *Inter-Agency Task Team: Global Accelerator on Jobs and Social Protection for Just Transitions*, n.d., 4; Ipek Ilkcaracan and Kijong Kim, *The Employment Generation Impact of Meeting SDG Targets in Early Childhood Care, Education, Health and Long-Term Care in 45 Countries* (ILO, 2019).

- 139.** Increasing public investments in care over time requires reallocating resources and expanding the fiscal space as necessary. Financing options – such as progressive taxation and official development assistance, among others – are crucial to achieving gender equality outcomes.

4.1. Public investment in the care economy

- 140. Public investments in care are at the core of sustainable development efforts, and can promote both equality and efficiency.**²¹³ However, standard productivity measures should be used with caution, due to the distinctive nature of the care economy.

²¹³ Mariana Mazzucato, *The Value of Everything: Making and Taking in the Global Economy* (New York: Public Affairs, 2018).

► **Box 35. Measuring productivity in the care economy**

There has been a long-standing concern about measuring productivity (output per worker) in the care sector. This is because attempts to increase the productivity of care work, by increasing the numbers of people cared for at any one time, risk reducing the quality of care (the output). Having too few care workers for care recipients – whether infants and small children, school pupils, patients or frail elderly adults – can lead to neglect rather than productivity improvements. Furthermore, as care provision has characteristics of a public good, calculations typically underestimate the true value of health and education. In the public care sector, low productivity and the related costs are often interpreted as signs of inefficiency, rather than as the consequences of an inherent characteristic of care.

Sources: Susan Donath, “The Other Economy: A Suggestion for a Distinctively Feminist Economics”, *Feminist Economics* Vol. 6, No. 1, 2000, 115; Susan Himmelweit, *Can We Afford (Not) to Care: Prospects and Policy*, GeNet Working Paper No. 11, Gender Equality Network, Economic and Social Research Council, Cambridge, 2005, 23; Valeria Esquivel, “Gender Impacts of Structural Transformation”, ILO Technical Brief, 2019.

- 141.** During the COVID-19 crisis, public investments were needed to ramp up health responses, vaccinate populations and keep economies afloat.²¹⁴ Where public spending is allocated is important, particularly in terms of the effectiveness of a fiscal policy intervention in maintaining growth and lowering unemployment.²¹⁵ For all these reasons, care has been referred to as a “public good”.²¹⁶

► **Box 36. Care as a “public good”**

A study by the International Trade Union Confederation on selected emerging economies estimates that public investment in the care and green sectors has a cumulative multiplier effect on GDP. It finds that investing an extra 1 per cent of GDP in the care economy over five years would yield an average GDP increase of more than 11 per cent, and a 6.3 per cent increase in total employment levels. Emphasizing the “public good” nature of care, the study calls for greater investment in care, as it is associated with positive effects on productivity and other externalities, and helps reduce inequalities and advance social justice.

Source: Özlem Onaran and Cem Oyvatt, *The Employment Effects of Public Spending in Infrastructure, the Care Economy and the Green Economy: The Case of Emerging Economies* (ITUC, 2023).

- 142.** To a certain extent, government investments in care can be self-financed, if they create new, formal jobs and labour earnings that boost tax revenues. There are two sources for increasing public revenues: direct revenue from new labour income, including social security contributions; and indirect sales tax revenue from increased consumption spending.²¹⁷ The ratio between the initial expenditure and the returns from taxation has been estimated at approximately 10.5 per

²¹⁴ ILO, *ILO Monitor: COVID-19 and the World of Work. Seventh Edition – Updated Estimates and Analysis*, 25 January 2021; Anna Barford, Adam Coutts and Garima Sahai, *Youth Employment in Times of COVID: A Global Review of COVID-19 Policy Responses to Tackle (Un)Employment and Disadvantage among Young People* (ILO, 2021).

²¹⁵ ILO and UN-Women, *How to Assess Fiscal Stimulus Packages from a Gender Equality Perspective*, Policy Tool, March 2021.

²¹⁶ Diane Elson, “Gender Budgeting and Macroeconomic Policy”, *Feminist Economics and Public Policy: Reflections on the Work and Impact of Ailsa McKay*, ed. Jim Campbell and Morag Gillespie, 25–35 (London: Routledge, 2016); Diane Elson, “A Gender-Equitable Macroeconomic Framework for Europe”, *Economics and Austerity in Europe: Gendered Impacts and Sustainable Alternatives*, ed. Hannah Bargawi, Giovanni Cozzi and Susan Himmelweit, 15–26 (London: Routledge, 2017).

²¹⁷ ILO and UN-Women, *A Guide to Public Investments in the Care Economy*, 33.

cent,²¹⁸ and up to 36 per cent in Europe,²¹⁹ which contributes to the case for investment in the care economy.

- 143. Tripartism and social dialogue are fundamental to generating the political will to explore all possible fiscal space options to scale up public investments in care.**²²⁰ It is critical that domestic resources are mobilized, including through progressive taxation, and that public spending in the care economy is prioritized, for example, through gender-responsive budgeting.²²¹
- 144.** Public investment in care varies by country and by type of care. Low- and middle-income countries have limited fiscal space to provide adequate public sector care alternatives. Figure 7 shows public expenditure as a percentage of GDP in 41 countries for three selected care policies for which data is available: (i) pre-primary education; (ii) long-term care services and benefits; and (iii) maternity, disability, sickness and employment injury benefits. Public investment ranges from over 8 per cent of GDP in Denmark and Sweden to less than 1 per cent in South Africa, Mexico, Türkiye, India and Indonesia. At 2 per cent of GDP on average, countries tend to invest more to offset the care contingencies of the working-age population in case of maternity, sickness and employment injury as well as disability (all ages), and less for the care needs of the very young (0.47 per cent of GDP on average on pre-primary education) and the elderly (0.98 per cent of GDP on average on long-term care expenditure, which is mainly relevant to older people).²²²

²¹⁸ ILO, *Care Work and Care Jobs for the Future of Decent Work*, 276.

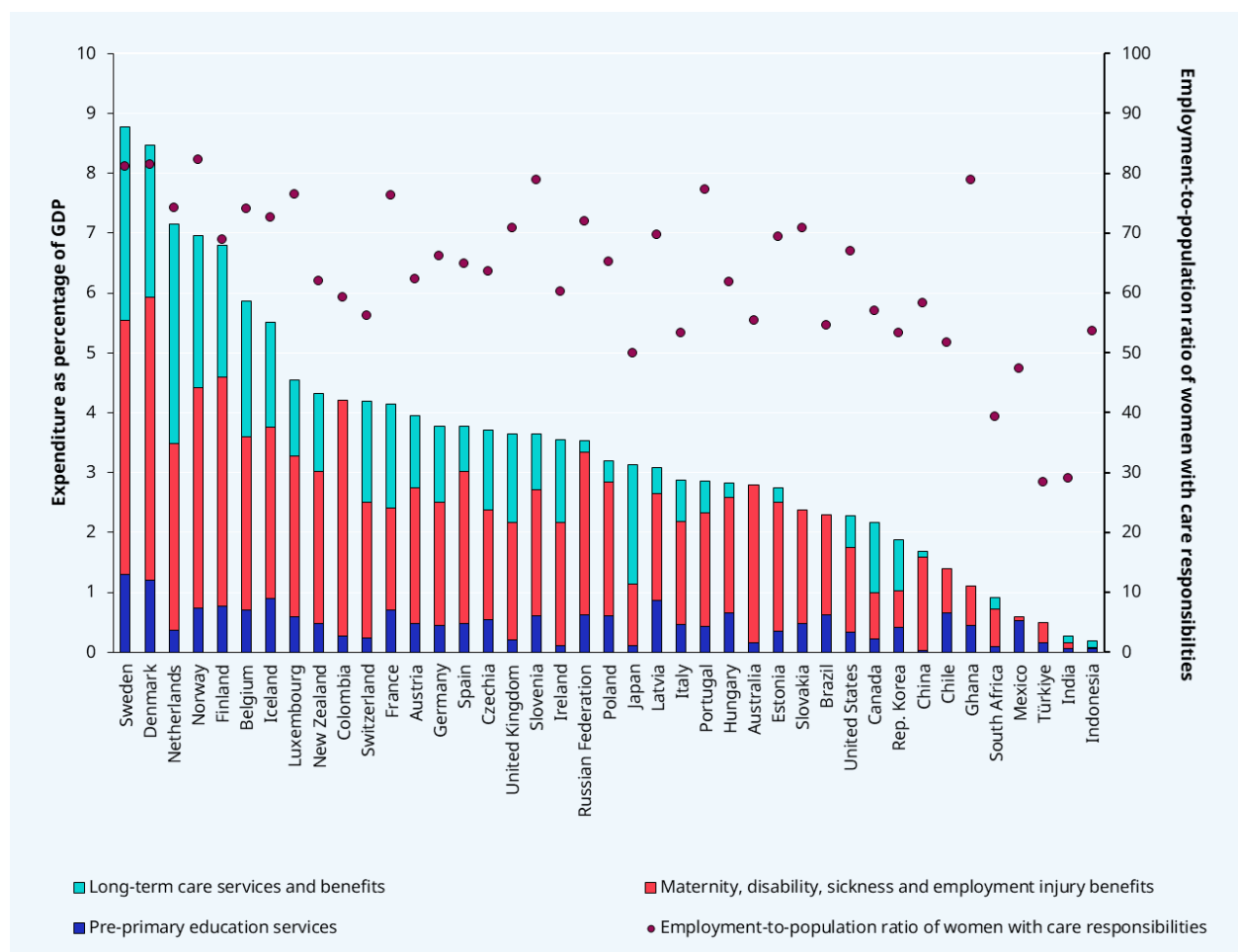
²¹⁹ ILO, *Care at Work*, 295.

²²⁰ ILO, *Care at Work*, 298.

²²¹ UNICEF, *UNICEF Global Resource Guide on Public Finance for Children in Early Childhood Development*, 2019.

²²² ILO, *Care Work and Care Jobs for the Future of Decent Work*, 124.

► **Figure 7. Public expenditure on selected care policies as a percentage of GDP, and employment-to-population ratio of women with care responsibilities**



Note: The latest year available is 2018. Source: ILO, *Care Work and Care Jobs for the Future of Decent Work*, figure 3.6.

145. Public investments in care are also essential for overcoming inequalities and fostering social inclusion, especially of the most marginalized groups.²²³ Such investments are of critical importance for maximizing and sustaining the impacts of cash transfers, which do not hold a similar potential to generate quality jobs. Inadequate provision of government resources dedicated to childcare leads to low availability of childcare places or very long waiting lists, lack of relevant teacher training, low staff-to-child ratios, and low pay for childcare workers.²²⁴ Meanwhile, the supply of long-term care services is growing in some countries, but overall not as fast as the increase in the population with care needs; this is due to the lack of legal and effective entitlements to long-term care services without hardship, as well as insufficient levels of public investment. Average long-term care expenditure remains low, generally at less than 1.5 per cent of GDP in G20 and high-income countries.²²⁵

²²³ ILO, *Care at Work*, 36.

²²⁴ ILO, *Care at Work*, 216.

²²⁵ ILO, *Care at Work*, 258; ILO and OECD, "New Job Opportunities in an Ageing Society", 2019, 5.

4.2. Funding for the care economy

146. Investments in the care economy require a combination of different sources of funding.

Funding for investments in the care economy can come from domestic public resources, domestic and international private finance, and international development cooperation. One example of international development cooperation is the financing framework of the UN Global Accelerator on Jobs and Social Protection for Just Transitions, which aims at creating 400 million decent jobs in the green, digital and care economies and extending social protection to the 4 billion people who are currently unprotected.²²⁶

147. Other sources of funding need to be well regulated to bring positive outcomes. Not all segments of care service provision are equally potentially profitable, which limits private financing schemes in these segments. Strategies for finding the right source of funding are necessary for private investments to produce profits and positive social outcomes.

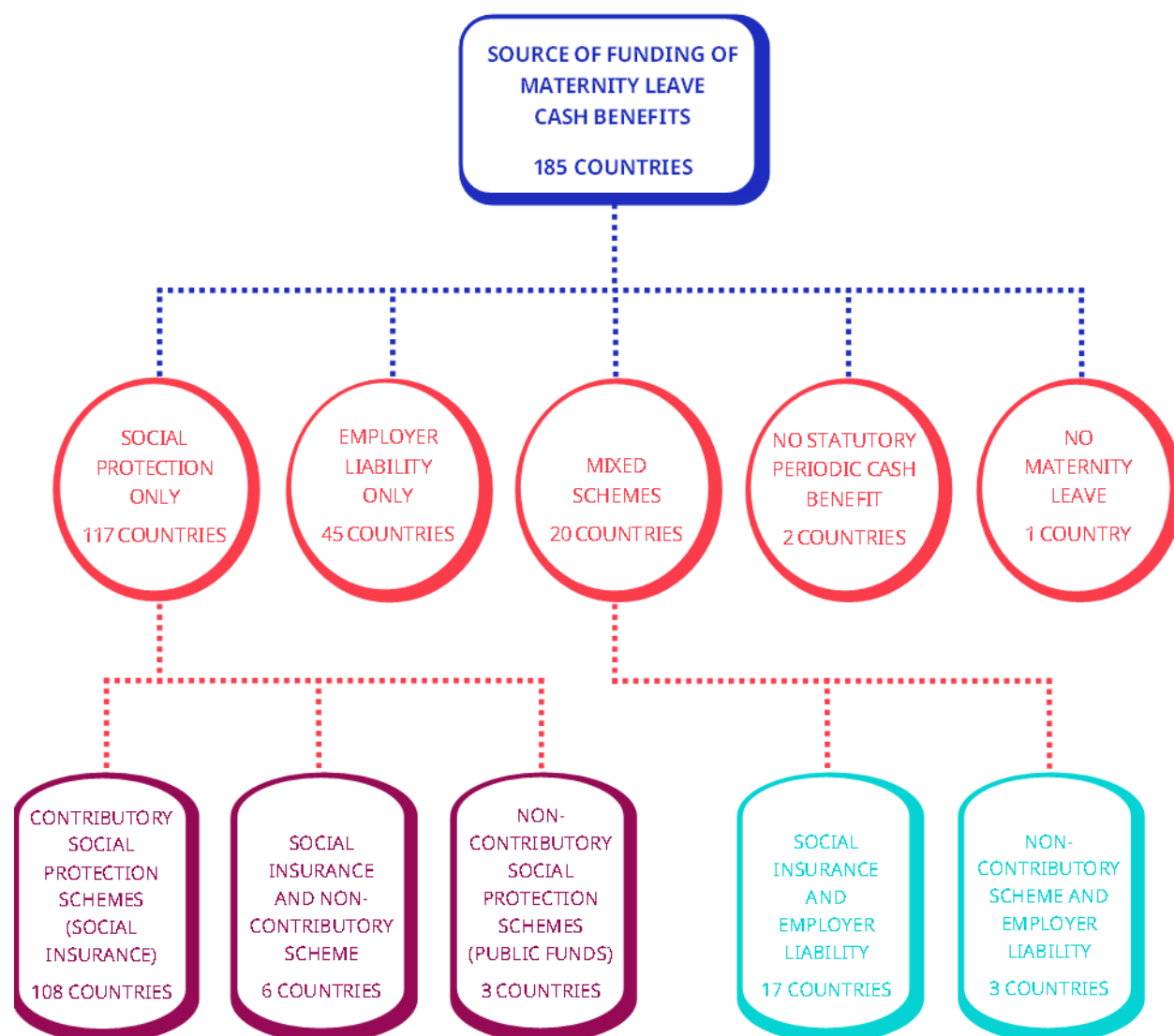
148. Financing social protection benefits as part of a care policy package is key. Maternity benefits, for example, are provided through a variety of schemes, including contributory schemes (such as social insurance), non-contributory schemes (such as universal, tax-financed schemes), and employer liability schemes, where the contribution is solely paid by the employer – or a combination of these methods (figure 8). In line with ILO Convention No. 183, maternity benefits during maternity leave should be financed through compulsory social insurance or publicly funded programmes, based on the principles of solidarity and risk-pooling.²²⁷ Unlike employer liability mechanisms, collectively financed mechanisms avoid disincentives to hiring women of childbearing age and facilitate coverage for workers in small enterprises by providing for risk-pooling among enterprises and among male and female workers and/or taxpayers.²²⁸

²²⁶ Global Accelerator and Joint SDG Fund, *Joint SDG Fund Window on Decent Jobs and Universal Social Protection: Investment Strategy*, 2023, 2.

²²⁷ ILO, *Care at Work*, 53.

²²⁸ ILO, *Care at Work*, 107, 218.

► **Figure 8. Sources of funding of maternity leave cash benefits in national legislatures**



Source: ILO, *Care at Work*, figure 2.6.

149. In some cases, declining funding has limited the progress made, for example in relation to care for persons living with HIV.

► **Box 37. Funding for care of persons living with HIV**

For persons living with HIV, despite improvements in medical science and outreach, a decline in financial resources has contributed to a shortage of healthcare workers, often putting the burden of care on people who are living with HIV and on their family members. Overall funding for HIV care declined in 2022, falling to 2013 levels. The Joint Programme on AIDS, of which the ILO is a member, is scaling up coherent approaches to poverty reduction and co-financing, as well as inclusive social protection programmes. This includes programmes that address unpaid care work performed by women and girls for persons living with HIV.

Sources: UNAIDS, "New Report from UNAIDS Shows that AIDS Can Be Ended by 2030 and Outlines the Path to Get There", press release, 13 July 2023; UNAIDS, "Funding Trends"; UNAIDS, *Global AIDS Strategy 2021–2026: End Inequality. End AIDS*, 2021.

4.3. Building the capacity of constituents regarding the financing of care

- 150. The ILO has been at the forefront of efforts to support investments in the care economy by identifying their positive impacts.** In 2018, it produced the first global estimate of the employment potential of investing in the care economy, meeting the SDG targets for education, health, gender equality and growth,²²⁹ and identifying care gaps. In 2021, the ILO and UN-Women produced a policy tool to guide public investments in the care economy by estimating the care deficits, costs and returns on investment, which has been applied in over 25 countries.
- 151.** The ILO Global Care Policy Portal, launched in 2023, covers over 60 legal and statistical indicators, and includes an online care policy modelling tool, which supports constituents in estimating public investment requirements for the care economy and the related benefits, such as job generation, reductions in gender employment gaps and wage gaps, and returns on investment (see box 33 above).
- 152.** The ILO has organized two open access online events in this area and two major meetings focused on linking social protection and long-term care for an ageing population. It has also developed policy guidelines on the promotion of decent work for early childhood education personnel, which cover conditions of work, early childhood education financing, curricula and learning practices, social security, professional ethics, and early childhood education governance systems.²³⁰ Furthermore, the ILO's International Training Centre has prepared two new courses on care work.²³¹

4.4. Concluding remarks

- 153.** Studies by the ILO and others highlight the positive impacts of investing in the care economy and make a strong case for ensuring public funding for care. Fiscal space is a key constraint for investment in the care economy, particularly in low-income countries. Different types of funding mechanisms for care have been put in place in different country settings. Tripartism and social dialogue have proven to be fundamental to generating the political will to explore all possible fiscal space options to scale up public investments in care.

²²⁹ ILO, *Care Work and Care Jobs for the Future of Decent Work*; Ipek Ilkkaracan and Kijong Kim, *The Employment Generation Impact of Meeting SDG Targets in Early Childhood Care, Education, Health and Long-Term Care in 45 Countries*.

²³⁰ ILO, *ILO Policy Guidelines on the Promotion of Decent Work for Early Childhood Education Personnel*, 2014.

²³¹ For more information, see: ITC-ILO, *Care Work and the Care Economy: Policies and International Labour Standards*; and ITC-ILO, *Measuring Unpaid Care Work and Volunteering in Labour Force Surveys*.

► Chapter 5

Towards decent work in the care economy: Lessons and prospects

- 154.** Care is central to economic growth and development, social justice, and societal and individual well-being. How the provision of care is organized, how the work is distributed, who provides it and under what working conditions are all fundamental to the promotion of decent work and gender equality. Yet the care economy faces emerging challenges from multiple, overlapping crises and conflicts, alongside demographic trends, digitalization and technological change, and climate change.
- 155.** There is not yet a universally agreed definition of the care economy. It is generally agreed, however, that it includes paid and unpaid, and direct and indirect, care work. There are a wide range of workers providing direct care and supporting the provision of direct care, while there are also diverse actors (or providers) from the public, private and not-for-profit sectors. The care economy also includes the body of legal and institutional frameworks and policies to support care provision and receipt.
- 156.** Currently, there are extensive gaps in data on the care economy, and the data that is available is typically not comparable. There is growing demand for the development of an internationally agreed statistical definition of care work to guide the production of data on the care economy.
- 157.** Decent work in the care economy ensures quality care provision. However, care workers are a heterogeneous group. While some care workers are highly professionalized and enjoy good pay and decent working conditions, others experience poor job quality, which can lead to poor-quality care. Some care workers facing decent work deficits, such as domestic workers and community care workers, may be excluded from national labour and social security laws. Some care workers are unpaid or underpaid, lack skills recognition and access to skills training and professional development, lack labour and social protection, and are exposed to discriminatory practices and exploitation. Poor working conditions are detrimental to the well-being of care workers and care recipients alike.
- 158.** Realizing the fundamental principles and rights at work and decent working conditions for all care workers is the foundation of a robust care economy. Strong, independent and representative employers' and workers' organizations and respect for freedom of association and the effective recognition of the right to collective bargaining are preconditions for social dialogue, including for workers and employers in the care economy. There is a pressing need to promote the voice and representation of organizations of workers and employers – including organizations of domestic workers and the households that employ them, small and medium-sized enterprises, and other groups of workers and employers in the care economy. The incidence of forced labour and child labour remains high among domestic workers, and particular attention and efforts are required to eliminate these violations, including ensuring that migrant domestic workers have effective access to justice. Discrimination and inequality, including in the form of vertical and horizontal occupational segregation, unequal pay, and discrimination-based violence and harassment, are characteristic of certain care jobs, particularly those at the low-paid end of the care sector. Women, particularly those who are further disadvantaged by discrimination based on race or national or social origin, are overrepresented in these jobs. Care sectors are prone to OSH risks that include psychosocial risks, musculoskeletal problems, and biological and chemical

hazards. Exposure to violence and harassment may be more likely to occur in care sector jobs, requiring the adoption of dedicated measures. OSH hazards and risks should be identified and addressed in consultation with workers and their organizations.

- 159.** Access to care services and care leave policies enables workers with family responsibilities, who provide a large share of unpaid care work, to achieve better work–life balance and improve their attachment to the labour market. Studies show that family-friendly workplace policies improve recruitment and retention, and increase productivity. Implementing these practices may also lower costs for employers by improving employee health and reducing absenteeism. Care leave policies can also promote equality of opportunity and treatment in the labour market by preventing discrimination against workers with family responsibilities. Further, policies on maternity protection and adequately paid parental leave, paternity leave and other forms of care leave can promote a more equal sharing of care between women and men.
- 160.** There have been significant improvements in the overall design of care leave policies and services. Positive trends are evident in the ratifications of international labour standards related to care and the availability, duration and source of funding of maternity protection in line with Convention No. 183. Paternity leave rights are also on the rise, cementing fathers' role in caregiving in national legislation. While positive trends in parental leave are more conservative, countries are increasingly providing this entitlement. Equally, there has been an upward trend in employers adopting family-friendly workplace policies, providing childcare and offering breastfeeding breaks and facilities. Despite these strides forward, significant gaps remain in legislation, implementation and funding, which translate into a lack of protection and support for millions of workers and their families across the world, especially caregivers from the most marginal and disadvantaged groups.
- 161.** The COVID-19 pandemic demonstrated the need for a systemic approach to care to ensure societal and economic resilience, to address inequality and poverty, and to promote social and economic justice. Large-scale investments in the care economy are needed to: strengthen the economy through the creation of quality care jobs; promote labour force participation and access to decent jobs for women; and promote gender equality, well-being, social justice and a just transition.
- 162.** A rights-based approach to care, grounded in international labour standards, can promote a well-functioning and resilient care economy. The ratification and implementation of international labour standards relevant to the care economy – including the ten fundamental Conventions and those addressing nursing personnel, domestic workers, maternity protection, workers with family responsibilities, and social protection – should be integral to nationally designed and context-specific care policy packages.
- 163.** Social dialogue, including collective bargaining, is an efficient and democratic pathway to achieving decent work and ensuring that employment standards serve the interests of both care workers and care employers, thereby enhancing the quality of care.
- 164.** Decision-making on care policy should be based on tripartite social dialogue, as well as consultations with and representation of unpaid carers and care recipients, including persons with disabilities and persons requiring long-term care and support. This will ensure that care provision is inclusive and rights-based and that it adequately meets demand and need.
- 165.** The 5R Framework for Decent Care Work aims to promote coherence across policies on care, social protection, labour protection and non-discrimination, migration, and employment, including macroeconomic policy, to leverage synergies and avoid policies working at cross purposes.

166. Due to its characteristics of a public good, care requires adequate public financing. Where care is an individualized responsibility based upon the ability to pay, the resulting gaps in care provision come at a high cost to individuals, to society and to the economy. The provision of, access to and receipt of care should be based on principles of solidarity, equity and universality and the leadership of the State. Although considerable progress has been made in the recognition of care as a public good and collective responsibility, expectations and norms around “women’s” caring roles and responsibilities persist.
167. Macroeconomic policies can provide a conducive environment for investments in care and can influence the distribution of paid and unpaid care work, and the generation of decent jobs in the care economy. This requires reallocating resources and expanding the fiscal space as necessary. Sound coordination mechanisms across different policy areas and institutions for coherent approaches to promote decent work in the care economy are also necessary.

5.1. The way forward

168. Given its leadership in promoting coherent and integrated approaches to policy development related to the care economy, the ILO is well placed to continue and further develop its comprehensive work on the care economy across its strategic objectives, position its work in the care economy to respond to emerging challenges, and work with constituents to further enhance understanding of the care economy, which will involve promoting recognition of the importance of the care economy to decent work and social justice.
169. Promoting a common understanding of the care economy and its composition, including how to measure its size, is crucial for evidence-based policy for decent work in the care economy. The ILO could promote such a common understanding, including through a process beginning in 2024 to develop internationally agreed statistical standards on the topic. This will guide the collection and compilation of detailed, comparable and harmonized data addressing the extensive data gaps that currently exist.
170. The key components and characteristics of progressive care policy packages are proposed in the 5R Framework for Decent Care Work. To respond to requests from countries for support, the ILO could commit to ensuring that policy advice continues to respond to country situations, supporting policy implementation through strengthened coordination mechanisms and social dialogue, and building strong partnerships at the national and global levels to advance its work.
171. The ILO’s Global Coalition for Social Justice could serve as a platform for further strengthening partnerships with UN agencies, international financial institutions, international networks and research centres, while also asserting the ILO’s comparative advantage of its tripartite structure in promoting decent work in the care economy.
172. In this context, it is important to promote the ratification and implementation of international labour standards relevant to the care economy, including all ten fundamental Conventions.
173. Furthermore, data and statistical guidelines are critical to providing evidence-based policy advice. The ILO could promote the collection and compilation of comparable, harmonized data, and move towards the development of international guidelines on statistics concerning the care economy.
174. The ILO has the capability to: leverage its high-quality knowledge and further enhance its expertise on the care economy through strengthened research and analysis on trends in employment and decent work in the care economy; support constituents in estimating care needs and coverage gaps (including care leave policies) and in estimating returns on investments aimed at closing those gaps by mainstreaming care within macroeconomic policies; review financing mechanisms and public expenditure in the care economy; initiate an improved understanding of

productivity in the care economy; and undertake quantitative and qualitative analyses of policy impacts in promoting decent work in the care economy.

- 175.** Moreover, the ILO could conduct research to enable the Organization to assess whether there are any gaps in the ILO's body of international labour standards in respect of paternity and parental protection, and if so, appropriate normative and non-normative actions that could be taken.
- 176.** Furthermore, the ILO could continue to: provide policy and legal advisory services (including legal and policy reviews); offer capacity-building and services related to developing the fiscal, regulatory and technical capacities needed to design, finance and implement inclusive policies for the care economy, including on care policies, services and investments; support the mainstreaming of care in different policy areas; and promote social dialogue in the care economy, including through Decent Work Country Programmes.
- 177.** To promote improved employment and working conditions in the care economy, the ILO could support the development of skills and accreditation programmes tailored to national contexts, with the aim of fostering the professionalization and formalization of care workers.
- 178.** The ILO could further integrate issues relevant to the promotion of decent work and gender equality in the care economy into all relevant ILO development cooperation projects and activities – particularly those focused on women's employment and economic empowerment, the extension of labour and social protection, the elimination of discrimination, and the transition to the formal economy – to fully harness the care economy's potential to contribute to the Decent Work Agenda and the SDGs.
- 179.** Enhancing collaboration with the International Training Centre could expand the Office's capacity-development strategy on the care economy, including by upscaling the accessibility of existing training courses and developing more that cater to the needs of ILO constituents and Member States in promoting decent work and gender equality in the care economy.