



TRANSFORMING CARE SYSTEMS

**IN THE CONTEXT OF THE SUSTAINABLE DEVELOPMENT GOALS
AND *OUR COMMON AGENDA***

UN SYSTEM POLICY PAPER



**United
Nations**



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FOREWORD



As we reach the midway point to 2030, we must find new and better ways to accelerate progress on the Sustainable Development Goals (SDGs). Addressing drivers of equality and identifying levers of change that have multiplier effects have proven effective. This is the case for care work, mostly carried out by women, unpaid or underpaid, informal and invisible. Despite its inherent value to societies, communities and families, unpaid care work is also excluded from Gross Domestic Product (GDP) calculations.

Transformative initiatives are now required, and comprehensive care systems are part of the response. Currently, efforts are underway to expand the measures beyond GDP to provide a holistic approach to development. Additionally, gender equality is crucial to achieve sustainable development, yet the persistent undervaluing and the gendered division of unpaid and paid care work is a driver of inequality that continues to undermine the achievement of progress across the SDGs. We have the opportunity to build a future where care responsibilities are shared fairly and time, resources, power and work are redistributed, in order to move towards more caring and equal societies.

Our efforts to transform care systems must be advanced through reinvigorated multilateralism and cross-disciplinary approaches with the United Nations (UN) at the centre of efforts, working closely with Member States and other partners. This guidance paper provides a practical framework for UN Agencies to take forward our shared vision and commitment.

The outcome of two consultations on care societies and the SDGs – held in November 2022 and February 2023 – this document serves as practical guidance for UN Agencies at the country, regional and global level to address care within the context of the SDGs and *Our Common Agenda*. It aims to inform and harmonize UN Agency efforts on care by offering definitions, guiding principles, approaches and policy options that can be contextualized to different socioeconomic realities. In doing so, it seeks to amplify the impact of the UN System in advancing comprehensive care systems that enable gender equality, well-being and social justice alongside sustainable development and economic transformation.

Now is the time to join forces and mobilize commitment. Now is the time for a new paradigm centred on interdependence, care and sustainability that accelerates progress on the SDGs and *Our Common Agenda*. Moving towards a care society implies a paradigm shift that places the care of people, of those who care, self-care and care for the planet at the centre. Leading this effort fills me with pride and renewed hope for a better future for all.

Amina J. Mohammed
Deputy Secretary-General, United Nations



Investing in care systems on a large scale is not just necessary – it is transformative. Such investments have undeniable benefits for women, care recipients, communities and entire nations. It is imperative that states, civil society, the private sector and communities share the responsibility of framing care as a public good and as a fundamental right that benefits all.

As UN Agencies, we have demonstrated our ability to unite and prioritize the realities and rights of both caregivers and care recipients globally. We achieve this by leveraging existing best practices in transforming care systems and advancing gender equality.

In our post–COVID-19 world, where we have uncovered significant deficiencies in care systems and face numerous interconnected crises such as climate change, conflict and systemic inequality, the necessity of comprehensive care systems for the well-being of both people and the planet has never been more evident. It is clear the current care crisis is intrinsically linked to other global structural crises, including environmental and climate issues, inequality, debt, poverty and humanitarian challenges.

UN Women facilitated this guidance paper through an Inter-Agency Working Group composed of the UN agencies ILO, UNDP, ECLAC, OHCHR and UN Women. This joint effort identifies key policy entry points, aligned with differentiated approaches across countries, and articulates a role for the UN System in supporting Member States and other partners in the development of transformative and comprehensive care systems. As such, this document is a crucial step towards achieving SDG Goal 5 on gender equality as the epicentre for the achievement of all Sustainable Development Goals.

UN Women is proud to work alongside UN Agencies and our partners in creating and executing this pivotal policy guidance. Together, our actions will ensure that care is central to building a sustainable, just and equal world for all.

Sima Bahous

Executive Director, UN Women

INTRODUCTION

WHY CARE?

Care is fundamental to the well-being and prosperity of individuals, societies, economies and ecosystems. Without it, our societies and economies would grind to a halt. Everyone requires care in their lifetime, meaning comprehensive care systems are fundamental for all persons, in all their diversity, to participate equally in society and enjoy the fulfilment of their rights.ⁱ At the same time, care for the environment enables nations and peoples to enjoy a quality of life without compromising that of future generations. Yet, restrictive social norms and gender stereotypes continue to position women as the primary caregivers and men as the primary income earners, entrenching a gendered divide in the provision of both unpaid and paid care work and fuelling the undervaluing of this essential work by society. This gendered division is further underpinned by perceptions of what constitutes “work” and “skilled” labour, as reflected in dominant economic models.ⁱⁱⁱ

The existing social organization of care reflects profound inequalities of status and power and often exploits the labour of women and girls belonging to ethnic and racial minority groups, migrant women and women working in informal settings.^{iv} It is both a driver and outcome of poverty and structural inequality, with implications for the rights and well-being of those both providing and receiving care.^v The problem is not the act of care work itself, but of how paid and unpaid care is valued and organized within households, communities, institutions and society.

While it is impossible to ascribe a numerical figure to the full and intrinsic value of care work, estimates based on minimum wage and time-use data put the monetary value of unpaid care work by country at between 2 per cent and 41 per cent of Gross Domestic Product (GDP), with a median value of 10 per cent,^{vi} while others estimate it at an annual global figure of US\$10.8 trillion.^{vii} In some countries, the monetary value of unpaid care work exceeds that of market sectors such as manufacturing, commerce or transportation,^{viii} yet it rarely receives the same policy attention. Meanwhile, the paid care economy corresponds to 381 million jobs around the world,

comprising 11.5 per cent of global employment.^{ix} Despite this value, unpaid and informal care work is excluded from the most influential economic indicator, GDP, rendering millions of women’s labour invisible.

The COVID-19 pandemic revealed the extent to which society and economies rely on women’s unpaid and underpaid care work. At the same time, it exposed the fragile and unequal nature of existing care systems and the impacts on both caregivers and care recipients.^x While much of the market economy stopped during the COVID-19 pandemic, care did not.^{xi} In 2020, school and preschool closures required 672 billion hours of additional unpaid childcare globally, with women estimated to have shouldered 512 billion (76 per cent) of those hours, based on the assumption that the gender divide in care work remained the same as before the pandemic.^{xii} Women were more likely than men to drop out of paid work or reduce their hours, largely due to an increase in care responsibilities.^{xiii} In Latin America and the Caribbean, this exodus from the labour market in 2020 is estimated to have represented an 18-year setback in women’s labour force participation.^{xiv}

The largest population that died from or were infected with COVID-19 were persons with disabilities and older persons, particularly those living in institutional settings.^{xv} Yet during the pandemic, of all social protection and labour market measures implemented by countries and territories, only 7 per cent supported unpaid care work,¹ and the necessary large-scale investments in comprehensive care systems have not yet materialized.^{xvi}

Meanwhile, the demand for greater investment in and the strain on existing care systems are increasing. An estimated 350 million children require childcare services,^{xvii} while the number of persons aged 65 years or older is expected to double by 2050, with the most challenges felt in low-and-middle-income countries.^{xviii}

WHO CARES?

Around the world, women and girls provide more than three quarters of unpaid care work, undertaking an average of 4 hours and 25 minutes per day, compared to 1 hour and 23 minutes for men.^{xix} Unpaid care work is most intensive for women and girls living in poverty; in countries with limited public services, basic infrastructure or social protection; in rural areas; in single-parent households; and those with children and grandchildren under school age. These gendered disparities in unpaid care work are a profound driver of gendered socioeconomic inequality, restricting women's and girls' time and opportunities for education, decent paid work, public life, rest and leisure. Around the world, women report that their domestic responsibilities limit their ability to take up new opportunities, or force them into low paid or less secure jobs.^{xx} Women's time poverty and financial poverty are also intrinsically interlinked, with women who have high unpaid care responsibilities and limited means to pay for care services more likely to be in informal or precarious work or underemployment, leading to a cycle of poverty and impacting their savings, assets and access to pension and public allowances across their lifetime^{xxi} An estimated 606 million working-age women are outside the paid labour force due to their care responsibilities compared to only 41 million men,^{xxii} while older women are estimated to provide 4.3 hours of unpaid care work per day, which is likely to have increased during COVID-19.^{xxiii}

In the paid care sector, two thirds of the workers are women,^{xxiv} including in healthcare, childcare, disability care, aged care, education and paid domestic work, and the majority are migrant workers.² Across the world, paid care work remains characterized by a lack of rights, benefits and protections, low wages or non-compensation, low unionization, and exposure to physical, mental and, in some cases, sexual violence and harassment. An estimated 90 per cent of domestic workers have no access to social security, e.g. maternity protection and benefits.^{xxv} Many care occupations are inaccurately viewed as unskilled or an extension of women's perceived "natural" or "traditional" role as caregivers, a stereotype that contributes to their low status and pay and lack of representation. This situation has knock-on effects for the care outcomes of care recipients. Countries across sub-Saharan Africa rely on over 900,000 community health workers to support their health systems, over two thirds of whom are women and 86 per cent are unpaid^{xxvi} In the Arab States region, fewer than a quarter (22 per cent) of women are in the paid labour force and over half (53 per cent) of employed women work in care-related jobs – the highest of any region.^{xxvii}

1. UNDP and UN Women. (2021). [COVID-19 Global Gender Response Tracker](#).

2. Domestic migrant care workers (both cross-border and internal) comprise a significant proportion of the paid care workforce and are more likely to be employed in precarious and low-paid employment. See, for example, Shereen Hussein. (2022). ["The Global Demand for Migrant Care Workers: Drivers and Implications on Migrants' Wellbeing"](#) *Sustainability* 14, no. 17: 10612 and Jenna Holliday. (2023). *Skilled to care: forced to work? Recognizing the skills profiles of migrant domestic workers in ASEAN amid forced labour and exploitation*. Bangkok, Thailand: International Labour Organization, Regional Office for Asia and the Pacific.

During social, economic and humanitarian crises, the unpaid and underpaid labour of women and girls acts as a shock absorber for gaps in essential public services and social protection, especially for communities with limited health and care infrastructure. Cuts in government budgets, damage to essential public services and infrastructure due to conflict or climate-related disasters, privatization, closures and layoffs all contribute to pushing this work into the home, with factors such as poverty, disability, age, race, class, ethnicity, caste, language, religion or belief, as well as Indigenous, minority,

and migration status significantly influencing which women and girls are most impacted. For example, women in fragile and conflict-affected settings are estimated to spend nearly four times the amount of their day on unpaid care tasks compared to men.^{xxviii} During the COVID-19 pandemic, of the 647 million people around the world who stopped doing paid work to attend to their family responsibilities, 9 out of 10 were women.³ Across all conflicts and crises, the process of recovery is an opportunity for building more sustainable, peaceful and caring societies.

Key definitions

CARE: Care sustains all forms of life and is central to the well-being of people and the planet. Care can be understood as “a species activity that includes everything we do to maintain, continue and repair our world”,^{xxix} while the four phases of care can be understood as “caring about, taking care of, caregiving and care receiving.”^{xxx} This paper builds on these definitions to take an expansive conceptualization and definition of care that includes the act of caring for oneself, for others and for the planet, and which includes providing support and assistance to those who require it to enable their participation in society with dignity and autonomy. This paper recognizes that everyone needs care and support at some stage of their lives, if not throughout their life, to participate equally in society and to live with dignity.

CARE SYSTEM: This paper broadly considers care systems to encompass the following components: legal and policy frameworks, services, financing, social and physical infrastructure, programmes, standards and training, governance and administration, and social norms. A “comprehensive care system”^{xxxi} involves these components working in an integrated and deliberate way, with the aim of implementing a new social organization of care to assist, support and care for people and the environment, as well as recognizing, reducing and redistributing, rewarding and representing care work from a gender, intersectional and human rights perspective in a way that fosters co-responsibility between genders and between households, the State, the market, families and the community.

CARE WORK: Paid and unpaid care work encompass direct care for people (physical, emotional, psychological and developmental) as well as indirect care (e.g. household tasks, including collecting water and firewood, travelling and transport), taking place within and outside the home. This paper recognizes that both are (a) skilled work, (b) associated with inequalities based on gender, income, age, race, migratory status, disability and geographic location, among others, and (c) devalued for many of the same reasons. While recognizing these similarities, it is important to distinguish between paid and unpaid care work as they are not exact substitutes, e.g. paid care services (such as day-care centres, long-term care services and personal care assistance) can enable unpaid family caregivers to provide more compassionate and sustainable care alongside specialized services, mitigating caregiver burnout and allowing caregivers to adapt to the needs and rights of the care receiver.^{xxxii} Paid and unpaid care must therefore work in a complementary manner, providing different yet interrelated functions that improve the well-being and quality of care for all.^{xxxiii}

Note: Please refer to the Glossary on pages 25 to 28 for a full list of terms and definitions used throughout the paper.

3. UNDP and UN Women. (2021). [COVID-19 Global Gender Response Tracker](#).

OUR VISION FOR TRANSFORMING CARE SYSTEMS: A COLLECTIVE OPPORTUNITY

This paper envisions a society in which care is at the centre of thriving, sustainable and just economies; where care is seen as a public good and as skilled and essential work that is critical to social and economic well-being; and where care is recognized as the basis for equal participation and treatment in society and not reduced to a commodity, a personal choice or a family obligation.^{4, xxxiv}

Central to this vision is recognition of the relational nature of care^{xxxv} and of the manifold opportunities of investing in the transformation of care systems. This requires redefining spending on care from being a cost to being an investment with significant dividends to people and the planet. These dividends should be acknowledged for both their tangible dimensions (for example, the economic multiplier effects⁵ of public investments in quality health, childcare and long-term support services, or the benefits to green economies through the creation of low-carbon care jobs)^{xxxvi} and their intangible dimensions (such as social cohesion, human capabilities and gender equality).⁶

To enable this vision, this paper 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^{xxxvii} for the provision of care with the State as a primary duty bearer.

This vision echoes calls within *Our Common Agenda* for a new social contract that is “anchored in human rights, better management of critical global commons, and global public goods that deliver equitably and sustainably for all”.^{xxxviii} It aligns with the Agenda’s call for large-scale investments in care systems and a fundamental shift in how informal and unpaid care work is valued in economic models and how care systems uphold the human rights of both caregivers and care recipients. Further, it resonates with UN System-wide efforts to advance beyond GDP towards measures of economic progress that “account for human well-being, planetary sustainability and non-market services and care.”^{xxxix}

4. This document is intended as a living document. As such, it will be reviewed and updated in line with evolving approaches, norms and standards within and outside the UN System, as required.

5. For example, it is estimated that closing existing care policy gaps and expanding care services with decent care work could create almost 300 million jobs by 2035, thereby reducing gender inequalities in employment and yielding significant economic and social returns. See: ILO. (2022). [Care at work: Investing in care leave and services for a more gender equal world of work](#) and the [ILO Care Policy Investment Simulator](#). See also: Ipek Ilkkaracan and Kijong Kim. (2019). [The employment generation impact of meeting SDG targets in early childhood care, education, health and long-term care in 45 countries](#). Geneva: International Labour Organization.

6. For further information on making the case for public investment in care services, see, for example, Amanda E. Devercelli and Frances Beaton-Day. (2020). [Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital](#). World Bank. Washington DC.

KEY PRINCIPLES TO UNDERPIN THE TRANSFORMATION OF CARE SYSTEMS

This section proposes a common set of key principles that should underpin efforts to address care inequalities and transform care systems across all contexts, regardless of the scope, size or type of intervention. These principles, which are also central to the United Nations' development cooperation,^{xⁱ} respond to the fact that human rights, gender equality and the empowerment of all women and girls and leaving no one behind are key principles and the central transformative promise of the 2030 Agenda for Sustainable Development.^{xⁱⁱ}

These five principles are:



Human rights–based: This principle affirms that care systems must respect and promote the dignity and autonomy of caregivers, care workers and those in need of care and support, in line with rights and principles from international human rights law, including the Universal Declaration of Human Rights (UDHR), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention of the Rights of Persons with Disabilities (CRPD), Convention on the Rights of the Child (CRC) and other treaties, which the UN upholds.⁷ These and other instruments (see Annex C) recognize the inherent dignity of individuals and impose obligations on States to respect, protect and fulfil the human rights of persons providing and receiving care, reducing gender inequalities and ensuring their agency, dignity, education, social ties, psychological support, societal participation and well-being, which recognizes the interconnectedness within and between people and planet.^{xⁱⁱⁱ} The phrase “human rights–based” means to conceive all policy targets as active subjects of rights and not as passive beneficiaries of a policy. It implies that these people, who are subjects of rights, must have a voice in the design, implementation and evaluation of care policies, with social participation and the creation of mechanisms for enforceability being the main tools for this purpose. Rights holders must also be entitled to seek justice and effective remedies when their human rights are breached.^{xⁱⁱⁱⁱ}



State accountability: This principle affirms that States bear the primary responsibility to respect, protect and fulfil human rights as provided under international human rights law. This includes setting benefits and defining the quality of care services; effectively regulating the market for care services and labour market for care workers; and acting as a statutory and core funding entity and in some countries acting as a direct provider and employer of care workers in the public sector.^{x^{iv}} The State has the responsibility to ensure that rights are statutorily guaranteed, and benefits and services are adequate and collectively financed as part of universal, solidarity-based,⁸ comprehensive and sustainable social protection and care

7. See the list of the nine core international human rights treaties adopted under the auspices of the United Nations [here](#).

8. Guarantee of access to entitlements should be based on the basic objective of building more inclusive societies.

systems. It also means ensuring decent working conditions for care workers and preventing care policies from being poorly designed, funded or implemented, which would perpetuate inequalities. State accountability also includes fiscal transparency on budget allocations and expenditures.



Universality: This principle affirms that quality care-related services, infrastructure, regulatory frameworks and benefits should reach the entire population – women and men and girls and boys, in all their diversity, with or without disabilities, living in poverty and not living in poverty, urban and rural, irrespective of race, young and older persons – especially those most likely to be left behind,^{xlv} ensuring availability, accessibility (including affordability), adequacy and quality of facilities, services and goods.⁹

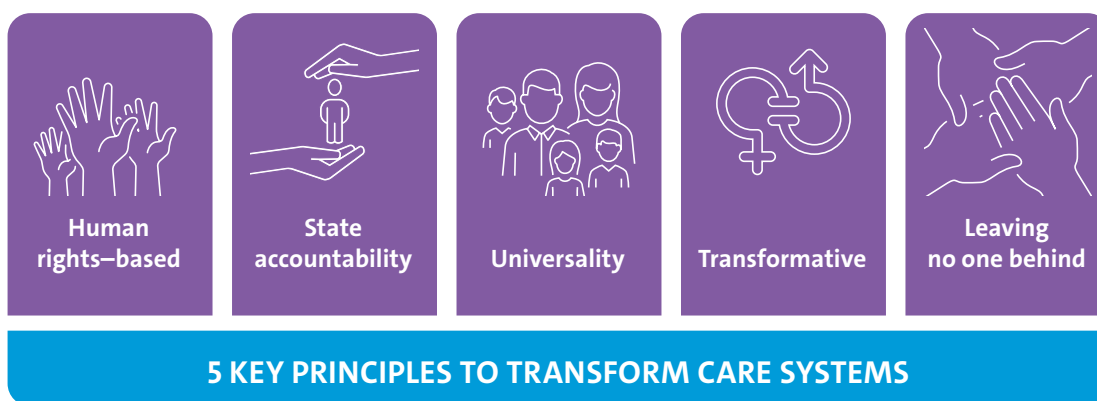


Transformative: This principle affirms that care systems should advance gender equality and non-discrimination and aim to address the structural barriers of inequality. They should positively transform the status quo to change the undervaluing of care and its unequal distribution. They should also transform the subordination of care recipients as “dependents” and the structural dependency on women as primary caregivers. Care policies should support the autonomy, dignity and agency of care recipients, and should be gender-equal or secure gender equality outcomes.¹⁰



Leaving no one behind: The principle of leaving no one behind (LNOB)^{xlvi} affirms that efforts to transform care systems must actively and systematically encourage the achievement of non-discrimination and gender equality at home, at work and in society. Women, persons with disabilities, children, youth, older persons, Indigenous and racial and ethnic minority groups, LGBTQIA+ persons and migrant groups are most likely to either be responsible for care provision and/or require it and therefore require

consideration. Leaving no one behind requires identifying who is being excluded or discriminated against, how and why, as well as who is experiencing multiple and intersecting forms of discrimination. It involves identifying inequalities in care outcomes and opportunities, and patterns of discrimination in law, policies and practices.^{xlvii} ‘Reaching the furthest behind first’, the second part of the LNOB pledge, further obliges state actors to not only make the invisible visible and support the hard-to-reach, but to make this a priority.



9. Many of the economic, social and cultural rights relevant to care and support requires States to ensure the availability, accessibility, adequacy and quality (AAAQ) of facilities, services and goods. The formulation of “AAAQ” may differ slightly by each right.

10. For example, flexible working arrangements should promote the equal sharing of caring responsibilities within the household and care leave policies should not reinforce gendered and binary notions of the “male breadwinner” and “female caregiver” by addressing one aspect of care work and ignoring others.

KEY FRAMEWORKS AND APPROACHES TO REALIZE THE VISION

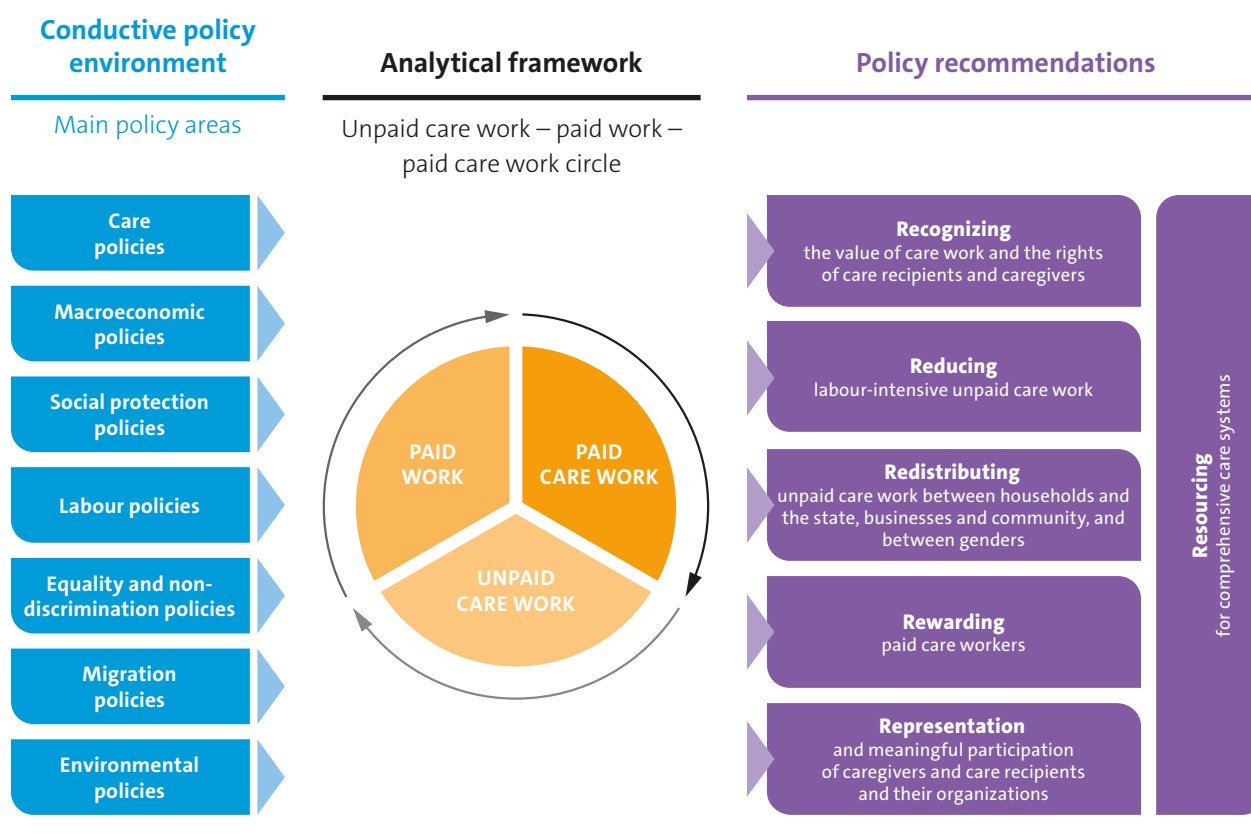
While recognizing the importance of context-specific policy responses, a common framework can support more effective collective efforts to transform care systems. This section proposes the 5R Framework for Decent Care Work^{XLVIII} as a common policy framework across the UN System, while recognizing that other frameworks also offer useful conceptualizations and visions of societies and economies that prioritize care for people and planet.¹¹ This section further proposes key approaches and considerations to ensure the holistic application of the 5R framework towards the vision outlined in Figure 1.

The 5R Framework for Decent Care Work is a human rights-based and transformative approach to public policy grounded in gender equality and social justice. By embedding labour and human rights in national legislation, policies and budgets, and by supporting them through sustainable funding and effective implementation, States can make progress in meeting the 2030 Agenda for Sustainable Development by embedding labour and human rights in national legislation, policies and budgets, and by supporting them through sustainable funding and effective implementation, and thus pursue a “high road to care work.”^{XLVIX} Constructing this high road to care work requires the adoption of transformative public care policy systems that depend on the integration of wider social and economic policies—in macroeconomics, social protection, labour, migration, health, climate, the environment, infrastructure and mobility – to reflect new developments and commitments towards just transition goals.

These policy areas must work cohesively in order to create a comprehensive care system that meets current and future care needs, is resilient to external shocks, addresses inequalities resulting from the unpaid care work–paid work circle (see the centre of Figure 1 below) and delivers the key policy outcomes that provide the foundation for the high road to care work. These policy outcomes are: (1) recognizing care work, (2) reducing care work where necessary and in a way conducive to the enjoyment of rights of care recipients, (3) redistributing the time, cost and responsibility for unpaid care work among States, the private sector, communities, families/households, and individuals, (4) representation of caregivers (paid and unpaid) and care recipients, and (5) rewarding paid care workers by ensuring decent work and social protection, including for migrant workers, and which entails social dialogue, freedom of association and the collective bargaining rights of paid workers, and consultation with and the representation of unpaid care workers and care recipients. Integral to the successful implementation of this framework is long-term, sustainable resourcing and investing in care systems.

11. These include, but are not limited to: UN ECLAC. (2022). [The Care Society](#), UK Women’s Budget Group. (2020). [The Caring Economy](#) and Ipek Ilkkacracan. (2023). [The Purple Economy](#) Purple Economy Framework: Expert Paper for the Sixty-eighth session of the Commission on the Status of Women.

FIGURE 1
**Framework for achieving a high road to care work
 with gender equality and social justice**



Source: Adapted from: ILO. (2018). Care work and care jobs for the future of decent work.

KEY APPROACHES AND CONSIDERATIONS

The following approaches should be adopted to ensure holistic and inclusive policy measures and interventions that consider both people –caregivers and care recipients– and the planet:

- 1. Position care as a public good:** Interventions and messaging should be grounded in the recognition of care as a public good that benefits societies, economies, the planet and individuals alike. This approach recognizes that how an organization frames an issue can result in specific policy goals and solutions “that are not consistent with its way of describing the issue.”¹² The approach involves avoiding framing care as a “burden” and instead framing care as work, skilled and valuable, and as a basis of the enjoyment of human rights of those receiving care.¹²

12. Framing care as a “burden” should be avoided as it implies that all care work is a negative experience and that all care should be reduced. Instead, more and better care for people and the planet is desired *and* it should be better valued and shared with more investment. An alternative framework is to define care responsibilities as “unequal” or “disproportionate”.

2. Take a context-specific approach, considering unique needs, demographics and existing care provision. Map entities, such as public, community and private care providers and services, understanding the coverage and challenges. Consider how care priorities differ between agricultural and urban settings, informal and formal settings and high-income and low-income economies.

3. Follow a life-course approach, integrating policies and services for all ages. This approach emphasizes age and gender-responsive data, noting fluctuating care roles and needs throughout life and the effects of lifelong discrimination. For instance, unpaid care affects adolescent girls' education, and as women age, their poverty risk rises due to childcare disparities.¹³ In later life, many women in lower-income contexts balance unpaid care with informal paid work.

4. Ensure policies and interventions enable both care and gender equality: Certain policies and interventions can have positive care outcomes but perpetuate the gendered division of care work. For example, unless applied equally across genders, flexible work policies can reinforce social expectations of women as primary caregivers.

5. Work across ministries and at different levels (e.g. subnational, national, regional and global) to enable the spectrum of policies, services and interventions to be responsive to multiple, specific and often overlapping care needs.

6. Anchor policies in national and international law and normative frameworks to ensure policy measures are progressively introduced and not reversed with changing political administrations and to respond to different contexts and socioeconomic circumstances of countries and territories while upholding universal norms which States have accepted.

7. Build the investment case for both immediate and long-term dividends. There is increasing evidence of the substantial multiplier effects of public spending on care systems in terms of long-term and broader benefits beyond the direct users,¹³ which in turn leads to an expansion of fiscal space (for example, through additional tax revenue created through the expansion of public sector care service jobs). A key approach to shift perceptions of spending on care systems from a cost to an investment is identifying both the immediate and longer-term, wider socioeconomic benefits of investing in care systems across different contexts.¹⁴

8. Take a cross-disciplinary approach: Enhance collaboration among stakeholders, including the private sector, multilateral organizations, donors and other various organizations, to champion transformative change. Bolstering women's, feminist, disability, children's and older persons' organizations, among others, can shift social norms and support alternative care forms.

13. Macrosimulations show that funding high-quality universal care provision is an investment in both care systems and wider social infrastructure, with long-term and broader benefits beyond the direct users. Together with increased provision of paid care leave, such investment has gender-equalizing effects on employment and caring roles. See ILO. (2022). [*Costs and benefits of investing in transformative care policy packages: A microsimulation study in 82 countries*](#). Jerome De Henau. ILO Working Paper 55. March.

14. These simulations should go beyond job creation and women's labour force participation to consider the quality of jobs; human capabilities in education, health and political participation; environmental impacts; well-being; and the quality of care received.

POLICY OPTIONS TO SUPPORT THE TRANSFORMATION OF CARE SYSTEMS

This section provides a menu of policy measures and entry points for UN Agencies to support Member States in addressing care across the 5R Framework and a cross-cutting area on resourcing. While not exhaustive,¹⁵ these measures taken together ultimately move governments¹⁶ and countries towards the realization of comprehensive care systems. At the same time, it is recognized that progress will be incremental and that countries are at different starting points with different immediate priorities and fiscal realities. The core principles outlined previously – human rights-based, state accountability, universal, transformative and leave no one behind – apply across each of the policy areas.

POLICY OUTCOME 1:



RECOGNIZING THE VALUE OF CARE WORK AND THE RIGHTS OF CARE RECIPIENTS AND CAREGIVERS

ENTRY POINTS	POLICY MEASURES
International laws and normative and policy frameworks	<ul style="list-style-type: none"> ● Adopt and implement international human rights and labour laws and normative frameworks and develop and adopt sectoral policies that address the provision and receipt of care, in all its dimensions, as critical to ensuring an enabling environment for the implementation of all other policy measures. ● This includes working with governments to ensure the adoption, ratification, implementation and adherence to existing and new laws, policies and normative frameworks, such as those outlined in Annex C.¹⁷
Local, national and regional plans and strategies	<ul style="list-style-type: none"> ● Integrate care within social, economic and humanitarian plans, strategies, foreign policy strategies and overseas development assistance policies as critical for ensuring that care is addressed systemically and holistically and that strategies are aligned with social and economic transformation efforts. ● This involves working with regional, national and local governments to identify and incorporate relevant care priorities, commitments and targets into new and existing plans and strategies.
Care-related data	<ul style="list-style-type: none"> ● Collect and use quantitative and qualitative data on paid and unpaid care work including on the well-being of care recipients and caregivers – to make care visible, inform social and macroeconomic policy, and recognize care as a fundamental element of the economy. ● This includes working with national statistical agencies to measure the multiplier effects of investing in care systems, including through the periodic measurement of time use, needs and demand for care, valuation of unpaid work in national accounts, cost estimation and calculation of investment, and long-term social and economic returns. It also includes supporting alternatives to GDP that measure unpaid and informal labour, to more accurately measure what is valuable and to enhance decision-making in the best interests of people, the planet and the future.¹⁸ ● Consideration should be given to ensure data are disaggregated and analysed by age, gender, disability, race, ethnicity, migratory status, income and geographic location.

Recognition policies in action

EUROPEAN UNION: In 2022, the European Commission unveiled its inaugural European Care Strategy for Caregivers and Care Receivers, offering guidelines and recommendations for comprehensive, quality and affordable care services, including early childhood and long-term care across all EU countries.^{LIII}

LATIN AMERICA: The Buenos Aires Commitment, adopted in 2022 at the XV Regional Conference on Women in Latin America and the Caribbean, charts a path towards a care society, with agreements in new areas for transformative recovery with gender equality and sustainability at the centre.^{LIII}

CHINA: The Chinese Women's Development Program (2021–2030) calls for men and women to share housework, and jointly assume responsibility for the upbringing, education and protection of children.^{LIV}

KENYA: In 2021, the government implemented its first national Time Use Survey,¹⁹ providing critical data on unpaid care work and revealing gendered inequalities in time poverty.^{LIV} The government is now using the data from the survey to inform the development of its first national care policy.^{LVI}

URUGUAY: Uruguay is considered a pioneering country in the design and implementation of a comprehensive care system that seeks to transform the current gendered division of labour and promote a co-responsible model that involves families, the state, the community and the market in the provision of care. Governmental discussions regarding a national care system began in 2005 and Law 19.353 was approved in 2015.^{LVII}

15. For a more comprehensive list, see for example: Oxfam (2021). [Care Policy Scorecard: A tool for assessing country progress towards an enabling policy environment on care](#).

16. While the target of these policy options is governments, with the intention of fostering state accountability (in line with principle 2 in Section IV), many of the measures are also applicable to the private sector and other actors.

17. This also includes eliminating harmful practices such as child, early and forced marriages and child labour that perpetuate gender inequalities in care work. An estimated 17.2 million children are in paid or unpaid domestic work in the home of a third party or employer. See ILO. [“Child labour and domestic work”](#).

18. See recommendations on care and “Beyond GDP metrics” included in: UN Secretary-General. (2023). [“Our Common Agenda – Policy brief 4: valuing what counts – a framework to progress beyond gross domestic product”](#). A/77/CRP.1/Add.3.

19. Time-use surveys are key in the construction of household satellite accounts for unpaid work, drawing attention to the economic contributions made by households, especially by women, to the national economy.



POLICY OUTCOME 2: REDUCING LABOUR-INTENSIVE INDIRECT UNPAID CARE WORK²⁰

ENTRY POINTS	POLICY MEASURES
Physical infrastructure	<ul style="list-style-type: none"> ● Investment in basic physical infrastructure such as piped water, household electricity, sanitation and public transport for reducing women's and girl's time poverty related to unpaid care work responsibilities.²¹ ● Such infrastructure is often limited in low-income and rural settings and can significantly reduce the time and intensity of individual household care tasks such as collecting water,²² meal preparation and reaching care-related services. ● This involves supporting governments to identify needs and develop and implement policies to provide this infrastructure and ensure it is free or affordable for low-income groups, accessible for persons with disabilities and different age groups, considers physical safety and aims to be carbon neutral.^{LVIII}
Energy- and labour-saving equipment and technologies	<ul style="list-style-type: none"> ● Investment in energy- and labour-saving devices and equipment such as washing machines, energy-efficient stoves, water-harvesting technologies and vacuum cleaners is important for reducing the time spent (usually by women and girls), on individual household care tasks such as laundry, food preparation and cleaning. ● This investment is particularly relevant in low-income and low-resource settings where availability and access to these devices is limited. Technologies and equipment for persons with disabilities can also enhance their independence and reduce the workload for caregivers, including when persons with disabilities themselves are caregivers. ● This involves supporting governments in identifying needs and ensuring that the equipment and technology is affordable for low-income groups, accessible for different age groups and persons with disabilities, and aims to be carbon neutral.

Reduction policies in action

CAMBODIA: The publicly owned Phnom Penh Water Supply Authority has been running the Clean Water for Low Income Families programme for more than 10 years as part of the government's poverty-reduction policy. The programme has significantly reduced the cost of water for more than 30,000 poor households and has contributed to time savings for the women and children in those households.^{LIX}

COLOMBIA: In Bogota, the Manzanas del Cuidado (Care Blocks) initiative provides a variety of services to alleviate women's care responsibilities and free up their time, including, for example, by providing free laundry services. The initiative takes into consideration the limitations or lack of infrastructure in households and seeks to provide services where these are currently missing.

EGYPT: As per the Egyptian Labour Code, Law 12 of 2003, employers with 100 or more women in a workplace must provide childcare facilities. Establishments in the same area that employ fewer than 100 female workers shall cooperate in establishing a nursery, under the terms and conditions determined by a decision from the concerned minister.

20. It is important to note that this policy area is related to reducing the time and intensity of arduous indirect and non-people care tasks. It should not lead to compromising or reducing care for care recipients.

21. For example, research in the Philippines, Uganda and Zimbabwe demonstrated that accessing improved water sources reduced women's time on unpaid care by one to four hours per day. Oxfam. (2020). [Unlocking Sustainable Development in Africa by Addressing Unpaid Care and Domestic Work](#). Policy Brief. February.

22. Women in rural areas of sub-Saharan Africa spend up to four hours a day collecting water. Oxfam. (2020). [Time to Care. Unpaid and underpaid care work and the global inequality crisis](#). Briefing paper. January.



POLICY OUTCOME 3:

REDISTRIBUTING UNPAID CARE WORK BETWEEN HOUSEHOLDS AND THE STATE, BUSINESSES AND COMMUNITY, AND BETWEEN GENDERS

ENTRY POINTS	POLICY MEASURES
Care services	<ul style="list-style-type: none"> Investment in care services, including childcare, physical and psychological healthcare, early childhood and development, care and support services for persons with disabilities and older persons, and community-based support and respite services, for rebalancing the responsibility for unpaid care work and supporting the social co-responsibility for care.²³ Digital technologies such as tele-education and telemedicine can also increase equitable access to care services. This involves supporting governments in identifying service needs, developing and implementing policies to provide care services, and ensuring these services follow the Availability, Accessibility, Acceptability and Quality (AAAQ)²⁴ criteria. This includes ensuring the services are made available in sufficient quantity and in a sustainable manner, are free or affordable for low-income groups, provide quality care, are accessible for different groups, and include mechanisms for monitoring quality and compliance. This also includes promoting the application of the UN Guiding Principles on Business and Human Rights so that public and private service providers respect the human rights of care workers and care receivers and are held accountable for breaches.
Social protection	<ul style="list-style-type: none"> Expand social protection systems to secure the quality receipt and provision of care as well as the financial security, well-being and rights of care recipients and caregivers across their lifetime. This includes supporting governments in the implementation of universal²⁵ social protection policies and schemes related to care, such as: healthcare,²⁶ child benefit payments, school feeding programmes and public works programmes. This also includes ensuring disability-related extra costs are accounted for to ensure that persons with disabilities and their households enjoy similar standards of living to others, including in relation to housing.^{1X}
Care-supporting workplaces ²⁷	<ul style="list-style-type: none"> Adopt and implement workplace policies and practices related to medical and sick leave, carers' leave,²⁸ equal paid parental leave,²⁹ breastfeeding, onsite childcare, flexible working, paid return-to-work support, and income security to support paid workers to balance their paid and unpaid work responsibilities.³⁰ This involves supporting governments in developing and implementing relevant legislation and ensuring that the implementation of these measures is grounded in social dialogue and collective bargaining; recognizing diverse care models and family structures; ensuring the rights and protection of both caregivers and recipients; and not penalizing or discriminating against users. They should also ensure mechanisms are in place to track the uptake of care provisions, for example the ratio of women compared to men who take parental leave.
Social norms and gender and other stereotypes	<ul style="list-style-type: none"> Adopt policies and interventions that challenge and shift perceptions of care work being women's sole responsibility and that it is unskilled and unvaluable. This is critical for supporting structural shifts in the valuing and social organization of care.³¹ This includes supporting policies, programmes, media campaigns and changes to school and university curricula that promote men's involvement in care work, teach the value of care, and promote equitable, non-violent, caring relationships.³² This also includes supporting the development of standards and legislation prohibiting restrictive gender stereotypes in advertising and media. Consideration should be given to ensuring interventions are cross-sectoral (e.g. with community, religious leaders and social influencers, civil society and media) and targeted at multiple levels (e.g. household, community, institutional and the general public). Other stereotypes, such as those based on age and disabilities, that perceive certain groups solely as recipients of care or deny their agency should be challenged. Such stereotypes can exist in combination with gender stereotypes.

Redistribution policies in action

ETHIOPIA: In 2021, the Addis Ababa City Administration in partnership with the Federal Government, launched the Future Hope of Addis Ababa Early Childhood Development Initiative. The initiative aims to reach all children under the age of 7 with a range of programmes including universal pre-school, home visits to vulnerable families, day-care centres, and expansion of public play spaces.^{LXI}

BOSNIA AND HERZEGOVINA: A law on parents-caregivers was adopted in 2022, recognizing that providing care for a person with a disability is work. Parents-caregivers will now be entitled to a regular monthly allowance equal to the amount of the net minimum wage in this entity as well as pension, disability and health insurance. The law stipulates that the status of a parent-caregiver can now be achieved by a relative without age restriction. The amendments to the Law on Child Protection of Republika Srpska also stipulate that one of the parents of a child with a disability can serve as a caregiver until the child reaches the age of 30.^{LXII}

LEBANON: In 2023, two care-related law proposals were submitted by the Chair of the Lebanese Women and Children Parliamentary Committee to the Lebanese Parliament: one on amending clauses in the labour code to provide for flexible work arrangements and the other on family-friendly policies covering maternity and paternity leave, breastfeeding and the provision of childcare services in public and private sector workplaces.^{LXIII}

UNITED KINGDOM: In 2019, the UK Advertising Standards Authority introduced new rules on gender stereotyping in advertising.^{LXIV} These rules recognize that certain kinds of gender stereotypes can negatively reinforce how people think they should look and behave (including in relation to care roles), and how others think they should look and behave, due to their gender, which may have harmful consequences for individuals and for society.

23. At least 35.5 million children under the age of 5 are being left alone, or with other young children, to look after themselves. The poorest children in the poorest countries are most likely to be left alone. ODI. (2016). [Women's Work: Mothers, children and the global childcare crisis](#). Policy Brief. Claire Melamed. April.
24. For further details on AAQA criteria, see UNICEF. (2019). [Availability, Accessibility, Acceptability and Quality framework: A tool to identify potential barriers in accessing services in humanitarian settings](#).
25. Universal social protection refers to the integrated set of policies designed to ensure income security and support to all people across their lifetime – paying particular attention to the poor and the vulnerable. Anyone who needs social protection should be able to access it. See ILO and World Bank. (2015). [A Shared Mission for Universal Social Protection](#). Concept Note.
26. Maternity protection ensures expectant and nursing mothers do not lose their employment because of pregnancy or maternity leave. Such protection not only ensures the equal access of women to employment, but it also ensures the continuation of often vital income, which is necessary for the well-being of their entire family. See ILO. ["International Labour Standards on maternity protection"](#).
27. Extending these rights and benefits to the informal sector, where most of the poorest women in the world are working, is more difficult, but some promising initiatives suggest ways to reduce the pressures on women employed in the informal sector. ODI. (2016). [Women's Work: Mothers, children and the global childcare crisis](#). Policy Brief. Claire Melamed. April.
28. Carers' leave should include, but not be limited to, caring for children.
29. This should aim to be at least 14 weeks' paid leave for both parents, with a non-transferable portion for the non-birthing parent while protecting maternity benefits for the birthing parent.
30. It is important to recognize that in many countries, a majority of workers are not employees and/or are informally employed and will not have access to such policies. This increases the importance of public care services provided by central or local governments, or community-based care systems, and social protection schemes.
31. Increasing men's participation in domestic work benefits men and children too. When men share responsibility for care, their own relationships and health improve. In Rwanda, Promundo's MenCare initiative found that in families where men were spending one hour more per day doing housework, participants reported 41 per cent less violence against women, 16 per cent less physical punishment against children, and a 16 per cent increase in contraception use (compared to a control group). Rutgers and Promundo. (2016). [MenCare+: Key outcomes from a four-country initiative to engage men in SRHR, caregiving and violence prevention](#).
32. For example, see: UNFPA. (2023). [Gender-transformative approaches to achieve gender equality and sexual and reproductive health and rights](#). Technical Note; UNFPA and Equimundo. (2022). [International Men and Gender Equality Survey \(IMAGES\): A global report in 15 headlines](#); and UNDP. (2023). [2023 Gender Social Norms Index: Breaking Down gender biases. Shifting social norms towards gender equality](#).



POLICY OUTCOME 4: REWARDING PAID CARE WORKERS

ENTRY POINTS	POLICY MEASURES
Decent work and equal rights	<ul style="list-style-type: none"> ● Regulate and ensure labour and social protections for all paid care workers and secure their decent work and equal rights. ● This involves, among other measures, supporting governments and trade unions to ratify and implement relevant conventions such as those outlined in Annex C. ● This includes supporting governments in implementing legislation and policies aimed at promoting the transition from informal to formal employment; reducing occupational segregation; guaranteeing adequate minimum wages including a minimum wage and equal pay for work of equal value; and fair recruiting policies. ● Special attention should be given to securing equal rights, opportunities and treatment for migrant care workers, domestic workers and informally employed care workers who are more likely to fall outside of legal and regulatory frameworks, not have formal contracts or access to social security benefits or the right to representation and freedom of association, and are more likely to experience abuse and exploitation in the workplace.³³
Safe and healthy working environments	<ul style="list-style-type: none"> ● Adopt legislation and policies on preventing and addressing workplace violence and harassment, occupational health and safety, and labour market policies such as maximum weekly working time limits and flexible working hours to ensure paid care workers' rights, dignity and safety are respected. ● This includes supporting governments to adopt and implement relevant conventions, legislation and policies, including ratification and adherence to ILO Convention No. 189 on Domestic Workers and Recommendation No. 201 and ILO Convention No. 190 on the elimination of violence and harassment in the world of work. Consideration should also be given to ensuring the provision and implementation of workplace inspections and grievance mechanisms.
Standardization and certification of care work	<ul style="list-style-type: none"> ● Enhance qualification, professionalization, certification and career advancement opportunities in paid care sectors to reduce occupational segregation, increase the quality of care provided and demonstrate the value of care to society. ● This involves supporting governments in developing relevant legislation and policies to implement vocational and on-the-job training and certification tailored to the needs and rights of care workers and care recipients.

Reward policies in action

ARGENTINA: Effective from June 2023, domestic workers will be integrated into the Comprehensive Unemployment Benefits System and guaranteed pension coverage, regardless of their weekly working hours. This aims to equalize their Social Security rights with other dependent workers. This is an important recognition of the rights of numerous workers and highlighted the foundational role of domestic work in the economy.^{LXV}

SOUTH AFRICA: In 2002, South Africa implemented the Domestic Workers Act, establishing a minimum wage and defining work conditions.^{LXVI} Due to advocacy from the Domestic Service and Allied Workers Union (SADSAWU), domestic workers were included in the Unemployment Insurance Fund (UIF), to which both they and their employers contribute. With 1.2 million of the global 70 million domestic workers, South Africa's UIF offers significant labour protections, serving as a model for other countries.

33. To date, 36 countries have ratified the 2011 Domestic Workers Convention (No. 189). Effective since 2013, this treaty sets global standards for domestic workers, ensuring rights comparable to other workers: weekly days off, work-hour limits, minimum wage, overtime pay and social security. It mandates protection against violence, regulates employment agencies and prevents child labour in domestic settings.



POLICY OUTCOME 5:

REPRESENTATION AND MEANINGFUL PARTICIPATION OF CAREGIVERS AND CARE RECIPIENTS AND THEIR ORGANIZATIONS

ENTRY POINTS	POLICY MEASURES
Freedom of association, right to organize, social dialogue and collective bargaining	<ul style="list-style-type: none"> ● Adopt legislation and policies to enable freedom of association, the right to organize, social dialogue and collective bargaining for paid care workers. ● These measures play a significant role in formalizing work, enhancing wage levels, improving working conditions and developing skills within care sectors,^{LXVII} as well as enhancing the quality of care provided. ● This involves supporting trade unions, workers' associations and cooperatives to secure the protection and promotion of the rights of all care workers, especially those in sectors prone to abuse and exploitation, such as paid domestic work.
Participation in decision-making	<ul style="list-style-type: none"> ● Ensure meaningful representation and participation of caregivers (paid and unpaid) and care recipients in budgets, planning, decision-making and social dialogue to ensure that the rights, needs and contributions of these persons are reflected in processes that affect their daily lives. ● This involves supporting the implementation of policies and processes that provide for the direct representation of specific groups and persons as well as representation from organizations, unions and cooperatives representing those groups. Specific attention should be given to the groups most likely to be overlooked and underserved, including women, persons with disabilities, children, youth and older persons, LGBTQIA+ persons, Indigenous and racial and ethnic minority groups, migrant workers and those living with illnesses.

Representation policies in action

INTERNATIONAL DOMESTIC WORKERS FEDERATION (IDWF): IDWF's experience has proven that building collective strength through organizing allows domestic workers and their allies to have a presence at national and international policymaking forums. This, in turn, enables them to influence the drafting of legislation that improves their work, lives and access to rights. However, the private nature of domestic work makes organizing in this sector particularly challenging.^{LXVIII}

PHILIPPINES: The Domestic Workers Act (2013) is a comprehensive law that provides for the protection of domestic workers against abuse, debt bondage and the worst forms of child labour. The Act sets minimum standards for wages, number of working hours and days of rest, and other benefits for domestic workers; extends social security, public health insurance and a low-income housing scheme to the sector; and establishes mechanisms for labour dispute resolution and quick response to abuses. This Act sends a strong message to countries of destination (which host thousands of Filipino domestic workers) that the Philippine government is committed to the principles set out in Convention No. 189.



CROSS-CUTTING POLICY OUTCOME: RESOURCING FOR COMPREHENSIVE CARE SYSTEMS

ENTRY POINTS	POLICY MEASURES
Costing and tracking care investments	<ul style="list-style-type: none"> ● Apply tools and methodologies for demonstrating the economic and social value of care work as an important first step in the financing of care systems.³⁴ ● This includes supporting governments in estimating existing coverage gaps, needs and returns associated with investing in care policies and interventions. ● These exercises should consider both the tangible and intangible dividends and returns in the short, medium and long term, including the creation of decent care jobs and broader well-being outcomes for people and the planet. ● It is also important to develop mechanisms to measure and track public and private investments on care services and infrastructure. ● Assessing and monitoring the compliance of investments with human rights standards is crucial to prevent funding from going to types of interventions that violate human rights, such as the institutionalization of care, and aligns with AAAQ criteria.
Care and gender-responsive budgeting	<ul style="list-style-type: none"> ● Direct public resources towards universal social protection systems, care services and jobs, and high-quality public infrastructure that are gender, disability and age responsive, to guarantee financing for comprehensive care systems and safeguarding the rights of women in all their diversity, as well as the rights of children, older persons and persons with disabilities. ● This includes supporting governments at national and subnational levels in undertaking budgeting that is gender, disability and age responsive, and mainstreaming care priorities into Integrated National Financing Frameworks (INFFs).³⁵ ● This also includes supporting policy dialogues and peer learning among governments on financing care systems. Equally important is the creation and strengthening of fiscal covenants that discourage austerity policies and progressively increase revenues and expenditures.^{LXIX}
Expanding fiscal space	<ul style="list-style-type: none"> ● Identify context-relevant policy options for expanding fiscal space and frame these within macroeconomic discussions on the overall fiscal space available for financing inclusive, thriving economies. ● This includes supporting governments in the identification of context-appropriate policy options for expanding fiscal space and the creation of care-enabling macroeconomic frameworks through fiscal and monetary policies.³⁶ ● Financing models should be designed based on the principle of universality and from a perspective that is gender, disability and age responsive.^{LXX} Care-oriented fiscal policy should acknowledge the impact of fiscal policy, including allocations and taxes on care work, promote fiscal incentives and subsidies to care-related goods and services, and promote innovative public and private investments in areas of care including services, technology and training.

Resourcing policies in action

MOROCCO: In 2013, Morocco established the Center of Excellence for Gender-Responsive Budgeting (GRB), attached to the Ministry of Economy, Finance and Administration Reform. Since then, the country has become a pioneer in the implementation of GRB. Each year, the government publishes a Gender Budget Report on the evaluation of public policies in relation to gender equality goals, including maternal health and care. The report serves as a tool for discussions on voting for finance laws and policies.^{LXXI}

NEW ZEALAND: In 2019, the government introduced the world's first Wellbeing Budget, prioritizing budget allocations to five key areas.³⁷ A fundamental aspect of the country's well-being budget is that all aspects of the components of a good life must be considered holistically, whether access to healthcare and education or a strong sense of connection to one's community.^{LXXII}

PHILIPPINES: As of March 2021, at least 28 municipal government units have enacted local ordinances on unpaid care work. These ordinances commit the use of budget lines specifically for care-related services, including village day-care centres, market roads and community laundry areas. The laws also make it mandatory to generate data and address unpaid care in all planning, budgeting and programming activities of the local government.^{LXXIII}

34. See, for example, the following tools: UN Women and ILO. (2021). [A Guide to Public Investments in the Care Economy: Policy Support Tool for Estimating Care Deficits, Investment Costs and Economic Returns](#). Policy Tool. March, and ILO. (2023). "ILO launches Global Care Policy Portal and Care Policy Investment Simulator". News. 7 March; and methodologies: UN Women. (2022). [Methodology to estimate the costs and economic impacts of implementing care services in Latin America and the Caribbean](#). Mexico: UN Women, and UN Women and ILO. (2023). [Inversiones públicas en la economía del cuidado: El caso de la provincia de Santa Fe](#). Informe.

35. See for example: ILO and UNDP. (2023). [Guidance on mainstreaming decent work in INFFS](#).

36. For example: mobilizing domestic resources through enhancing tax system efficiency; combating tax evasion, corruption and illicit financial flows; progressive taxation on income and wealth; ensuring the private sector pays its fair share; improving the international financial architecture; and establishing multilateral mechanisms for debt relief, especially in emerging and low- and middle-income economies.

37. The five key areas are mental health, child well-being, supporting the aspirations of the Māori and Pasifika populations, building a productive nation, and transforming the economy.

ROLE OF UN AGENCIES IN TRANSFORMING CARE SYSTEMS

In the current context of growing inequalities, multiple intersecting crises and the stagnation in progress towards gender equality and leaving no one behind, the UN System must forcefully place care at the centre of a new development paradigm. The UN can build on successes and lessons from past decades to accelerate its concerted efforts to help recognize, reduce, redistribute, reward, represent and resource care. UN agencies and programmes add value to the following actions:

Upholding and expanding normative frameworks.

The UN helps governments and civil society translate normative frameworks and evidence into practical policy development. Moreover, the UN system plays a crucial role in creating and supporting the implementation of international human and labour rights treaties and frameworks that promote and protect the rights of individuals engaged in paid and unpaid care work as well as the rights of care recipients. Through various international human rights and labour standards (see Annex C), the UN has established a legal foundation for addressing gender disparities in care work and safeguarding the rights of caregivers and care recipients. Existing UN forums and mechanisms,^{LXXIV} such as the human rights mechanisms and the ILO supervisory mechanisms,^{LXXV} can be used by States and civil society organizations, including rights-holders and duty-bearers, to progress towards transformative care systems.

Facilitating recognition of the interlinkages between care and other development goals.

The UN supports governments in aligning objectives related to care with broader national development priorities through integration into National Development Plans. This approach ensures that care receives the needed attention, financial resources and monitoring within national frameworks. By promoting integrated human rights-based care systems, facilitating cross-ministerial dialogues, and incorporating care considerations into the implementation of the SDGs and just transition frameworks, the UN fosters a holistic approach to

development – one which acknowledges the centrality of care in achieving gender equality, social justice and the rights of women, persons with disabilities, older persons, children and youth in societies and economies.

Building political will and public support. The UN system plays a vital role in building political will and public support for care work including by developing norms, guidance, knowledge and data. Through advocacy and engagement with Member States and constituencies, the UN encourages governments to prioritize care work and allocate resources accordingly. This involves fostering dialogues and facilitating high-level discussions to integrate care within national agendas. The use of strategic communications and advocacy efforts is raising awareness and mobilizing public support.

Supporting knowledge and skills transfer and evidence-based approaches.

The UN system plays a critical role in supporting countries in the development and then implementation of comprehensive care systems through sharing knowledge, skills and technical assistance,^{LXXVI} as well as mapping care systems. This enables governments to design and implement policies and programmes that recognize, reduce and redistribute care responsibilities and promote decent work in the care sector. With a global presence in 170 countries, the UN fosters innovation by sharing best practices worldwide and providing support to adapt them to specific contexts. Concurrently, the UN contributes to building the evidence base through research, data collection and analysis. This evidence-based

approach informs policy decisions and programmatic interventions, advocating for the recognition and redistribution of unpaid care work and promoting decent care jobs by highlighting the economic, social, gender and environmental dimensions.

Helping pilot, test and scale up prototypes that work.

New technologies, digital tools and non-digital innovations offer a unique opportunity to advance the care agenda, from georeferencing and spatial planning^{Lxxvii} and simulating investments in care policies and related benefits^{Lxxviii} to digital IDs for public services and new forms of communal care organization. The UN supports the prototyping, testing and evaluation of innovative human rights-based solutions. In doing so, it facilitates the replication and scaling up of successful initiatives.

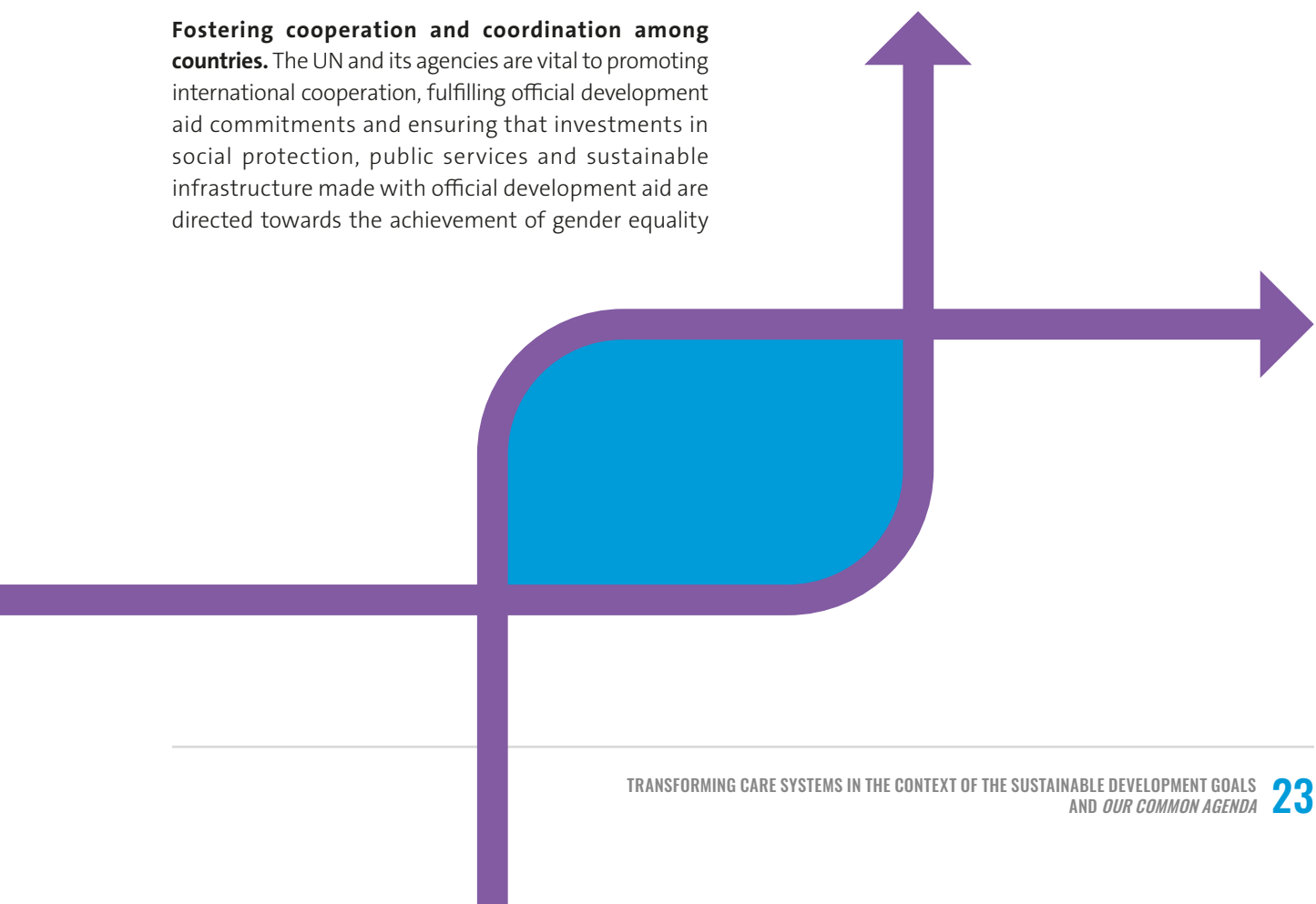
Supporting social dialogue. The UN brings together all members of society to build a sense of co-responsibility and co-creation including governments, workers and employers and their organizations, communities, the private sector, households, individuals and the rights-holders themselves, as well as civil society organizations, such as feminist organizations and organizations representing children, youth, older persons, persons with disabilities and other marginalized groups.

Fostering cooperation and coordination among countries. The UN and its agencies are vital to promoting international cooperation, fulfilling official development aid commitments and ensuring that investments in social protection, public services and sustainable infrastructure made with official development aid are directed towards the achievement of gender equality

and the creation of care policies. The UN plays a key role in enabling the improvement of the international financial architecture and creating multilateral mechanisms for debt relief, especially in emerging and developing economies, to make resources available to invest in care policies.

Reforming UN System policies and practices: Critically, the UN System must also actively reform its own policies and practices to ensure they support genuine equality and workplaces responsive to care responsibilities, the needs of all personnel and their organizations and existing spaces for their representation, for example the UN Staff Unions and Federations.

In sum, the UN System is uniquely placed to advance the agenda of building and transforming care societies and economies. Its major added value includes the UN's vast presence in the world, its capacity to generate and disseminate knowledge, its political neutrality to bring partners together, and the UN System's integrated approach and multidisciplinary nature, which combines the unique strengths, approaches and contributions of each UN programme and agency.



FROM VISION TO ACTION: PUTTING THIS PAPER INTO PRACTICE

As detailed above, each UN agency brings a unique mandate, set of expertise and strengths to the shared task of creating a comprehensive and multifaceted approach to care. This section outlines key opportunities for putting these into practice.

Effective coordination among UN agencies is crucial for the coherent and impactful implementation of the care agenda. At the global, regional and national levels, interagency coordination mechanisms facilitate collaboration, knowledge sharing and joint programming. These platforms also offer the potential to align resource mobilization efforts for joint programming on care, as well as to develop common strategies towards addressing care inequalities and developing comprehensive care systems.

At the country level, **Resident Coordinators** (RCs) facilitate collaboration among agencies and convene stakeholders at the country level for validating proposed frameworks. The RCs can play a crucial role in facilitating dialogues with national governments, civil society organizations and other stakeholders and can advocate for the integration of care considerations into national development plans, mobilize resources and foster partnerships to transform care systems at scale.

The UN system will maximize its impact by engaging with governments and advocating to integrate care within global, regional and national summits, conventions and international observances. These include the General Assembly, the SDG Summit 2023, the Summit of the Future 2024, the World Social Summit 2025, the International Labour Conference (ILC), the Conference of Parties (COP) to the UN Framework Convention on Climate Change, the G20 and G7 summits, the Human Rights Council and other major political forums, including at the regional and national levels. It also includes efforts as part of *Our Common Agenda* to make unpaid and informal care work visible within the GDP.^{LXXIX} Similarly, the UN Decade of Healthy Ageing (2021–2030) represents another opportunity to collectively support the well-being of ageing populations by promoting person-centred and integrated care systems. Finally, the International Day of Care and Support (29 October), established in 2023 through UN resolution A/RES/77/317, provides a unique opportunity for advocacy and mobilizing commitments towards the realization of a new social contract with care at the centre.

ANNEX A

GLOSSARY

Care: Care sustains all forms of life and is central to the well-being of people and the planet. Care can be understood as “a species activity that includes everything we do to maintain, continue and repair our world”,^{LXXX} while the four phases of care can be understood as “caring about, taking care of, caregiving and care receiving.”^{LXXXI} This paper builds on these definitions to take an expansive conceptualization and definition of care that includes the act of caring for oneself, for others and for the planet,³⁸ and which includes providing support and assistance to those who require it to enable their participation in society with dignity and autonomy. This paper recognizes that everyone needs care at some stage of their lives, if not throughout their life, to participate equally in society and to live with dignity.

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

Care society: A care society, as proposed by ECLAC^{39,40} is a horizon to be shaped in a collective and multidimensional manner and refers to a society that prioritizes the sustainability of life and the planet and guarantees the rights of people who require care and of those who provide care; that takes into account self-care; that works to reduce the job insecurity that pervades the care sector; and that raises awareness of the multiplier effects of the care economy on well-being and as a sector that can drive a transformative recovery with equality and sustainability.

Care work: Paid and unpaid care work encompass direct care for people (physical, emotional, psychological and developmental) as well as indirect care (e.g. household tasks, including collecting water and firewood, travelling and transporting), taking place within and outside the home. This paper recognizes that both are (a) skilled work, (b) associated with inequalities based on gender, income, age, race, migratory status, disability and geographic location, among others, and (c) devalued for many of the same reasons. While recognizing these similarities, it is important to distinguish between paid and unpaid care work as they are not exact substitutes, e.g. paid care services (such as day-care centres, long-term care services and personal care assistance) can enable unpaid family caregivers to provide more compassionate and sustainable care alongside specialized services, mitigating caregiver burnout and allowing caregivers to adapt to the needs and rights of the care receiver.^{LXXXII} Paid and unpaid care must therefore work in a complementary manner, providing different yet interrelated functions that improve the well-being and quality of care for all.^{LXXXIII}

38. The idea of caring for oneself, for others, and for the planet, has been championed by many ecological and gender equality economists and advocates. Among others, this idea is put forth by ECLAC. (2022). [“The care society: a horizon for sustainable recovery with gender equality”](#). LC/CRM. 15/3. Santiago.

39. ECLAC. (2022). [The care society: a horizon for sustainable recovery with gender equality](#). LC/CRM.15/3. Santiago.

40. ECLAC. (2021). [Towards a care society: the contributions of the Regional Gender Agenda of Latin America and the Caribbean](#) (LC/MDM.61/3), Santiago.

- **Paid care work:** Direct care for persons performed within a household, community or institution for pay or profit, for example, in hospitals, palliative care settings, care homes for older persons,⁴¹ day-care centres, childcare centres, private residences or the community. Paid care work spans both public and private spheres and is provided in various settings in both the formal and informal economy.
- **Unpaid care work:** Unpaid care work refers to services provided within a household or community for the benefit of its members without remuneration. It includes both direct care for people – such as children, family and community members, older persons or persons with mental or physical conditions, persons with disabilities – and indirect care, such as cooking, cleaning, washing, collecting water and fuel, and household management, including tending to animals and livestock and agricultural work for own consumption, as well as transportation and travel. This work also encompasses unpaid voluntary community care work like community kitchens and peer support.
- **Paid care worker/caregiver:** For the purposes of this paper, the terms “care worker”⁴² and “caregiver” are used to refer to those who meet the physical, emotional, psychological and developmental needs of others. Their care spans various fields including education, childcare, care and support for older persons and persons with disabilities, healthcare, social work and personal and domestic services. Care workers and caregivers comprise a wide range of personal service workers, such as nurses, teachers, doctors, personal care workers, sign language or tactile interpreters and personal assistants. Domestic workers, who provide both direct and indirect care in households, are also part of the care workforce.
- **Unpaid care worker/caregiver:** A person who provides unpaid care work or support to individuals within their household or community.

Care economy: A commonly used term to refer to the paid and unpaid labour and services that support caregiving in all its forms, including across health, employment and education. This paper refers to the “care economy” where the term has been used by others, but otherwise refers to “care systems” to represent a broader and more holistic vision that recognizes the importance of care to the functioning of society and economies and to the sustainability of life.

Care recipients: All persons who receive care (see “care”) or support (see “support”). Everyone needs care or support from others at some stage during, if not throughout, their life.

Co-responsibility: Encompasses collaboration and a shared responsibility for care at a societal level among all societal actors, including governments, businesses, families, individuals, community and businesses, and between genders.^{LXXXIV}

Decent work: Defined by the ILO as “productive work for women and men in conditions of freedom, equity, security and human dignity”.^{LXXXV} In general, work is considered “decent” when it: pays a fair income; guarantees a secure form of employment and safe working conditions; ensures equal opportunities and treatment for all; includes social protection for workers and their families; offers prospects for personal development and encourages social integration; and when workers are free to express their concerns and to organize.

Fiscal space: Financing that is available to governments as a result of concrete policy actions for enhancing resource mobilization, and the reforms necessary to secure the enabling governance, institutional and economic environment for these policy actions to be effective, for a specified set of development objectives, including gender equality and women’s empowerment.^{LXXXVI}

41. It should be noted that the Convention on the Rights of Persons with Disabilities (CRPD) forbids the institutionalization of persons with disabilities and the Convention on the Rights of the Child (CRC) considers it a measure of last resort. While many care and support workers are currently working in care institutions and their rights as workers must be protected, such measures must be taken in a context of de-institutionalization and should not lead to the permanent retention or expansion of institutionalized care.

42. Note that this paper takes a wider definition of care workers; however, other definitions for care worker and personal care worker in the health sector exist, for example, “[personal care worker](#)” as defined on UNTERM, the United Nations Terminology Database.

Fragile and conflict-affected settings: A broad term describing a range of situations including humanitarian crises, protracted emergencies and armed conflicts.^{LXXXVII}

Informality: The “informal economy” encompasses the diversified set of economic activities, enterprises, jobs and workers that – in law or in practice – are not (or are insufficiently) regulated or protected by the state.^{LXXXVIII, LXXXIX} In many countries, informal employment represents a significant part of the economy and labour market and plays a major role in production, employment creation and income generation. An estimated 61 per cent of the world’s workers are informally employed.^{XC}

Institutionalization: Institutionalization in the context of care and support refers to confining persons to settings that deny their autonomy and cause isolation. The concept of institutionalization is most elaborated under the Convention on the Rights of Persons with Disabilities^{XCI} and is also relevant to the institutionalization of children⁴³ and older persons.^{XCII}

Social dialogue: Social dialogue, as defined by the ILO, encompasses negotiations, consultations and information exchange among governments, employers and worker representatives regarding economic and social policies. Existing at various levels, from national to enterprise, this dialogue can be informal, institutionalized or both. Its primary objective is fostering consensus and democratic participation within the workforce, aiming to address economic and social challenges, enhance governance and stimulate economic well-being.^{XCIII}

Social norms: Collective beliefs about acceptable behaviour within a reference group, which may not mirror individual attitudes. These norms significantly influence individual behaviour and could be the explanation for why an increase in knowledge does not always alter actions. Social norms are fluid; when

enough people’s behaviours change, a “tipping point” can redefine what has been deemed typical. Addressing misconceptions aids in reshaping these norms.^{XCIV} “Gender norms” are a subset of social norms that refer to collective beliefs and expectations within a community or society, at a given point in time, about what behaviours are appropriate for women and men, girls and boys and the relationships and interactions between them.^{XCV}

Social organization of care: Refers to how men and women in all their diversity, households, the State, the market and communities participate in the responsibility for, provision of, access to and distribution of care. It is a dynamic configuration that can vary according to the territory and the cultural, economic and social characteristics of each context. Transforming the social organization of care is key to achieving women’s autonomy and equality, the human rights of caregivers and receivers, and sustainable development for all.^{XCVI}

Support: A concept established under the Convention on the Rights of Persons with Disabilities. Support is the act of providing help or assistance to someone who requires it to carry out daily activities and participate in society. Being a recipient of support and offering support to others are roles we all share, regardless of impairment, age or social status.^{XCVII} Support workers and support givers provide assistance to persons with disabilities in their daily life, to not simply meet recipients’ basic needs but also to enable their participation in society with dignity and autonomy.

Time poverty: Refers to the situation where individuals, often women and girls, have limited or no time for rest, leisure, personal activities or participation in public life, due to their load of responsibilities, particularly unpaid care and domestic work. Time poverty also refers to the reduced opportunity to make decisions regarding time allocation.^{XCVIII}

43. See: Convention on the Rights of Persons with Disabilities. (2022). [Guidelines on deinstitutionalization, including in emergencies*](#). 10 October. CRPD/C/5; Convention on the Rights of Persons with Disabilities. (2022). General comment No. 5 (2017) on living independently and being included in the community. 27 October. [CRPD/C/GC/5](#); and UNGA. (2019). [Global Study on Children Deprived of Liberty: Note by the Secretary-General](#). 11 July. A/74/1362019. The institutionalization of persons with disabilities, including children with disabilities, is prohibited. Similarly, any form of institutionalized care for children should be the last resort and must be fully in line with the rights of the child and States must adopt clear and targeted strategies for de-institutionalization: see the first two references in this footnote as well as Convention on the Rights of the Child. (2003). General Comment No. 3 (2003): HIV/AIDS and the rights of the child. 17 March. [CRC/GC/2003/3](#): para 35; and Committee on the Rights of the Child and Committee on the Rights of Children with Disabilities. [Joint Statement: The rights of children with disabilities](#): para 10.

Time-related underemployment: Defined as all persons in employment who want to work additional hours, whose working time in all jobs was less than a specified hours threshold, and who are available to work additional hours given an opportunity for more work.^{xci}

Youth: “Youth” lacks a universal age definition, with ranges from age 10 to 35 depending on organizations and countries. The UN System traditionally refers to youth as ages 15 to 24, and this range is adopted in this paper. This term signifies the transition from childhood to adulthood, influenced by sociocultural settings, making its definition fluid rather than fixed by age alone.^c

ANNEX B

EVOLUTION OF CARE CONCEPTUAL AND NORMATIVE FRAMEWORKS

Since the mid-20th century, women's movements, labour movements, feminist economists, national gender equality machineries and international organizations have paved the way for care being increasingly seen today as a public policy issue as opposed to a private issue, as a social and economic issue, and as critical to thriving and just societies. Over the years, various frameworks have emerged to understand, analyse and address the multifaceted dimensions of care work. This section outlines key milestones in this evolution at the international level.

In 1948, the **Universal Declaration of Human Rights** (UDHR),⁴⁴ affirmed that mothers and children are entitled to special care, assistance and social security through national efforts and international cooperation. The 1979 **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** established the framework for substantive equality between men and women and included the responsibility of both parents to bring up children and the requirement of states to provide social services that enable parents to combine family with work and public life, and women's equal access to education, healthcare, work and social security, among others. The 1981 International Labour Organization (ILO) **Convention No. 156** recognized workers' family responsibilities. Other milestones include the **Convention on the Rights of the Child**, which denotes the obligation of the state to support parents in care of their children, and the rights of children to be heard including on the care and support they receive or provide; **Convention No. 189** promoting decent work for domestic workers; **the International Conference on Population and Development and Programme of Action** in 1994; and the 1995 **Beijing Platform for Action**, which made women's care work visible through data and evidence.

In 2000, the **Progress of the World's Women Report**, by UNIFEM – now UN Women – led by feminist economist Diane Elson, highlighted women's unpaid care work as critical to a more complete understanding of how economies work. In 2002, drawing on the contributions of feminist, labour and social protection scholars, the ILO publication, **Care work: The Quest for Security**,^{ci} conceptualized care as a human right, and a realm for decent work, public care policies and representation. In 2006, the **Convention on the Rights of Persons with Disabilities** (CRPD) and the disability rights movement introduced a paradigm shift from “care” to “support” for persons with disabilities and away from institutionalization, recognizing their dignity, autonomy and independence in receiving support. The role of the disability rights agenda and recognition of the importance of participation of persons with disabilities have become part of public policy discourse.^{cii} In 2007, the **Care Diamond** offered a comprehensive framework to capture the multidimensional aspects of care, including public sector–provided care services, market-based care arrangements and care provisions by the not-for-profit sector (including voluntary and community provision) and families and households.^{ciii} In 2008, the **3R Framework**⁴⁵ on unpaid care work provided a formative and practical

44. Art. 25, paragraph 2; art. 22.

45. The 3R Framework calls for the **recognition** of the economic and social value of unpaid care and domestic work and the challenging of the prevailing gender norms that result in women and girls' disproportionate responsibility for care work, **reduction** of the overall amount of the most arduous and time-intensive unpaid care and domestic work tasks; and **redistribution** of unpaid care and domestic work between women and men, and between households and the State, through supportive policies, quality and affordable care services, social protection measures, and gender-responsive budgeting.

framework for societies to strive towards achieving gender equality, reducing gender disparities, and promoting more equitable and sustainable care arrangements.⁴⁶ In 2012, the ILO **Social Protection Floors Recommendation** (No. 202) recognized basic income security for children, at least equivalent to a nationally defined minimum, ensuring access to food, education, care and any other necessary goods and services.

In 2013, a groundbreaking report by the **Special Rapporteur on extreme poverty and human rights** recognized heavy and unequal unpaid care and domestic work as a violation of human rights, a driver of poverty, and a major barrier to gender equality and women's equal enjoyment of human rights.⁴⁷ The ILO **Resolution concerning statistics of work, employment and labour underutilization** introduced a new international statistical definition of "work", enabling the measurement of all forms of work – including own-use provision of services (unpaid domestic and care work undertaken for own household or family members) and direct volunteer-based provision of services for other households.⁴⁸ Thus, full-time unpaid carers were mandated to be recognized as part of the workforce. In 2014, the 3R Framework was expanded to the **4Rs** by international non-governmental organizations with the addition of **representation**, calling for caregivers and care recipients to be included in decisions that affect their lives.⁴⁹

In 2015, the inclusion of unpaid care and domestic work in the Sustainable Development Goals marked an important milestone in recognizing unpaid care through **SDG 5.4**, as a precondition for achieving the 2030 Agenda for Sustainable Development. In 2018, the **5R Framework for Decent Care Work** added a fifth domain of **rewarding** paid care workers by ensuring decent work and formalizing informal work, paving the way for an important conceptual shift in seeing unpaid and paid care across a spectrum rather than in isolation, and recognizing that "the conditions under which both paid and unpaid care work are performed influence each other and have a bearing on paid work outside the care economy."⁵⁰ In 2019, the ILO **Centenary Declaration for the Future of Work** represented the first international and tripartite declaration pointing to the importance of investing in care.

In 2020, the COVID-19 pandemic shifted public discourse around paid and unpaid care work and elevated its visibility.⁵¹ Gender equality advocates and feminist economists seized upon this increased awareness and mobilized their decades-long expertise to call for a 'care-led recovery'. In response, in 2021, UN Women's **Feminist Plan for Sustainability and Social Justice** identified a practical and visionary road map for putting care at the centre of post-COVID-19 recovery,⁵² as did the ILO **Global call to action for a human-centred recovery from the COVID-19 crisis that is inclusive, sustainable and resilient**,⁵³ while UNDP proposed a shift in emergency responses with the expansion of a temporary basic income to unpaid care providers (mostly women) to cushion the adverse effects of crises while paving the way for structural transformation.⁵⁴ The same year, the UN Secretary-General's **Our Common Agenda** included an explicit focus on care and called for the valuing of informal and unpaid care work in economic models as well as large-scale investment in the care economy.⁵⁵

In September 2021, the Secretary-General launched the **Global Accelerator on Jobs and Social Protection for Just Transitions**,⁵⁶ with care as a thematic priority. The same year, during the Generation Equality Forum, the National Institute of Women in Mexico (INMUJERES) and UN Women launched the **Global Alliance for Care**.⁵⁷ At the regional level, the XV Regional Conference on Women in Latin America and the Caribbean in 2022 concluded with the historic intergovernmental adoption of the **Buenos Aires Commitment**, by which Member States committed to advance towards a care society, which calls for a transition towards a new development model that prioritizes the sustainability of life and the planet.⁵⁸ Since then, across the UN System, the spotlight on transforming care systems has been carried through various UN System-wide efforts, from **Rethinking GDP**,⁵⁹ and **Financing for Post-COVID-19 Recovery**⁶⁰ forums to the **Human Rights 75** initiative.⁶¹ In July 2023, the UN General Assembly proclaimed 29 October as the **International Day of Care and Support**,⁶² and in October 2023, the **UN Human Rights Council adopted a resolution** on "The centrality of care and support from a human rights perspective."⁶³

46. These account for the majority of all unpaid care work and were previously omitted entirely from international standards for labour statistics.

47. The Global Alliance for Care (GAC) comprises 147 members and aims to mobilize action worldwide to strengthen the care economy, promote the transformation of gender roles in care work and accelerate economic recovery from the crisis caused by the COVID-19 pandemic.

ANNEX C

KEY INTERNATIONAL NORMATIVE FRAMEWORKS RELEVANT TO CARE

International Human Rights Treaties and Labour Standards and their Protocols

- [Convention No. 87 on Freedom of Association and Protection of the Right to Organize](#)
- [Convention No. 98 on the Right to Organize and Collective Bargaining](#)
- [Convention No. 100 and Recommendation No. 90 on Equal Remuneration](#)
- [Convention No. 102 on Social Security Standards and Recommendation No. 202 on Social Protection Floors](#)
- [Convention and Recommendation No. 111 on Non-Discrimination in Respect of Employment and Occupation](#)
- [Convention No. 143 and Recommendation No. 151 on Migrant Workers \(Supplementary Provisions\)](#)
- [Convention No. 149 and Recommendation No. 157 on Nursing Personnel](#)
- [Convention No. 156 and Recommendation No. 165 on Workers with Family Responsibilities](#)
- [Convention No. 169 on Indigenous and Tribal Peoples](#)
- [Convention No. 183 and Recommendation No. 191 on Maternity Protection](#)
- [Convention No. 189 and Recommendation No. 201 on Decent Work for Domestic Workers](#)
- [Convention No. 190 and Recommendation No. 206 on Prevention of Violence and Harassment at the Workplace](#)
- [Convention on the Elimination of All Forms of Discrimination against Women \(CEDAW\)](#)
- [Convention on the Rights of Persons with Disabilities \(CRPD\)](#)
- [Convention on the Rights of the Child \(CRC\) and the Optional Protocols](#)
- [Inter-American Convention on Protecting the Human Rights of Older Persons](#)
- [International Convention on the Elimination of All Forms of Racial Discrimination](#)
- [International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families \(ICMW\)](#)
- [International Covenant on Civil and Political Rights](#)
- [International Covenant on Economic, Social and Cultural Rights \(ICESCR\)](#)
- [Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons](#)

Several UN Human Rights Council and ILO reports further elaborate and endorse a human rights approach to care, including:

- [Draft Outcome of the discussion by the Committee on the Application of Standards of the General Survey: Achieving gender equality at work](#)
- [General Survey 2023 \(Gender equality and non-discrimination, family responsibilities, and maternity protection\)](#)
- [Human rights of older women: the intersection between ageing and gender. A/76/157](#)
- [Report on autonomy and care submitted by the Independent Expert on the enjoyment of all human rights by older persons. A/HRC/30/43](#)
- [Report of the Special Rapporteur on extreme poverty and human rights, Olivier De Schutter – The working poor: a human rights approach to wages. A/78/175](#)
- [Report of the Special Rapporteur on the rights of persons with disabilities. A/HRC/34/58](#)
- [Report of the Working Group on the issue of discrimination against women in law and in practice. A/HRC/26/39](#)
- [Support systems to ensure community inclusion of persons with disabilities, including as a means of building forward better after the coronavirus disease \(COVID-19\) pandemic: report of the Office of the United Nations High Commissioner for Human Rights. A/HRC/52/52](#)
- [Transformation of services for persons with disabilities. Report of the Special Rapporteur on the rights of persons with disabilities, Gerard Quinn. A/HRC/52/32](#)
- [Women's human rights in the changing world of work: Report of the Working Group on discrimination against women and girls. A/HRC/44/51](#)

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