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Report of the General Discussion Committee on Decent Work and the Care Economy

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Introduction

1. The General Discussion Committee on Decent Work and the Care Economy was set up by the International Labour Conference at its first sitting on 3 June 2024 to deal with the sixth item on the agenda of its 112th Session.
2. The Committee elected its Officers and reporter as follows:

Chairperson: Mr Carlos Sorreta (Government member, Philippines) at its first sitting

Mr Colin Jordan (Government member, Barbados) at its seventh sitting, in replacement of Mr Sorreta

Vice-Chairpersons: Ms Sonya Janahi (Employer member, Bahrain) and
Ms Lily Chang (Worker member, Canada) at its first sitting

Reporter: Mr Alfredo Novales (Government member, Spain), at its third sitting

3. At its third sitting, the Committee appointed a drafting group composed of the following members to prepare and submit a set of draft conclusions for consideration by the Committee:

Government members: Ms N. Gasman Zylberman (Mexico), Mr J. Dale (United States of America), Mr A. M. Amar (Senegal), Mr S. Muperi (Zimbabwe), Ms L. Rankin (Australia), Mr M. Sarinanto (Indonesia), Mr N. Dumas (France), Ms L. Verschingel (Belgium)

Employer members: Ms S. Janahi (Bahrain), Ms L. Sephomolo (Lesotho), Ms N. Chenard (Congo-Brazzaville), Ms S. Mayers-Granville (Barbados), Mr J. R. Moya (Philippines), Ms L. Høj Larsen (Denmark), Mr D. Naumann (Germany), Mr D. Hamel (Canada)

Worker members: Ms L. Chang (Canada), Mr D. Moore (United States), Ms J. d. C. Britez (Argentina), Mr L. Vanderlinden (Belgium), Mr D. Joyce (Ireland), Ms C. Gonzalez (Australia), Ms J. B. Coronacion (Philippines), Ms B. Modise (South Africa)

4. The Committee held 12 sittings.
5. The Committee had before it Report VI, entitled *Decent work and the care economy*, and three points for discussion prepared by the International Labour Office.
6. The representative of the Secretary-General (Ms Celeste Drake, Deputy Director-General), presenting the Office report, said that the discussion on decent work and the care economy was critical, in light of the significant demographic, technological and environmental transitions taking place. The report highlighted the ongoing impacts of the COVID-19 pandemic and underscored the centrality of care work to societies and economies, while revealing weaknesses in working conditions and staffing in the care sector. The pandemic had particularly highlighted the substantial amount of unpaid care work done by women, which

impacted their labour market participation. The report presented statistics, highlighting that care jobs constituted 11.5 per cent of total global employment and that women accounted for two thirds of the care workforce. It also noted the increasing demand for care, with 2.3 billion people projected to need care by 2030.

7. The transformative potential of the care economy in achieving gender equality was emphasized in the ILO Centenary Declaration for the Future of Work (2019) (hereafter Centenary Declaration). The Declaration promoted equal opportunities, participation and treatment for women and men, advocating for better work-life balance and investment in the care sector. Investment in care was beneficial not only for enhancing care infrastructure and service resilience to shocks, such as pandemics, but also for improving the skills of care workers, creating decent jobs and addressing the unfair distribution of unpaid care work. Workers with family responsibilities could be supported to participate fully in the labour market, thus boosting productivity and promoting human rights and well-being for caregivers and care recipients alike.
8. The general discussion was intended to further elevate the care economy on global, regional and national policy agendas, contributing to the achievement of the United Nations Sustainable Development Goals (SDGs), particularly those related to poverty, health, gender equality, decent work and reduced inequalities. The three points for discussion, which would guide the Committee's deliberations, focused on forming a common understanding of the care economy, examining effective measures by constituents to promote decent work and gender equality in the care economy, and identifying gaps. The discussion would provide guidance on priorities for ILO, emphasizing the importance of social dialogue, multilateral coordination and partnerships to foster a resilient and well-functioning care economy.

General discussion

Opening statements and point for discussion 1

Given the diverse social, economic, and political contexts in which paid and unpaid care is provided and the highly heterogeneous nature of the care workforce, what are the critical aspects and components that constitute the care economy?

9. The Chairperson emphasized the urgency of addressing decent work challenges in the care economy, especially those highlighted by the impact of the COVID-19 pandemic, on unpaid and paid care work. The pandemic exposed severe issues, such as poor working conditions and gender inequalities in the care sector, while also highlighting the critical role of care work for the well-being of society and the economy. The Committee was invited to examine decent work and the care economy and propose conclusions to be adopted at the Conference's plenary session.
10. The Employer Vice-Chairperson said that the outcome of the Committee's work would be crucial to promote a robust and sustainable care economy, as a vital component of the global economy, which required the support of the private sector. A well-supported care economy was essential for a healthier, more productive and agile workforce, which would bolster enterprise competitiveness and innovation, resulting in more jobs and greater economic opportunities for businesses, thus enabling more individuals to remain productive in the workforce.
11. To deliver an outcome to the benefit of workers, employers and governments alike, the Committee's conclusions should focus on three pillars. First, the Committee should address

the global challenge of attracting and retaining skilled workers in the care sector to redress current labour shortages and skills mismatches. Policy measures to that end should include developing skills anticipation tools, promoting active labour market policies promoting public and private employment services, embedding innovation and digital transformation for service efficiencies, promoting all forms of social dialogue, including workplace cooperation, aligning the technical and vocational education and training systems with industry needs to bridge the skills gap and enhance care quality, and promoting pathways and opportunities for workers to move into more productive and sustainable sectors through cross-sectoral pathways.

12. Second, the Committee should emphasize the need to frame care as a societal issue rather than solely as a women's issue. Owing to its multifaceted nature, investing in the care economy required a whole-of-government approach; coordinated action would ensure coherent care policies. Women's economic inclusion should be promoted beyond caregiving; societal norms around caregiving roles must be changed to ensure a diverse workforce, inclusive of men, and recognize the contribution of the care economy to economic development. Those in the care economy should see it as a viable career with opportunities for growth. Trends of women in higher-paid and higher skilled care occupations should be documented globally and analysed for insights.
13. Third, the Committee should recognize the role of private care enterprises, services and agencies in complementing public services, reducing pressures on healthcare systems and driving innovation and quality improvements. The private sector contributed to job creation, income generation, enhanced entrepreneurship and providing diverse care options, which enhanced the overall effectiveness and responsiveness of the care economy. The private sector also invests in care infrastructure, ensuring sustainability, and quickly adapts to changing demographics and care needs. Additionally, they provide training and employment opportunities, addressing skill shortages in the care sector. Overall, private care services enhance the care economy's effectiveness, diversity, and responsiveness, promoting economic growth and innovation.
14. Turning to point for discussion 1, on critical aspects and components of the care economy, she underscored that a well-functioning, resilient and sustainable care economy, required recognition both of care workers and their employers. The private sector played an undeniable role in care provision and management, often in cooperation with governments. Public-private partnerships would heighten service efficiency and sustainability, and thus improve the quality of care for recipients and decent work for care workers.
15. The gender gap in the care economy must be redressed by increasing women's participation in the labour market and facilitating women's economic inclusion. Empowering women and supporting their transition from unpaid care work to entrepreneurship and formal employment are needed. An enabling environment for private care institutions was needed, including policies that promoted investment in education and skills development, enhanced access to business opportunities and finance, harnessed a flexible business environment, enhanced access to finance and venture capital, increased access to markets, fostered productivity and entrepreneurial activities, and support for social protection systems. Such an environment would facilitate the formalization of care work and support workforce participation for those with caregiving responsibilities.
16. Upskilling and reskilling in the care sector were crucial to bridge workforce gaps and improve service delivery. The Committee's conclusions should include specific measures to promote skills development, lifelong learning, and the certification of care workers, to ensure a diversified skill set that blended technical competencies with core work skills.

17. The Worker Vice-Chairperson stated that the care economy was crucial for advancing decent work, gender equality, social justice, and sustainable development, and as such was a key priority for the Workers' group, which commended regional and international efforts to promote care as a human right, encompassing the rights to receive care, provide care and exercise self-care. The Global Day of Action for Care initiated by trade unions was now recognized by the United Nations international day. The human right to care should be universally recognized. Social dialogue, freedom of association, and collective bargaining were vital for securing decent work for care workers and expanding labour protections and paid leave entitlements.
18. Global gender and economic inequalities were rooted in injustice, including care systems that relied heavily on unpaid labour, predominantly undertaken by women. Despite women entering the paid workforce in great numbers over the recent decades, progress towards transforming care organization and meeting care needs had been slow. The lack of a common understanding of the care economy led to fragmented national policy responses, which in turn resulted in considerable gaps and challenges in the sector. Decades of austerity, underinvestment and privatization had resulted in hundreds of millions of working people lacking access to quality public care services and gender-responsive social protection, and not benefiting from care leave policies. Marginalized communities were disproportionately affected.
19. Care work was central to the health, welfare and well-being of societies, and to the sustainability of economies. No other work was possible without it. Care workers, despite being briefly championed during the pandemic, had not seen any improvements in their pay or working conditions. Increasing care needs, driven by demographic change, climate change and escalating conflicts, which were culminating in a global care crisis, required care to be recognized as a public good. Comprehensive public care systems, care leave policies, increased public financing, decent job creation, universal access to care services, and gender-responsive social protection would all be crucial to tackling that crisis. Decent job creation in care, including the formalization of informal care jobs, was a key demand of the workers' call for a New Social Contract. The provision and receipt of care should be based on solidarity, equity and universality, with States playing a leadership role in direct care provision, funding, regulation of care providers, and ensuring high standards of quality, safety, and health for care workers and care recipients.
20. Women shouldered a disproportionate burden of unpaid care work, with two thirds of such work globally performed by women, a situation which had barely improved over the past two decades. That imbalance in social organization had hindered women's opportunities in paid work, education and training, and had confined many to part-time, insecure or informal jobs, impacting their earnings and income security, and increasing their risk of poverty. The gendered division of labour shaped the organization, value and quality of care, which remained highly feminized: women accounted for over 70 per cent of the global care workforce. Paid care work was characterized by low pay, poor working conditions, lack of access to social protection and limited bargaining power. Persistent discriminatory social norms and stereotypes reinforced the notion that care work was inherently women's work and less valuable than other work, thus perpetuating occupational segregation and gender inequalities.
21. Addressing the interdependence of paid and unpaid care work and labour force participation required ensuring decent work and reinforcing international labour standards, including the fundamental principles and rights at work. The true social and economic value of care work must be recognized, shifting the perception of care work from a private responsibility to a

collective social responsibility, and recognizing care as a public good. Public investments in care should be viewed not simply as a cost, but as an investment in well-functioning societies and economies and in the future world of work. A rights-based approach to the care economy was crucial; the rights of care workers and care recipients were deeply intertwined. The 5R Framework for Decent Care Work (hereafter 5R Framework) (recognize, reduce, redistribute, reward and represent) should transform the way paid and unpaid care work were viewed and valued.

22. A common understanding of care work was needed. The role of social and solidarity economy entities in providing care in underserved communities must be recognized. When care needs were met by robust care systems, and those who provided care had access to decent work, everyone would benefit. With a vast number of unpaid carers excluded from the labour force due to care responsibilities, unpaid care accounting for around 9 per cent of global GDP, and a global care workforce of over 380 million, the time had come to reach a common tripartite understanding of the care economy and agree on a new way forward.
23. The Government member of Belgium, speaking on behalf of the European Union (EU) and its Member States,¹ said that North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova, Bosnia and Herzegovina, Georgia and Norway aligned themselves with her statement. She underscored the critical role of the care economy in ensuring decent work, gender equality, and social justice. She commended the comprehensive Office report, which placed the care economy within the context of global megatrends such as demographic shifts, climate change, and technological developments. Access to high-quality, affordable care services, adequate training, skills development, lifelong learning, better working conditions, social protection, fair leave entitlements, and work-life balance for care workers were crucial for ensuring decent work in the care economy. Advancing gender equality and the equal sharing of care responsibilities were key to increasing women's participation in the labour market. The ILO had a unique normative role in promoting decent work in the care economy, and the EU and its Member States were ready to contribute to action-oriented conclusions to build resilient care systems.
24. Both paid and unpaid care work were crucial for human, social, and economic development. The value of care was key; access to affordable, good quality care services with equal sharing of unpaid care work between men and women, and improved working conditions in the care economy were particularly important. Gender-based segregation and challenging work conditions, inadequate remuneration, workplace violence and harassment, poor working conditions, undeclared work and lack of access to social protection were commonplace and complex problems in the care economy, which disproportionately affected women and migrant workers. Investing in decent work in the care economy would yield significant returns in human capital, productivity, well-being, gender equality, and formal labour market participation. Policies must be designed equitably, and must take account of all aspects of care workers' well-being; decent work and training opportunities were key to attracting and retaining workers, and creating conditions to uphold the rights of care workers and care recipients alike. Social dialogue, freedom of association and collective bargaining would be key.

¹ Unless otherwise specified, all statements made by Government members on behalf of regional groups or intergovernmental organizations are reported as having been made on behalf of all Governments, members of the group or organization in question, who are members of the ILO and are attending the Conference.

25. The Government member of Barbados highlighted serious challenges within his country's care economy resulting from demographic shifts. An ageing population was placing significant strain on the social security system. Demand for care was driven by the increasing number of older people, higher female workforce participation, and a growing awareness of the needs of persons with disabilities. The supply of care services had been influenced by the creation of paid opportunities, improved training, and a reduction in stigma associated with care work. Broadening the scope of care work in Barbados had, however, given rise to challenges, including inadequate remuneration, high levels of work stress, and the need for better working conditions, social security and collective bargaining. The care economy had a crucial impact on the quality of life, economic productivity and well-being of current and future generations. It was integral to the nation's social and economic fabric.
26. The Government member of Japan said that care services encompassed a variety of recipients, including children, persons with disabilities and older persons. Japan's ageing population was impacting demand for care, particularly long-term care services, which had implications both for older and younger people, as a lack of care for the older population would result in younger persons needing to leave the labour market to care for their older family members. With the working-age population declining, more care workers were needed. The Government of Japan was taking measures in that regard, including raising caregivers' wages, reducing working hours, improving working conditions, and using technology where possible to replace some caregiving duties, improve productivity and reduce workload. The use of technology could thus improve the work environment and increase satisfaction at work.
27. The Government member of the United Kingdom of Great Britain and Northern Ireland emphasized the importance of transitioning towards sustainable economies. A resilient response framework was crucial to respond to challenges, as highlighted by the COVID-19 pandemic. The ILO's proposal to integrate care economy issues, beyond gender-specific issues, into its development cooperation projects, was welcome. Gender equality in the care economy must be improved, and the right to quality services promoted. An understanding of the care economy should include childcare, and various forms of paid and unpaid care, including for older persons and persons with disabilities. Relationships between unpaid and paid care work, gender equality and decent work must be strengthened. A transformative and disability-inclusive approach should be taken.
28. The Government member of Australia highlighted her Government's recent focus on care for older persons, disability support, veterans' care and early childhood education and care, areas which had been comparatively undervalued, having traditionally been provided by women as unpaid work. In Australia, paid care work was also predominantly done by women, including migrant workers. Care took place in diverse social contexts. In Aboriginal and Torres Straits languages there was no word for "disability"; impairment or illness was perceived as part of an individual's role or responsibility. As a result, First Nations people did not always perceive themselves as "carers". While care and support work, paid and unpaid, were the backbone of Australian society, workers in the care economy were experiencing low pay, insecure work, burnout, harassment and unsafe working conditions. Gender stereotypes contributed to an imbalance in care responsibilities in families which should be redressed. The Australian Government prioritized policies that supported families, and policy settings that did not entrench inequality.
29. The Government member of Norway stated that women's financial independence was fundamental for achieving gender equality and economic growth, and that the care economy played a vital role enabling women to work. Accessible childcare was essential for women's economic participation. Advances in Norway were the result of decades of progressive gender

equality policies, tripartite dialogue and leadership by the women's movement. Elements, such as affordable kindergartens, increased parental leave and paid breastfeeding breaks had resulted in a more equitable division of unpaid care work, as well as support for women's careers. Challenges persisted, however, such as women more being more likely to work part-time than men, which contributed to gender-based differences in pay, working conditions and career development. The care economy could be strengthened by recognizing, reducing, and redistributing unpaid care work through financial investment in care systems and infrastructure, countering gender-stereotypical educational and occupational choices, achieving a better gender balance in female-dominated sectors, and ensuring decent work for care workers. Freedom of association, social dialogue, and collective bargaining for care workers would be key to achieving that goal.

30. The Government member of Switzerland stated that the current shortage of health workers was a global problem, which had been exacerbated by the COVID-19 pandemic and had underscored the critical importance of nurses. More than 85 per cent of Switzerland's nurses were women. Many were leaving the profession, citing difficulties in balancing home and work life due to work schedules, such as night shifts, short-term deployment and last-minute changes in programming. The understanding of the care economy should encompass both paid and unpaid sectors, including domestic work, which, in Switzerland was often done by migrant women on temporary work and residence permits. A common definition of the care economy, covering all forms of care, was needed.
31. The Government member of Türkiye noted that care work affected everyone, either as recipients or providers. As care was the fastest-growing area of work globally, weaknesses in the care economy must be addressed. Entrenched gender roles and stereotypes meant that women had more responsibility for unpaid care work than men and were less likely to be engaged in paid employment. Those who were active in the labour market were often limited to part-time or informal employment. Thus, gender inequalities in unpaid care exacerbated gender pay gaps. Additionally, engagement in unpaid care activities that hindered women's advancement in the paid labour force significantly impacted their overall well-being. The COVID-19 pandemic had highlighted the significance of care work and exacerbated the burden of care for women. The burden and responsibilities of care work must therefore be redistributed. Migrant workers played a significant role in caring for older persons in many countries and should be taken into account when developing policies for the care economy. Investing in the care economy could enhance incomes, increase productivity, lead to more equitable economic recovery and growth and create decent jobs. A comprehensive and holistic approach was needed, engaging tripartite partners, representatives of carers and care recipients.
32. The Government member of Denmark, said that by investing in skills and professional development for care workers, high-quality care could be provided, better job opportunities created, and inclusive economic growth fostered. Decent work conditions, fair wages, and robust social protections must be ensured. Improved investment in care infrastructure and services was also needed, and young women should not be limited to caregiving responsibilities in their families. Rather, they should be given opportunities to advance their careers. The gender-segregated labour market must be addressed; segregation led to unequal opportunities. Policies were therefore needed to ensure equality, uphold equal pay, support parental leave for both parents, and promote family-friendly workplaces. The creation of inclusive workplaces that celebrated diversity was vital. Lastly, access to education and developmental opportunities would enable workers to succeed in an evolving world.

33. The Government member of Argentina said that in hearings before the Inter-American Court of Human Rights on the content of the right to care and its relation to other rights, his Government had stated the importance of care work, in particular for social and economic development and well-being. Social dialogue and collective bargaining played a key role in the defence of fundamental rights and had facilitated improvements in working conditions in Argentina, including: the extension of maternity and paternity leave periods; the creation of new leaves of absence for caregiving; the establishment of monetary compensation mechanisms for childcare expenses, and the provision of infrastructure for caregiving. The Government was also developing professional training and qualification systems that would improve both the quality of care services and workers' wages. Due to the cross-cutting and interdisciplinary nature of the care economy, the Committee should consider it in a coordinated and comprehensive manner in order to develop a common concept, analyse measures adopted for the proper functioning of the care economy, and identify priority actions for policy development to ensure that all people had access to quality care, and that care was provided with full respect for the rights of caregivers, of people to be cared for, and of those who wished to exercise self-care.
34. The Government member of Brazil said that care was a universal need and an essential activity for societies' and economies' well-being. Decent work in the care economy was crucial for achieving equal opportunities and equal pay for women and men in the world of work. Care was both a right and a public good, since it produced social and economic value that went beyond individual benefits. The current distribution and social organization of care was unfair, unequal, and unsustainable, with responsibility falling predominantly on (often disadvantaged) families and women. Lack of social co-responsibility and gender co-responsibility for care work overburdened women and compromised the enjoyment of their rights, contributing to the perpetuation of poverty and social inequality. Lack of legislative policies constituted structural discrimination, which prevented women, in particular women from minority groups, from participating in the labour market. Valuing care work (including domestic work), by tackling informality and creating public and legislative policies to correct highly feminized and racialized responsibility for care work, was essential for achieving egalitarian societies.
35. The Government member of the United States of America noted that care work was critical for the global economy, enabling full labour market participation by reassuring workers that the needs of their families and dependents were being met. Care work, particularly unpaid care work, was often undervalued, was a burden largely carried by women and girls. Care work often involved low wages, difficult working conditions difficult and exposure to violence and harassment. Flexible skills recognition and qualification frameworks could facilitate entry into care work, including for migrant workers. Informality was a challenge, especially for domestic workers, as it increased occupational safety and health risks, and left many without access to the basic labour and social protection. Freedom of association and collective bargaining could address current deficits in decent care work. Increased investment in the care economy could improve access to high-quality, affordable care, as well as enhancing care workers' skills, improving working conditions, increasing recruitment of men into the care workforce, addressing the unequal distribution of unpaid care work, and promoting work-life balance. Additional investment could also help reduce the inequalities associated with care work by improving societal perception of care work and care workers.
36. The Government member of Canada highlighted that addressing unpaid care work would contribute to achieving gender equality, economic growth and the SDGs, and was a priority for her Government. Most paid and unpaid care work in Canada was done by women, many of

whom were migrants and racialized. Despite the importance of their work, those care workers often remained invisible, underpaid and undervalued. The care economy's contribution to the economy and to society must be recognized, along with the challenges faced by care workers in accessing labour and social protection. A common, internationally agreed understanding of the care economy was needed. Canada's international assistance policy took a feminist approach to redressing the disproportionate care work done by women and girls around the world.

37. The Government member of China highlighted the fundamental importance of care work, stressing that the demand for care work correlated with the number of pre-school-aged children and older people in the population. As people lived longer, the number of older persons with disabilities was growing, and the demand for care was increasing. In the context of smaller families, family care capabilities have been reduced and demand had shifted to social care. That growth in demand for care was driving the development of the care economy. From the supply side, the care economy required the care service system to provide infrastructure, including childcare and long-term care. Decent work in the care service system would not only address the care needs of infants, young children, and older persons with care needs, but could also increase employment of women. Public investment in childcare services, and the use of social policies to ensure care of persons with disabilities and older persons should be increased. Efforts to strengthen the care economy could include policies on training of care providers, social security, and employment protection (such as maternity).
38. The Government member of Honduras noted that, with regard to the care economy, the Honduran social, economic and political context was similar to the overall context in Latin America. Care work was undervalued, unfair and unpaid, and, in some cases, discriminatory and without social protection. Challenges included a lack of statistics in the care economy. Steps were being taken to ratify the ILO Domestic Workers Convention, 2011 (No. 189).
39. The Government member of Philippines said that care workers from the Philippines provided care all over the world. The Committee must clearly define the scope of care work, establish which aspects of care work were paid and which were unpaid, and encourage the creation of policy spaces among Members for the ethical recruitment of migrant care workers, to be sustainably co-managed by care-provider and care-receiver countries. His Government had ratified ILO Convention No. 189 and incorporated it into national law in an effort to improve protection for workers engaged in domestic work by ensuring that, when locally hired, they were provided with protection at the place of employment and opportunities for decent and productive work.
40. The Government member of Namibia said that, in Namibia, care work was not necessarily considered to be work, but rather a family responsibility. The tendency to rely on women for childcare and eldercare meant that women struggled to access or advance in the labour market. The gender dimension of care was not acknowledged by policymakers, owing to a lack of data. While issues of childcare and specialized eldercare were not considered to be societal issues, demographic change meant that extended family "safety nets" for care were shrinking. Older people were often required to care for their grandchildren. Funding care services and ensuring that care work was decent work were crucial, especially since those who most needed care were those who could least afford it. A comprehensive understanding of the multifaceted nature of the care economy was essential, with consideration of issues related to how care was provided by families, employment, provision of social protection, and funding. The care economy crossed sectors, policy frameworks and budgets, with only some aspects of care work covered by collective bargaining.

41. The Government member of Côte d'Ivoire, affirming his Government's commitment to social justice, said that various initiatives had been undertaken to incorporate Côte d'Ivoire's commitments under international law, in particular on the right to work for persons with disabilities and on the provision of social protection for the most vulnerable, into domestic legislation. Steps had been taken in that regard to put decent work at the forefront of its development strategy, as a key aspect of guaranteeing the security, health and well-being of all.
42. The United Nations Special Rapporteur on Extreme Poverty and Human Rights commended the ILO for its report on decent work in the care economy. Unemployment and underemployment levels remained high, yet official figures did not account for those who left employment owing to circumstances beyond their control, including lack of childcare. Some 470 million people would be seeking jobs in developing countries by 2035. Yet there would not be a shortage of jobs. Meeting the care needs of the global population would require an additional 170 million jobs. The care economy must provide decent jobs. The COVID-19 pandemic had highlighted not only that care work was vital but also that it was often significantly underpaid.
43. The representative of the Office of the United Nations High Commissioner for Human Rights said that the COVID-19 pandemic had underscored the essential role of care and support systems. Care and support systems must be redesigned from a human rights perspective, to advance the rights of workers, whether paid or unpaid, and the recipients of care and support. Access to decent work and social protection for care workers should be guaranteed. Transformation must not, however, lead to increased institutionalized care. It must promote family unity, create residency pathways, address discrimination and strengthen protections for migrant workers. Care and support systems must be gender-responsive, disability-inclusive and age-sensitive. The value of care and support must be recognized, and unpaid care must be reduced and redistributed. Investment in care and support promoted a human rights economy that would enhance social well-being, equality and inclusion.
44. The representative of UN Women said that the time had come to recalibrate the approach to sustainable development to connect care work, gender equality, economic prosperity and social well-being. There were over 14 times as many working-age women as men outside the labour market, owing to unpaid care responsibilities. Care was central to the UN Women vision for social and economic transformation and its mandate of advancing the full realization of women's rights and opportunities. Care needs must be addressed through a life-course approach, from childhood to old age. The value of unpaid care work must be acknowledged, public investment in essential services and social protection must be enhanced, pay and working conditions for paid care work must be improved and the rights and contributions of caregivers and care recipients must be recognized. The partnership between UN Women and the ILO had been instrumental in bringing gender equality, the care economy and decent work to the forefront of the global agenda. Decent work for all women and a thriving care economy must not be mere aspirations.
45. The representative of the Economic Council for Latin America and the Caribbean (ECLAC) said that care was essential throughout the life course as a means of guaranteeing quality of life for all. Governments in the Latin American and Caribbean region had recognized care as essential work, and as a key sector for revitalizing economies, through the Buenos Aires Commitment, adopted in 2022. Population ageing, epidemics and climate change were likely to vastly increase the demand for care work. A care crisis must be averted by building a future in which care burdens were shared equitably, and time and resources were redistributed for a paradigm shift to a new, more egalitarian type of development and society. To do so, care

objectives must be incorporated into all public policies, including on employment, labour, health, social protection, the environment, and macroeconomic and fiscal policies.

46. The representative of the World Health Organization (WHO) said that the global care workforce had been exposed to decades of chronic underinvestment, which had hindered global progress towards gender equality. Evidence had shown that addressing such underinvestment could simultaneously strengthen health systems and women's economic empowerment, provided the care work was decent work. Governments could use the WHO Global Health and Care Worker Compact to inform policies and legislation to protect and support health and care workers. Partnerships should be built across sectors to facilitate dialogue, evidence and information sharing, and policy changes, all of which would enhance the value, recognition and impact of the care economy.
47. The representative of the International Cooperative Alliance said that community-based cooperatives were a unique and innovative model for the provision of care, which was rapidly increasing in popularity. They were resilient care providers, ensuring affordable, uninterrupted care services, with good quality working conditions for caregivers. Multistakeholder governance allowed cooperatives to take account of the interests of various parties and to raise finances from multiple sources. ILO constituents were invited to promote cooperative provision of care as a community-based solution to address care gaps.
48. The representative of UNI Global Union said that all care work must be decent work. Too often, home and community care workers were in the informal economy without access to social protection. Many did not receive adequate training and in many countries care workers were overworked owing to staff shortages. Lack of access to decent work hampered quality of care. To ensure decent work for all care workers, governments and employers must formalize all care work, provide comprehensive training and professional development activities, ensure safe staffing numbers and guarantee all care workers the right to join unions and engage in collective bargaining.
49. The representative of the International Domestic Workers' Federation said that decent work conditions were not being realized for domestic workers, the majority of whom were women; domestic work remained invisible to governments, employers and society as a whole, yet domestic workers accounted for 25 per cent of the global workforce. Domestic work, in all its forms, should be recognized, and effective public policies should be put in place to promote decent work, gender equality and sustainable development.
50. The representative of Public Services International said that as a childcare worker, she had endured long working hours, physically difficult work and low pay, as a migrant woman with no access to paid medical leave or holiday, no formal training and a constantly changing job description. Despite the increasing global demand for care, care workers' working conditions had not improved. A radical new approach to care was needed, which not only valued and supported the workforce but also delivered better quality of care for all, underpinned by gender equality. The public nature of care must be reclaimed, with the State being primarily responsible for good quality care services.
51. The representative of Make Mothers Matter said that women who were mothers suffered discrimination in accessing and advancing in the labour market. While the gender pay gap was largely due to motherhood, data in that regard was lacking. A statistical framework was therefore needed to measure, monitor and address the motherhood penalty. The links between unpaid and paid care work should be recognized, and a holistic approach should be taken to decent work. The time had come for a paradigm shift to a world of work that should adapt to workers with care responsibilities.

52. The representative of the Intercontinental Network for the Promotion of Social and Solidarity Economy said that the care economy must be advanced in a human rights framework, both for users and providers of care services. The social and solidarity economy provided good quality, affordable care that respected the rights of care workers, including in the transition from the informal to the formal economy. The Committee's conclusions should support the social and solidarity economy as a contributor to the care economy as a global public good.
53. The representative of the Institution of Occupational Safety and Health said that while care work, paid and unpaid, represented humanity and sustained communities and societies, care workers were commonly undervalued and overlooked. Many domestic and informal care workers did not have decent work and were excluded from social protection. Workers in care-related jobs were among the most vulnerable in society, with migrant and ethnic minority women disproportionately affected. Care work must be transformed, through sustainable investment in human capital and decent work in the care economy.
54. The Representative of StreetNet International, speaking also on behalf of HomeNet International, said that street-based and home-based workers around the world suffered from lack of access to care services. They must be recognized as workers and participants in social dialogue, allowed access to affordable childcare and eldercare facilities and given full maternity benefits. Social and solidarity economy and cooperatives for childcare and eldercare services should be recognized. All workers should have access to care, and should enjoy the rights to decent work and dignity.
55. The representative of International Young Christian Workers, also speaking on behalf of International Coordination of Young Christian Workers, said that care workers often faced poor working conditions, low wages and lack of recognition. Decent work was crucial for a thriving care economy. Fair compensation, safe working conditions and social protection should be afforded to all care givers. Greater public investment in care was required, along with its recognition as a public good.
56. The representative of Social and Solidarity Economy International Forum welcomed the fact that the Office report mentioned cooperatives among the community groups providing care. Social and solidarity economy enterprises and organizations had a key role to play in bridging gaps and contributing to a more resilient and better functioning care economy. When considering policies on and investment in the care economy, ILO constituents should take account of the role of the social and solidarity economy and cooperatives in care provision.
57. The representative of the International Catholic Migration Commission said that care was work and work was care. Care was a way of being, doing and existing that implied dignity, generosity, freedom and responsibility, inspired by concern for unity. In the world of work, caring should pay particular attention to migrants and refugees. The ILO 5R Framework was particularly welcome in that regard. Work that did not care and did not respect the dignity of workers could not be considered decent. Work that cared for and contributed to the restoration of human dignity would contribute to a sustainable future.
58. The Employer Vice-Chairperson said it was clear that there was common recognition that a well-functioning care economy would be to the benefit of all. The care economy required a holistic policy approach, which went beyond normative measures and spanned economic, social and fiscal policies. Decent work in the care economy did not only require a human rights-based approach; it required a principles-based approach, involving considerations for institutions and their roles, economic incentives and development. Care as a human right would require a universally agreed definition of care. The Employers' group would prefer not to enter into a discussion on that topic, since it would require an in-depth mapping of the care

economy as a whole, which was complex and cross-sectoral. Care as a human right should therefore not be addressed in the Committee's conclusions. Collective bargaining was not necessarily the best tool to address bottlenecks or gaps in the labour market. Collective bargaining required a formal employment relationship, which was not in place for many care workers. Collective bargaining was part of social dialogue, and when referred to in the Committee's conclusions, the language used should be in line with that of the Centenary Declaration. The conclusions should be pragmatic and progressive and focus on the care economy, which is distinct from the social and solidarity economy. It must not overlook the role of micro, small and medium-sized enterprises (MSMEs) in care provision. Care was not only a public good; private care providers had better resources and incentives to innovate and could provide more effective treatment and personalized care than public care settings. Competition drove continuous service improvement. The impact of increased regulation, such as paid leave entitlements, on MSMEs with limited capacities must be taken into account, and consultations with employers would be essential to assess its potential costs. Governments were responsible for building care infrastructure and expanding social protection. The Employers' group strongly discouraged the use of language regarding the social contract. The social contract would be the subject of discussion at the forthcoming World Social Summit, the work of which must not be pre-empted.

59. The Worker Vice-Chairperson said that, in the midst of a care crisis, the Committee's discussion was timely. A clear agenda must be set for the future. She noted that several points of alignment had arisen throughout the discussion. The ILO and its constituents must work together to transform the realities of the millions of people struggling to balance work and caring responsibilities. Care should be reinforced as essential to the pursuit of the Centenary Declaration. Public investment in comprehensive care systems was essential. The Committee's conclusions should constitute a clear road map for the ILO and its constituents, grounded in a common tripartite understanding of the care economy, embracing the 5R Framework and understanding care as a human right and a public good. The conclusions must recognize the interdependence of decent work for all care workers and the quality of care services, and should acknowledge the crucial role of social dialogue, freedom of association and collective bargaining in building a resilient and well-functioning care economy.

Point for discussion 2

What are the gaps, and what effective measures have ILO constituents taken towards a resilient and well-functioning care economy that promotes decent work, gender equality, quality and accessible care services, and inclusive and sustainable economic and social development?

60. The Worker Vice-Chairperson said that cuts in public funding and chronic underinvestment had contributed to fragmentation and significant gaps in national care systems, which had been exposed and exacerbated by the COVID-19 pandemic. Millions of people worldwide were either not receiving the care and support they needed or were receiving suboptimal care at high costs. The most vulnerable, marginalized and disadvantaged were impacted disproportionately. Care was marked by widespread decent work deficits; millions of care workers provided essential care services in dire working conditions, risking their health for little or inadequate pay. They faced discrimination, violence and harassment, work-related hazards, excessive working hours, heavy workloads and poor work-life balance. Those who tended to face multiple and intersecting forms of discrimination, including racialized and migrant workers, tended to be over-represented in low-paid and low status jobs.

61. Care work was physically and emotionally demanding, yet the skills required were not always recognized or valued, and workers often lacked access to training, lifelong learning and promotion opportunities. Care workers often faced obstacles to joining trade unions and bargaining collectively, which left them particularly vulnerable and exposed them to exploitation and abuse. The numerous challenges faced by care workers, coupled with inadequate public funding, had resulted in an increase in insecure, precarious and informal work, labour shortages and understaffing. Many care workers were leaving their profession, which contributed to staff shortages and declining quality of care. Migrant workers were increasingly filling those workforce gaps, and by doing so exacerbated brain drain in their home countries. The care gaps they left behind would inevitably be filled by unpaid carers, most of whom would be women. Migrant care workers' visas were often tied to a particular employer, and live-in domestic workers in particular encountered exploitation and abuse throughout the migration cycle. Domestic work and community health work remained largely invisible, and as a result, workers were excluded from social protection and decent wages.
62. Care leave policies and family-friendly policies, such as flexible working arrangements, could help reduce the amount of unpaid care work done predominantly by women, and facilitate better work-life balance. Paid paternity leave and parental leave entitlements would support men's involvement in childcare, breaking down gender stereotypes and redistributing the care burden. Gaps in legislation and investment for care leave, however, together with a lack of access to care services, had a disproportionate impact on women's effective labour force participation and thus contributed to the gender pay gap and gender pension gap.
63. For the care economy to be resilient and function well, care must be recognized as a global public good, which would ensure comprehensive care systems, universal access to care, and gender-responsive social protection. States must take the lead and increase the public funding needed to generate decent jobs, putting in place comprehensive policy and regulatory frameworks for national care systems grounded in international labour standards and social dialogue, and guided by the 5R Framework. Such policy frameworks should cover all care workers, including those in the informal economy and should ensure that all workers with family or caring responsibilities were covered by paid care leave entitlements. Fundamental principles and rights at work should be respected for all care workers, irrespective of their employment or migration status. Freedom of association and the right to collective bargaining were enabling rights. Targeted measures should be taken to address discrimination and redress the undervaluation of paid care work. Wage policies and wage-setting mechanisms were needed to promote gender equality, equity and non-discrimination. Migrant care workers' labour and social protection rights must be upheld, including through bilateral agreements between countries of origin and destination and rights-based migration pathways. International standards on the fair and ethical recruitment of migrant workers must be respected. Destination countries must reduce over-reliance on migrant care workers, while countries of origin must boost efforts to retain the care workforce. Increased public investment in care would require revenue generation and broad fiscal space; external debt burdens prevented States from investing in care and must be addressed.
64. The Employer Vice-Chairperson said that, on the supply side, workforce shortages in the care economy affected various sectors: global shortages of 4.5 million nurses and 10 million health workers were expected by 2030. To meet the challenges posed by those shortages, the private sector would complement and boost public sector care and care provided by families. The professional development of care workers was essential for creating career pathways and opportunities for advancement to make care jobs more attractive. Comprehensive vocational training and certification, and the mutual recognition of skills could elevate the quality of care

and improve workers' job satisfaction and retention, while also improving the quality of care services provided.

65. Over-reliance on unpaid work, done primarily by women, impacted women's participation in the labour market. Women's economic inclusion was crucial, yet a lack of affordable, accessible and good quality care services prevented many women from seeking paid employment. Care systems must be transformed through infrastructure expansion and technological innovation, and an attitudinal change was needed to recognize the economic value of care. Despite the crucial role of care in economies and societies, the global care economy remained under-funded. Quality care services required public investment in facilities and social protection systems, including care credits in social insurance, childcare subsidies and unemployment and disability benefits. Such public investment should not place undue burdens on companies.
66. MSMEs and entrepreneurs were vital to the care economy, providing essential services and employment opportunities while fostering community engagement and innovation. They offered accessible solutions tailored to local needs and generated employment opportunities. However, they often lacked the resources, technical support and information and networking opportunities needed to improve their services and expand their operations. Government support should therefore be provided in the form of capacity-building, entrepreneurial skills development, targeted microfinance and venture capital for start-ups, among others. Such measures were particularly important for women, for whom entrepreneurship could be a means to achieve flexibility, control and balance in managing care responsibilities. The informal nature of the care economy must be addressed by incentivizing the formalization of micro and small enterprises.
67. Family-friendly employment policies and flexible working arrangements could help reconcile work with care responsibilities, ensuring that companies' and workers' needs were met. Such arrangements could help increase women's labour participation rates. Major leave entitlements could be a significant burden for MSMEs; extended leave entitlements, such as parental leave, were more feasible for large employers. Private employment services should be supported since they played a key role in matching care workers with suitable employers. Collaboration between private employment services and public employment programmes could broaden job opportunities in the care economy. Policies to expand the care services provided by the private sector were essential, including financial incentives, such as tax breaks, for companies investing in care services. Public-private partnerships could be effective for leveraging private sector resources, such as for the construction or renovation of healthcare facilities. Partnerships with technology companies could be used to enhance telemedicine, electronic health records and data analytics, all of which could contribute significantly to meeting the growing demand for care services.
68. The Government member of Belgium, speaking on behalf of the EU and its Member States, said that North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova, Bosnia and Herzegovina, Georgia and Norway aligned themselves with her statement. The majority of both paid and unpaid care work was done by women, often with inadequate remuneration, leading to a gender employment gap and a gender pay gap. Policies and measures must be developed to address the value of care work, promote the transition to formality, ensure decent work and equal pay for work of equal value, and eliminate violence and harassment in the care economy. Unpaid care work inhibited women's participation in the labour market and lowered their economic self-sufficiency. Equal sharing of care between women and men and the provision of high-quality affordable care services were therefore key to women's economic empowerment.

69. Active labour market policies were needed to help all those who had withdrawn from the labour force due to care responsibilities. Such policies could include employment opportunities, training, upskilling and reskilling, and employment services for jobseekers. Effective and robust social dialogue in the care economy were crucial, as were broader labour policies for the improvement of work–life balance, family leave and family-friendly working time arrangements. Access to high-quality affordable childcare and long-term care services, including through the social and solidarity economy, would improve possibilities for combining work and care responsibilities throughout the life course.
70. The Government member of Barbados said that deficiencies had been identified in the care economy in Barbados, including gaps in labour and social protection, lack of a policy and legislation on sexual harassment and discrimination, the absence of a national minimum wage, lack of occupational safety and health in domestic contexts, insufficient training and lack of accessible early childhood education. Steps had been taken to bridge those gaps, including the ratification of the ILO Violence and Harassment Convention, 2019 (No. 190), and ILO Convention No.189, and the provision of training in early childhood education and eldercare, measures to grant paternity leave to fathers, as well as the development of national policies on ageing and on improving the lives of persons with disabilities. The national protocol on migrant labour was being revised. Despite those efforts, much remained to be done, in particular to ensure that occupational safety and health standards were upheld in domestic workplaces.
71. The Government member of Cuba said it had adopted a new Family Code, which contained provisions on co-responsibility and which cemented the key role of the State in putting in place programmes and policies for persons in need of care. The Code included provisions on respect for dignity and autonomy and set out the rights and responsibilities of care givers and care recipients. It prohibited violence and balanced care responsibilities with personal, professional and family aspirations, while also recognizing the importance of support networks for carers. Along with other legislative revisions in Cuba over recent years, the adoption of the new Code had been central to establishing Cuba’s national system of care as an integral part of life. Data and evidence were essential to inform public policies on the care workforce. One of the most significant challenges was to overcome the tendency to allocate roles on the basis of gender stereotypes. Education would be crucial in that regard.
72. The Government member of the United Kingdom said that in the United Kingdom, social protection for care workers was established in law; legislation had been enacted concerning matters such as carer’s leave, flexible working arrangements and equal pay. A national living wage had been instituted and a carer’s allowance provided for financial support for full-time carers. Inclusive initiatives were in place to support women and persons with disabilities in the world of work. A campaign for women’s economic empowerment was driving economic, policy and care sector reform to reward and redistribute care work, while a disability inclusion and rights strategy was being implemented to improve access to care services for persons with disabilities. Social protection and gender equality, which were key to achieving economic and social development, depended on the availability of inclusive, good quality and accessible care services.
73. The Government member of Australia said that expert panels had been established on pay equity and on the care and community sector in Australia’s national workplace relations tribunal, to review care workers’ wages. Fee-free vocational education was provided for certain care work qualifications. Respectful workplaces were promoted, and employers had a positive duty to eliminate harassment. Community-led and culturally sensitive services were being piloted in First Nations communities, targeted to local needs. Legislative amendments had

been made to guarantee migrant workers equal workplace rights to others. Carers of older persons and persons with disabilities had access to flexible income support and working arrangements. Flexible work arrangements were also in place for parents of young children. A childcare subsidy would help parents, women in particular, to engage in paid work. Men were being encouraged to take paternity leave. Parental leave payments would soon include superannuation, which would reduce the gender gap in retirement contributions. Cross-sector coordination was important.

74. The Government member of Switzerland said that Switzerland was party to ILO Convention No. 189, and as such was committed to the protection of the rights of domestic workers. An increasing demand for care services in private homes was resulting in more migrant workers coming to Switzerland for temporary work. A specific contract for domestic workers had thus been introduced, to guarantee them equal labour rights. Regarding paid care work, an initiative to bolster nursing care was being undertaken, under which nursing training was being promoted and access to good quality nursing care was guaranteed. New legislation was being prepared to improve working conditions for nurses, with a view to encouraging retention and preventing staffing shortages. Those measures were helping to redress gender imbalances in the healthcare sector. A national survey of care workers was due to take place, to assess the impacts of the initiatives undertaken.
75. The Government member of Türkiye said that increasing the interest of the international community in the care economy was crucial for bridging gaps in decent work. Leveraging new technologies would be key to enhancing efficiency, reducing costs and improving the quality of care services. The ILO should provide guidance on well-functioning care economy models, including a compendium of best practices from its Member States.
76. The Government member of Mexico said that her Government was creating a new national care system, which set out care modalities for children, persons with disabilities and older persons, based on the principles of universality, progress and sustainability. The system would: ensure that care needs were met by good quality and accessible services; relieve the care burden on women, allowing them to join the labour market; and boost employment and economic growth. Equitable distribution of care would also benefit peace, security and environmental sustainability. The new care system would have gender equality at its heart. Key measures to promote decent work and gender equality in the care economy included: paid care leave, including maternity and paternity leave; preschool and early childhood education and eldercare services; care cooperatives; professional training schemes; and policies for equal treatment of migrant care workers.
77. The Government member of Brazil said that the gender and racial division of care work was rooted in discrimination and determined how jobs were valued. Her Government was trying to overcome the challenges of that reality by developing a comprehensive national care policy and plan to guarantee all people the right to care. The plan sought to ensure access to quality care, promote decent work for care workers, implement measures to balance work and care responsibilities and promote co-responsibility for care between the State, private companies and communities. Care was not a commodity. It was a human right and a public good. Unpaid care work should be redistributed, and decent jobs must be guaranteed. The Government of Brazil had set up a coordination office to promote equal opportunities at work, with a focus on tackling gender-based and racial discrimination and eliminating informality in paid domestic work. A specialized labour inspectorate had been established to enforce the rights of domestic workers. The elimination of domestic slave labour was a priority.

78. The Government member of Canada said that decent work deficits and labour shortages negatively affected the quality of care services and could increase the burden on unpaid caregivers. Her Government was working with provincial, territorial and indigenous partners to give all families in Canada access to high-quality, affordable, flexible and inclusive early learning and childcare. An early learning and childcare workforce strategy was being developed, based on recruitment, retention and recognition. Steps were being taken to address decent work deficits and labour shortages in long-term and home care, and to develop a specific indigenous long-term and continuing care framework, to ensure culturally safe long-term and continuing care programming and services in or near indigenous communities. Maternity and parental leave and childcare benefits were provided to support working women during pregnancy and motherhood. The Government had recently announced the development of a national caregiving strategy, as well as a new programme for migrant workers to grant home care workers permanent residence on arrival in Canada. At the international level, the Government was contributing financial assistance for gender transformative unpaid and paid care work programming in low- and middle-income countries.
79. The Government member of China said that her Government was taking measures to promote decent work and the care economy, including pilot programmes for the provision of long-term care and a long-term care insurance scheme, which covered 49 municipalities across 27 provinces. A cross-sectoral approach was being taken. Social security contributions needed to be at 70 per cent for individuals to benefit from the long-term care provisions. Long-term care workers were being trained and the number of care staff in the areas covered by the pilot programmes had reached 300,000. The programme had bolstered the perception of care work and attracted more people to the care workforce. In some provinces, measures were in place to retain women in the labour market, including maternity insurance, which ensured paid maternity leave, as well as flexible working hours and breastfeeding policies.
80. The Government member of the United States said that an Executive Order had been passed in the United States to boost the supply of childcare and long-term care and to support family caregivers, in line with which measures were being taken to: increase compensation and benefits for childcare workers, early childhood educators and long-term care professions; expand learning opportunities to improve job quality and attract new entrants to the care workforce; improve jobs for domestic workers; and improve the quality of data on the care workforce. Employment agreements for domestic workers and their employers had been published in seven languages. Legislation had been enacted to protect workers from wage theft and prohibit violations of leave protection entitlements for family caregivers. A comprehensive approach was being taken to prevent gender-based violence and harassment. The 5R Framework had been incorporated into the national strategy for women's economic security, which aimed for women and girls to meaningfully and equally contribute to and benefit from economic growth and global prosperity.
81. The Government member of Namibia said that legacies of Namibia's apartheid system included low wages and poor working conditions for domestic workers, who constituted around 11 per cent of the national workforce. Although legislative measures had been taken to regulate domestic work, the minimum wage for domestic workers had stagnated. A new national minimum wage had recently been set, however, which would effectively double the minimum wage for domestic workers, constituting a first step towards eliminating income inequality and gender pay gaps. Given the prevalence of informality, application of the new minimum wage was likely to be challenging initially, although compliance was expected to increase progressively in tandem with real economic growth. Amendments to the Labour Act, currently before Parliament, would include automatic cost of living increases in statutory

minimum wages, and provisions on maternity protection and the right to breastfeeding, family leave for fathers, occupational safety and health, and the prohibition of violence and harassment in the workplace.

82. The Government member of Zimbabwe said that the care economy was characterized by serious decent work deficits and deprivation of workers' labour rights. Care and domestic workers were exposed to high levels of harassment and violence at work. Unpaid work constituted a significant share of care work; in many parts of Africa, community healthcare work was considered voluntary. Most care workers in Zimbabwe were employed informally and therefore lacked access to sick leave or care leave, occupational safety and health and social protection. Care workers were left vulnerable to exploitation, and the lack of decent work weakened the quality of care provided. Progressive measures were, however, being taken to bridge decent work gaps and formalize the care economy, and to enable care workers to join trade unions and bargain collectively. Training for social workers had been successful and national guidelines on labour migration were being developed in response to the increasing demand for Zimbabwean social workers abroad.
83. The Government member of the Philippines said that laws and practices had been put in place for the protection of healthcare workers, caregivers, teachers and domestic workers in the Philippines. Gaps in protection persisted owing to: broad informality, which hampered access to labour and social protection; and gender inequality, which resulted in exclusions and discrimination. Her Government had taken measures to address those challenges by providing universal social protection and universal health coverage, conducting reviews of labour legislation, strengthening labour inspection and actively engaging with workers' and employer's groups. Meanwhile, the global care economy relied largely on migrant care workers, many of whom were from the Philippines. Those workers faced challenges in access to decent employment, owing to the non-recognition of their qualifications. Given the disproportionate prevalence of women in the care workforce, gender perspectives must be integrated into policymaking and the unequal distribution of unpaid care work must be addressed. Her Government was collaborating bilaterally with other governments to promote sustainable and ethical recruitment and rights-based labour migration, promote the use of standard employment contracts, provide upskilling opportunities, and promote decent work for Filipino migrant workers through a whole-of-society and whole-of-government approach.
84. The Government member of the Democratic Republic of the Congo said that internationally recognized statistical standards for care work were lacking. The conceptual framework and indicators applicable to care work, due to be considered by the 22nd International Conference of Labour Statisticians, would encourage consistency and comparability of data at the international level. The burden of unpaid care work was disproportionately shouldered by women and hampered their access to employment in managerial and decision-making roles, and thus to higher salaries. Unpaid care work was often provided by family members and was thus not legally recognized as work. Legislative and institutional mechanisms relevant to decent work and the care economy were in place, but the war in the east of the country posed serious challenges to their implementation, causing mass displacement and lack of access to healthcare. Despite those challenges, measures such as free maternity care, free basic education and universal health coverage had been successful.
85. The Government member of Senegal said that the care economy was growing fast and had become a means of generating employment and tackling gender inequality. It remained, however, associated with various negative aspects, including: lack of social protection for workers, inadequate remuneration, exposure to physical and psychological violence, and in some cases, sexual abuse. The care economy had a key role in the functioning of households

and communities. An agenda had thus been set for long-term economic and social reform. Legislative reform was under way, policies had been put in place for the provision of social protection and basic infrastructure to redistribute care responsibilities between women and men, and a new framework for a social and solidarity economy had been put in place. A national policy for early childhood provided for pre-school care, thereby enabling mothers to work. An increase in healthcare facilities had enhanced training and professional integration for healthcare workers. An action plan for decent work and equal opportunities in the care economy provided for a balanced sharing of family responsibilities between women and men. Affordable social protection, adapted to the needs of women, provided legal and financial support and reduced the financial burden of child rearing. A UN Women project for the redistribution of unpaid work between women and men had been under way since 2021 to find solutions for the unpaid care needs of rural women.

86. The Government member of Egypt said that several measures had been taken in Egypt to promote gender equality and women's economic empowerment, including the establishment of a special unit in the Ministry of Labour, responsible for eliminating all forms of discrimination. A national plan for gender equality had been adopted and the capacities of labour inspectors had been strengthened with a focus on issues such as gender equality, the application of international labour standards and the rights of domestic workers. The ILO had provided guidance in the preparation of a manual for labour inspectors on gender equality and a just transition and on training women for work in high-level professions and entrepreneurship. Legislation on domestic workers was under preparation. A national campaign had been launched to accelerate societal change to eliminate gender inequality, and public-private dialogue was being encouraged to increase private sector investment in childcare facilities.
87. The Government member of Sri Lanka said that labour law was being reformed in Sri Lanka, which would improve the terms and conditions of employment and would benefit the care economy. A national policy and action plan on migration had been launched to improve labour migration governance, secure migrant workers' rights and promote opportunities for employment. In collaboration with the ILO and the International Organization for Migration (IOM) the Sri Lankan Government had: produced an evidence-based report on the care economy and decent work in Sri Lanka; developed demand-driven skills training to promote paid care work; and developed a labour migration strategy for caregiving and hospitality sectors to increase the employability of Sri Lankan labour migrants, in particular women, in countries of destination. Further technical collaboration with the ILO and IOM was planned, to develop an integrated approach to tackle the challenges faced by care workers in Sri Lanka, including through gender-responsive care policies, a new maternity insurance scheme, a digital application for registering domestic workers and including them in social protection coverage, and measures to strengthen skills development.
88. The Worker Vice-Chairperson said that care must be recognized as a public good, requiring comprehensive public care systems and adequate public financing. Well-funded care policies and regulatory frameworks should be developed in a coherent, integrated and complementary manner. They must be grounded in international labour standards and social dialogue, and based on the recognition, reduction and redistribution of unpaid care work and the 5R Framework. Workers voices must be included in the design, implementation and monitoring of care systems. Increased public investments in care, through progressive taxation and broadening fiscal space, would ensure universal access to quality care services throughout the life course, including for the most marginalized and disadvantaged communities. Public investments were needed to improve wages and ensure equal pay for work of equal value and

decent working conditions, by, among others: supporting formalization of care work, recognizing and enhancing workers' skills, addressing labour shortages, redressing unequal distribution of unpaid care work and improving work-life balance for families with care responsibilities. Care, just like labour, was not a commodity; it was a right. If profit was the sole motive for care, it came at the expense of decent work for care workers and quality of care for recipients, and access to care for those who could not afford high user fees. Public-private partnerships had proven costly for governments in the long term. Social dialogue and collective bargaining had been key drivers of advancements in the care economy. The rights to freedom of association and collective bargaining must therefore be guaranteed for all care workers.

89. The Employer Vice-Chairperson said that the terms "precarious" and "insecure" forms of work were not agreed definitions in the ILO context but were based on subjective interpretations. Their use in the current context ran the risk of stigmatizing workers in the care economy. Work could be done in diverse forms and under various arrangements, which allowed for greater opportunities to enter the labour market and escape poverty. Mental health diagnoses were complex and influenced by multiple factors and were therefore difficult to link directly to working conditions. While mental health was an important issue, it could not be addressed through regulation. Rather, employers should be supported in implementing good practices to assess and manage psychosocial risks and encouraging a culture of dialogue and pragmatic action in the workplace.
90. The rights to freedom of association and collective bargaining should not be referred to as "enabling rights", since that language was not aligned with the ILO Declaration on Social Justice for a Fair Globalization (2008), as amended in 2022. Furthermore, collective bargaining is considered a form of social dialogue, which includes other forms such as tripartite cooperation, bipartite cooperation and workplace cooperation. More than 80 per cent of the formal economy did not use collective bargaining agreements as a tool of social dialogue; it was more important to build a culture of trust among social partners.
91. The concept of the "living" wage should be operationalized in line with ILO principles on wage setting. To achieve a "living" wage, the involvement of the State would be crucial, and the root causes of low pay, informality, low productivity, and weak institutions and compliance systems must be addressed. On equal pay for work of equal value, the pay gap was caused by a multiplicity of factors and could only be addressed through social dialogue, in consultation with employers, to re-evaluate care work, according to diverse national contexts and situations faced by care workers. Lastly, while migrant workers in the care economy must be protected, the legal pathways to bring skilled workers into the care economy must be up to date. Smooth processes must be in place to make work permits available for foreign workers to be able to contribute to filling skills gaps.

Point for discussion 3

In light of the ILO's mandate, transformations in the world of work, and developments in the care economy, what priority actions should the ILO's constituents and the International Labour Office take to promote, advance, and support coherent and integrated policies and investments in the care economy, including through social dialogue, multilateral coordination and partnerships?

92. The Employer Vice-Chairperson said that, in the context of transformations in the world of work, the ILO and its constituents should prioritize coherent, integrated policies and public investments in the care economy. The care economy contributed significantly to a healthier

workforce, which could increase productivity, give businesses and economies a competitive advantage and enhance overall business performance. The business case for a well-functioning care economy should be reflected in the policy recommendations proposed by the Office in the 5R Framework. The Framework, however, lacked market incentives and flexibility that drove innovation, efficiency and scale. Employers needed public policies that provided such incentives for businesses to innovate and improve care delivery. Moreover, the Framework should emphasize that continuous professional development and training for care workers were essential to deliver high-quality care. Policies should support investment in vocational training, apprenticeships, skills recognition and lifelong learning opportunities. Initiatives to boost career progression and professional recognition should make care work an attractive career option. The ILO should support its constituents in ensuring that their policies covered the full spectrum of care workers, from high-skilled to low-skilled.

93. She cautioned that directly attributing increased care demands to climate change was an oversimplification, and that integrating climate change considerations into the care economy could divert attention from care needs. The ILO would do better to support its constituents in improving care services, training care workers and enhancing infrastructure. More research was needed on the potential benefits of public-private partnerships. ILO research on attraction and retention strategies for care workers could also be helpful. The ILO should focus on its mandate, rather than broader issues such as progressive taxes or mental health, concentrating on local realities and constituents' needs at the national level.
94. Employers needed policies that would help manage costs, while improving care quality. The 5R Framework should encourage the use of cost-effective solutions and technology that enhanced efficiency. It should include provisions for financial support mechanisms, such as subsidies or low-interest loans, for care providers to help manage the initial costs of implementing improved care standards. Governments could provide tax breaks for investment in care infrastructure and workforce development, subsidies for technology adoption, or grants for research and development in care services. Risk-sharing between the public and private sectors could help mitigate the financial burden on businesses. Without adequate resources, other components of the 5R Framework could not be fully realized. The rights-based approach should be complemented with economic, operational, and practical considerations, and a comprehensive approach would ensure that care systems were not only equitable but also effective and sustainable. A sixth "R": "resources", should be added to the 5R Framework, to represent the financial support mechanisms and continuous investment needed for workforce development.
95. Central to ILO constituents tailoring the 6R Framework is a strong focus on social dialogue. Effective social dialogue was crucial to create policies that balanced the needs of care enterprises with those of the workforce, and that developed strategies for businesses to thrive while supporting decent work. The Office should continue carrying out research and building constituents' technical capacities in labour migration, social protection, gender equality, sustainable enterprises, tackling informality, public-private partnerships, employment and macroeconomic policies. Further attention should be paid to talent mobility, including policies that facilitated work permits and recognized the skills and qualifications of migrant care workers.
96. The Office should support ILO constituents in adopting a balanced mix of normative and non-normative actions as recommended by the Standards Review Mechanism Tripartite Working Group. Technical support and guidance on maternity protection was needed, moving from employers' liability to social security schemes for financing maternity benefits. That shift should be supported by comprehensive childcare infrastructure and incentives for mothers to

return to work. Measures to promote decent work in the care economy should support public and private care providers alike. Arguments against privatization often overlooked its benefits; privatization introduced competition, which drove innovation, which in turn improved care quality. Privatized care did not prioritize profit over patient care. Many private institutions reinvested profits into services. They underwent rigorous oversight and invested in the workforce, which resulted in better patient outcomes and organizational success.

97. Lastly, non-normative actions were required to address gaps in paternity and parental protection; promoting healthier families and balanced gender roles would sustain societal change. Stringent leave policies could, however, discourage companies from hiring young parents and could place a burden on small and medium-sized enterprises.
98. The Worker Vice-Chairperson called for the ILO to further develop its comprehensive work on the care economy across its strategic objectives. It should increase work to monitor public investment trends in care, pay and working conditions of care workers, quality of care service provision and employment. The decision to launch an international statistical standard-setting process on care work was welcome. The process should consider all forms of unpaid and paid care work, including work performed by domestic workers, community health workers and community care workers.
99. Member States should enhance their efforts to build national integrated care systems. To that end, ILO could convene a tripartite meeting of experts to examine how to address gaps in the care economy, including through normative or non-normative action, to recognize care as a public good and provide practical guidance to ILO constituents on how to design, implement, and monitor national integrated care systems, in line with the 5R Framework.
100. The ILO should provide technical support and policy guidance to countries, including through the Decent Work Country Programmes and the United Nations Global Accelerator on Jobs and Social Protection for Just Transitions, for the development of national care policy and regulatory frameworks to ensure universal access to care, and promote the professionalization and formalization of care jobs. Such policy and regulatory frameworks would also ensure the highest attainable standards of quality, safety and health for care workers and care recipients, and would be guided by the 5R Framework and based on social dialogue. Technical support should include guidance on how to recognize and value unpaid and paid care work in employment policy frameworks and social protection systems, including through the use of care credits. Such support and guidance should focus on ensuring sustainable and adequate financing for care, including by conducting a variety of feasibility, costing and financial studies, in line with ILO instruments on employment policy.
101. The ILO should examine ways to address gaps in the effective implementation of existing international labour standards and provide technical support and guidance to Member States on guaranteeing protection to all care workers, including persons in precarious and informal work. Such guidance should take into account transformations in the world of work, including migration, the introduction of new technologies, and the impact of climate change.
102. A new international labour standard on paternity and parental protection was needed to address normative gaps, building on the conclusions issued in 2023 by the Standards Review Mechanism Tripartite Working Group. The process of preparing such a standard could also include consideration of other care-related leave entitlements, such as leave to care for older persons, persons with disabilities or family members who were critically ill. The ILO should scale up campaigns and technical assistance to ensure ratification and implementation of ILO instruments relevant to the care economy, standards related to social security, instruments related to working time and wage-setting, and the ten fundamental Conventions.

103. Technical support and guidance should also cover actions to remove barriers that prevented migrant care workers from fully accessing and exercising their labour and social protection rights. Labour inspectorates must be strengthened, and freedom of association and the right to bargain collectively at all levels should be effectively guaranteed for all care workers. The ILO should conduct research into the key obstacles and challenges to care workers' effective exercise of the right to freedom of association and collective bargaining.
104. The ILO should enhance the capacities of its tripartite constituents to formulate, implement and monitor national care policies and strengthen social dialogue, including collective bargaining. Working conditions and working arrangements of community health and care workers, should be examined, and guidance provided on their formal recognition as care workers.
105. ILO leadership was needed to strengthen inter-institutional cooperation and promote alignment between multilateral institutions on the need to promote ILO standards and the Decent Work Agenda. The ILO should further strengthen its leadership role, including through its the Global Coalition for Social Justice and the World Social Summit in 2025, and should convene a high-level event on the role of the care economy in the context of the Global Coalition for Social Justice.
106. The Government member of South Africa, speaking on behalf of the Africa group, said that when considering decent work in the care economy, attention should be given to the unique challenges and context of the African continent. In pursuing a more just and equitable society, the empowerment of women and girls, who bore a disproportionate burden of unpaid care work in Africa, should be a priority. Measures in that regard would include promoting education and economic opportunities, and challenging traditional gender norms that perpetuated unequal caregiving responsibilities. The power of community-based care systems, which had long been central to African societies, must be leveraged by investing in community-based health workers, traditional healers and other informal caregivers. Access to care services should be improved, particularly in rural and underserved areas. Capacity-building for care workers should also be a priority, in particular through training and skills development.
107. Social dialogue should be encouraged to negotiate collective bargaining agreements and set standards to improve working conditions and social protection for care workers. Investment in care infrastructure was crucial, in particular in childcare facilities and eldercare services, which would create employment opportunities and alleviate the burden of unpaid care work, while also promoting gender equality in the labour market. The intersectionality between care work and marginalization should be addressed in policymaking, to ensure that the needs and rights of all care workers, particularly those from marginalized communities, were fully recognized and supported. She called on the ILO to assist constituents in data collection and research to inform policies to strengthen the care economy in Africa. Cross-border collaboration and sharing of experiences could be leveraged to build a more inclusive and sustainable care economy for all.
108. The Government member of Belgium, speaking on behalf of the EU and its Member States, said that North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova, Bosnia and Herzegovina, Georgia and Norway aligned themselves with her statement. A global, human rights-based approach to the care economy was needed. A universally agreed understanding of the concept of the care economy would ensure recognition of its value for social and economic development, well-being and social justice. The rights and needs of givers and receivers of care and support, particularly those in situations of vulnerability, should be

guaranteed to tackle inequalities. Internationally established statistical standards would help fill data gaps. Evidence-based policies should be rooted in relevant, high-quality data on paid and unpaid care work, disaggregated by sex, age and disability.

- 109.** Investment in the care economy had positive impacts, including productivity growth, improved well-being, formalization and professionalization of care workers, better working conditions, enhanced skills and higher rates of participation of women in the labour market. Promoting the 5R Framework would contribute to sustainable development, alleviating poverty and realizing social and economic rights for caregivers. While the relational nature of care work meant that digital technologies were unlikely to replace human labour, their potential to facilitate and complement service delivery should be harnessed. Despite numerous international labour standards on various aspects of equality and women's rights, women continued to face unequal opportunities compared to men, including in respect of labour market participation and pay. Equal sharing of responsibilities, both in the workplace and in caregiving, was essential to achieving gender equality.
- 110.** The full realization of fundamental principles and rights at work in the care sector was essential to ensure decent work. The ILO should promote gender equality through a transformative agenda to redistribute care work. Social dialogue, freedom of association and collective bargaining were the cornerstones of decent work in the care economy. Engagement between social partners and care economy entities was needed to facilitate the transition from the informal to the formal economy and ensure adequate social protection coverage for care workers. Lastly, knowledge sharing and strategic partnerships should be fostered between the ILO and other United Nations entities, including through the Global Coalition for Social Justice.
- 111.** The Government member of Brazil, speaking on behalf of the group of Latin American and Caribbean Countries (GRULAC), noted the important progress that the region had made on reaching a common understanding on care and its importance for sustainable living and for the development of society and the economy. The recently approved Buenos Aires Commitment recognized the human right to care, be cared for and exercise self-care, based on the principles of equality, universality and co-responsibility. Care work, both paid and unpaid, was recognized as fundamental, and as having the potential to revive economies.
- 112.** Progress had also been made in the region in measuring care and unpaid work, and in adopting methodologies that served as regional standards. By filling gaps in statistics and boosting the visibility of figures on care, awareness would be raised of both the contribution of care work to the economy, and its impact on inequality. Those statistics could be used as the basis for evidence-informed public policies that contributed to equality and social justice.
- 113.** Despite the progress made, challenges persisted, such as discrimination in the social organization of care, the burden of which was carried disproportionately by women. Structural change, beginning with cultural change and education, would be needed to eliminate discrimination from the care economy. Care was not a commodity; it was a right and a public good, with social and economic value, which benefited the whole of society. New ways of creating quality jobs in the care economy, including new forms of employment such as teleworking, should be explored. Ways to improve social security coverage, expand labour rights and address inequalities in the provision of care could also be explored, which would contribute to the economic inclusion of women and the advancement of more egalitarian societies. Decent work in the care economy should be strengthened, so that it was no longer precarious, feminized or racialized. Occupational safety and health measures should be strengthened for paid and unpaid care workers alike.

- 114.** The Government member of Barbados said that the ILO Global Coalition for Social Justice was essential to achieve decent work in the care economy. Organizations that impacted the development of the care economy must remain cognizant of the particular context and vulnerabilities of small island developing States. Policy coherence was crucial. Given the key role of migration in the care economy, governments and regional groups should develop migration protocols and policies that took account of the particularities of workers who migrated for the purpose of participating in the care economy. Training and development opportunities should be provided for workers in the care economy, especially those in informal work arrangements, and efforts should be made to raise public awareness of the value of care work. Investment in care infrastructure should not be the responsibility of governments alone; businesses and civil society organizations could also contribute. Informal care workers must be included in social security schemes since social protection was a key pillar of decent work.
- 115.** The Government member of India said that to meet India's 2030 national health and education policy targets, an additional 22.74 million workers would be needed. The care economy had a crucial role in India's economic development and gender equality efforts. Investment in paid and unpaid care would be essential to meet increasing demand. Measures were needed to address the challenge of unpaid care work faced disproportionately by women and enhance women's workforce participation. In India, legislation had been enacted to increase the duration of paid maternity leave and provide childcare facilities in certain categories of workplace, and dedicated healthcare facilities were being established for older persons. An ageing population meant increasing demand for care, which, unlike other services, was likely to remain labour-intensive. Skills development initiatives were therefore under way to align the skills of India's care workers with international standards. The Government was engaging with other States bilaterally to facilitate the movement of skilled care workers and ensure decent working conditions for migrant workers.
- 116.** The Government member of the United Kingdom said that the ILO should integrate Member States' best practices for improving quality of and access to care into its work on universal social protection. Data gaps must be bridged; gathering data from individual households was essential to understand the intergenerational nature of unpaid care and domestic work. A gender equity and disability-inclusive focus in social protection policies and programmes would reduce discriminatory barriers to coverage. Regarding access to quality jobs, gender inequalities must be reduced using a transformative approach, particularly through the provision of additional care support. Policies that rewarded paid care work by fostering decent job creation and guaranteeing equal pay for work of equal value should be promoted to redistribute unpaid care in line with the ILO 5R Framework. Care and support systems must acknowledge the needs and rights of all who required and all who provided care and support; many people were both users and providers of those systems.
- 117.** The Government member of Australia welcomed the ILO gap analysis on paternity and parental protection, which was crucial to ensure adequate support for all parents, regardless of gender. Her Government supported the 5R Framework's objectives and policy recommendations, but suggested referring to "human rights-based care and support systems" rather than a "right to universal access to care", in line with the language used by other United Nations forums. Governments played a critical role in creating a sustainable, equitable care system that ensured decent work. Investment was required in workforce development to recruit, retain and upskill care workers. Policies must promote gender equality, address the gender pay gap and fairly distribute unpaid care work. Decent work must extend to workers in vulnerable situations, such as First Nations people and migrants, and climate change impacts on the care economy must be given due consideration. Social partners must ensure that care

workers' voices were heard, advocating for fair wages and working conditions. Beyond tripartite structures, individuals, families, the media and education institutions should also be involved in efforts to foster positive change.

118. The Government member of Switzerland stated that investment in improving the working conditions of care workers was crucial; social dialogue was a key tool for negotiating such improvements. The ILO played a vital role in promoting consistency between policies on employment, social protection, worker protection and the environment, to support the care economy. International cooperation was crucial for sharing best practices in that regard. The ILO also played a role in managing the complex dynamics between migration and the care economy. Migrant workers must enjoy the same protections and opportunities as local workers. Measures must therefore be taken to tackle exploitation, human trafficking and discrimination, while promoting the social and professional integration of migrants in the care economy. Policy monitoring and evaluation were crucial. In Switzerland, the results of a national survey on the care workforce were due to be published, providing an up-to-date view of the situation.
119. The Government member of Türkiye emphasized that care was vital for economic growth, social justice and individual well-being. Measures must be taken to address forced labour, child labour and discrimination, which were prevalent in the care economy, with women disproportionately affected. Access to care services and care leave policies would help workers balance family responsibilities and improve labour market attachment. The ILO should continue leading initiatives on the care economy, in particular the development of international statistical standards to guide data collection and bridging data gaps for evidence-based policymaking. The 5R Framework would provide a foundation for progressive care policies. The Office should also provide tailored policy advice, support implementation and build strong partnerships. Gaps in international labour standards on paternity and parental protection should be bridged, and social dialogue in the care economy should be promoted to ensure that care workers' voices were heard. Focus should be placed on improving employment conditions, developing skills and accreditation programmes, and transitioning to formal, professional care work.
120. The Government member of Mexico said that the human right to care had three dimensions: the right to provide care, to be cared for and to exercise self-care. The enjoyment of that right required ensuring decent work, reconciling professional and personal life, and promoting social dialogue and the right to collective bargaining. Local and national care systems should be universal, sustainable and progressive. Multicultural and multisectoral approaches would ensure inclusivity. Budgetary allocations, with a gender perspective, should be increased to enhance the sustainability of the care economy. The care economy should be financed by a combination of State funding, private investment and international development cooperation. Cooperative care provision, led by women, should be promoted, fostering a social and solidarity economy. Agreements should be concluded between migrant sending and receiving countries to protect the rights of temporary migrant workers. Ratification of the ILO's ten fundamental Conventions was also imperative. Lastly, the ILO should develop a new international standard on paid and unpaid care work that recognized care as a job, as a public good and as a human right.
121. The Government member of Brazil said that care, while currently highly feminized, should be the responsibility of society as a whole. This common responsibility must be fully understood if women workers were to be valued. In that regard, measures should be taken to ensure equal pay for work of equal value and effective rights for women care workers. To uphold those rights, it was necessary to tackle informality, especially for domestic workers. The social

organization of care work should be redressed through the adoption of public policies that guaranteed social and gender co-responsibility, making men equally responsible for care. To that end, the ILO should set international standards for paternity and parental leave. It should also encourage the professionalization and training of women care workers. To achieve decent work in the care economy, the work of women, especially those in situations of vulnerability, must be valued.

122. The Government member of the United States said that the ILO should continue developing a statistical definition of care work and a collective understanding of the care economy. The collection and compilation of harmonized data was crucial for evidence-based policymaking and peer learning. The ILO should enhance its research on employment trends and decent work in the care economy, including workers' unionization and collective bargaining. It should also assist its constituents in estimating care needs and gaps, reviewing innovative financing mechanisms, and conducting policy impact analyses. Strong national and global partnerships were essential for advancing care policy packages aligned with the 5R Framework on decent care work. The ILO's Global Coalition for Social Justice could serve as a platform for further strengthening partnerships with other multinational stakeholders. The ILO should also address gaps in international labour standards related to paternity and parental protection and promote social dialogue in the care economy through Decent Work Country Programmes.
123. The Government member of Canada emphasized the importance of prioritizing a gender transformative approach to the care economy, in line with the Centenary Declaration. Inclusive care economy measures should take account of the particular needs of vulnerable groups, including migrant workers. A statistical standard to identify care economy jobs could support analysis of paid care working conditions. The ILO's leadership in promoting integrated policy approaches, based on the 5R Framework, positioned it to guide and build capacity for its constituents, advancing gender equality and non-discrimination. Recognizing the high rates of violence and harassment faced by care workers, Member States should ratify and implement ILO Convention No. 190 on violence and harassment. Efforts to promote gender equality through multilateral initiatives, such as the Global Alliance for Care and the Equal Pay International Coalition, were welcome. The ILO should integrate efforts to transform the care economy throughout all its work, and ensure coordination with other international organizations.
124. The Government member of China stated that many women reduced their working hours or left jobs altogether after childbirth, impacting their income and career prospects. Studies had shown that the "motherhood penalty" had increased over time. Maternity leave, while protecting careers, could also exacerbate employment discrimination. The ILO should encourage men to share childcare responsibilities, fulfil their roles as fathers and reduce workplace gender discrimination linked to motherhood. Reliance on women's unpaid care work would thus decrease, thereby promoting gender equality, and enhancing women's well-being.
125. The Government member of Namibia said that, from the perspective of a developing country with limited fiscal capacity, her Government urged the ILO to deepen its research on care gaps, decent work deficits and gender inequality in developing nations, with a view to strengthening capacities to meet the needs of the poor and underserved. The ILO should assist Member States in conducting situational analyses to identify care needs and develop strategies for expanding care and promoting decent work. The Office could help by sharing the experiences and best practices of Member States in mainstreaming decent care work strategies across policies in various sectors. The Office could also provide information on the creation of cooperatives to support the care economy, and on ensuring decent work in that context. A

South-South platform should be established to promote care expansion and decent work among developing countries.

- 126.** The Government member of Indonesia affirmed his Government's commitment to promoting decent work and a resilient care economy, in line with the Centenary Declaration and the ILO Global Call to Action for a human-centred recovery from the COVID-19 crisis that is inclusive, sustainable and resilient, 2021 (hereafter Global Call to Action). Indonesia's national development plan focused on social transformation to enhance workforce participation of women, persons with disabilities, and vulnerable groups; economic transformation to increase female labour participation to 70 per cent by 2045; and socio-cultural resilience to protect the rights of children, women, youth, persons with disabilities, and older persons. Companies were encouraged to provide childcare, lactation rooms, healthcare and family planning services. Indonesia's Care Economy Investment Roadmap included accessible childcare, eldercare, inclusive care for vulnerable groups, improved maternity care and new laws to improve the welfare of working women and children. The Indonesian Government ensured robust support for care workers, providing decent work conditions, fair wages, social security, manageable workloads, occupational safety and union rights.
- 127.** The Government member of the Philippines highlighted his Government's efforts to support care workers through effective social dialogue and collaboration with social partners. Policies and actions were being implemented to ensure decent work for care workers, including universal social protection, health and welfare, and protection of rights with a gender-inclusive approach to promote empowerment and work-life balance. The rights of care workers to organize and bargain collectively had been strengthened. Measures were being taken to mitigate the effects and costs of climate change-induced migration and provide care for migrants and their families. Regional frameworks and bilateral agreements on ethical recruitment were being implemented. New areas for bilateral cooperation had been identified, including: digitalizing ethical recruitment processes; encouraging employers to provide financial support to migrant healthcare workers who were awaiting credentials in countries of destination; and offering grants for further learning for care workers. Sector-specific reintegration programmes for migrant care workers were being developed. The ILO should: provide technical assistance; promote the development of national care economy strategies; ensure policy coherence across ministries; facilitate multilateral coordination; and advocate for increased investment to improve care economy infrastructures and working conditions.
- 128.** The Employer Vice-Chairperson cautioned that there were diverging interpretations of the 5R Framework, and underscored the need for an additional "R" for resources. Canada had substituted "reward" with "respond", and others used alternative terms such as "reclaim" and "remunerate". Consensus on the Framework's key components was essential. Care should not be considered as a public good, but rather as a service provided by both public and private sectors, as well as families. Holding technical meetings on the care economy would not be an optimal use of the ILO's limited resources, which would be better spent on research into skills attraction and retention strategies for care workers, with a view to addressing employment issues and skills shortages.
- 129.** Freedom of association should be voluntary and free from undue pressure or interference by authorities of Member States; collective bargaining should not be mandatory. The Employers' group was against developing new standards on parental or paternity leave and advocated instead for a more flexible approach, focusing on practical implementation and technical assistance.

- 130.** The effectiveness of some existing instruments in bringing about progress was questionable. The low level of ratification of the ILO Maternity Protection Convention (No. 183) and Recommendation (No. 191), 2000, was evidence of their limited impact. The concept of intersectionality was complex and often associated with progressive political ideologies. The Committee's conclusions should take a simpler approach, promoting "gender equality and diversity", in line with terminology commonly used in the United Nations context.
- 131.** The Worker Vice-Chairperson emphasized the essential role of ILO leadership and its tripartite constituents in advancing a comprehensive care agenda, which advanced the human rights of care workers and those dependent on care, and ensured resilient, gender-responsive, integrated care systems. The ILO should convene a tripartite meeting of experts to examine how to address care economy gaps, including through recognition of care as a public good, and to provide practical information for constituents on how to design and monitor national integrated care systems according to the 5R Framework.
- 132.** The ILO should scale up promotional campaigns and technical assistance for the ratification and implementation of relevant ILO instruments. A new international labour standard was required on paternity and parental protection, which should also take account of leave entitlements for caring for elderly, disabled or critically ill family members. The ILO should conduct research into the obstacles to freedom of association and collective bargaining for all care workers.
- 133.** Enhanced technical guidance was needed to recognize and value unpaid and paid care work, ensure sustainable public financing, guarantee access to labour and social protection for all care workers, recognize community health workers as workers, and strengthen labour inspectorates. Enforcing ILO leadership would ensure policy coherence on the care economy, thereby promoting decent work, gender equality, social justice and sustainable development.

Discussion of the draft conclusions

- 134.** The Chairperson introduced the draft conclusions prepared by the drafting group and informed the Committee that 228 amendments had been received. Some aspects of the text of the draft conclusions had not been agreed upon by the group, and thus had been placed in square brackets. He proposed that, once all amendments had been discussed, the Committee would consider the text of the draft conclusions accepted, and would agree to delete any text that remained in square brackets, after which the conclusions would be submitted to the Plenary session of the Conference on Friday, 14 June.
- 135.** It was so agreed.
- 136.** The Worker Vice-Chairperson welcomed the work done by the drafting group and looked forward to a fruitful discussion.
- 137.** The Employer Vice-Chairperson thanked the Office for its work on the initial text of the draft conclusions and commended the efforts of the drafting group. Given the complexity and breadth of the care economy, the Committee would be calling on the Office for guidance during the forthcoming discussions, in particular on matters related to tripartite agreed terminology.

Title "Draft conclusions concerning decent work and the care economy"

- 138.** The title was adopted.

Part I. Context – decent work and the care economy: an urgent need for action

139. The title was adopted.

Point 1

[A.140 and A.30]

140. The Employer Vice-Chairperson and the Government member of Belgium, speaking on behalf of the EU and its Member States and on behalf of the Governments of Australia and New Zealand, introduced identical amendments to delete the words “social reproduction” from the first sentence. The term was confusing, was likely to be misinterpreted, and was not common United Nations parlance.
141. The Worker Vice-Chairperson did not support the amendments. Social reproduction referred to the concept of ensuring future generations of workers to contribute to healthy and productive societies and economies. The concept was particularly important in ageing societies with insufficient young working people to meet the increasing needs for care and support.
142. The Government member of Brazil, speaking on behalf of GRULAC, concurred. Care work, whether paid or unpaid, was essential for the functioning of societies and economies. Social reproduction referred to education, training and development throughout the life course and was essential to the reproduction of a healthy and productive workforce.
143. The Government member of Belgium, speaking on behalf of the EU and its Member States and the Governments of Australia and New Zealand, said that while she understood and agreed with the concepts explained by the Workers’ group and GRULAC, the use of the term “social reproduction” remained problematic and could be misconstrued as the perpetuation of social status between generations.
144. The Government member of Mexico proposed a subamendment to replace “social reproduction” with by “reproduction of life”. The Government member of Chile seconded the proposal.
145. The Worker Vice-Chairperson supported the subamendment as proposed by Mexico and proposed a further subamendment to add the words “and labour workforce” after “reproduction of life”.
146. The Government members of Brazil, Colombia and Chile and the Government member of Belgium, speaking on behalf of the EU and its Member States, supported the two subamendments.
147. The Government member of Türkiye requested clarification of the meaning of “labour workforce”, as proposed by the Workers’ group; standard wording would be either “labour force” or “workforce”.
148. The Employer Vice-Chairperson, following a discussion on a proposed subamendment to replace “reproduction of life and labour workforce” by the words “societal functioning”, which had not received sufficient support, proposed replacing “labour” by “future”. The amendment, as subamended, would thus read, “reproduction of life and future workforce”.
149. The Worker Vice-Chairperson supported that subamendment.
150. The Government member of Brazil, speaking on behalf of GRULAC, could not support the subamendment. The concept of social reproduction encompassed the whole of the life course, not just workers, and “future workforce” was therefore not an appropriate replacement.

- 151. The Government member of Belgium, speaking on behalf of the EU and its Members States, said that the lack of consensus pointed in favour of the original amendment, to simply delete the words “social reproduction”.
- 152. The Employer Vice-Chairperson agreed.
- 153. The Government members of Türkiye and Switzerland and the Government member of South Africa, speaking on behalf of the Africa group, expressed support for the amendments introduced by the Employer Vice-Chairperson and the Government member of Belgium on behalf of the EU Member States.
- 154. The amendments were adopted.

[A.156]

- 155. The Worker Vice-Chairperson introduced an amendment, in the final sentence of point 1, to replace “demand and supply of” with “demand for and access to”. The concept of “access” rather than “supply” would better reflect the reality that care services were not items to be exchanged. Care was a matter of human relationships, human rights and people’s ability to live a healthy, fulfilling and dignified life. The sentence related to circumstances that could exacerbate the need for or reliance on care, or which could create staffing shortages. Care was not a commodity. Reference to “supply” and “demand” of care was therefore not appropriate.
- 156. The Employer Vice-Chairperson said that if all parties were to be involved in creating an ecosystem that supported the care economy, there must be supply to meet demand. The role of employers in providing opportunities for training and development and equipping workers with the skills they needed should not be ignored. The Employers’ group therefore wished to propose a subamendment, after “demand”, to replace “for” by “and supply” and to replace “and” by “as well as” before “access to”.
- 157. The Worker Vice-Chairperson did not support the subamendment or the marketization of the care economy. The Government member of Colombia agreed.
- 158. The Government member of Barbados pointed out that supply and demand were fundamental concepts of any economic discussion, including discussion of the care economy.
- 159. The Government member of Türkiye felt that the word “supply” was at odds with a human-centred concept of care. He suggested a further subamendment to replace the word “supply” by “provision”. The proposed subamendment was seconded by the Government member of Barbados.
- 160. The Worker Vice-Chairperson suggested a further subamendment for the purposes of clarification, to read “the demand for, provision of, as well as access to”.
- 161. The Employer Vice-Chairperson said that supply and demand was a universally understood economic principle, not a marketing tool. “Demand and provision” was not universally understood. The concept of supply and demand was critical for several reasons: growing demand for care services driven by demographic changes, changing family structures and increasing care needs necessitated a robust supply of care providers; workforce availability and quality of care related to the supply of care workers; and accessibility and affordability of care were linked to supply, as were innovation and efficiency. Supply was thus a crucial concept, which must remain in the text.
- 162. The Worker Vice-Chairperson said that, in the absence of consensus, her group could agree to a compromise, reading “demand for, supply of, and access to care”.

- 163. The Employer Vice-Chairperson agreed.
- 164. The Government member of Brazil, speaking on behalf of GRULAC, could also agree.
- 165. The amendment was adopted as subamended.
- 166. Point 1 was adopted as amended.

Point 2

[A. 111]

- 167. The Government member of Kiribati, speaking also on behalf of the Government of Samoa, introduced a proposed amendment to add the words “brain drain”, after the word “pandemics” in the first sentence. Brain drain was a central theme in the care economy, posing a threat for small island developing States and rural community contexts with relatively small and fragile healthcare systems and households.
- 168. The Employer Vice-Chairperson supported the amendment.
- 169. Following a discussion on the alignment between the three language versions, the Worker Vice-Chairperson agreed to the proposed amendment.
- 170. The amendment was adopted.

[A.137]

- 171. The Employer Vice-Chairperson introduced an amendment to replace “addressing gender and other inequalities” with “achieving gender equality and inclusion”, to strengthen the language and make it more inclusive.
- 172. The Worker Vice-Chairperson did not support the amendment. A well-functioning care economy would help to address gender inequalities as well as other inequalities, including income inequalities or inequalities affecting migrant or racialized care workers, who were often over-represented in low-status and low-paid care jobs.
- 173. The Government member of Brazil, speaking on behalf of GRULAC, did not support the amendment. Many inequalities persisted in access to care and in the conditions of the provision of care work. There was significant inequality in the disproportionate number of indigenous women, women of African descent, migrant women, rural women and women from low-income households in unpaid care work and in the most precarious forms of informal work.
- 174. The Government member of Belgium, speaking on behalf of the EU Member States, proposed a subamendment to add “and addressing other inequalities” after “and inclusion”.
- 175. The Government members of Canada, Switzerland and Mexico supported the subamendment.
- 176. The Employer Vice-Chairperson and the Worker Vice-Chairperson also supported the subamendment.
- 177. The amendment was adopted as subamended.

[A.31 and A.41]

- 178. The Government member of Belgium, speaking on behalf of the EU Member States, introduced an amendment (A.31) to delete the words “employment, particularly for youth and women” and add, after “creates”, “and enables employment opportunities”. Employment opportunities

should be created for all, in an effort to move away from the current gender-based segregation in care.

- 179.** The Government member of Switzerland said that her Government, together with the Government of the United States, had submitted a similar proposed amendment (A.41), to replace “creates employment, particularly for youth and women” with “enables employment opportunities”, also in the spirit of promoting employment in the care economy for all.
- 180.** The Worker Vice-Chairperson and the Employer Vice-Chairperson supported the amendment proposed by the Government member of Belgium, speaking on behalf of the EU Member States.
- 181.** The Government member of South Africa, speaking on behalf of the Africa group, also supported the amendment proposed by the Government member of Belgium on behalf of the EU Member States.
- 182.** The Government member of Mexico could support the addition of “and enables employment opportunities”, as proposed by the EU Member States, but did not support the deletion of “particularly for youth and women”. A disproportionate number of women were in unpaid care work; creating employment opportunities for them was particularly important. The Government member of Brazil, speaking on behalf of GRULAC, agreed.
- 183.** The Worker Vice-Chairperson and the Employer Vice-Chairperson did not wish to reinstate the words “particularly for youth and women”.
- 184.** The Government member of Türkiye supported the amendment proposed by the Governments of Switzerland and the United States. Employment creation was implicit in the words “enables employment”.
- 185.** The Government member of the United States, speaking also on behalf of the Government of Switzerland, could support the amendment proposed by the EU Member States. It therefore withdrew its proposed amendment.
- 186.** The amendment submitted by the EU Member States was adopted.
- 187.** Three amendments (A.136 and A.135 and A.157) fell.

[A.114]

- 188.** In the light of the deletion of the words “particularly for youth and women”, the Government member of Kiribati, speaking also on behalf of the Government of Samoa, withdrew a proposed amendment to add “and men” to the end of the second sentence.
- 189.** Point 2 was adopted as amended.

New point after point 2

[A.26]

- 190.** The Government member of Switzerland, speaking also on behalf of the Government of the United States, proposed the introduction of a new point, after point 2, to read: “Women make up the majority of paid and unpaid care work throughout the world, particularly mothers”. It was important to reflect the fact that women did the overwhelming majority of work in the care economy.

- 191. The Worker Vice-Chairperson supported the addition of the new point but questioned the specific reference to mothers, which might not be factually accurate. She therefore proposed deleting the words “particularly mothers”.
- 192. The Employer Vice-Chairperson agreed.
- 193. The Government member of Switzerland agreed to the subamendment.
- 194. The amendment was adopted as subamended.
- 195. The new point after point 2 was adopted, as amended.

Point 3

[A.133]

- 196. The Employer Vice-Chairperson introduced an amendment to replace “, including in public policy” by “; it shed light on gaps in public policies”.
- 197. The Worker Vice-Chairperson agreed with the sentiment of the proposal but suggested, for the sake of clarity, replacing “; it” by “and”, and ending the sentence after “public policies”. The words “The pandemic” should then be added before “exacerbated” to start the second sentence.
- 198. The Government member of South Africa, speaking on behalf of the Africa group, the Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government member of Mexico supported the subamendment.
- 199. The amendment was adopted as subamended.

[A.131]

- 200. The Employer Vice-Chairperson introduced a proposed amendment to replace the word “poor” with the word “challenging” when referring to the working conditions of care workers. Qualifying working conditions as “poor” was subjective and not in line with ILO terminology.
- 201. The Worker Vice-Chairperson strongly opposed the amendment. The COVID-19 pandemic had shed light on the poor working conditions faced by many care workers worldwide. Those workers had been at increased risk of contracting the virus, as a result of which thousands had died. During the pandemic, care workers had faced increased violence, harassment and mental distress. Thousands had since left their jobs. The word “challenging” was therefore wholly inadequate. Working conditions had been poor.
- 202. The Government member of Türkiye did not support the amendment.
- 203. The Government member of Mexico agreed with the Workers’ group that the conditions of work during the pandemic had been particularly difficult. She proposed replacing the word “poor” by “precarious”.
- 204. The Government member of Brazil, speaking on behalf of GRULAC, and the Government member of Colombia supported that subamendment.
- 205. The Government member of the United Arab Emirates, speaking on behalf of the Member States of the Cooperation Council for the Arab States of the Gulf (GCC) supported the amendment as originally proposed by the Employers’ group.
- 206. The Employer Vice Chairperson proposed a further subamendment to use “difficult” instead of “challenging”.

- 207.** The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government member of China supported the subamendment proposed by the Employers' group.
- 208.** The Worker Vice-Chairperson insisted that the word "poor" should be maintained.
- 209.** The Employer Vice-Chairperson said that during the pandemic everything had been challenging and difficult. The reference to "poor working conditions" was too generic and therefore not acceptable; the challenges of the pandemic had been specific and unprecedented. Similarly, the word "precarious" was not appropriate. The words "challenging" or "difficult", however, would be acceptable.
- 210.** The Worker Vice-Chairperson said that "poor working conditions" was commonly used language in various documents adopted at the international level, especially when describing conditions of work during the pandemic. Replacing "poor" by "difficult" or "challenging" would minimize the experiences of workers during the pandemic. She recalled the long hours worked, including by those who had worked around the clock because there had been no one to relieve them, shortages of personal protective equipment, workers having been unable to return home after shifts for fear of transmitting the virus to their families, and the tens of thousands of deaths of people working in care. The words "poor working conditions" were therefore an accurate description of the dire situation at the time.
- 211.** The Government members of Switzerland, Kiribati, the Philippines, and the Government member of South Africa, speaking on behalf of the Africa Group, did not support the proposed amendment; the original wording, "poor working conditions" was commonly understood language. The Government members of the United States and the United Kingdom agreed, while noting that poor working conditions during the pandemic had not necessarily been the fault of employers.
- 212.** The Government member of Brazil, speaking on behalf of GRULAC, said that while the English "poor working conditions" was acceptable, a literal Spanish translation would be meaningless, and it would therefore be difficult to align the different language versions of the text.
- 213.** The Government members of India and Zambia and the Government member of the United Arab Emirates, speaking on behalf of the Member States of the GCC, supported the proposed amendment, since the term "poor" seemed to imply that no efforts for improvement had been made, whereas "challenging" was a clear indication that the circumstances had been the reason for the difficulties, not a lack of will.
- 214.** The Employer Vice-Chairperson, in the absence of a consensus, said that her group could accept "poor working conditions", provided that the words "care workers" could be replaced by "some care workers at the time,".
- 215.** The Worker Vice-Chairperson said that the word "some" was wholly inadequate to describe the situation in which tens, if not hundreds, of thousands of people had died. Her group categorically could not accept the subamendment.
- 216.** The Government members of Australia and Canada concurred. The Government member of Canada requested clarification from the Office on the definition of "poor working conditions".
- 217.** The deputy representative of the Secretary-General stated that the Office included the term "poor working conditions" as it was used by several Office documents in relation to COVID-19, including the ILO Monitor on COVID-19 and the world of work, and the recently published flagship report, *World Employment and Social Outlook: Trends 2024*.

- 218. Following further discussion and in the absence of consensus, the deputy representative of the Secretary-General recalled the wording of the ILO Global Call to Action, which referred to “pre-existing decent work deficits”.
- 219. The Worker Vice-Chairperson said that her group could accept that language.
- 220. The Employer Vice-Chairperson, withdrawing her group’s subamendment, proposed a further subamendment to replace “the poor working conditions” by “pre-existing decent work deficits”, in line with the Global Call to Action.
- 221. It was so agreed.
- 222. The amendment, as subamended in line with the Global Call to Action, was adopted.

[A.204]

- 223. The Government member of the United Kingdom, also speaking on behalf of Government of the United States, introduced an amendment to insert “, including gender-based violence and harassment” after “such as exposure to violence and harassment”. Gender-based violence and harassment were a particular issue of concern in the care sector.
- 224. The Worker Vice-Chairperson and the Employer Vice-Chairperson supported the amendment.
- 225. The Government member of Mexico introduced a subamendment to add a reference to ILO Convention No. 190, to read “as defined in ILO Convention No. 190”, immediately after the proposed language “, including gender-based violence and harassment”. The Government member of Philippines seconded the subamendment.
- 226. The Employer Vice-Chairperson did not support the subamendment; it would be preferable not to quote instruments in the conclusions.
- 227. The Worker Vice-Chairperson, while understanding the objective of the proposed subamendment, cautioned that many Member States had not yet ratified the Convention.
- 228. The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government member of Kiribati, did not support the subamendment.
- 229. The Government member of the United Kingdom appreciated the intention behind the proposed subamendment and pointed out that other proposed amendments had been submitted that referred to issues related to Convention No.190. The matter might therefore be revisited later in the Committee’s deliberations.
- 230. The subamendment was rejected.
- 231. The amendment was adopted.

[A.222]

- 232. The Employer Vice-Chairperson introduced a proposal to amend the end of the point by starting a new sentence after “harassment”, to read “The pandemic increased the demand for care, heightening the severe staff and skill shortages”. The amendment was intended to ensure a balanced and comprehensive point, which took account not only of policy areas, decent work deficits and staff and skills shortages exposed by the pandemic, but also of the increase in demand for care caused by the pandemic.
- 233. The Worker Vice-Chairperson did not accept the amendment, which suggested that staff shortages had only begun as a result of increased demand for care during the pandemic. Staff shortages in eldercare, for example, had predated the pandemic.

234. The Government member of Brazil, speaking on behalf of GRULAC, and the Government members of Türkiye, Switzerland and Australia did not support the amendment.

235. The amendment was withdrawn.

[A.223]

236. The Employer Vice-Chairperson introduced an amendment to add “faced by public organizations and businesses, specifically MSMEs” after the word “shortages” at the end of the point.

237. The Worker Vice-Chairperson acknowledged that organizations providing care services had faced skills and staff shortages during the pandemic. Point 3 of the draft conclusions was, however, intended to highlight the poor working conditions faced by care workers. The Workers’ group did not support the amendment.

238. The Government member of Belgium, speaking on behalf of the EU and its Member States, supported by the Government members of Australia and the United Kingdom, while acknowledging that skills and staff shortages were broad issues, would prefer not to include a list, which would be unnecessarily limiting. The Government member of Kiribati also opposed the amendment.

239. The amendment was withdrawn.

240. Point 3 was adopted as amended.

Point 4

[A.213]

241. The Government member of Brazil, speaking on behalf of GRULAC, proposed an amendment to divide point 4 into three points, for the sake of clarity.

242. The Worker Vice-Chairperson did not support the amendment. The point dealt with one theme and should remain as a single point.

243. The Employer Vice-Chairperson did not support the amendment.

244. The amendment was withdrawn.

[A.27]

245. The Government member of Switzerland, speaking also on behalf of the Governments of New Zealand and the United Kingdom, proposed an amendment to insert “often” before “requires”, and replace “a high level of skill” by “high levels of skills”.

246. The Employer Vice-Chairperson supported the amendment.

247. The Worker Vice-Chairperson did not support the amendment; all care work required skills and to suggest otherwise would be to continue to undervalue care work.

248. The Government members of Türkiye and Kiribati and the Government of Belgium, speaking on behalf of the EU and its Member States, supported the amendment.

249. The Government member of Switzerland clarified that the insertion of “often” did not exclude any level of skill.

250. The Worker Vice-Chairperson underscored that all care work was important and required various skills. There should be no distinction between high- or low-level skills. Provided due note was taken of that clarification, the Workers' group could accept the amendment.

251. The amendment was adopted.

[A.224]

252. The Government member of Türkiye introduced an amendment to replace the word "expert" by "specialized" before "knowledge", to refer to more in-depth, detailed knowledge.

253. The Employer Vice-Chairperson seconded the amendment.

254. The Worker Vice-Chairperson considered the amendment unnecessary but could accept it in a spirit of consensus, provided there was broad support for it among the rest of the Committee.

255. The Government member of Switzerland supported the amendment.

256. The amendment was adopted.

[A.227]

257. The Government member of Türkiye introduced a proposed amendment to insert the word "fully" before "recognized", to read, "skills are not always fully recognized".

258. The Employer Vice-Chairperson seconded the amendment.

259. The Worker Vice-Chairperson supported the amendment.

260. The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of Brazil, speaking on behalf of GRULAC, and the Government members of the Philippines, Switzerland, Mexico and Kiribati also supported the amendment.

261. The amendment was adopted.

[A.225]

262. The Government member of Brazil, speaking on behalf of GRULAC, introduced an amendment to recast the fourth sentence from, "Migrant workers, many of whom are women, often are not able to exercise fully the same rights as other workers", to "Migrant workers, especially women, face additional obstacles to the enjoyment of the same rights as other workers".

263. The Worker Vice Chairperson did not support the amendment; the original language was stronger. The Employer Vice Chairperson concurred.

264. The amendment was withdrawn.

[A.22]

265. The Government member of Kiribati, speaking also on behalf of the Government of Samoa, introduced an amendment to delete the words "many of whom are women" after "migrant workers", since there were many male care providers.

266. The Worker Vice Chairperson did not support the amendment. The ILO had produced extensive reports acknowledging the overwhelmingly disproportionate number of female migrant care workers and migrant domestic workers.

267. The Employer Vice Chairperson did not support the amendment.

268. The amendment was withdrawn.

[A.128]

- 269.** The Employer Vice Chairperson introduced an amendment to remove the word “strong” before “ethnic, racial and gender-based occupational segregation”. The text was already comprehensive.
- 270.** The Worker Vice Chairperson did not support the amendment; in the nursing sector, for example, women faced strong segregation.
- 271.** The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of Brazil, speaking on behalf of GRULAC, and the Government member of Canada also preferred to maintain the word “strong”, as it was factually accurate.
- 272.** The amendment was withdrawn.

[A.228, A.127 and A.126]

- 273.** The Government member of Türkiye proposed an amendment to delete the words “ethnic, racial and” before “gender-based occupational segregation” and to delete the words “especially the racialized and poor” after “Women,”. The proposal was intended to simplify and clarify the point and maintain the focus on gender-related challenges.
- 274.** The Employer Vice Chairperson seconded the amendment.
- 275.** The Worker Vice Chairperson did not support the amendment. Care workers were often subject to intersectional discrimination based on more than one ground, with race and socio-economic background being predominant factors. In the context of the International Decade on People of African Descent, it would be opportune to reflect on the historical realities underpinning current inequalities. Indigenous workers and workers of African descent were disproportionately represented in care provision and most likely to be engaged in low-wage care work. They often faced racism, racial violence and abuse while working. Segregation in unpaid care was also significant. References to ethnic and racial segregation, and to racialized and poor women should therefore remain in the text.
- 276.** The Government member of Belgium, speaking on behalf of the EU and its Member States, said that while many groups faced specific difficulties, she would prefer not to create a list of grounds for discrimination. With that in mind, the EU and its Member States had also submitted a proposed amendment (A.32), which would be discussed subsequently, to replace the words “racialized and poor” with “those in vulnerable positions”.
- 277.** The Government member of Brazil, speaking on behalf of GRULAC, said that GRULAC comprised 33 countries in Latin America, with a total of approximately 134 million people of African descent. One in four people living in Latin America was either of African descent or indigenous. Many were migrant workers, were mobile within and outside the region, and experienced strong gender-based segregation. There was a disproportionate number of women, including women of African descent, in the Latin American care sector. Domestic workers in particular experienced severe deficits in decent work. Women of African descent, migrants, indigenous people and people living in poverty experienced multiple and exacerbated forms of discrimination. Those inequalities must be clearly referenced in the text of the conclusions.
- 278.** The Government member of Türkiye withdrew the proposed amendment in favour of the amendment due to be proposed by the EU Member States.
- 279.** In the light of the foregoing and given a distinct lack of support, the Employer Vice-Chairperson withdrew two amendments: the first, to delete “ethnic, racial and” before “gender-based

occupational segregation”; and the second, to delete “especially the racialized and the poor” after “Women”. The Government member of Brazil, speaking on behalf of GRULAC similarly withdrew an amendment (A.226) to delete the words “especially the racialized and poor” after “Women”, in favour of the subsequent amendment proposed by the EU Member States.

[A.32]

- 280.** The Government member of Belgium, speaking on the behalf of the EU Member States, proposed an amendment (A.32) to replace “the racialized and poor” with “those in vulnerable situations”.
- 281.** Both the Worker Vice-Chairperson and the Employer Vice-Chairperson supported the amendment.
- 282.** The amendment was adopted.
- 283.** Point 4 was adopted as amended.

New point after point 4

[A.149]

- 284.** The Government member of China introduced a proposal, seconded by the Government of Brazil, to introduce a new point, after point 4, to read, “The fast pace of society ageing brings more care burden, which intensified the conflict between the care services supply and demand, and at the same time high quality services are more needed than ever before.”. An ageing population was increasing the demand for eldercare worldwide, heightening the need for good quality paid care services and increasing the burden of unpaid care. Efforts to meet the increased demand both for formal and informal care must be strengthened. The conclusions should place greater emphasis on the pressure that an ageing population put on the qualitative and quantitative demand for care services.
- 285.** The Government member of Japan supported the proposal.
- 286.** The Government member of Brazil, supported by the Government members of Mexico and Chile, proposed a subamendment to replace the word “conflict” by “gap”.
- 287.** The Government member of Tunisia, supported by the Government member of Türkiye and the Government member of the United Arab Emirates, speaking on behalf of the Member States of the GCC, proposed a further subamendment to replace “conflict” by “imbalance”.
- 288.** The Government member of Türkiye proposed a subamendment to delete the word “before” from the end of the point. The Government member of the United Arab Emirates, speaking on behalf of the Member States of the GCC, supported that proposal.
- 289.** The Government member of Zimbabwe said that Africa did not have an ageing population but in fact had a youth dividend; the words “in some parts of the world” should therefore be inserted after “ageing”, since the phenomenon was not global. The Government member of South Africa, speaking on behalf of the Africa group, and the Government member of Kiribati supported that subamendment.
- 290.** The Government member of Mexico opposed the subamendment proposed by the Government of Zimbabwe.
- 291.** The Government member of Indonesia pointed out that while the fast pace of society ageing brought challenges, it also afforded opportunities. He therefore proposed replacing the words

“burden” by “challenges and opportunities”. The Government member of Kiribati seconded that proposal.

292. The Employer Vice-Chairperson could agree to the proposal by China as subamended by Indonesia, Zimbabwe, Tunisia and Türkiye.
293. The Worker Vice-Chairperson did not support the addition of the new point. Reference to the demographic shift had been agreed in point 1; the addition of a point on population ageing constituted unnecessary repetition. The Workers’ group remained uncomfortable with references to “supply and demand” in relation to care work.
294. The Government member of China recalled the importance of recognizing the impact of the global ageing of the population and increasing life expectancy, which were in turn increasing the number of people needing care. Ageing was an important factor in the care economy.
295. The Government member of Mexico proposed deleting the words “which intensifies the conflict between the care services supply and demand,”.
296. The Worker Vice-Chairperson said that if there was support for the inclusion of a new paragraph on the ageing population, her group would propose the following: “The pace of population ageing intensifies the need for and access to care, and at the same time demonstrates that high-quality care services are more needed than ever before.”.
297. The Government member of Switzerland supported that proposal.
298. The Employer Vice-Chairperson did not support the proposal by the Workers’ group.
299. The Government member of Belgium, speaking on behalf of the EU and its Member States could support the Workers’ proposal but wished to subamend it, for the purposes of clarity, by adding “fast” before “pace”, replacing “intensifies” by “impacts”, and deleting “before”.
300. The Government members of Tunisia and Mexico did not support the Workers’ proposal, preferring the wording of the original amendment proposed by the Government of China.
301. The Government member of China proposed a compromise, which had been prepared in conjunction with the Governments of Brazil and Japan, to read, “The fast pace of population ageing, in some parts of the world, increases the burden of unpaid and paid care work and intensifies the gap between demand for and provision of care. This demonstrates that high-quality care services are more needed than ever before.”.
302. The Government member of Mexico, and the Government member of Belgium speaking on behalf of the EU and its Member States, welcomed the efforts to seek consensus and supported the proposed new point, as revised by the Governments of China, Brazil and Japan.
303. The Worker Vice-Chairperson expressed appreciation for the effort to reach a compromise. The Workers’ group could support the revised point.
304. The Government member of Switzerland cautioned that the word “services” implied something that would be provided by qualified professionals and would be paid for. The term “services” therefore seemed incompatible with “paid and unpaid”.
305. The Employer Vice-Chairperson agreed that the proposal was contradictory. Paid work should not be referred to as a “burden”. The spirit of the new point as originally proposed by the Government of China, which had focused on ensuring a balance between supply and demand for care work, had been lost. Her group could only support the original proposal by the Government of China, as subamended by Indonesia, Tunisia, Türkiye and Zimbabwe.

- 306.** The Government member of Mexico, supported by the Government member of Brazil, speaking on behalf of GRULAC, said that high-quality services were required to ease the burden of unpaid care work currently shouldered by women.
- 307.** The Government member of the United Kingdom proposed a subamendment as follows: “The growth of population ageing in some parts of the world can increase the care burden and highlight the need for high-quality, age-sensitive care systems.”. The Government member of Australia seconded that subamendment.
- 308.** The Government members of Japan, Switzerland and the United States, and the Government member of Belgium, speaking on behalf of the EU and its Member States, supported that proposal.
- 309.** The Employer Vice-Chairperson asked how “age-sensitive care systems” could be defined.
- 310.** The Government member of Switzerland said that “age-sensitive” could be defined as responding effectively to age-specific needs at all stages of the life course. It did not imply exclusively eldercare.
- 311.** The Government member of China, while welcoming the efforts to reach a consensus, could not support the proposal by the Government of the United Kingdom.
- 312.** Following informal consultations, the Employer Vice-Chairperson proposed reverting to the original amendment as proposed by the Government of China.
- 313.** The Worker Vice-Chairperson did not support the amendment as proposed by the Government of China and proposed subamendments to introduce, after the word “ageing” the words “in some parts of the world”, and to replace “conflict between the care services supply and demand” with “gaps in care services”.
- 314.** The Employer Vice-Chairperson said that her group could accept the subamendments as presented by the Worker Vice-Chairperson, except the deletion of “supply and demand”.
- 315.** The Government member of South Africa, speaking on behalf of the Africa group, the Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of Colombia, Australia and the United Kingdom supported the subamendments as proposed by the Workers’ group.
- 316.** The Government member of New Zealand also supported the subamendments as proposed by the Workers’ group and pointed out that reference to supply and demand related to demographic shifts was included in point 1 of the draft conclusions.
- 317.** The Government member of Brazil echoed the comments made by the Employer Vice-Chairperson: she could accept the subamendments proposed by the Workers’ group except the deletion of “supply and demand”. She proposed a further subamendment to replace “conflict” by “gaps in” and reinstate “supply and demand” after “care services”.
- 318.** The Employer Vice-Chairperson seconded that subamendment.
- 319.** The Government members of China, India, Japan and Mexico also supported the subamendment proposed by the Government member of Brazil.
- 320.** The Worker Vice-Chairperson proposed a further subamendment, “gaps in the demand for, supply of and access to care”.
- 321.** The Employer Vice-Chairperson agreed to that proposal.

- 322.** The Government member of Belgium, speaking on behalf of the EU and its Members States, the Government member of South Africa, speaking on behalf of the Africa group, and the Government members of Australia, Brazil, Chile, China, Colombia, New Zealand, Mexico, and the United States supported the subamendment by the Workers' group.
- 323.** The amendment was adopted as subamended.
- 324.** The new point after point 4 was adopted as amended.

Point 5

[A.125]

- 325.** In the absence of support from the Workers' and Government groups, the Employer Vice-Chairperson withdrew a proposed amendment to replace "leadership" by "leading".

[A.124]

- 326.** The Employer Vice-Chairperson introduced amendment to add, after the first sentence, a new sentence to read "Adequate resources are critical to advance the 5R Framework for Decent Care Work." The amendment was intended to reflect the crucial nature of resources, without placing the burden entirely on the public sector.
- 327.** The Worker Vice-Chairperson did not support the amendment; while her group agreed that resources were needed for a robust and well-functioning care economy, they were not required for the 5R Framework, which pertained to public policy. Reference to resources would be more appropriately placed in part IV – the operational part – of the draft conclusions.
- 328.** The Government member of Belgium, speaking on behalf of the EU and its Member States, supported the amendment.
- 329.** The Employer Vice-Chairperson said that her group would prefer to move the reference to point 19, under part III, Guiding principles, to link the resources to the 5R Framework for Decent Care Work. On the understanding that the words "Financial resources and incentives to invest in the care infrastructure and workforce are essential" could be added to point 19, then the proposed amendment to point 5 could be withdrawn.
- 330.** The Worker Vice-Chairperson proposed a subamendment to add the words "Adequate resources are critical" in point 19.
- 331.** The Employer Vice-Chairperson accepted that subamendment.
- 332.** The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of Brazil, speaking on behalf of GRULAC, the Government member of South Africa, speaking on behalf of the Africa group, and the Government members of Australia, Canada, Mexico and New Zealand agreed to the proposed way forward.
- 333.** The amendment was withdrawn, on the understanding that the agreed wording would be included in point 19.

[A.158]

- 334.** The Worker Vice-Chairperson introduced an amendment to replace "Employers have increasingly" by "Social dialogue, including collective bargaining, has led to the introduction of". The amendment was intended to highlight the crucial role of the social partners in achieving the better working conditions necessary for States to uphold their obligations under international labour standards. The introduction of family-friendly workplace policies should

not be attributed exclusively to employers. All stakeholders had contributed to the progress made.

- 335.** The Employer Vice-Chairperson objected to the removal of reference to the efforts made by employers with respect to building skills and creating jobs. Those efforts were crucial to creating a proper ecosystem for the care economy. Employers could not be excluded from the equation of the care economy. Social dialogue was at the heart of the work of the ILO, not collective bargaining.
- 336.** The Worker Vice-Chairperson said that social dialogue, by definition, included the employers. Similarly, collective bargaining could not be done by workers alone. The amendment had been proposed in a spirit of inclusivity.
- 337.** The Government member of Cameroon, supported by the Government member of Switzerland, agreed that the concept of social dialogue by its very nature included three parties: the government, employers and workers. His Government supported the amendment.
- 338.** The Government member of the United States proposed a subamendment, recognizing the efforts of employers and the results of social dialogue, to read, “Employers and social dialogue, including collective bargaining, have led to the introduction of”.
- 339.** The Government members of Mexico and Chile supported the subamendment proposed by the Government of the United States.
- 340.** The Government member of Zimbabwe said that “and” should be replaced by “as well as” before “social dialogue” for grammatical accuracy.
- 341.** The Government member of Belgium speaking on behalf of the EU and its Member States, also supported the proposal by the Government of the United States and suggested replacing “Employers and” by “Employers, through”.
- 342.** The Employer Vice-Chairperson proposed the insertion of “and workplace cooperation” after “collective bargaining”.
- 343.** The Worker Vice-Chairperson did not accept the insertion of “and workplace cooperation”. She suggested a further subamendment, to read, “Employers and workers, through social dialogue, as well as employer-led initiatives, have led to the introduction of”.
- 344.** The Employer Vice-Chairperson agreed to that proposal.
- 345.** The amendment, as subamended, was adopted.

[A.123]

- 346.** In the absence of support from the Workers’ and Government groups, the Employer Vice-Chairperson withdrew a proposed amendment to insert the word “flexible” before “working arrangements”.

[A.205]

- 347.** The Government member of Brazil, speaking on behalf of GRULAC, introduced a proposed amendment to add, at the end of point 5, a new sentence to read, “These efforts represent progress towards transforming the unequal distribution of work between men and women into a fair organization of care, which promotes co-responsibility between governments, the private sector, families and the community.”

- 348.** The Employer Vice-Chairperson could support the amendment with two subamendments: the first, to delete the word “fair” before “organization” and the second, to replace “co-responsibility” by “cooperation”. Co-responsibility was not a term used commonly in ILO documents, and cooperation between tripartite constituents was a well-recognized concept.
- 349.** The Worker Vice-Chairperson did not support the amendment; while the content might be acceptable, its inclusion in point 5 would be misplaced.
- 350.** The Government member of the United States agreed with the Workers’ group that the sentence would be better placed elsewhere in the conclusions.
- 351.** The Government member of Belgium, speaking on behalf of the EU and its Member States, agreed that the proposal would be better placed elsewhere. She proposed adding a reference to the social and solidarity economy at the end of the sentence.
- 352.** The Government member of Mexico supported that proposal.
- 353.** The Government member of Brazil, speaking on behalf of GRULAC, with a view to allaying the concerns of the Employers’ group, suggested replacing “fair” by “more equal”. She could not accept the replacement of “co-responsibility” by “cooperation” but instead suggested “shared responsibility”.
- 354.** The Employer Vice-Chairperson could not accept “shared responsibility”. The private sector complemented the State and cooperated with it, but did not share responsibility equally. The word “partnership” might be amenable to all parties.
- 355.** The Government member of Brazil, speaking on behalf of GRULAC, introduced a subamendment to revise the proposed new sentence at the end of point 5 to read, “These efforts represent progress towards transforming the unequal distribution of work between men and women into a fair organization of care promoting social co-responsibility between the State, the private sector, families, the social and solidarity economy and the community.”
- 356.** The Worker Vice-Chairperson did not support the subamendment or the amendment. Part I of the draft conclusions referred to the context and realities of the current care economy and to the 5R Framework for Decent Care Work. The statement proposed by GRULAC would be better placed elsewhere in the conclusions.
- 357.** The Employer Vice-Chairperson supported the subamendment and proposed a further subamendment to replace “fair” with “more equal”. The concept of fairness was subjective.
- 358.** The Government member of Kiribati agreed with the Workers’ group and felt that the proposal from GRULAC would be better placed in the part of the conclusions on transformation.
- 359.** The Government member of the United Arab Emirates, speaking on behalf of the Member States of the GCC, suggested a further subamendment to insert “care” before “work”, to read “unequal distribution of care work between men and women”.
- 360.** The Employer Vice-Chairperson seconded the subamendment, which was also supported by the Government members of New Zealand and the United States.
- 361.** The Government member of Brazil supported the subamendments proposed. She proposed a further subamendment to the English language version, to replace “distribution” by “division”.
- 362.** The Worker Vice-Chairperson said that despite considering that the sentence would be better placed elsewhere in the draft conclusions, her group would not stand in the way of consensus. It could agree to the amendment, as subamended.
- 363.** The Employer Vice-Chairperson supported the amendment, as subamended.

- 364. The Government members of the United Kingdom, Australia, the United States, Canada, New Zealand and Colombia supported the amendment as subamended.
- 365. The amendment was adopted as subamended.
- 366. Point 5 was adopted as amended.

Point 6

[A.1]

- 367. The Government member of Türkiye introduced an amendment to insert the words “public awareness” before “, legislation” to underscore the importance of an informed public and of fostering societal support for legislative and policy changes.
- 368. The Employer Vice-Chairperson seconded the proposed amendment. The involvement of the public sector was particularly important; it was a key player in the care economy.
- 369. The Worker Vice-Chairperson said that her group would not object to the amendment, although she questioned the need for the reference to public awareness, which was already mentioned in point 26(e) of the draft conclusions.
- 370. The Government member of Belgium speaking on behalf of the EU and its Member States, the Government member of South Africa speaking on behalf of the Africa group, the Government member of the United Arab Emirates speaking on behalf of the member States of the Gulf Cooperation Council, and the Government member of Kiribati supported the amendment.
- 371. The Government member of Kiribati pointed out that public awareness raising would incur costs. She hoped that the ILO would consider that in its support to Member States.
- 372. The amendment was adopted.

[A.23]

- 373. The Government member of Kiribati, speaking also on behalf of the Government of Samoa, proposed an amendment to replace “to care” by “for all” at the end of the paragraph.
- 374. The Worker Vice-Chairperson cautioned that the amendment would alter the focus of the point to access to decent work, rather than access to care.
- 375. The Employer Vice-Chairperson said that while her group could accept the addition of “for all” it wished to retain the reference to care. She therefore proposed a subamendment, to read “access to care for all”.
- 376. The Government member of Brazil, speaking on behalf of GRULAC, the Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of Malaysia, Australia and Dominican Republic supported the amendment as subamended.
- 377. The amendment was adopted as subamended.
- 378. Point 6 was adopted as amended.
- 379. Part I, as a whole, was adopted as amended.

Part II. A common understanding of the care economy

- 380. The title was adopted.

Point 7

[A.12]

- 381.** The Government member of Türkiye introduced a proposed amendment to delete the words “the household” in its first instance, to avoid unnecessary repetition.
- 382.** The Employer Vice-Chairperson seconded the proposed amendment.
- 383.** The Worker Vice-Chairperson supported the amendment.
- 384.** The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of Brazil, speaking on behalf of GRULAC, the Government member of South Africa, speaking on behalf of the Africa group, and the Government member of the United States, supported the amendment.
- 385.** The amendment was adopted.

[A.165]

- 386.** The Government member of Brazil, speaking on behalf of GRULAC, proposed an amendment to insert the words “and emotional effort” after “relations” in the second sentence of point 7. The amendment was proposed with the intention of acknowledging the mental and emotional burden on care providers.
- 387.** The Worker Vice-Chairperson supported the amendment.
- 388.** The Employer Vice-Chairperson did not support the amendment. The term “emotional effort” was too broad and detracted from the focus of point 7.
- 389.** In the absence of any further expressions of support, the amendment was withdrawn.

[A.168]

- 390.** The Government member of Brazil, speaking on behalf of GRULAC, introduced a proposed amendment to insert the words “mental health” between “cognitive,” and “and developmental”. Mental health needs were different to psychological and cognitive needs. Mental health needs had become particularly prominent during and since the COVID-19 pandemic. Mental health issues had a significant impact on people the world over and merited mention in the conclusions.
- 391.** The Worker Vice-Chairperson supported the amendment.
- 392.** The Employer Vice-Chairperson did not support the amendment; mental health was covered broadly by “psychological” and “cognitive” needs. The addition of a specific reference to mental health risked narrowing the understanding of those terms. The list in point 7 was already comprehensive.
- 393.** The Government members of the United States and the United Kingdom also felt that mental health was already covered by “psychological” needs.
- 394.** The Government members of the Dominican Republic, Chile and Benin supported the proposed amendment. The inclusion of a specific reference to mental health needs was important. The Government member of Chile added that the mental health needs of those who provided care or worked in emotionally stressful jobs, such as frontline emergency services, should also not be forgotten.

- 395. The Government member of Brazil speaking on behalf of GRULAC underscored the importance of referring specifically to mental health. “Psychological needs” and “cognitive needs”, while related to mental health, were not broad enough terms to encompass all aspects of mental health. The scope of mental health encompassed care provision for prevention, clinical treatment and day-to-day care, but also reflected emotional support needs. Those aspects were not covered by “psychological” or “cognitive” needs. The WHO estimated that 12 billion days of productive work were lost per year owing to mental health issues, in particular depression and anxiety.
- 396. The Government member of the United States thanked the Government member of Brazil for the explanation, in light of which his Government would support the amendment.
- 397. The Government member of Belgium, speaking on behalf of the EU and its Member States, also supported the amendment.
- 398. The Employer Vice-Chairperson asked the Office to clarify whether any ILO instruments relating to occupational safety and health included reference to “mental health”.
- 399. The Government member of Kiribati said that the term “mental health” was commonly used in ILO documents. She supported the amendment.
- 400. The deputy representative of the Secretary-General said that the ILO recognized both the concepts of “mental health” and “psychological needs” and used both terms.
- 401. The Government member of South Africa, speaking on behalf of the Africa group, the Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of Canada, Kiribati and the United States reiterated their support for the amendment.
- 402. The Worker Vice-Chairperson and the Employer Vice-Chairperson agreed to the amendment.
- 403. The amendment was adopted.

[A.121]

- 404. The Employer Vice-Chairperson introduced a proposed amendment to delete “/and” before “support” in the last sentence, to read, “care or support”, and to delete the words “care, and when necessary, support” in square brackets. The ILO Workers with Family Responsibilities Convention, 1981 (No. 156), referred to “care or support”. Moreover, in placing the item on the agenda of the 112th Session of the International Labour Conference, the Governing Body of the ILO had mandated a discussion to review “developments concerning care work, across the ILO’s strategic objectives, as a critical area for advancing the transformative agenda for gender equality and promoting an ecosystem of care for all” (GB.343/INS/2(Rev.1). Moreover, care “and” support was restrictive, as it implied that both must be provided at all times, whereas “or” gave the flexibility of choice.
- 405. The Worker Vice-Chairperson did not support the amendment. Her group had submitted an amendment (A.159) proposing the counterargument that care “or” support was restrictive, as it implied that a choice needed to be made. The words “care and support” reflected the broad range of jobs that could be required at all levels of care across the life course. That language was reflected in the United Nations Convention on the Rights of Persons with Disabilities, resolutions of the United Nations Human Rights Council and a recently adopted resolution of the General Assembly of the United Nations establishing the International Day of Care and Support.

- 406.** The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government member of Brazil, speaking on behalf of GRULAC, said that their groups had both submitted identical amendments (A.171 and A.29) to that submitted by the Workers' group, in favour of the wording "care and support". They could not support the Employers' amendment.
- 407.** The Government members of Austria, Canada, Chile and the United States, and the Government member of South Africa, speaking on behalf of the Africa group, also expressed a preference for "care and support" and thus did not support the Employers' amendment.
- 408.** In the light of guidance provided by the Office on recent developments in common ILO language usage, and following informal consultations, the Employer Vice-Chairperson, in the spirit of compromise, agreed to withdraw her group's amendment and accept "care and support".
- 409.** The amendment was withdrawn.

[A.159, A.171 and A.29]

- 410.** In the light of the foregoing, the Chairperson said he took it that the Committee wished to adopt the amendment submitted by the Workers' group as well as two identical amendments submitted by the Government members of the EU Member States and the Government members of GRULAC, to refer to "care and support".
- 411.** It was so agreed.
- 412.** The amendments were adopted.

[A.170]

- 413.** The Government member of Brazil, speaking on behalf of GRULAC, presented a proposed amendment to add the word "adolescents" to the list of life-course categories, since adolescents had distinct care needs from children.
- 414.** The Worker Vice-Chairperson said that "youth", already in the list, was a comprehensive term that encompassed "adolescents" but that her group could agree to the amendment.
- 415.** The Employer Vice-Chairperson, having received confirmation requested from the Office on the recognition of the category "adolescents" in the work of the International Conference of Labour Statisticians, said that her group could support the amendment.
- 416.** The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of South Africa speaking on behalf of the Africa group, and the Government members of Zimbabwe, the United States and Türkiye supported the amendment.
- 417.** The amendment was adopted.

[A.167]

- 418.** The Government member of Brazil, speaking on behalf of GRULAC, proposed an amendment to add the words "and all caregivers" at the end of the final sentence, to be inclusive of all those who provided care, whether paid or unpaid, as professional care workers or providing care on an unpaid basis in their families or communities.

- 419. The Employer Vice-Chairperson said that the amendment was unnecessary, given that the whole paragraph referred to “care work, both paid and unpaid”, as stipulated in the first sentence. Including caregivers in the list of life-course categories seemed incongruous.
- 420. The Worker Vice-Chairperson said that her group could support the amendment.
- 421. The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of Vanuatu and Kiribati supported the amendment.
- 422. The amendment was adopted.
- 423. Point 7 was adopted as amended.

Point 8

[A.216]

- 424. As it was not seconded, an amendment submitted by the Government of Türkiye, fell.

[A.2]

- 425. The Government member of Mali proposed an amendment that affected the French version only.
- 426. The proposal was seconded by the Government member of Senegal.
- 427. The amendment to the French version was adopted.

[A.33]

- 428. The Government member of Belgium, speaking on behalf of the EU Member States, introduced an amendment to remove the term “work” after “social” in the fourth sentence of point 8. Reference to the broader concept of “health and social sectors” would be preferable to “health and social work sectors”.
- 429. The Employer Vice-Chairperson supported the amendment.
- 430. The Worker Vice-Chairperson requested guidance from the Office, since the term “social work sectors” was used in the Office report, including in a quote from the European Agency for Safety and Health at Work.
- 431. The deputy representative of the Secretary-General clarified that the Office had used the term “social work” in the context of statistics, in line with the United Nations International Standard Industrial Classification of all Economic Activities, which referred to “social work sectors”.
- 432. The Government member of Brazil said that in Brazil, “social work” was a crucial aspect of social policy, encompassing non-contributory social protection. She did not support the amendment. In the Latin American context, social work included care services, such as childcare, long-term care, and care for persons with disabilities.
- 433. The Government member of Belgium, speaking on behalf of the EU and its Member States, cautioned that some categories of care workers, such as long-term care providers and nursing assistants, might not be covered by the term “social work”, which, when defined in the European context, referred to a specific profession in the social sector. The broader social sector should be referenced in point 8; a reference to “social work” would limit the scope.
- 434. The Worker Vice-Chairperson said that, similarly, in her country, social work was a specific profession. She could therefore support the amendment.

435. The amendment was adopted.

[A.132]

436. The Government member of the United Kingdom, speaking also on behalf of the Governments of Australia, Canada and the United States, introduced an amendment to insert the word “internationally” before “agreed statistical definition of care work”.

437. The Worker Vice-Chairperson and the Employer Vice-Chairperson both supported the amendment.

438. The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of South Africa, speaking on behalf of Africa group, and the Government member of Türkiye supported the amendment.

439. The amendment was adopted.

[A.219]

440. In the absence of a second, an amendment proposed by the Government of Türkiye fell.

441. Point 8 was adopted as amended.

Point 9

442. Point 9 was adopted.

New point after point 9

[A.35]

443. The Government member of Netherlands, speaking on behalf of the EU Member States, introduced a proposed amendment to insert a new point after point 9 to read “Unpaid care work, often provided by the family and social network of care recipients, was of great value for care recipients, care providers and society. Care providers from within the recipient’s social network know the recipients well and are often in the best position to understand their needs. This care, which should be more equally shared between men and women, complements and supplements, but cannot replace paid care work”. In the light of informal consultations, however, he wished to propose a subamendment to delete the second sentence of the new point, which had proven problematic for some parties.

444. The Employer Vice-Chairperson said that, while the Employers’ group had preferred the original amendment, it could support the proposal as subamended.

445. The Worker Vice-Chairperson welcomed the proposal to subamend; the second sentence had been a cause of concern for her group. She wished to hear the views of the governments before stating a position on the proposal.

446. The Government member of Kiribati expressed disappointment that States, such as Kiribati, which relied heavily on unpaid care work had not been approached for their input. In the Pacific Island States, unpaid care work was a highly valued aspect of national priorities and cultural norms. His Government was particularly opposed to last sentence of the proposed new point, which was not in line with the policies and practices of small island developing States, or indigenous or remote communities, which relied on unpaid care work.

447. The Government members of Mexico, the United Kingdom, Brazil and New Zealand supported the amendment, as subamended.

448. The Worker Vice-Chairperson, in a spirit of consensus, accepted the amendment, as subamended.

449. The new point after point 9 was adopted as amended.

Point 10

[A.7]

450. As it was not seconded, an amendment proposed by the Government of Türkiye fell.

[A.120 and A.162]

451. The Employer Vice-Chairperson introduced a proposed amendment to replace the word “many” by “some” before the word “countries” in the second sentence, to avoid generalization.

452. The Worker Vice-Chairperson did not support the amendment. The word “many”, reflected more accurately the disproportionate amount of care work done by women, who were often further marginalized by their race, ethnicity and migration status.

453. The Government member of Brazil, speaking on behalf of GRULAC, said that it would be preferable not to make a quantitative judgement as it was unclear how “many” and “some”, were defined; different countries included different ethnic and social variables in their data collection. In Latin America and the Caribbean, one in four people were of African or indigenous descent. If required to choose between “some” and “many” countries, “many” would be preferable.

454. The Government member of Mexico concurred. She did not support the amendment.

455. The Government member of Belgium, speaking on behalf of the EU and its Member States, stated that the burden of paid and unpaid female care work could depend on many factors. She wished to know whether the Office had data on the matter.

456. The deputy representative of the Secretary-General stated that the ILO had microdata from 119 countries disaggregated by sex, education, country of birth and citizenship but not by race or ethnicity.

457. The Government member of the United States proposed a subamendment to delete the words “In [some/many] countries,” from the beginning of the sentence, to begin, “The burden of paid and unpaid care work”.

458. The Employer Vice-Chairperson seconded the subamendment.

459. The Worker Vice-Chairperson supported the subamendment.

460. The Government member of South Africa speaking on behalf of the Africa group, the Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of Brazil, speaking on behalf of GRULAC, and the Government member of Mexico supported the subamendment.

461. The amendment was adopted as subamended.

462. A subsequent amendment (A.162) fell.

463. Point 10 was adopted as amended.

Point 11

[A.163]

- 464.** The Worker Vice-Chairperson proposed an amendment to insert, after “financing mechanisms”, the words “policy and regulatory frameworks underpinning care systems”. A reference to regulation should be made in the definition of the care economy in point 11, and would be in line with point 26(a), which referred to integrated and coherent care policies and systems.
- 465.** The Government members of Mexico, Brazil, Chile, Colombia, the United States, Canada and the Philippines, and the Government member of Belgium, speaking on behalf of the EU and its Member States, supported the amendment.
- 466.** The Government member of Zimbabwe supported the amendment in principle but, since “policies” were already included as the first item on the list of aspects comprising the care economy, there was no need to include it a second time.
- 467.** The Employer Vice-Chairperson agreed that it would be preferable to avoid the repetitive use of the word “policy” and therefore proposed a subamendment to insert the words “regulatory frameworks,” after “policies,”. The words “underpinning care systems” were redundant and should not be added.
- 468.** The Worker Vice-Chairperson did not support the subamendment. It was not sufficient to only mention regulatory frameworks. Comprehensive policy frameworks ensured that care was mainstreamed in all relevant policy areas and included all care workers, including those in the informal economy, ensuring policy coordination and coherence among all relevant ministries and public authorities and taking account of the demographic, socio-economic and environmental aspects that were increasing the demand for care. They also ensured comprehensive coverage and access to protections and paid care leave entitlements for all workers with family or caring responsibilities, regardless of employment status. Regulatory frameworks provided clear career pathways, training, skills development and lifelong opportunities accessible to all care workers, including migrant workers, promoting the professionalization and formalization of care work, and ensuring decent work.
- 469.** The Employer Vice-Chairperson stated that an enabling environment was also important for businesses, particularly MSMEs. While her group could agree to linking “policies and regulatory frameworks”, it could not accept the addition of “underpinning care systems”.
- 470.** The Worker Vice-Chairperson could not agree to the deletion of the reference to care systems.
- 471.** The Government member of Brazil, speaking on behalf of GRULAC, shared the concern of the Workers’ group and did not support the subamendment.
- 472.** The Government member of Belgium, speaking on behalf of the EU and its Member States, said that the words “The care economy comprises” at the beginning of the point covered the concept of care systems. It was therefore not necessary to mention care systems a second time. She supported the subamendment.
- 473.** The Government members of the United Kingdom, China and the United States supported the subamendment.
- 474.** The Worker Vice-Chairperson said that, in a spirit of compromise, her group would accept the subamendment.
- 475.** The amendment was adopted as subamended.

[A.119]

- 476. The Employer Vice-Chairperson withdrew an amendment to delete the words “and support” after “receipt of care”.
- 477. Point 11 was adopted as amended.
- 478. Part II as a whole, as amended, was adopted.

Part III. Guiding principles

- 479. The title was adopted.

Point 12

- 480. Point 12 was adopted.

Point 13

[A.118]

- 481. The Employer Vice-Chairperson proposed an amendment, which she wished to subamend, to replace “Care work is not a commodity” by “Labour in the care economy is not a commodity”, in line with the language used in the ILO Declaration of Philadelphia, 1944.
- 482. The Worker Vice-Chairperson did not support the subamendment. Labour was not a commodity in any sector. She proposed a further subamendment, to read, “Just as labour is not a commodity, labour in the care economy is not a commodity.”
- 483. The deputy representative of the Secretary-General stated that the proposed subamendment by the Workers’ group would strengthen the alignment with the language of the ILO Declaration of Philadelphia, 1944.
- 484. The Government members of the United States, Australia and the United Kingdom, the Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government member of Brazil, speaking on behalf of GRULAC, supported the subamendment proposed by the Workers’ group.
- 485. The Government member of China preferred the subamendment presented by the Employers’ group.
- 486. The Employer Vice-Chairperson said that given the broad support from the governments, her group could accept the subamendment proposed by the Workers’ group.
- 487. The amendment was adopted as subamended.

[A.6]

- 488. The Government member of Australia, speaking also on behalf of the Governments of Canada, New Zealand and Switzerland, introduced a proposed amendment to replace “It is a right of all people to provide and receive care, including self-care” by “The care and support system must be firmly grounded on a human rights-based approach that unequivocally upholds and protects the human rights of both caregivers and recipients”. There was no internationally recognized right to care. The amendment was intended to acknowledge the importance of human rights, rather than stating that care was a right per se. A subsequent amendment due to be proposed by the EU Member States, which sought to revise the second sentence of point

13 to read, “All people should be able to provide and receive care, including self-care”, was welcome and should be included, before the new sentence.

- 489.** The Employer Vice-Chairperson considered that a focus on human rights should mention a principles-based approach. Her group could therefore not support the proposed new sentence contained in the amendment submitted by the Government of Australia. It could, however, support the amendment proposed by the EU Member States for the revision of the second sentence. The Worker Vice-Chairperson said that the amendment, as proposed by the Government of Australia, reflected the worker group’s views.
- 490.** The Government member of Belgium, speaking on behalf of the EU and its Member States, supported the amendment proposed by the Government of Australia, and welcomed the suggestion to also include the wording, due to be proposed through a subsequent amendment (A.37) submitted by the EU Member States, to read, “All people should be able to provide and receive care, including self-care”. She said she could also accept the Employers’ group suggestion to include reference to a principles-based approach.
- 491.** The Government member of Brazil, speaking also on behalf of ten States from Latin America, supported the revision of the second sentence as per the amendment submitted by the EU Member States, to read “All people should be able to provide and receive care, including self-care.”.
- 492.** In light of the broad support for the revision of the second sentence as proposed by the EU Member States, the Chairperson said he took it that the Committee wished to approve the amendment of that sentence.
- 493.** It was so agreed.
- 494.** Turning to the proposed amendment introduced by the Government member of Australia, the Government member of the United Kingdom expressed support but wished to propose a subamendment to delete “human” before “rights-based approach”. The subamendment was seconded by Government member of South Africa and supported by the Government members of the United States and Mali.
- 495.** The Employer Vice-Chairperson supported the subamendment presented by the Government of the United Kingdom and proposed a further subamendment to read “rights- and principle-based approach”. The only international human rights instrument that explicitly covered the provision of care, under very specific circumstances, was the Convention on the Rights of Persons with Disabilities. Comprehensive care was not recognized as a human right. A rights-based approach would relate to normative action and legally binding instruments, whereas a principle-based approach would relate to promoting values and principles, sharing best practices, peer learning, developing a sense of community, promoting respect, building cooperation and partnerships and applying soft law. Redressing the disproportionate volume of unpaid care work done by women would require changes in mindset and behaviour, which would require an adaptable and flexible approach aligned with the local context. A principle-based approach was therefore as important as a rights-based approach.
- 496.** The Worker Vice-Chairperson said that her group would prefer to keep the words “human rights-based approach”. Adding reference to a principles-based approach would weaken the text; voluntary principles were not equivalent to rights. A human rights-based approach would be rooted in the application of international human rights standards, including international labour standards. The addition of reference to a principle-based approach would be incongruous with the subsequent wording, “unequivocally upholds and protects the human rights of both caregivers and recipients.”. She recalled the opening remarks of the

representative of the Office of the United Nations High Commissioner for Human Rights, who had highlighted that care and support systems must be redesigned from a human-rights perspective to advance the rights of all care workers and all recipients of care and support.

497. The Government member of Belgium, speaking on behalf of the EU and its Member States, expressed strong support for the inclusion of the words “human rights-based”. She could also accept the addition of “principle-based”.
498. The Government members of Canada and Kiribati, and the Government member of Brazil, speaking also on behalf of ten States from Latin America, did not support the subamendment proposed by the Government of the United Kingdom.
499. In light of the foregoing and having received further clarification from the Government member of Australia that the “human rights-based approach” referred to the application of existing international human rights instruments, the Government member of the United Kingdom withdrew the subamendment to delete the word “human”.
500. Following informal consultations, the Government member of Australia proposed a subamendment, by which references to the contested “human rights-based” and “principles-based” approaches would be deleted. The sentence would thus read, “The care and support system must unequivocally uphold and protect the human rights of both caregivers and recipients”.
501. The Worker Vice-Chairperson supported the subamendment.
502. The Employer Vice-Chairperson proposed a further subamendment to delete the word “unequivocally” and to replace “care and support system” by “State”, in line with the United Nations Guiding Principles on Business and Human Rights, which referred to “States’ existing obligations to respect, protect and fulfil human rights”.
503. The Worker Vice-Chairperson wished to replace “The State” by “Members”. States were not solely responsible for upholding human rights: trade unions and employers were also required to uphold human rights.
504. The Government member of Belgium, speaking on behalf of the EU and its Member States, supported the subamendment proposed by the Workers’ group.
505. The Government member of Kiribati pointed out that in certain circumstances, workers found themselves outside States’ jurisdiction and relied wholly on trade unions to uphold their rights. Such had been the case for many seafarers abandoned at sea during the COVID-19 pandemic. He therefore supported the subamendment proposed by the Workers’ group.
506. The Government member of Cameroon proposed a subamendment to replace “human” before rights by “labour”. The subamendment was seconded by the Government member of China.
507. The Employer Vice-Chairperson supported the subamendment proposed by the Government of Cameroon, which complemented the Workers’ group proposal to begin the sentence with the word “Members”.
508. The Worker Vice-Chairperson could not agree to the removal of the reference to human rights. The recipients of care could be infants. Referring to labour rights in that context would not be appropriate.
509. A representative of the Secretariat said that it was clear that all work done by organizations of the United Nations Development System, including the ILO, must be grounded in human rights. While that did not mandate the ILO to work on all human rights, the Organization had a mandate to work on labour rights, which were human rights. As the first organization to

become a specialized agency of the United Nations in 1946, it was entirely appropriate for conclusions adopted in the context of the ILO to refer to human rights.

510. In the absence of any consensus on the amendment and at the conclusion of the Committee's work, the Chairperson said he took it that the Committee agreed that the amendment and three subsequent amendments to point 13, which had not been introduced, would fall. The agreed text of point 13 would thus read, "Just as labour is not a commodity, labour in the care economy is not a commodity. All people should be able to provide and receive care, including self-care."

511. It was so agreed.

512. Point 13 was adopted as amended.

Point 14

[A.9]

513. As it was not seconded, an amendment proposed by the Government of Türkiye fell.

514. Point 14 was adopted.

Points 15 and 16

515. Points 15 and 16 were adopted.

Point 17

[A.172]

516. The Government member of Brazil, speaking on behalf of GRULAC, introduced an amendment to insert the word "intersectionality" after "equity" to reflect the risks faced by certain groups of being discriminated against on multiple intersecting grounds.

517. The Worker Vice-Chairperson supported the amendment.

518. The Employer Vice-Chairperson did not support the inclusion of "intersectionality".

519. The Government member of Zimbabwe requested further clarification of the term "intersectionality".

520. The Government member of Brazil drew attention to the ILO Discrimination (Employment and Occupation) Convention, 1958 (No. 111), a fundamental Convention, which listed seven grounds of discrimination that could intersect, and ILO Convention No. 190, which referred to "multiple and intersecting forms of discrimination" in its Preamble. Intersecting discrimination had a significant impact on the lives of vulnerable groups.

521. The Government member of Belgium, speaking on behalf of the EU and its Member States, considered that intersectionality was not a principle to which to aspire, and therefore was not in line with the other items listed in point 17. The list already included "non-discrimination", which included discrimination on any or multiple grounds of discrimination operating simultaneously, such as in the case of intersectional discrimination. However, they thought that non-discrimination covered intersectionality, as intersectionality was a characteristic of discrimination, and they also thought it would be unwise to add intersectionality to the list of elements that society hoped for or was based on. They did not support the amendment.

522. The Employer Vice-Chairperson concurred.

- 523.** The Government members of Mali and Saudi Arabia, and the Government member of Qatar, speaking on behalf of the Member States of the GCC, did not support the amendment.
- 524.** The Government member of the United States, while agreeing that a reference to intersectionality might be appropriate elsewhere in the conclusions, did not support the amendment.
- 525.** Given the broad lack of support for the proposal, the Government member of Brazil, speaking on behalf of GRULAC, withdrew the amendment.

[A.115]

- 526.** The Employer Vice-Chairperson introduced an amendment, which she wished to subamend to delete the words “and gender” before “co-responsibility” from the end of the point. Employers, workers and governments shared responsibility for providing good care for all. The addition of a reference to “social co-responsibility” would reflect that.
- 527.** The Worker Vice-Chairperson wished to defer to the Government group before pronouncing an opinion on the amendment.
- 528.** The Government member of Kiribati emphasized the importance of the social responsibility of the private sector.
- 529.** The Government member of South Africa, speaking on behalf of the Africa group, and the Government member of Mexico supported the amendment.
- 530.** The Worker Vice-Chairperson said that her group could support the amendment.
- 531.** The amendment was adopted.
- 532.** Point 17 was adopted as amended.

Point 18

[A.174]

- 533.** The Government member of Brazil, speaking on behalf of GRULAC, introduced an amendment to insert the words “from a gender and rights perspective”, after “Investing in the care economy”. Gender and rights must be taken into account as a prerequisite for promoting quality care, decent work, health and well-being.
- 534.** The Worker Vice-Chairperson supported the amendment.
- 535.** The Employer Vice-Chairperson did not support the amendment.
- 536.** The Government member of Belgium, speaking on behalf of the EU and its Member States, said that while the EU supported the spirit of the amendment, it did not support the proposed location of the new wording, which risked limiting the scope of the paragraph. The EU Member States had submitted an amendment on the same point (A.38), which included gender equality in the list of aspects enhanced by investment in the care economy.
- 537.** The Government member of Saudi Arabia, speaking on behalf of the Member States of the GCC, did not support the amendment.
- 538.** The Government member of Mexico stressed that investing in the economy without a gender perspective could have negative consequences for women. By including a gender perspective in investment, the impacts of pre-existing gender inequality would be taken into consideration.

The ILO had published research showing that omitting the gender perspective from the investment phase could lead to increased inequality.

- 539. The Government member of Brazil added that the amendment proposed by the EU Member States listed gender equality as a result of investment, whereas the amendment proposed by GRULAC emphasized the need for a gender perspective in the overall approach to investment in the care economy; those two aspects were in fact complementary.
- 540. The Government member of South Africa, speaking on behalf of the Africa group, did not support the amendment.
- 541. The Government member of Kiribati supported the amendment.
- 542. The Government member of Belgium, speaking on behalf of the EU Member States, proposed a subamendment to the text, to replace “from” by “with” before “a gender perspective”.
- 543. The Worker Vice-Chairperson supported the subamendment.
- 544. The Employer Vice-Chairperson did not support the amendment; the matter had already been addressed and covered in point 15 and there was no need to repeat it.
- 545. The Government members of the United States and the United Kingdom, and the Government member of Brazil, speaking on behalf of GRULAC, supported the subamendment.
- 546. The Employer Vice-Chairperson said that her group would not support the amendment as it would prefer to amend the point in line with the subsequent amendment due to be presented by the EU Member States, which included aspects on gender equality, improved well-being and productivity growth.
- 547. The Government member of Qatar, speaking on behalf of the Member States of the GCC, agreed with the Employers’ group.
- 548. The Government member of Mexico, speaking on behalf of GRULAC, said that despite the Employers’ lack of support, there appeared to be a majority in favour of the amendment. Mainstreaming the gender perspective into investment in the care economy affected all aspects of investment not only investment by private institutions.
- 549. Following informal consultations, the Government members of Kiribati and the United States and the Government member of Belgium, speaking on behalf of the EU and its Member States, expressed support for the amendment. The Employer Vice-Chairperson reiterated that her group could not support the amendment. The Worker Vice-Chairperson said that her group did not have strong feelings and would be willing to support the majority.
- 550. In the absence of consensus, the Government member of Brazil, speaking on behalf of GRULAC, withdrew the amendment.

[A.38]

- 551. The Government member of Belgium, speaking on behalf of the EU Member States, proposed an amendment (A.38) to insert “job creation and can lead to human capital increases, productivity growth, improved well-being and gender equality, as well as decent work and stronger female participation in the labour market” after “decent”. The Office report, *Decent work and the care economy* (ILC.112/Report VI) had underscored the significant return on investment in the care economy, not only with regard to the workforce and economy, but also for society in general. She suggested including a reference to gender equality, as per the previous amendment discussed (A.174), and also including the word “education”, as per the

subsequent amendment, due to be presented by the Government members of GRULAC (A.175).

552. The Employer Vice-Chairperson expressed her group's full support for the proposed amendment.
553. The Worker Vice-Chairperson introduced a subamendment, to replace the words "human capital increases" with "enhanced human capabilities", in line with the terminology used in the ILO's report *World Employment and Social Outlook*. The Workers' group could also support the inclusion of the word "education" in the list of aspects improved by investment in the care economy.
554. The Employer Vice-Chairperson supported the subamendment.
555. The Government member of Belgium, speaking on behalf of the EU and its Member States, supported the subamendment proposed by the Workers' group and suggested that education might be considered to be included in "enhanced human capabilities".
556. The Government member of Brazil, speaking on behalf of GRULAC, supported the amendment as subamended by the Workers' group. An explicit reference to education would be preferable.
557. The Government member of Belgium, speaking on behalf of the EU Member States, proposed a subamendment to insert the word "education" after "productivity growth".
558. The Employer Vice-Chairperson proposed a further subamendment to add "quality" before "education".
559. The Government member of Mexico asked why the word "health", which had been in the original Office text, had been deleted in the amendment proposed by the EU Member States.
560. The Government member of Belgium, speaking on behalf of the EU Member States, explained the rationale that health was included in the term "well-being". The EU would not, however, object to the addition of an explicit reference to health.
561. The Worker Vice-Chairperson supported the subamendments to insert "quality education" after "productivity growth".
562. The Employer Vice-Chairperson proposed a subamendment to insert "health and" before "well-being". She proposed a further subamendment to delete the word "decent" before "job creation", as decent work had already been mentioned, and the terminology "decent job creation" was questionable.
563. The Worker Vice-Chairperson did not support the proposal to delete "decent"; the ultimate aim was to ensure that all work, including new jobs, was decent.
564. The Government member of Belgium, speaking on behalf of the EU Member States, underscored the importance of explicitly referring to decent job creation: the creation of new decent jobs was a separate issue to ensuring that existing work was decent.
565. The Employer Vice-Chairperson drew attention to the Centenary Declaration, which referred to "job creation" rather than "decent job creation". The word "decent" should be deleted.
566. The Worker Vice-Chairperson referred to point 14 of the draft conclusions, which underscored the importance of decent work for all care workers. All new jobs created in care work should be decent.
567. The Government members of Australia, the United States, the United Kingdom, the Government member of Belgium, speaking on behalf of the EU and its Member States, and the

Government member of Brazil, speaking on behalf of GRULAC, did not support the proposal to delete “decent” before “job creation”.

- 568.** The Employer Vice-Chairperson withdrew the subamendment to delete the word “decent”.
- 569.** The Chairperson said he took it that the Committee wished to accept the remaining subamendments, to replace “human capital increases” with “enhanced human capabilities”, to insert “quality education” before “productivity growth”, and to insert “health and” before “well-being”.
- 570.** It was so agreed.
- 571.** The amendment was adopted as subamended.
- 572.** A related amendment (A.175) fell.
- 573.** Point 18 was adopted as amended.

Point 19

[A.113]

- 574.** The Employer Vice-Chairperson proposed an amendment to replace “rewarded with fair and adequate wages” with “adequately remunerated”.
- 575.** The Worker Vice-Chairperson fully supported the ILO 5R Framework for Decent Care Work, as presented in proposed point 19, as a guide to integrated and coherent strategies to achieve decent work in the care economy. The wording used in the 5R Framework should not be changed. The Workers’ group therefore could not accept the proposed amendment.
- 576.** The Employer Vice-Chairperson proposed a subamendment to read, “should be rewarded through adequate remuneration”.
- 577.** The Worker Vice-Chairperson did not support the subamendment.
- 578.** The Employer Vice-Chairperson pointed out that agreement had not been reached on the 5R Framework. Replacing “fair and adequate wages” by “remuneration” was more appropriate in the context of being “rewarded”.
- 579.** The Worker Vice-Chairperson requested guidance from the Office.
- 580.** The deputy representative of the Secretary-General explained that the 5R Framework was to recognize, reduce and redistribute unpaid care work, and to reward and represent paid care workers. The term “rewarded with fair and adequate wages” was often used; however, “rewarded through adequate remuneration” could be accepted. The word “remuneration” was defined in the Equal Remuneration Convention, 1951 (No. 100), as “the ordinary, basic or minimum wage or salary and any additional emoluments whatsoever payable directly or indirectly”.
- 581.** In the light of that explanation, the Worker Vice-Chairperson said that she could accept the subamendment.
- 582.** The Government members of Mexico, South Africa, the United States, Canada, and the Government member of Belgium, speaking on behalf of the EU and its Member States, supported the subamendment.
- 583.** The amendment was adopted as subamended.

[A.4]

- 584. The Government member of Japan, speaking also on behalf of the Government of Türkiye, introduced a proposed amendment to replace “including” by “in accordance with the principle of” before “equal pay for work of equal value”, in line with the wording of Convention No. 100.
- 585. The Worker Vice-Chairperson requested guidance from the Office.
- 586. The representative of the Secretary-General confirmed that the wording of the amendment was consistent with Article 2(1) of Convention No.100.
- 587. The Employer Vice-Chairperson supported the amendment.
- 588. The Government members of New Zealand and Mexico also supported the amendment.
- 589. The Government member of Belgium, speaking on behalf of the EU Member States, proposed a subamendment, to insert the word “including” before “in accordance with”, as there were multiple principles to be taken into account.
- 590. The Government members of the United States and Australia supported the amendment, as subamended.
- 591. The Government member of Japan also supported the subamendment.
- 592. The Worker Vice-Chairperson welcomed the confirmation provided by the representative of the Secretary-General. Her group could accept the amendment but did not agree to the subamendment to insert “including” before “in accordance with”.
- 593. The Employer Vice-Chairperson said that her group could be flexible and accept either the amendment or the amendment as subamended.
- 594. The Government member of Belgium, speaking on behalf of the EU Member States, reiterated that the subamendment was intended to ensure that all relevant principles were included.
- 595. The Government members of Mexico and the United Kingdom supported the subamendment.
- 596. The Worker Vice-Chairperson said that in a spirit of compromise, her group would accept the proposed subamendment.
- 597. The amendment was adopted as subamended.

[A.112]

- 598. The Employer Vice-Chairperson proposed an amendment to insert “of care employers and workers” after “Representation” in the penultimate sentence, to include all parties in the principle of representation.
- 599. The Worker Vice-Chairperson could not accept the amendment. The 5R Framework referred specifically to the representation of care workers.
- 600. The Employer Vice-Chairperson asked the Office to clarify whether the 5R Framework referred exclusively to workers and did not include employers.
- 601. The deputy representative of the Secretary-General stated that the 5R Framework, in its aspect on representation, referred primarily to representation of care workers. However, given that it included social dialogue and collective bargaining, employers were not excluded.
- 602. The Employer Vice-Chairperson noted the importance of including all constituents in the discussion on the 5R Framework. Care employers, as well as workers, should be included in the aspect on representation, thereby specifying the constituents involved in social dialogue.

- 603.** The Government member of Brazil supported the amendment by the Employers' group. Social dialogue including collective bargaining should include organized workers and employers. Both sides should be represented.
- 604.** The Government member of Mexico supported the amendment and the intervention made by the Government member of Brazil.
- 605.** The Government member of Chile said that her Government supported the amendment. She cautioned, however, that the subsequent amendment, also due to be introduced by the Employers' group, sought to delete the reference to collective bargaining.
- 606.** The Worker Vice-Chairperson agreed that employers needed to be represented but underscored that the 5R Framework referred to the need to rectify the fact that many care workers were not represented. She therefore proposed a subamendment to delete "of care employers and workers" after "Representation", and instead insert "with workers' and employers' organizations," after "social dialogue".
- 607.** The Government member of New Zealand pointed out that collective bargaining usually took place between workers' representatives and employers, rather than employers' organizations.
- 608.** The Government members of Mexico, Brazil, Canada and Zimbabwe supported the text as subamended.
- 609.** The Government member of Canada added that the 5R Framework was embedded in Canada's international assistance policy.
- 610.** In the absence of any consensus on the amendment and at the conclusion of the Committee's work, the Chairperson said he took it that the Committee agreed that the amendment and three subsequent amendments to point 19, which had not been introduced, would fall. The remaining text in square brackets (the last two sentences of the point) would therefore be deleted. The text of point 19 would thus read, "The 5R Framework for Decent Care Work guides integrated and coherent strategies to achieve decent work in the care economy. Unpaid care work should be recognized, reduced and redistributed. Paid care work should be rewarded through adequate remuneration, including in accordance with the principle of equal pay for work of equal value, and effective labour and social protection."
- 611.** It was so agreed.
- 612.** Point 19 was adopted as amended.

Point 20

Chapeau

[A.108]

- 613.** The Employer Vice-Chairperson introduced an amendment (A.108) to delete "and funded" after "well designed". Care leave policies were a matter of national legislation; some were unpaid. Calling for the funding of all care leave policies would place undue burden on the public sector.
- 614.** The Worker Vice-Chairperson pointed out that in point 17 of the draft conclusions, the Committee had agreed to the universality of access to and provision of care, which would require well-funded care leave policies and services. She could therefore not support the amendment.
- 615.** The Government members of New Zealand and China supported the amendment.

- 616.** The Government member of the United States, supported by the Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government member of Canada, requested clarification of the rationale behind the proposed deletion of “funding”, which seemed inconsistent with the Employers’ group’s emphasis on the need for adequate resources in previous parts of the discussion.
- 617.** The Employer Vice-Chairperson said that not all of the items enumerated in the clauses following the chapeau of point 20 required funding. If an employee needed to take emergency leave for personal care-related reasons, there were options for unpaid leave, which was not funded by the Government. Some countries did not have options for paid care leave.
- 618.** The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of Brazil, speaking on behalf of GRULAC, and the Government members of Canada, the United States, Mexico and the United Kingdom did not support the amendment.
- 619.** At the initiative of the Government member of the United Kingdom, the Employer Vice-Chairperson proposed a subamendment to retain “and funded”, and add “,where appropriate” after “services”.
- 620.** The Worker Vice-Chairperson could not support either the subamendment or the amendment.
- 621.** The Government member of China supported the subamendment since care leave policies varied according to national contexts.
- 622.** The Government members of Argentina, New Zealand, Mali, Saudi Arabia and Mexico, and the Government member of Qatar, speaking on behalf of the Member States of the GCC, supported the subamendment.
- 623.** The Government member of Belgium, speaking on behalf of the EU and its Member States, reiterated her lack of support for the subamendment; unpaid care leave did not foster gender equality. To the extent possible, care leave should be funded.
- 624.** The Worker Vice-Chairperson concurred. The point, which was included in the guiding principles of the conclusions, aimed to enumerate the effects of well-designed and well-funded care leave policies.
- 625.** The Committee did not have time to reach a consensus on the amendment at its last sitting. The following text was considered for adoption: “Achieving decent work includes the adoption and effective implementation of well-designed care leave policies and services. This enables:”.
- 626.** It was so agreed.
- 627.** The chapeau was adopted, as amended.

Point 20(a)

- 628.** Point 20, clause (a) was adopted.

Point 20(b)

[A.176]

- 629.** The Government member of Brazil, speaking on behalf of GRULAC, introduced an amendment to insert the words “between men and women and between the government, the private sector, the community and families” after “care responsibilities”, for the purposes of clarification.

- 630. The Worker Vice-Chairperson considered that the proposed wording might be inappropriate, given that “equal sharing of care responsibilities” referred to care responsibilities at the household level.
- 631. The Employer Vice-Chairperson said that since social co-responsibility was addressed in point 17, her group did not support the amendment.
- 632. The Government member of the United Kingdom agreed that such wording could be better placed elsewhere.
- 633. The Government member of Belgium, speaking on behalf of the EU Member States, proposed a subamendment to only retain “between men and women” in the amended language, deleting “and between the government, the private sector, the community and families”.
- 634. The Government member of Brazil, speaking on behalf of GRULAC, and the Government members of the United Kingdom and Switzerland supported the subamendment.
- 635. The Worker Vice-Chairperson supported the subamendment.
- 636. The Employer Vice-Chairperson proposed a subamendment, to insert a comma after “better work–life balance”.
- 637. The Worker Vice-Chairperson supported the subamendment.
- 638. The Government member of Brazil, speaking on behalf of GRULAC, and the Government member of Belgium, speaking on behalf of the EU and its Member States, also supported the subamendment.
- 639. The amendment was adopted as subamended.
- 640. Point 20, clause (b) was adopted as amended.

Point 20(c) and (d)

- 641. Point 20, clauses (c) and (d) were adopted.

New clause after point 20(d)

[A.164]

- 642. The Worker Vice-Chairperson introduced an amendment to insert a new clause after point 20 (d), to read “addressing inequitable access to care and support services, including for workers in the informal economy” to draw attention to the reality that workers in the informal economy were often excluded by law or by practice from social protection. Low wages and other structural inequalities, prevented them from accessing the same kind of care and support that they provided, thereby denying them access to decent work and putting them and their families at risk.
- 643. The Employer Vice-Chairperson proposed a subamendment to replace “inequitable access to care and support” by “the gap in supply and demand of”.
- 644. The Worker Vice-Chairperson did not support the subamendment; the proposal referred to ensuring access, not filling gaps.
- 645. The Government members of Mexico, Brazil, the United States and Canada, and the Government member of South Africa, speaking on behalf of the Africa group, supported the amendment as proposed by the workers. They did not support the subamendment.

- 646. The Employer Vice-Chairperson said that in the spirit of compromise, she wished to withdraw the subamendment.
- 647. The Worker Vice-Chairperson expressed her group's gratitude for that flexibility.
- 648. The amendment was adopted.
- 649. The new clause after point 20, clause (d) was adopted.

New point after point 20

[A.10]

- 650. As it was not seconded, an amendment (A.10) submitted by the Government of Türkiye to add a new point after point 20, fell.

Point 21

[A.28]

- 651. As it was not seconded, an amendment to delete point 21, proposed by the Government of Argentina, fell.

[A.39]

- 652. The Government member of Belgium, speaking on behalf of the EU Member States, presented a proposed amendment to delete the words "Care has characteristics of a public good, which implies that" and to replace "primary" by "specific" before "responsibility".
- 653. The Worker Vice-Chairperson supported the deletion of the opening of the point, but did not agree with replacing "primary" by "specific". She proposed a subamendment to reinstate "primary".
- 654. The Employer Vice-Chairperson supported the amendment as subamended by the Workers' group.
- 655. The Government member of Belgium, speaking on behalf of the EU and its Member States, said she could accept the subamendment.
- 656. The Government member of Brazil, also speaking on behalf of ten other States from Latin America, explained that care was considered a public good in Latin America. She did not support the amendment.
- 657. The Government members of New Zealand, Argentina and Bangladesh supported the amendment as originally presented by the Government member of Belgium on behalf of the EU Member States.
- 658. The Government member of South Africa, speaking on behalf of the Africa group, and the Government members of Canada, the United Kingdom, the United States and the Syrian Arab Republic supported the amendment as subamended.
- 659. The amendment was adopted as subamended.
- 660. Three amendments (A.107, A.188 and A.169) subsequently fell.

[A.106, A.105 and A.104]

- 661.** In the light of the adoption of the previous amendment, the Employer Vice-Chairperson withdrew three further amendments.

[A.45]

- 662.** The Government member of Belgium, speaking on behalf of the EU Member States, presented a proposed amendment to replace “requires” by “includes” before “the allocation of the necessary resources”.
- 663.** The Employer Vice-Chairperson said her group could accept the amendment.
- 664.** The Worker Vice-Chairperson supported the amendment.
- 665.** The Government member of Argentina presented a subamendment to insert after “includes”, the words “, in line with national circumstances”.
- 666.** The Government member of the Syrian Arab Republic seconded the subamendment.
- 667.** The Government member of South Africa, speaking on behalf of the Africa group, and the Government member of Cuba supported the subamendment.
- 668.** The Worker Vice-Chairperson and the Employer Vice-Chairperson did not support the subamendment.
- 669.** The Government member of Canada sought clarification regarding whether the alignment with national circumstances was implicit in “the allocation of the necessary resources”.
- 670.** The deputy representative of the Secretary-General said that as part of the guiding principles of the care economy, the allocation of resources in line with national circumstances would go without saying.
- 671.** The Government member of Belgium, speaking on behalf of the EU and its Member States, said that the word “necessary” before “resources” implicitly accounted for national circumstances.
- 672.** The Government members of Australia, the United States, Mexico and Canada supported the amendment as originally presented. They did not support the subamendment.
- 673.** The amendment was adopted.

[A.42]

- 674.** The Government member of Belgium, speaking on behalf of the EU Member States, introduced an amendment to add, at the end of the point, “and the adoption and maintenance of a robust policy and regulatory framework.”.
- 675.** The Employer Vice-Chairperson and the Worker Vice-Chairperson supported the amendment.
- 676.** The Government members of Bangladesh, the United States, Mexico, the Syrian Arab Republic and Brazil also supported the amendment.
- 677.** The amendment was adopted.
- 678.** One subsequent amendment (A.166) fell.
- 679.** Point 21 was adopted as amended.

New point after point 21

[A.102]

- 680.** The Employer Vice-Chairperson introduced an amendment (A.102) to insert a new point after point 21, which read: “Public-private partnerships that leverage the strengths of both public and private sectors can help scale quality care services without overburdening either side, fostering a more sustainable care ecosystem.” Public-private partnerships played a significant role in the creation of infrastructure and services, boosting innovation and competition, which could improve job creation, employment prospects, and upskilling and reskilling for care workers.
- 681.** The Worker Vice-Chairperson said that her group would not accept any reference to public-private partnerships in the guiding principles. There was currently no agreed tripartite ILO language referring to public-private partnerships at the national level. The role of the private sector was addressed in point 8 of the draft conclusions. Public-private partnerships did not necessarily deliver quality, efficiency or value for public money. Private finance could lead to public debt.
- 682.** The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member Saudi Arabia, speaking on behalf of the Member States of the GCC, and the Government member of Zimbabwe supported the amendment.
- 683.** The Government members of Mexico, Canada and Brazil acknowledged the importance of public-private partnerships but suggested that the reference would be better placed in part IV of the conclusions, on advancing decent work in the care economy, rather than in part III on guiding principles.
- 684.** The Government member of New Zealand said that the role of public and private enterprises was addressed in point 22 and the new point was therefore not necessary.
- 685.** Following informal consultations, the Employer Vice-Chairperson reiterated the importance of referring to public-private partnerships and acknowledging their role in fostering a sustainable care economy as a framework for cooperation between the public and private sectors through public and private investment and the public regulatory framework.
- 686.** The Worker Vice-Chairperson said that, on the understanding that the regulatory framework referred to in point 21 would apply, her group could support the amendment.
- 687.** The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of South Africa, speaking on behalf of the Africa group, the Government member of Qatar, speaking on behalf of the Member States of the GCC, the Government member of Brazil, speaking on behalf of GRULAC, and the Government members of the United States, Bangladesh and Mexico supported the amendment.
- 688.** The Government member of Bangladesh pointed out that in the context of public-private partnerships, public and private resources should be shared.
- 689.** The amendment was adopted.
- 690.** The new point after point 21 was adopted.

Point 22

- 691.** Following informal consultations, the Employer Vice-Chairperson withdrew two amendments submitted by her group in relation to point 22.

692. Point 22 was adopted.

Point 23

693. Point 23 was adopted.

Point 24

[A.98]

- 694. The Employer Vice-Chairperson introduced a proposed amendment to replace “forms” by “types”; many types of work could not be classed as “forms” of work.
- 695. The Worker Vice-Chairperson did not support the amendment. The reference to “all forms of care work” was intended to reflect the forms of care work identified and agreed in point 8 of the draft conclusions.
- 696. The Government member of Mali could not support the amendment; the International Conference of Labour Statisticians referred to “forms” of work.
- 697. A representative of the Secretariat said that in statistical standards, forms of work had a clear definition, whereas types of work did not. The point called for disaggregated data. Data could only be collected and disaggregated by categories with clear definitions. Without clear definitions, disaggregation would be difficult.
- 698. The Employer Vice-Chairperson proposed a subamendment to insert “on care work and” after “Collecting data” and to delete the words “all types of care work and by”.
- 699. The Worker Vice-Chairperson said that her group could not support the subamendment or the amendment.
- 700. In the light of the comments from the Office, the Government member of South Africa, speaking on behalf of the Africa group, did not support the amendment.
- 701. The Government member of Brazil, speaking on behalf of GRULAC, the Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of Mexico, Canada and Zimbabwe did not support the amendment.
- 702. Following informal consultations, the Employer Vice-Chairperson withdrew the amendment.

[A.142]

- 703. The Government member of Brazil, speaking on behalf of GRULAC, introduced a proposed amendment to add a new sentence to the end of point 24, to read, “These data should be disaggregated by income, sex, age, race, ethnic origin, migration status, disability, geographical location and other relevant characteristics, in line with national context.”. The list comprised key components for describing the care economy and care work.
- 704. Both the Worker Vice-Chairperson and the Employer Vice-Chairperson supported the amendment.
- 705. The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government member of South Africa, speaking on behalf of the Africa group, expressed support for the amendment.
- 706. The amendment was adopted.

[A.51]

- 707.** In the light of the adoption of that amendment, the Government member of Belgium, on behalf of the EU Member States, withdrew a subsequent amendment.

[A.97]

- 708.** The Employer Vice-Chairperson also withdrew a subsequent amendment to point 24.
- 709.** Point 24 was adopted as amended.

Point 25

[A.179]

- 710.** The Government member of Brazil, speaking on behalf of GRULAC, introduced an amendment to insert “government, social and private” before “levels” and to replace “taking a whole-of-government approach” by “taking an approach involving all entities”.
- 711.** The Worker Vice-Chairperson did not support the amendment; the intention of the point was for the State to coordinate across various ministries and State bodies to mainstream care across public policies and ensure coherence.
- 712.** The Employer Vice-Chairperson concurred. Her group did not support the amendment.
- 713.** The Government member of Australia did not support the amendment; it was particularly important to take a whole-of-government approach to the care economy. A lack of cross-sector coordination could lead to policy gaps and mismatches. The Government member of Belgium, speaking on behalf of the EU and its Member States, also could not support the amendment.
- 714.** The amendment was withdrawn.
- 715.** Point 25 was adopted.
- 716.** Part III as a whole, as amended, was adopted.

Part IV. Advancing decent work in the care economy

- 717.** The title was adopted.

Point 26

Chapeau

- 718.** The chapeau was adopted.

Point 26(a)

[A.177]

- 719.** The Worker Vice-Chairperson withdrew an amendment to insert a reference to a regulatory framework, since the importance of regulatory frameworks had already been sufficiently reflected in the draft conclusions.

[A.96]

- 720.** The Employer Vice-Chairperson introduced an amendment to replace “agenda” by “and principles-based approach”. She wished, however, to subamend it, removing the words “and principles-based” to simply replace the word “agenda” by “approach”.
- 721.** The Worker Vice-Chairperson supported the amendment and thanked the Employers’ group for its flexibility.
- 722.** The Government member of South Africa, speaking on behalf of the Africa group, the Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of the United Kingdom and New Zealand supported the amendment.
- 723.** The amendment, as subamended, was adopted.

[A.94 and A.93]

- 724.** The Employer Vice-Chairperson withdrew two subsequent amendments.
- 725.** Point 26, clause (a) was adopted as amended.

Point 26(b)

[A.180]

- 726.** The Government member of Brazil, speaking on behalf of GRULAC, withdrew an amendment to replace “depending on the country’s level of development;” by “taking account of national circumstances;”.

[A.178 and A.92]

- 727.** The Workers’ and Employers’ groups had submitted identical amendments to delete the words “depending on the country’s level of development”.
- 728.** The Government member of South Africa, speaking on behalf of the Africa group, said that the African continent faced unique challenges related to care services, demographics and economic conditions. Tailoring policies to national circumstances would ensure effective solutions to those challenges. Public financing must be aligned with countries’ budgetary capacity and priorities. Understanding national nuances would allow targeted investment, efficient coordination and sustainable care systems. She therefore proposed a subamendment to add “taking into account national circumstances” at the end of the clause.
- 729.** The Employer Vice-Chairperson and the Worker Vice-Chairperson both supported the subamendment.
- 730.** The Government member of Argentina also supported the subamendment.
- 731.** The amendment, as subamended, was adopted.
- 732.** One subsequent amendment (A.92) fell.
- 733.** Point 26, clause (b) was adopted as amended.

Point 26(c)

[A.183]

- 734.** The Worker Vice-Chairperson withdrew an amendment to include the words “gender responsive”, since the need for gender-responsive policies had been addressed elsewhere in the draft conclusions.

[A.90]

- 735.** The Employer Vice-Chairperson withdrew an amendment to add a reference to public–private partnerships, since those had already been sufficiently referenced in the draft conclusions.

[A.62]

- 736.** The Government member of Belgium, speaking on behalf of the EU Member States, introduced an amendment to replace “the expansion of the” by “ensure sufficient” before “fiscal space”. If there was already sufficient fiscal space for adequate investment in the care economy, expansion would not be necessary.
- 737.** The Worker Vice-Chairperson and the Employer Vice-Chairperson said they would defer to the government majority on the matter.
- 738.** The Government member of Argentina did not support the amendment.
- 739.** The Government members of the Syrian Arab Republic, Mexico, New Zealand, Australia, Kiribati, Bangladesh and the United States supported the amendment.
- 740.** The amendment was adopted.
- 741.** A subsequent amendment (A.220) fell.

[A.221]

- 742.** The Employer Vice-Chairperson withdrew an amendment to delete the words “invest in the care economy” from the end of the clause.
- 743.** Point 26, clause (c) was adopted as amended.

Point 26(d)

[A.82]

- 744.** The Government member of Belgium, speaking on behalf of the EU Member States, introduced a proposed amendment to replace “skilling” by “upskilling”.
- 745.** The Worker Vice-Chairperson said that her group could accept the amendment.
- 746.** The Employer Vice-Chairperson concurred.
- 747.** The Government member of Brazil, speaking on behalf of GRULAC, and the Government member of South Africa, speaking on behalf of the Africa group, supported the amendment.
- 748.** The amendment was adopted.

[A.150]

- 749.** The Government member of the United Kingdom, speaking also on behalf of the Governments of Australia, Canada and the United States, introduced a proposed amendment to add “where

appropriate” before “across national borders”, to incorporate a degree of flexibility to take account of national systems and bilateral agreements.

750. The Employer Vice-Chairperson supported the amendment.

751. The Worker Vice-Chairperson said her group could accept the amendment.

752. The Government members of New Zealand and Mexico and the Government member of South Africa, speaking on behalf of the Africa group, the Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government member of Brazil, speaking on behalf of GRULAC, supported the amendment.

753. The amendment was adopted.

754. Point 26, clause (d) was adopted as amended.

Point 26(e)

755. Point 26, clause (e) was adopted.

Point 26(f)

[A.70]

756. The Government member of Belgium, speaking on behalf of the EU Member States, introduced an amendment, for the purposes of clarity, to insert the word “gender” between “unequal” and “distribution”, and to delete the words “between women and men” after “unpaid work”.

757. The Worker Vice-Chairperson and the Employer Vice-Chairperson supported the amendment.

758. The Government member of Mexico, speaking on behalf of GRULAC, and the Government members of the United Kingdom, Australia, New Zealand, Canada and the United States supported the amendment.

759. The amendment was adopted.

[A.17]

760. As it was not seconded, an amendment proposed by the Government of Türkiye fell.

[A.88]

761. The Employer Vice-Chairperson introduced a proposed amendment to delete the words “within the context of national values” from the end of the clause.

762. The Worker Vice-Chairperson supported the amendment.

763. The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of Mexico, speaking on behalf of GRULAC, and the Government member of the United States supported the amendment.

764. The Government member of South Africa, speaking on behalf of the Africa group, said that with regard to the reference to “by changing norms and gender stereotypes”, Africa had rich and diverse cultures, traditions and practices. Those cultural nuances must be taken into account. By incorporating national cultural values, interventions would be more inclusive and attractive to local communities. She therefore proposed a subamendment replace “within the context of national values” by “taking into account cultural values”, which would contribute to sustainable shifts in caregiving norms in Africa.

- 765.** The Employer Vice-Chairperson supported the subamendment.
- 766.** The Worker Vice-Chairperson did not support the subamendment. The language of the clause was already sufficiently flexible and did not impose any specific measures to be taken.
- 767.** The Government member of Belgium, speaking on behalf of the EU and its Member States, said that the clause was intended to promote gender equality and women's economic inclusion. While there might be circumstances that determined the pace at which some countries moved forward in that regard, adding a reference to cultural values would detract from the focus of the clause.
- 768.** The Government members of Australia, Argentina, Canada, Brazil the United Kingdom and the United States did not accept the subamendment.
- 769.** In view of the broad lack of support, the Government member of South Africa, speaking on behalf of the Africa group, withdrew the proposed subamendment but underscored the importance of giving due consideration to countries' differing cultural values.
- 770.** The amendment was adopted.
- 771.** Two subsequent amendments fell.
- 772.** Point 26, clause (f) was adopted as amended.

Point 26(g)

[A.86 and A.85]

- 773.** The Employer Vice-Chairperson withdrew amendments to replace "ensure" by "through social dialogue, provide" and to delete the word "all" before "workers".

[A.151]

- 774.** The Government member of the United Kingdom introduced a proposed amendment to replace the word "strengthening" by "ensuring comprehensive" before "maternity protection".
- 775.** The Worker Vice-Chairperson and the Employer Vice-Chairperson supported the amendment.
- 776.** The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government member of South Africa, speaking on behalf of the Africa group, also supported the amendment.
- 777.** The amendment was adopted.

[A.186]

- 778.** The Worker Vice-Chairperson withdrew an amendment to add "and other types of care leave" at the end of the clause.
- 779.** Point 26, clause (g) was adopted.

Point 26(h)

[A.84]

- 780.** The Employer Vice-Chairperson withdrew a proposed amendment to replace the clause by "provide scope for achieving better work-life balance by enabling workers and employers to

agree on solutions, including on working time, that consider their respective needs and benefits;”.

[A.152]

- 781.** The Government member of the United Kingdom, speaking also on behalf of the Governments of Australia and the United States, withdrew a proposed amendment to insert the words “flexible working” after “facilitating”.

[A.187]

- 782.** The Worker Vice-Chairperson withdrew a proposed amendment to add the words “, including for workers in the informal economy” at the end of the first sentence.
- 783.** Point 26, clause (h) was adopted.

Point 26(i)

[A.217 and 218]

- 784.** The Employer Vice-Chairperson withdrew two proposed amendments, to replace “build and maintain universal” by “achieve universal access to comprehensive, adequate and sustainable” and to delete “adequate” before “protection”.

[A.189]

- 785.** The Worker Vice-Chairperson withdrew a proposed amendment to insert “all” before “workers”.
- 786.** Point 26, clause (i) was adopted.

Point 26(j)

[A.192]

- 787.** The Worker Vice-Chairperson proposed adding “and SSE entities” after “sustainable enterprises”.
- 788.** The Employer Vice-Chairperson did not support the amendment; sustainable enterprises included entities of the social and solidarity economy. The amendment was therefore not necessary.
- 789.** The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of Australia, Canada, Brazil and Mexico supported the amendment.
- 790.** The Employer Vice-Chairperson wished to propose a subamendment, based on the Conclusions concerning decent work and the social and solidarity economy adopted at the 110th Session of the International Labour Conference, to replace “and SSE entities” by “and develop a conducive environment for SSE entities”.
- 791.** The Worker Vice-Chairperson supported the subamendment.
- 792.** The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of New Zealand, Australia and Canada also supported the subamendment.
- 793.** The amendment was adopted as subamended.

[A.81]

- 794.** The Employer Vice-Chairperson introduced a proposed amendment to insert “productivity and” before “investment”. Productivity was not linked to profit-making but rather to career development and opportunities for workers.
- 795.** The Worker Vice-Chairperson cautioned against linking productivity and investment. She proposed a subamendment to replace “and” by a comma.
- 796.** The Employer Vice-Chairperson accepted the subamendment.
- 797.** The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of New Zealand, Argentina, Brazil and Canada supported the subamendment.
- 798.** The amendment was adopted as subamended.

[A.87]

- 799.** The Government member of Belgium, speaking on behalf of the EU Member States, introduced a proposed amendment to insert “gender equal” before “business opportunities”, since women entrepreneurs faced greater obstacles to business opportunities than their male.
- 800.** The Worker Vice-Chairperson supported the amendment.
- 801.** The Employer Vice-Chairperson did not support the amendment. The meaning of “enhanced access to gender equal business opportunities” was unclear. Business opportunities should be accessed on merit, not on the basis of gender. There were many programmes in place to support women entrepreneurs. The insertion of “gender equal” in clause (j) seemed incongruous.
- 802.** The Government members of the United States and the United Kingdom, and the Government member of Brazil, speaking on behalf of GRULAC, supported the amendment.
- 803.** The Government member of Belgium, speaking on behalf of the EU Member States, said that, unfortunately, women entrepreneurs were often discriminated against on grounds of gender, and were afforded fewer opportunities. She proposed a subamendment to insert “gender-responsive” before “policies”, rather than “gender equal” before “business opportunities”.
- 804.** The Employer Vice-Chairperson agreed to the subamendment.
- 805.** The Worker Vice-Chairperson also agreed to the subamendment.
- 806.** The Government members of Canada and the United Kingdom supported the subamendment.
- 807.** The amendment, as subamended, was adopted.

[A.91]

- 808.** The Government member of Belgium, speaking on behalf of the EU Member States, introduced an amendment to delete the words “, including in the care economy” from the end of the clause, which it considered redundant, given that the conclusions as a whole were explicitly related to the care economy.
- 809.** The Employer Vice-Chairperson and the Worker Vice-Chairperson supported the amendment.
- 810.** The Government members of Zimbabwe, and the Government member of Brazil, speaking on behalf of GRULAC, also supported the amendment.
- 811.** The amendment was adopted.

812. Point 26, clause (j) was adopted as amended.

Point 26(k)

[A.80 and A.79]

813. The Employer Vice-Chairperson withdrew two amendments, to insert “short-term” before “and long-term” and to delete “all” before “workers”.

[A.95]

814. The Government member of Belgium, speaking on behalf of the EU Member States, withdrew a proposed amendment to replace the word “workers” by “people”.

815. Point 26, clause (k) was adopted.

New clause after point 26(k)

[A.3]

816. The Government member of Australia, speaking also on behalf of the Governments of Canada, Japan, New Zealand and the United States, introduced a proposed amendment to add a new clause, after (k), to read, “ensure measures consider culturally appropriate services and workforce considerations for indigenous and tribal peoples, including the development of community-based approaches;”. Gaps in the availability of community-based, culturally appropriate care services supporting indigenous people could lead to indigenous people seeking services outside their communities or not accessing services at all. Both outcomes had negative impacts for indigenous people and distorted data on demand for care services. Approaches to filling carer roles that were not grounded in community knowledge or cultural safety could contribute to a care workforce that was not recognized, remunerated or supported professionally to deliver appropriate services. Owing to differences in interpretation of care and workforce challenges, aspects of care in indigenous communities could require different considerations and approaches to the care economy.

817. The Worker Vice-Chairperson and the Employer Vice-Chairperson supported the amendment.

818. The Government member of Brazil, speaking on behalf of GRULAC, the Government member of South Africa, speaking on behalf of the Africa group, and the Government members of Mexico, the Syrian Arab Republic, Kiribati and New Zealand supported the amendment.

819. The amendment was adopted.

820. The new clause after point 26 (k) was adopted.

Point 26(l)

[A.153]

821. The Government member of the United Kingdom, speaking also on behalf of the Governments of Australia, Canada and the United States, introduced an amendment to insert “by taking a disability-inclusive approach to increase” before “access to employment opportunities” to integrate a more explicit measure for fostering inclusive employment opportunities.

822. The Worker Vice Chairperson and the Employer Vice-Chairperson supported the amendment.

- 823. The Government member of Mexico, the Government member of Brazil, speaking on behalf of GRULAC, and the Government member of Belgium, speaking on behalf of the EU and its Member States, supported the amendment.
- 824. The amendment was adopted.
- 825. Point 26, clause (l) was adopted as amended.

Point 26(m)

[A.181]

- 826. The Government member of Brazil, speaking on behalf of GRULAC, introduced a proposed amendment to insert “all forms of” before “discrimination”.
- 827. The Employer Vice-Chairperson and the Worker Vice-Chairperson supported the amendment.
- 828. The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of South Africa, speaking on behalf of the Africa group, and the Government members of Canada and the United States supported the amendment.
- 829. The amendment was adopted.

[A.182]

- 830. The Government member of Brazil, speaking on behalf of GRULAC, proposed an amendment to delete “based on any prohibited ground”, which was redundant and should therefore be removed.
- 831. The Worker Vice-Chairperson requested confirmation from the Office that the language was redundant.
- 832. The deputy representative of the Secretary-General said that, in the light of the adoption of the previous amendment by which “all forms of” had been inserted before “discrimination”, the words “based on any prohibited ground” could indeed be considered redundant.
- 833. The Worker Vice-Chairperson and the Employer Vice-Chairperson accepted the amendment.
- 834. The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of the United Kingdom, Guinea and the United States supported the amendment.
- 835. The amendment was adopted.

[A.77]

- 836. The Employer Vice-Chairperson withdrew an amendment to delete “, with particular attention to women, migrant workers and racialized groups,”, in favour of the subsequent amendment submitted by the Member States of the European Union.

[A.99]

- 837. The Government member of Belgium, speaking on behalf of the EU Member States, introduced a proposed amendment to replace “migrant workers and racialized groups” by “and persons in vulnerable situations”.
- 838. The Government member of the United Kingdom expressed support for the amendment.
- 839. The Employer Vice-Chairperson supported the amendment.

- 840. The Worker Vice-Chairperson did not support the amendment. Her group preferred the original text as prepared by the Office, referring specifically to “women, migrant workers and racialized groups”.
- 841. The Government member of Brazil, speaking on behalf of GRULAC, concurred with the Workers’ group.
- 842. The Government member of Zimbabwe requested clarification of the definition of the term “persons in vulnerable situations”.
- 843. The Government member of Belgium, speaking on behalf of the EU Member States, said that the wording “persons in vulnerable situations” was proposed, in line with language used in the resolution concerning decent work and the social and solidarity economy (ILC.110/Resolution II) and the resolution concerning the second recurrent discussion on labour protection (ILC.111/Resolution IV), to draw attention to people in vulnerable situations in an inclusive manner. Migrant workers and racialized groups would be covered by “vulnerable situations”, along with all other examples of vulnerability, without exception.
- 844. In the light of that explanation, the Government members of Zimbabwe and Australia supported the amendment.
- 845. The Government member of Mexico did not support the amendment; certain groups of individuals required particular support and should be named specifically. Generalizing the wording was not advisable.
- 846. The Worker Vice-Chairperson proposed a subamendment to add, after “women”, “, migrant workers, racialized groups and other persons in situations of vulnerability”.
- 847. The representative of the Secretary-General cautioned against referring to women as “people in situations of vulnerability”.
- 848. The Worker Vice-Chairperson proposed a further subamendment to delete the word “other”.
- 849. The Government member of Belgium, speaking on behalf of the EU and its Member States, supported the subamendment.
- 850. The Employer Vice-Chairperson said her group could accept the subamendment.
- 851. The Government member of South Africa, speaking on behalf of the Africa group, the Government member of Brazil, speaking on behalf of GRULAC, and the Government members of the United States, Bangladesh and Mexico supported the subamendment.
- 852. The amendment was adopted as subamended.
- 853. Point 26, clause (m) was adopted as amended.

Point 26(n)

[A.78 and A.76]

- 854. The Employer Vice-Chairperson withdrew two amendments, the first to add at the beginning of the clause “improve legal pathways for skills mobility to fill skills shortages in the care economy and”, and the second to replace the word “ensure” by “enable” before “the protection of migrant care workers”.

[A.193]

- 855.** The Worker Vice-Chairperson introduced an amendment to insert “all” before “migrant care workers”. The large number of amendments submitted to clause (n) were testament to the importance of the subject of migrant workers. Migrant workers deserved protection as much as any other worker. Migrant care workers left families behind to look after children and sick and older persons in other countries. They left their own loved ones behind to be cared for by others, usually women and girls. The pandemic had not only demonstrated the important contribution of migrant care workers to societies and economies but also the enormous challenges they faced. Undocumented migrant workers comprised a significant part of the care workforce. They were often rendered vulnerable to exploitation and other labour rights violations, as unscrupulous employers used their irregular status to intimidate and silence them. Fundamental labour rights must be for all workers, regardless of their employment or migration status. In many countries, migrant workers, both regular and irregular, were denied the right to freedom of association, to join or form a union, and to bargain collectively. While ILO instruments, standards and decisions enshrine the principle that all ILO core labour standards were fundamental for all workers, regardless of their immigration status, non-binding instruments, such as the Global Compact for Migration, had systematically tried to limit freedom of association and collective bargaining rights for migrant workers, taking migrant care workers out of the protections of labour law and viewing them only in the context of migration management.
- 856.** The Employer Vice-Chairperson accepted the amendment.
- 857.** The Government member of South Africa, speaking on behalf of the Africa group, and the Government members of the Syrian Arab Republic and Bangladesh supported the amendment.
- 858.** The Government member of the United Kingdom could not support the amendment and suggested that the clause required more comprehensive discussion and consultation.
- 859.** The Government member of Türkiye concurred. Ensuring the protection of all migrant workers was unrealistic. The portability of social protection rights was also exceptionally challenging, as different countries had different legal frameworks. Offering protection to all migrant workers could be in conflict with national laws and international agreements. The strong connections between migrant workers and the informal economy rendered the situation particularly complex.
- 860.** The Government member of Kiribati agreed that the matter was sensitive and complex and required further comprehensive discussion.
- 861.** Owing to a lack of consensus at the conclusion of the Committee’s work, the amendment and 11 subsequent amendments (A.103, A.211, A.212, A.194, A.117, A.75, A.73, A.195, A.122, A.72 and A.16) were not adopted.
- 862.** Owing to lack of consensus at the conclusion of the Committee’s work, point 26, clause (n) fell.

Point 26(o)

[A.71]

- 863.** The Employer Vice-Chairperson withdrew an amendment to replace the word “ensure” by “promote” at the beginning of the clause.

[A.196]

- 864.** The Worker Vice-Chairperson withdrew an amendment to add, after “ensure” the words, “the effective exercise of the right to freedom of association and collective bargaining and the”.

[A.69]

- 865.** The Employer Vice-Chairperson withdrew an amendment to delete the words “including through labour inspection”.

[A.129]

- 866.** The Government member of Belgium, speaking on behalf of the EU Member States, proposed an amendment to insert the words, “and other relevant authorities where applicable” after the words “labour inspection”.
- 867.** The Worker Vice-Chairperson did not support the amendment. The reference to labour inspection was sufficient.
- 868.** The Employer Vice-Chairperson also did not support the amendment.
- 869.** The amendment was withdrawn.

[A.68, A.67 and A.66]

- 870.** The Employer Vice-Chairperson withdrew three amendments to delete “all” before “care workers”, to replace “all” by “different” before “types of employment”, and to delete the words “such as domestic workers, migrant workers or community health and care workers”.

[A.134]

- 871.** The Government member of Belgium, speaking on behalf of the EU Member States, proposed an amendment to delete the words “such as domestic workers, migrant workers or community health and care workers”.
- 872.** The Worker Vice-Chairperson and the Employer Vice-Chairperson opposed the amendment.
- 873.** The Government members of the United States, Mexico, Brazil and Kiribati did not support the amendment; it was important to refer specifically to the needs of domestic workers.
- 874.** The amendment was withdrawn.
- 875.** Point 26, clause (o) was adopted.

Point 26(p)

[A.64]

- 876.** The Employer Vice-Chairperson introduce an amendment, which she immediately subamended, to replace “appropriate limits to working hours and overtime, prevent and address violence and harassment and progressively ensure living wages and fair remuneration, including through collective bargaining” by “maximum limits on working time, occupational safety and health, including preventing and addressing violence and harassment, and adequate minimum wages, whether statutory or negotiated.”
- 877.** The Worker Vice-Chairperson said her group could accept the amendment, as subamended.

- 878.** The Government member of Qatar, speaking on behalf of the Member States of the GCC, and the Government members of the Syrian Arab Republic and Bangladesh, supported the amendment as subamended.
- 879.** The Government member of the United States, supported by the Government member of Zimbabwe, said that, as drafted, there appeared to be maximum limits on occupational safety and health. He suggested a reordering of the sentence for the purposes of clarity.
- 880.** The Employer Vice-Chairperson said that the drafting had been closely aligned with the text of the Centenary Declaration.
- 881.** The Worker Vice-Chairperson suggested inserting a colon after “achieve”.
- 882.** It was so agreed.
- 883.** The amendment, as subamended, was adopted.
- 884.** A subsequent amendment (A.202) fell.
- 885.** The Worker Vice-Chairperson said that the issues addressed in the clause were particularly important to the Workers’ group. The decent work deficits in the care economy were profound. The Workers’ group had hoped that agreement would be reached on more specific language relating to working time, rest periods, compensation for overtime, regular and predictable working hours and occupational safety and health, to move beyond the Centenary Declaration. However, in a spirit of compromise, the Workers’ group had agreed to the text as approved, in order to maintain a reference to working conditions in the Committee’s conclusions.

[A.139]

- 886.** The Government member of Belgium, speaking on behalf of the EU Member States, withdrew an amendment to replace “address” by “combat” and to insert “in the world of work” after “harassment”.

[A.206]

- 887.** The Government member of the United States proposed an amendment to add the words “, including gender-based violence and harassment,” after “harassment”, to ensure that the gender imbalance in the care economy was adequately referenced.
- 888.** The Worker Vice-Chairperson supported the amendment.
- 889.** The Government members of Zimbabwe, Kiribati, Switzerland, Australia, Canada and Bangladesh, the Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government member of South Africa, speaking on behalf of the Africa group, supported the amendment.
- 890.** The Employer Vice-Chairperson agreed to the amendment.
- 891.** The amendment was adopted.

[A.203, A.207, A.208, A.199 and A.209]

- 892.** The Worker Vice-Chairperson withdrew five amendments: to insert “, establish minimum safe staffing levels,” after “overtime”, as the clause already referred to occupational safety and health; to replace “to achieve appropriate: by “that provide for rest periods,”; to replace “to achieve appropriate limits to working hours” by “that provide for maximum limits on working time”; to insert” promote regular and predictable working hours and schedules” before

“prevent and address”, and to insert “guarantee compensation for overtime” after “harassment”.

[A.65 and A.63]

893. The Employers withdrew two amendments, to delete “hours and over” between “working” and “time” and to replace “progressively ensure living wages and fair remuneration, including through collective bargaining” by “ensure an adequate minimum wage, whether statutory or negotiated”.

894. Point 26, clause (p) was adopted as amended.

Point 26(q)

[A.61]

895. The Employer Vice-Chairperson introduced an amendment to delete from “including unpaid care work” to the end of the clause.

896. The Worker Vice-Chairperson did not support the amendment.

897. Following informal consultations, the Employer Vice-Chairperson withdrew the amendment.

898. Point 26, clause (q) was adopted.

Point 26(r)

[A.60]

899. The Employer Vice-Chairperson introduced an amendment to replace “and” by “as well as” and to delete the word “including” before “cooperatives”.

900. The Worker Vice-Chairperson did not support the amendment.

901. Following informal consultations, the Employer Vice-Chairperson withdrew the amendment.

902. Point 26, clause (r) was adopted.

Point 26(s)

[A.59]

903. The Employer Vice-Chairperson withdrew an amendment to insert the word “analyse” after “collect,”.

[A.141]

904. The Government member of Belgium, speaking on behalf of the EU Member States, introduced a proposed amendment, which she wished to subamend, to insert the word “existing” before “international” and to insert “and international statistical standards that will be developed” after “statistical standards”.

905. The Worker Vice-Chairperson and the Employer Vice-Chairperson supported the amendment as subamended.

906. The Government members of the United Kingdom, the United States, Zimbabwe, Mali and Kiribati, and the Government member of Brazil, speaking on behalf of GRULAC, supported the amendment as subamended.

907. The amendment was adopted as subamended.

908. Point 26, clause (s) was adopted as amended.

Point 26(t)

[A.58]

909. The Employer Vice-Chairperson withdrew an amendment to replace “promote the voice and representation of, and consult with” by “in consultation with national employers’ and workers’ organizations, support”.

[A.143]

910. The Government member of Belgium, speaking on behalf of the EU Member States, presented an amendment to insert “family care workers,” before “domestic workers”.

911. The Worker Vice-Chairperson asked how “family care workers” would be defined.

912. The Government member of Belgium, speaking on behalf of the EU Member States said that “family care workers” referred to people who cared for their family members or friends, perhaps going to live with them to provide temporary care. The term “caregiving relatives” might also be used. Such carers were unpaid.

913. The Worker Vice-Chairperson expressed concern that the clause referred to paid work, and the reference to family care workers was therefore not appropriate in that context.

914. The Employer Vice-Chairperson did not support the amendment.

915. The Government member of Brazil, supported by the Government member of Mexico, supported the proposed amendment. Unpaid carers who provided care to relatives and friends at home were an important aspect of the care economy. Those carers were often women. The voice and representation of such carers was important. They should therefore be included in the clause, and the fact that they were not paid should be specified.

916. The Government member of Canada and the Government member of the United States agreed that unpaid caregivers should be included, but suggested that they be added towards the end of the list, after “organizations of employers of care workers”.

917. The Worker Vice-Chairperson said her group was not opposed to the inclusion of unpaid family carers in the list but agreed with the Government member of Canada that the reference would be better placed later in the clause.

918. The Government member of Belgium, speaking on behalf of the EU Member States, proposed a subamendment to remove “family care workers” and insert the words “and unpaid family carers” before “where these exist”.

919. The Employer Vice-Chairperson supported the subamendment.

920. The Government member of Bangladesh felt that the reference to “unpaid family carers” was not well placed in the clause, which was on the subject of organizations. He therefore did not support the subamendment.

921. The Government member of South Africa, speaking on behalf of the Africa group, and the Government member of Kiribati supported the subamendment. The Government member of Kiribati particularly appreciated the inclusive use of language being applied.

922. The amendment was adopted as subamended.

[A.144]

- 923.** The Government member of Belgium, speaking on behalf of the EU Member States, introduced a further amendment to insert the words “and groups that represent people needing care” before “where these exist”.
- 924.** The Employer Vice-Chairperson said that her group could accept the amendment.
- 925.** The Worker Vice-Chairperson said that the words “where these exist” should not apply to “unpaid family carers and groups that represent people needing care”. They should therefore be inserted before “unpaid family carers”.
- 926.** The Government member of Switzerland said that organizations of unpaid family carers existed in Switzerland. The words “where these exist” should therefore be inserted after “unpaid family carers”.
- 927.** In the absence of consensus, at the end of the Committee’s work the amendment was not adopted.
- 928.** Point 26, clause (t) was adopted as amended.

New clause after point 26(t)**[A.201]**

- 929.** The Government member of Canada, speaking also on behalf of the Government of the United States, introduced a proposed amendment to add a new clause after (t), to read “support multilateral initiatives such as the Equal Pay International Coalition (EPIC).”. EPIC was a multistakeholder initiative of the ILO, the Organisation for Economic Co-operation and Development and UN Women, which supported governments in taking specific measures to achieve SDG target 8.5 on equal pay for work of equal value by 2030. The Coalition shared knowledge, awareness and lessons learned. It was a tripartite arrangement, which paid particular attention to the health and the care sector. Leveraging the efforts of such initiatives could contribute to ensuring decent work for care workers.
- 930.** The Worker Vice-Chairperson and the Employer Vice-Chairperson supported the amendment.
- 931.** The Government members of Mexico, Brazil, the United Kingdom and Switzerland, and the Government member of South Africa, on behalf of the Africa group, supported the amendment.
- 932.** The amendment was adopted.
- 933.** The new clause after point 26(t) was adopted.

New clause after point 26(t)**[A.145]**

- 934.** The Government member of Belgium, speaking on behalf of the EU Member States, withdrew an amendment to add a further new clause after (t) to read, “leverage multilateral networks such as the Global Alliance for Care.”.
- 935.** Point 26, as a whole, as amended, was adopted.
- 936.** Part IV, as a whole, as amended, was adopted.

Part V. The role of the International Labour Organization

937. The title was adopted.

Point 27

Chapeau

[A.57]

- 938. The Employer Vice-Chairperson introduced an amendment to add “in consultation with national employers’, workers’ organizations, and governments”, to make explicit reference to the need to ensure dialogue between all constituents.
- 939. The Worker Vice-Chairperson stated that her group could accept the amendment.
- 940. The Government member of Belgium, speaking on behalf of the EU and its Member States, agreed with the spirit of the amendment but felt that the term “national” could be limiting. She therefore proposed a subamendment to replace “national employers’, workers’ organizations, and governments” by “constituents”.
- 941. The Employer Vice-Chairperson and the Worker Vice-Chairperson agreed to the subamendment.
- 942. The Government member of South Africa, speaking on behalf of the Africa group, the Government member of Brazil, speaking on behalf of GRULAC, the Government member of the United Arab Emirates, speaking on behalf of the Member States of the GCC, and the Government members of Saudi Arabia, Chile, the United States and India supported the subamendment.
- 943. The amendment was adopted as subamended.
- 944. The chapeau was adopted as amended.

Point 27(a)

[A.154]

- 945. The Government member of the United Kingdom, speaking also on behalf of the Governments of Australia, Canada and the United States, introduced an amendment to add “and the ILO Violence and Harassment Convention, 2019 (No. 190)” at the end of the clause. The Convention was particularly relevant in the context of protecting women and girls and those who were vulnerable in the care workforce.
- 946. The Worker Vice-Chairperson, while acknowledging that the Convention was indeed important and relevant to the care economy, cautioned against listing international labour standards in the conclusions.
- 947. The Employer Vice-Chairperson agreed that it was not necessary to list instruments and did not support the amendment.
- 948. The Government member for South Africa, speaking on behalf of the Africa group, the Government member of the United Arab Emirates, speaking on behalf of the Member States of the GCC, similarly did not support the amendment.
- 949. The Government member of the United Kingdom withdrew the amendment.
- 950. Point 27, clause (a) was adopted.

Point 27(b)

[A.56]

- 951.** The Employer Vice-Chairperson withdrew an amendment to revise the clause, in favour of the two subsequent amendments due to be presented (A.190 and A.191).

[A.190]

- 952.** The Government member of Belgium, speaking on behalf of the EU Member States, introduced an amendment to replace “assess gaps in” by “conduct an assessment of”. The objective should be to conduct a broad assessment of all provisions in the ILO’s body of care-related international labour standards.
- 953.** The Worker Vice-Chairperson did not support the amendment. The word “gaps” was in line with the wording used in the report of the eighth meeting of the ILO Standards Review Mechanism Tripartite Working Group.
- 954.** The Employer Vice-Chairperson introduced a subamendment to align the wording fully with the report of the Tripartite Working Group by replacing “Conduct an assessment of” by “Assess whether there are gaps”, and to delete the words “leave and” after “parental”.
- 955.** The Government member of Belgium, speaking on behalf of the EU and its Member States, said that while it was clear that there were gaps, the outcome of the assessment should not be pre-empted. The original amendment was intended to stipulate that an assessment should be conducted. The EU and its Member States could, however, accept the subamendment as proposed by the Employers’ group.
- 956.** The Worker Vice-Chairperson supported the subamendment as presented by the Employers’ group.
- 957.** The Government member of Brazil, speaking on behalf of GRULAC, the Government member of South Africa, speaking on behalf of the Africa group, and the Government member of Mexico also supported the subamendment.
- 958.** The amendment was adopted as subamended.

[A.191]

- 959.** The Government member of Belgium, speaking on behalf of the EU Member States, submitted an amendment to add the words, “and report back to the Governing Body” at the end of the clause.
- 960.** The Employer Vice-Chairperson proposed a subamendment to replace “report back to the Governing Body” with “to be discussed through a tripartite committee”, in line with the wording of the report of the eighth meeting of the ILO Standards Review Mechanism Tripartite Working Group (GB.349/LILS/1).
- 961.** The Worker Vice-Chairperson asked the Office to clarify whether the addition of that language was necessary.
- 962.** A representative of the Secretariat said that the proposed subamendment reflected the decision taken by the Tripartite Working Group of the Standard Review Mechanism, which had requested that the Office prepare research to be discussed by a tripartite meeting. The Governing Body should decide on the form such a tripartite meeting should take.
- 963.** The Worker Vice-Chairperson said that she did not support the amendment.

- 964.** The Government member of Belgium, speaking on behalf of the EU and its Member States, said, with regard to the possibility of aligning the wording with that of the Standards Review Mechanism Tripartite Working Group report, that the report only referred to research into gaps in parental protection, not the other items listed in the clause. If the scope of that research could not be extended to cover all aspects of the clause, the amendment should remain as originally proposed.
- 965.** At the request of the Employer Vice-Chairperson, a representative of the Secretariat explained that the Standards Review Mechanism Tripartite Working Group had conducted a review of the Maternity Protection Convention, 1919 (No. 3), Maternity Protection Convention (Revised), 1952 (No. 103), the Maternity Protection Recommendation, 1952 (No. 95), the Maternity Protection Convention, 2000 (No. 183) and the Maternity Protection Recommendation, 2000 (No. 191). In the context of that review, questions had been raised regarding potential gaps in international labour standards in respect of paternity and parental protection. The Tripartite Working Group had recommended that research be conducted in that regard. In its subsequent decision concerning the report of the eighth meeting of the Standards Review Mechanism Tripartite Working Group, the Governing Body had requested the Office to “prepare research to be discussed by a tripartite meeting, to be determined by the Governing Body at the earliest date possible, so as to enable the Organization to assess whether there are gaps in respect of paternity and parental protection and, if so, what normative and/or non-normative actions could be appropriate”. The Committee could thus consider whether to keep the present clause in line with the recommendation of the Tripartite Working Group, thereby restricting it to paternity and parental protection, or to extend the scope of the clause to other care responsibilities. The Committee could invite the Governing Body to either broaden the scope of the tripartite meeting already foreseen, or to convene a separate tripartite meeting.
- 966.** The Government member of Belgium, speaking on behalf of the EU Member States, proposed a subamendment, in light of the guidance provided by the Office, and in line with wording used in the resolution concerning a just transition towards environmentally sustainable economies and societies for all, to read “and consider convening a tripartite meeting, the format of which is to be decided by the Governing Body”. Such an approach would reflect the language of the Standards Review Mechanism Tripartite Working Group, while also allowing for a broader list of care leave policies, and would allow the Governing Body to decide whether to broaden the scope of the planned tripartite meeting to cover those aspects of care leave, or to convene a separate one.
- 967.** The Employer Vice-Chairperson did not support the subamendment and would prefer to see the same language as used by the Standards Review Mechanism Tripartite Working Group, in line with which the clause would read, “assess whether there are gaps in the ILO’s body of international labour standards in respect of paternity and parental protection, and if so, what normative and non-normative actions could be appropriate to be discussed through a tripartite committee;”.
- 968.** The Government member of Brazil supported the subamendment proposed by the EU Member States.
- 969.** The Government member of Australia noted the importance of inviting the Governing Body to expand the scope of the tripartite meeting beyond parental protection to cover other care leave policies, if possible.
- 970.** The Government member of Belgium, speaking on behalf of the EU Member States, proposed a subamendment, to replace the clause by: “prepare research to be discussed by a tripartite meeting, to be determined by the Governing Body at the earliest date possible, so as to assess

whether there are gaps in the ILO's body of care-related international labour standards, paternity and parental protection, and other care leave (for sick or critically-ill family members, older persons or persons with disabilities) and, if so, what normative and/or non-normative action could be appropriate".

- 971.** The Employer Vice-Chairperson supported the subamendment and proposed a further subamendment, to remove "care-related" before "international labour standards". The research should relate to all international labour standards.
- 972.** It was so agreed.
- 973.** The Worker Vice-Chairperson proposed a further subamendment to add "related to" before "paternity" for grammatical reasons.
- 974.** The Employer Vice-Chairperson supported the subamendment.
- 975.** The amendment was adopted as subamended.
- 976.** Point 27, clause (b) was adopted as amended.

Point 27(c)

[A.55]

- 977.** The Employer Vice-Chairperson submitted an amendment to delete clause (c). The conclusions should remain in line with the recommendations of the Standards Review Mechanism Tripartite Working Group. Clause (b), as adopted, reflected those recommendations. Clause (c) did not. It should therefore be deleted.
- 978.** The Worker Vice-Chairperson could not support the amendment. Clause (b) related to normative gaps in parental protection, whereas clause (c) requested an assessment of normative and non-normative gaps on decent work and the care economy. The Committee, in its conclusions, had noted the existence of gaps in public awareness, legislation, policies, funding and implementation. An assessment of such gaps was required, and should be conducted by a tripartite group.
- 979.** The Government member of the United Arab Emirates, speaking on behalf of the Member States of the GCC, supported the amendment.
- 980.** The Government member of Brazil, speaking on behalf of GRULAC, did not support the amendment.
- 981.** In the absence of consensus at the conclusion of the Committee's work, the amendment was not adopted.
- 982.** Having not been agreed by the Committee, clause (c) was not adopted.

Point 27(d)

- 983.** Point 27, clause (d) was adopted.

Point 27(e)

[A.54]

- 984.** The Employer Vice-Chairperson introduced an amendment to insert "including" before "through Decent Work Country Programmes", since there were many countries that did not have Decent Work Country Programmes.

- 985. The Worker Vice-Chairperson supported the amendment.
- 986. The Government member of South Africa, speaking on behalf of the Africa group, and the Government members of Bangladesh, the United States, Mexico, Brazil, Chile and the Syrian Arab Republic supported the amendment.
- 987. The amendment was adopted.

[A.53]

- 988. Following informal consultations, the Employer Vice-Chairperson withdrew an amendment to include “; adequate resources are critical to advance the 5R Framework” before “for Decent Care Work”.
- 989. Point 27, clause (e) was adopted as amended.

Point 27(f)

[A.215]

- 990. The Employer Vice-Chairperson introduced an amendment (A.215) to replace the text, “migrant care workers; domestic workers; community health and care workers; workers in cooperatives and other SSE entities; care workers in the informal economy; workers with family responsibilities” with “care workers”. The intention was to avoid an exclusive list. Care workers in general must be protected.
- 991. The Worker Vice-Chairperson did not support the amendment. Given the Committee’s long discussions on the vulnerabilities and challenges faced by particular groups of workers in the care economy, those specific groups must be identified explicitly.
- 992. The Government member of Mexico agreed with the Workers’ group and could not support the amendment. The list was important and should be retained.
- 993. The Government member of the Syrian Arab Republic supported the amendment, with a view to ensuring that all workers were included.
- 994. The Government member of Brazil introduced a subamendment to insert “all care workers including” before the list, thereby making specific categories of care workers explicitly visible, while ensuring that no care workers were excluded.
- 995. The Government member of Mexico seconded the subamendment proposed by the Government member of Brazil.
- 996. The Government members of Zimbabwe and China supported the subamendment.
- 997. The Government member of the United Arab Emirates, speaking on behalf of the Member States of the GCC, supported the original amendment.
- 998. The Government member of Belgium, speaking on behalf of the EU Member States, introduced a further subamendment to replace the list with “all care workers, and workers with family responsibilities”, since workers with family responsibilities were not covered by “all care workers”.
- 999. The Government members of the United Kingdom and the United States supported that subamendment.
- 1000. The Employer Vice-Chairperson also supported the subamendment, as proposed by the Government member of Belgium on behalf of the EU Member States.

- 1001.** The Government member of Bangladesh said that he could support either the proposal to maintain the entire list or the proposal to replace the list by “care workers”. He could not, however, support the removal from the list of some categories of workers.
- 1002.** In the absence of any consensus and following informal consultations, the Employer Vice-Chairperson withdrew the amendment and a subsequent amendment (A.214) to insert the words “to address the root causes of exclusion from labour protection and” before “to promote”.
- 1003.** The Government member of Belgium, speaking on behalf of the EU Member States, withdrew an amendment (A.147) to insert the word “care” before “workers in cooperatives”.
- 1004.** Point 27, clause (f) was adopted.

Point 27(g)

- 1005.** Point 27, clause (g) was adopted.

Point 27(h)

[A.34]

- 1006.** The Employer Vice-Chairperson introduced an amendment to remove “including migrant workers” after “social protection of care workers”, since issues relating to migration had been mentioned several times in the conclusions.
- 1007.** The Worker Vice-Chairperson strongly opposed the amendment. Migrant workers played a crucial role in the care economy and faced enormous challenges. More expertise and research were needed the impacts of the aspects mentioned in clause (h) on migrant care workers.
- 1008.** The Employer Vice-Chairperson explained that the proposed deletion of “including migrant workers,” was not intended to exclude migrant workers. The aspects included in the clause related to all care workers, including migrant workers.
- 1009.** The Government members of Mexico, Bangladesh, Canada, Brazil, the Plurinational State of Bolivia, Australia, Philippines, Chile, the United States and Mali did not support the amendment.
- 1010.** The Government member of the United Arab Emirates, speaking on behalf of the Member States of the GCC, and the Government member of the Syrian Arab Republic supported the amendment.
- 1011.** The Government member of Belgium, speaking on behalf of the EU and its Member States, said that she could support the amendment, in the spirit of compromise.
- 1012.** In view of the lack of consensus, the Employer Vice-Chairperson withdrew the amendment.
- 1013.** Point 27, clause (h) was adopted.

New clause after point 27(h)

[A.5]

- 1014.** The Government member of Japan introduced an amendment, which was seconded by the Government member of Belgium on behalf of the EU Member States, to add a new clause after point 27(h) to read, “research and publish information on examples of the use of

technology in care workplaces that can enable a better working environment;”. In the context of shifting demographics, technology could perform some duties for care workers, such as record keeping, which would improve productivity and reduce workload. Consideration must be given to which aspects of care could be supported or replaced by technology, to best contribute to a sustainable care economy.

- 1015.** The Worker Vice-Chairperson welcomed the amendment and agreed that the use of technology was an important issue. She proposed a subamendment to revise the new clause to read: “research and publish information on challenges and opportunities of the introduction and use of technology in the care economy, including digital technologies and artificial intelligence”.
- 1016.** The Employer Vice-Chairperson welcomed the amendment and supported the subamendment. However, she wished to propose a further subamendment to add the words “in workplaces that can enable a better working environment” at the end of the clause.
- 1017.** The Worker Vice-Chairperson said that the reference to the challenges of the introduction of technology earlier in the clause meant that “can enable a better working environment” was no longer coherent within the clause. She would be open to reconsidering the wording.
- 1018.** The Government member of the United States proposed a subamendment to replace “in workplaces that can enable a better working environment” by “and its impact on working conditions”.
- 1019.** The member of Australia seconded the proposed subamendment.
- 1020.** The Government member of South Africa, speaking on behalf of the Africa group, and the Government members of Japan, Canada, Argentina and Brazil supported the subamendment.
- 1021.** The Government member of the Syrian Arab Republic also supported the subamendment and underscored the importance of access to digital technology and artificial intelligence, which for some countries, such as his, was restricted by geopolitical situations, thereby hampering economic development.
- 1022.** The Worker Vice-Chairperson and the Employer Vice-Chairperson supported the subamendment.
- 1023.** The amendment (A.5) was adopted as subamended.
- 1024.** The new clause after point 27(h) was adopted as amended.

Point 27(i)

- 1025.** Point 27, clause (i) was adopted.

Point 27(j)

[A.50]

- 1026.** The Employer Vice-Chairperson introduced an amendment to replace “the effective exercise of the right to freedom of association and collective bargaining by all care workers, including those most at risk of exploitation and abuse” with “respecting, promoting and realizing the fundamental principles and rights at work”. Fundamental principles and rights at work were broader in scope but still included the right to freedom of association and collective bargaining.

- 1027.** The Worker Vice-Chairperson did not support the amendment, which changed the objective of the clause to examine specific obstacles to specific rights. The rights to freedom of association and collective bargaining for care workers who were most at risk of exploitation and abuse were particularly important, enabling rights.
- 1028.** The Government member Belgium, speaking on behalf of the EU and its Member States, the Government member of South Africa, speaking on behalf of the Africa group, the Government members of the United States, Canada, Chile, Mexico, Brazil and the Syrian Arab Republic did not support the amendment.
- 1029.** The Government member of the United Arab Emirates, speaking on behalf of the Member States of the GCC, supported the amendment.
- 1030.** In the absence of a consensus, at the conclusion of the Committee's work, the amendment was not adopted.
- 1031.** Having not been agreed by the committee, clause (j) was not adopted.

New clause after point 27(j)

[A.49]

- 1032.** The Employer Vice Chairperson introduced an amendment to insert a new clause after point 27(j), to read, "collect and share best practices, and conduct research on skills attraction, retention strategies of care workers and the benefits of harnessing technology in advancing decent work in the care economy;"
- 1033.** The Worker Vice Chairperson supported the request for research to help attract and retain care workers, but did support the reference to "skills attraction". Workers were not skills; workers had skills and qualifications. She therefore proposed a subamendment, to revise the new clause to read, "collect and share best practices, and conduct research on skills development that promotes career development and attracts and retains a skilled care workforce".
- 1034.** The Employer Vice Chairperson supported the subamendment.
- 1035.** The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of the United States, Bangladesh, Japan, Brazil Chile and Mexico supported the subamendment.
- 1036.** The Government member of the Syrian Arab Republic supported the original amendment but did not support the subamendment.
- 1037.** The amendment was adopted as subamended.
- 1038.** The new clause after point 27 (j) was adopted.

Point 27(k)

- 1039.** Point 27, clause (k) was adopted.

Point 27(l)

[A.148]

- 1040.** The Government member of France, speaking on behalf of the EU Member States, introduced an amendment to include "and WHO Academy in Lyon", to complement the expertise of the

International Training Centre of the ILO (ITCILO) in Turin with respect to capacity-building for the care economy.

- 1041.** The Employer Vice-Chairperson did not support the amendment. It was the prerogative of ITCILO Turin to decide with which partners to collaborate.
- 1042.** The Government members of Mexico Chile and Senegal supported the amendment.
- 1043.** The Government member of the Syrian Arab Republic supported the amendment and suggested a subamendment to add “and other specialized centres” after “Lyon”, to ensure wider collaboration.
- 1044.** The Government member of South Africa, speaking on behalf of the Africa group, seconded the subamendment, which was also supported by the Government member of France.
- 1045.** The Employer Vice Chairperson requested clarification from the Office regarding whether the ILO had any control or capacity in relation to other centres not under its jurisdiction, bearing in mind that the clause referred to technical capacity-building for “adequate financing”.
- 1046.** The representative of the Secretary-General responded that the ILO had no influence over the WHO Academy in Lyon, which would open at the end of 2024 offering online courses. However, the ITCILO cooperated with relevant United Nations agencies at many levels, and could select appropriate partners to work with on appropriate topics.
- 1047.** The Government member of the United States, supported by the Government member of the United Kingdom, supported the amendment as subamended; there were important benefits to the ILO working with other international bodies.
- 1048.** The Government members of Mali and Guinea also supported the amendment as subamended.
- 1049.** The Government member of the United Arab Emirates, speaking on behalf of the Member States of the GCC, and the Government members of Cameroon and Zimbabwe, supported the reference to other specialized centres but did not support the inclusion of a reference to the WHO Academy.
- 1050.** The Employer Vice-Chairperson proposed a subamendment to replace the amendment by “and collaboration with other relevant training centres”, to open the scope for other organizations to be included.
- 1051.** The Government members of Mexico and Chile did not support the subamendment. Specific reference should be made to the WHO Academy.
- 1052.** The Government member of South Africa, speaking on behalf of the Africa group, and the Government members of China, Kiribati and Bangladesh supported the subamendment as proposed by the Employers’ group.
- 1053.** The Worker Vice-Chairperson proposed a subamendment to include “, as appropriate” after “relevant training centres.”
- 1054.** The Employer Vice-Chairperson supported that subamendment.
- 1055.** The Government member of France, speaking on behalf of the EU and its Member States, and the Government members of Chile, Bangladesh Argentina, Mali, Cameroon, Kiribati, New Zealand, the Syrian Arab Republic and Zimbabwe supported the subamendment.
- 1056.** The amendment was adopted as subamended.
- 1057.** Point 27, clause (l) was adopted as amended.

Point 27(m)

[A.48]

- 1058.** The Employer Vice-Chairperson introduced an amendment to delete “mechanisms” after “collective bargaining.”
- 1059.** The Worker Vice-Chairperson said that “collective bargaining” and “workplace cooperation” should not be placed as equally weighted aspects of a list. Workplace cooperation was a tool, whereas collective bargaining was a fundamental right. As such, she did not support the removal of “mechanisms”.
- 1060.** The Employer Vice-Chairperson said that the fundamental principles and rights at work were the effective recognition of the right to collective bargaining, but that collective bargaining was not, in itself, a right.
- 1061.** The Government member of New Zealand, noting the concern of the Workers’ group, proposed a subamendment, to read “collective bargaining, as well as workplace cooperation”.
- 1062.** The Government member of Belgium, speaking on behalf of the EU Member States, proposed a subamendment to end the clause after the words “social dialogue”, thereby deleting the references to collective bargaining and to workplace cooperation.
- 1063.** The Employer Vice-Chairperson supported the subamendment proposed by the EU Member States.
- 1064.** The Worker Vice-Chairperson suggested aligning the wording with the Centenary Declaration, to read, “including collective bargaining mechanisms and encourage, where appropriate, effective workplace cooperation;”.
- 1065.** The Employer Vice-Chairperson did not support the subamendment.
- 1066.** The Government member of Qatar, speaking on behalf of the Member States of the GCC, and the Government members of Türkiye, Switzerland and Bangladesh did not support the subamendment.
- 1067.** The Government member of Belgium, speaking on behalf of the EU and its Member States, and the Government members of Brazil, the United States and Canada supported the subamendment.
- 1068.** Following informal consultations, the Employer Vice-Chairperson proposed a further subamendment to revise the clause to read, “reinforce the capacities of tripartite constituents to engage in the formulation, implementation and monitoring of national care policies and strengthen all forms of social dialogue including collective bargaining and tripartite cooperation. Encourage effective workplace cooperation as a tool to help ensure safe and productive workplaces, in such a way as it respects collective bargaining and its outcomes, and does not undermine the role of trade unions;”.
- 1069.** The Worker Vice-Chairperson supported the subamendment.
- 1070.** The Government member of South Africa, speaking on behalf of the Africa group, also supported the subamendment.
- 1071.** The amendment, as subamended, was adopted.
- 1072.** One subsequent amendment (A.210) fell.
- 1073.** Point 27, clause (m) was adopted as amended.

Point 27(n)

[A.47 and A.40]

- 1074.** The Employer Vice-Chairperson withdrew two proposed amendments to replace “leadership” by “leading” before “role” and to replace “ensuring” by “enhancing” before “policy coherence”.
- 1075.** Point 27, clause (n) was adopted.

New clause after point 27(n)

[A.155]

- 1076.** The Government member of the United Kingdom, speaking also on behalf of the Government of Canada, introduced a proposed amendment to insert a new clause after (n), to read, “continue to promote the Guidelines for a just transition towards environmentally sustainable economies and societies for all (2015), including in relation to the care economy;”.
- 1077.** The Worker Vice-Chairperson and the Employer Vice-Chairperson both said that their groups could accept the amendment, provided it was also supported by the majority of governments.
- 1078.** The Government member of South Africa, speaking on behalf of the Africa group, the Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of Brazil, speaking on behalf of GRULAC, and the Government member of Kiribati supported the amendment.
- 1079.** The amendment was adopted.
- 1080.** The new clause after point 27 (n) was adopted.

Point 27(o)

- 1081.** Point 27, clause (o) was adopted.

Point 27(p)

[A.46]

- 1082.** The Employer Vice-Chairperson withdrew an amendment to delete clause (p).
- 1083.** Point 27, clause (p) was adopted.

New clause after point 27(p)

[A.20]

- 1084.** The Government member of Kiribati, speaking also on behalf of the Government of Samoa introduced a proposed amendment to add a new clause after (p) to read, “strengthen social dialogue, cooperation and coordination for long-term sustainability of economies and societies for all.”.
- 1085.** The Worker Vice-Chairperson, supported by the Employer Vice-Chairperson did not support the amendment, since sufficient reference had been made to strengthening social dialogue in point 27(m).
- 1086.** The amendment was not adopted.

New clause after 27(p)

[A.18]

- 1087.** The Government member of Kiribati, speaking also on behalf of the Government of Samoa introduced a proposed amendment to add a new clause after (p) to read, “bring about transformational changes to address care employment challenges both in labour sending countries and in labour receiving countries, including strengthening regulatory institutions, social monitoring and audits, legal protections, occupational safety and health, equal access to ensure decent work in the care economy and promote decent work for all care workers.”. Care had a very different context in small island Pacific States than in the rest of the world, and was considered a privilege and part of daily life, intrinsically linked to island community culture. There was no formal provision of childcare, palliative care or eldercare homes. Care for all vulnerable members of society was provided by the community and the provision of care was considered a great mark of honour. The cultural devotion to care had been supported and perpetuated by migrant workers and the remittances they sent back to their home communities. Without specific provisions for migrant workers from small island developing States, the Committee’s conclusions would not be universally applicable.
- 1088.** The Government member of Australia thanked the Governments of Kiribati and Samoa. Circumstances in small island developing States were distinct from elsewhere in the world. Her Government could support the amendment.
- 1089.** The Government member of Brazil, speaking on behalf of GRULAC, and the Government member of China supported the amendment.
- 1090.** The Worker Vice-Chairperson did not support the amendment. It contained several aspects that were already covered by other provisions of the conclusions, and other aspects that were not clearly defined.
- 1091.** The Employer Vice-Chairperson did not support the amendment.
- 1092.** The amendment was rejected.

New clause after point 27(p)

[A.19]

- 1093.** The Government member of Kiribati, speaking also on behalf of the Government of Samoa introduced a proposed amendment to add a new clause after (p) to read, “provide support to, particularly, small island developing States and least developed countries, in mitigating the risk of brain drain”.
- 1094.** Responding to a request for clarification from the Employers’ group regarding how the ILO could provide the support requested, the representative of the Secretary-General said that support could be provided including through programmes to help establish care systems and develop skills.
- 1095.** In light of that explanation, the Employer Vice-Chairperson supported the amendment.
- 1096.** The Worker Vice-Chairperson supported the amendment.
- 1097.** The Government member of Australia thanked the Governments of Kiribati and Samoa and expressed strong support for the proposal, which would make a significant difference in the Pacific region.

- 1098.** The Government member of Belgium, speaking on behalf of the EU and its Member States, the Government member of Brazil, speaking on behalf of GRULAC, and the Government members of the United States, Canada and China supported the amendment.
- 1099.** The amendment was adopted.
- 1100.** The new clause after 27(p) was adopted.
- 1101.** Point 27, as a whole, as amended, was adopted.
- 1102.** Part V, as a whole, was adopted as amended.
- 1103.** The conclusions concerning Decent Work and the Care Economy, as a whole, as amended, were adopted.

Approval of the draft resolution concerning decent work and the care economy

- 1104.** The Chairperson introduced the draft resolution, which had been circulated among the Committee members. The resolution was a technical element to give effect to the conclusions adopted by the Committee.
- 1105.** The resolution was adopted.

Closing remarks

- 1106.** The Employer Vice-Chairperson thanked the Chairperson for his impartiality, professionalism and focus in steering the Committee in its challenging work. She expressed appreciation to the Worker Vice-Chairperson and to all government members, as well as to the Office for its support.
- 1107.** The Worker Vice-Chairperson echoed the words of thanks to the Chairperson, who had done well to guide the discussions on a complex subject. She thanked all those who had provided support to the Workers' group and expressed her appreciation to the Employer Vice-Chairperson and to the government members, who had contributed to the work of the drafting group and of the Committee.
- 1108.** The Government member of Belgium, speaking on behalf of the EU and its Member States, thanked the Chairperson for having taken over the reins of the Committee in unprecedented circumstances and expressed appreciation to the social partners and all government members who had been active in seeking solutions together, in a spirit of compromise. The support of the Office had been invaluable.
- 1109.** The Government member of Brazil, speaking on behalf of GRULAC, thanked all those who had participated in the work of the Committee for their efforts, and drew attention to the world's migrant and domestic workers, whose voices the governments of her region represented.
- 1110.** The representative of the Secretary-General thanked the Chairperson and all constituents for their hard work and dedication throughout the Committee's work, which, although difficult, had been infused with a spirit of goodwill from the outset.
- 1111.** The Chairperson commended the spirit of cooperation that had prevailed throughout the Committee's work, even during difficult moments. The subject of the care economy meant a great deal to the social partners. He thanked the governments for their pragmatism. The results of the Committee's work were testament to the goodwill that had prevailed.

- 1112.** The Chairperson declared the Committee on the general discussion on decent work in the care economy closed.