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Caring for the Future: Redefining Development through Care Politics

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UN WOMEN

FOR ALL WOMEN AND GIRLS

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Beatriz Ruiz and Florencia Fernández (UN Women) supported the production of the document.

Foreword

Global challenges in development and social protection highlight the urgency for States to design and strengthen comprehensive policies capable of responding to societies' needs, with adaptability to local contexts.

Today, we face a scenario of high political instability, weakening of social pacts, questioning of social rights, and even questioning of democracy itself. In this context, strengthening social protection becomes key to building resilient systems, restoring citizen trust, and revitalizing our democratic institutions.

Strengthening social protection is not limited to better redistribution of resources, which are always scarce; it also requires confronting the limits of current development models. This demands rethinking the economy, institutions, and communities from a new perspective. Social policy should be understood as a strategic investment: financing early childhood, preventing dependency among the elderly, addressing mental health, or supporting carers not only reduces inequalities, but also frees up time and capacities that drive consumption, innovation, and entrepreneurship.

Within this framework, care emerges as a fundamental pillar for the sustainability of life. However, this essential work continues to be invisible and unequally distributed. Advancing toward a new social organization of care, centred on shared responsibility, will help reduce gender gaps, strengthen economic autonomy, and generate sustainable development benefits.

This document is born from the conviction that the care crisis is an opportunity to rethink development models and their links with the economy, institutions, and communities.

The Second World Summit on Social Development in Doha represents a decisive opportunity. Promoting robust social protection systems and strong care policies will be crucial to building a more inclusive, just, and sustainable development model.

Javiera Toro Cáceres
Minister of Social Development and Family
Government of Chile

Foreword

Whether paid or unpaid, care work sustains families and communities, supports businesses, and enables all other work. It contributes to resilience and well-being, stronger economies, and inclusive labour markets. Yet, despite its essential role, care work remains largely invisible, undervalued, and underfunded.

At the same time, the demand for care is growing—driven by demographic shifts, climate impacts, and fragile contexts.

Across the world, too many care workers—most of whom are women—face low wages, long hours, and limited access to social protection. Many work informally, without labour or social protections, and without their own care needs being met.

Unpaid care work, overwhelmingly carried out by women and girls, remains one of the greatest barriers to gender equality in the world of work. In 2023, the ILO estimated that 708 million women and 40 million men were outside the labour force due to care responsibilities.

This can and must change.

Investment in care is a powerful driver of gender equality, decent work and sustainable development, and a key component of universal social protection.

In June 2024, the International Labour Conference adopted a landmark resolution on decent work and the care economy. The Resolution complements other global and regional resolutions on the centrality of care to our economies and societies. It sets out a practical roadmap for building integrated, robust care systems, guided by the ILO 5R framework: recognize, redistribute and reduce unpaid care work, renumerate paid care work adequately and enable the representation of care workers, including in social dialogue.

This report highlights how change can happen, with case studies from Chile, Morocco, Philippines and Spain.

As we look to towards fairer, more inclusive societies grounded in social justice, we must place care – care for children, care for older people, care for persons with disabilities, self-care, and care for the care workers and caregivers themselves – at the heart of our social and economic policies.

Our futures depend on it.

Manuela Tomei
Assistant Director-General for Governance, Rights and Dialogue
International Labour Organization

Foreword

The fundamental importance of care to life, well-being, and gender-equitable development is undeniable in an increasingly fragile and unequal world. This report makes the case for robust care systems that transform societies and economies. It redefines care as a cornerstone of gender equality, social protection and a universal right, shifting the focus from individual to collective responsibility.

The disproportionate responsibility of unpaid and low-paid care work on women and girls, especially the most marginalized, is a primary driver of gender inequality. Across countries and continents, this imbalance creates significant barriers to women's and girl's rights and opportunities limiting their access to education, decent employment, and broader economic security. The COVID-19 pandemic and subsequent crises magnified these underlying issues, revealing a deep reliance on women's unpaid care and causing a major setback in their participation in the workforce.

In response to these challenges, the United Nations System advocates for a paradigm shift that prioritizes the sustainability of life and the planet, guarantees the human rights of all care providers and recipients, and establishes a model of co-responsibility for care provision, with the State as a primary duty bearer. This vision requires collective action at national, regional, and international levels, where access to care is recognized as a public good and care work – both paid and unpaid - as skilled and essential work.

Global commitments and efforts to achieve this vision have intensified in recent years, with several global resolutions and regional commitments positioning care as central to sustainable development and gender equality. These efforts emphasize the importance of human rights-based, state-accountable, universal, gender-responsive, transformative, and inclusive care systems that leave no one behind.

Investing in gender-transformative care systems is a strategic economic imperative, not merely social spending. The returns on this investment are extensive, benefiting individuals, societies, economies, and the environment. This document outlines the practical steps and guiding principles to make this a reality, leading to a more gender-equitable and prosperous world for all.

The Second World Summit on Social Development presents a critical moment for multilateral collaboration, as we face increasing polarization and pushback on human rights and gender equality. We need to seize this opportunity to accelerate our efforts to achieve SDG 5 and the effective social development of all women and girls.

Sima Bahous
Under Secretary General and Executive Director
UN Women

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Key messages

Care work sustains families and communities, supports businesses, and enables all other work. It contributes to resilience and well-being, stronger economies, and inclusive labour markets. Care is a fundamental human need and a cornerstone for sustainable development, gender equality, social justice and, overall, the sustainability of life.

Current care deficits add to social norms placing an unequal and excessive share of unpaid care responsibilities on women, limiting their opportunities for participation in decent work and in broader economic, social, cultural and political life and, by extension, hindering the potential for inclusive economic and social development.

International norms and international debates call for the development of integrated policies, with a primary role for the State to set the foundations with an active role for the different stakeholders, including communities, carers, care recipients and the private sector.

Chile, Morocco, Philippines and Spain have strong constitutional and legal foundations to advance care policies and programmes, are engaged in discussions to create care systems or policy frameworks which frame care as a public good, or have integrated care into their social protection framework.

Investing in care systems is not merely a social expenditure but a strategic investment. Countries like Chile and Spain are expanding public care services, but despite the evidence and the legal recognition of care as a right or public good, necessary investments still lag behind the needs across the world.

Transformative care policies require collective and multistakeholder action at national, regional, and international levels. Care policy transcends one specific agency, involving agencies and actors with mandates related to health, labour and employment, skills, gender, health, social security, and social development, among others, at the national, departmental, municipal and local levels. Care systems and frameworks like those being discussed in Chile and the Philippines set specific roles for different agencies, including local administrative units.

The advances shown by these countries forge a path for the recognition of care as a universal right and a public good based on shared responsibility. They set a regulatory framework for gender transformative systems to be built. They are a vision and transforming it into a reality requires bold and multi-sectoral actions grounded in human rights and gender equality. Care policies can be a transformative solution to tackle social challenges and set the path for innovative development models.

Introduction

The need for care is a universal experience: at some point in life, everyone has required care, will probably require it, or will need to practice self-care. Care is fundamental to the sustainability of life and the planet, demanding recognition of its value and the rights of both those who receive and those who provide care, as well as the right to self-care.[1] Care is at the centre of societies and development models that are just and inclusive. It is also at the centre of global transformations resulting from demographic change. By 2030, 2.3 billion people are expected to need care. As recognised in the ILO's 2024 *Resolution concerning decent work and the care economy*, care work – both paid and unpaid – is essential to all other work. A well-functioning care economy supports individuals and families, contributes to a healthier workforce, creates jobs, enhances productivity and advances gender equality.

Care work, whether paid or unpaid, encompasses a wide range of tasks and disciplines: caring for children, adolescents, people with temporary disabilities, and those requiring long-term care; providing personal support, health, and education services; and delivering direct, managerial, supervisory, and emotional support.[2] [3] Care is inherently relational, involving one or more caregivers and a care recipient; this work is physically, mentally, and emotionally demanding.[4] Globally, in 2023, 13% of the workforce—approximately 478 million workers—participated in the care economy. The majority of this work is performed without compensation for these services and outside the formal economy, without access to social security or labour protections.

Substantive deficits in care policies, services and infrastructure across the world, coupled with social norms, contribute to an unequal and excessive share of unpaid care responsibilities placed on women, which limits their opportunities for participation in decent work and in broader economic, social, cultural and political life.

Paid care workers – 65 per cent of whom are women – often face decent work deficits, including low pay, low status, inadequate social protection, long working hours, few opportunities to develop skills and significant exposure to occupational health and safety risks, including violence and harassment. Given that most care work – paid and unpaid – is carried out by women, the current division of care work exacerbates the immediate and long-term negative effects of the gendered division of care work on women. This reality, especially strong in low- and middle-income countries, is that care is a significant source of both present and future gender inequality.[5] [6] [7]

The ILO's 2024 *Resolution concerning decent work and the care economy*, adopted by the International Labour Conference, frames care as a social responsibility shared by the State, the private sector, families, the social and solidarity economy, and the community. The State, in particular, holds the primary responsibility for providing, financing, and regulating care, ensuring the highest standards of quality, safety, and health for both care workers and recipients. Through distinct and integrated policies, the State can regulate the provision of care, identify the roles and responsibilities for different actors and promote a more equal distribution of care that supports individuals and families, setting the foundations for an economy and society that creates jobs, enhances productivity and advances gender equality. *The Doha Political Declaration* (3.r, 11.b and 11.c) recognises the multiplier effects of adopting policies and support and care systems in areas related to the inclusion of women in the labour market, the formalisation of work and the quest to ensure social protection for those who perform care work.

1 ECLAC, UN Women and ILO (2025). El derecho al cuidado en América Latina y el Caribe: avances normativos. Observatorio de Igualdad de Género de América Latina y el Caribe. Estudios (4) (LC/PUB.2025/9-P).
2 ILO, 2018. Care work and care jobs for the future of decent work.
3 ILO, 2024. Decent work and the care economy. ILC.112/Report VI.
4 Palacios, J., Pérez-Cruz, P., & Webb, A. (2022). The experience of caring for an older relative in Chile: going beyond the burden of care. Ageing and Society, 42(6), 1340–1359. doi:10.1017/S0144686X20001567
5 ILO, 2018. Care work and care jobs for the future of decent work.
6 ILO, 2024. Decent work and the care economy. ILC.112/Report VI.
7 ILO, 2024b. The impact of care responsibilities on women's labour force participation.

Investment in care is a powerful driver of gender equality, decent work and sustainable development, and a key component of universal social protection. In the wake of the demographic transition and the projected increases in dependency, especially among the elderly, the care economy will be fundamental to the future of work. The ILO's 2019 *Centenary Declaration for the Future of Work* recognizes demographic change as a driver of labour market transformation, and the 2024 *Resolution concerning decent work and the care economy* calls for care systems to be strengthened as part of social infrastructure, and for adequate, sustainable financing of policies, interventions and programmes. The Resolution emphasizes the urgency of ensuring decent work, promoting access to quality care and support, and provides guiding principles for states and social actors to strengthen decent work, address gender inequalities, value care work, and guarantee rights for both caregivers and care recipients.

The ILO *Resolution concerning decent work and the care economy* advocates for a comprehensive and integrated approach to decent work and the care economy and sets out the common understanding, guiding principles and actions needed to transform care and support systems, advance gender equality and chart a course to inclusive social development and social justice. The Resolution affirms the ILO's 5R Framework for Decent Care Work as an effective tool to guide the development of rights-based, integrated care policies and systems through a life-course approach, based on international labour standards and social dialogue, while orienting public and private investments.[8]

Countries across the world have begun developing integrated national care systems. They coordinate the breadth of policies that advance the ILO's 5R framework of i) recognition of care work, ii) redistribution of care work, iii) reduction of unpaid care work, iv) adequate remuneration of paid care work, and v) the representation of care workers, including in social dialogue. These include policies that involve the ministries that oversee labour and employment and macroeconomic policies, social protection, gender equality, education, housing and health, among others. It also includes local governments and other actors that create the necessary support that care provision requires.

Some countries have embedded care as another pillar in their social protection systems. Countries thus leverage existing institutional arrangements to mobilize funding for care and benefit from the established governance of social protection to secure the necessary rights, advance service provision and cash transfers, and the participation of the relevant parties.

This report highlights, firstly, the global challenges and opportunities that arise from developing robust care systems and embedding them as part of the social protection systems. Secondly, the report advances four approaches to advance and implement care policies. The case studies – Chile, Morocco, Philippines and Spain – highlight the interplay of global and national challenges and opportunities, underscoring the value of extending the dialogue, both within and between countries to facilitate an adequate design.

8 ILO, 2018. Care work and care jobs for the future of decent work.

Gender-transformative care systems: A global approach

The centrality of care to sustainable development and its relevance for gender equality are now widely recognized by the global community. This is evidenced by a growing number of normative advancements recognizing the undervaluing and gendered division of care work and its linkages to poverty and structural inequality, with significant implications for women and girls and for the rights and well-being of all those both providing and requiring care.

Unpaid and low-paid care work falls heaviest on women and girls with the least resources. Globally, women and girls spend over 2.5 times more hours per day on unpaid care work than men[9]. Unpaid care work is most intensive for women and girls living in poverty, in economies with limited public services, basic infrastructure or social protection, and in rural areas.[10] At the same time, women make up 80% of the paid care workforce, in sectors often characterized by low-pay, insecurity and limited social protection[11]. World-over, these disparities are a key source of gender gaps, restricting women's and girls' education, decent paid work, economic security, political participation, and well-being throughout their lives. The COVID-19 pandemic and subsequent economic crises further exposed deficiencies in care systems and the heavy reliance on women's unpaid care work, leading to significant setbacks in women's labour force participation, leaving 708 million women outside the labour force globally[12]. There is therefore an imperative to ensure efforts to strengthen care systems are grounded in approaches to transform these structural drivers of gender inequality.

Against this backdrop, the United Nations System advocates for a paradigm shift toward a society that is fundamentally reoriented towards care. This vision requires a societal framework that prioritizes the sustainability of life and the planet, guarantees the human rights of all care providers and recipients, and a model of co-responsibility for the provision of care with the *State as a primary duty bearer.*[13] This means access to care across the whole spectrum, including children, the elderly, the disabled, and those with long-term care needs.

Achieving the vision will require collective action at the national, regional and international levels, where care is central to thriving, sustainable, and just economies, recognized as a public good and skilled, essential work. It calls for redefining spending on care as an investment with significant tangible and intangible dividends. More broadly, this also means breaking away from economic growth patterns that exacerbate economic exclusion, development practices that are environmentally unsustainable, and systems that reinforce cycles of disadvantage. A paradigm shift is required, one that conceptualizes and constructs economies with gender equality and human rights as their core tenet.

Already, we are seeing promising progress. For example, since 2020, five global resolutions have been passed, helping to further position care as a public good, essential for sustainable development and gender equality. These include UN GA *Resolution 77/317* to observe an annual International Day of Care and Support on 29 October; UN HRC *Resolution 54/6* to acknowledge the centrality of care and support from a human rights perspective; UN ECOSOC *Resolution 2024/4* to promote the importance of care and support systems for social development; *ILO Resolution on care work and the care economy*; and WHA *Resolution 78.16* to accelerate action on the global health and care workforce.

9 UN Women and DESA (2025). Progress on the Sustainable Development Goals: The Gender Snapshot 2025. New York.
10 United Nations (2024). UN System Policy Guidance on Transforming Care Systems.
11 UN Women, 2024. Care: A critical investment for gender equality and the rights of women and girls. UN Women Statement for the International Day of Care and Support, 29 October 2024.
12 UN Women and DESA (2025). Progress on the Sustainable Development Goals: The Gender Snapshot 2025. New York.
13 United Nations (2024). UN System Policy Guidance on Transforming Care Systems.

Several regional commitments and frameworks also contribute to accelerate this momentum and ground it in regional, national and local levels. These include the ASEAN Comprehensive Framework on the Care Economy in Southeast Asia; the European Care Strategy for Caregivers and Care Receivers in the European Union; the Buenos Aires Commitment adopted in 2022, and the Tlatelolco Commitment, adopted in August 2025 by Member States of the Economic Commission for Latin America and the Caribbean (ECLAC) to accelerate the achievement of substantive gender equality and the "care society". In Latin America and the Caribbean the Inter-American Court of Human Rights Advisory Opinion OC-31/251, was also the first International Court recognizing the "human right to care" composed of three dimensions (receiving care, providing care, and exercising self-care).

Together with Member States and partners, the UN System is playing a key role in advancing a gender-transformative care agenda by upholding and expanding normative frameworks, facilitating the recognition of interlinkages between care and development goals, strengthening political will, supporting knowledge and skills transfer, piloting and scaling up innovations, fostering social dialogue, promoting international cooperation, and reforming its own policies. The fulfilment of gender-transformative care systems will require the adoption of five key principles:[14]

- **Human rights-based:** Care systems must respect and promote the dignity and autonomy of all involved, including caregivers, care workers and those in need of care and support, in line with international human rights law (e.g., the Universal Declaration of Human Rights (UDHR), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention of the Rights of Persons with Disabilities (CRPD), Convention on the Rights of the Child (CRC)). This means treating policy targets as active subjects of rights with a voice in policy design, implementation, and evaluation, and the right to seek justice for human rights breaches.

- **State accountability:** States hold the primary responsibility to respect, protect, and fulfill human rights to care. This includes setting benefits, defining quality, regulating the care market and labor market, acting as a core funding entity, and sometimes as a direct provider. States must ensure rights are statutorily guaranteed, benefits are adequate, and care is collectively financed as part of universal, solidarity-based social protection and care systems.

- **Universality:** Quality care-related services, infrastructure, regulatory frameworks, and benefits must reach the entire population, especially those most likely to be left behind, ensuring availability, accessibility (including affordability), adequacy, and quality.

- **Transformative:** Care systems should actively advance gender equality and non-discrimination, addressing structural inequalities, challenging the undervaluing of care, and transforming the subordination of care recipients and the structural dependency on women as primary caregivers. Care policies should promote autonomy, dignity, agency, and should be gender-equal or lead to gender-equal outcomes.

- **Leaving no one behind:** Efforts must systematically encourage non-discrimination and gender equality, prioritizing traditionally discriminated and marginalized groups (e.g. women, persons with disabilities, those in need of long-term care, children, older persons, Indigenous and racial/ethnic minorities, LGBTQIA+ persons, migrant groups or population living in rural areas) who are most likely to provide or require care. This involves identifying and addressing inequalities and discrimination in law, policies, and practices.

14 United Nations (2024). UN System Policy Guidance on Transforming Care Systems.

Achieving the key principles underlying this vision requires multistakeholder efforts in positioning care as a public good, taking a context-specific and life-course approach, ensuring policies enable both care and gender equality outcomes, working across ministries and disciplines, anchoring policies in national and international law, building the investment case for care, and adopting a cross-disciplinary approach.

Investing in care systems is not merely a social expenditure but a strategic investment with profound and far-reaching benefits for individuals, societies, economies, and the planet. Transforming this vision into a reality requires bold and multi-sectoral actions grounded in human rights and gender equality, paving the way for a more just, sustainable, and equitable future for all.

Multistakeholder action as a cornerstone for building care societies

Global Alliance for Care

The COVID-19 pandemic transformed care from a private matter to a public issue. Confinement measures and increased care needs brought this undervalued but crucial work to the fore, predominantly carried out by women. As a result, a growing number of debates at the international level have increasingly called for policies that recognize, reduce, redistribute, represent and reward care. Due to its diversity and complexity, care cannot be addressed through isolated measures; it is a cross-cutting element of the development agenda that requires cross-sector collaboration. Though States are the primary duty-bearers for transforming the social organization of care, the private sector, communities and households play vital roles as well.

Since 2021 and with the aim of serving as the platform for this multi-sector collaboration, the Global Alliance for Care (GAC)—convened by the Government of Mexico and UN Women—fosters spaces for collective action for care. Through the Alliance, over 300 members from governments, civil society, trade unions, philanthropy, international organizations, and academia collectively advance the care agenda from the local to the global level. The Alliance centres the voices of caregivers and care and support receivers, fosters dialogue with policy and decisionmakers, mobilizes cross-movement action and promotes shared responsibility for care.

As part of these efforts, the Alliance has brought this collective voice to spaces such as the Fourth International Financing for Development Conference (FfD4), the G20, the Regional Conference on Women in Latin America and the Caribbean (RCW), among others, fostering multistakeholder dialogue, debate, and mobilization around the care agenda and its intersections with broader development priorities.

Through its learning communities, exchanges of experiences and publications, the Alliance has raised awareness on the centrality of care to our societies and document best practices, lessons learned, challenges and opportunities in implementing care policies. It has also explored emerging topics regarding the care agenda, such as financing for care and the care and climate nexus. These efforts have generated new evidence and deepened understanding of care-related issues across diverse fields of action.

As the care agenda evolves, new questions are being raised which require multi-stakeholder action: How can we guarantee sustainable financing care policies? How might approaches to care differ across regions? How should the care agenda incorporate demands from different movements, including labour, disability rights, and climate action? Forums such as the GAC provide the momentum and space to compile the different visions and inform policy at all levels.

National experiences and good practices in care policies

Chile

Diagnostic: National and regional data

In Chile, care constitutes a structural challenge marked by the unequal distribution of unpaid work, a supply of services that remains insufficient, and deep gender and territorial gaps. On a typical day, women spend, on average, 2 hours and 5 minutes more than men on these tasks (4:57 hours versus 2:52), restricting their economic autonomy and full participation in social and working life.[15]

From a social and territorial perspective, the Household Social Registry (RSH) shows that 9.2% of the population performs unpaid care work, with significant differences between regions. Access to support services and the availability of institutional networks vary widely across the territory, affecting women more intensely in rural contexts, among Indigenous peoples, or those with lower incomes.

The demand for care is increasing due to population ageing and dependency. In Chile, 1.2 million people live with disabilities or care needs (7.1% of the population); in parallel 8.3% of people over 66 years old have no pension or labour income, increasing their vulnerability and dependence on family support. During the June–August 2025 quarter, 28.4% of women who were not part of the labour force were in that situation due to permanent family reasons, whereas only 2.9% of men out of the labour force reported so because of care.[16]

In response to this scenario, Chile is establishing the National Supports and Care System (SNAC), conceived as a structural pillar of social protection and of a social and democratic State of rights. The system seeks to recognize care as a universal right, redistribute responsibilities among the State, communities, families, and the private sector, and ensure that all people—those who provide care, those who receive care, and those who care for themselves—are considered rights holders.

Institutional framework, national experience and preliminary results

Since 2022 and with strong support from civil society, the government has placed care at the centre of its public agenda. The goal is to bring care to the fore, and for it to become a pillar of democracy and sustainable development. This political commitment requires robust laws, multi-year budgets, and stable institutions capable of protecting the progress achieved and ensuring continuity in the face of changes in government.

To consolidate this political commitment, the government has put for parliamentary consideration a bill which recognizes the right to care and creates the National Care and Support System (SNAC). This bill has two pillars: i) the recognition of care as a right and ii) the establishment of care as the fourth social protection pillar, alongside health, education and income-security. The SNAC's governance includes the Ministry of Social Development and Family as the executive body, an Interministerial Committee, a Care Secretariat, and Civil Society Councils at both national and regional levels.

15 INE (2023). II Encuesta Nacional de Uso del Tiempo: Informe de Principales Resultados.

16 Observatorio Laboral de Género, OCEC-UDP.

In terms of available programmes and services, three central lines stand out:

- The **Local Networks of Supports and Care (RLAC)** diagnoses each households' care needs and provides professional in-home services (e.g. physical therapists, occupational therapists, psychologists). In addition, a relief assistant is offered for the primary caregiver. RLAC offered services to 37,173 people, a 596% increase compared to 2022.

- **Chile Te Cuida** offers support kits, remote assistance, and virtual workshops. It will reach 6,200 beneficiaries in 2025.

- The **Community Care Centres** offer respite, self-care activities and psychosocial support to caregivers. By March 2026 there will be 100 centres available across the country.

The government has also implemented the Caregivers Credential, which grants official recognition and preferential access in public and private services. It constitutes a pioneering policy for the social legitimization of care, as it makes caregivers visible and recognizes them. As of October 2025, there are 229,118 registered caregivers, of whom 85.4% are women, with a strong concentration in the most socioeconomically vulnerable quintiles.

In addition, Chile has a National Care Policy and Action Plan which contains measures from 14 ministries and institutions that provides the SNAC with a comprehensive and cohesive perspective. These measures include programmes to support the digitization, professionalization, and certification of caregivers.

Taken together, these advances and the expansion of other Chile Cuida programmes have increased the coverage of care-support programmes tenfold in three years, strengthened intersectoral and territorial coordination, and placed care at the centre of the public debate, positioning it as a social right, laying the foundations for a sustainable and co-responsible system.

Recognising and supporting carers: Constanza

My name is Constanza and I care for my son Damián. He has had severe dependency since birth due to a mitochondrial syndrome, and he needs care 24 hours a day, every day of the year. I started this task without any knowledge, feeling alone and invisible, because I felt that no one understood what I was going through. Over time, I met other women who were experiencing the same thing, and we decided to organize and fight for our rights so that future generations would have other alternatives. We were heard, and we began to work with the State to drive concrete change. For the first time, a President (President Boric) spoke about care in speeches and national broadcasts. The Caregiver Credential was created as a universal instrument, and 14 ministries came together to form the National Care and Support Policy and its Plan. Along with this, the National System of Supports and Care, Chile Cuida, began to be created, integrating the shared responsibility of the State, the market, and families, incorporating programs such as Community Care Centres and the expansion of the Local Support and Care Network. In addition, a "Ventanilla Única Social"[17] for online procedures was recently launched, which helps us a lot because time is a great treasure for us. These advances fill us with hope: the State is recognizing and valuing our work.

Today, saying "I am a caregiver" is no longer something invisible; it is an identity recognized by the State and valued as an essential part, placing care at the centre of the country's development.

17 "Ventanilla Única Social" is a digital platform that centralizes benefits, services, and social paperwork to facilitate citizens' access to social protection. https://www.ventanillaunicasocial.gob.cl/

Main challenges, lessons learned and projections

Although building the National Support and Care System (SNAC) and expanding the range of services available to caregivers represent a historic step toward recognizing care as a social right and the social redistribution of care significant challenges remain:

- Coverage gaps: despite the expansion of the Local Supports and Care Network thousands of families with dependents still lack sufficient support from the State or their communities.

- Funding gaps: Available and future services do not have stable, multi-year funding which will allow to consolidate service provision and guarantee quality across the country.

- Skills gaps: unpaid care work must move towards the professionalization and certification of their skills and paid care work remains underpaid, reducing the number of workers available to expand services.

- Fragmentation among sectoral programs that address care needs.

- Deep gender and territorial inequalities persist, with women still bearing the majority of unpaid care tasks.

Among the lessons learned, Chile has confirmed that care systems can only be built on the foundation of social participation and intersectoral co-responsibility. The **Let's Talk About Care** dialogues, which involved more than 12,600 participants nationwide, helped legitimize the efforts to confront the issue with policies; it also brought visibility to the voices of caregivers and those who need care. Similarly, multi-level coordination with municipalities and the inclusion of the private sector in the Chile Cuida Business Network show that the challenge requires broad alliances.

The immediate challenge lies in passing the law that creates the SNAC. Its approval would enshrine the right to care and create the SNAC, ensuring institutional stability, legal status and concrete steps towards a model of social care and co-responsibility. The SNAC, if approved, will ensure that this agenda is consolidated as a State policy and is not reversed with government changes. The outlook is clear: to move toward 2030 with a comprehensive, inclusive, and sustainable care system that guarantees care throughout the life cycle and contributes to fulfilling the 2030 Agenda in terms of gender equality, reduction of inequalities, and sustainable human development.

Ultimately, Chile has learned that without care, there is no real equality, no well-being, no sustainable development and no full democracy.

Morocco

Diagnostic: National and regional data

Morocco's 2024 General Population and Housing Census (RGPH 2024) confirms a profound demographic transformation characterized by population ageing and changes to family structure. Morocco's population is ageing due to increased life expectancy and declining fertility rates. It is generating a growing demand for long-term care related to a higher prevalence of autonomy loss and chronic illnesses. In parallel, fertility rates have declined: the average number of children per woman has declined to 1.77 in urban areas and 2.37 in rural areas in 2024 (compared to 2.01 and 2.55 respectively in 2014).

Women carry the highest burden of meeting care needs: women perform 92% of domestic and care activities, compared to only 8% for men. This has strong implications, as according to the HCP (2024), 74% of women who remain outside the labour force are homemakers, and 54% of them cite childcare or domestic responsibilities as a barrier to employment. At the same time, the proportion of female-headed households has risen to 19.2% in 2024 (versus 16.2% in 2014), facing higher levels of vulnerability, particularly for single-parent families.

Access to childcare and community-based care services are limited, exacerbating gender inequalities in care. Without any change, the care of older persons will continue to rely largely on family-based solidarity, and more specifically on women's unpaid care work. This situation places a high burden on caregivers and women, and takes place in a context of youth unemployment and job insecurity, further weakening intergenerational balances.

Institutional framework, national experience and preliminary results

In Morocco, the care economy has become a key strategic pillar in building a Social State. It represents a lever to reduce the domestic burden and facilitate a better work–family balance, for decent job creation, particularly for women and youth, a tool for territorial equity, and a vector of social cohesion and shared care responsibilities, while preserving the country's social and cultural values. At the institutional level, Morocco has consolidated its legal framework to promote and develop care policies through Law No. 45.18 on social work professions, Law No. 65.15 on social care institutions, and the national social protection reform, integrating care within the social services system. These reforms paved the way for new initiatives, including:

- a National Strategy for the Care Economy and Social Work;
- a White Paper and National Roadmap combining paid and unpaid care and fostering ownership of care principles; and
- a strategic framework positioning care as a lever for decent work and gender equality, aligned with the Government's Employment Roadmap.

Furthermore, Morocco's Ministry of Solidarity, Social Integration and Family has launched a nationally structured and participatory dynamic, supported by scientific evidence and broad partnerships with national institutions and international organizations. Its first phase focused on knowledge generation, including quantitative and comparative studies, to mobilize stakeholders, harmonize understanding, and establish an empirical foundation for an integrated strategic vision of the care economy.

Seminars and public debates, culminating in the International Congress on the Care Economy (2024), held under the High Patronage of His Majesty King Mohammed VI have strengthened dialogue for development in the care economy. Organized with the Ministry of Health and Social Protection and the Ministry of Economic Inclusion, Small Enterprises, Employment and Skills, the Congress brought together national and international actors, UN agencies, and bilateral partners around the role of care policies as a driver of women's empowerment, employment, and family well-being.

The benefits to social workers and beneficiaries

As part of the national pilot programs implemented by the Ministry of Solidarity, Social Integration and Family, notably through training sessions on family mediation and parental education, as well as field diagnostics conducted in Family Spaces and Day Clubs for older persons, several testimonials were collected illustrating the tangible impact of Morocco's national momentum in the Care Economy.

Many social workers operating in Family Spaces and Day Clubs expressed their satisfaction with the structural reform of social work and care professions, describing it as a milestone toward professionalization and recognition of their role.

They emphasized that this reform "will strengthen a culture of recognition, enhance the professional and social status of care actors, and open new perspectives for training, qualification, and academic accreditation". Most also noted that the reform "will improve the quality of services and build greater trust between professionals, beneficiaries, and families."

For their part, beneficiaries of Family Spaces unanimously highlighted the positive impact of these facilities on family life, facilitating balance between care responsibilities and women's empowerment and economic emancipation, and embodying "the vision of the Social State in its human and developmental dimension, as a space for women's support, family balance, and social cohesion".

Main challenges, lessons learned and projections

The world is undergoing a profound transformation in care and support needs, driven by the combined effects of population ageing, changing family structures, and the increasing participation of women in the labor market.

Like other countries facing profound transformations in care and support needs, Morocco is facing:

- Growing pressure on the demand for care services, requiring a balance between supply and demand, while ensuring quality, sustainability, and digital accessibility.
- A shortage of qualified human resources, calling for the establishment of training pathways, accreditation systems, and continuous reskilling mechanisms.
- The need to upgrade and modernize care infrastructures to ensure the safety, dignity, and human proximity of services provided.
- The importance of analysing behavioural factors influencing the demand for care across different beneficiary groups.

In response, Morocco has embarked on an ambitious phase of consolidation built around the three main pillars described above (developing a robust knowledge base, a strengthened legislative and institutional framework and a national communications, partnerships and mobilization dynamic).

Looking ahead, **Morocco envisions an innovative model** positioning the care economy as a pillar of women's empowerment, job creation, well-being, and family resilience. Priority areas to develop include the **National Care Economy Strategy**, the **White Paper**, the **Training and Certification Plan**, and **the strengthening of territorial and social awareness synergies**.

Through this momentum, Morocco aspires to build **an inspiring national model** where care becomes an economic and social force serving sustainable development and social justice.

Philippines

Diagnostic: National and regional data

The Philippines faces persistent gendered inequalities in care. Women and girls spend an average of almost 11 hours per day on unpaid care and domestic work, compared to significantly fewer hours for men, limiting women's opportunities for education, paid work, and political participation. The 2021 Oxfam National Household Care Survey revealed that the COVID-19 pandemic increased unpaid care work by 19% and domestic work by 40%, further burdening women and girls.

Demographic trends will increase care needs. About 31% of Filipinos are under 15 years old and 5% are over 65, a proportion projected to rise with an ageing population. Nearly 60% of older persons rely mainly on family-based care, with limited institutional or community alternatives. Migrant worker deployment also creates a domestic "care drain," as thousands of Filipino caregivers and nurses work abroad.

Regional and socioeconomic inequalities remain. Urban centres offer better access to childcare and health care facilities, while rural and geographically isolated areas depend on underfunded barangay health stations and limited day-care centers.[18] Persons with disabilities and LGBTQIA+ caregivers are often invisible in policies, despite their unique and significant contributions to unpaid care.

Institutional framework, national experience and preliminary results

The Philippines has established a robust care policy framework anchored on a constitutional guarantee of gender equality, a comprehensive women's human rights law (the **Magna Carta of Women**)[19], the **Domestic Workers Act** (Batas Kasambahay)[20], and most recently, the **Caregivers' Welfare Act** (CWA)[21]. The CWA formally recognizes caregivers in households, communities, and institutions, and mandates written contracts that ensure just compensation, social security, health insurance, and protection against abuse.

In addition, the proposed **National Care Economy Policy Framework** (NCEPF) frames care as a public good and shared responsibility, adopting the ILO's 5R Framework (Recognition, Reduction, Redistribution, Reward, and Representation) plus "Re-education" and the Philippines' contribution of "Reclaiming the Public Nature of Care". Together, these reforms signal the Philippines' shift from fragmented "care economies" to an integrated "care society". By integrating care into social protection, employment, health, disaster response, and economic planning, and adopting international standards such as the ILO's 2024 *Resolution on decent work and the care economy*, the NCEPF aims to transform care from a private family responsibility into a whole-of-society concern. The NCEPF is also aligned with the Philippine Labor and Employment Plan 2023-2028 and the Employment Master Plan (Trabaho Para sa Bayan Plan) 2025-2034, which both recognize care as a growth sector for decent job creation.

This framework involves the Department of Labor and Employment (DOLE) to regulate labour standards, Technical Education and Skills Development Authority (TESDA) to provide caregiver skills certification, and the Department of Social Welfare and Development (DSWD) to deliver community-based care services. Local Government Units (LGUs), mandated by the Local Government Code,[22] operate childcare centres, senior citizen programmes, and barangay health stations.

18 In the Philippines, barangays are the smallest administrative units; they are subdivisions of cities of municipalities and analogous to neighborhoods or districts.
19 Republic Act No. 9710
20 Republic Act No. 10631
21 Republic Act No. 11965
22 Republic Act No. 7160

Recent years saw innovations recognizing and valuing unpaid care work such as **Women's Economic Empowerment and Care** (WEE-Care) local ordinances (23 passed since 2018) mandating LGUs to collect care data and support unpaid carers. TESDA has expanded Caregiving National Certificate (NC) II programs, with increased enrolment driven by both domestic demand and overseas employment. Early results of the CWA include improved employment conditions for household-based caregivers, with better access to contracts, leave benefits, and PhilHealth coverage.

Main challenges, lessons learned and projections

Despite significant gains, many caregivers still operate in informal employment arrangements, particularly those working in private households or, at the barangay level, as health and nutrition workers, making it difficult to enforce labor standards and extend full social and legal protections. LGUs face uneven fiscal capacity to deliver quality and inclusive care services, which creates geographic inequalities. The continuous migration of trained caregivers to other countries contributes to shortages in the Philippines, while persistent cultural norms that assign care work to women perpetuate time poverty and limit women's participation in the labour force.

From these experiences, several lessons emerge. First, legislative reforms are critical to recognise and institutionalise care as decent work, as demonstrated by the CWA. Second, effective implementation requires strong inter-agency coordination among DOLE, DSWD, TESDA, and LGUs, as well as multi-sectoral participation of civil society, academia, and care workers themselves. Third, awareness-raising and capacity building help reshape public perceptions on care work as a significant, valuable component of society challenging norms about gender roles in providing care. Lastly, investing in a monitoring and evaluation system with gender and care indicators is essential to inform evidence-based policymaking.

The Philippines envisions a transition toward a "care society" where care is considered as a public good and a shared responsibility. Priority steps include expanding universal care services such as day-care centres, elderly care, and disability support; institutionalising regular time-use surveys and integrating care indicators into national accounts and GDP; and increasing budget allocations for care infrastructure through the Gender and Development budget. Formalising the engagement of community care workers is also a national priority, as is ensuring social protection portability for migrant caregivers and strengthening reintegration pathways. With the CWA and NCEPF's transformative framework, the Philippines seeks to build a resilient, inclusive, and gender-responsive care system that benefits society.

Spain

Diagnostic: National and regional data

Spain is driving a profound transformation of its long-term care system, aimed at moving beyond a purely assistance-based approach to consolidate a public, shared-responsibility, and community-oriented model, based on personal autonomy, gender equality, and community living. This structural change responds to the challenges of demographic ageing, the feminization of care, territorial inequalities, and the need to guarantee personalized, accessible, and sustainable support.

In Spain, more than 2.27 million people are officially recognized as dependent, and 1.57 million receive effective benefits through the System for Autonomy and Care for Dependency (SAAD), with an 8.5% increase in the last year. Over half of the benefits (56%) are now provided in home or community settings. However, public spending on long-term care remains around 0.9% of GDP, below the European average (1.5%) and far from countries like Germany (1.8%) or France (2.0%), which limits the coverage and quality of care.

The distribution of care recipients shows a clear gender and age bias: 62% are women and more than half are 80 years old or older. In the professional sector, over 80% of jobs are also held by women, with a significant presence of migrant workers, especially in home and direct care. The sector has wages that are 30% lower than the national average; 23% of the contracts are of temporary duration and there are high rates of part-time work and workplace accidents. Care in Spain shows the double feminization of care (with respect to who provides it and who receives it) and the persistence of gender, origin, and employment status inequalities in the sector.

According to the 2020 EDAD Survey (INE), 4.38 million people in Spain have a disability, three out of four of whom are over 55 years old. Half of them receive personal care, which is most commonly provided by family members. Some 64% of caregivers are women, most aged between 45 and 64 years old, and almost half of caregivers dedicate more than eight hours a day to care. Among people over 80, 59% are cared for by their sons or daughters, reflecting the family-based and intensive nature of care. These figures confirm that unpaid care is the invisible foundation of social well-being and that its feminization reproduces gender inequalities and limits women's participation in the workforce.

Meanwhile, the 2023 EDAD-Centros Survey (INE) estimates that 358,000 people with disabilities live in institutions, 65% of whom are women over 80 years old, with self-care and mobility disabilities, and more than 50% face accessibility problems in their environment.

Finally, the 2024 Living Conditions Survey (INE) indicates that 37% of households with dependent persons have unmet needs for home care, a proportion that rises to 41% in lower-income households, highlighting persistent territorial and socioeconomic inequalities.

Taken together, these data describe a system that is expanding but still marked by insufficient support, structural underfunding, and an unequal redistribution of care work, which requires the consolidation of a public and universal system with equity, quality, and sustainability.

Institutional framework, national experience and preliminary results

Spain's care system is based on Law 39/2006, on the Promotion of Personal Autonomy and Care for People in Situations of Dependency (LAPAD), which recognizes both the right to care and the promotion of personal autonomy. The SAAD (System for Autonomy and Care for Dependency) is part of the Public System of Social Services and is founded on collaboration between the General State Administration (AGE) and the autonomous communities (CCAA), which hold exclusive authority over social services. It is the responsibility of the State to establish the basic conditions that guarantee equality in the exercise of rights (art. 149.1.1 of the Spanish Constitution). This structure is realized through a cooperative governance model, articulated via the Territorial Council of Social Services and the SAAD, in which the AGE, the CCAA, and, to a lesser extent, local entities participate.

The participation of civil society and social actors is organized through the State Councils for Older People, for Disability, and for Social Action NGOs, as well as the SAAD Advisory Committee, which brings together public administrations, social partners, and Third Sector Social Action entities.

The current transformation process is framed within Component 22 of the Recovery, Transformation and Resilience Plan (PRTR), which promotes a new care economy and the strengthening of inclusion policies, with a total investment of 3.9 billion euros, of which 2.0 billion are allocated to the Long-Term Support and Care Plan. This initiative has resulted in a 137% increase in State funding since 2021, representing an additional 1.9 billion euros for the system.

In line with this, the State Strategy for a New Model of Community Care (2024–2030) and the Spanish Strategy on the Rights of Persons with Disabilities (2022–2030) constitute the two pillars of the new national framework, aligned with the European Care Strategy and the European Pillar of Social Rights. Both promote independent living, universal accessibility, and the right to receive support in the chosen environment.

Promoting autonomy: Antonio, Rosa and María

Antonio and Rosa, 84 and 79 years old:

> "We have been married for more than fifty years and live in a small town. When Rosa's health worsened, we were told it would be best to go to a care home, but that would have meant separating and leaving the place where we have our house, our neighbours, and a lifetime of memories. Thanks to the new support system, we can now stay here, together. In the mornings, Rosa goes to the town's Day Centre, where she gets help with rehabilitation and spends time with other people. I use that time to go to the garden or to the bar to play cards. At midday, we get lunch delivered by the catering service, and in the evening, someone comes to help us with dinner and getting ready for bed. We also have neighbours who check in on us from time to time and help if we need anything. We didn't want to leave or be separated, and now we have the help we need without leaving our life behind."

María, 43 years old:

> "I lived for many years in a residential facility because I had an intellectual disability and was told it was the safest place for me. But I wanted something else: to have my own home, my own things, and to be able to make my own decisions. A year ago, I moved into an apartment in my neighbourhood with three housemates. Each of us has their own room, and we organize the house together. I have a personal assistant who helps me with paperwork, schedules, and whatever I need. What I value most is the freedom and trust. Before, everything was decided by others; now I choose what I do, who I go out with, or what we cook. I take part in a theatre workshop, go to the market, and I am learning to use the bus on my own. I feel like I have my life supported, but mine. Care is also about this: being helped to live the way you want."

These testimonies reflect the community-based, person-centred approach of the new care model, which allows people to maintain their relationships, autonomy, and chosen way of life in their usual environment. Real examples of these experiences can be seen in the informational videos from the Ministry of Social Rights, available at https://youtu.be/iBq9J01TRQM.

Main challenges, lessons learned and projections

The process of transforming the care system in Spain has made it possible to place the right to care and personal autonomy at the centre of the public agenda. However, accumulated experience reveals structural challenges linked to institutional fragmentation, territorial inequality, and historically insufficient public investment. The complexity of responsibilities (stemming from a decentralized model) requires strengthening inter-administrative coordination mechanisms and consolidating stable funding that guarantees territorial equity in access to support and services.

Job insecurity and the shortage of professionals continue to be key challenges on the labour side of the care economy. It is estimated that Spain will need to incorporate around 260,000 additional care workers by 2030, in a sector that is highly feminized and has a strong presence of migrant women. Improving working conditions, training, and professional recognition is essential for the sustainability of the system.

Another central challenge is to advance deinstitutionalization, expanding community-based services and supports and ensuring that all people can decide where and with whom to live. Experience shows that person-centred and community-anchored models improve well-being and social cohesion.

Cooperative governance between levels of government and the co-production of public policies together with individuals, families, and social entities stands out as main lessons learned. This participatory approach, together with the strategic role of the Third Sector as an agent of innovation and proximity, has made it possible to build trust, adapt responses, and strengthen the sustainability of the model change.

Looking ahead, the priorities are to consolidate the reform of the LAPAD, implement the second Operational Plan (2026–2027) of the National Care Strategy, and move toward a new generation of long-term care policies that are more integrated, sustainable, and rights-based. Spain aims to consolidate care as the fourth pillar of well-being, based on public co-responsibility, gender equality, community living, and the social and economic sustainability of support systems.

Conclusions

Care work sustains families and communities, supports businesses, and enables all other work. It contributes to resilience and well-being, stronger economies, and inclusive labour markets. Care is a fundamental human need and a cornerstone for sustainable development, gender equality, social justice and, overall, the sustainability of life. Demographic shifts point to more than 2 billion people in 2030 expected to need care, yet even today we face substantive deficits in care policies, services and infrastructure around the world. These deficits add to social norms placing an unequal and excessive share of unpaid care responsibilities on women, limiting their opportunities for participation in decent work and in broader economic, social, cultural and political life and, by extension, hindering the potential for inclusive economic and social development. These global trends manifest themselves equally in countries across the world, including in Chile, Morocco, the Philippines and Spain, as highlighted by the case studies in this report.

International resolutions and debates have begun tackling these issues. Since 2020, global resolutions have been passed, helping to further position care as a public good, essential for sustainable development and gender equality. These instruments call for the development of integrated policies, through which the State can set the foundations for a care economy and society of care that creates jobs, enhances productivity and advances gender equality through shared responsibility between the State, communities and the market for the provision of care. Regional frameworks, strategies and commitments have been instituted in Southeast Asia, European Union, and Latin America and the Caribbean.

This report is a practical tool and input for discussion for care systems and policies to become drivers for inclusive social development as, done in the “Caring for the Future” side event of the World Social Summit organized by Chile, the ILO and UN Women which featured these case studies. The report complements the *Doha Political Declaration* (3.r, 11.b and 11.c) which recognises the multiplier effects of adopting policies and support and care systems in areas related to the inclusion of women in the labour market, the formalization of work and the quest to ensure social protection for those who perform care work. This report shows that care systems and policies are being designed and implemented with particular attention to the local context of the country, proving that care policies be an adaptable for advancing social justice, employability, shared responsibility and recognition.

As highlighted in this report and in an effort to confront the challenges, inequalities and deficits in care policy, Chile, Morocco, Philippines and Spain show how these global and regional instruments to integrate regulatory frameworks are being debated or implemented at the national level. All these countries have strong constitutional and legal foundations to advance care policies and programmes. Spain has a specific law to promote personal autonomy and care. The Philippines and Morocco have recently adopted legal frameworks which regulate paid care work. Both Chile and the Philippines are, as of October 2025, engaged in discussions to create national care systems or policy frameworks which recognize the rights of caregivers and care recipients and frame care as a public good. Morocco has integrated care into its social protection framework and also plans to develop its National Care Strategy.

Global evidence shows that spending in care systems is not merely a social expenditure but a strategic investment with profound and far-reaching benefits for individuals, societies, economies, and the planet. Yet despite the evidence and the legal recognition of care as a right or public good, necessary investments still lag behind the needs. This is also true in Chile, Morocco, the Philippines and Spain, where even as service provision expands, insufficient funding and/or an unequal distribution of funding at the local level hinders the ability to effectively recognise, redistribute and remunerate care work.

Care systems and care policies can be gender transformative, especially if they are oriented by five key principles: i) human rights-based, ii) state accountability, iii) universality, iv) transformative, and v) leave no one behind. These principles require multi-stakeholder efforts, a context-specific approach, and cross-disciplinary collaboration to build an investment case for care, and positioning it as essential for sustainable development and gender equality. International resolutions, strategies and commitments recognise the gender-transformative power of care systems and policies. The motivations underlying the efforts of Chile, Morocco, the Philippines and Spain explicitly recognise this potential and draw on it to motivate policy action. Chile's expansion of care-related services has benefitted women the most, either by effectively redistributing care duties (e.g. through the local networks of supports and care or the community care centres) or recognising care (e.g. through the caregivers' credential).

Transformative care policies require collective and multi-stakeholder action at national, regional, and international levels, recognizing care as a public good and skilled, essential work. Care policy transcends one specific agency, involving agencies and actors with mandates related to health, labour and employment, skills, gender, health, social security, and social development, among others, at the national, departmental, municipal and local levels. Care systems and frameworks like those being discussed in Chile and the Philippines set specific roles for different ministries, social security institutions, skills development agencies, among others. These countries also draw on national legislation to empower local administrative units (e.g. municipalities) to act as providers or articulators of care networks. These countries are also actively engaged in parliamentary discussions to establish national care systems that recognize the rights of caregivers and recipients and position care as a public good.

The case studies and the global debate highlighted in this report point to efforts being put forward across continents to build care systems and strengthen care policies and programmes as drivers of inclusive development. The specific policies implemented at the country and local levels are consistent with the international resolutions, strategies and commitments that recognise the rights of caregivers and care recipients and the societal, economic and environmental value of investing in care. They include policies to ensure decent working conditions among paid care workers, and policies that create jobs (e.g. care services), all the while redistributing care, thus advancing a more inclusive development.

The advances shown by these countries forge a path for the recognition of care as a universal right and a public good based on shared responsibility. They set a regulatory framework for gender transformative systems to be built. They are a vision and transforming it into a reality requires bold and multi-sectoral actions grounded in human rights and gender equality. It also requires financing and transparent governance at all levels. Achieving so will pave the way for a more just, sustainable, and equitable future for all.

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