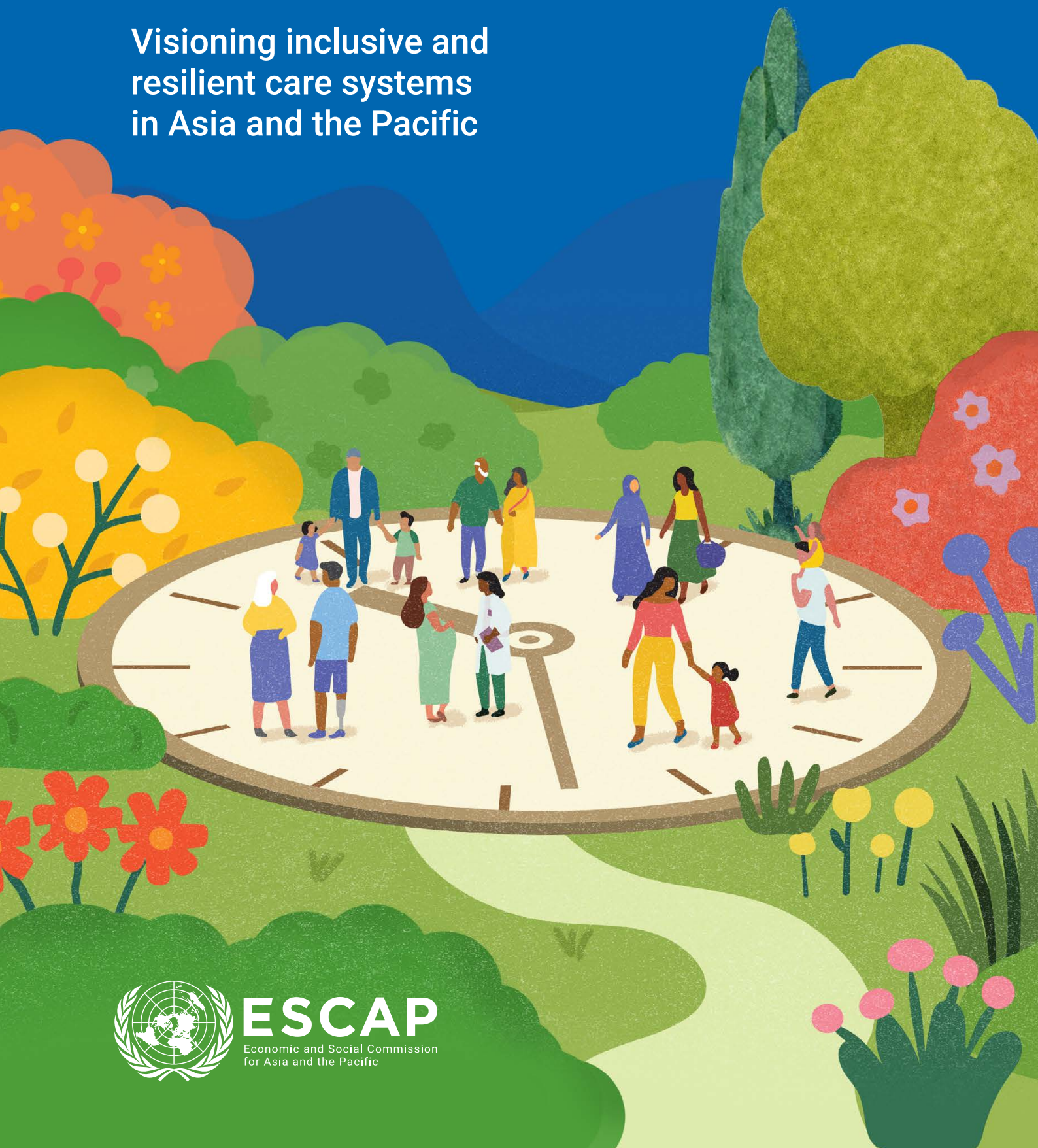
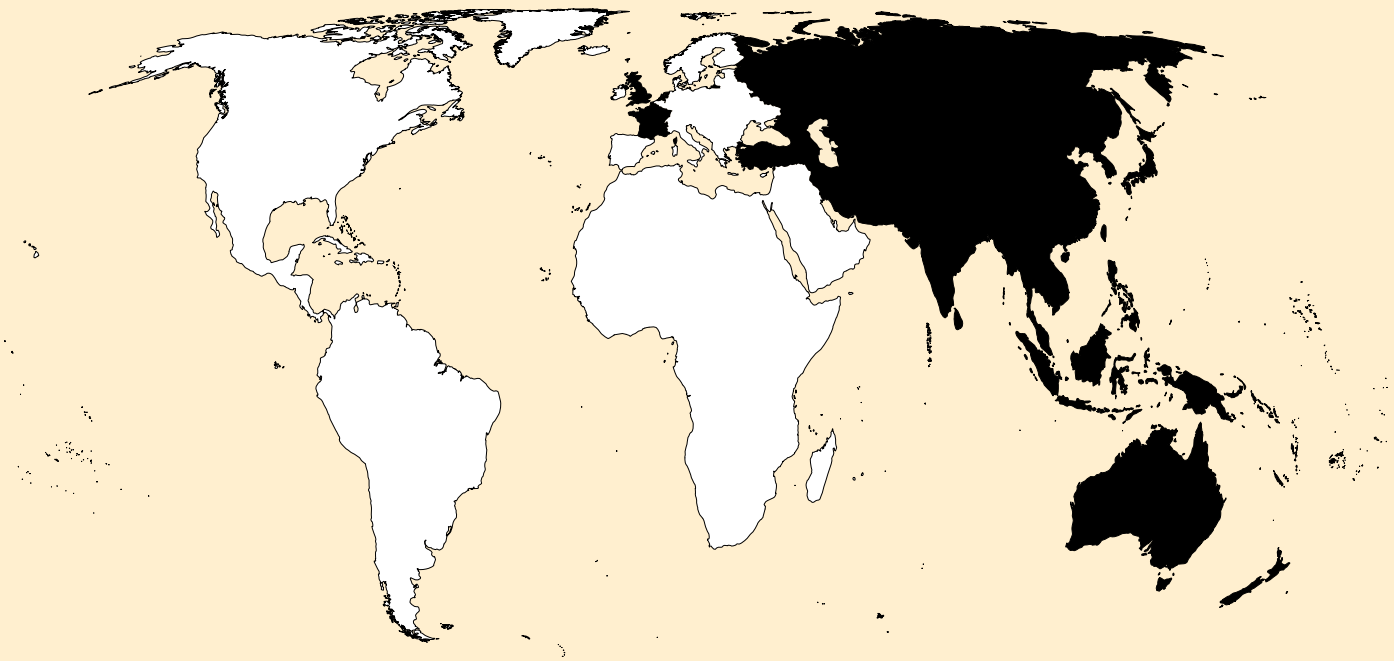
The future is care

Visioning inclusive and resilient care systems in Asia and the Pacific



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The future is care

Visioning inclusive and resilient care systems in Asia and the Pacific

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Foreword



Care underpins societies and economies across Asia and the Pacific. It sustains people, households and communities across generations, provides the foundations on which labour markets depend, and makes all other work possible. Yet responsibility for care continues to fall disproportionately on households, and within them, on women and girls, often at the expense of their education, paid work, rest and participation in public life. Across the region, women remain nearly 30 percentage points less likely than men to participate in the labour force, owing in large part to unpaid care responsibilities.

Despite its immense contribution, care remains undervalued and is largely absent from conventional measures of economic progress; it is too often treated as a cost to be contained rather than an investment in people and societies. The arrangements through which care is provided are becoming increasingly unsustainable. Demographic change, digitalization, urbanization, climate change and widening inequalities are transforming the scale, nature and distribution of care needs and the conditions under which care is provided. Households and communities will remain indispensable, but without adequate public financing and support, they cannot meet needs that are simultaneously growing and changing. The question is no longer whether care will move to the centre of public policy, but whether it arrives there by choice or by crisis.

Against this backdrop, *The future is care: visioning inclusive and resilient care systems in Asia and the Pacific,* looks beyond immediate policy pressures to consider how care may be reshaped in the decades ahead. This longer view matters because care systems are built over time and felt across generations. The institutions, investments and social norms established today will shape how care is provided, valued and shared for years to come. Strategic foresight therefore lies at the heart of this report. By exploring different plausible futures, it helps governments look beyond existing trajectories, anticipate emerging pressures and identify actions that remain effective under changing conditions. Uncertainty does not diminish agency. The future is not predetermined and governments and societies retain the capacity to shape its direction.

The task is not simply to expand existing provision, but to reshape how societies value care and share responsibility for it, moving beyond arrangements that rely disproportionately on unpaid care within households towards care systems supported by effective public institutions, sustained investment and collective responsibility. Care touches every life: everyone receives care, and most will also provide it. Yet when care systems fall short, the consequences are not shared equally: they fall most heavily on those already facing disadvantage and exclusion.

Through this report, the United Nations Economic and Social Commission for Asia and the Pacific contributes to a growing regional and global dialogue on building inclusive and resilient care systems. We are honoured to present this publication to member States and partners as both evidence and an invitation to act deliberately, collectively and with foresight.

Care systems take shape over generations and, like gardens, flourish where the ground is prepared, what is planted is nurtured and the work of tending is shared by many hands. The future is care. Whether it flourishes will depend on what we choose to cultivate today.



Armida Salsiah Alisjahbana
Under-Secretary-General of the United Nations and
Executive Secretary of the Economic and Social Commission for Asia and the Pacific

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Acronyms

ACILA	Aged Care Industry Labour Agreement
ADB	Asian Development Bank
ASEAN	Association of Southeast Asian Nations
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRPD	Convention on the Rights of Persons with Disabilities
CSW	Commission on the Status of Women
ECCE	Early Childhood Care and Education
ECLAC	Economic Commission for Latin America and the Caribbean
EPF	Employees Provident Fund
ESCAP	Economic and Social Commission for Asia and the Pacific
GAC	Global Alliance for Care
GAD	Gender and Development
GDP	Gross Domestic Product
GEDSI	Gender, Disability and Social Inclusion
GRB	Gender-Responsive Budgeting
ICLS	International Conference of Labour Statisticians
IDS	Institute of Development Studies
ILO	International Labour Organization
IMF	International Monetary Fund
INMUJERES	National Institute for Women (Mexico)
IOM	International Organization for Migration
ISSA	International Social Security Association
ITU	International Telecommunication Union
LGU	Local Government Units
LNOB	Leaving No One Behind
LPG	Liquefied Petroleum Gas
LTC	Long-Term Care
LWU	Lao Women's Union
MFA	Model Framework for Policy Action on the Care Economy
MoWECP	Ministry of Women Empowerment and Child Protection
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the High Commissioner for Human Rights
PCW	Philippine Commission on Women
PMUY	Pradhan Mantri Ujjwala Yojana
RPJMN	National Medium-Term Development Plan (Indonesia)
SDG	Sustainable Development Goal
SEFOPE	Secretary of State for Vocational Training and Employment (Timor-Leste)
SEI	Secretary of State for Equality (Timor-Leste)
SNA	System of National Accounts
SPC	The Pacific Community
TUS	Time-use surveys
UCDW	Unpaid Care and Domestic Work
UHC	Universal Health Coverage
UNCTAD	UN Trade and Development
UN DESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNSD	United Nations Statistics Division
WASH	Water, Sanitation and Hygiene

Executive summary

Care systems across Asia and the Pacific are approaching a critical juncture. **Demographic change, digitalization, urbanization, climate change and environmental degradation, as well as persistent inequalities are reshaping both the demand for care and the capacity to provide it.** Yet care systems remain constrained by longstanding underinvestment, fragmented institutions, the economic invisibility of unpaid care and social norms that continue to place disproportionate responsibility on women and girls.

This publication examines how governments can respond to these pressures while preparing care systems for an uncertain future. It treats **care as a system spanning infrastructure, services, social protection and employment-related policies**, underpinned by laws, financing, institutions, data and social norms. While countries across the region start from very different positions, many existing care arrangements are not equipped to meet the demands and uncertainties of the future sustainably and equitably.

Strategic foresight provides the framework for addressing this challenge. Through the Futures Triangle, the report connects the **weight of the past**, including inherited institutions, economic models and social norms; the **push of the present**, including demographic, technological, urban, and environmental change, alongside persistent socioeconomic inequalities; and the **pull of the future**, shaped by policy choices, innovation and collective aspirations.

The analysis shows that these forces will fundamentally reshape care systems. Ageing and changing household structures are increasing care needs while reducing the availability of unpaid family care. Digitalization can expand access and improve delivery but can also deepen exclusion and insecurity. Urbanization and migration are changing where and by whom care is provided. Climate change is increasing care needs while threatening the infrastructure and livelihoods that sustain care. Across these megatrends, inequalities determine who can access quality care, who provides it and under what conditions.

Against this backdrop, the regional care policy landscape is also evolving. Countries are expanding childcare and long-term care, strengthening social protection and employment-related care policies, investing in care infrastructure and services, and taking steps to recognize and protect care workers. Progress remains uneven, however, and fragmented provision, financing gaps, limited coverage and persistent inequalities continue to constrain the transition towards more comprehensive care systems.

Four scenarios for 2040, **Continued Growth, Collapse, Discipline/New Equilibrium and Transformation**, explore how these forces could interact under different conditions. Viewed together, the scenarios underscore the importance of strong institutions and legal protections, sustainable financing, accessible infrastructure and services, decent work and social protection for care workers, robust data and the capacity to adapt as conditions change.

Building on these insights, the publication articulates a preferred future and pathways for moving towards it. Through **visioning, backcasting and wind-tunnelling**, it identifies and stress-tests actions for building care systems where quality care is accessible throughout the life course, responsibility is more equitably shared, care workers are protected and fairly rewarded, and systems can adapt to demographic, technological, environmental and social change.

Achieving this transformation requires coordinated reform. Governments need to strengthen legal and institutional frameworks; embed care in national planning and public finance; improve data and accountability; address discriminatory social norms and inequalities; and future-proof infrastructure, services, social protection and the care workforce. This is not a linear or one-size-fits-all agenda. Countries will start from different positions and can prioritize feasible entry points according to their needs, capacities and institutional contexts, while ensuring that individual reforms contribute towards a coherent long-term care system. Political leadership, gender-responsive budgeting, local innovation and regional cooperation provide practical entry points for advancing this agenda.

The report's central conclusion is clear: **care systems must change with societies and economies.** The question is how care will be valued, financed, provided and shared as demographic, technological, environmental and social conditions evolve. Choices made now will determine whether pressures continue to be absorbed disproportionately by households, women and girls and care workers, or whether care systems distribute responsibilities and resources more equitably, protect rights and remain responsive to change. Strategic foresight can help governments navigate these choices deliberately, test them against uncertainty and build care systems equipped for the generations ahead.

Executive summaries by chapter

The publication develops its argument progressively, moving from the foundations of care systems and the forces reshaping them to the futures that may emerge and the actions needed to prepare for them. Chapters 1 and 2 establish the conceptual and historical foundations of the analysis; chapters 3 and 4 examine the megatrends transforming care and the strengths and gaps of current care systems across the region; chapter 5 explores four plausible futures for care in 2040; and chapter 6 translates these futures into pathways and practical entry points for action. Chapter 7 brings these strands together, setting out the choices and collective action needed to shape more inclusive and resilient care systems.

The chapter summaries below highlight the principal findings and messages from each chapter.

Chapter 1: The future is care: reframing care systems in Asia and the Pacific

Care systems are foundational social and economic infrastructure that sustain human well-being, labour force participation and sustainable development. They encompass paid and unpaid care across the life course, yet unpaid care and domestic work remain insufficiently recognized, measured and supported. The resulting care gaps limit access to essential support, constrain caregivers' education and their employment opportunities. They deepen inequalities in income, health, education and well-being and weaken productivity and inclusive development.[i]

Building inclusive and resilient care systems is therefore essential to meeting the care challenges of the twenty-first century. Inclusive systems ensure equitable access across gender, income, age, disability, ethnicity, migration status and geography. Resilient systems anticipate, withstand and adapt to demographic, social, economic and environmental change. Achieving inclusiveness and resilience requires systems that *recognize*, *reduce*, *redistribute*, *reward* and *represent* care work, supported by coordinated national, regional and global action.[ii]

A well-functioning care system shares responsibility across the State, markets, communities and households. Yet across much of Asia and the Pacific, households provide most care and women undertake a disproportionate share of unpaid care and domestic work, spending between two and almost eight times as much time as men in most countries with available data. This unequal distribution creates time poverty, limits women's education, employment and career progression, channels many into part-time, informal and vulnerable work and contributes to women earning, on average, only 45.4 cents for every dollar earned by men.[iii]

Understanding how to transform care systems requires looking beyond current conditions to the forces that will shape them over the coming decades. This report uses the Futures Triangle as its analytical framework, anchored within the broader strategic foresight approach. It examines three interacting forces: the weight of the past, comprising the historical institutions, norms and assumptions that continue to shape care systems; the push of the present, comprising the megatrends transforming care needs and provision; and the pull of the future, comprising the aspirations, innovations and policy choices that can influence the direction of change. Following this framework, the publication develops four plausible futures and then uses visioning, backcasting and wind-tunnelling to identify and test practical pathways for action.[iv]

Chapter 2: The weight of the past: why care systems remain unequal and fragmented

Following this framework, the publication begins with the weight of the past. It explains how care remains largely invisible in economic policymaking because conventional national accounting excludes most unpaid care and domestic work from gross domestic product. If valued, women's unpaid care and domestic work could add an estimated $3.8 trillion to the regional economy, yet this contribution remains absent from the metrics that shape policy and fiscal priorities.[v]

Making care visible requires stronger measurement within economic and statistical systems. Satellite accounts can estimate the value of unpaid care alongside gross domestic product, but they depend on robust and regularly conducted time-use surveys. Unpaid care workers are still largely absent from official labour statistics and paid care work is measured inconsistently.[vi]

Closely linked to the invisibility of care is its treatment in public finance as a cost rather than an investment in social and economic infrastructure. Short budget horizons, fragmented responsibilities across government and fiscal constraints have contributed to underinvestment and continued reliance on unpaid female labour. Yet investment in care can create employment, increase women's labour force participation, strengthen human capital and build social resilience. An investment equivalent to 2 per cent of gross domestic product in health and care could increase overall employment by between 1.2 and 3.2 per cent, depending on the country.[vii]

Conventional economic and institutional arrangements are reinforced by social norms that frame care as a private family responsibility and assign it disproportionately to women and girls. Kinship systems and concepts such as filial piety can shift care responsibilities back to households, while legal and institutional frameworks may reinforce unequal roles. Together, invisibility, underinvestment and gendered norms help explain why care systems remain unequal and fragmented and why transformation requires more than stand-alone programmes.[viii]

Chapter 3: The push of the present: megatrends shaping care

Population ageing is advancing rapidly as life expectancy rises and fertility declines. By 2050, older persons are projected to outnumber children and youth, while the population aged 80 or over will grow fastest. Women account for over half of the older population, often entering old age with lower lifetime earnings, greater unpaid caregiving responsibilities and more limited pension coverage. At the same time, lower fertility and smaller households are reducing the availability of unpaid family caregivers. Meeting long-term care needs will require the care workforce to almost double, from 46 million in 2023 to 90 million by 2050.[ix]

Digitalization can reduce the time required for care, extend services to underserved communities and create new employment opportunities, but its effects are not predetermined. Unequal access to devices, connectivity and skills risks excluding women, persons with disabilities, rural populations and other marginalized groups. Automation can support care delivery but cannot replace its emotional and relational dimensions, while digital systems raise questions of privacy and accountability. Digital labour platforms may widen labour market participation, yet without adequate protections they may increase job insecurity and weaken continuity of care. Inclusive governance is therefore needed to close digital divides and protect labour rights.[x]

Urbanization and migration are also reorganizing care. Asia and the Pacific is home to more than 70 per cent of the world's urban population and is projected to add around 800 million urban residents by 2050. Rural-to-urban migration leaves fewer working-age family members available to provide care in rural areas, while migrants in cities often lack extended family support. Transport, housing, public spaces and essential services in cities frequently fail to meet the needs of care recipients and care workers, particularly in informal and underserved areas. Yet urban growth also provides an opportunity to embed care in city planning, improve access to services and create decent work through more accessible and caring cities.[xi]

Climate change is already increasing care needs while damaging the infrastructure and livelihoods that make care possible. Asia and the Pacific remains the world's most disaster-prone region. Extreme weather and environmental degradation increase illness, disability and chronic health conditions, while women and girls absorb additional unpaid care responsibilities and face greater physical and economic risks. Integrating care into climate adaptation, mitigation and just transition policies can strengthen household and community resilience and help ensure that climate action reduces rather than reinforces existing inequalities.[xii]

Widening inequalities cut across every megatrend and determine who provides care, who receives it and who is left without. Income, age, gender, geography, ethnicity, disability and migration status shape exposure to care risks and the capacity to respond. Care often flows through global care chains from lower-income to higher-income households and countries, while many care workers remain in informal employment with low wages and limited social protection. Without deliberate redistribution, demographic, technological and environmental transitions may further entrench these inequalities. Emerging responses show that outcomes depend not only on the megatrends themselves but also on the institutions, governance systems and policy choices through which societies respond.[xiii]

Chapter 4: The care landscape in Asia and the Pacific: systems, gaps and emerging responses

Care infrastructure is a critical, yet often overlooked, foundation of an effective and resilient care system. Accessible water, sanitation, electricity, energy, transport and care facilities remain particularly uneven across the region, especially in rural areas and for children, persons with disabilities, older persons and women. Investment in accessible, affordable and quality infrastructure can reduce the time spent on care and domestic work, improve access to services and strengthen community resilience.[xiv]

Care-related social protection helps households respond to care needs across the life course, but coverage remains closely tied to formal employment. With around two thirds of employment in the region being informal, many unpaid caregivers, informal workers and people facing high care-related costs remain excluded. Gaps accumulate across childbirth, early childhood, disability, working age, older age and long-term care, often forcing households to absorb costs through women's unpaid work, reduced working hours or withdrawal from paid employment.[xv]

Care services are the most direct means of redistributing care across households, communities, markets and the State. When accessible, affordable and of good quality, they improve well-being and reduce unpaid care responsibilities. Yet provision remains uneven and far from universal. Many countries continue to rely on family-based, private or informal arrangements. Public expenditure is often limited and important disparities persist.[xvi]

Employment-related care policies enable workers to reconcile paid work and care and ensure decent work for all. Implementation remains incomplete across much of the region. Formal entitlements are limited, migrant domestic and care workers often lack fair wages and portable social protection and interrupted careers contribute to pension inequality, especially for women.[xvii]

Taken together, these gaps show why current arrangements cannot simply be projected forward and why alternative futures must be explored.

Chapter 5: Four futures for care in 2040

The future of care will depend not only on the forces already at work, but on how societies respond to them. The publication develops four plausible scenarios for care systems in Asia and the Pacific in 2040 – Continued Growth, Collapse, Discipline/New Equilibrium and Transformation – to explore how demographic change, digitalization,

urbanization, climate change, persistent inequalities and social norms may interact under different conditions. The scenarios are not forecasts or preferred outcomes, but tools for examining how care may be organized, financed, provided and experienced.

The scenarios were developed through a combination of evidence review, expert consultation and narrative synthesis. Building on the analysis and drivers of change identified in earlier chapters, six focus group discussions with 25 experts explored how these drivers could evolve and interact under different future conditions. The resulting four scenarios are brought to life through fictional narratives that translate systemic changes into everyday experiences, alongside analysis linking each future to its underlying drivers, emerging signals and research.

Continued Growth depicts how gradual expansion of care policies and services can improve support without fundamentally changing how responsibility is shared. Public services, subsidies, leave provisions, digital tools and community-based care continue to expand, improving access and coordination in many settings. Yet progress remains uneven across geography and income, and households continue to absorb gaps in formal provision, particularly in emergencies and everyday care. Gender and social norms also remain influential, showing how incremental reform can strengthen care systems while leaving their underlying distribution of responsibility largely intact.

Collapse shows how compounding climate, economic and political pressures can weaken formal care systems, shifting responsibility back onto households, women and community-based mutual aid while widening inequalities. Public services contract, paid care becomes more informal and unequal, and access increasingly depends on household resources and local support networks. Women and girls absorb a growing share of unpaid care, while displacement, livelihood loss and multigenerational living intensify care demands. Community solidarity remains essential, but the scenario shows that mutual aid cannot sustainably substitute for functioning institutions, financing and public provision.

Discipline/New Equilibrium presents a future in which care is recognized and financed as essential public infrastructure, but stronger public coordination also creates new forms of control and exclusion. Expanded long-term care, professionalized care work and greater public investment create a more stable system. Yet this stability is sustained through tighter regulation, rationing, digital monitoring and eligibility rules that can leave some people outside formal support, revealing the trade-offs between collective security and individual choice.

Transformation examines how a fundamental shift in technology, employment and public finance could reorganize care while leaving its relational and political dimensions unresolved. Artificial intelligence (AI) takes over much of the cognitive and coordination work previously performed by humans, weakening the traditional link between employment, income and social protection, while new forms of public financing expand social protection and care provision. Human care becomes more strongly recognized and professionalized, particularly for physical assistance, trust, consent and emotional connection, and households are less relied upon as providers of last resort. Yet questions of inequality, dignity and persistent social norms remain unresolved, showing that technological and material abundance alone cannot determine how care is valued or experienced.

Taken together, the four scenarios demonstrate that the future of care is neither fixed nor inevitable. The same drivers of change can generate different opportunities, risks and distributional effects depending on institutions, financing, governance and social choices. Read comparatively, the scenarios surface vulnerabilities, trade-offs and possibilities that a single forecast might miss, while the signposts developed from their underlying assumptions provide a basis for monitoring which scenario dynamics may be strengthening over time. Rather than identifying a most likely future, the chapter uses the scenarios to expand the range of futures considered and make uncertainty more useful for present-day decision-making.

Chapter 6: Pathways towards inclusive and resilient care systems in Asia and the Pacific

The publication moves from exploring plausible futures to identifying how a preferred future might be achieved. It translates strategic foresight into action through three complementary methods: visioning, backcasting and wind-tunnelling. Together, these methods define a preferred future, identify the changes needed to move towards it and examine how the resulting change agenda may need to be designed under different plausible futures.

Visioning provides the starting point. Rather than asking what is most likely to happen, it asks what is desirable and establishes a shared destination to guide the reforms, investments and institutional changes required. The preferred future envisages an Asia and the Pacific in 2040 where no one is left without care because they cannot afford it, live too far from a service or depend on care providers who are too poorly supported to provide it well. Care is recognized as essential social and economic infrastructure and as a shared responsibility across households, communities, markets and the State.

In this preferred future, accessible, affordable and quality childcare, long-term care, disability support, healthcare, social protection and employment-related care policies enable people to provide and receive care with dignity throughout the life course. Women's disproportionate unpaid care responsibilities are reduced, care workers are recognized, protected and fairly rewarded and care systems are inclusive, resilient and adaptable to demographic, technological, environmental and social change. This is not presented as a utopia, but as a practical direction of travel grounded in existing normative frameworks, evidence of what investment in care can achieve and emerging practices across the region.

Backcasting then works backwards from this preferred future to identify the conditions, reforms and investments needed to reach it. Drawing on this logic, the publication combines ESCAP's Model Framework for Policy Action with the five megatrends analysed to identify four interdependent building blocks and twelve recommendations. Together, these form a regional change agenda that governments can draw on when constructing and sequencing their own national pathways. Rather than projecting current trends forward, it connects care systems as they are today with where they need to be.

The first three building blocks make care more governable, visible and equitably shared. They call for legislative, fiscal and institutional reforms that recognize care as a public responsibility, stronger data and meaningful participation in policy design, and changes in social norms supported by legal and policy reform. The fourth building block focuses on future-proofing care systems through demographically responsive care provision, inclusive digital systems, care-responsive urban planning, climate-resilient infrastructure and services, and inequality-responsive design. Together, the four building blocks provide a mutually reinforcing framework for action across governance, data, social norms and resilience.

Wind-tunnelling then stress-tests this change agenda against the four scenarios. It examines how each recommendation might perform under different future conditions and what design adjustments may be needed. The analysis shows that the recommendations remain relevant across different futures, but their effectiveness depends on how they are designed, combined and adapted as conditions change. No recommendation is sufficient on its own: legal frameworks, financing, governance, data, representation and resilient care systems depend on one another.

The analysis further demonstrates that timing is critical. Reforms introduced early can establish institutional foundations that continue to deliver benefits under stress, whereas delayed action becomes increasingly difficult as fiscal, institutional and social conditions deteriorate. Governments do not, however, need to implement the entire agenda at once. Progress can begin through practical entry points that build political commitment, strengthen institutions and embed care more firmly within national development agendas.

Countries can advance care reform through a combination of political leadership, planning and public finance reforms, evidence-building, local experimentation and international cooperation. Leadership from a champion ministry can build political momentum and whole-of-government ownership; gender-responsive budgeting and revisions to national development plans can integrate care into planning and public finance; country evidence can help build consensus; and local governments can act as laboratories for care policy innovation, generating experience that informs national reform. Regional commitments and global partnerships can reinforce domestic action by providing political leverage, peer learning and technical expertise, complementing national leadership with regional cooperation and international collaboration.

Countries can define a nationally relevant preferred future, work backwards through the four building blocks, test proposed reforms against the scenarios, identify where to begin and monitor signposts to adapt the pathway as conditions change. Applied foresight can therefore move care policy beyond conventional forecasting towards long-term planning, cross-sectoral collaboration and adaptive policymaking. Experience applying foresight to population ageing has similarly identified structural weaknesses and linked care infrastructure, workforce development, social protection, financing and governance within a coherent agenda for healthy ageing and inclusive growth.[xviii]

Chapter 7: The pull of the future: reimagining care in an age of transformation

Having moved from diagnosis through foresight to action, the publication returns to the pull of the future and what the analysis means for the choices ahead. As care needs grow and the conditions under which care is provided become more complex, care is emerging as a defining governance challenge across Asia and the Pacific. The central question is not only how much care will be needed but how responsibility, resources and risks will be distributed in meeting those needs.

The futures explored in this publication show that resilience depends on the capacity to adapt without reproducing existing inequalities. When institutions, financing and services fail to keep pace with change, care pressures are displaced onto households, communities and informal arrangements. More inclusive futures depend on institutions that can anticipate change, protect rights and maintain access to quality care as demographic, technological, environmental and social conditions evolve.

Realizing this vision will require sustained commitment and action across sectors, institutions and generations. Transforming care systems depends not only on policy reform but on building broad-based support for a different way of valuing care, sharing responsibility and investing in the people and systems that provide it. Partnerships, meaningful participation and regional and international cooperation can help sustain momentum, strengthen accountability and accelerate progress. Ultimately, the measure of transformation will be whether everyone can provide and receive care with dignity, whether the benefits and responsibilities of care are shared more equitably, and whether care systems are equipped to uphold rights and well-being through the transformations ahead.

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About this publication: a strategic foresight approach to the future of care

This publication examines the future of care systems in Asia and the Pacific. Care sustains every economy and society in the region, yet the systems through which it is provided were built around social and economic conditions that no longer reflect current realities. Demographic change, digitalization, urbanization, climate change and widening inequalities are reshaping who needs care, who provides it and how care is organized in ways no forecast can fully capture. The publication takes this uncertainty as its starting point. It breaks new ground by applying strategic foresight to the care economy in Asia and the Pacific, asking not only why care matters and what is reshaping it, but also what futures may lie ahead and how the region can prepare for them.

Two deliberate choices define the scope of the publication. First, it takes a public-policy perspective and addresses its analysis and recommendations primarily to governments, reflecting their particular responsibilities for legal and policy frameworks, public financing and institutional coordination. This does not imply that governments act alone: markets, communities, civil society, households, care workers and all those who provide and receive care are integral to how care systems function and change. Second, the publication takes a regional view. Asia and the Pacific encompasses widely differing demographic, economic, geographic and institutional contexts and no single model can apply across them all. The publication therefore identifies shared pressures, patterns and policy directions, differentiating among contexts where the evidence permits, while leaving detailed country and subregional analysis beyond its scope. The pathways it presents are intended to be adapted to national and local contexts.

Within this scope, strategic foresight provides the publication's central approach to understanding and preparing for change. Strategic foresight is a systematic way of thinking about possible futures in order to inform decisions in the present. The crises of recent years, from the COVID-19 pandemic to widening conflict and growing geopolitical fragmentation and shifts in the international order, have shown that the future is not a simple continuation of the past and cannot be approached through prediction alone. Rather than projecting today's trends into a single forecast, foresight offers a structured way to think through uncertainty: how different forces may combine to shape the years ahead, where disruption and opportunity may emerge and which assumptions in current policy may no longer hold. Foresight also brings into view the more radical shifts that conventional planning tends to discount. By working through a range of plausible futures in advance, policymakers and institutions are better positioned to prepare options, stress-test strategies and respond to disruption. The UN 2.0 vision of a future-ready United Nations recognizes strategic foresight as one of the five capabilities of its Quintet of Change and as essential to more agile and anticipatory institutions.[1]

The long-term and systemic nature of care makes strategic foresight particularly relevant. Care systems are built slowly and felt over generations: decisions made today on care infrastructure, services, financing, labour conditions and social protection will shape well-being and social norms decades from now. Yet the world in which those decisions will take effect cannot be fully known, which is why care policies must be designed to remain relevant across a range of possible futures.

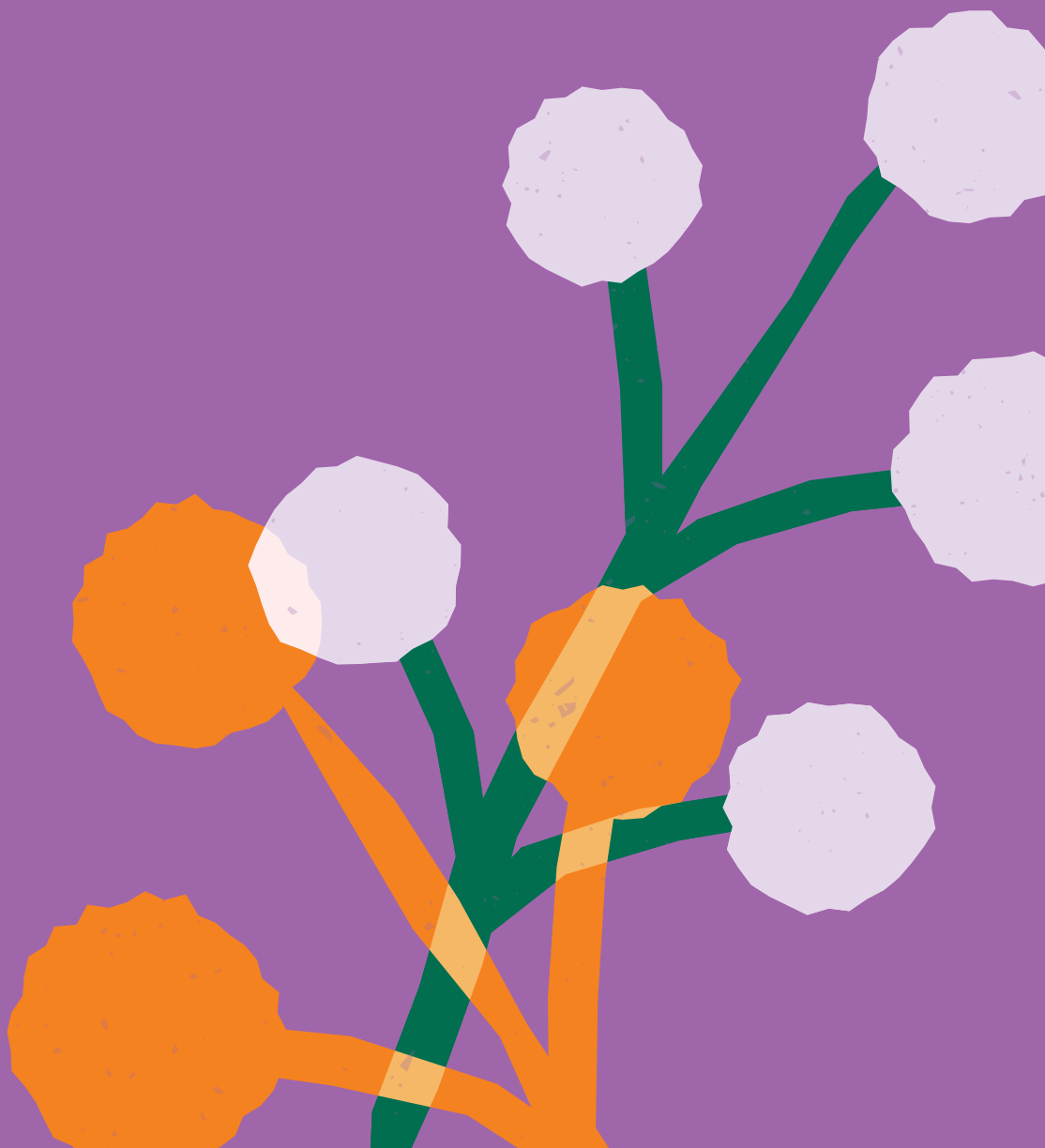
There is also a deeper alignment between care and foresight. Both direct attention to interdependence, to long-term well-being and to the responsibility to act in the present with future generations in mind. To think seriously about care is also to think seriously about the future.

Foresight also shapes the structure of the publication. Drawing on the Futures Triangle, a foresight framework introduced in full in chapter 1, the report understands the future of care as shaped by three forces at once: the weight of the past, the push of the present and the pull of the future. This past-present-future structure is more than an organizing device. It reflects the central argument of the publication: that building inclusive and resilient care systems requires understanding how existing systems were formed, how they are being reshaped and what choices can still be made to shape our common future. The full methodology for the strategic foresight approach used in this publication is set out in annex A.

1 United Nations, UN 2.0, "Foresight" (n.d.). Available at https://un-two-zero.network/foresight/ (accessed on 14 August 2026).

Chapter 1

The future is care: reframing care systems in Asia and the Pacific



> "Care work is the quiet everyday acts of compassion that nourishes both the giver and the receiver."
>
> —**Raymundo Agaton Jr,** Area Manager for Camiguin and Eastern Samar, Philippine Rural Reconstruction Movement (PRRM)

Care sustains societies, economies and communities across Asia and the Pacific, yet it has remained undervalued, insufficiently supported and unevenly distributed. Recognizing care as essential social and economic infrastructure and investing in comprehensive, inclusive and resilient care systems is central to gender equality, social inclusion and sustainable development in the region.

- Care responsibilities are unevenly distributed across the State, markets, households and communities. Households continue to provide most care, and within households, women perform a disproportionate share of unpaid care and domestic work: between two and almost eight times as much as men in most countries with available data.
- Unequal care responsibilities impose cumulative costs across the life course. Time-intensive and physically demanding care work reduces women's opportunities for education, decent work, income, rest and self-care and participation in public life, contributing to greater economic insecurity throughout their lives.
- Care inequalities compound across intersecting dimensions of income, age, disability, migration status, geography, and extend into paid care work, where workers, mostly women, remain among the lowest paid and least protected, including across global care chains.
- Investing in care generates strong economic and social returns. It creates jobs, advances gender equality and strengthens human development, while well-designed care systems increase household and societal resilience to demographic, economic, health and climate-related pressures.
- Growing global and regional commitments recognize care as a public policy and rights priority. Building inclusive and resilient care systems is a shared regional responsibility that no country can shoulder alone.

1.1 Care systems as foundational social and economic infrastructure

The care economy encompasses all forms of care work, both *paid* and *unpaid*, that are essential for human survival, well-being and the sustainability of the labour force. *Paid care work* includes all paid employment in the care sectors, such as health, education, personal care for dependents and domestic work. *Unpaid care and domestic work (UCDW)* is the care work performed without compensation, overwhelmingly within households. Care work may be *direct*, involving personal support such as feeding, bathing or nursing, or *indirect*, involving domestic tasks such as cooking, cleaning and collecting water or fuel that make direct care possible.[2] These forms of care are deeply interconnected across households, communities and institutions over the life course.

Care work underpins every society and economy. It builds human capabilities from the earliest years of life, sustains cohesion and solidarity across generations, and nurtures the trust and reciprocity on which communities depend. It also enables participation in paid work and forms a foundational layer of the productive economy.

2 United Nations, Economic and Social Commission for Asia and the Pacific (ESCAP), "Investing in Our Common Future: Building a "Caring" Society", Social Development Policy Paper 2024/Sep/1 (Bangkok, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-11/Policy%20Brief%20on%20Care%20for%20the%20Summit%20of%20the%20Future.pdf; United Nations, *Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda*, United Nations System Policy Paper (New York, 2024). Available at https://unsdg.un.org/sites/default/files/2024-07/FINAL_UN%20System%20Care%20Policy%20Paper_24June2024.pdf. Contemporary scholarship also highlights broader aspects of care work, including the cognitive work required to organize family life. See, for example, Allison Daminger, "The Cognitive Dimension of Household Labor", *American Sociological Review*, vol. 84, no. 4 (2019). Available at https://www.jstor.org/stable/48595780; Andrea Doucet, "Care Is Not a Tally Sheet: Rethinking the Field of Gender Divisions of Domestic Labour with Care-Centric Conceptual Narratives", *Families, Relationships and Societies* (2023). Available at https://bristoluniversitypressdigital.com/view/journals/frs/12/1/article-p10.xml; J. Fudge, "Feminist Reflections on the Scope of Labour Law: Domestic Work, Social Reproduction, and Jurisdiction", *Feminist Legal Studies*, vol. 22 (2014). Available at https://link.springer.com/article/10.1007/s10691-014-9256-2; and Prabha Kotiswaran, "Laws of Social Reproduction", *Annual Review of Law and Social Science* (2023). Available at https://www.annualreviews.org/content/journals/10.1146/annurev-lawsocsci-121922-051047. However, for the purposes of this publication, the distinction between direct and indirect care serves as a practical framework for classifying care activities.

Despite this foundational role, care remains widely undervalued and insufficiently supported. Dominant economic models and policy frameworks have historically privileged monetized production while undervaluing, or rendering invisible, large parts of unpaid care and domestic work. The consequences are felt by both those who receive it and those who provide it. Care gaps limit access to essential support for those who need care across the life course while caregivers face constrained time and opportunities for paid work, the emotional and physical toll of unrelieved caregiving and little time for rest and their own self-care, deepening inequalities in income, health, education, well-being and participation in public life. The costs extend well beyond individual households: weak care systems reinforce gender inequality and poverty, strain social protection, lower productivity and constrain progress towards inclusive and sustainable development.[3]

How societies and economies organize care through their laws, services, financing, infrastructure and norms is therefore not a private matter but a question of public policy and one of rights. Care must be treated as what it is: essential social and economic infrastructure, requiring deliberate investment, governance and maintenance to ensure that everyone can provide and receive care with dignity and support throughout the life course (see box 1.2 on the economic and social benefits of valuing and investing in care).

This understanding is increasingly reflected in international commitments that have moved steadily from recognizing unpaid care and domestic work as a barrier to gender equality towards viewing care systems and the care economy as essential foundations of sustainable development, social inclusion and economic resilience (see box 1.1). Over the past decade, a growing body of global agreements has called for public investment in care, the expansion of care services and social protection, and recognition, reduction, redistribution and reward of care work, alongside the representation of care workers and caregivers.

The United Nations system policy paper *Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda* provides a practical framework for this systems approach to care. It defines comprehensive care systems as integrated arrangements of laws, services, financing, infrastructure, governance and norms that recognize, reduce, redistribute, reward and represent care work.[4] Building on this framework, this publication places particular emphasis on two qualities central to its approach to care systems in Asia and the Pacific. First, care systems should be inclusive, reaching everyone across the intersections of gender, income, age, disability, ethnicity, migration status and geography, ensuring that care is accessible and affordable to all. Second, care systems should be resilient, able to anticipate, withstand and adapt to the forces that will define the coming decades. Inclusive and resilient care systems are the preferred future this publication envisions and the chapters that follow assess the opportunities, risks and policy choices that will determine whether the region moves meaningfully towards this future (see chapter 6).

The growing prominence of care in international policy reflects a recognition that care challenges increasingly transcend national borders. Migration and labour mobility connect care systems across countries through global care chains, while population ageing, climate change and economic shocks are reshaping both care needs and care provision across entire regions (see chapter 3). Beyond setting normative commitments, international and regional frameworks therefore provide a foundation for cooperation, policy learning and collective action, helping to build shared understanding, accelerate policy innovation and support more coordinated regional responses.

Regional cooperation is already demonstrating this potential. In Latin America and the Caribbean, the Tlatelolco Commitment (2025) recognizes the care society as a new paradigm for sustainable development, equality and peace and affirms care as a human right, a public good, work and a driver of the economy.[5] The European Union has also advanced a regional approach through the European Care Strategy (2022), accompanied by Council recommendations to strengthen access to quality long-term care and early childhood education and care, improve working conditions in the care sector and address care workforce shortages.[6]

Within Asia and the Pacific, the Association of Southeast Asian Nations (ASEAN) Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community (2024) marks an important subregional commitment (see chapter 4). However, the region has not developed a comparable regional commitment on care. As care challenges become more interconnected, regional cooperation will be essential to building comprehensive care systems that are inclusive, resilient and sustainable.

3 United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), *Investing in the Care Economy: A Step-by-Step Guide for Measuring Gaps, Costs, and Returns on Investing in Care Services Sectors* (New York, 2026). Available at https://www.unwomen.org/sites/default/files/2026-04/investing-in-the-care-economy-a-step-by-step-guide-en.pdf

4 United Nations, *Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda*, United Nations System Policy Paper (New York, 2024). Available at https://unsdg.un.org/sites/default/files/2024-07/FINAL_UN%20System%20Care%20Policy%20Paper_24June2024.pdf. The five dimensions reflect the "5R" formulation - recognize, reduce and redistribute unpaid care work; reward paid care work; and ensure representation of care workers - developed by ILO in *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf

5 United Nations, Economic Commission for Latin America and the Caribbean (ECLAC) and UN Women, "Tlatelolco Commitment: A Decade of Action to Achieve Substantive Gender Equality and the Care Society", LC/CRM.16/7 (Santiago, 2026). Available at https://repositorio.cepal.org/server/api/core/bitstreams/63e8de6e-3d6a-4152-aa08-184dfcfc65f3/content. See also ECLAC, *The Care Society: Governance, Political Economy and Social Dialogue for Transformation* (Santiago, 2024), which defines care policies as actions to establish a new social organization of care guaranteeing the right to care and promoting social and gender co-responsibility. Available at https://repositorio.cepal.org/server/api/core/bitstreams/e7d65ee9-d1f7-483a-aad4-1f2b3784ad26/content

6 European Commission, "Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European care strategy", COM (2022) 440 final (Brussels, 2022). Available at https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52022DC0440; Council of the European Union, "Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care", *Official Journal of the European Union*, 2022/C 476/01 (2022). Available at https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX%3A32022H1215%2801%29; and idem, "Council Recommendation of 8 December 2022 on early childhood education and care: the Barcelona targets for 2030", *Official Journal of the European Union*, 2022/C 484/01 (2022). Available at https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=oj:JOC_2022_484_R_0001

Box 1.1 Growing global commitments to recognize and transform care systems

A cascade of global crises, including the COVID-19 pandemic, climate change, food insecurity, humanitarian emergencies and economic downturns, has exposed a growing global *crisis of care*.[1] Rising care needs have coincided with strained social protection systems, overstretched public services and inadequate care provision. The pandemic highlighted the essential yet often invisible nature of care work and deepened existing inequalities, as disruptions to formal care services shifted greater care responsibilities to households, disproportionately affecting women.[2]

At the same time, the crisis prompted growing recognition of care as foundational to sustainable development and gender equality. This is reflected in an expanding architecture of international frameworks and commitments:

General Assembly resolution A/RES/70/1 "Transforming our world: the 2030 Agenda for Sustainable Development" (2015) recognizes unpaid care and domestic work as a structural barrier to gender equality. Sustainable Development Goal 5 includes Target 5.4, which calls for the recognition and valuation of unpaid care and domestic work through public services, infrastructure and social protection policies.

General Assembly resolution A/RES/77/317 "International Day of Care and Support" (2023) recognizes the contribution of paid and unpaid care and support work to sustainable development and well-being, highlights women's disproportionate share of unpaid care work and proclaims 29 October as the International Day of Care and Support.[3]

Human Rights Council resolution A/HRC/RES/54/6 "Centrality of care and support from a human rights perspective" (2023) affirms the centrality of care and support from a human rights perspective and calls for the development of human rights-based, gender-responsive, disability-inclusive and age-sensitive care and support systems.

International Labour Conference ILC.112/Resolution V "Resolution concerning decent work and the care economy" (2024) marked the first international tripartite agreement focused on the care economy. It affirms State responsibility for care provision and financing and calls for public investment, decent work, social protection for care workers and strengthened international cooperation.

Economic and Social Council (ECOSOC) resolution E/RES/2024/4 "Promoting care and support systems for social development" (2024) recognizes care and support systems as critical enablers of social development, gender equality and achievement of the Sustainable Development Goals and calls for increased investment in integrated, inclusive and gender-responsive systems.

General Assembly resolution A/RES/79/1 "The Pact for the Future" (2024) commits Member States to significantly increase investments to close gender gaps, including in the care and support economy and to address inequalities associated with care responsibilities.

General Assembly resolution A/RES/79/323 "Sevilla Commitment" (2025) places care within the global financing for development agenda, calling for increased investment in the care economy and for the recognition, valuation and redistribution of unpaid care and domestic work. The accompanying Sevilla Platform for Action includes a dedicated multi-stakeholder initiative on financing for care.

General Assembly resolution A/RES/80/5 "Doha Political Declaration of the 'World Social Summit' under the title 'the Second World Summit for Social Development'" (2025) places care and support systems at the centre of social development strategies, highlighting their contributions to labour force participation, formalization, decent work and social protection across the life course while reaffirming commitments to recognize, reduce and redistribute women's disproportionate share of unpaid care and domestic work.

General Assembly resolution A/RES/80/152 "Contribution of the care economy to sustainable development" (2025) is the first dedicated General Assembly resolution on the care economy, recognizing its role in advancing sustainable development, poverty eradication and gender equality and requesting a report of the Secretary-General on its implementation.

1 The concept of a global crisis of care has its roots in feminist scholarship. See Fraser, Nancy, "Contradictions of capital and care", *New Left* Review, No. 100 (2016). Available at https://newleftreview.org/issues/ii100/articles/nancy-fraser-contradictions-of-capital-and-care; and Folbre, Nancy, *The Invisible Heart: Economics and Family Values* (New York, 2001). Available at https://thenewpress.org/books/9781565847477/. Within the United Nations system, the International Labour Organization (ILO) warned of a looming global care crisis in *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018), available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf; and UN Women documented its deepening during the pandemic in "COVID-19 and the Care Economy: Immediate Action and Structural Transformation for a Gender-Responsive Recovery", Policy Brief (New York, 2020), available at https://www.unwomen.org/en/digital-library/publications/2020/06/policy-brief-covid-19-and-the-care-economy

2 United Nations, *Our Common Agenda – Report of the Secretary-General* (United Nations publication, 2021). Available at https://www.un.org/en/content/common-agenda-report/assets/pdf/Common_Agenda_Report_English.pdf

3 The terminology "care and support" is increasingly used in international instruments to emphasize the centrality of support in advancing the autonomy, dignity and inclusion of persons with disabilities. For consistency with the analytical framing of this publication, which examines care work as a sector of the economy encompassing both paid employment and unpaid labour across the life course, the term "care economy" is used throughout. This usage is not intended to diminish the distinct conceptual and rights-based foundations of "support", and the publication remains aligned with the principles set out in the Convention on the Rights of Persons with Disabilities (CRPD). See UN Women, *Towards a Better Future: Strengthening Gender-Responsive and Disability-Inclusive Transformative Care and Support* (New York, 2026), available at https://www.unwomen.org/sites/default/files/2026-04/towards-a-better-future-en.pdf



An older woman holds a young child in Nepal. © UN Women/Srijana Bhatta

Box 1.2 The economic and social returns of valuing unpaid care and domestic work and investing in the care economy

Investing in care is, first, a matter of rights and human dignity: international instruments increasingly affirm the centrality of care to human rights, including the importance of ensuring that all people can receive the care they need and that care workers enjoy decent conditions (see commitments in box 1.1). These commitments stand regardless of the size of economic returns.

The estimates in this box address a different question: what societies and economies stand to gain from investing in care. They show that investing in care is not only a matter of principle but also sound economics and sound social policy.

The value of unpaid care and domestic work

The scale of unpaid care and domestic work is difficult to grasp because it takes place outside the market. Assigning a monetary value to the time devoted to it provides one indication of its economic significance. According to the International Labour Organization (ILO), globally, if valued at national minimum wages, unpaid care and domestic work is valued at **$11 trillion**, equivalent to **9 per cent of the global gross domestic product (GDP)**. Women's unpaid work constitutes approximately 6.6 per cent of GDP, while men's accounts for 2.4 per cent.[1]

This global trend is mirrored in regional and national studies. In Asia and the Pacific, unpaid care work performed by women is estimated at **$3.8 trillion**, roughly **15 per cent of regional GDP**.[2] An ILO-UN Women study using China's 2018 national time use survey estimated the value of unpaid care work at approximately **25 per cent of GDP**.[3] Bangladesh's first official Household Production Satellite Account valued unpaid household and care work at **Bangladeshi taka (BDT) 6.7 trillion** in 2021, equivalent to **18.9 per cent of GDP**, with women contributing approximately 85 per cent of the total.[4] These estimates provide an indication of the economic scale of unpaid care, though no monetary measure can fully capture its relational and social value.[5]

Investment returns in care services

Beyond the economic value of unpaid care and domestic work, investments in the paid care economy offer compelling returns. ILO analysis of 45 countries representing 85 per cent of global GDP found that the health, education and social work sectors accounted for **8.7 per cent** of their combined GDP in 2015.[6] Closing the childcare policy gap through universal access to quality childcare and adequate paid leave is projected to generate an average return of **$3.76** in global GDP by 2035 for **every dollar** invested.[7]

Continues on next page

Box 1.2 ...continued

These returns are evident across diverse economies. In Indonesia, investing 0.5 per cent of GDP in childcare is projected to add up to **$62 billion** to GDP by raising female labour force participation and firm productivity.[8] In Nepal, modelling suggests that expanding public investment in early childhood care and education (ECCE) towards universal coverage could raise GDP by **1.2 per cent** relative to the baseline.[9]

These investments also partly pay for themselves: as employment expands and jobs are formalized, governments collect more in taxes and social security contributions. ILO estimates that this additional revenue would reduce the net cost of its modelled package of care leave, universal childcare and long-term care services from **4.2 to 3.2 per cent** of GDP by 2035.[10]

Job creation in the care economy

The care economy is a major source of employment. In 2018, the global paid care economy employed an estimated **381 million workers**, representing **11.5 per cent** of total employment and nearly one in five employed women.[11] Its job creation potential is greater still. ILO simulations covering 82 countries show that investing in universal childcare and long-term care services could generate up to **299 million jobs** by 2035, with 78 per cent of the new employment held by women and 84 per cent constituting formal positions.[12] Studies of seven Organisation for Economic Co-operation and Development (OECD) countries similarly project that investing 2 per cent of GDP in care services would raise overall employment rates by **between 2.4 and 6.1 percentage points**, creating approximately **21.7 million** jobs.[13]

Compared with other industries, such as construction, which is a common target of fiscal stimulus spending, each dollar spent on the care sector has the potential to generate **2 to 3 times more jobs** due to the substantially higher labour intensity of care work.[14] When accompanied by measures to improve working conditions, training and professionalization, such investment can also make care jobs more attractive and dignified. Its employment multiplier effects extend beyond the care sector: expanded services can ease the unpaid care constraints that prevent caregivers from entering or remaining in paid work, while the incomes earned by newly employed workers stimulate demand and support additional employment in other sectors.

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Closing gender gaps

Investing in the care economy can advance gender equality both by expanding women's access to decent work and by reducing the unpaid care constraints that limit their wider economic and social participation. Because women constitute the majority of the paid care workforce, investment in care is likely in the near term to create proportionately more jobs for women than investment in male-dominated sectors. Simulations in several OECD countries show that investing 2 per cent of GDP in the care economy creates nearly as many jobs for men as a similar investment in construction, but up to four times as many jobs for women.[15]

Realizing these gains in full depends on the quality of the jobs created. Care work remains widely underpaid: even in high-income economies, care workers consistently earn well below economy-wide average wages.[16] These employment gains should therefore not depend on preserving care as a female-dominated and undervalued field. Combining investment with decent work, fair pay, formalization and professionalization, alongside measures that make care occupations attractive to all, can help narrow rather than reinforce occupational gender divides.[17]

Expanding care services can also ease constraints on women's time for education, decent work, income generation, rest, self-care and participation in public life. Its employment effects nevertheless depend on complementary conditions, including, inter alia, the availability of suitable jobs, accessible transport and social norms that support women's employment.[18] The relationship between care and women's economic empowerment is examined further in section 1.2, and the enabling conditions in chapter 6. Over time, care investments designed around these objectives can improve job quality, narrow gender employment gaps and contribute to a more equal distribution of paid and unpaid care.

The social returns

Care investment also generates social returns that extend well beyond what GDP and employment statistics capture. Care shapes human development and well-being at every stage of life, and its returns accrue to societies as much as to economies. Access to quality early childhood care and education supports children's development, learning, well-being and equity across socioeconomic status, with benefits that compound over a lifetime.[19] At the other end of the life course, long-term care services enable older persons who need assistance with daily living to maintain functional ability and live with autonomy and dignity.[20] For persons with disabilities, person-centred care and support services can enable greater autonomy, independent living and participation in the community.[21] Unpaid carers gain too, as expanded services ease the time poverty that constrains their opportunities and well-being (see section 1.2).

Box 1.2 ...continued

Decent working conditions for care workers strengthen the quality of care itself, and a fairer distribution of care responsibilities supports more equal relationships within households, strengthening the cohesion, solidarity and trust on which societies depend. Reliable care systems also make societies more resilient: they reduce household vulnerability in times of crisis and help maintain continuity of support as populations age and climate pressures intensify (see chapter 3). These social returns compound over time and are not fully captured in GDP-based estimates, a limitation of the GDP lens itself, examined further in chapter 2 (see box 2.1).

1 ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf. The estimate values unpaid hours using each country's hourly minimum wage, expressed in 2011 purchasing power-parity dollars.

2 Lola Woetzel and others, *The Power of Parity: Advancing Women's Equality in Asia Pacific* (New York, 2018). Available at https://www.mckinsey.com/~/media/McKinsey/Featured%20Insights/Gender%20Equality/The%20power%20of%20parity%20Advancing%20womens%20equality%20in%20Asia%20Pacific/MGI-The-power-of-parity-Advancing-womens-equality-in-Asia-pacific-Executive-summary.pdf

3 ILO and UN Women, *Care Work in China: Who Does Care Work, What Is Its Economic Value and How Has It Been Affected by COVID-19?* (2023), based on the 2018 national Time Use Survey of the National Bureau of Statistics. The 25 per cent figure corresponds to the generalist replacement-cost estimate using official wage data; specialist replacement-cost and opportunity-cost methods yield estimates of up to 32 per cent of GDP. Available at https://asiapacific.unwomen.org/sites/default/files/2023-11/cn-c383-231025-care-work-in-china-eng.pdf

4 Bangladesh Bureau of Statistics, UN Women and Asian Development Bank (ADB), *Unpaid Household Production Satellite Account of Bangladesh: Based on Time Use Survey 2021* (Dhaka, 2025). The 18.9 per cent figure is the hybrid replacement-cost estimate recommended by the account for international comparison; generalist and specialist methods yield 14.0 and 21.9 per cent, respectively. Available at https://bangladesh.un.org/sites/default/files/2025-09/UN%20Women%20%26%20BBS%20Report.pdf

5 Valuations of unpaid care work are sensitive to the method adopted. Replacement-cost, opportunity-cost and output-based approaches can produce substantially different results. Results are also affected by survey coverage, the activities included, reference years and wage benchmarks. Wage-based approaches may also reproduce the historically low market valuation of care work. Figures drawn from different studies should therefore be understood as indicative of scale and direction rather than as strictly comparable measures, and none fully capture care's relational and social value.

6 ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf

7 ILO, "The Benefits of Investing in Transformative Childcare Policy Packages towards Gender Equality and Social Justice", ILO Brief (Geneva, 2023). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40gender/documents/briefingnote/wcms_900115.pdf, based on Jérôme De Henau, *Costs and Benefits of Investing in Transformative Care Policy Packages: A Macrosimulation Study in 82 Countries*, ILO Working Paper No. 55 (Geneva, 2022). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@gender/documents/publication/wcms_839252.pdf. The $US 3.76 estimate relates to closing the childcare policy gap through adequately paid care leave, breastfeeding breaks and universal quality early childhood care and education. The estimates are based on simulations covering 82 countries and should be understood as modelled results rather than observed returns. Country- and region-specific estimates of investment requirements, employment and fiscal returns can be generated through ILO Care Policy Investment Simulator. Available at https://webapps.ilo.org/globalcare/simulator (accessed on 6 August 2026).

8 World Bank, *Economic Gains from Investing in Childcare: The Case of Indonesia* (Jakarta, 2022). Available at https://documents1.worldbank.org/curated/en/099110010032227938/pdf/P1721820ecba5d0e90ad6206b56b8a2986e.pdf

9 B. Bhatta, B. Haque Khondker and A. Pope, "Public Investments in Nepal's Care Economy: An Estimation of Care Deficit, Investment Costs and Economic Returns in the Education and Health Sectors", Policy Brief (Kathmandu, Government of Nepal National Planning Commission, ILO and UN Women, 2023). Available at https://asiapacific.unwomen.org/sites/default/files/2024-06/np-c960-policy-brief-20230912.pdf; and UN Women, *Investing in the Care Economy: A Step-by-Step Guide for Measuring Gaps, Costs, and Returns on Investing in Care Services Sectors* (New York, 2026). Available at https://www.unwomen.org/sites/default/files/2026-04/investing-in-the-care-economy-a-step-by-step-guide-en.pdf

10 ILO, *Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work* (Geneva, 2022). The full transformative care policy package includes adequately paid care leave, breastfeeding breaks, universal quality early childhood care and education, and long-term care services. Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/documents/publication/wcms_838653.pdf

11 ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf

12 ILO, *Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work* (Geneva, 2022). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/documents/publication/wcms_838653.pdf

13 Jerome de Henau and others, *Investing in the Care Economy: A Gender Analysis of Employment Stimulus in Seven OECD Countries* (Brussels, UK Women's Budget Group and International Trade Union Confederation (ITUC), 2016). Available at https://www.researchgate.net/publication/344402077_Investing_in_the_Care_Economy_A_gender_analysis_of_employment_stimulus_in_seven_OECD_countries

14 Ipek Ilkkaracan, *A Guide to Public Investments in the Care Economy: Policy Support Tool for Estimating Care Deficits, Investment Costs and Economic Returns* (Geneva, ILO and UN Women, 2021). Available at https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/Policy-tool-Care-economy-en.pdf; and Jérôme De Henau and Susan Himmelweit, *A Care-Led Recovery From Covid-19: Investing in High-Quality Care to Stimulate And Rebalance The Economy* (London, UK Women's Budget Group, 2020). Available at https://www.researchgate.net/publication/350471866_A_Care-Led_Recovery_From_Covid-19_Investing_in_High-Quality_Care_to_Stimulate_And_Rebalance_The_Economy. The latter study estimated that investment in care in the United Kingdom would create 2.7 times as many jobs as equivalent investment in construction.

15 Jerome de Henau and others, *Investing in the Care Economy: A Gender Analysis of Employment Stimulus in Seven OECD Countries* (Brussels, 2016). Available at https://www.researchgate.net/publication/344402077_Investing_in_the_Care_Economy_A_gender_analysis_of_employment_stimulus_in_seven_OECD_countries. The gender-differentiated comparison showing up to four times as many jobs for women reflects simulation results for Australia, Germany, the United Kingdom and the United States.

16 Organisation for Economic Co-operation and Development (OECD), *Beyond Applause? Improving Working Conditions in Long-Term Care* (Paris, 2023). Available at https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/06/beyond-applause-improving-working-conditions-in-long-term-care_4523ea50/27d33ab3-en.pdf

17 ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf

18 Amanda E. Devercelli and Frances Beaton-Day, *Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital* (Washington, D.C., 2020). Available at https://openknowledge.worldbank.org/server/api/core/bitstreams/a5e7a52e-115c-5dd1-97e6-c1b062c945c9/content

19 United Nations Educational, Scientific and Cultural Organization (UNESCO) and United Nations Children's Fund (UNICEF), *Global Report on Early Childhood Care and Education: The Right to a Strong Foundation* (Paris, 2024). Available at https://www.unicef.org/media/158496/file/Global-report-on-early-childhoodcare-and-education-2024-1.pdf

20 World Health Organization (WHO), *Framework for Countries to Achieve an Integrated Continuum of Long-Term Care* (Geneva, 2021). Available at https://iris.who.int/server/api/core/bitstreams/7eea5d40-06e6-4702-b42d-6f89c7c70474/content

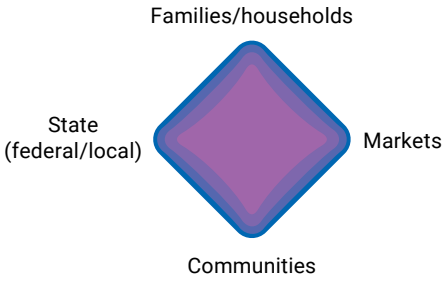
21 World Bank, *The Care Economy and Disability Inclusion in Low- and Middle-Income Countries* (Washington, D.C., 2025). Consistent with Article 19 of the CRPD on living independently and being included in the community. Available at https://documents1.worldbank.org/curated/en/099092525105512962/pdf/P172124-482762cc-731a-4747-b063-e83763450b0c.pdf

1.2 Who provides care work and who bears its costs?

The weighted care diamond

The "care diamond" describes the four main institutional actors among whom the care responsibilities are distributed: the State, markets, households and communities (figure 1.1). A well-functioning care system depends on a balanced distribution of responsibility across all four, so that no single actor and no single group within an actor carries a disproportionate share.[7] In practice, the distribution is heavily weighted: across Asia and the Pacific, households perform the lion's share of care work, and within households, women and girls perform care disproportionately.[8]

Figure 1.1 Care diamond



Source: Adapted from Shahra Razavi, The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options (United Nations Research Institute for Social Development, 2007).

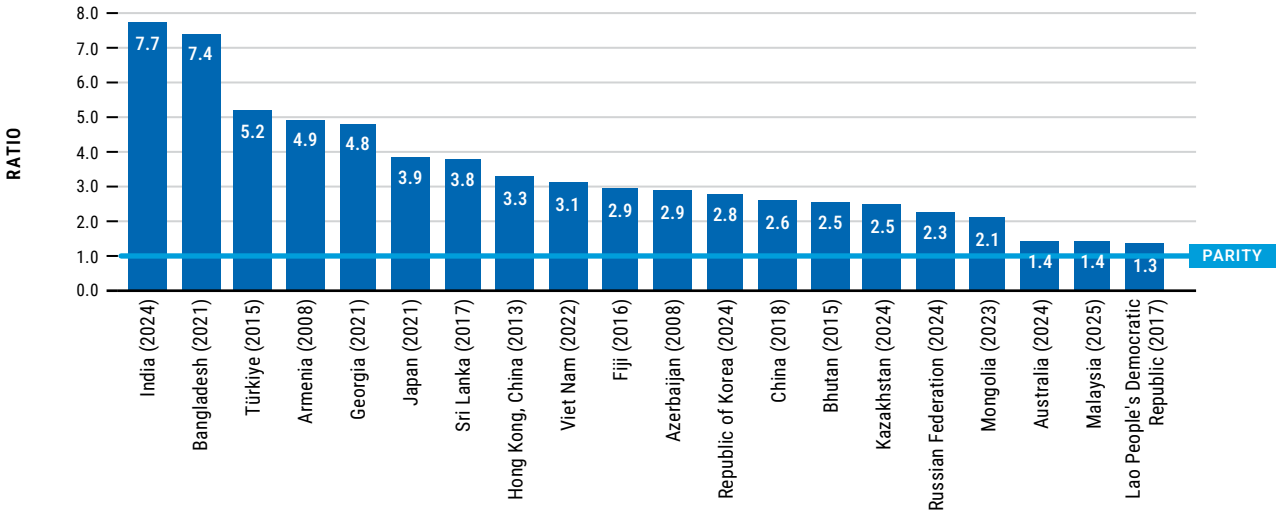
Globally, women and girls undertake three-quarters of unpaid care work, representing 76.2 per cent of the total hours provided.[9] In Asia and the Pacific, in 17 out of 20 countries with available data, women spend two to almost eight times more time on unpaid care and domestic work than men (figure 1.2).

Care and women's economic empowerment

The unequal distribution of care results in time poverty for women, reducing the time available for education, decent work, income generation, rest, self-care and participation in public life. As a result, unpaid and under-supported care responsibilities remain a major barrier to women's economic empowerment.

Globally, an estimated 708 million women are outside the labour force due to unpaid care and domestic responsibilities, compared with 40 million men.[10] Across 27 countries in Asia and the Pacific with available data, women are, on average, five times more likely than men to be outside the labour force due to care responsibilities (figure 1.3). In 2026, across the region only 51.3 per cent of women aged 15–64 participate in the labour force, compared with 80.1 per cent of men – a stark difference of almost 30 percentage points.[11] The gap is especially pronounced among those aged 25–54, with women who have young children showing significantly lower participation,[12] demonstrating how care responsibilities shape women's ability to enter and remain in paid work.

Figure 1.2 Time spent on unpaid domestic chores and care work, female-to-male ratio (15 years or over) in Asia and the Pacific, latest available year



Source: ESCAP calculations based on data from ESCAP Sustainable Development Goal Gateway, Indicators by SDG: 5.4.1, Unpaid domestic and care work. Available at https://dataexplorer.unescap.org/ (accessed on 11 August 2026); Bangladesh Time Use Survey (2021); Viet Nam Time Use Survey (2022); Time Spent on Unpaid Domestic and Care Work in Malaysia (2025).

7 This balanced distribution is increasingly framed in international and regional instruments as social and gender co-responsibility. See, for example, the Doha Political Declaration, A/RES/80/5 (2025). Available at https://digitallibrary.un.org/record/4093123?v=pdf&ln=en; and ECLAC, The Care Society (2024). Available at https://repositorio.cepal.org/server/api/core/bitstreams/e7d65ee9-d1f7-483a-aad4-1f2b3784ad26/content

8 ESCAP, *Policymakers' Toolkit for Valuing Unpaid Care, Part 2: Model Framework for Policy Action on the Care Economy: Concept Paper* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/82cfd9f5-4474-4f25-9490-21923c173f31/content

9 ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf

10 ILO, *Women and the Economy: 30 Years after the Beijing Declaration* (Geneva, 2025). Available at https://www.ilo.org/sites/default/files/2025-04/IWD_STATISTICS_GEDI_EN.pdf

11 ILOSTAT. "Labour force participation rate by sex and age – ILO modelled estimates, Nov. 2025 (%) – Annual". Available at https://rshiny.ilo.org/dataexplorer06/?lang=en&segment=indicator&id=EAP_DWAP_SEX_AGE_RT_A&channel=ilostat (accessed on 17 August 2026).

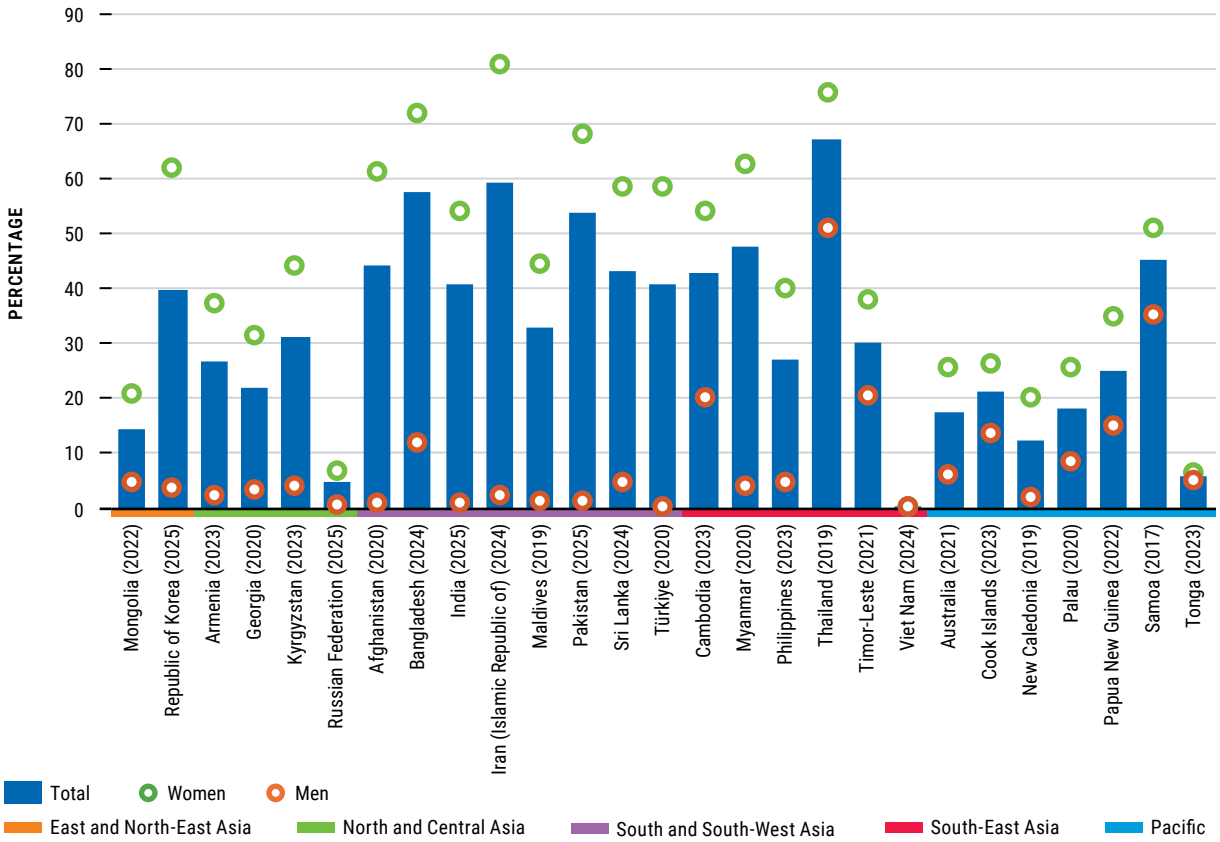
12 ESCAP and UN Women, *Charting New Paths for Gender Equality and Empowerment: Asia-Pacific Regional Report on Beijing+30 Review* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/52f429f1-3101-4b30-a81d-5646ad5aa42c/content

This pattern is also reflected in broader measures of labour underutilization. In 2026, the jobs gap, which captures people who want employment but do not have a job, stood at 9.6 per cent for women in Asia and the Pacific, compared to 7 per cent for men.[13] Women nevertheless had a lower unemployment rate than men,[14] because unemployment measures only cover those actively seeking work. Many women who wish to work remain outside the labour force. This is often because unpaid care responsibilities constrain their availability, mobility or access to suitable employment. These constraints may be compounded by long commutes, poor transport connectivity and the distance to childcare, schools and health services, particularly in rural and peri-urban areas (see section 3.3).

Even when women do enter paid employment, care responsibilities continue to shape the quality and trajectory of their work. The "motherhood employment penalty", "motherhood wage penalty" and "motherhood leadership penalty" reflect how caregiving responsibilities associated with motherhood push women into lower-paid, less secure or more flexible work, while limiting career progression. Critically, these penalties affect not only mothers but women more broadly, irrespective of their actual caregiving status: because employers may perceive women as current or future caregivers, gender stereotypes can shape hiring decisions, promotion patterns and workplace cultures in ways that constrain women's economic opportunities.[15]

Care also shapes the type of work women can access. The need for flexibility to manage unpaid responsibilities pushes many women into part-time, informal or otherwise precarious employment,[16] often characterized by greater insecurity and limited access to labour and social protections. One manifestation of this insecurity is vulnerable employment, which comprises own-account workers and contributing

Figure 1.3 Share of persons outside the labour force due to care responsibilities in Asia and the Pacific, latest available year



Source: ESCAP analysis, based on ILOSTAT, Share of persons outside the labour force due to care responsibilities by sex (%) – Annual. Available at https://ilostat.ilo.org/data/?cat_mode=subject (accessed on 11 August 2026).
Note: Data refer to the latest available year for each country and may not be directly comparable across countries due to differences in data collection and methodology.
For Viet Nam, the share of persons outside the labour force due to care responsibilities was reported as 0.2 per cent for women and 0.1 per cent for men in 2024, compared with 38.8 per cent and 10.8 per cent, respectively, in 2023. The substantial difference warrants caution in interpreting these figures.

13 ILOSTAT, "Jobs gap rate (%) – Annual". Available at https://rshiny.ilo.org/dataexplorer06/?lang=en&segment=indicator (accessed on 17 August 2026).
14 ILOSTAT, "Unemployment rate by sex and age (%) – Annual". Available at https://rshiny.ilo.org/dataexplorer06/?lang=en&segment=indicator (accessed on 17 August 2026).
15 ILO, *Women at Work: Trends 2016* (Geneva, 2016). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_457317.pdf
16 Naila Kabeer, "A foundational asymmetry: gender, unpaid care work, and the market economy", *Oxford Review of Economic Policy*, vol. 41 (2025). Available at https://academic.oup.com/oxrep/article/41/3-4/702/8502727?login=false

family workers in ILO statistics. In Asia and the Pacific, nearly half of all employed people are in vulnerable employment.[17] Women are disproportionately represented in vulnerable employment in many countries: in 2025, the share of women in vulnerable employment exceeded that of men in 26 of the 49 countries and territories in the region. The gap was particularly pronounced in several countries in South and South-West Asia, Pacific Islands and South-East Asia.[18] Research consistently shows that the gender-differentiated experience of marriage and parenthood drives much of this disparity: norms that cast women primarily as caregivers rather than earners channel them towards the most precarious segments of the economy (see social norms analysis in section 2.4). These same care-related time constraints and gender norms also reinforce occupational segregation, contributing to women's concentration in care-related and other feminized occupations while limiting their opportunities to train for and enter a wider range of professions.[19]

Taken together, these constraints on women's labour force participation, employment security and occupational opportunities are reflected in the gender labour income gap across Asia and the Pacific. Women collectively receive only an estimated 45.4 cents for every dollar earned by men (table 1.1).[20] The gap is even wider in low- and lower-middle-income economies: women earn just 18 cents and 28 cents, respectively, for every dollar earned by men. Subregional disparities are stark: in Southern Asia, women earn only 23.4 per cent of men's labour income, compared with 66 per cent in the Pacific Islands.

Table 1.1 Gender income gap (ratio of women's to men's labour income), world and Asia and the Pacific, 2004 and 2026

Reference area	2004	2026
World	46.5	52.4
Asia and the Pacific	36.4	45.4
Asia and the Pacific: Low income	30.3	18.0
Asia and the Pacific: Lower-middle income	19.9	28.0
Asia and the Pacific: Upper-middle income	48.8	55.2
Asia and the Pacific: High income	37.1	52.7
Eastern Asia	44.2	56.4
South-Eastern Asia	45.0	52.7
Southern Asia	15.2	23.4
Central Asia	62.4	58.3
Pacific Islands	50.8	66.0
Western Asia	32.6	42.7

Source: ILOSTAT, Gender income gap – ILO modelled estimates, Nov. 2025 (%) – Annual. Available at https://rshiny.ilo.org/dataexplorer81/?lang=en&segment=indicator&id=EAP_2WAP_SEX_AGE_RT_A&channel=ilostat (accessed on 13 August 2026).
Note: Under the ILOSTAT regional grouping, the "Asia and the Pacific: Low income" category comprises only two countries: Afghanistan and the Democratic People's Republic of Korea; Central Asia and Western Asia are not part of the Asia and the Pacific subregion. The detailed composition of Asia-Pacific regional groupings across different datasets is provided in annex E.

Cumulatively, these patterns constrain not only women's employment but also their broader economic autonomy: their ability to make decisions about their own lives, access income and social protection, participate in public life and secure sufficient time for education, decent work, self-care, rest and personal development.

Care across the life course

Care responsibilities span generations, affecting women throughout their life course. These responsibilities can begin in childhood and continue through old age, shaped by gendered expectations within households and societies.

Care responsibilities often begin early. Children, particularly girls, may take on domestic and caregiving responsibilities alongside their education. Globally, girls aged 5–14 spend an estimated 160 million more hours every day on unpaid care and domestic work than boys of the same age.[21] When these responsibilities become excessive or unequally distributed, they can reduce the time available for education, rest, self-care, play and social participation and disrupt school attendance and progression. In some cases, girls are withdrawn from school altogether to care for siblings, older relatives or family members with disabilities.[22] Longitudinal evidence from Ethiopia, India, Peru and Viet Nam further indicates that girls' longer hours of unpaid household work in childhood and adolescence are associated with poorer employment outcomes and lower earnings in early adulthood, showing how unequal responsibilities early in life can contribute to gender inequalities across the life course.[23]

In midlife, many women enter what is commonly called the "sandwich generation": caring simultaneously for their children and their ageing parents, often while in paid

17 ILOSTAT, "Employment by sex and status in employment – ILO modelled estimates, Nov. 2025 (thousands) – Annual". Available at https://rshiny.ilo.org/dataexplorer81/?lang=en&segment=indicator (accessed on 17 August 2026).

18 Ibid.

19 ILO, "Skills for gender equality", 19 September 2024. Available at https://www.ilo.org/skills-gender-equality (accessed on 18 August 2026); and ILO, *Women at Work: Trends 2016* (Geneva, 2016). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_457317.pdf

20 This is an unadjusted aggregate measure that reflects differences not only in earnings, but also in labour force participation, hours worked, employment status, education, and occupational and sectoral distribution. It should therefore not be interpreted as the effect of care responsibilities alone.

21 UNICEF, "Gender norms and unpaid work", UNICEF Data. Available at https://data.unicef.org/topic/gender/gender-norms-and-unpaid-work/ (accessed on 24 July 2026); see also UNICEF, *Harnessing the Power of Data for Girls: Taking Stock and Looking Ahead to 2030* (New York, 2016). Available at https://www.unicef.org/media/65291/file/Harnessing-the-Power-of-Data-for-Girls-Brochure-2016-1-1.pdf

22 UNICEF, *Progress on Children's Well-Being: Centring Child Rights in the 2030 Agenda – For Every Child, a Sustainable Future* (New York, 2023). Available at https://data.unicef.org/resources/sdg-report-2023/

23 Fiona Carmichael, Christian Darko, Shireen Kanji and Nicholas Vasilakos, "The Contribution of Girls' Longer Hours in Unpaid Work to Gender Gaps in Early Adult Employment: Evidence from Ethiopia, India, Peru and Vietnam", *Feminist Economics*, vol. 29, No. 1 (2023). Available at https://doi.org/10.1080/13545701.2022.2084559.



A woman prepares food at a community-run kitchen in Panamik Village, India. © UN Women/Vidura Jang Bahadur

employment (see section 3.1).[24] Marriage may widen these responsibilities, particularly where women are expected to provide care not only as mothers and daughters but also as wives and daughters-in-law. In many parts of Asia and the Pacific, norms of filial responsibility reinforce expectations that women assume primary responsibility for older family members (see social norms analysis in section 2.4, and demographic change in section 3.1).

Later in life, older women often continue to provide care for grandchildren, spouses and older relatives, spending on average 4.3 hours per day on unpaid care and domestic work, more than twice as much time as older men, even as they may develop care and support needs of their own.[25] Many therefore occupy a dual position as both providers and potential recipients of care, sometimes combining caregiving with income-generating work despite health and financial constraints.[26] Their unpaid childcare may also enable younger women to participate in paid work, showing how gaps in formal care provision can shift responsibilities between generations. At the same time, the cumulative effects of lower lifetime earnings, care-related employment interruptions and informal work leave many older women with fewer assets, lower pension entitlements and a greater risk of poverty.[27] Where accessible services, respite and caregiver support are limited, family care may become the default, concentrating responsibilities on women without adequate public support or meaningful alternatives (see chapters 3 and 4).

Across the life course, unpaid care responsibilities thus accumulate into economic disadvantage through reduced educational opportunities, weaker labour-market attachment, lower earnings and greater income insecurity in old age. Where girls step into caregiving because their mothers' responsibilities exceed the support available to them, disadvantage can be transmitted across generations of women – even as each generation sustains households, labour markets and economies through unpaid care and domestic work. This reflects not only gender norms within households but also gaps in the broader social organization of care, including the policies, services, financing and social protection needed to support and redistribute care across households, communities, markets and the State.

24 Dorothy A. Miller, "The 'Sandwich' Generation: Adult Children of the Aging", *Social Work*, vol. 26, No. 5 (September 1981). Available at https://www.jstor.org/stable/23712207

25 The average time is based on age-disaggregated time-use data for 31 countries spanning low-, middle- and high-income contexts, and the female-to-male ratio is based on the 29 of those countries with data for both sexes; see Fiona Samuels and others, "Between Work and Care: Older Women's Economic Empowerment", research report (London, 2018). Available at https://media.odi.org/documents/12509.pdf

26 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific* (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

27 Naila Kabeer, "A foundational asymmetry: gender, unpaid care work, and the market economy", *Oxford Review of Economic Policy*, vol. 41 (2025). Available at https://academic.oup.com/oxrep/article/41/3-4/702/8502727?login=false

Care and intersectional inequalities

The responsibilities of care are unevenly distributed across multiple intersecting dimensions, including income, location, level of education, employment status, household composition, age, disability, race, ethnicity and migration background and differ according to varying national contexts. These inequalities create substantial differences among women in the time they spend on care, the support available to them and the economic consequences they experience.[28] For women from lower-income households, care services are often out of reach – unavailable where they live or unaffordable where they exist – while basic infrastructure such as water, sanitation, energy and transport may also be inadequate, particularly in rural and peri-urban settings (see section 4.1). They therefore spend more time on both direct care and physically demanding indirect care tasks such as collecting water and fuel and preparing food. Their remaining care service options may be limited to informal arrangements, some of which provide valued and flexible community support while others offer little protection to those providing or receiving care.

These intersecting inequalities carry over into paid care work. Globally, women account for about two thirds of the care workforce.[29] Migrant women and women from socioeconomically disadvantaged backgrounds are disproportionately concentrated in some of its least protected segments (see the discussion of global care chains in this section).[30] Many care occupations are characterized by low pay, informality, weak social protection and limited bargaining power (see chapter 4).[31] Domestic work illustrates these deficits particularly starkly: globally, 36.1 per cent of domestic workers remain wholly excluded from the scope of national labour laws.[32] In Asia and the Pacific, women account for 78.4 per cent of domestic workers and earn, on average, 58 per cent of the average monthly wages of other employees, compared with 75.6 per cent for men domestic workers in the region.[33] Despite successful organizing by domestic and other care workers, legal exclusions and informality continue to impede collective organization, bargaining and participation in social dialogue, while domestic workers, especially migrant domestic workers, face the additional challenge of working in dispersed private households. These deficits are reinforced by the persistent perception that care relies on women's "natural" capacities rather than acquired skills (see chapter 2), contributing to the economic and social undervaluation of both the work and those who perform it.[34]

Across unpaid and paid care alike, persons with disabilities are too often portrayed solely as recipients of care.[35] They are also significant providers of care and support for children, ageing parents, partners and other family and community members. Data from 26 rapid gender assessment surveys show that during the COVID-19 pandemic, the provision of unpaid care and domestic work increased more among women with disabilities (54 per cent) than among women without disabilities (49 per cent) or men with disabilities (47 per cent). Among respondents aged 60 or over, women with disabilities were substantially more likely than women without disabilities to report increased childcare responsibilities.[36] Their roles as caregivers, including those working as nurses, personal assistants and community support workers, remain largely invisible in policy frameworks and data systems, contributing to gaps in respite services, income support and labour protections. Recognizing persons with disabilities as both givers and receivers of care is essential to designing systems that uphold their autonomy and full participation, rather than treating them as passive recipients.[37]

28 International Institute for Sustainable Development (IISD) and Center for the Implementation of Public Policies promoting Equity and Growth (CIPPEC), *A Measure of Care: How Countries Strive to Move Beyond GDP and Capture the Value of Invisible Work* (Winnipeg, 2026). Available at https://www.iisd.org/system/files/2026-03/measure-of-care-economy-beyond-gdp.pdf

29 ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf

30 ILO, *Migrant Workers in the Care Economy* (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/2024-10/Migrant%20Workers%20in%20the%20Care%20Economy_Note_2024_Final.pdf; Marie-José Tayah, *Decent Work for Migrant Domestic Workers: Moving the Agenda Forward* (Geneva, ILO, 2016). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_protect/%40protrav/%40migrant/documents/publication/wcms_535596.pdf.

31 ILO, *Decent Work and the Care Economy*, International Labour Conference, 112th Session (Geneva, 2024), ILC.112/Report VI. Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_norm/%40relconf/documents/meetingdocument/wcms_921863.pdf

32 ILO, *Making Decent Work a Reality for Domestic Workers: Progress and Prospects Ten Years after the Adoption of the Domestic Workers Convention, 2011 (No. 189)* (Geneva, 2021). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_protect/%40protrav/%40travail/documents/publication/wcms_802551.pdf

33 ILO, *Making Decent Work a Reality for Domestic Workers: Progress and Prospects in Asia and the Pacific, Ten Years after the Adoption of the Domestic Workers Convention, 2011 (No. 189)* (Bangkok, 2021). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_protect/%40protrav/%40travail/documents/publication/wcms_802551.pdf

34 ILO, "Resolution concerning decent work and the care economy", International Labour Conference, 112th Session (Geneva, 2024), ILC.112/Resolution V. Available at https://www.ilo.org/sites/default/files/2024-07/ILC112-Resolution%20V-%7BRELMEETINGS-240620-001%7D-Web-EN_0.pdf; ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf; and Marie-José Tayah, *Decent Work for Migrant Domestic Workers: Moving the Agenda Forward* (Geneva, 2016). Available at https://researchrepository.ilo.org/esploro/outputs/report/Decent-work-for-migrant-domestic-workers/995218766202676/filesAndLinks?index=0

35 Based on article 1 of the CRPD, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. See Convention on the Rights of Persons with Disabilities, article 1.

36 Ramya Emandi, Jessamyn Encarnacion and Papa Seck, "Six ways women with disabilities have been affected by the pandemic", UN Women Data Hub, 5 July 2022. Available at https://data.unwomen.org/features/six-ways-women-disabilities-have-been-affected-pandemic (accessed on 7 August 2026). The findings draw on COVID-19 Rapid Gender Assessment surveys; disability-disaggregated data were available for 26 surveys. The percentages refer to respondents reporting an increase in unpaid care, domestic work or childcare during the pandemic, rather than to their total time spent on these activities.

37 UN Women, *Towards a Better Future: Strengthening Gender-Responsive and Disability-Inclusive Transformative Care and Support* (New York, 2026). Available at https://www.unwomen.org/en/digital-library/publications/2026/04/towards-a-better-future-strengthening-gender-responsive-and-disability-inclusive-transformative-care-and-support

Box 1.3 Spotlight: who is left furthest behind? Applying the LNOB methodology to unpaid care and domestic work

ESCAP's Leaving No One Behind (LNOB) methodology[1] is based on a supervised machine learning algorithm that quantifies and visualizes inequality in development outcomes by disaggregating national averages and identifying the intersecting circumstances associated with inequality.

Sustainable Development Goal (SDG) indicator 5.4.1, "proportion of time spent on unpaid domestic and care work, by sex, age and location" is measured by analysing Time Use Surveys (TUS) data and the LNOB methodology can be used to identify who spends the most and least time on unpaid care and domestic work after simultaneously considering individual and household circumstances such as age, gender, education, marital status, household wealth, residence and the presence of children.

Key findings

Analysis using the ESCAP LNOB methodology across Bangladesh, Georgia, India, Mongolia and Viet Nam reveals several common patterns alongside country-specific differences:

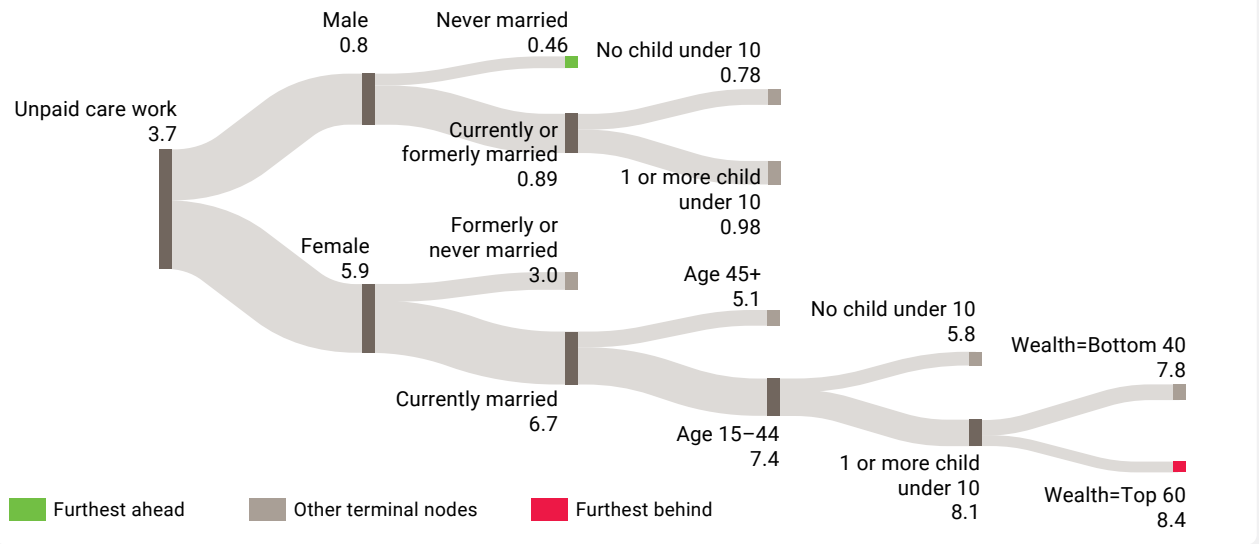
- National averages conceal significant inequalities. While national averages provide an overview of unpaid care work, the LNOB methodology reveals which groups bear the greatest care responsibilities, spending up to 2.5 times the national average on such work, and which spend the least time on unpaid care and domestic work.
- Gender is consistently the strongest predictor of unpaid care work. In every country analysed, women spend substantially more time on unpaid care and domestic work than men.
- Care responsibilities are shaped by intersecting circumstances. Beyond gender, factors such as marital status, age, the presence of young children, household wealth, education and place of residence interact differently across countries to influence unpaid care responsibilities.

The groups spending the most time on unpaid care and domestic work differ across national contexts:

- In Bangladesh, currently married women between 15 and 44 years of age living in relatively wealthier households[2] with at least one child under 10 years of age spend 8.4 hours per day (figure 1.4).
- In India, currently married women between 15 and 44 years of age living in poorer households spend 7.5 hours per day.
- In Georgia, women aged 15–44 living with at least one child under 15 spend 5.9 hours per day.
- In Mongolia, currently married women living in households with two or more children under 18 years of age spend 5.7 hours per day.
- In Viet Nam, rural women with lower levels of education spend 4.8 hours per day.

Continues on next page

Figure 1.4 Disaggregating unpaid care and domestic work in Bangladesh, 2021

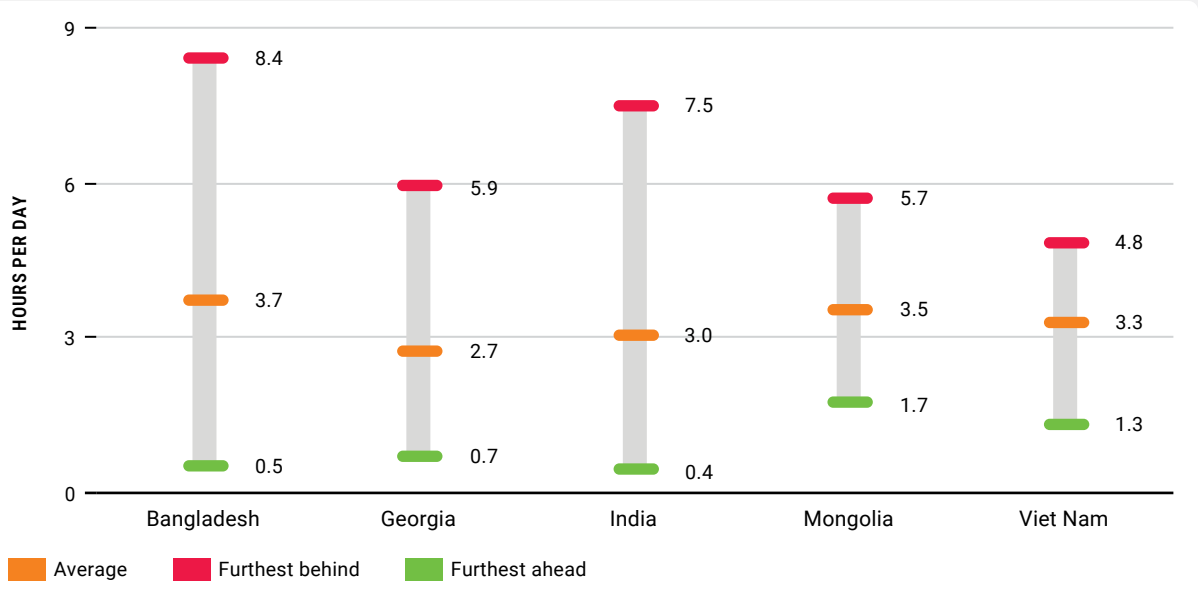


Note: ESCAP analysis based on Bangladesh Time Use Survey (TUS) (2021) collected by the Bangladesh Bureau of Statistics (BBS). The survey contains information on about 8,000 households and over 17,700 eligible responses, based on activity diaries covering a 24-hour period. The indicator relates to SDG 5.4.1 which measures the proportion of time spent on unpaid domestic and care work following International Classification of Activities for Time-Use Statistics (ICATUS 2016) categories 3 and 4.

Box 1.3 ...continued

Across all five countries, those furthest behind spent at least 3.5 additional hours per day on unpaid care and domestic work compared with those furthest ahead (figure 1.5). The gaps are widest in South and South-West Asia where female labour force participation rates are notably lower. In all countries, the furthest ahead were men. In countries where the algorithm further differentiated among men, the groups spending the least time were also characterized by factors such as younger age (either 15–24 or 15–44 years of age), having no children in the household, never having been married and, in some cases, lower levels of education.

Figure 1.5 Gaps in hours spent per day on unpaid care and domestic work in selected countries in Asia and the Pacific



Note: ESCAP analysis based on the Bangladesh Time Use Survey (2021), Georgia Time Use Survey (2021), India Time Use Survey (2024), Mongolia Time Use Survey (2023) and Viet Nam Time Use Survey (2022). Unpaid care work is defined as time spent on unpaid domestic services and caregiving (ICATUS 2016 divisions 3 and 4) for all countries except Viet Nam, whose survey uses a national activity classification that was mapped onto the ICATUS divisions. The disaggregation model varies by data availability: marital status is not available for Georgia and Viet Nam and number of children is not available for Viet Nam. National averages have been validated against each country's published survey reports. While the results are broadly comparable for major time-use data, differences in survey design and methodology should be considered when interpreting cross-country comparisons.

These findings demonstrate that effective care policies require greater precision than national averages alone can provide. For example, evidence that currently married women with young children spend the most time on unpaid care can help prioritize the expansion of affordable childcare, early childhood education and care, parental leave and flexible working arrangements. Where rural women carry disproportionate care responsibilities, governments can prioritize investments in water, sanitation, electricity, clean energy, transport and digital infrastructure that reduce the time required for unpaid domestic work while improving access to care services. Where the greatest responsibilities of unpaid care and domestic work fall on poorer households, care services can be complemented with care-related social protection (see chapters 4 and 6).

By identifying who takes on the greatest share of unpaid care and domestic work, the LNOB methodology supports a more equitable allocation of public resources and helps ensure that the people most at risk of being left furthest behind are reached first.

1 ESCAP, "Leaving No One Behind (LNOB): A methodology to identify those furthest behind in Asia and the Pacific". Available at https://lnob.unescap.org/methodology (accessed on 27 July 2026)

2 This finding contrasts with evidence from the other countries and with much of the literature on unpaid care and domestic work. Although the available data do not permit a definitive explanation, one possible explanation based on the survey data is that women in poorer households in Bangladesh were more likely to engage in paid work outside the home, thereby reducing the time available for unpaid care and domestic work.

Global care chains

Care is also organized across borders. The concept of "global care chains" describes transnational networks through which care work is transferred from one household to another, often across countries, along intersecting hierarchies of gender, socioeconomic status, ethnicity and place of origin.[38] Women from lower-income households and countries migrate to provide care in higher-income contexts, while other women, often in more vulnerable situations, shoulder the care responsibilities left behind. This creates a cascading chain of provision that sustains both households and labour markets across regions and, increasingly, within countries, as rural-urban migration channels women into domestic and care work in cities (see section 3.3).[39]

Asia and the Pacific is an important hub in these transnational arrangements. South-East Asia and the Pacific alone hosted 24 per cent of the world's women migrant domestic workers, the largest share of any region (reference year 2013).[40] For households and communities of origin, these chains bring costs as well as remittances. Care responsibilities left behind are often redistributed to grandmothers, older daughters and other relatives, potentially increasing unpaid care responsibilities and time poverty across generations. For the migrant care workers themselves, financial insecurity may be compounded by insecure legal status, limited labour protections, exposure to occupational injury without adequate compensation and the social isolation of working far from home and family, placing many among the most vulnerable workers in the region's economy (see chapter 3).[41]

1.3 Understanding care futures: a strategic foresight approach

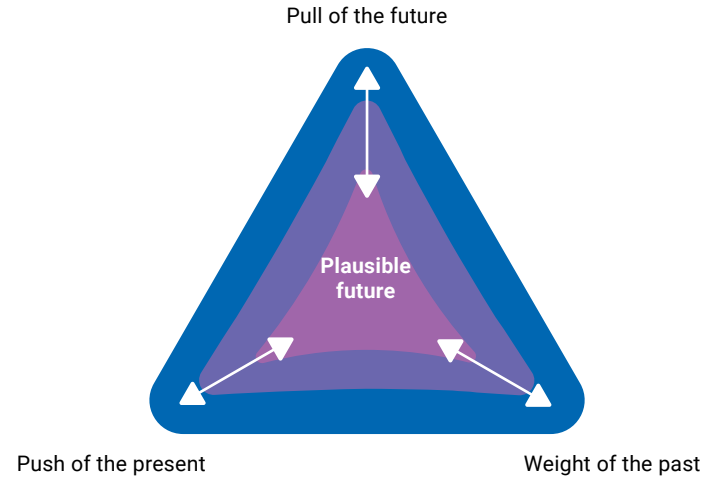
The future of care will not be shaped by a single trend or policy choice. It will emerge through the interaction of inherited systems, present-day disruptions and competing visions of what societies should prioritize and protect. Understanding the care economy as it exists today is therefore necessary, but not sufficient.

The publication uses the Futures Triangle,[42] a strategic foresight framework for examining three interacting forces that shape the space of possible futures:

- **The weight of the past**: the historical structures, norms and institutional designs that resist change and hold the current system in place.
- **The push of the present**: the trends and driving forces that are actively reshaping care needs and care provision.
- **The pull of the future**: the compelling visions, innovations and emerging possibilities that offer alternative trajectories.

Together, these forces shape not only the future of care systems, but also what governments and societies perceive as possible, desirable and politically achievable.

Figure 1.6 The futures triangle



38 Arlie Russell Hochschild, "Global Care Chains and Emotional Surplus Value", in *On the Edge: Living with Global Capitalism*, Will Hutton and Anthony Giddens, eds. (London, Jonathan Cape, 2000). Available at https://catalogue.nla.gov.au/catalog/344452; Nicola Yeates, "Global Care Chains: A Critical Introduction", *Global Migration Perspectives*, No. 44 (Geneva, 2005). Available at https://www.refworld.org/reference/research/gcim/2005/35223; and Amaia Pérez Orozco, "Global Care Chains. Toward a rights-based global care regime?", United Nations International Research and Training Institute for the Advancement of Women (UN-INSTRAW) Working Paper, No. 2 (Santo Domingo, 2009). Available at https://www.researchgate.net/publication/309669828_Global_care_chains_Toward_a_rights-based_global_care_regime

39 Amaia Pérez Orozco, "Global Care Chains. Toward a rights-based global care regime?", United Nations International Research and Training Institute for the Advancement of Women (UN-INSTRAW) Working Paper, No. 2 (Santo Domingo, 2009). Available at https://www.researchgate.net/publication/309669828_Global_care_chains_Toward_a_rights-based_global_care_regime

40 International Labour Office, *ILO Global Estimates on Migrant Workers: Results and Methodology – Special Focus on Migrant Domestic Workers* (Geneva, International Labour Office, 2015). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/documents/publication/wcms_436343.pdf.

41 ESCAP, *Asia-Pacific Migration Report 2024* (United Nations Publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/8c408868-7333-4ac8-9f36-dc1ba6e2bc80/content

42 United Nations Futures Lab, *UN Strategic Foresight Guide: Futures Triangle* (New York, 2023). Available at https://drive.google.com/file/d/12c2-ttVFT9dn5a-Pi-y0vGi4X7nnV3pP/view; and Sohail Inayatullah, "Six pillars: futures thinking for transforming", *Foresight*, vol. 10, No. 1 (2008). Available at https://www.researchgate.net/publication/228634731_Six_pillars_futures_thinking_for_transforming

The framework provides the organizing logic for the chapters that follow. Chapter 2 examines the historical legacies, institutional arrangements and social norms that continue to shape care systems across Asia and the Pacific today. Chapter 3 then explores the major megatrends reshaping the future of care across the region, including demographic change, digitalization, urbanization, climate change and environmental degradation and widening inequalities. Chapter 4 examines the current landscape of care systems in Asia and the Pacific, highlighting both policy progress and persistent structural inequalities in access to care, labour protections and social support systems.

Building on this analysis, chapter 5 explores four plausible futures for care in the region under different combinations of social, economic, technological and environmental change. Chapter 6 then turns from plausible futures to a preferred future, setting out a vision of inclusive and resilient care systems and pathways for moving towards it. It examines how governments and societies can navigate long-term systems transformation under conditions of uncertainty through strengthened governance, partnerships and regional cooperation.

The publication concludes in chapter 7 by drawing together the wider implications of this analysis for the future of care. While that future is not fixed, it will be shaped by how societies organize responsibility, risk and support across households, markets, communities and the State. Building inclusive and resilient care systems will require moving beyond fragmented and reactive approaches and sustaining long-term commitment to more equitable ways of valuing, supporting and sharing care.

Conclusion

Care is foundational to human well-being, social cohesion and economic prosperity, yet it remains undervalued and unevenly distributed across Asia and the Pacific. The current organization of care places disproportionate responsibilities on women and girls, reinforcing inequalities across the life course while limiting progress towards inclusive and sustainable development. Building more inclusive and resilient care systems therefore requires recognizing care as a shared public responsibility and strengthening the policies, institutions and investments that support it. Yet efforts to transform care systems must first confront the historical legacies, institutional arrangements and social norms that continue to shape them. The next chapter examines these foundations and how they continue to influence the organization, value and distribution of care today.

Box 1.4 Forces to watch and how to follow them

Throughout this publication, readers will encounter the **drivers of change**. A driver of change is a major force shaping the future in significant ways, often an underlying cause or catalyst behind the emergence or acceleration of trends.[1] In keeping with the past-present-future approach, the publication identifies a set of drivers that together capture the forces shaping the future of care. The complete list is set out in annex B.

Readers will encounter these drivers across chapters 2 and 3: some emerge from the weight of the past, the inherited legacies and norms that continue to hold care systems in place (chapter 2); others from the push of the present, the megatrends now reshaping the demand for and supply of care (chapter 3). In all, they fall into six categories: demographic change, digitalization, urbanization, climate change and environmental degradation, inequalities and social norms. Wherever a driver is first introduced or discussed, it is marked in the text with a short, colour-coded tag such as DRIVER 6.3. Think of these tags as a way to navigate the drivers: follow them to trace a force from chapter to chapter, or simply read on.

The drivers were shared and refined through the expert focus group discussions conducted for this publication (see annex A for the methodology), and they become the building blocks of the scenarios developed in chapter 5. There, readers will see how focus group participants explored how each driver could evolve under four very different futures.

1 United Nations Development Programme (UNDP), Foresight for the Country Programme Document Toolkit. Available at https://www.undp.org/future-development/foresight-cpd-toolkit (accessed on 6 August 2026).



Chapter 2

The weight of the past: why care systems remain unequal and fragmented



"It is one thing to have a policy commitment; it is another thing to translate that commitment into policy practice. This requires financing and gender budgeting to ensure that governments recognize the entitlements of poor and marginalized people, particularly women."

—**John Samuel,** Asia Regional Director, Oxfam

The way care is organized across Asia and the Pacific is not natural or inevitable. It reflects decades of accumulated policy choices, economic models and social norms that continue to shape how care is valued, funded and shared. These inherited structures influence who provides care, who receives it and how responsibilities are shared across households, markets, communities and the State.

- Current care systems are shaped by historical economic and institutional arrangements.
- Unpaid care and domestic work have long been excluded from conventional economic measurement, obscuring their scale, distribution and contribution to economies and societies.
- Care responsibilities have developed across fragmented institutions and have often been treated as recurring expenditure rather than social investment.
- Gendered norms of family, kinship, work and intergenerational obligation continue to assign care disproportionately to women and undervalue paid care workers.
- Together, these legacies make historically created arrangements appear private, natural and difficult to change.

Across Asia and the Pacific, care systems today still reflect long-standing economic, institutional and social arrangements developed in a historical context in which care was largely treated as a private or family responsibility. These legacies are closely interconnected and continue to reinforce one another. Even as care is increasingly recognized as essential social and economic infrastructure, many existing systems remain poorly equipped to respond to the profound demographic, social, economic and environmental transformations unfolding across the region. Understanding the historical foundations of current care systems is therefore critical to understanding both their present limitations and what it will take to build more inclusive and resilient futures of care.

2.1 The weight of the past

Drawing on the Futures Triangle framework, this chapter examines the "weight of the past" – the historical legacies, institutional structures and social norms that continue to shape care systems across the region.[43] These inherited arrangements have created forms of path dependency that influence how care is measured, financed and distributed, often reinforcing inequalities across gender, income, age, disability, geography and migration status. The weight of the past continues to shape the present through systems and assumptions so deeply normalized that they are often accepted without question.

Three interlocking legacies are especially important. **First,** systems of economic measurement have long placed most unpaid care and domestic work outside the conventional production boundary. **Second,** care responsibilities have developed across fragmented institutions and have often been treated as recurring expenditure rather than social investment. **Third,** gendered norms of family, kinship, work and intergenerational obligation continue to make care appear primarily private, familial and naturally women's responsibility.

These legacies are best understood not as three separate problems but as mutually reinforcing, each making the others harder to see and to challenge. What is excluded from measurement and monitoring is easier to overlook in policy and implementation; what is framed as a private family responsibility is easier to leave outside public investment and underfund; and what is associated with women's "natural" role is easier to undervalue. Together, they turn historically created arrangements into seemingly self-evident features of the present.

43 United Nations Futures Lab, *UN Strategic Foresight Guide: Futures Triangle* (New York, 2023). Available at https://drive.google.com/file/d/12c2-ttVFT9dn5a-Pi-y0vGi4X7nnV3pP/view



A woman harvests lemons in Tajikistan. © UNDP

2.2 Legacy 1: the invisibility of care in national accounting

The long history of unrecognized care

Long before national accounting systems were formalized, care work was already rendered invisible in a more fundamental sense: embedded in kinship and household relations, much of it was treated as a familial obligation rather than as work that requires compensation, protection or public recognition. In predominantly agrarian settings across much of Asia and the Pacific, household production, subsistence farming and caregiving were closely interwoven. Rural women commonly combined agricultural production and food processing with collecting water and fuel, preparing meals, maintaining the household and caring for family members.[44] Because much of this work was undertaken collectively within households and outside monetary exchange, women's individual contributions were often difficult to distinguish and were poorly captured in conventional labour and economic statistics.

As economies industrialized and, in parts of East Asia, did so rapidly through outward-oriented development strategies centred on manufacturing and exports,[45] an increasing share of paid production moved into factories, offices and firms. Care work did not undergo an equivalent institutional transition. Although care remained essential to sustaining workers, households and communities, much of it continued to be organized within households and placed outside the principal measures of economic production.

The establishment of the initial System of National Accounts (SNA) in the mid-twentieth century further formalized this invisibility. Designed primarily to measure industrial production and market-based economic activity,[46] the SNA drew a sharp boundary between market and non-market activities.[47] Gross Domestic Product (GDP), its headline indicator, consequently captured mainly market production, even as it came to be used more broadly as a measure of national progress and economic well-being.[48] Because most unpaid care and domestic work took place outside formal markets, it was excluded from GDP by design. Critics of conventional national accounting have long argued that this exclusion is not merely technical: by determining what is recognized as productive and economically valuable, national accounts also shape policy priorities and systematically obscure much of women's unpaid work.[49] Across much of the region, this statistical boundary reinforced an assumption already embedded in prevailing development models: that households, and particularly women within them, would absorb the costs of social reproduction without compensation or adequate public support, enabling the formal economy to be organized around paid, market-based labour.

This design choice still shapes policy today. As noted in box 1.2, if valued, women's unpaid care and domestic work could add an estimated $3.8 trillion to the regional economy.[50] Yet because this contribution is not counted in conventional measures of economic activity, it remains largely invisible in the metrics that shape policy priorities, fiscal choices and public narratives of development. The United Nations Secretary-General has described the overreliance on GDP as a "glaring blind spot in how we measure economic prosperity and progress"[51] (see box 2.1).

44 SOFA Team and Cheryl Doss, "The Role of Women in Agriculture," ESA Working Paper No. 11-02 (Rome, 2011). Available at https://www.fao.org/4/am307e/am307e00.pdf

45 Zenaida Hernandez, "Industrial Policy in East Asia: In Search for Lessons," background paper prepared for the *World Development Report 2005* (Washington, D.C., 2004). Available at http://documents.worldbank.org/curated/en/495271468771857668

46 Mike Seiferling, "What we value and why it matters: a historical overview of GDP, the production boundary and unpaid household labour", *New Political Economy* (December 2025). Available at https://doi.org/10.1080/13563467.2025.2599190

47 Daniel DeRock, "Hidden in Plain Sight: Unpaid Household Services and the Politics of GDP Measurement", *New Political Economy*, vol. 26, No. 1 (October 2021). Available at https://doi.org/10.1080/13563467.2019.1680964

48 Joseph E. Stiglitz and others, "Report by the Commission on the Measurement of Economic Performance and Social Progress" (Paris, 2009). Available at https://ec.europa.eu/eurostat/documents/8131721/8131772/Stiglitz-Sen-Fitoussi-Commission-report.pdf

49 Marilyn Waring, *If Women Counted: A New Feminist Economics* (San Francisco, 1988). Available at https://archive.org/details/ifwomencountedne0000wari

50 Lola Woetzel and others, *The Power of Parity: Advancing Women's Equality in Asia Pacific* (New York, 2018). Available at https://www.mckinsey.com/~/media/McKinsey/Featured%20Insights/Gender%20Equality/The%20power%20of%20parity%20Advancing%20womens%20equality%20in%20Asia%20Pacific/MGI-The-power-of-parity-Advancing-womens-equality-in-Asia-pacific-Executive-summary.pdf

51 United Nations, *Our Common Agenda – Report of the Secretary-General* (United Nations publication, 2021). Available at https://www.un.org/en/content/common-agenda-report/assets/pdf/Common_Agenda_Report_English.pdf

Box 2.1 Beyond GDP

The Beyond GDP Initiative is a global effort led by the United Nations to develop measures of progress that complement GDP.[1] While GDP remains a useful gauge of economic output, it offers only a narrow picture of development, one that fails to capture environmental sustainability, equity and inclusion, unpaid care work, health or people's lived realities.[2] On 7 May 2026, the Secretary-General's independent High-Level Expert Group on Beyond GDP presented its final report, proposing a dashboard of 31 indicators organized around four interrelated pillars: foundational principles, current well-being, equity and inclusion and sustainability and resilience.[3]

This framework gives greater visibility to care-related dimensions of progress, including the "proportion of time spent on unpaid domestic and care work", based on SDG indicator 5.4.1, under the domain of material conditions and work. It also identifies gender as a special case of horizontal inequality and calls for gender to be captured both through dedicated indicators and through data disaggregation.[4] Measurement tools, including time-use surveys, household satellite accounts, quality-of-life metrics and care policy indices and scorecards, provide complementary ways to measure unpaid care and assess how care systems shape well-being, inequality and economic participation (see box 2.2).[5] Assigning a monetary value to unpaid care, in particular, can further demonstrate the scale of its contribution by making it comparable with activities captured in GDP (see box 1.2).

The report also considers how these measures can inform policy and decision-making. It recommends integrating the framework into national policymaking, including budgeting, cost-benefit analysis and accountability and using broader measures of progress in international financial assessments, debt sustainability analyses and concessional finance allocation.[6] These recommendations are now being considered through a United Nations-led intergovernmental process. As Beyond GDP moves from measurement into policymaking, the challenge is not simply to add new indicators, but to reconsider how progress is defined, by whom and for whose benefit. In Asia and the Pacific, many well-being frameworks still do not adequately capture unpaid care and domestic work or the intersecting inequalities experienced by women and marginalized groups across socioeconomic status, ethnicity, age, disability and location.[7] Recent advocacy therefore calls for Beyond GDP approaches that place gender justice, ecological sustainability and inclusive well-being at the centre of measurement and policymaking.[8]

1 UN Women, *Toward Caring Societies in Asia and the Pacific* (Bangkok, 2024). Available at https://asiapacific.unwomen.org/sites/default/files/2024-09/ap-x-caring-societies_2024-200904s.pdf

2 Naila Kabeer, "A foundational asymmetry: gender, unpaid care work, and the market economy", *Oxford Review of Economic Policy*, vol. 41 (2025). Available at https://academic.oup.com/oxrep/article/41/3-4/702/8502727?login=false.

3 United Nations, *Counting What Counts: A Compass of Progress for People and Planet: Report of the Secretary-General's Independent High-Level Expert Group on Beyond GDP* (United Nations publication, 2026). Available at https://www.un.org/sites/un2.un.org/files/high-level_expert_group_on_beyond_gdp_final_report.pdf; and Environment for Development (EfD), "Beyond GDP: UN launches new global framework to measure what truly matters", 13 May 2026. Available at https://www.efdinitiative.org/news/beyond-gdp-un-launches-new-global-framework-measure-what-truly-matters (accessed on 11 August 2026).

4 Ibid.

5 IISD, *The Measure of the Care Economy: Moving Beyond GDP* (Winnipeg, 2026). Available at https://www.iisd.org/system/files/2026-03/measure-of-care-economy-beyond-gdp.pdf

6 United Nations, *Counting What Counts: A Compass of Progress for People and Planet: Report of the Secretary-General's Independent High-Level Expert Group on Beyond GDP* (United Nations publication, 2026). Available at https://www.un.org/sites/un2.un.org/files/high-level_expert_group_on_beyond_gdp_final_report.pdf

7 Oxfam, "Feminist perspectives on Beyond GDP in Asia: Executive summary" (2025). Available at https://oxfamilibrary.openrepository.com/server/api/core/bitstreams/18f7ee06-692a-4d09-bb73-588934c849f4/content

8 Oxfam, "Radical Pathways Beyond GDP: Why and How we need to pursue feminist and decolonial alternatives urgently" (2023). Available at https://oxfamilibrary.openrepository.com/server/api/core/bitstreams/91b92b57-f3e6-4522-9100-f6c3fc42b739/content; and Naila Kabeer, "A foundational asymmetry: gender, unpaid care work, and the market economy", *Oxford Review of Economic Policy*, vol. 41 (2025). Available at https://academic.oup.com/oxrep/article/41/3-4/702/8502727?login=false

Making care visible and its limits

Making care visible within the framework of national accounts is technically possible. The established tool is the satellite account, a supplementary account linked to the main national accounting system that measures activities omitted from core GDP, including unpaid care work, without changing core GDP calculations.[52] The 2025 revision of the SNA explicitly encourages countries to "develop extended accounts for unpaid household service work to provide important insights into (material) well-being."[53]

However, the accuracy of satellite accounts depends on the availability of reliable underlying data. The principal source of data on unpaid care and domestic work is the time-use survey, but such data remain uneven and are often collected only intermittently across the region. The technical complexity, cost and time requirements have limited regular data collection, constraining governments' ability to capture care inequalities, track changing demands arising from demographic change and design evidence-informed policies.[54] These constraints can create a policy trap in

52 United Nations Economic Commission for Europe (UNECE) and Conference of European Statisticians (CES), *Review of Satellite Accounting* (Washington, D.C., 2019). Available at https://unstats.un.org/unsd/nationalaccount/aeg/2019/M13_5_2_Review_Satellite_Accounting.pdf

53 United Nations Statistics Division (UNSD), *System of National Accounts 2025* (New York, 2025). Available at https://unstats.un.org/unsd/nationalaccount/snaupdate/2025/2025_SNA_Combined.pdf

54 ESCAP and UN Women, *Charting New Paths for Gender Equality and Empowerment: Asia-Pacific Regional Report on Beijing+30 Review* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/52f429f1-3101-4b30-a81d-5646ad5aa42c/content; Asian Development Bank (ADB), *It Is About Time: Measurement, Challenges, and Policies for Asia* (Manila, 2026). ; and Asian Development Bank (ADB), *It Is About Time: Measurement, Challenges, and Policies for Asia* (Manila, 2026). Available at https://www.adb.org/sites/default/files/publication/1134396/measurement-challenges-policies-asia.pdf

which action is deferred until national data become available, even though the scale, gendered distribution and consequences of unpaid care are already sufficiently established to justify policy action.

By 2021, more than 30 countries in Asia and the Pacific had undertaken some form of time-use data collection through nearly 100 data collection exercises, most of them led by national statistical offices.[55] Despite this, time-use data have not been fully integrated into regular statistical and policymaking processes. Most of the data remain underutilized, partly because of limited awareness of potential policy applications.[56] In many countries, time-use surveys have not been institutionalized or conducted on a regular basis, making it difficult to monitor SDG indicator 5.4.1 on unpaid domestic and care work over time.[57]

Measurement challenges are not confined to unpaid care. Care work spans paid and unpaid work, formal and informal employment, household-based care, community-based care and institution-based services. Data on different dimensions of care work are therefore often collected using separate methodologies. The absence of internationally agreed statistical standards, together with fragmented and inconsistent data, constrains comparability across countries and limits the ability to monitor progress over time.[58]

This is beginning to shift, though slowly. In 2023, ILO received a mandate from the 21st International Conference of Labour Statisticians (ICLS) to initiate a statistical standard-setting process on care work. Internationally agreed standards are expected to be discussed at the 22nd ICLS in 2028, with the aim of producing detailed, harmonized and internationally comparable data covering both paid and unpaid care work and addressing existing data gaps.[59]

In the meantime, reliance on traditional GDP is still deeply entrenched. While satellite accounts for unpaid household services have been recommended for decades, they have yet to become a consistent priority within many national statistical systems. This is partly because their benefits are not immediately reflected in conventional economic indicators or fiscal returns.[60] The invisibility of care is therefore not a neutral technical oversight. It is an inherited design feature of economic measurement, and its consequences reach well beyond statistical offices.

55 ESCAP, "Harnessing time-use data for gender equality policies and beyond", 5 May 2021. Available at https://www.unescap.org/blog/harnessing-time-use-data-gender-equality-policies-and-beyond (accessed on 14 July 2026).

56 Ibid.

57 ESCAP, *Asia and the Pacific SDG Progress Report 2026: Highlights* (Bangkok, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/9b957875-c772-4b47-9ea4-08c09d725ac7/content

58 ILO, *Decent Work and the Care Economy* (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_norm/%40relconf/documents/meetingdocument/wcms_921863.pdf

59 ILO, *Decent Work and the Care Economy* (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_norm/%40relconf/documents/meetingdocument/wcms_921863.pdf

60 Mike Seiferling, "What we value and why it matters: a historical overview of GDP, the production boundary and unpaid household labour", *New Political Economy* (December 2025). Available at https://doi.org/10.1080/13563467.2025.2599190

Box 2.2 Time-use surveys

Time-use surveys systematically record how individuals allocate their time across daily activities, including both paid employment and unpaid non-market services. According to the International Classification of Activities for Time-Use Statistics (ICATUS 2016), time-use activities are classified into the following nine broad categories: Employment and related activities; Production of goods for own final use; Unpaid domestic services for household and family members; Unpaid caregiving services for household and family members; Unpaid volunteer, trainee and other unpaid work; Learning; Socializing and communication, community participation and religious practice; Culture, leisure, mass media and sports practices; and Self-care and maintenance.[1]

Time-use surveys are widely regarded as the cornerstone of care measurement. They provide the foundational data needed to estimate the economic value of unpaid care work, develop household satellite accounts and monitor SDG indicator 5.4.1, which measures the proportion of time spent on unpaid domestic and care work by sex, age and location.[2]

In the field of gender statistics, time-use surveys reveal how care responsibilities are distributed within households and across society. They show how women and men of different ages divide their time between paid work, unpaid care and domestic work, community activities and rest. Because time is finite, these patterns reveal how social norms, labour market structures, household composition, public services and infrastructure shape people's opportunities.[3] Time-use evidence has been especially important for showing that women spend substantially more time than men on unpaid care and domestic work, with implications for education, decent work, income security, rest, self-care and participation in public life (see chapter 1).[4]

Beyond gender analysis, time-use data can inform policy across the care economy, employment, social protection, infrastructure, climate resilience and human development.[5] They can help reveal, for example, how inadequate water, energy, transport, childcare or long-term care services are associated with unpaid work, and, when combined with relevant contextual data, how climate shocks can reshape household and community care responsibilities. In this sense, time-use surveys do more than record how people spend their days; they help reveal how paid work, unpaid care, services and infrastructure interact in everyday life.

While time-use surveys provide critical evidence for more targeted and effective policies, their absence should not delay action to address unpaid care and domestic work. Evidence from across the region already provides a strong basis for policy action. Where time-use data are available, they can sharpen these responses by identifying which groups carry the greatest unpaid care responsibilities and helping policymakers target interventions more effectively.

1 UNSD, "International Classification of Activities for Time-Use Statistics (2016)", 2016. Available at https://unstats.un.org/unsd/demographic-social/time-use/icatus-2016 (accessed on 20 July 2026).

2 UN Women, *Toward Caring Societies in Asia and the Pacific* (Bangkok, 2024). Available at https://asiapacific.unwomen.org/sites/default/files/2024-09/ap-x-caring-societies_2024-200904s.pdf

3 IISD, *The Measure of the Care Economy: Moving Beyond GDP* (Winnipeg, 2026). Available at https://www.iisd.org/system/files/2026-03/measure-of-care-economy-beyond-gdp.pdf

4 ADB, *It Is About Time: Measurement, Challenges, and Policies for Asia* (Manila, 2026). Available at https://www.adb.org/sites/default/files/publication/1134396/measurement-challenges-policies-asia.pdf

5 Ibid.

2.3 Legacy 2: care as cost rather than investment

The exclusion of care from economic measurement reinforced a second legacy: care came to be treated primarily as a recurring social cost rather than as an investment in human capabilities, social well-being and economic resilience. Responsibility for care developed across separate sectors and levels of government, while households continued to provide much of what formal systems did not cover.

Governments across Asia and the Pacific have developed important health, education and social protection programmes. While the benefits of care extend across employment, gender equality, child development, disability inclusion and population ageing, these policy areas often evolve separately through different departments and fragmented funding arrangements. Consequently, care systems face a "wrong-pocket problem" where a particular ministry bears the immediate costs, while many of its benefits are realized across other sectors over longer periods.[61] This mismatch can obscure the wider returns to investment in care in sector-based budgeting and reinforce the tendency to treat care as a recurring cost rather than a foundational investment.[62]

One way of making these diffuse and longer-term benefits more visible in fiscal decision-making is to use the human capital framework, which highlights how investments in childcare, health, education and other forms of care can strengthen capabilities across the life course, support labour force participation and productivity, help societies adapt to structural pressures and reduce future social and economic costs.[63] This framing can help translate social-policy objectives into the investment language commonly used by ministries of finance, while recognizing that the value of care extends beyond its economic returns. Modelling across six emerging economies found that an investment equivalent to 2 per cent of GDP in health and care could increase overall employment by between 1.2 and 3.2 per cent, depending on the country – with estimated gains of 24 million new jobs in China and 11 million in India[64] – a finding reinforced by more recent ILO simulations across 82 countries (see box 1.2).

Financing care across unequal fiscal contexts

Even where care is recognized as an investment, countries differ substantially in their ability to act on this recognition. Across Asia and the Pacific, revenue bases, demographic conditions, administrative capacities and exposure to economic, climatic and debt-related pressures vary considerably. Governments must balance care with many other legitimate development priorities. Public debt rose sharply in many developing Asia-Pacific economies during the COVID-19 period, while higher interest and debt-servicing costs have narrowed fiscal space. ESCAP reports that sovereign debt is negatively correlated with health and education spending in most developing economies in the region[65] and notes that indebtedness constrains the resources available to expand social protection.[66] These pressures therefore reflect both political choices and real differences in fiscal and institutional capacity across the region. They are being further intensified by conflicts, trade fragmentation and policy uncertainty, which place additional pressure on national budgets, development financing and multilateral cooperation.

Against this backdrop, the International Monetary Fund (IMF) 2024 social spending guidance recognizes social spending as a key policy lever for promoting inclusive growth, reducing inequalities and protecting vulnerable groups during structural change and economic adjustment. It also highlights social spending's role in responding to demographic shifts, gender inequality, technological change and climate change, while emphasizing the need to consider spending adequacy and efficiency alongside fiscal sustainability.[67] Recognizing care as investment does not eliminate the financing challenge, particularly in debt-distressed low-income countries and Pacific small island developing States where narrow revenue bases, high debt-servicing costs and exposure to external shocks may impose binding constraints.

The practical challenge is therefore not only to shift from viewing care as a cost to recognizing it as an investment but also to determine how expanded investment can be financed within different fiscal contexts. This may require prioritizing foundational and high-impact services, improving coordination and expenditure efficiency, expanding fiscal space through gender-responsive tax reform and, particularly in debt-distressed and small island contexts, strengthening access to concessional finance and international support.[68]

61 Organisation for Economic Co-operation and Development (OECD), *Social Impact Bonds: State of Play and Lessons Learnt*, OECD Local Economic and Employment Development Papers, No. 2016/05 (Paris, 2016). Available at https://www.oecd.org/content/dam/oecd/en/publications/reports/2016/06/social-impact-bonds_1c905def/3064b396-en.pdf

62 Asian Infrastructure Investment Bank (AIIB) and UN Women, *Financing Care Infrastructure: An Opportunity for Public Development Banks to Pave the Way for Tomorrow's Equality* (New York, 2025). Available at https://www.unwomen.org/sites/default/files/2025-02/financing-care-infrastructure-en.pdf

63 World Bank, *The Human Capital Project* (Washington, D.C., 2018). Available at https://documents1.worldbank.org/curated/en/363661540826242921/pdf/the-human-capital-project.pdf

64 Jérôme De Henau and others, *Investing in the Care Economy: Simulating Employment Effects by Gender in Countries in Emerging Economies* (2017). The study modelled the employment effects of investing 2 per cent of GDP in health and care across six emerging economies: Brazil, China, Costa Rica, India, Indonesia and South Africa. Available at https://www.ituc-csi.org/IMG/pdf/care_economy_2_en_web.pdf

65 ESCAP, *Economic and Social Survey of Asia and the Pacific 2023: Rethinking Public Debt for the Sustainable Development Goals* (United Nations publication, 2023). Available at https://repository.unescap.org/server/api/core/bitstreams/0d97f898-1879-4514-8978-b585805f419f/content

66 ESCAP, *Protecting Our Future Today: Social Protection in Asia and the Pacific-Social Outlook for Asia and the Pacific* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/27224ede-c0ca-4067-a792-3b63e45f6a3f/content

67 International Monetary Fund (IMF), "Operational Guidance Note for IMF Engagement on Social Spending Issues", IMF Policy Paper, No. 2024/022 (Washington, D.C., 2024). Available at https://doi.org/10.5089/9798400272271.007

68 Caren Grown and Giulia Mascagni, "Fiscal Politics: The Missing Link between Fiscal Policy and Gender Equality" (Washington, D.C., 2025). Available at https://www.brookings.edu/articles/fiscal-politics-the-missing-link-between-fiscal-policy-and-gender-equality/; Max Gallien and Vanessa van den Boogaard, "Tax Informality and Gender Equity in Lower-Income Countries" (Washington, D.C., 2025). Available at https://www.brookings.edu/articles/tax-informality-and-gender-equity-in-lower-income-countries/; ADB, *Annual Report 2023* (Manila, 2024). Available at https://www.adb.org/sites/default/files/institutional-document/959761/adb-annual-report-2023.pdf

From national responsibility to international cooperation

The challenge of financing care does not end at national borders. Where domestic systems face shortages of care and health workers, destination countries may rely on migrant labour to sustain service provision. This can ease immediate workforce pressures, but it may also redistribute part of the costs of care across borders: workers, households and countries of origin may bear the costs of training, family separation and the loss of domestic capacity. At the same time, workers' skills, qualifications and social protection entitlements do not always travel with them. Pacific small island developing States illustrate this cross-border challenge particularly clearly. An analysis of census and health-workforce data found that more Fiji-, Samoa- and Tonga-born nurses and midwives were working in Australia and New Zealand than in the domestic workforces of their countries of birth.[69] More recent research identifies a related problem of skills recognition: some Pacific-qualified nurses cannot obtain professional registration in destination countries and instead work in lower-skilled aged-care sector, limiting the use of their expertise.[70]

Recent international frameworks reflect growing recognition that these challenges require coordinated public responsibility and international cooperation (see box 1.1). These developments mark an important conceptual shift. Care is increasingly recognized not as a discretionary social expenditure but as part of the institutional infrastructure that sustains labour markets, social protection and human development across borders. The enduring legacy lies in the gap between the foundational importance of care to economies and societies and the limited extent to which that importance is reflected in the systems that finance, regulate and value it.

2.4 Legacy 3: the naturalization of care in social norms

Interwoven with both preceding legacies is a deeper one: social norms that organize care as a private, familial responsibility before it is recognized as an economic or policy question. These norms extend beyond gender alone. They encompass assumptions about the family as the natural site of care, obligations across generations and how responsibility should be shared among households, communities, markets and the State. By making prevailing care arrangements appear natural, these norms further explain why unpaid care has remained economically invisible and why public support for care has often been treated as supplementary. Within this wider fabric of social norms, gender remains the thread that most consistently shapes how care responsibilities are assigned and experienced. Across Asia and the Pacific, it is overwhelmingly women and girls who are expected to translate these broader social expectations into daily practice, whether as unpaid family carers or as the workforce behind paid care DRIVER 6.1.

Gendered expectations of care

These expectations are reproduced through everyday ideas about what it means to be a "good" daughter, mother, daughter-in-law or wife. Because care is associated with affection, duty and family belonging, the unequal distribution of responsibility for providing care can be difficult to recognize. Women's ability to give birth is also frequently conflated with an innate aptitude and responsibility for caregiving, making the allocation of care appear biologically given rather than socially organized.

The corresponding expectations placed on men are equally important. OECD research describes "restrictive masculinities" as social norms that define a "real" man as the family breadwinner and "ideal worker", while discouraging his participation in unpaid care and domestic work.[71] These norms do not simply relieve men of care responsibilities. They can stigmatize men who provide care, hinder a more equitable sharing of unpaid care and constrain the roles available to them within families. They also reproduce workplace expectations that male workers – and, by extension, the ideal worker – should be continuously available for paid employment.[72] Gendered care arrangements are therefore sustained by complementary expectations: women are presumed to be naturally suited to care, while men are presumed to be primarily responsible for earning.

Importantly, rising incomes, expanding educational attainment and broader structural transformation do not necessarily translate into more gender-equitable social norms. In Southeast Asia, some attitudes towards women's educational and economic participation have become more restrictive. The share of people agreeing that men should have priority when jobs are scarce rose from 50 per cent in 2014 to 62 per cent in 2022, while the share believing that university education is more important for boys than for girls increased from 26 to 41 per cent.[73] Although these regional averages conceal significant variation among countries, they suggest that gender norms can persist and, in some cases, harden over time.

Family obligation and intergenerational care

Social norms also shape expectations across generations. Across the region, norms of filial piety, kinship and intergenerational obligation often frame care for family members as a moral responsibility grounded in reciprocity, belonging and respect. These expectations take distinct

69 Joel Negin, "Australia and New Zealand's Contribution to Pacific Island Health Worker Brain Drain," *Australian and New Zealand Journal of Public Health*, vol. 32, No. 6 (2008). Available at https://doi.org/10.1111/j.1753-6405.2008.00300.x

70 Fiona Macdonald, Lisa Heap and Charlie Joyce, *Addressing the Health Workforce Crisis in the Pacific* (Canberra, 2025). Available at https://cdn.australiainstitute.org.au/2025/12/18021437/P1898-Pacific_Health_Crisis-r2.pdf

71 OECD, *Man Enough? Measuring Masculine Norms to Promote Women's Empowerment* (Paris, 2021). Available at https://www.oecd.org/content/dam/oecd/en/publications/reports/2021/03/man-enough-measuring-masculine-norms-to-promote-women-s-empowerment_39aee6aa/6ffd1936-en.pdf

72 Ibid.

73 OECD, *SIGI 2024 Regional Report for Southeast Asia: Time to Care* (Paris, 2024). Available at https://www.oecd.org/content/dam/oecd/en/publications/reports/2024/03/sigi-2024-regional-report-for-southeast-asia_d157077d/7fc15e1c-en.pdf



A woman weaves a carpet while caring for her children in Nepal. © UN Women/Srijana Bhatta

forms across countries, subregions and communities. In the Philippines, *utang na loob*, often translated as a debt of gratitude, can frame adult children's care and support for ageing parents as a reciprocal obligation for the care they received earlier in life.[74] In Melanesian countries such as Papua New Guinea, Solomon Islands and Vanuatu, the *wantok* system – based on shared kinship, language and history – functions as an informal network of mutual support and social protection.[75]

These arrangements should not be understood simply as obstacles to formal care. Family-based care can embody valued relationships of affection, familiarity and responsibility. Their unequal consequences arise not from family care itself but when familial obligation is treated as sufficient regardless of the time, resources and alternatives available to households. ILO describes family care as the default mechanism for long-term care in much of Asia and notes that reliance on unpaid family caregivers places substantial demands on households where social protection mechanisms and professional long-term care services remain limited DRIVER 6.2.[76] The challenge is not to displace family-based care but to support it through accessible, high-quality services and income support.

Norms embedded in institutions

Social norms are not confined to private attitudes; they can also be embedded in laws and administrative systems. In Indonesia, the 1974 Marriage Law designates the husband as the head of the family and the wife as responsible for the household, formalizing a gendered division of family roles in statutory law.[77] In India, women were historically effectively excluded from becoming the *karta*, meaning head and manager, of a Hindu undivided family. The Hindu Succession (Amendment) Act 2005 granted daughters equal coparcenary rights, which the courts later interpreted as permitting the eldest woman to assume the role.[78] In the Republic of Korea, the *hoju* family-head system required family members to be registered under a predominantly male household head until it was found unconstitutional in 2005 and the relevant Civil Code reforms took effect in 2008.[79] These examples show that gendered family roles are not merely remnants of tradition: public institutions have codified, administered and, in some cases, subsequently dismantled them.

Norms also shape what is expected of employers and public institutions. The "ideal worker" norm privileges employees who can give paid work uninterrupted time and commitment,

74 Eva Belington Felipe-Dimog and others, "Caring Behavior of Filipinos toward their Elderly Family Members", *Acta Medica Philippina*, vol. 58, No. 15 (August 2024). Available at https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/6880/5170

75 Manoranjan Mohanty, "Informal Social Protection and Social Development in Pacific Island Countries: Role of NGOs and Civil Society", *Asia-Pacific Development Journal*, vol. 18, No. 2 (December 2011). Available at https://www.unescap.org/sites/default/files/2-Mohanty.pdf

76 ILO, *Universal Social Protection for All Carers: The Need to Secure Long-term Care Coverage in the Context of Population Ageing* (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/2024-06/USP%20for%20all%20carers.May_.24_sb.pdf

77 OECD, *SIGI 2024 Regional Report for Southeast Asia: Time to Care* (Paris, 2024). Available at https://www.oecd.org/content/dam/oecd/en/publications/reports/2024/03/sigi-2024-regional-report-for-southeast-asia_d157077d/7fc15e1c-en.pdf

78 India, Hindu Succession (Amendment) Act, 2005, section 6. Available at https://indiankanoon.org/doc/1883337/; Delhi High Court, *Manu Gupta v. Sujata Sharma and Others*, RFA(OS) 13/2016, judgment of 4 December 2023. Available at https://indiankanoon.org/doc/44799346/

79 National Human Rights Commission of Korea, "The Hoju System is Unconstitutional and a Violation of Human Rights", press release, 11 March 2003. Available at https://humanrights.go.kr/site/program/board/basicboard/view?currentpage=46&menuid=002002001&searchcategory=policy&boardtypeid=7003&boardid=7000525 (accessed on 7 August 2026); Jaelim Oh, "Women's Political Participation and the Change of Family Law: A Case Study of the Abolition Process of the Family Head System (the Hojuje) in Korea", *Asian Women*, vol. 23, No. 2 (2007). Available at https://www.e-asianwomen.org/pdf/10.14431/aw.2007.06.23.2.97

treating care responsibilities as external to employment and disadvantaging those – disproportionately women – who are expected to carry them.[80] These expectations have not changed at the same pace as household economic arrangements. As dual-earner households have become more common, women's paid work has often continued to be treated as an addition to rather than a reorganization of the household division of labour. As a result, women are expected to participate in paid work while remaining primarily responsible for care, limiting the conditions under which they can enter, remain and progress in employment. Where paid maternity, paternity and parental leave, supportive working-time arrangements and accessible childcare and long-term care services are limited, the responsibility for reconciling paid work and care remains within households (see sections 4.3 and 4.4).[81]

Social policy can reproduce the same allocation of responsibility. Familialism scholarship describes welfare arrangements that provide neither sufficient services to reduce reliance on family care nor adequate support for family caregivers, leaving families to assume primary responsibility for care by default.[82] Viewed through the care diamond (figure 1.1), this shows that markets and the State are not outside the operation of social norms: employment rules and public policy can either redistribute care more widely or reinforce its concentration within households.[83]

From unpaid obligation to undervalued employment

The naturalization of care extends from the household into the labour market. The same gender norms that frame unpaid care as women's familial responsibility can make paid care appear to be an extension of women's presumed personal qualities rather than skilled work requiring training, recognition and fair remuneration. Community health worker programmes show how this gendered undervaluation can become institutionalized. A 2025 study covering community health workers in India, Nepal, Pakistan and Sri Lanka found that 99 per cent of respondents were women and identified significant gaps in formal employment status, labour rights and social protection. Nepal's Female Community Health Volunteer programme is an example of the volunteer-based model, while Sri Lanka offers a contrasting approach in which public-health midwives are salaried government employees with standard benefits. Worker organizing has been central to securing and defending formalization and decent work.[84] These experiences reflect a wider pattern across the care economy, where skills and responsibilities remain insufficiently recognized and rewarded DRIVER 6.3.

The consequences extend beyond pay and employment status. When attentiveness, patience and emotional responsibility are treated as qualities that women naturally possess, the expertise and effort involved in providing care can be overlooked. This persistent undervaluation can erode workers' professional identity, self-worth and psychological well-being. Low wages, insecure employment and excessive workloads can harm their physical well-being and undermine the continuity and quality of care. ILO finds that poor job quality among care workers produces poorer care outcomes, affecting care recipients, paid workers and unpaid carers alike.[85]

Taken together, the naturalization of care is therefore not a cultural residue existing outside policy; it is continually reproduced through household expectations, labour-market institutions, law and social protection. By making unequal arrangements appear voluntary, private and inevitable, it helps sustain both the invisibility of care and the underinvestment described in the preceding legacies. Because social norms often outlast the institutions that created them, reform, measurement and recognition are not enough. Lasting change requires sharing care more equitably across people, institutions and the State while preserving its social value.

Conclusion

These three legacies are mutually reinforcing. The exclusion of care from economic measurement has obscured its contribution to economies and societies, but the problem extends beyond what is counted: it also reflects a deeper tendency to equate economic visibility with social value. The treatment of care as a recurring cost has constrained the institutions and resources available to support it, while its naturalization as a private, familial and predominantly female responsibility has shaped expectations not only within households but also of communities, markets and the State. The result is a system in which care may be acknowledged as important yet remains insufficiently valued, financed, regulated and shared. Addressing these legacies therefore requires better measurement, but it cannot end with counting care or demonstrating its economic returns. It also requires recognizing care as a right, a social good and a form of social investment essential to dignity, well-being and collective life. Public finance, labour-market institutions and social expectations must also be reorganized so that responsibility is shared more fairly across households, communities, markets and the State.

80 Carly van Mensvoort, Donald Tomaskovic-Devey and Tanja van der Lippe, "Manager's Gender, Supervisory Style, and Employee's Perception of the Demanding Work Climate", *European Sociological Review*, vol. 39, No. 6 (2023). Available at https://doi.org/10.1093/esr/jcad019

81 ILO, *Care at Work: Investing in Care Leave and Services for a More Gender-Equal World of Work* (Geneva, 2022). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/documents/publication/wcms_838653.pdf

82 Sigrid Leitner, "Varieties of Familialism: The Caring Function of the Family in Comparative Perspective," *European Societies*, vol. 5, No. 4 (2003). Available at https://doi.org/10.1080/1461669032000127642

83 Shahra Razavi, "The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options", Gender and Development Programme Paper, No. 3 (Geneva, 2007). Available at https://cdn.unrisd.org/assets/library/papers/pdf-files/razavi-paper.pdf

84 UNI Global Union, *Accelerating Decent Work: Formalizing Home Care and Community Health Workers* (Nyon, 2025). Available at https://uniglobalunion.org/wp-content/uploads/DecentWorkCare_V5_no_logos.pdf

85 ILO, *Care Work and Care Jobs for the Future of Decent Work: Executive Summary* (Geneva, 2018). Available at https://researchrepository.ilo.org/esploro/outputs/report/Care-work-and-care-jobs-for/995218954802676/filesAndLinks?index=1

Chapter 3

The push of the present: megatrends shaping care



"Across rural Thailand, women are the backbone of food security and household stability, especially as climate pressures intensify. Yet too often, they work with very limited resources."

—Donhathai Sutassanamarlee, Technical Advisor, Kenan Foundation Asia

Care systems across Asia and the Pacific are being reshaped by interconnected megatrends: demographic change, digitalization, urbanization, climate change and environmental degradation and inequalities. These transformations are altering both the demand for care and the capacity of households, communities and institutions to provide it.

- Demographic change is increasing and diversifying demand for care across the life course while reshaping the availability of family and paid caregivers.
- Digital technologies create both opportunities and risks for access to delivery and governance of care, as well as for the conditions under which care workers are employed.
- Urbanization and changing family structures are reshaping traditional caregiving arrangements, where care needs arise and how caregiving responsibilities are organized.
- Climate change and environmental degradation, including rising temperatures, disasters, pollution and other environmental pressures, are intensifying care needs and vulnerabilities.
- Widening inequalities shape exposure to care risks, access to infrastructure and services and the capacity to provide care, magnifying the effects of every other megatrend.
- Megatrends interact in complex ways, reinforcing the need for adaptive and future-ready care systems.

The **push of the present** reflects the momentum of forces already in motion – dynamics that continue to shape outcomes, often irrespective of intention or preference. In 2020, the Report of the UN Economist Network for the UN 75th Anniversary[86] identified five megatrends shaping economic, social and environmental outcomes: **demographic change, digitalization, urbanization, climate change and environmental degradation and inequalities**. The first three are characterized as "inevitable", arising from ongoing patterns of human activity and interaction. They generate both opportunities and risks, and their effects should be managed rather than obstructed. By contrast, climate change and widening inequalities are adverse in their impacts and stem from policy and institutional failures rather than the broader course of social and economic development.

All five megatrends have significant implications for the care economy. They influence both the demand for care and the availability of care workers, services and infrastructure. This chapter examines each megatrend through a care lens, assessing the challenges they pose, the opportunities they create, the policy responses they require and the "emerging signals" that may indicate how these dynamics could evolve in unexpected ways. Together, these forces form the structural context for the scenario analysis presented in chapter 5.

Importantly, these megatrends do not operate in isolation. They interact in complex and sometimes reinforcing ways, shaping outcomes that extend beyond the sum of their individual effects. Understanding these interlinkages is essential to developing plausible future scenarios for the care economy.

3.1 Demographic change

Demographic change is fundamentally reshaping both the demand for care and the capacity of households, communities and labour markets to provide it. Population ageing, declining fertility and longer life expectancy are increasing the number of people requiring care while reducing the availability of unpaid and paid caregivers. Together, these shifts are creating one of the most profound structural transformations affecting care systems across Asia and the Pacific.

86 United Nations, Department of Economic and Social Affairs (UN DESA), *Report of the UN Economist Network for the UN 75th Anniversary: Shaping the Trends of Our Time* (United Nations publication, 2020). Available at https://desapublications.un.org/publications/report-un-economist-network-un-75th-anniversary-shaping-trends-our-time

Rapid population ageing and the gendered face of ageing

Population ageing is particularly rapid in Asia and the Pacific compared with other regions of the world, driven by sharp declines in fertility and sustained increases in life expectancy. As a result, many countries in the region have transitioned to ageing, aged or super-aged societies.[87] In 2025, about 75.7 per cent of the population in Asia and the Pacific lived in countries classified as ageing, while around 9 per cent lived in aged or super-aged societies.[88]

In Asia and the Pacific, the working-age population (aged 15–64) currently represents the largest share of the population, followed by children (aged 0–14), youth (aged 15–24) and older persons (aged 65 or over). However, by 2050, older persons are projected to constitute a larger share of the total population than either children or youth. The proportion of older persons is increasing in all subregions, while the share of children, youth and working-age people is projected to decline between 2025 and 2050 DRIVER 1.2.[89]

Reflecting these shifts, the region's median age has risen to 33.1 years in 2026,[90] from 29.4 in 2015 and 26.6 in 2005, and is projected to reach 40.5 by 2050,[91] meaning that more generations will live alongside one another for longer. Families are increasingly likely to include great-grandparents, grandparents, adult children and grandchildren living concurrently, creating both opportunities for intergenerational support and more complex patterns of caregiving across the life course.[92] The fastest-growing age group is the oldest old (aged 80 or over). However, growth in this group varies significantly across subregions and countries, with major implications for health and long-term care needs.[93]

Women make up the majority of all older populations (aged 65 or over).[94] Reductions in mortality have been substantially more pronounced among women than men in almost all age groups. The female advantage in life expectancy at birth increased from 3.2 years in the mid-1960s to 5.3 years in 2025.[95] Women constitute 54.1 per cent of the population aged 60 or over and 61.8 per cent of those aged 80 or over.[96]

Longer lifespans do not necessarily mean healthier lives. Health encompasses physical, mental and functional well-being. Demographic and epidemiological transitions are leading to more years lived with illness and disability, particularly among women who tend to live longer and consequently may spend more years in less than full health.[97] As populations age and people live longer, the number of persons with disabilities, including older persons with disabilities, is expected to grow in the coming decades. Together, these trends are likely to increase care and support needs. Conditions such as sensory, mobility and cognitive impairments, including dementia, are driving demand for long-term care, requiring expanded systems and specialized support[98] delivered in ways that are rights-based and disability inclusive.

Growing care needs and shrinking care capacity

Demographic change affects care systems through two interconnected channels. It increases the demand for care while simultaneously reducing the availability of family caregivers and future care workers.

Demographic transitions in fertility and longevity are reshaping care responsibilities within households. Later childbearing and longer life expectancy have produced a "sandwich generation" DRIVER 1.3, in which adults, predominantly women, including many older women, simultaneously care for dependent children and ageing family members. Longer life expectancy means that older persons themselves remain key care providers for extended periods, even as their own health and functional capacities decline.

After facing lifelong gender inequalities, including limited education, fewer assets and economic dependence, many women enter old age in a vulnerable position, yet continue to provide unpaid care while facing greater risks of widowhood, isolation and financial hardship.[99] Family caregivers, including older women, often experience stress, anxiety and burnout associated with prolonged caregiving responsibilities.

87 Older persons are defined as those aged 65 or over. Classifications are based on the proportion of the population that is 65 or over, with ageing societies between 7–14 per cent, aged 14–21 per cent and super-aged is 21 per cent or greater.

88 ESCAP, *ESCAP Population Data Sheet 2025* (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/aadca0c1-9249-447e-8bfb-241187ee64c0/content

89 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific* (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

90 Ibid.

91 ESCAP, "Ageing in Asia and the Pacific: key facts" (2026). Available at https://www.population-trends-asiapacific.org/data/population-ageing/escap (accessed on 30 September 2026).

92 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific* (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

93 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific* (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

94 ESCAP, "Ageing in Asia and the Pacific: key facts" (2026). Available at https://www.population-trends-asiapacific.org/data/population-ageing/escap (accessed on 30 September 2026).

95 Ibid.

96 ESCAP, "Demographic Changes in Asia and the Pacific: Population Ageing Data". Available at https://www.population-trends-asiapacific.org/data/population-ageing/escap (accessed on 14 July 2026).

97 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific* (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

98 ESCAP, "Strengthening Health Systems for Long-Term Care in Asia and the Pacific: A Policy Analysis", Policy brief 6-PB/97 (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/04b94991-7659-4a2e-82b5-9d7e6d612aca/content

99 UN DESA, "Gender Matters in an Ageing World: The Case for Gender-Responsive Policies", Policy Brief No. 186 (New York, 2026). Available at https://desapublications.un.org/policy-briefs/un-desa-policy-brief-no-186-gender-matters-ageing-world-case-gender-responsive



An older woman harvests plums with a younger woman in Aktam village, Kyrgyzstan. © UNDP

Structural changes in household composition are also eroding the capacity of households to absorb rising care needs. Across Asia and the Pacific, declining fertility, migration, and changing social norms are driving a shift away from extended-family arrangements towards nuclear, couple-only or single-person households DRIVER 1.1.[100]

These demographic changes mean that care systems can no longer assume an abundant supply of unpaid family caregivers. A growing number of older persons, especially older women, will increasingly need to rely on formal care services or community-based support.[101]

Based on ILO modelling, the share of people in the region aged 60 or over requiring long-term care is projected to increase from 2.9 per cent in 2023 to 4.9 per cent by 2050.[102] Long-term care (LTC) comprises coordinated social and medical services provided over an extended period to people who need assistance with daily activities, whether by paid caregivers or unpaid caregivers and across different settings. It supports both basic and complex tasks of daily living and is distinct from acute, rehabilitative or palliative care, though some overlap may exist.[103] Public long-term care financing remains minimal in most countries in the region, with coverage fragmented across pilot schemes, social assistance programmes or small contributory insurance systems.[104] For more information on long-term care services, see section 4.3 on care services.

At the same time, declining fertility means that future cohorts entering the labour market will be smaller. To keep up with rising long-term care needs, the required number of care workers is expected to double from 46 million to 90 million between 2023 and 2050.[105] This creates a widening structural mismatch between rising care needs and the shrinking future supply of care workers.

Increasing labour force participation among groups with relatively low participation rates, particularly women, offers one potential way to help address these gaps. International migration can further exacerbate care-worker shortages in

100 Sabine Henning and Napaphat Satchanawakul (2025). "Demographic trends and intergenerational relations in Asia and the Pacific", Asia-Pacific Sustainable Development Journal. Vol. 32, No. 1, April 2025. Available at https://repository.unescap.org/server/api/core/bitstreams/a0f94df8-f263-437f-9a13-ba79c28e4b5f/content

101 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific* (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

102 ILO, *Asia-Pacific Employment and Social Outlook 2024: Promoting Decent Work and Social Justice to Manage Ageing Societies* (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/2024-06/Asia-pacific-employment-social-outlook-2024%20%28web%29.pdf

103 ESCAP, "Strengthening Health Systems for Long-Term Care in Asia and the Pacific: A Policy Analysis", Policy brief 6-PB/97 (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/04b94991-7659-4a2e-82b5-9d7e6d612aca/content

104 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific*, (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

105 ILO, *Asia-Pacific Employment and Social Outlook 2024: Promoting Decent Work and Social Justice to Manage Ageing Societies* (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/2024-06/Asia-pacific-employment-social-outlook-2024%20%28web%29.pdf

countries of origin, as care workers often leave lower-income countries for better opportunities abroad, contributing to domestic care deficits.[106]

Taken together, these demographic and social transformations are creating a structural mismatch between rising care needs and the capacity to meet them. Families are becoming smaller, household structures are changing, unpaid caregivers have less time available and the future pool of care workers is shrinking as populations age. Care systems that were built on assumptions of abundant family caregiving are therefore coming under increasing strain, exposing the need for stronger public investment, expanded care services and a larger, better-supported care workforce.

The policy window: turning ageing into a silver dividend

While population ageing poses significant challenges, it also presents important opportunities. Strategic investments in health promotion, long-term care, lifelong learning, including reskilling and upskilling, and social protection can generate a "silver dividend" by enabling older persons to remain healthy, autonomous and economically engaged for longer. Across Asia and the Pacific, older persons already contribute substantially through paid work, entrepreneurship, volunteering and unpaid care within households and communities. With appropriate policy support, such as age-friendly workplaces, lifelong learning and flexible retirement pathways, these contributions can be sustained and expanded, strengthening social cohesion.[107]

Ageing societies require a fundamental rethinking of infrastructure and service delivery. Investments in age-friendly cities and communities, encompassing transport, housing, public spaces and healthcare facilities, have multiplier effects across the economy. Universal design benefits not only older persons but also children, persons with disabilities and caregivers.

The demographic transition creates a critical window to rebalance care responsibilities between households, communities, markets and the State. Shifting care from unpaid household labour to the paid economy is a powerful lever for gender equality. Investments in childcare and eldercare can reduce women's unpaid care responsibilities, enable higher and more continuous labour force participation and improve lifetime earnings and pension adequacy. Research in Uzbekistan found that the childcare expansion policy led to a 12 per cent average increase in female labour supply.[108] At the same time, professionalizing care work can improve service quality and employment standards in a rapidly expanding sector.

Governments across Asia and the Pacific are developing diverse, context-specific long-term care models in response to rapid population ageing, including universal LTC insurance schemes (see section 4.3) that emphasize home and community-based care, prevention, and integrated service delivery. The Russian Federation introduced a foster family programme, formalized through a tripartite agreement between an older person, an unrelated caregiver and the local social services office, to support ageing in place.[109] Malaysia has taken this opportunity to formalize training and build a qualified care workforce, offering a Malaysian Skills Certificate specifically for older-person care.[110] Among some of the countries across the region, there is a growing shift towards improved coordination and more sustainable financing systems, although gaps in governance, service coverage and preparedness remain significant.[111]

Expanding elder care options does not mean fully replacing informal and unpaid care, which remains vital in many contexts. Rather, diversifying care is essential to safeguard the dignity and well-being of older persons, to allow informal and unpaid caregivers to pursue employment or education and to build a professional elder-care sector that can support the emerging "silver economy" and generate jobs.[112]

Emerging signals for the future

Emerging responses include new models of community-based and long-term care, age-friendly urban planning, intergenerational housing arrangements and growing experimentation with assistive and digital care technologies. At the same time, widening gaps in access to affordable, high-quality care may contribute to the emergence of "care deserts", particularly in rural and low-income communities, characterized by a chronic shortage of care services, workers and support infrastructure. These shortages can leave many persons with unmet needs and increasing risks of social isolation, health deterioration, and inequality.

106 ILO, "Migrant workers in the care economy" (2024). Available at https://www.ilo.org/sites/default/files/2024-10/Migrant%20Workers%20in%20the%20Care%20Economy_Note_2024_Final.pdf

107 OECD, "Promoting an Age-Inclusive Workforce: living, learning and earning longer", OECD Publishing (Paris, 2020). Available at https://www.aarpinternational.org/file%20library/llel/oecd_promoting-an-age-inclusive-workforce.pdf

108 World Bank, "Working for Yourself or for Your Kids? Childcare Expansion Policy in Uzbekistan", Policy Research Working Paper 11038, January 2025. Available at https://documents1.worldbank.org/curated/en/099311201152540235/pdf/IDU1a8620dfd186c41457a187921334c3760b778.pdf

109 Z. Széman, E. Golubeva and L. Patyán, "Exclusion from Home Care Services in Central and Eastern European Countries: A Focus on Hungary and the Russian Federation", in *Social Exclusion in Later Life*, International Perspectives on Aging, vol. 28, K. Walsh and others, eds. (Cham, 2021). Available at https://doi.org/10.1007/978-3-030-51406-8_12

110 ESCAP, "Strengthening Health Systems for Long-Term Care in Asia and the Pacific: A Policy Analysis", Policy brief 6-PB/97 (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/04b94991-7659-4a2e-82b5-9d7e6d612aca/content

111 Ibid.

112 World Bank, *Unlocking the Power of Healthy Longevity: Demographic Change, Non-communicable Diseases, and Human Capital* (Washington, D.C., 2024). Available at https://openknowledge.worldbank.org/entities/publication/e37f9361-51be-4603-8bfc-feb74b449b77

Box 3.1 Good practice: community-based long-term care system in Thailand

Thailand has developed a well-established LTC system in response to rapid population ageing. By 2050, the share of older persons aged 60 or over is projected to rise to 36.1 per cent.[1] Thailand's LTC framework is built around the principles of "active ageing" and "ageing in place", supported by a strong universal health coverage (UHC) system that reached 99.8 per cent population coverage by 2017.[2]

Key policies include the Act on the Elderly, the National Strategy Act 2018–2037 and the Action Plan for the Elderly, Phase 3 (2023–2037), which together promote integrated health and social care, economic security, age-friendly environments and community participation. Governance responsibilities are clearly distributed across institutions, including the National Older Persons Commission chaired by the Prime Minister, the Department of Older Persons, the Ministry of Public Health and the National Health Security Office.[3]

Thailand prioritizes community- and home-based care services to enable older persons to remain in their communities for as long as possible. Community-based LTC programmes provide home visits, rehabilitation and social support for bedridden and homebound older persons, while multidisciplinary Family Care Teams deliver in-home services for chronic illnesses and disabilities.[4] Community-based care depends heavily on volunteers, whose work includes household visits, health monitoring, record-keeping, health promotion and referrals to health services.[5] Although village health volunteers receive government support and training, their financial compensation has historically been modest relative to their responsibilities, raising concerns about the long-term sustainability of a volunteer-based care model as demand for long-term care continues to increase.

Financing combines public funding and UHC resources, including an initial allocation of 600 million Thai baht (THB) ($19 million) for community-based LTC and home care services. The Old Age Allowance benefited 9.09 million older persons in 2019, providing monthly payments of THB 600–1,000 ($19–31).[6] However, the benefit level has remained largely unchanged for many years and amounts to less than 4 per cent of average household income. A gradual increase in the allowance could therefore strengthen protection against poverty among older persons.

Thailand also relies heavily on unpaid care, with around 90 per cent of care provided by family members, particularly daughters (41 per cent) and spouses (32 per cent).[7] To strengthen care capacity, the Government established structured caregiver training programmes and, by 2018, had trained approximately 72,000 volunteers and paid caregivers under the national community-based LTC programme.[8]

While Thailand's LTC system demonstrates strong policy integration and extensive community outreach, challenges remain. Governance responsibilities are distributed across multiple ministries and agencies, creating risks of fragmented coordination. Workforce shortages linked to rural-urban migration and limited subnational data continue to constrain service planning and delivery. In addition, most older persons in need of long-term care continue to rely on family and community care, as institutional long-term care is not covered by public health insurance and remains unaffordable for many households without government support.[9]

1 ESCAP, "Strengthening Health Systems for Long-Term Care in Asia and the Pacific: A Policy Analysis", Policy brief 6-PB/97 (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/04b94991-7659-4a2e-82b5-9d7e6d612aca/content

2 Ibid.

3 Ibid.

4 ADB, "Lessons from Thailand's National Community-Based Long-Term Care Program for Older Persons" (Manila, 2020). Available at https://www.adb.org/sites/default/files/publication/651546/thailand-long-term-care-older-persons.pdf

5 WHO, *Thailand's 1 million village health volunteers - 'unsung heroes' - are helping guard communities nationwide from COVID-19*, 28 August 2020. Available at https://www.who.int/thailand/news/feature-stories/detail/thailands-1-million-village-health-volunteers-unsung-heroes-are-helping-guard-communities-nationwide-from-covid-19 (accessed on 21 July 2026).

6 ESCAP, "Strengthening Health Systems for Long-Term Care in Asia and the Pacific: A Policy Analysis", Policy brief 6-PB/97 (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/04b94991-7659-4a2e-82b5-9d7e6d612aca/content

7 Ibid.

8 Ibid.

9 World Bank, *Caring for Thailand's Ageing Population* (Washington, D.C., 2021). Available at https://documents1.worldbank.org/curated/en/249641622725700707/pdf/Labor-Markets-and-Social-Policy-in-a-Rapidly-Transforming-Caring-for-Thailand-s-Aging-Population.pdf

3.2 Digitalization

Digital and technological transformation is reshaping economies, labour markets and social systems across Asia and the Pacific. In the care economy, it can redistribute care responsibilities, reduce the time required for tasks and expand formal employment opportunities, while creating new responsibilities and forms of exclusion or eroding working conditions. Whether digitalization ultimately strengthens or weakens care systems depends on how its impacts are governed. Its transformative potential therefore depends on who can access and benefit from these technologies. Existing inequalities in access, affordability, digital skills and accessibility determine whether digital innovation expands care or reinforces existing disparities.

Unequal access to technologies and to digitalized care services

Access to digital technologies is unevenly distributed, reflecting and reinforcing existing gender, age and disability-related divides DRIVER 2.3. Across Asia and the Pacific, only 74 per cent of women use the Internet compared with 81 per cent of men.[113] Mobile ownership and mobile Internet usage are particularly low for women in South Asia, at 76 per cent and 51 per cent, respectively in 2025.[114] Beyond access, disparities in digital skills and autonomy further limit women's ability to leverage technology. Of the 27 indicators with sufficient data available,[115] women were less likely than men to possess the information and communications technology (ICT) skills measured by 20 of the indicators. The lowest gender parity ratios were for skills such as writing a computer program using a specialized programming language (0.62 gender parity ratio) and connecting and installing new devices (0.79). Among the seven indicators with a gender parity rating above 1, indicating that more women than men possessed the skill, the two highest were closely related to care and domestic work: purchasing or ordering goods or services online (1.11) and seeking health information (1.19).[116]

The benefits of digitalization in the care economy are also shaped by a growing "grey digital divide". Across Asia and the Pacific older persons risk being excluded from increasingly digitalized health, social protection, financial and care services if they lack access to devices, connectivity or the skills needed to use them. Internet use in the region remains substantially lower among older persons than among younger age groups. Many older persons lack confidence in using digital technologies, particularly in relation to privacy and security skills. These gaps are particularly significant for older women, who have lower rates of smartphone use than older men.[117]

Persons with disabilities also face significant barriers to accessing and benefiting from digital technologies. Persons with disabilities consistently report lower levels of internet, computer and mobile phone use than persons without disabilities. These disparities are particularly pronounced among persons with disabilities who live in poverty or rural areas, as well as among older persons and women. They are further reinforced by the high cost of devices, connectivity and assistive technologies, the limited accessibility of digital platforms and content and insufficient opportunities for inclusive digital skills development.[118]

Language barriers also contribute to digital exclusion. Many digital platforms, services AI tools are not available in local languages, limiting access for linguistic minorities, Indigenous Peoples, migrants and persons with low literacy levels. As care services become increasingly digitalized, multilingual and accessible content is essential to ensure equitable access.

As health, social protection and care services become increasingly digitalized, digital inequalities increasingly translate into unequal access to care. Barriers extend beyond access to devices and connectivity as more care services move online. Limited digital literacy, inaccessible platforms, affordability constraints, digital identification requirements and unreliable electricity or internet access can all prevent individuals from accessing care and support. These challenges may be particularly acute for women, persons with disabilities, older persons and other persons in vulnerable situations. Without targeted efforts to promote inclusive and accessible digitalization and close the digital gap, technological change may exacerbate rather than reduce inequalities in care access.

Yet these same technologies also create important opportunities to transform care systems. When supported by inclusive policies, digital innovation can complement rather than replace human care, expanding both the reach and quality of services.

Digital technologies in care delivery – opportunities and limits

Digitalization presents important opportunities to strengthen the care economy, particularly by reducing the time intensity of unpaid care work. Access to energy-efficient appliances, digital financial services and technology-enabled improvements in water, energy and transport infrastructure can significantly cut the time required for routine tasks such as cooking, cleaning and collecting fuel or water.

113 International Telecommunication Union (ITU), *Measuring Digital Development: Facts and Figures 2025* (Geneva, 2025). Available at https://www.itu.int/itu-d/reports/statistics/facts-figures-2025/index/

114 GSMA Connected Women, *The Mobile Gender Gap Report 2026* (London, 2026). Available at https://www.gsma.com/wp-content/uploads/2026/07/The-Mobile-Gender-Gap-Report-2026.pdf

115 Only indicators with data from at least 10 countries are included. The most recent year, between 2019–2025, of available data is used for each country.

116 ESCAP analysis based on ESCAP SDG Gateway, "ICT skills in the population (gender parity)". Available at https://dataexplorer.unescap.org/ (accessed on 17 August 2026).

117 ESCAP, "Closing the Grey Digital Divide: Boosting Digital Literacy for Older Persons in Asia and the Pacific", Policy Brief ESCAP/6-PM/110 (Bangkok, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/438fac1e-b270-47cf-b991-b978ecd7417a/content

118 ESCAP, "Policy Paper on Digital Inclusion of Persons with Disabilities in Asia and the Pacific", Policy Brief SDD 2025/02 (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/bfd83a86-d481-4b3b-9ce2-52cfaa9e523f/content



A woman uses a tablet at a municipal enterprise in Razzakov, Batken, Kyrgyzstan. © UNDP

These efficiencies can ease time poverty and create space for greater participation in decent work, education, upskilling, income-generating activities and public life, while leaving more time for rest and self-care, especially for women.[119] Digital tools can also expand labour-market opportunities by enabling workers with lower educational or skill levels to perform higher-grade tasks and access better pay and working conditions. However, realizing these benefits depends on reliable access to electricity, connectivity and digital infrastructure, which remain limited in some remote, rural and climate-vulnerable communities, particularly following disasters.

Digital tools are also reshaping how care is delivered and organized. Assistive technologies, such as digital and home-based monitoring systems and reminders, can support independent living for older persons with disabilities.[120] The Accessible Kazakhstan map is an online, Geographic Information System (GIS)-based platform offering nationwide information on the accessibility of public facilities. It enables persons with disabilities, caregivers, older persons, pregnant women and others with limited mobility to identify accessible services and avoid barriers.[121]

Telemedicine, remote diagnostics, mobile health applications and digital health records can extend services to rural and underserved communities while improving continuity and coordination across providers. They can also reduce the time care recipients and unpaid carers spend travelling to appointments and waiting for services. At the same time, automation and AI can streamline administrative processes, while care robots can complete physically strenuous tasks such as lifting and transferring, freeing care workers to focus more on direct, relational care DRIVER 2.1.[122]

Flexible and remote work arrangements, enabled by digital connectivity, can further help workers combine paid employment with caregiving responsibilities.[123] Taken together, these developments illustrate that digitalization is not simply introducing new technologies into existing care systems. It is changing how care is organized, who provides it, where it is delivered and how care recipients interact with services across the life course.

While these opportunities are significant, they are not guaranteed. Without appropriate governance, digitalization can reproduce or amplify existing inequalities rather than reduce them. AI systems trained on biased data may also reinforce discriminatory social norms and stereotypes, including gendered assumptions about caregiving roles and responsibilities, unless safeguards are built into their design and governance. While remote monitoring and AI-enabled supports can enhance safety and efficiency, they may also reduce face-to-face interaction, potentially intensifying loneliness and social isolation among care recipients if not complemented by human contact. Moreover, automation cannot substitute for the emotional, relational and ethical dimensions of care.[124]

119 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific* (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

120 WHO and UNICEF, *Global Report on Assistive Technology* (Geneva, 2022). Available at https://www.unicef.org/media/120836/file/Global%20Report%20on%20Assistive%20Technology.pdf

121 UNICEF, "Paving accessible path to the future", 14 February 2022. Available at https://www.unicef.org/kazakhstan/en/stories/paving-accessible-path-future (accessed on 23 September 2026)

122 United Nations Development Programme (UNDP), *Human Development Report 2025: A Matter of Choice: People and Possibilities in the Age of AI* (New York, 2025). Available at https://hdr.undp.org/system/files/documents/global-report-document/hdr2025reporten.pdf

123 ILO, *Working Time and Work-Life Balance Around the World* (Geneva, 2022). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_protect/%40protrav/%40travail/documents/publication/wcms_864222.pdf

124 UNDP, *Human Development Report 2025: A Matter of Choice: People and Possibilities in the Age of AI* (New York, 2025). Available at https://hdr.undp.org/system/files/documents/global-report-document/hdr2025reporten.pdf

Digital care systems also generate large volumes of sensitive personal data, raising critical questions about privacy, consent, ownership and accountability.[125] The growing "datafication" of care may make some activities more visible and measurable while obscuring others, particularly relational and emotional dimensions of care that are difficult to quantify but central to care quality and well-being DRIVER 2.4.

Digital transformation also extends beyond care recipients and care delivery to the organization of care work itself. One of the most significant developments has been the rapid expansion of digital labour platforms, which are reshaping employment relationships throughout the care economy.

The platformization of care work

Digital labour platforms are reshaping care work in Asia and the Pacific, creating both new opportunities and significant challenges DRIVER 2.2.[126] On the one hand, platforms can expand access to labour markets, particularly for women, by lowering entry barriers through simplified onboarding and flexible schedules. They can also improve matching between care workers and households and reduce information gaps, while enabling the growth of women-led care businesses and income-generating opportunities in a predominantly female workforce.[127] Practices in South-East Asia show how digitally enabled care entrepreneurship can expand formal care markets, creating new pathways to decent work for care workers while advancing women's economic empowerment.[128]

These developments reflect a broader expansion of digital labour platforms across sectors. Digital platform work can create income-generating opportunities for women, particularly because flexible working arrangements allow them to combine paid work with household and caregiving responsibilities. However, women often continue to bear a disproportionate share of unpaid care and domestic work, which can limit the benefits they derive from platform-based employment.[129]

In addition, the benefits of platform-based work often come at the cost of increased precarity. Many platform workers are classified as independent contractors, excluding them from labour protections, social security and minimum wage guarantees. Earnings are often unpredictable, shaped by algorithmic management systems that lack transparency and can penalize workers through rating systems, task refusals or account deactivation.[130] Flexibility can be illusory, as women frequently work long or irregular hours to secure sufficient income. Recognizing these challenges, the International Labour Conference adopted the Decent Work in the Platform Economy Convention, 2026 (No. 193), the first international labour standard on platform work. It establishes protections related to remuneration, social protection, occupational safety and health, algorithmic management, data rights and employment status.[131]

These challenges are often gendered, as women remain concentrated on platforms in lower-paid care and domestic work while also facing barriers to digital access and online harassment.[132] While some workers have used digital tools to organize, advocate and even establish cooperatives, power imbalances remain pronounced.[133]

The platformization of care services can also negatively affect care recipients. Care provision is inherently relational, relying on continuity and trust between the caregiver and the recipient. Platform-based models often rely on a rotating workforce and fragmented task-based services, which can undermine the personalized and holistic nature of care provision. Furthermore, care workers facing heightened pressures due to the precarious nature of platform-based work are less able to provide high-quality care.[134]

Algorithmic management and continuous performance monitoring can improve accountability but they can also reduce worker autonomy and increase vulnerability – especially for migrant and domestic workers with limited protections. Information asymmetries can reinforce existing inequalities in platform-mediated work. Platforms and clients often have extensive access to workers' data, ratings and performance histories, while workers have limited insight into employers, clients or algorithmic decision-making processes. Without adequate safeguards, these dynamics may perpetuate discrimination and unequal treatment.[135]

125 Ibid.

126 UN Women, *Pathways Towards Decent Work in the Digitally Enabled Care Economy in Southeast Asia* (Bangkok, 2023). Available at https://data.unwomen.org/sites/default/files/documents/Publications/2023/Digitally-Enabled-Care-Economy-SEA.pdf

127 UNDP, *Human Development Report 2025: A Matter of Choice - People and Possibilities in the Age of AI* (New York, 2025). Available at https://hdr.undp.org/system/files/documents/global-report-document/hdr2025reporten.pdf

128 UN Women, *Pathways Towards Decent Work in The Digitally Enabled Care Economy in Southeast Asia* (Bangkok, 2023). Available at https://asiapacific.unwomen.org/sites/default/files/2023-09/wee-care-stat-brief-digitally-enabled-care-economy-in-sea_18.09.pdf

129 Naila Kabeer, "A foundational asymmetry: gender, unpaid care work, and the market economy", *Oxford Review of Economic Policy*, vol. 41 (2025). Available at https://academic.oup.com/oxrep/article/41/3-4/702/8502727?login=false

130 ILO, *Realizing Decent Work in the Platform Economy*, ILC Report V(1), 113th Session (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/2024-07/ILC113-V%281%29-%5BWORKQ-231121-002%5D-Web-EN.pdf

131 ILO, "Convention concerning decent work in the platform economy", International Labour Conference, 114th Session, ILC.114/CNP/D.4 (Geneva, 2026). Available at https://www.ilo.org/sites/default/files/2026-06/ILC114-CNP-D4-Final%20text-EN.pdf

132 Just Jobs Network, *Narrowing the Gender Divide: Thailand's Platform Economy and Digital Work* (Washington, D.C., 2024). Available at https://justjobsnetwork.org/files/narrowing-the-gender-divide-thailand%E2%80%99s-platform-economy-and-digital-work_june-2024.pdf

133 UNDP, *Human Development Report 2025: A Matter of Choice: People and Possibilities in the Age of AI* (New York, 2025). Available at https://hdr.undp.org/system/files/documents/global-report-document/hdr2025reporten.pdf

134 ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf

135 ILO, *Realizing Decent Work in the Platform Economy*, ILC Report V(1), 113th Session (Geneva, 2024). Available at https://www.ilo.org/resource/conference-paper/realizing-decent-work-platform-economy

Box 3.2 Good practice: blockchain technology to protect and formalize domestic work in Viet Nam

In Viet Nam, the rapid growth of urban middle-class households has increased the demand for paid domestic workers, many of whom are women migrants from rural areas with limited education and no formal employment documentation. Although domestic work has helped reduce unpaid care responsibilities for urban households, these workers often remained trapped in the informal economy, making them vulnerable to exploitation, low bargaining power and exclusion from financial and social services. To address these challenges, The Asia Foundation – Viet Nam partnered with HCM House Cleaning Services Development JSC (JupViec.vn) and the Vietnam Blockchain Corporation in 2019 to pilot a blockchain-based digital identity system for domestic workers.[1] The platform securely records workers' identities, training certificates, work history, payroll records and customer reviews, while allowing workers to control which information they share with employers and institutions.

The initiative improved transparency, portability and security of workers' employment records, helping domestic workers demonstrate their skills and experience when negotiating wages and working conditions. By 2022, nearly 2,000 female domestic workers had been introduced to the system and received training on labour rights and digital literacy. Initial results showed reduced human error in document verification, stronger compliance with labour standards and improved access to formal employment opportunities and social services such as banking, insurance, healthcare and education. The project demonstrates how digital technologies can help formalize care work, strengthen worker protections and support women's economic empowerment in the care economy.

1 The Asia Foundation, "Protecting Domestic Workers with the Blockchain", 22 June 2022. Available at https://asiafoundation.org/protecting-domestic-workers-with-the-blockchain/ (accessed on 6 August 2026).

Emerging signals for the future

Early signals suggest that digital transformation will increasingly redefine how care is accessed, delivered and regulated. Emerging developments include telehealth, AI-enabled care systems, digital care platforms, remote monitoring technologies and the platformization of care work. These shifts may transform how care is delivered and coordinated, but they also raise new questions regarding labour protections, privacy, accessibility and the quality of care relationships.

3.3 Urbanization

Asia and the Pacific is home to approximately 2.6 billion urban residents.[136] As of 2025, Asia hosts 19 of the world's 33 megacities.[137] However, urban growth in the region is driven not only by large metropolitan areas but also by the rapid expansion of small and medium-sized cities. Most of the urban population in the region lives in smaller and intermediate urban centres. These cities are also among the fastest growing globally[138] and face increasing health pressures, including urban heat islands, air pollution and high noise levels. By 2050, the region's urban population is projected to increase by over 30 per cent, adding around 800 million people.[139]

Rural-urban migration and the redistribution of care

Rapid urbanization is reshaping care across the region, simultaneously increasing demand for care services while straining the systems meant to provide them. One way this occurs is through rural-to-urban migration DRIVER 3.1. Economic opportunities draw younger family members to cities in search of work. While this offers better economic prospects for those who move, it fundamentally disrupts the distribution of care responsibilities within households. In rural areas, older persons and young children are often left behind with limited access to care infrastructure and services and with fewer working-age family members available to support them. In cities, meanwhile, the working-age migrants who do move find themselves without the extended family networks they once relied on, as the nuclearization of families leaves them to navigate care responsibilities largely on their own.[140]

Irregular and forced migration further aggravates the situation, leaving those displaced with little to no legal status, social protection or support systems to fall back on. Forced displacement is increasing in parts of Asia and the Pacific, particularly in conflict-affected countries. It is exacerbating urban challenges such as informal settlements and slums, social exclusion, inadequate access to basic services like housing, water and energy.[141] These pressures can add further care responsibilities for households.

136 ESCAP, *2025 ESCAP Population Data Sheet* (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/aadca0c1-9249-447e-8bfb-241187ee64c0/content

137 UN DESA, *World Urbanization Prospects 2025: Summary of Results* (United Nations publication, 2025). Available at https://desapublications.un.org/publications/world-urbanization-prospects-2025-summary-results

138 Ibid.

139 Note: This is calculated based on the ESCAP Population Data Sheet 2025. In 2025, 53.8 per cent of the population in Asia and the Pacific is urban, equivalent to approximately 2,591 million people (4,816 million × 53.8%). By 2050, this is projected to reach approximately 3,397 million (5,163 million × 65.8%). The increase of 806 million therefore represents a 31 per cent rise. See ESCAP analysis based on ESCAP, *2025 ESCAP Population Data Sheet* (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/aadca0c1-9249-447e-8bfb-241187ee64c0/content

140 Regional United Nations Network on Migration for Asia and the Pacific, *Asia Pacific Migration Report 2024: Assessing Implementation of the Global Compact for Migration* (United Nations publication, 2024). Available at https://www.ilo.org/sites/default/files/2025-01/25-001_escap-2024-rp-apmr-2024.pdf

141 ESCAP, *Urban Transformation in Asia and the Pacific: From Growth to Resilience* (United Nations publication, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/6d0bb795-45ea-4827-8764-43a7c43b30b2/content

It is also important to note that urbanization and urban-to-rural return migration can occur simultaneously within countries. When people return to rural areas due to economic insecurity or job loss in cities, rural care systems are often unable to absorb the increased demand. In such contexts, unpaid care work increases, particularly for women and girls.

Care inequality and vulnerabilities in urban settings

Rapid urbanization has exposed deep gaps in how cities are equipped to meet the care needs of their residents. As cities expand, care infrastructure and services struggle to keep pace – often remaining inaccessible, unaffordable or insufficient in quality and scale DRIVER 3.2. Transport systems, public spaces, education and health facilities and housing design often fail to serve children, persons with disabilities, older persons and other care receivers, as well as caregivers.

In Asia and the Pacific, approximately 700 million people live in informal settlements.[142] Over half of all urban dwellers in Afghanistan, Bangladesh, the Lao People's Democratic Republic, Myanmar, Pakistan and Tuvalu lived in slums, informal settlements or inadequate housing in 2022.[143] In these settings, poor building design and construction, combined with limited access to affordable cooling systems, leave households more exposed to urban heat and make it difficult to maintain healthy levels of thermal comfort. Additional vulnerabilities in these settlements include insecure housing and land tenure, inadequate water and sanitation, limited access to childcare and health services, poor transport connectivity and increased exposure to violence, climate hazards and environmental risks.[144] DRIVER 3.3

Women and girls absorb most of the additional unpaid care and domestic work created by these gaps, often with less access to services and infrastructure support. For example, safety concerns on public transport restrict women's mobility, create barriers to providing and accessing care and can constrain education and labour-market participation.[145] Safety and accessibility concerns regarding public transport also limit older persons' and persons with disabilities' ability to provide and access care and support services themselves.

Caring cities[146] and policy innovation

Urban growth, while presenting significant challenges for care, also opens a critical window of opportunity to fundamentally rethink how cities should be designed and governed. The sheer scale and pace of urban growth in the region mean that decisions made today about urban planning will shape care systems for generations to come. Therefore, caring cities – those that deliberately integrate care into their planning from the outset – have the potential to ensure that care services are accessible, affordable and of adequate quality for all care recipients, while also creating decent work for caregivers. Some cities are already demonstrating what this can look like in practice. In Bogotá, Colombia, the Manzanas del Cuidado ("Care Blocks" or "Blocks of Care") programme was launched in 2020 to address the burden on caregivers.[147] By coordinating existing services at the community level, the city provides free education, respite, health, legal and economic empowerment services to caregivers, strengthening their well-being and rights.[148]

Urban density also presents opportunities. While cities concentrate care demand, they can also enable more efficient and cost-effective service delivery when planning is deliberate. Practices such as Busan's "15-minute care city" initiative in the Republic of Korea bring medical, welfare and daily living support closer to residents through neighbourhood-based service networks and post-discharge community care.[149] In addition, cities provide a suitable environment for policy innovation. Municipal care initiatives can test new approaches that may later be scaled up at the national level. Intersecting with digitalization, smart city approaches, geospatial technologies and urban data platforms enable evidence-based planning of care infrastructure and services, helping cities anticipate changing care demand and improve equitable access. Such practices show that local governments are uniquely positioned to advance the caring agenda – often innovating ahead of national frameworks rather than merely implementing them. At the same time,

142 ADB and UNDP, *Inclusive Urban Futures: From Inequality to Opportunity* (Bangkok, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/3cacd928-52d2-4488-9b77-1903f9547ae8/content

143 ADB, Key Indicators Database (KIDB), "Proportion of Urban Population Living in Slums, Informal Settlements, or Inadequate Housing". Available at https://kidb.adb.org/explore?filter%5Bindicator_id%5D=3110003&filter%5Beconomy_code%5D=AFG%2CARM%2CAUS%2CAZE%2CBAN%2CBHU%2CBRU%2CCAM%2CCOO%2CFIJ%2CFSM%2CGEO%2CHKG%2CIND%2CIN O%2CJPN%2CKAZ%2CKGZ%2CKIR%2CKOR%2CLAO%2CMAL%2CMLD%2CMON%2CMYA%2CNAU%2CNEP%2CNIU%2CNZL%2CPAK%2CPHI%2CPLW%2CPNG%2CPRC%2CRMI%2CSAM%2CSIN%2CSOL%2CSRI%2CTAJ%2CTAP%2CTHA%2CTIM%2CTKM%2CTON%2CTUR%2CTUV%2CUZB%2CVAN%2CVIE&filter%5Byear%5D=2000%2C2001%2C2002%2C2003%2C2004%2C2005%2C2006%2C2007%2C2008%2C2009%2C2010%2C2011%2C2012%2C2013%2C2014%2C2015%2C2016%2C2017%2C2018%2C2019%2C2020%2C2021%2C2022%2C2023%2C2024%2C2025&grouping=indicators&showRegions=false (accessed on 18 August 2026).

144 ADB and UNDP, *Inclusive Urban Futures: From Inequality to Opportunity* (Bangkok, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/3cacd928-52d2-4488-9b77-1903f9547ae8/content

145 Asia Feminist Coalition and Shared Planet, "Towards a Feminist Just Energy Transition in Asia: Key Principles and Barriers", Policy Brief (n.p., 2023). Available at https://oi-files-cng-v2-prod.s3.eu-west-2.amazonaws.com/asia.oxfam.org/s3fs-public/Asia%20Feminist%20Coalition%20-%20Feminist%20JET%20Policy%20Brief.pdf?VersionId=NpXFUqkM_g08ZrWSzqpmMvUraDvntd7p

146 City Hub and Network for Gender Equity (CHANGE), *Caring cities: learning from the caregivers sustaining our communities* (n.d.). Available at https://www.citieschange.org/content/uploads/2023/09/CHANGE_CaringCities_EnglishReport_Web.pdf

147 ECLAC, "Design and implementation of the District Care System of Bogotá: a political, social and fiscal covenant", *Gender Equality Bulletin*, No. 2 (Santiago, 2024). Available at https://repositorio.cepal.org/entities/publication/0b587047-a818-403f-8530-f21b75ad5f59

148 Jennifer M. Piscopo and Kiran Stallone, "Feminist Care Policy in Action: How Bogotá, Colombia Pioneered the Blocks of Care", Policy Report No. 1 (n.p., 2025). Available at https://www.jenniferpiscopo.com/wp-content/uploads/2025/12/Piscopo-and-Stallone-Manzanas-del-Cuidado-English.pdf

149 Cho Won-Jin, "Busan Launches '15-Minute Care City' to Bridge Hospital-to-Home Gap", *Seoul Economic Daily*, 10 March 2026. Available at https://en.sedaily.com/society/2026/03/10/busan-launches-15-minute-care-city-to-bridge-hospital-to (accessed on 15 July 2026).

local communities are increasingly emerging as important sources of care innovation. Informal childcare networks in neighbourhoods may indicate a broader shift towards proximity-based and decentralized care ecosystems in rapidly urbanizing societies.[150] As no one-size-fits-all care model exists, support from national governments through sound decentralization, multilevel governance and adequate resources remain essential to the success of local governments and communities.[151]

Emerging signals for the future

Emerging responses include care-sensitive urban planning, mixed-use and intergenerational housing models, expanded integrated childcare and long-term care services and growing attention to the concept of "caring cities"[152] and "age-friendly cities and communities".[153] At the same time, uneven urban development risks deepening care inequality between urban centres, peri-urban areas and rural communities.

Box 3.3 Good practice: breastfeeding infrastructure in China

Shenzhen, China's youngest megacity with a population exceeding 17 million inhabitants, faced growing challenges in supporting working families, particularly mothers balancing childcare and employment, amid rapid urbanization. In response to limited breastfeeding infrastructure in public spaces, Shenzhen launched China's first Child-Friendly City Initiative in partnership with UNICEF, prioritizing maternal care infrastructure as a pillar of equitable urban development. Since 2016, the city has pursued this ambitious child-friendly city agenda, including the systematic construction of mother-and-baby rooms in public spaces and the launch of a mobile application to improve access to these facilities.[1]

Under the *Strategic Plan for Building a Child-Friendly City (2018–2035)*,[2] China's first local-level policy focused on building inclusive and child-centred urban spaces. Breastfeeding infrastructure was included as a core element in the city's *Action Plan (2018–2020)*[3] *and Action Plan (2021–2025)*.[4] To guide implementation, the city issued two key technical documents: the Shenzhen Mother-and-Baby Room Design Code (SJG 54-2019)[5] and *Child-Friendly Public Service System Guidelines*,[6] to standardize location, design, functionality, and accessibility features of mother-and-baby rooms. For example, breastfeeding rooms must be at least 6 square metres in size and include seating, privacy partitions, diaper changing tables and hand-washing sinks. As a result, more than 1,150 mother-and-baby rooms had been constructed by 2023, located across nearly all public settings, including shopping malls, hospitals, metro stations, parks and government buildings.[7]

In 2018, the Shenzhen Women and Children Development Centre launched a WeChat-based Child-Friendly Map Mini Program, to help users locate nearby breastfeeding facilities and child-friendly amenities. The app maps the locations of certified breastfeeding rooms and includes user reviews, facility descriptions, accessibility information (e.g., elevator availability), and photo documentation.[8]

Shenzhen's integrated approach, which combines physical infrastructure, service guidelines, digital access and ongoing oversight, offers a model of how cities can reduce barriers faced by caregivers in public spaces and support the right to breastfeed in public. To replicate similar practices, the National Development and Reform Commission launched a programme to pilot child-friendly cities in 100 cities across China by 2025.[9]

1 UNICEF, "Shenzhen Leads the Way for China in the Child-Friendly Cities Initiative", 11 June 2016. Available at https://www.unicef.cn/en/press-releases/shenzhen-leads-way-china-child-friendly-cities-initiative (accessed on 20 July 2026).
2 China, Shenzhen Municipal Government, *Strategic Plan for Building a Child-Friendly City (2018–2035)* (*《深圳市建设儿童友好型城市战略规划（2018-2035年）》*) (Shenzhen, 2018). Available at http://www.szfegw.cn/attachment/0/38/38011/715071.pdf
3 China, Shenzhen Municipal Government, *Action Plan for Building a Child-Friendly City (2018–2020)* (*《深圳市建设儿童友好型城市行动计划（2018–2020年）》*) (Shenzhen, 2018). Available at http://www.szfegw.cn/attachment/0/38/38013/715090.pdf
4 China, Shenzhen Women and Children Development Center, *Action Plan for Building a Child-Friendly City (2021–2025)* (*《深圳市建设儿童友好型城市行动计划（2021-2025年）》*) (Shenzhen, 2021). Available at http://www.szfegw.cn/attachment/0/38/38449/728549.pdf
5 China, Shenzhen Women and Children Development Center, *Mother-and-Baby Room Design Code (Trial)* (*《深圳市母婴室建设标准指引（试行）》*) (Shenzhen, 2018). Available at http://www.szfegw.cn/attachment/0/6/6306/102453.pdf
6 China, Shenzhen Municipal Government, *Child-Friendly Public Service System Guidelines (2022)* (*《儿童友好公共服务体系建设指南》*) (Shenzhen, 2022). Available at https://www.sz.gov.cn/attachment/0/988/988336/9746944.pdf
7 China, Shenzhen Municipal Government, "Shenzhen accelerates the development of a child-friendly city (*深圳跑出儿童友好城市建设‘加速度’*)", 1 June 2023. Available at https://www.sz.gov.cn/cn/xxgk/zfxxgj/zwdt/content/post_10623074.html (accessed on 18 September 2026)
8 The Paper, "A mobile mother-and-baby room has been introduced at a Shenzhen Metro station for the first time, with the 1.6-square-metre space equipped with all essential facilities (*移动母婴室首次进驻深圳地铁站，1.6平方米空间‘五脏俱全’*)", 2 June 2021. Available at https://www.thepaper.cn/newsDetail_forward_12920335 (accessed on 6 August 2026)
9 China, National Development and Reform Commission, "Guiding Opinions on Advancing the Development of Child-Friendly Cities (*关于推进儿童友好城市建设的指导意见*)", 15 October 2021. Available at https://www.ndrc.gov.cn/xxgk/zcfb/tz/202110/t20211015_1299751.html

150 Yoamore, "The Culture of Informal Childcare Networks" (n.p., n.d.). Available at https://yoamore.com/the-culture-of-informal-childcare-networks/ (accessed on 17 July 2026).
151 United Cities and Local Governments (UCLG), "Local Governments and the Financing of Care Policies" (2026). Available at https://uclg.org/wp-content/uploads/2026/04/Local-Governments-and-the-Financing-of-Care-Policies.EN_.pdf.
152 CHANGE, *Caring cities: learning from the caregivers sustaining our communities*, (n.d.). Available at https://www.citieschange.org/content/uploads/2023/09/CHANGE_CaringCities_EnglishReport_Web.pdf
153 WHO, "Creating age-friendly cities and communities" (n.d.). Available at https://www.who.int/activities/creating-age-friendly-cities-and-communities (accessed on 16 July 2026).



A child swims underwater while playing with a giant clam shell in Niue. © UNDP/Vlad Sokhin

3.4 Climate change and environmental degradation

Climate change is already evident in rising temperatures, prolonged droughts, severe flooding and more frequent extreme weather events. The Asia-Pacific region remains the most disaster-impacted in the world. In 2024, disaster triggered nearly 24 million internal displacements in Asia and the Pacific DRIVER 4.1.[154] However, climate change does not act alone. Together with environmental degradation, these pressures are already reshaping how care is needed, delivered and sustained across the region.

Intersecting environmental and care crisis

The environmental crisis affects care in multiple, reinforcing ways. Extreme weather events, heat waves and the spread of vector- and water-borne diseases are increasing illnesses and disabilities DRIVER 4.2, intensifying care needs across communities. Rising temperatures are simultaneously heightening care needs and increasing dependence on cooling services, as children, persons with disabilities and older persons are highly vulnerable to heat and caregivers themselves experience occupational heat stress. Environmental degradation – including ecosystem disruptions, biodiversity loss, changes in land use and the declining quality of air, water and soil – also intensifies these pressures by weakening household resilience and reducing the resources available to meet growing care demands. Pollution compounds these pressures further by contributing to chronic health conditions, particularly cardiovascular and respiratory diseases, that generate long-term care needs across the life course.

At the same time, the environmental crisis erodes the very systems and infrastructure that make care possible DRIVER 4.3. Climate-induced disasters and displacement threaten the availability and quality of water, food, health services, energy services and livelihoods.[155] Damage to care and health facilities, schools, electricity infrastructure and water systems limits access to essential services and reverses hard-won development gains. Disaster-induced displacement further weakens family- and community-based care systems, while creating new and often unmet care needs in displacement settings.[156]

The most severe impacts are disproportionately borne by those who have contributed least to these crises, including the children, persons with disabilities, older persons in low-income households and communities in vulnerable situations,[157] who face heightened health risks, depend on care infrastructure and services and yet have less access to them. As climate-related disruptions become more frequent and care needs grow, households and communities face increasing pressure to fill gaps in services.

154 International Organization for Migration (IOM), *Asia–Pacific Migration Data Report 2025* (Bangkok, 2025). Available at https://roasiapacific.iom.int/sites/g/files/tmzbdl671/files/documents/2025-11/ap_mdr-2025-.pdf

155 Sonia Phalatse, Julia Taylor and Imraan Valodia, "The Climate-Care Nexus: A Conceptual Framework", Working Paper No. 70 (Johannesburg, 2024). Available at https://climateandcareinitiative.org/wp-content/uploads/2025/05/Working-Paper-70-Care-Climate-Nexus-Conceptual-Framework.pdf

156 Maria S. Floro, "Climate Change Is Making It Harder for People to Get the Care They Need", *The Conversation*, 29 October 2024. Available at https://theconversation.com/climate-change-is-making-it-harder-for-people-to-get-the-care-they-need-240557 (accessed on 14 August 2026).

157 Maria S. Floro, "Climate Change, Care Provisioning, and Inequality: Transitioning Towards a Sustainable Economy", *Oxford Review of Economic Policy*, vol. 41, Nos. 3–4 (Autumn/Winter 2025). Available at https://academic.oup.com/oxrep/article-abstract/41/3-4/1020/8502726?redirectedFrom=fulltext

Gendered care vulnerabilities under climate stress

Women and girls, children, persons with disabilities and older persons sit at the sharpest intersection of environmental stress and care vulnerability. The environmental crisis exposes them to greater physical risks while intensifying their care responsibilities. Women are often frontline responders, providing care in community-level disaster preparedness and recovery.[158] Yet their increased unpaid care and domestic work, as well as their experiences and contributions to recovery efforts go unrecognized and remain invisible.[159] Climate change has intensified care responsibilities for both women and men in Tonga, with 62 per cent of women and 56 per cent of men reporting increased time spent on care work as a result of climate change. The impacts of disasters in 2022 further increased unpaid workloads, with 77 per cent of women reporting increased unpaid care responsibilities due to disruptions to water and food supplies that increased the time required for collection and processing.[160]

Tasks such as fuelwood collection – made more burdensome by ecosystem degradation – expose women and girls to injuries, animal attacks and violence, including sexual and gender-based violence, with heightened risks for adolescent girls.[161] Limited access to clean cooking and household fuels in the context of climate stress and displacement increases reliance on polluting energy sources. This raises exposure to household air pollution and related health conditions,[162] particularly for women and girls due to their roles in cooking and for persons with disabilities who often spend more time indoors due to mobility challenges or social stigma. In situations of food insecurity, women and girls are also more likely to experience nutritional deprivation. These vulnerabilities are not inevitable – they are the result of structural inequalities that the environmental crisis amplifies. Care is rarely prioritized in public budgets during emergencies, when fiscal space is most constrained (see chapter 2). Even in the transition to low-carbon energy systems and in climate adaptation and mitigation policies, existing gender inequality in unpaid care and domestic work are often reinforced DRIVER 4.4, due to care- and gender-blind policy design and women's underrepresentation in decision-making processes. An assessment of energy policy frameworks in six Pacific island countries found they tended to prioritize supply-side goals while overlooking women's demand-side energy needs, including energy for clean cooking, household appliances and water access that can reduce time spent on domestic work, as well as energy for community services such as health centres and schools.[163]

Gaps in geospatial, socioeconomic, gender- and care-disaggregated data further limit the ability to plan and finance gender- and care-responsive interventions[164] effectively, leaving the most affected to find coping strategies themselves. Taken together, these compounding pressures make clear that environmental action and care systems cannot be treated as separate agendas.[165]

Opportunities for care-sensitive climate adaptation, mitigation and a just transition

This moment also presents a genuine opportunity to build care systems that are more resilient, equitable and sustainable. Integrating care and gender considerations into just transition, climate adaptation and mitigation policy frameworks is one such opportunity. This means adopting gender-responsive budgeting, grounded in human rights principles and leaving no one behind; conducting gender equality, disability and social inclusion (GEDSI) analyses; collecting and using gender-disaggregated data; and embedding care considerations into governance and accountability frameworks. Taken together, these elements create the conditions for a transition that addresses, rather than reinforces, existing inequalities.

Climate mitigation policies, including expanding access to sustainable energy, can directly reduce the care and domestic responsibilities that fall disproportionately on women and girls, freeing time for education, decent work, income, rest, self-care and participation in public life, while improving health and strengthening household resilience. Persons in vulnerable situations, including persons with disabilities, who tend to have lower access to electricity and clean cooking technologies, also stand to benefit, as equitable energy access reduces the physical demands of daily life and improves quality of life.

Building disaster preparedness directly into care provision can strengthen the resilience of both care systems and communities. Measures such as risk identification, training, drills and contingency planning that engage caregivers, health workers and community members can improve the

158 Naila Kabeer, Chung Ah Baek and Deepta Chopra, "Women are seen as 'saviours' or 'victims' in climate change debates: why this is a problem", *The Conversation*, 21 January 2025. Available at https://theconversation.com/women-are-seen-as-saviours-or-victims-in-climate-change-debates-why-this-is-a-problem-244529 (accessed on 31 July 2026).

159 Oxfam International, "Gendered Dimensions of Loss and Damage in Asia", Briefing Paper (December 2023). Available at https://oxfamilibrary.openrepository.com/server/api/core/bitstreams/47392663-c026-4741-92e1-6d245c052a7a/content

160 UN Women Asia-Pacific, *Caring Societies, Inclusive, and Green Economies in Asia and the Pacific: Unveiling Data to Advance Women's Economic Empowerment Beyond GDP* (Bangkok, 2024). Available at https://asiapacific.unwomen.org/sites/default/files/2024-09/ap-x-caring-societies_2024-200904s.pdf

161 ESCAP, *Gender, the Environment and Sustainable Development in Asia and the Pacific* (United Nations publication, 2017). Available at https://www.unescap.org/sites/default/files/publications/SDD-Gender-Environment-report.pdf

162 United Nations Environment Programme (UNEP), "Seven Things You Should Know About Household Air Pollution", news story, 17 August 2021. Available at https://www.unep.org/news-and-stories/story/seven-things-you-should-know-about-household-air-pollution (accessed on 14 August 2026).

163 Pacific Community (SPC), "*Gender-Based Assessment – Part I: Energy Sector Analysis*", (n.p., 2020). Available at https://spccfpstore1.blob.core.windows.net/digitallibrary-docs/files/e7/e7fd4229f32f58b3cb4bf817d757a486.pdf?sv=2015-12-11&sr=b&sig=Jau1ZupaYfFOecS5UhkWFcwJxuxW3TDy6Bh2qhDLdJk%3D&se=2027-01-01T22%3A16%3A35Z&sp=r&rscc=public%2C%20max-age%3D864000%2C%20max-stale%3D86400&rsct=application%2Fpdf&rscd=inline%3B%20filename%3D%226279_CTIF_PEGSAP_GBA_Report_Part_I_Clean_Energy_Sector_Analysis_Final_200908.pdf%22 (accessed on 16 July 2026).

164 Deepta Chopra and Meenakshi Krishnan, "'Care is not a burden': a 7-4-7 framework of action for operationalizing the Triple R", *Gender & Development*, vol. 30, Nos. 1–2 (August 2022). Available at https://doi.org/10.1080/13552074.2022.2066265

165 Caren Grown and others, *Integrating Care and Climate Adaptation into a Holistic Fiscal Framework at the Country Level* (Washington, D.C.,2025). Available at https://www.brookings.edu/articles/integrating-care-and-climate-adaptation-into-a-holistic-fiscal-framework-at-the-country-level/

preparedness of care providers and support more effective care during disaster response and recovery. They can also strengthen overall community resilience and support for care as critical infrastructure in its own right.

Public investment and strong regulatory frameworks for childcare, long-term care and care and support services for persons with disabilities are critical components of a just transition. Integrating care into climate finance discussions is equally important.[166] Centering care in climate finance can support investment in social infrastructure that mitigates harm while advancing collective well-being, gender equality and dignity.[167] At the same time, energy-related policies and investments should be locally appropriate and supported by comprehensive measures[168] to reduce unpaid care work and expand access to public services and social protection for care workers. As previously discussed (see chapter 1), much paid care work continues to take place in the informal economy, often without adequate labour rights or social protection. A just transition presents an opportunity to shift this towards decent work, by directing investment in green and blue jobs towards care work, which is inherently low-carbon, while ensuring care workers receive fair wages and labour protections.[169] Where this opportunity goes unrealized, climate action risks generating social backlash instead of support. Formalizing care work, including creating decent jobs with fair pay and social protection, is one essential path towards that outcome.

Recent initiatives demonstrate how these opportunities can be translated into practice. In the Lao People's Democratic Republic, the Asian Development Bank (ADB) is supporting the Ministry of Health in delivering climate-resilient, gender-responsive care by integrating climate and emergency preparedness into hospital accreditation systems, financing flood-resilient infrastructure upgrades and building a climate-ready health workforce.[170]

Box 3.4 Good practice: climate-resilient care infrastructure in Vanuatu

Vanuatu is one of the world's most climate-vulnerable countries, where roads and bridges are frequently damaged by tropical cyclones, flooding, sea level rise and heavy rainfall, compounded by geophysical hazards such as volcanoes and earthquakes. Many rural communities, particularly on Santo Island, face disruptions in access to schools, health clinics, and markets during extreme weather events because much of the transport network is unsealed and highly exposed to climate risks. These disruptions make it more difficult for households to provide and receive care and intensify unpaid care responsibilities, placing additional pressure on households during and after disasters. Poor transport connectivity has also limited economic opportunities for agricultural communities that depend on reliable road access to transport products.

Recognizing these challenges, the Government of Vanuatu, with support from the World Bank, launched the Vanuatu Climate Resilient Transport Project to strengthen climate-resilient road and bridge infrastructure and improve long-term transport planning. The project focuses on upgrading approximately 65 kilometres of roads and constructing climate-resilient bridges and crossings on Santo Island, while also introducing improved road asset management and maintenance systems. These investments are designed to ensure year-round access to essential services and reduce disruptions caused by natural hazards. The project is expected to benefit around 40,000 people by improving safer and more reliable access to markets, schools, and healthcare facilities. This will reduce the time and physical burden associated with accessing and providing care, while strengthening disaster preparedness and economic resilience in rural communities. The initiative also supports institutional capacity-building and data-driven planning to help Vanuatu's ability to manage climate risks and maintain resilient transport systems.

World Bank, "The Road Ahead: Vanuatu's Climate Resilient Transport Project Boosts Community Access and Safety", 4 July 2025. Available at https://www.worldbank.org/en/news/feature/2025/07/04/the-road-ahead-vanuatu-s-climate-resilient-transport-project-boosts-community-access-and-safety (accessed on 6 August 2026).

166 Maria S. Floro, "Climate Change, Care Provisioning, and Inequality: Transitioning Towards a Sustainable Economy", *Oxford Review of Economic Policy*, vol. 41, Nos. 3–4 (Autumn/Winter 2025). Available at https://academic.oup.com/oxrep/article-abstract/41/3-4/1020/8502726?redirectedFrom=fulltext

167 Canada's International Development Research Centre (IDRC), "Centering Care in Climate Finance: A Feminist Blue Print for Adaptation, Resilience, and Climate Justice", Working Paper (n.d.) Available at https://climateandcareinitiative.org/wp-content/uploads/2025/11/Centering-Care-in-Climate-Finance.pdf; and Maria S. Floro, "Climate Change, Care Provisioning, and Inequality: Transitioning Towards a Sustainable Economy", *Oxford Review of Economic Policy*, vol. 41, Nos. 3–4 (Autumn/Winter 2025). Available at https://academic.oup.com/oxrep/article-abstract/41/3-4/1020/8502726?redirectedFrom=fulltext

168 Asia Feminist Coalition and Shared Planet, "Towards a Feminist Just Energy Transition in Asia: Key Principles and Barriers", Policy Brief (n.p., 2023). Available at https://oi-files-cng-v2-prod.s3.eu-west-2.amazonaws.com/asia.oxfam.org/s3fs-public/Asia%20Feminist%20Coalition%20-%20Feminist%20JET%20Policy%20Brief.pdf?VersionId=NpXFUqkM_g08ZrWSzqpmMvUraDvntd7p

169 The Asia Foundation, Fundación Avina and IDRC, "Climate Change and Care Work: Integrated Solutions for Intersecting Crises", Policy Brief (November 2024). Available at https://climateandcareinitiative.org/wp-content/uploads/2025/03/Climate-Change-and-Care-Policy-Brief_Nov2024.pdf

170 ADB, "*Report and Recommendation of the President to the Board of Directors: Proposed Loan, Grant, and Administration of Technical Assistance Grant – Lao People's Democratic Republic: Green Primary Care Project*", Project No. 58008-001 (Manila, August 2025). Available at https://www.adb.org/sites/default/files/project-documents/58008/58008-001-rrp-en.pdf

Emerging signals for the future

Governments and communities are increasingly recognizing care systems as essential components of climate resilience and disaster preparedness. Emerging approaches include climate-resilient care infrastructure, anticipatory social protection systems, community-based resilience networks and greater integration of care considerations into climate adaptation and emergency response planning. There is growing recognition that care systems are not only a social policy objective but also a strategic pillar of a just transition, with investments in care increasingly understood as enabling resilient communities, creating decent work, advancing gender equality and strengthening adaptive capacity in the face of climate change.

3.5 Inequalities

Asia and the Pacific has experienced strong economic growth and significant reductions in poverty in recent decades. Yet beneath aggregate gains, deep inequalities persist – in income and wealth, but also in gender, geography, ethnicity, disability and migration status – and have sharpened since the COVID-19 pandemic.[171] These inequalities do not simply limit opportunity; they determine who performs a larger share of care, who can access it, and who is left without it.

Global care chains

Care work often flows from lower-income households to higher-income households and from lower-income countries to higher-income countries DRIVER 5.1. Lower-income households rely more on unpaid family care due to limited access to formal services, while higher-income households tend to outsource care to domestic and migrant workers,[172] redistributing care responsibilities within the households and communities that migrant workers leave behind.

In 2022, an estimated 12.4 per cent of men migrants and 28.8 per cent of women migrants worked in the global care economy, compared with 6.2 per cent of non-migrant men and 19.2 per cent of non-migrant women.[173] People move within and between countries in search of better access to rights, decent work, education, healthcare and social protection. Despite seeking better opportunities, many care workers – most of whom are women – are employed in informal settings with unfair recruitment practices, low wages, poor working conditions and limited access to decent work. These conditions, compounded by insecure migration status and gaps in legal protection, increase care workers' exposure to exploitation, violence and discrimination, while restricting their ability to exercise their rights and access social protection and other forms of support.

Policy responses to global care chains can create opportunities to formalize care and domestic work while strengthening the rights of care workers. Experiences such as Mexico's, where mandatory social security coverage for domestic workers followed decades of mobilization by domestic workers' unions, illustrate how formalization can emerge as a rights-based achievement shaped by workers themselves. Expanding opportunities for care and domestic workers, including migrant domestic workers, to organize and engage in social dialogue and collective bargaining can help ensure that their voices are reflected in policy processes while contributing to decent work and inclusive care systems.[174]

Gendered and intersectional care disparities

Gender inequality remains a central factor shaping both the provision and receipt of care DRIVER 5.2. Women continue to earn less than men, with available data indicating a persistent gender wage gap of around 14 per cent across countries globally, even after accounting for differences in education, age and experience.[175] Women also have lower labour force participation rates and face barriers in accessing education, healthcare, employment and social protection. At the same time, they carry a disproportionate share of unpaid care and domestic work. Lower formal employment and higher unpaid care responsibilities are two sides of the same structural imbalance (see chapter 1) – each reinforcing the other and together limiting women's economic autonomy, health and voice in decision-making.

Yet gender alone does not tell the full story. Gender inequality is shaped by the interaction of multiple, interconnected axes of inequality and discrimination – including age, race, geography, ethnicity, disability, Indigenous identity, caste, religion, sexual orientation, gender identity, migrant status and socioeconomic status that compound disadvantage and shape who can access care services and infrastructure in the first place.

Income and wealth inequalities, combined with spatial disparities in access to services, mean that many lower-income households, particularly in underserved areas, continue to face limited access to affordable childcare, long-term care, healthcare and other care services. As discussed previously, urbanization, climate change and digitalization (see sections 3.2, 3.3 and 3.4) can further reinforce these inequalities. As a result, those with the highest care responsibilities often have the least resources to meet them and the least power to change their circumstances.

171 Regional United Nations Network on Migration for Asia and the Pacific, *Asia Pacific Migration Report 2024: Assessing Implementation of the Global Compact for Migration* (United Nations publication, 2024). Available at https://www.ilo.org/sites/default/files/2025-01/25-001_escap-2024-rp-apmr-2024.pdf

172 Global Commission on International Migration, "Global care chains: a critical introduction", September 2005. Available at https://www.iom.int/sites/g/files/tmzbdl2616/files/2018-07/gmp44.pdf

173 ILO, *ILO Global Estimates on International Migrant Workers: International migrants in the labour force*, 4th ed. (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/2025-09/MIGRANT%E2%80%93%20ILO%20Global%20Estimates%20on%20International%20Migrant%20Workers.pdf

174 Ibid.

175 UN DESA, *Report of the UN Economist Network for the UN 75th Anniversary: Shaping the Trends of Our Time* (United Nations publication, 2020). Available at https://desapublications.un.org/publications/report-un-economist-network-un-75th-anniversary-shaping-trends-our-time

Box 3.5 Good practice: improving protections for migrant workers providing care for older persons in Australia

Migrant workers have become an essential part of Australia's care workforce for older persons, filling growing labour shortages while often facing insecure employment and migration status. Many work part-time across multiple employers to secure sufficient hours and a large share are employed on temporary visas, leaving them vulnerable to job insecurity despite providing essential care services.

Recognizing these challenges, the United Workers Union worked with the Government and employers to develop the Aged Care Industry Labour Agreement (ACILA). The agreement enables approved care providers for older persons to sponsor migrant care workers and, for the first time, provides a pathway to permanent residency. It also requires participating employers to engage with unions through workplace agreements that strengthen worker representation and protections. By helping regularize the status of migrant care workers already employed in the sector, the agreement has reduced employment insecurity while supporting a more stable and equitable care workforce for older persons.

Building on the agreement, the United Workers Union has continued to advocate for migrant care workers, including by seeking to exclude the care sector for older persons from migration schemes that provide weaker labour protections and tie workers to individual employers.

UNI Global Union, *Migrant care workers: Building worker power and promoting rights* (2026). Available at https://uniglobalunion.org/wp-content/uploads/migrant_care_workers_final.pdf

Governments increasingly recognize investing in care as an opportunity to reduce multiple forms of disadvantage simultaneously. For example, Pakistan's Lady Health Worker Program delivers primary health care to rural communities and urban informal settlements through a locally recruited, trained and supervised all-female workforce. By combining culturally appropriate service delivery with paid employment and opportunities for career progression, the programme addresses multiple dimensions of inequality at once. It expands access to essential health services in underserved areas, creates decent work opportunities for women and contributes to national poverty reduction objectives.[176]

Emerging signals for the future

There is growing recognition that comprehensive and inclusive care systems are critical to reducing inequality and strengthening social cohesion. Emerging policy responses include gender-responsive budgeting, expanded social protection, universal childcare, disability-inclusive services and measures to formalize care and domestic work while strengthening labour rights and collective bargaining.

Cross-cutting implications

Building on analysis of the demographic, social, technological and environmental transitions, the following subsection highlights the main cross-cutting implications that emerge across the megatrends.

The megatrends discussed in this chapter are transforming care across the life course. They influence who needs care, who provides it, the conditions under which care is delivered and the capacity of care systems to respond. Together, these trends highlight the growing importance of strengthening care systems that are inclusive, adaptable and responsive to changing social, economic, technological and environmental conditions.

Megatrends increasingly interact and reinforce one another, producing system-wide effects. Demographic change interacts with migration and urbanization to reshape where care is needed and who is available to provide it. Climate-related shocks increase care needs and disrupt the services and infrastructure on which care depends, particularly in rapidly urbanizing areas. Climate change also drives displacement and migration, increasing demand for care services in urban areas while weakening care systems in communities of origin. At the same time, older persons are disproportionately affected by climate-related hazards and may face greater barriers to benefiting from digital technologies, compounding risks of exclusion from essential care and support. Together, these megatrends create interconnected pressures and opportunities across households, communities, labour markets and public institutions. As a result, care challenges are becoming more dynamic, less predictable and increasingly difficult to address through isolated interventions.

The analysis also demonstrates that inequalities are the lens through which all other megatrends are experienced. Across every trend, children, women, low-income households, older persons, persons with disabilities, migrants, rural populations and other groups in vulnerable situations face greater exposure to care risks while having fewer resources to respond.

The future of care will depend less on any single megatrend than on how care systems respond to their combined effects.

176 Pakistan, "LHWs Program" (n.d.). Available at https://ihp.gkp.pk/lhw/ (accessed on 5 August 2026).



A woman dries clothes outside her home in Poipet City, Cambodia. © UN Women/Nicholas Axelrod

Conclusion

The megatrends shaping the future of care – demographic change, digitalization, urbanization, climate change and environmental degradation and widening inequalities – are deeply interconnected, collectively redefining both the scale and distribution of care needs and capacities.

These forces are already in motion. The question is not whether they will reshape care, but whether policies, institutions and investments will evolve quickly enough to respond to the scale of transformation underway. Left unaddressed, these trends risk deepening existing inequalities, intensifying pressures on households and communities, exacerbating care worker shortages and widening gaps in access to high-quality and affordable care – particularly for children, women, older persons, persons with disabilities, migrants, low-income populations and other groups in vulnerable situations.

At the same time, these transitions are generating new forms of policy experimentation, institutional adaptation and public recognition of care as essential social and economic infrastructure. The accelerating pressures documented in this chapter also create an opening to rethink how care is organized, financed and valued within societies and economies.



Chapter 4

The care landscape in Asia and the Pacific: systems, gaps and emerging responses



"The majority of our members are women domestic workers, either local domestic workers or migrant domestic workers, working in a very unorganized informal sector workforce, very scattered, with a very insecure home as a workplace."

—Sonia George, Executive Committee Member, International Domestic Workers Federation (IDWF)

Care systems across Asia and the Pacific reflect a diverse and uneven landscape shaped by differing demographic, social, economic and environmental realities, institutional capacities and policy frameworks. While important progress has been made in some contexts, many systems continue to rely heavily on unpaid and informal care and domestic work, with uneven access to infrastructure, fragmented services and insufficient social protection coverage.

- Progress in recognizing and strengthening care systems is emerging across the region but remains uneven and under-prioritized, with substantial differences across countries and subregions.
- Gaps in basic infrastructure, including water, sanitation, electricity, energy and transport, as well as digital connectivity and accessible built environments, increase time spent on unpaid care and domestic work, creating time poverty, particularly for women and girls in rural areas and geographically isolated communities.
- Social protection is expanding but remains largely tied to formal employment, leaving most informal care and domestic workers, who are disproportionately women, without adequate coverage or income security, while insufficient protection for children, persons with disabilities and older persons pushes even more care responsibilities onto households.
- Care services such as childcare, support for persons with disabilities and long-term care remain insufficient, fragmented and often unaffordable, while continued reliance on households is increasingly strained by population ageing, migration and changing household structures.
- Employment-related care policies for balancing work and care responsibilities remain limited, with wide gender gaps in policies including maternity, paternity and parental leave and persistent shortcoming in decent working conditions for paid care and domestic workers.

The previous chapters explained why care systems in Asia and the Pacific became unequal and fragmented and how demographic, economic, environmental and social forces are now reshaping them. This chapter turns to the present: how care is organized, financed and delivered across the region today. It maps the current landscape, examining the structural inequalities, institutional arrangements and policy gaps that determine who can access care and the conditions under which care is provided. It also traces the emerging responses and more integrated approaches that point towards comprehensive, inclusive and resilient care systems.

The overall picture is uneven and care remains under-prioritized even where its importance is acknowledged. Research on the region's policy response to the COVID-19 pandemic, the moment when care was most visible, illustrates the distance between recognition and action. Of the 746 policy measures reviewed, only 28 per cent (208 measures) were identified as care-sensitive, and 12 per cent (90 measures) specifically addressed women's gender-differentiated needs. If care commanded so little dedicated attention at the height of a crisis that ran on unpaid care, its structural neglect in ordinary times runs deeper still.[177]

177 ESCAP, *COVID-19 and the Unpaid Care Economy in Asia and the Pacific* (Bangkok, 2021). Available at https://www.unescap.org/sites/default/d8files/knowledge-products/2021_Regional_Report_Covid19-Care-Economy.pdf

Yet the landscape is not static. Across the region, governments are beginning to invest in care infrastructure and services, extend social protection and experiment with more integrated approaches. These are signs that care is moving, however unevenly, from the margins of policy towards its centre. Situating these developments within the broader social, economic, environmental and demographic transformations underway, this chapter identifies both the barriers that persist and the openings that are emerging for the future of care in the region.

To make sense of a landscape this varied, the chapter organizes its analysis around the four policy categories of ESCAP's Model Framework for Policy Action on the Care Economy (MFA): care infrastructure, care services, care-related social protection and employment-related care policies (see box 4.1).[178] The spotlight boxes are designed to highlight one specific aspect within a policy category for in-depth discussion and to showcase good practices from across the region. Examining each in turn shows not only where the deepest gaps lie, but where the most promising responses are taking shape.

4.1 Care infrastructure

Care infrastructure refers to the physical systems and facilities that enable and support paid and unpaid care work across households and communities. It encompasses access to clean water, sanitation, electricity, digital connectivity, safe transport and public spaces, cooking fuels, food procurement, utilities and housing, time- and energy-saving devices, technologies and domestic appliances and assistive technologies. It also includes the physical infrastructure through which care services are delivered, such as schools, hospitals, nursing and care homes and health clinics.[179]

Care infrastructure is foundational to the functioning of care systems, as its presence or absence directly shapes the volume and intensity of unpaid care and domestic work, particularly for women and girls. Where access to basic services such as piped water, reliable electricity, sanitation and thermally comfortable indoor spaces is inadequate, the time and physical effort required to sustain households increase significantly, contributing to what is commonly described as time poverty. In resource-constrained settings,

Box 4.1 ESCAP's Model Framework for Policy Action on the Care Economy

The Model Framework for Policy Action on the Care Economy is a practical guide for policymakers to better understand, assess and strengthen care systems in ways that support both social well-being and economic development. At its core, the MFA brings together four key components that provide a comprehensive approach to reducing, redistributing and recognizing care: (1) policy categories of care; (2) political economy of care; (3) normative principles; and (4) levers of change.

In particular, under (1) policy categories of care, the framework promotes four care-sensitive policy categories which act as the building blocks of inclusive and resilient care systems. The key categories for action focus on **care infrastructure, care-related social protection**, **care services**, and **employment-related care policies** (read more about the MFA in annex C).

Figure 4.1 Policy categories of care



178 Alongside the four policy categories, the Model Framework for Policy Action incorporates an analysis of the political economy of care and cross-cutting enablers – gender-responsive budgeting, care-related data and a whole-of-government approach. The Framework and the "5R" formulation operate on complementary axes: the five "Rs" name the outcomes that care policy seeks for care work, while the Model Framework organizes the instruments through which governments pursue them, in the categories that budgets, ministries and legislation actually use. A single investment under the Framework typically advances several of the "Rs" at once. Care services, for instance, can reduce and redistribute unpaid care while creating paid care jobs that are rewarded and represented.

179 ESCAP, *Policymakers' Toolkit for Valuing Unpaid Care, Part 2: Model Framework for Policy Action on the Care Economy: Concept Paper* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/82cfd9f5-4474-4f25-9490-21923c173f31/content



Students wash their hands at a community high school in Solomon Islands. © UNDP

inadequate infrastructure can force women and girls to travel long distances to obtain water, food, cooking and household fuels. This can consume hours each day, reducing the time available for rest, self-care, education, decent work, income and participation in public life and reinforcing existing gender inequality. These responsibilities are not distributed evenly among women and girls. Women and girls with disabilities are also disproportionately likely to provide care and support compared with men with disabilities. Yet they face compounding disadvantages: they report greater difficulty accessing water, sanitation and transport than women without disabilities,[180] leaving them disproportionately affected by the infrastructure deficits.

Inadequate infrastructure also exposes women and girls to serious health and safety risks. In 2023, approximately 1 billion people still relied on unhealthy and polluting cooking options.[181] In Oceania (excluding Australia and New Zealand), over 80 per cent of the population used traditional cooking fuels in 2024.[182] Limited access to clean cooking and household fuels, particularly in rural areas, increases exposure to harmful indoor air pollution, while unsafe public spaces and insecure transport systems heighten risks to personal safety when collecting water, food or fuel. Lack of electricity and refrigeration in rural areas, including in healthcare facilities, limits access to healthcare. For example, mothers and their newborns may not have access to critical medical care, medicines or vaccines.

Climate change and environmental degradation are further intensifying these risks, as limited access to clean energy forces continued reliance on polluting fuels that damage health, while increased food insecurity adds to the burden of subsistence food production and preparation that falls disproportionately on women and girls (see section 3.4). Rapid urbanization is also widening disparities in access to infrastructure and services between urban and rural areas (see section 3.3).

Conversely, investment in accessible, affordable and quality care infrastructure can generate substantial social and economic benefits. Such investment supports caregivers, provides a physical foundation for care services for children, persons with disabilities, older persons and other groups in vulnerable situations, and strengthens community resilience in the face of climate change while helping address inequalities linked to place of residence. Research has shown that the availability of equipment and tools can also encourage men to take on greater responsibility for care and domestic work, helping to address social norms.[183]

Water and sanitation

Safe water and adequate sanitation are essential to health, well-being and livelihoods, yet access remains uneven across Asia and the Pacific (figure 4.2). While access to drinking water services has steadily improved across all subregions, significant disparities persist, particularly in rural areas of the Pacific, where one in three people still lacks access to basic drinking water services.[184] Urban areas in most countries and territories have achieved near-universal access, but rural communities continue to face major gaps. Among rural populations of Papua New Guinea, Mongolia, Kiribati and Solomon Islands, less than 70 per cent of the population

180 UN Women, *Towards a Better Future: Strengthening Gender-Responsive and Disability-Inclusive Transformative Care and Support* (New York, 2026). Available at https://www.unwomen.org/sites/default/files/2026-04/towards-a-better-future-en.pdf

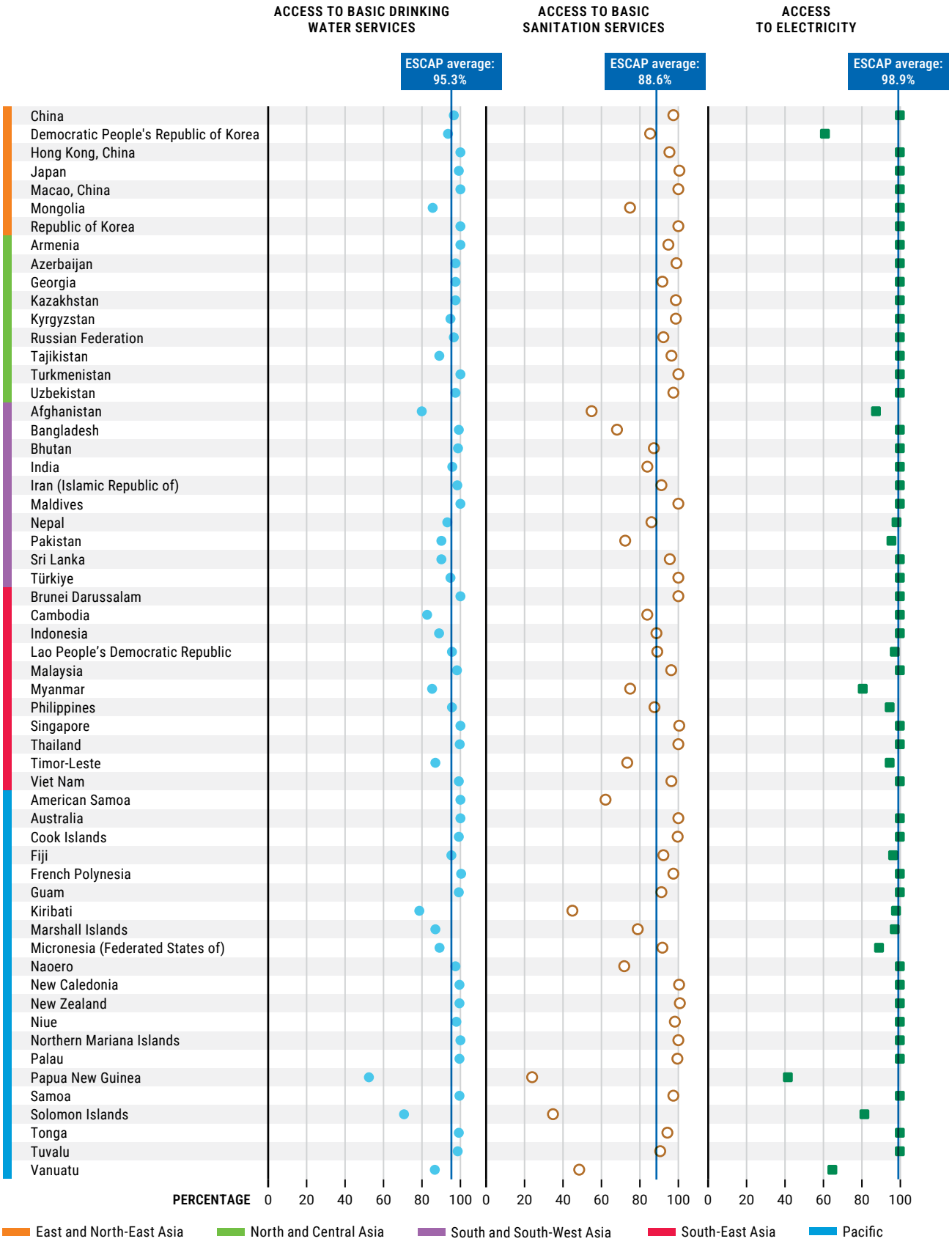
181 ESCAP, *Transforming energy systems for a low carbon future in Asia and the Pacific* (United Nations publication, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/814d1f10-e8d7-45df-98f2-8b1f3d8eb57d/content

182 SDG Global Database, "Indicator 7.1.2, Series: Proportion of population with primary reliance on clean fuels and technology (%)". Available at https://unstats.un.org/sdgs/dataportal/database (accessed on 18 August 2026).

183 Lucia Aline Rost, "'By sharing work we are moving forward': change in social norms around men's participation in unpaid care work in Northern Uganda", *Oxford Development Studies*, vol. 49, No. 1 (2020). Available at https://doi.org/10.1080/13600818.2020.1869926

184 ESCAP SDG Gateway, "Indicators by SDG: 1.4.1 – Access to basic water and sanitation services". Available at https://dataexplorer.unescap.org/ (accessed on 18 August 2026).

Figure 4.2 **Proportion of population with access to basic drinking water services, basic sanitation services and electricity in Asia and the Pacific, latest available year**



Source: ESCAP elaboration based on ESCAP SDG Gateway, "Indicators by SDG: 1.4.1 – Access to basic water and sanitation services" and "Indicators by SDG: 7.1.1 – Access to electricity". Available at https://dataexplorer.unescap.org/vis (accessed on 11 August 2026).

Note: All data are from 2024, except for access to basic drinking water services: Democratic People's Republic of Korea (2023) and Micronesia (Federated States of) (2020); and for access to basic sanitation services: Democratic People's Republic of Korea (2023), Micronesia (Federated States of) (2020) and Tajikistan (2023).

have access to drinking water.[185] This significantly increases the time spent on water collection. Research in rural areas of Pakistan has shown that women walk up to three hours to collect water, which is then consumed within half a day.[186]

Inequality is even more pronounced for sanitation services (figure 4.2). Although sanitation access has improved across the region, especially in Southern Asia, the Pacific continues to record the lowest levels of coverage, with nearly one in five people lacking access to basic sanitation.[187] In several lower-middle- and low-income countries, access remains particularly limited in rural areas. Open defecation is still common in rural areas of countries such as Papua New Guinea and Solomon Islands, where only two out of ten people have access to basic sanitation services.[188] Women and girls with disabilities are significantly affected. Research from Vanuatu shows that they are five times more likely to use separate bathing facilities,[189] largely because of accessibility barriers. In Nepal, similar barriers can mean that women and girls with disabilities require physical assistance to use toilets or bathe,[190] increasing the responsibilities of caregivers, usually mothers and sisters.

Recent efforts, including the introduction of water safety plans in countries such as Bangladesh, Cambodia, Mongolia, the Philippines and Viet Nam, have expanded access to safer drinking water for millions of people.[191]

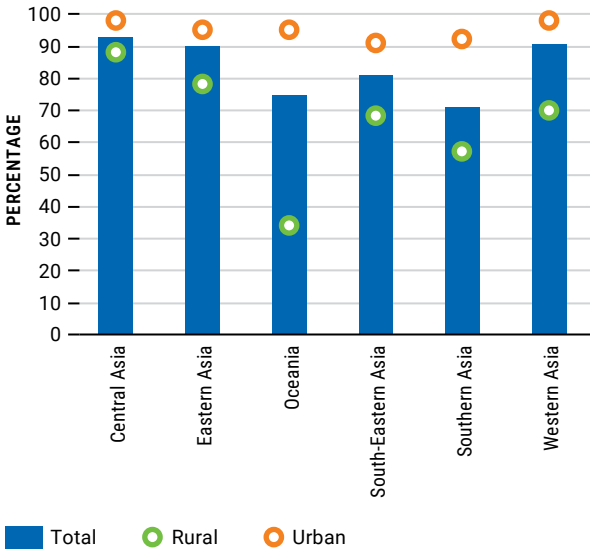
Electricity, clean fuel and technologies

Access to electricity is nearly universal across most subregions in Asia and the Pacific, with the Pacific remaining a notable exception despite experiencing rapid gains in electrification in recent years (figure 4.2). Most Pacific Island countries are remote with small populations, so providing electricity is difficult and expensive. In Papua New Guinea and Vanuatu, more than 40 per cent of the rural population do not have access to electricity.[192] In other Pacific countries, many low-income households still use little electricity because of its high cost, even where access is readily available. With limited access to electricity, essential care and domestic tasks, such as food preparation and conservation, water heating, washing and laundry, become more time- and labour-intensive.

Over the past decade, the region has made significant progress in expanding the use of clean fuels and technologies for cooking and household energy. Reliable electricity provides a foundation for adopting cleaner fuels and modern energy technologies, so further electrification of remote and outer island communities could help accelerate the transition towards more sustainable energy systems in the Pacific. Limited access to clean fuels and technologies, particularly in rural areas, increases exposure to harmful indoor air pollution from the use of solid fuels.

Substantial disparities also persist between urban and rural areas across the region, both in access to electricity and in the use of clean fuels and technologies, with rural households continuing to rely disproportionately on traditional energy sources. The Oceania subregion has the widest urban-rural gap (figure 4.3).

Figure 4.3 Proportion of population with primary reliance on clean fuels and technology in Asia and the Pacific by subregion and place of residence, 2024



Source: ESCAP elaboration based on the SDG Global Database, "Indicator 7.1.2, Series: Proportion of population with primary reliance on clean fuels and technology (%)". Available at https://unstats.un.org/sdgs/dataportal/database (accessed on 11 August 2026).

Initiatives are also emerging across the region to address these gaps. For example, India's landmark liquefied petroleum gas (LPG) cooking fuel programme for women, the Pradhan Mantri Ujjwala Yojana (PMUY), launched in 2016 by the Government, provides deposit-free LPG connections to women from economically disadvantaged households to replace traditional polluting fuels such as firewood and cow dung.[193] Experiences in Tuvalu have shown that

185 Ibid.

186 Oxfam, "Caregivers at the frontline of addressing the climate crisis", *Gender & Development*, vol. 28, NO. 3 (2020). Available at https://doi.org/10.1080/13552074.2020.1833482

187 ESCAP SDG Gateway, "Indicators by SDG: 1.4.1 - Access to basic water and sanitation services". Available at https://dataexplorer.unescap.org/ (accessed on 18 August 2026).

188 Ibid.

189 Jane Wilbur and others, "'The weather is not good': exploring the menstrual health experiences of menstruators with and without disabilities in Vanuatu", *Lancet Regional Health – Western Pacific*, vol. 100325 (2022). Available at https://doi.org/10.1016/j.lanwpc.2021.100325

190 Jane Wilbur and others, "Qualitative study exploring the barriers to menstrual hygiene management faced by adolescents and young people with a disability, and their carers in the Kavrepalanchok district, Nepal", *BMC Public Health*, vol. 21 (2021), 476. Available at https://doi.org/10.1186/s12889-021-10439-y

191 Ang Raksmey and Melita Grant, "From Guidelines to Action: Strengthening Climate-Resilient Water Safety Planning for Inclusive Water, Sanitation and Hygiene Services in Cambodia", Policy Brief 2025 No. 02 (Phnom Penh, 2025). Available at https://cdri.org.kh/storage/pdf/PB2025-2e%20Guidelines%20to%20Action_1762836032.pdf; and OECD and WHO, "Water and sanitation", in *Health at a Glance*: Asia/Pacific 2024 (Paris, 2024). Available at https://www.oecd.org/en/publications/health-at-a-glance-asia-pacific-2024_51fed7e9-en/full-report/water-and-sanitation_03a925fb.html

192 ESCAP SDG Gateway, "Indicators by SDG: 7.1.1 – Access to electricity" Available at https://dataexplorer.unescap.org/ (accessed on 18 August 2026).

193 India, Ministry of Petroleum and Natural Gas, "Pradhan Mantri Ujjwala Yojana", (n.d.). Available at https://web.umang.gov.in/landing/scheme/detail/pradhan-mantri-ujjwala-yojana_pmuy.html (accessed on 29 September 2026)



A wheelchair user on a street in Thailand. © ESCAP/Osama Rajkhan

community-based biogas systems can create opportunities for more collaborative approaches to household cooking and contribute to challenging traditional gender roles.[194]

Safe transport

Safe and accessible transport infrastructure remains uneven across Asia and the Pacific, with significant implications for access to employment, education, healthcare and care services.

Available data indicate that over 80 per cent of the population in Oceania (excluding Australia and New Zealand), and nearly half of the population in the rest of Asia lacked convenient access to public transport in 2020.[195] Across the region's urban areas, around 1.4 billion people lacked efficient access to public transport in 2023.[196] Rural access also varies considerably, with Pacific small island developing States recording some of the lowest connectivity levels. For persons with disabilities, these challenges are even more pronounced. They face up to 15 times greater restrictions on participation and mobility due to inaccessible and unaffordable transport. Women and girls with disabilities and those caring for someone with a disability face even greater barriers to personal mobility[197], making already inadequate transport systems particularly exclusionary for them. Moreover, travel by paid care and domestic workers can impose significant time and financial costs that they must bear personally, directly shaping the opportunities available to them.

At the same time, governments across the region are increasingly prioritizing integrated and sustainable urban mobility. Policy reviews across 36 Asian countries show growing adoption of transport-oriented development, urban density measures and explicit accessibility targets. Examples include Indonesia's commitment to develop six metropolitan cities with mass transport systems and Singapore's target of ensuring that 80 per cent of households are within a 10-minute walk of a train station by 2030.[198] These efforts reflect increasing recognition of the role of accessible and efficient transport systems in promoting inclusive care systems and sustainable urban development.[199]

194 J. Hussain and others, "Biogas systems in Tuvalu: Gender impact assessment", Policy Brief No. 2 (Suva, 2025). Available at https://www.spc.int/DigitalLibrary/Doc/SPC/Unsorted/Policy_Brief_No_2__Biogas_systems_in_Tuvalu.pdf

195 SDG Global Database, "Indicator 11.2.1, Series : Proportion of population that has convenient access to public transport (%)". Available at https://unstats.un.org/sdgs/dataportal/database (accessed on 18 August 2026).

196 Sudhir Gota and others, "A Dashboard for Sustainable Transport in Asia and the Pacific", Asian Transport Observatory, 23 May 2025. Available at https://asiantransportobservatory.org/analytical-outputs/sdg-and-decade-of-action-2025 (accessed on 13 August 2026).

197 Office of the United Nations High Commissioner for Human Rights (OHCHR), *Disability-inclusive infrastructure, including transport and housing* (Geneva, 2026). Available at https://digitallibrary.un.org/record/4100625?v=pdf#files.

198 Sudhir Gota and others, "A Dashboard for Sustainable Transport in Asia and the Pacific", Asian Transport Observatory, 23 May 2025. Available at https://asiantransportobservatory.org/analytical-outputs/sdg-and-decade-of-action-2025 (accessed on 13 August 2026).

199 Ibid.

Physical infrastructure for care delivery

Despite progress across the region, significant disparities persist in the availability, quality and accessibility of the physical infrastructure for care delivery, particularly between urban and rural areas and across income levels.

Schools constitute a critical component of care infrastructure, providing not only education but also supervision, nutrition, recreational facilities and before- and after-school care services that reduce care responsibilities for households (see section 4.2).[200] However, significant inequalities in school infrastructure persist across Asia and the Pacific, particularly in access to water, sanitation and hygiene (WASH), undermining children's health and learning while increasing care responsibilities for households. In 2019, Eastern Asia recorded the highest levels of access: more than 97 per cent of primary schools had drinking water services and over 96 per cent had handwashing facilities. South-East Asia lagged behind, with only around two thirds of schools having access to drinking water and fewer than three quarters having handwashing facilities.[201] The COVID-19 pandemic further demonstrated the key role of schools in care systems. When schools closed, this care function was withdrawn, shifting care responsibilities onto households, particularly women.[202]

Healthcare infrastructure also varies considerably across the region. Hospitals account for the largest share of healthcare expenditure in most countries and territories in Asia and the Pacific, but the availability of hospital beds varies widely. While Japan, Mongolia, the Democratic People's Republic of Korea and the Republic of Korea have relatively high bed capacity, several countries, including Papua New Guinea, Nepal, Pakistan, Cambodia and Bangladesh, have fewer than one hospital bed per 1,000 population.[203] Limited healthcare infrastructure constrains access to essential and long-term care services, especially in lower-income and rural areas, placing additional pressure on households and informal caregivers.

Childcare infrastructure has also expanded across the region, with many governments establishing regulatory frameworks covering safety, hygiene, nutrition, physical facilities and caregiver-to-child ratios. Initiatives such as Bangladesh's Child Day Care Centre Act and Singapore's preschool accreditation framework demonstrate growing attention to quality assurance and standards. However, implementation gaps remain widespread due to inadequate financing, weak monitoring systems and shortages of qualified staff.[204] As a result, many childcare centres continue to struggle to meet minimum standards for safe, affordable and high-quality care, limiting their ability to effectively support children's development.

Care infrastructure for older persons has expanded significantly in recent decades across the region. Japan, the Republic of Korea and China, for example, have seen steady or rapid growth in care facilities. China alone had 116,000 facilities by 2015 following a government-driven construction boom.[205] However, capacity has not kept pace with rapidly ageing populations and occupancy and coverage remain uneven. Although not strictly comparable because of differences in definitions and data sources, in Japan, 5.9 per cent of older persons aged 65 or over live in care facilities, compared with 3.2 per cent in Myanmar.[206] Countries such as Viet Nam, Malaysia and Indonesia still show very low proportions of older persons living in facilities.[207] Beyond supply gaps, deeper tensions persist around cultural norms, as placing parents in care facilities carries social stigma in many societies and research consistently links living arrangements to older persons' mental health and subjective well-being.[208]

Day-care and support centres for persons with disabilities are an important component of care infrastructure, providing community-based services that promote independent living while supporting households and caregivers. These facilities typically offer rehabilitation and therapy, personal care, assistive technology, psychosocial support, skills development and respite care. Such community-based services are available across much of Asia and the Pacific. Examples include the integrated community rehabilitation center and respite services in Hong Kong, China[209] and the nationwide disability service centers in Thailand, both of which provide community-based care and support.[210] However, service coverage remains uneven, particularly in rural and lower-income settings, with persistent challenges including workforce shortages, inadequate financing and fragmented service delivery. These gaps leave households, especially women, providing substantial unpaid care and support for family members with disabilities and limiting the independence of persons with disabilities.

200 New South Wales, Department of Planning, Housing and Infrastructure, "Education and Child Care Infrastructure", 7 July 2026. Available at https://www.planning.nsw.gov.au/policy-and-legislation/infrastructure/transport-and-infrastructure-sepp/education-and-child-care-infrastructure#-early-childhood-education-and-care-facilities- (accessed on 7 August 2026).

201 UNESCO, *Regional Report for Asia-Pacific: Education Starts Early – Progress, Challenges and Opportunities* (Paris, 2023). Available at https://unesdoc.unesco.org/ark:/48223/pf0000387860/PDF/387860eng.pdf.multi

202 ESCAP, *The COVID-19 Pandemic and the Care Economy in Asia and the Pacific* (Bangkok, 2021). Available at https://www.unescap.org/sites/default/d8files/knowledge-products/2021_Regional_Report_Covid19-Care-Economy.pdf

203 OECD and WHO, *Health at a Glance*: Asia/Pacific 2024 (Paris, 2024). Available at https://www.oecd.org/content/dam/oecd/en/publications/reports/2024/11/health-at-a-glance-asia-pacific-2024_2cea11ae/51fed7e9-en.pdf.

204 ILO and ADB, *Investments in Childcare for Gender Equality in Asia and the Pacific* (Geneva and Manila, 2023). Available at https://www.adb.org/sites/default/files/publication/898371/investments-childcare-gender-equality-asia-pacific.pdf

205 Reiko Hayashi, *Demand and Supply of Long-term Care For Older Persons in Asia* (Jakarta, 2019). Available at https://www.eria.org/uploads/Demand-and-Supply-of-Long-term-Care-For-Older-Persons-in-Asia.pdf

206 Ibid.

207 Ibid.

208 ADB, *Aging Well in Asia: Asian Development Policy Report 2024* (Manila, 2024). Available at https://www.adb.org/sites/default/files/publication/964571/asian-development-policy-report-2024.pdf.

209 Hong Kong, China, Social Welfare Department, "Integrated Community Rehabilitation Centre", (n.d.). Available at https://www.swd.gov.hk/en/pubsvc/rehab/cat_supportcom/centrebase/icrc/ (accessed on 29 September 2026)

210 Thailand, Office of Social Development and Human Security. "Benefits for the disabled." Available at https://loei.m-society.go.th/?page_id=3732& (accessed on 29 September 2026)

Box 4.2 Spotlight: time- and energy-saving devices, technologies and domestic appliances

Across Asia and the Pacific, policies related to time- and energy-saving devices, technologies and domestic appliances are expanding primarily through energy efficiency, electrification and renewable energy agendas. The region has seen growing investment in distributed renewable energy systems, clean cooking technologies, energy-efficient buildings, smart grids and digital energy management systems. Access to electricity increased from around 80 per cent of the population in 2000 to 98.6 per cent in 2023, bringing the region close to universal access.[1] However, access to clean cooking fuels remains significantly lower, leaving nearly one billion people dependent on polluting fuels, with women, children and persons with disabilities disproportionately affected.[2]

Energy poverty is particularly prevalent in remote and rural areas and disproportionately affects women, who are often the main household energy users. It also carries broader socioeconomic costs by limiting access to healthcare, education and livelihood opportunities. For example, wealthier households are generally better positioned to adopt rooftop solar systems, efficient appliances and other distributed technologies, while low-income and rural households often continue to rely on inadequate infrastructure and unreliable energy systems.

Despite the expansion of energy and technology policies, the integration of care considerations remains limited. Explicit policies linking time- and energy-saving domestic technologies to reductions in unpaid care and domestic work are still underdeveloped. Existing policy frameworks largely prioritize decarbonization, energy security, energy access and economic efficiency, with insufficient attention to the ways household technologies can reduce women's time poverty and unpaid responsibilities. In Asia and the Pacific, women spend up to 20 per cent of their weekly active time on manual laundry alone, often carrying clothes to distant water sources or fetching heavy water containers along slippery paths. Tools such as the Divya, a hand-cranked machine that uses less water and reduces washing time by 80 per cent, show how technology can make washing and laundry far less labour-intensive.[3] Interventions to expand access to technology should be accompanied by gender-transformative measures that promote the redistribution of household responsibilities and income-generating opportunities for women in the energy sector.

At the same time, energy data systems across the region remain fragmented, with insufficient information on household-level energy use, appliance ownership and end-use consumption. Although increasingly sophisticated data are available on renewable energy deployment and energy efficiency, there is still little systematic integration of gender, care and household technology data.[4] This constrains governments' ability to design evidence-based policies that explicitly address unpaid care and domestic work.

Some governments have introduced initiatives that demonstrate the potential of time- and energy-saving technologies to reduce the time and effort required for care and domestic work, particularly for women and girls. In **the Marshall Islands**, young women were trained in the assembly, delivery and installation of solar photovoltaic refrigerators and freezers for remote island communities. As primary users of household refrigeration, women benefited from improved food storage capacity, reducing the time and effort required to obtain and preserve food.[5] In **Tajikistan**, the introduction of energy-efficient stoves made from locally available materials significantly reduced women's cooking time and fuel consumption, with some households reporting nearly 50 per cent savings in time. The improved stoves also reduced smoke exposure and contributed to healthier household environments.[6]

1 ESCAP, *Regional Trends Report on Energy for Sustainable Development 2025: Transforming Energy Systems for a Low Carbon Future in Asia and the Pacific* (Bangkok, 2025)

2 Ibid.

3 ADB, *Share the Load: Launching the Laundry Movement with the Water Community* (Manila, 2025). Available at https://www.adb.org/sites/default/files/publication/1077651/share-load-laundry-movement.pdf

4 ESCAP, *Regional Trends Report on Energy for Sustainable Development 2025: Transforming Energy Systems for a Low Carbon Future in Asia and the Pacific* (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/814d1f10-e8d7-45df-98f2-8b1f3d8eb57d/content

5 Republic of the Marshall Islands, *National Review Report for Beijing+30 Platform for Action (1995)* (Majuro, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-06/Marshall%20Islands%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20%282024%29.pdf

6 Tajikistan, *National Review for Implementation of the Beijing Platform for Action* (Dushanbe, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-06/Tajikistan's%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20(2024).docx

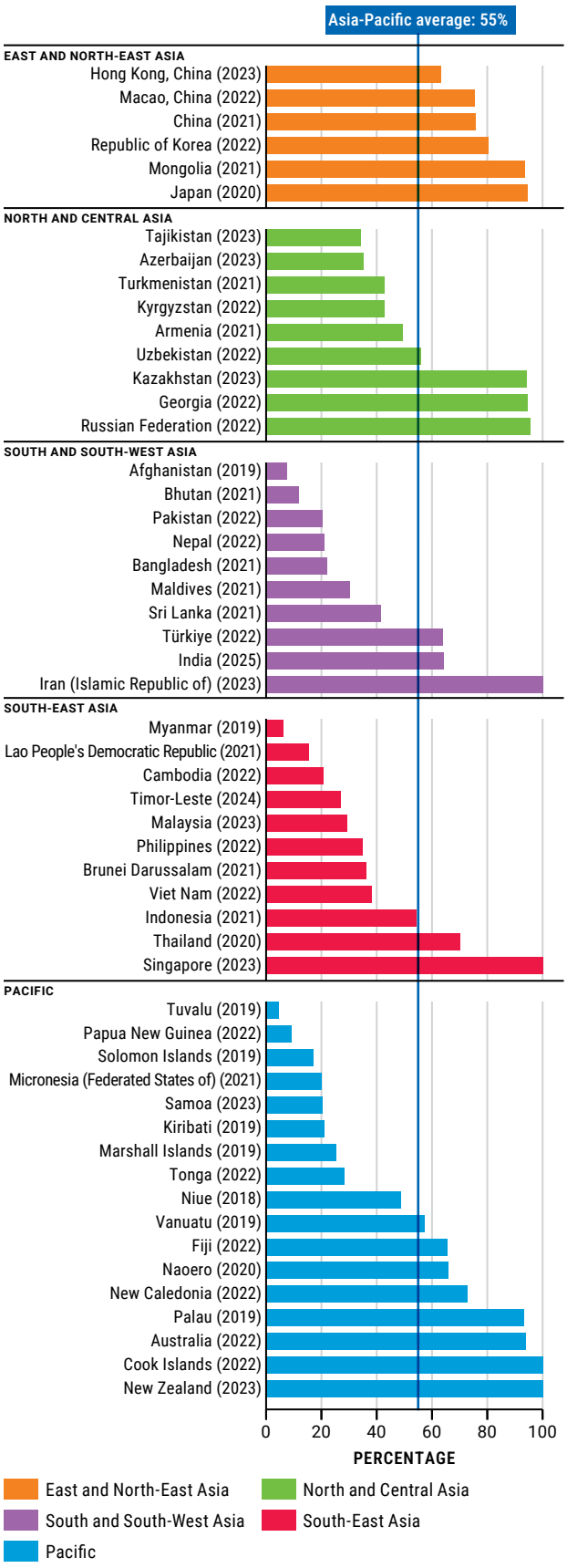
4.2 Care-related social protection

Care-related social protection refers to social protection schemes that reduce poverty, vulnerability and social exclusion across the life course while responding to care-related contingencies in individuals' lives.[211] These schemes include social assistance and social insurance programmes, delivered through instruments such as cash transfers, cash-for-care, vouchers, tax benefits, subsidies, health coverage and disability or sickness allowances.[212] This section focuses primarily on non-contributory and publicly supported schemes, while employment-linked and contributory schemes are discussed further under employment-related care policies.

Asia and the Pacific has made progress in extending social protection coverage across major life-course contingencies for children, persons with disabilities, people of working age and older persons.[213] The proportion of the population covered by at least one social protection benefit increased from 41 per cent in 2015 to 55 per cent in 2023.[214]

Contributory schemes remain limited in their ability to reach many unpaid caregivers and informal workers, as access to these schemes is often tied to formal employment and continuous contributions. Across Asia and the Pacific, there are more than 1.3 billion informal workers in 2026,[215] representing approximately 66 per cent of total employment in the region.[216] Women are disproportionately represented in domestic work, care work and home-based work, where informality is common and social protection coverage is often limited.[217] Around 63 per cent of the female workforce in Asia and the Pacific is in informal employment and may therefore have limited access to contributory schemes, which are typically designed for formal employment.[218] Women's informal employment varies across subregions and is particularly high in South and South-West Asia and South-East Asia.[219]

Figure 4.4 Proportion of population covered by at least one social protection benefit in Asia and the Pacific, latest available year



Source: ESCAP elaboration based on ESCAP SDG Gateway, "Indicators by SDG: 1.3.1 – Population covered by social protection floors/systems". Available at https://dataexplorer.unescap.org/vis (accessed on 11 August 2026)

211 ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_633135.pdf; and ILO, *World Social Protection Report 2024–26: Universal Social Protection for Climate Action and a Just Transition* (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf; and ILO, *World Social Protection Report 2024–26: Universal Social Protection for Climate Action and a Just Transition* (Geneva, 2024). Available at https://researchrepository.ilo.org/esploro/outputs/report/World-social-protection-report-2024-26-Universal/995382292502676/filesAndLinks?index=0

212 ESCAP, *Policymakers' Toolkit for Valuing Unpaid Care, Part 2: Model Framework for Policy Action on the Care Economy: Concept Paper* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/82cfd9f5-4474-4f25-9490-21923c173f31/content

213 ESCAP, *Protecting Our Future Today: Social Protection in Asia and the Pacific – Social Outlook for Asia and the Pacific* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/27224ede-c0ca-4067-a792-3b63e45f6a3f/content

214 Ibid.

215 ILOSTAT, "Informal employment by sex – ILO modelled estimates, Nov. 2025 (thousands) – Annual". Available at https://rshiny.ilo.org/dataexplorer91/?lang=en&segment=indicator (accessed on 18 August 2026).

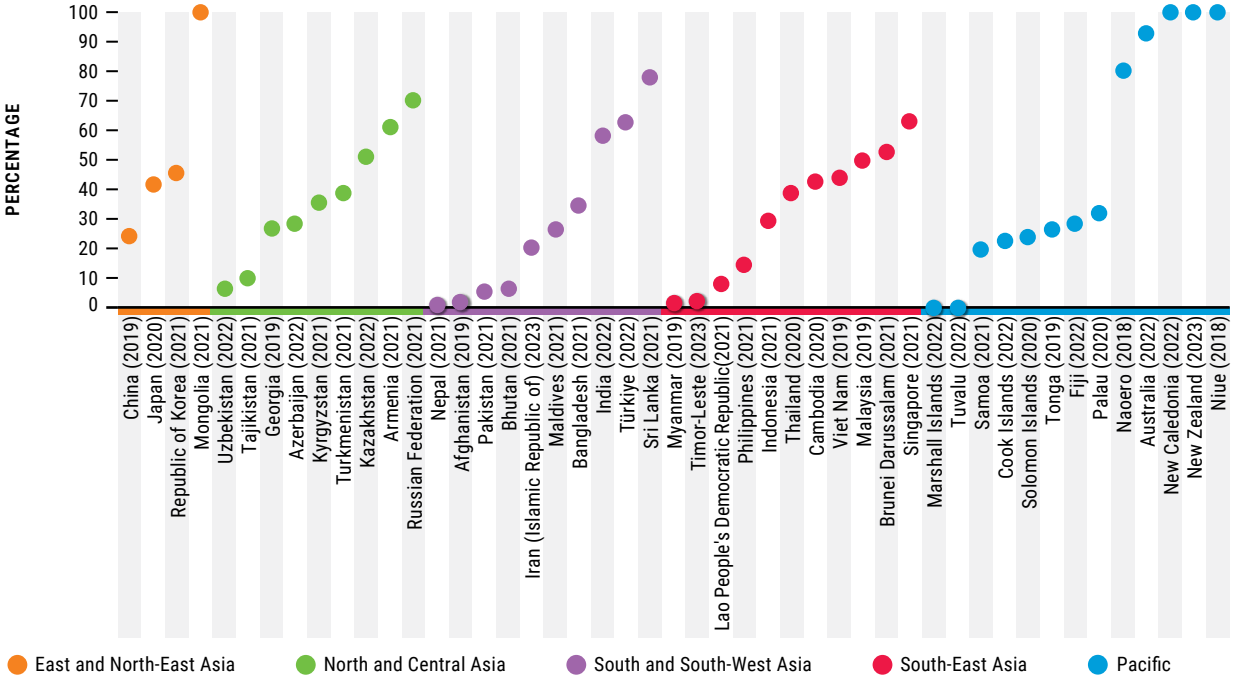
216 ILOSTAT, "Informal employment by sex – ILO modelled estimates, Nov. 2025 (%) – Annual". Available at https://rshiny.ilo.org/dataexplorer91/?lang=en&segment=indicator (accessed on 29 September 2026).

217 ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific – Social Outlook for Asia and the Pacific* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/27224ede-c0ca-4067-a792-3b63e45f6a3f/content.

218 ILOSTAT, "Informal employment rate by sex – ILO modelled estimates, Nov. 2025 (%) – Annual". Available at https://rshiny.ilo.org/dataexplorer77/?lang=en&segment=indicator (accessed on 18 August 2026).

219 ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific – Social Outlook for Asia and the Pacific* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/27224ede-c0ca-4067-a792-3b63e45f6a3f/content.

Figure 4.5 Proportion of mothers with newborns receiving cash benefits in Asia and the Pacific, latest available year



Source: ESCAP elaboration based on ESCAP SDG Gateway, "Indicators by SDG: 1.3.1 – Population covered by social protection floors/systems". Available at https://dataexplorer.unescap.org/vis (accessed on 11 August 2026)

Care-related social protection is therefore essential for making social protection systems more compatible with the realities of care. Priority should be given to scalable, fiscally sustainable reforms that extend coverage to informal workers, unpaid caregivers and groups facing high care-related costs, while supporting the well-being and development of care recipients across the life course.

Care-related social protection schemes across the life course

Care responsibilities do not arise at a single stage of life. They accumulate across childbirth, early childhood, disability-related care and support, long-term care and care for older persons, often interacting with women's employment trajectories and lifetime earnings. Care-related social protection schemes help households manage care responsibilities and reduce the financial risks associated with care. They can also strengthen resilience during periods of economic uncertainty and other shocks that increase care needs. However, their effectiveness depends on being complemented by accessible care services and policies that support the recognition, reduction and redistribution of unpaid care responsibilities.

—At birth: maternity, paternity and parental cash benefits

Maternity, paternity and parental benefits are among the most established forms of care-related social protection. They provide income security during childbirth and early childcare, helping protect mothers and newborns while supporting parents', especially mothers', continued labour-market participation. They also contribute to infants' healthy development by enabling parents to provide care during the early years of life.

Coverage of maternity cash benefits across the region has improved but remains incomplete. ILO data show that the share of women giving birth who receive maternity cash benefits in Asia and the Pacific increased from 25.8 per cent in 2015 to 38.4 per cent in 2023.[220] Country-level data also show wide variation: Figure 4.5 shows universal coverage in Mongolia, New Caledonia, New Zealand and Niue, but very low or no coverage in some other countries. While maternity cash benefits provide important income support following childbirth, they are only one component of family support. More equal sharing of childcare also depends on complementary employment-related measures, including maternity, paternity and parental leave, as discussed in section 4.4.

Unconditional cash transfers to mothers are also implemented by policymakers to enable women to control spending directly, without the cost or delay of verifying compliance required by conditional programmes. India shows this trend at considerable scale. Unconditional cash transfer programmes to women in India reached over 130 million beneficiaries as of 2024, at an annual cost of 0.6 per cent of GDP. Such transfers can raise calorie intake, improve dietary diversity and narrow gender gaps in food consumption within households, in addition to supporting children's development.[221]

220 ILO, *World Social Protection Report 2024–26: Universal Social Protection for Climate Action and a Just Transition* (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/2024-09/WSPR_2024_EN_WEB_1.pdf.

221 National Bureau of Economic Research (NBER), "Maternal Cash Transfers for Gender Equity and Child Development: Experimental Evidence from India", Working paper No. 32093 (Cambridge, 2024). Available at https://www.nber.org/system/files/working_papers/w32093/w32093.pdf (accessed on 3 August 2026).

– In early childhood: child and family benefits

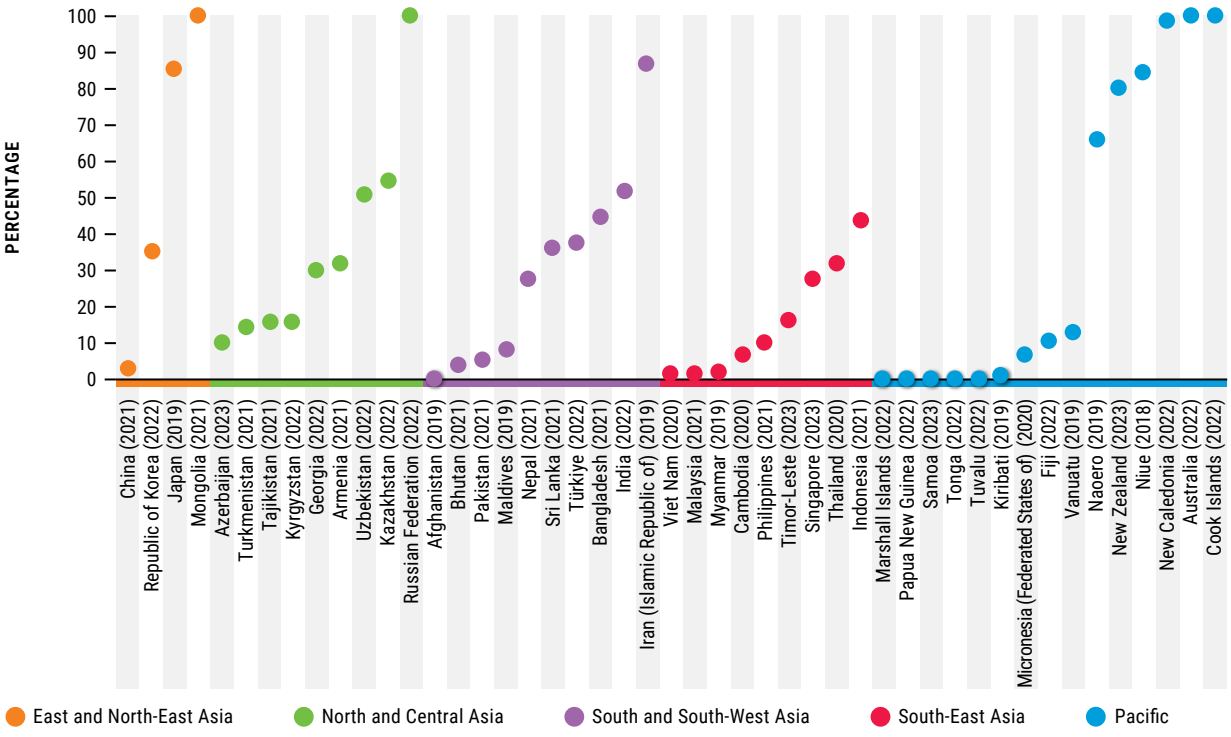
Child and family benefits extend care-related social protection beyond childbirth by helping households manage the ongoing costs of raising children. They complement maternity cash benefits but serve a different function. Maternity cash benefits provide income protection around childbirth and newborn care, while child and family benefits support the longer-term costs of raising children. Together, they create a continuum of support from birth through early childhood. Moreover, by strengthening household resources, these benefits support children's well-being and development and can reduce the need for children, particularly girls, to take on caregiving responsibilities that interfere with their education.

Only around one in five children in Asia and the Pacific is covered by child benefits.[222] Country-level data also show wide variation: in some countries, the proportion of children or households receiving child/family cash benefits reaches universal or near-universal levels, while in many others coverage remains below 10 per cent (figure 4.6). This limited coverage means that many households continue to manage child-related costs without adequate public support, often absorbing these costs through women's unpaid care work, reduced working hours or withdrawal from paid work.

Beyond cash benefits, child-related social protection also includes social assistance such as school meals, education subsidies and vouchers for children in income-poor households. These measures help reduce the everyday costs of childcare, nutrition and education and can ease household care pressures even when they are not delivered as direct cash transfers.

School meal programmes are a particularly important component of child-sensitive social protection. They are a cost-effective investment in children's well-being, with an estimated global return of $9 for every $1 invested.[223] According to 2022 data, 19 of 23 surveyed countries in Asia and the Pacific have adopted national school feeding policies.[224] India, Kyrgyzstan, the Lao People's Democratic Republic, Nepal, Sri Lanka and Tajikistan recognize school meals as a key social safety net, with countries such as Cambodia and Indonesia expanding towards universal, government-led provision. Bhutan, India and the Philippines have already achieved full national ownership of these programmes.[225] School meal programmes not only support children's nutrition, health and learning, but also help keep children in school. They can also reduce the risks of child labour, early marriage and exploitation, while promoting greater inclusion and equal opportunities.

Figure 4.6 Proportion of children/households receiving child/family cash benefits in Asia and the Pacific, latest available year



Source: ESCAP elaboration based on ESCAP SDG Gateway, "Indicators by SDG: 1.3.1 – Population covered by social protection floors/systems". Available at https://dataexplorer.unescap.org/vis (accessed on 11 August 2026)

222 ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific – Social Outlook for Asia and the Pacific* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/27224ede-c0ca-4067-a792-3b63e45f6a3f/content.

223 UNESCO, *School health and nutrition programming in Asia-Pacific: A snapshot* (Bangkok, 2025). Available at https://unesdoc.unesco.org/ark:/48223/pf0000393838/PDF/393838eng.pdf.multi

224 Ibid.

225 ESCAP, *Protecting our Future Today: Social Protection in Asia and the Pacific – Social Outlook for Asia and the Pacific* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/27224ede-c0ca-4067-a792-3b63e45f6a3f/content



A grandfather helps his granddaughter get ready for school in Poipet, Cambodia. © UN Women/Nicholas Axelrod

–During prime working ages: caregiver support and disability benefits

During prime working ages, care-related social protection is often less visible than support linked to childbirth, childhood or old age. Yet this is the stage when many people, especially women, combine paid work with childcare, care for older persons, disability-related care and support or care for family members with illness. These pressures can reduce working hours, push women into informal work or lead them to leave paid employment altogether.[226]

In Asia and the Pacific, care responsibilities are strongly associated with gender gaps in labour force participation. Among parents aged 25–54 living with children under age 6, women's labour force participation is consistently lower than men's across all country income groups. The gap is especially large in low-income countries, where only 22.8 per cent of women living in a couple with children under age 6 participate in the labour force compared with 86.4 per cent of men in comparable households, and in lower-middle-income countries, where the figures are 36.2 per cent and 96.5 per cent, respectively.[227]

Caregiver allowances can provide much-needed income support for unpaid caregivers, but their effects on gender equality and women's labour force participation also depend on factors such as the length of leave or allowances, whether they are cash-based or in-kind, whether they are means-tested and the availability of formal care services. A World Bank review focused on Europe and Central Asia, drawing also on comparative evidence from other countries, indicates that means-tested allowances, as in Australia and the United Kingdom, may reduce hours of non-care-related work, while in Germany in-kind benefits have encouraged caregivers to increase their labour supply, whereas cash benefits discouraged paid work – a pattern that may cement the provision of care as a low-wage, low-status activity.[228] These findings highlight the importance of designing caregiver allowances in ways that provide meaningful support for unpaid caregivers without reinforcing their long-term exclusion from paid employment.

Disability benefits and related social assistance can support people who require care and support during working age, but coverage and design vary widely. Figure 4.7 shows that some countries report high coverage of persons with severe disabilities receiving disability cash benefits, while coverage remains limited in many others. Comparable international indicators on benefit adequacy, such as transfer amounts relative to poverty lines, household income or estimated disability-related needs, remain scarce. However, evidence suggests that disability benefits often do not account for the extra costs related to disability, including expenditures on assistive devices, transport, health care and support services.[229] Eligibility is also commonly determined through medical assessments rather than actual support needs, leaving gaps in coverage that households are often left to absorb directly.

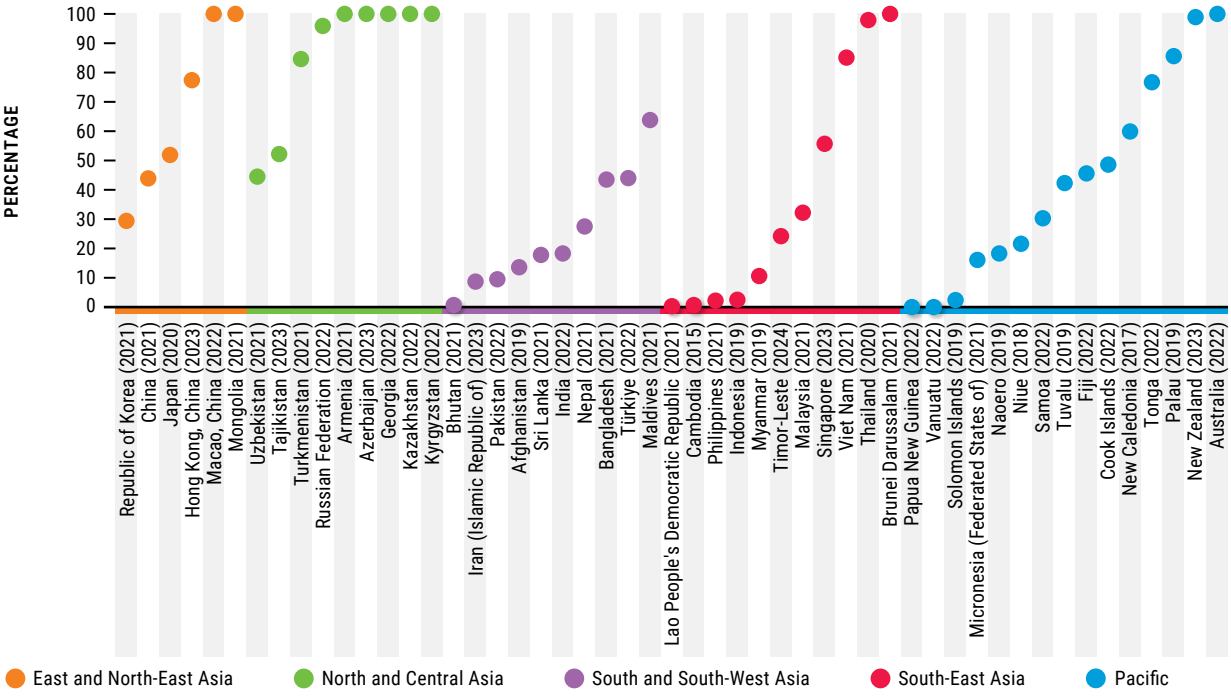
226 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific* (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

227 ILOSTAT, "Labour-force participation rate for persons ages 25 to 54 by sex and household type – ILO modelled estimates, Nov. 2023 (%) – Annual". Available at https://rshiny.ilo.org/dataexplorer91/?lang=en&segment=indicator(accessed on 7 August 2026).

228 World Bank, *Why Should We Care about Care? The Role of Informal Childcare and Eldercare in Aging Societies in the ECA Region* (Washington, D.C., 2015). Available at https://documents1.worldbank.org/curated/en/687741468257352228/pdf/ACS13024-REVISED-WP-PUBLIC-Box393205B.pdf

229 UN DESA, *Disability and Development Report 2024: Accelerating the Realization of the Sustainable Development Goals by, for and with Persons with Disabilities – Advance Unedited Version* (United Nations publication, 2024). Available at https://indico.un.org/event/1010238/attachments/20948/59724/DDR%202024%20Full%20report%20-%20Unedited.pdf

Figure 4.7 Proportion of population with severe disabilities receiving disability cash benefits in Asia and the Pacific, latest available year



Source: ESCAP elaboration based on ESCAP SDG Gateway, "Indicators by SDG: 1.3.1 – Population covered by social protection floors/systems". Available at https://dataexplorer.unescap.org/vis (accessed on 11 August 2026).

–In old age: pension provisions and income security

In old age, care-related social protection becomes important in two ways: older persons may need income support to meet their own care needs, while many also continue to provide care for spouses, grandchildren or other family members. Old-age income insecurity is therefore not only an issue of individual savings but also a care economy issue, especially for women whose lifetime earnings and employment histories may have been shaped by unpaid care responsibilities (see sections 3.1 and 4.4).

Coverage of old-age protection is higher than that of many other life-course contingencies, but gaps remain. In Asia and the Pacific, the share of individuals above retirement age receiving a pension, whether through contributory or non-contributory means, increased from 68.4 per cent in 2015 to 76.6 per cent in 2023.[230] However, this still leaves many older persons without income protection and aggregate coverage can hide gendered differences in benefit adequacy, contribution histories and access to tax-financed pensions. In 2021, 64 per cent of women and 55 per cent of men in South Asia reported being very worried about not having enough money for old age, compared with 28 per cent of women and 27 per cent of men in East Asia and the Pacific.[231]

Across the life course: health coverage and care-related costs

Health coverage is a critical part of care-related social protection because illness, disability, childbirth, ageing and long-term care needs can generate substantial costs for households. UHC can reduce the care responsibilities carried by households without formal support, while weak coverage shifts costs back to households, often through women's unpaid labour. For informal workers who may be excluded from contributory insurance schemes, non-contributory health coverage mechanisms can be particularly important in ensuring access to services.

UHC is central to care systems because it supports access to needed health services across the life course. It embodies a commitment to equity, accessibility and a full continuum of health services, ensuring that no one is left behind.[232] In 2023, UHC Service Coverage Index scores (on a scale of 0 to 100) varied substantially across countries and subregions in Asia and the Pacific, ranging from 32 in Papua New Guinea to 89 in Australia and New Zealand, compared with a world average of 71, with the lowest levels concentrated in South and South-West Asia and the Pacific (figure 4.8).[233] More than one-third of the regional population lacks effective healthcare protection and out-of-pocket expenditures exceed 40 per cent of total health spending in many countries.[234]

230 ILO, *World Social Protection Report 2024–26: Universal Social Protection for Climate Action and a Just Transition* (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/2024-09/WSPR_2024_EN_WEB_1.pdf

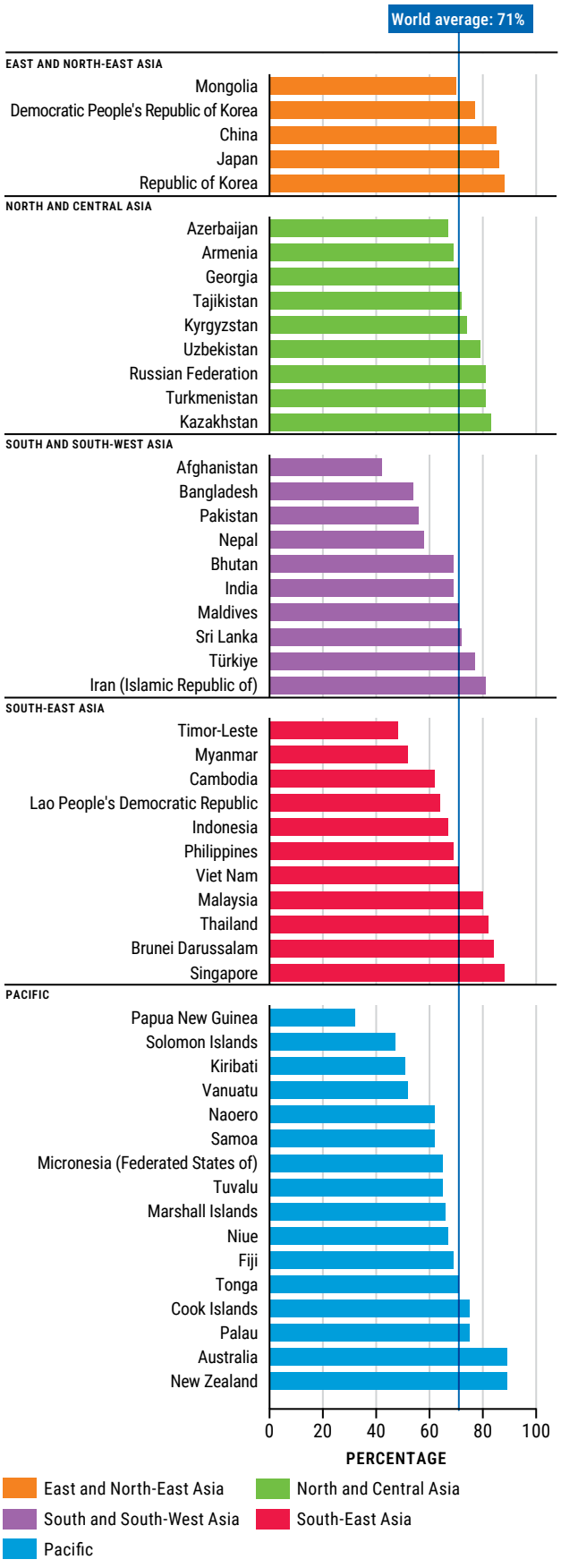
231 UN Women, *Caring Societies, Inclusive, and Green Economies in Asia and the Pacific: Unveiling Data to Advance Women's Economic Empowerment beyond GDP* (Bangkok, 2024). Available at https://asiapacific.unwomen.org/sites/default/files/2024-09/ap-x-caring-societies_2024-200904s.pdf

232 ESCAP, "Strengthening Health Systems for Long-Term Care in Asia and the Pacific: A Policy Analysis", Policy brief 6-PB/97 (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/04b94991-7659-4a2e-82b5-9d7e6d612aca/content

233 ESCAP SDG Gateway, "Indicators by Theme: Universal health coverage". Available at https://dataexplorer.unescap.org/vis (accessed on 11 August 2026).

234 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific* (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

Figure 4.8 UHC Service Coverage Index in Asia and the Pacific, 2023



Source: ESCAP elaboration based on ESCAP SDG Gateway, "Indicators by Theme: Universal health coverage". Available at https://dataexplorer.unescap.org/vis (accessed on 11 August 2026)

Box 4.3 Spotlight: non-contributory social protection for informal workers, unpaid caregivers and care recipients

Non-contributory social protection is especially important for informal workers, unpaid caregivers and households with high care needs because these schemes are not tied to continuous formal employment or regular contributions. This is central to the care economy, where many caregivers, especially women, may have interrupted employment histories, low earnings or work in informal and non-standard jobs that limit their access to contributory benefits. However, it is important to note that non-contributory schemes should complement, rather than replace, efforts to reduce informality, particularly for paid care workers.

From a care economy perspective, non-contributory schemes help address two linked risks. First, they reduce the financial insecurity faced by people who provide care or require care. Second, they recognize that unpaid caregiving is not simply a private family responsibility but a social and economic contribution that requires public support. Tax-financed cash transfers, child and family benefits, disability and caregiver allowances, social pensions and health-related benefits can therefore help extend protection to groups that are often excluded from employment-linked systems.

Several countries illustrate different ways of using non-contributory schemes to support care-related needs. In **Brunei Darussalam**, the Care Provider Allowance provides BND 250 per month to caregivers of persons who are bedridden or highly dependent, with women accounting for 71.6 per cent of recipients.[1] In **Bangladesh**, the Mother and Child Benefit Programme provides cash transfers to disadvantaged mothers and children, supporting care from pregnancy into early childhood.[2] In **Singapore**, the Silver Support Scheme provides quarterly cash supplements of up to SGD 900 to older persons with low lifetime incomes and limited retirement savings, with women making up around two-thirds of recipients.[3]

1 Brunei Darussalam, Ministry of Culture, Youth and Sports, *Beijing Declaration and Platform for Action: Brunei Darussalam's National Report 2020–2024* (Bandar Seri Begawan, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-07/Brunei%20Darussalam%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20%282024%29.pdf

2 Bangladesh, Ministry of Women and Children Affairs, *Comprehensive National Review Report Beijing+30: Implementation of the Beijing Declaration and Platform for Action 1995* (Dhaka, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-10/Bangladesh%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20%282024%29.pdf

3 Singapore, *Singapore's National Review for Implementation of the Beijing Platform for Action (2024)* (Singapore, 2024). Available at https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.asiapacificgender.org%2Fsites%2Fdefault%2Ffiles%2F2024-07%2FSingapore%2527s%2520National%2520Review%2520for%2520Implementation%2520of%2520the%2520Beijing%2520Platform%2520for%2520Action%2520%25282024%2529.docx&wdOrigin=BROWSELINK



A staff member helps children wash their hands before lunchtime at an early childhood development centre in Banda Aceh, Indonesia.
© ESCAP/Dru Robert James Maasepp

4.3 Care services

This section focuses on four core areas of care services across the life course: early childhood care and education, long-term care, disability support and reproductive and healthcare services.[235] These are not exhaustive but represent key components of care systems across the region. In the care economy, care services are the most direct mechanism for redistributing care by providing the time, labour and practical support that care requires. When services are accessible, affordable and of good quality, they improve the well-being of people receiving care while reducing unpaid care responsibilities.

Across Asia and the Pacific, the care services landscape is highly uneven. Some governments have developed formal childcare systems, public or subsidized eldercare services, disability-specific personal assistance and community support schemes, community-based care models and regulated paid care work. Others still rely heavily on family-based provision, private markets or informal arrangements.

Early childhood care and education services

ECCE services are services and programmes that support children's survival, development and learning, including health, nutrition and hygiene, from birth to entry into primary school.[236] ECCE equips children with the cognitive, language and socio-emotional skills needed for success in school and forms the foundation of quality basic education. Moreover, evidence from a large-scale public preschool programme in the United States suggests that participation in early childhood education can contribute to longer educational trajectories and higher levels of educational attainment.[237] ECCE is a core care service as accessible and affordable childcare can reduce unpaid care responsibilities within households and support parents, especially mothers, to remain in or return to paid work.

Available evidence suggests that childcare for children under the age of 3 is particularly underserved. While several countries in the region have achieved universal provision for children aged 3–5, universal or free childcare for children aged 0–2

235 ESCAP, *Policymakers' Toolkit for Valuing Unpaid Care, Part 2: Model Framework for Policy Action on the Care Economy: Concept Paper* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/82cfd9f5-4474-4f25-9490-21923c173f31/content

236 ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_633135.pdf

237 World Economic Forum, "Here's how attending preschool gives a boost to higher education attendance", 10 February 2023. Available at https://www.weforum.org/stories/education-and-skills/pre-school-education-attendance-college/ (accessed on 1 September 2026).

remains largely unavailable. As a result, many mothers are forced to leave or delay returning to paid employment, for a minimum of two years, disrupting career progression during a particularly important stage of professional development.[238]

Recent developments across Asia and the Pacific in ECCE provision have been driven largely by improvements in pre-primary education. The regional pre-primary enrolment rate stood at 63 per cent in 2023, meaning that more than one-third of children still lacked access to organized pre-primary provision.[239] Legal guarantees also remain limited, with only 6 out of 46 countries in Asia and the Pacific providing at least one year of both free and compulsory pre-primary education.[240] These gaps indicate that access to ECCE remains uneven and that many children and households continue to lack adequate support during the early years.

The financing structure of ECCE is especially important. Most governments in Asia and the Pacific spend below the recommended benchmark of 10 per cent of total education expenditure or 1 per cent of GDP on pre-primary education.[241] Where public investment is insufficient, households either rely on unpaid care or turn to private providers. Around 43 per cent of children enrolled in pre-primary education in the region are in private institutions, with some countries exceeding 80 per cent.[242] Private provision can expand supply, but without adequate public financing, subsidies and regulation, it risks making childcare available mainly to households that can afford it, leaving out low-income households and groups in vulnerable situations.

The quality of ECCE services is another important determinant of access and uptake. Parents are more likely to enrol young children in formal childcare when they perceive services to be safe, responsive and of good quality, making quality standards essential for expanding participation and reducing unpaid care responsibilities. However, quality assurance remains uneven across the region. In many countries, monitoring and enforcement of existing standards are limited, while workforce training does not always equip childcare providers with the practical, role-specific competencies needed to deliver high-quality care.[243]

Long-term care and care for older persons

LTC refers to a range of support services and activities provided over an extended period to help individuals with ongoing support needs to maintain functional ability, autonomy and the highest possible quality of life. It can be delivered by unpaid caregivers, such as family members, friends or neighbours, as well as by public, private for-profit and non-profit service providers, and may take place in private homes, community settings or institutional facilities.[244]Strengthening long-term care systems is consistent with the commitments of the Madrid International Plan of Action on Ageing (MIPAA), which calls for measures to enable older persons to age with dignity, independence and adequate support.[245]

Population ageing (see section 3.1) is increasing the demand for long-term care for older persons, particularly among those aged 80 or over.[246] Across Asia and the Pacific, ILO estimates that the region's demand for long-term care workers will almost double, from 46 million in 2023 to 90 million by 2050.[247]

Most countries in the region still lack comprehensive long-term care systems and public expenditure on long-term care typically remains below 1 per cent of GDP.[248] As a result, households continue to provide most long-term care, often without adequate financial assistance or training. Access to formal support services and integration into formal long-term care systems remain limited, with formal services covering only a small proportion of those in need.[249] Japan and the Republic of Korea are exceptions. Japan's universal LTC insurance system provides home-, community- and residential-based care, with a strong emphasis on ageing in place and preventive services. The LTC insurance system that operates in the Republic of Korea provides home- and institution-based services for older persons experiencing long-term care needs, expanding access to formal care through social insurance.[250]

For older persons in vulnerable situations, especially those living in poverty or depending on very limited incomes, insufficient public financing for long-term care can make even basic services unaffordable. In Asia and the Pacific,

238 ILO and ADB, *Investments in Childcare for Gender Equality in Asia and the Pacific* (Geneva and Manila, 2023). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40asia/%40ro-bangkok/documents/publication/wcms_887517.pdf

239 UNESCO, Asia-Pacific Regional Network for Early Childhood (ARNEC) and Global Partnership for Education Knowledge and Innovation Exchange Europe, Middle East and North Africa, Asia and Pacific Hub (GPE KIX EMAP Hub), *Early Childhood Care and Education: Asia-Pacific Regional Fact Sheet* (Paris, 2025). Available at https://unesdoc.unesco.org/ark:/48223/pf0000394693

240 Ibid.; the classification of countries in Asia and the Pacific is based on UNESCO's regional grouping framework, see https://www.unesco.org/en/countries

241 Ibid.

242 Ibid.

243 ILO and ADB, *Investments in Childcare for Gender Equality in Asia and the Pacific* (Geneva and Manila, 2023). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40asia/%40ro-bangkok/documents/publication/wcms_887517.pdf

244 ESCAP, *Policymakers' Toolkit for Valuing Unpaid Care, Part 2: Model Framework for Policy Action on the Care Economy: Concept Paper* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/82cfd9f5-4474-4f25-9490-21923c173f31/content; and ESCAP, "Strengthening Health Systems for Long-Term Care in Asia and the Pacific: A Policy Analysis", Policy brief 6-PB/97 (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/04b94991-7659-4a2e-82b5-9d7e6d612aca/content

245 UN DESA, Madrid Plan of Action and its Implementation. Available at https://social.desa.un.org/issues/ageing/madrid-plan-of-action-and-its-implementation-main/madrid-plan-of-action-and-its (accessed on 14 August 2026).

246 ESCAP, "Strengthening Health Systems for Long-Term Care in Asia and the Pacific: A Policy Analysis", Policy brief 6-PB/97 (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/04b94991-7659-4a2e-82b5-9d7e6d612aca/content

247 ILO, *Asia-Pacific Employment and Social Outlook 2024: Promoting Decent Work and Social Justice to Manage Ageing Societies* (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/2024-06/Asia-pacific-employment-social-outlook-2024%20%28web%29.pdf

248 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific* (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

249 Ibid.

250 ESCAP, "Strengthening Health Systems for Long-Term Care in Asia and the Pacific: A Policy Analysis", Policy brief 6-PB/97 (Bangkok, 2025) Available at https://repository.unescap.org/server/api/core/bitstreams/04b94991-7659-4a2e-82b5-9d7e6d612aca/content.

71 million older persons across 37 countries are unable to meet the basic needs essential to their dignity and well-being, while more than 20 million experience extremely severe vulnerability.[251]

Care and support services for persons with disabilities and other groups with support needs

Care and support services for persons with disabilities and other groups with support needs refer to services that enable people to live with autonomy, dignity and participation across the life course. These services include rehabilitation, personal assistance, assistive technology, accessible health and social services, respite care, community-based support and, where necessary, residential care.[252]

Across Asia and the Pacific, the need for disability-inclusive care and support services is significant. Over 750 million persons in Asia and the Pacific live with one or more disabilities,[253] yet the necessary care services remain limited. At least one third of children with disabilities in the region do not receive early intervention services, while women with disabilities are two to three times less likely to access reproductive health services than women without disabilities, partly due to inaccessible information, language barriers and limited awareness of available services.[254]

The Convention on the Rights of Persons with Disabilities (CRPD) provides the key rights-based framework for disability-inclusive care and support. Article 19 specifically establishes the right to live independently and be included in the community. As of 27 July 2026, 50 ESCAP member States and one associate member have ratified or acceded to the CRPD, reflecting important progress in formal recognition of disability rights.[255] However, ratification alone does not guarantee accessible services. Care systems also need to translate these rights into practical support. This means not just providing these services, but making sure persons with disabilities can choose the services and providers that fit their own requirements and preferences and can exercise legal capacity, including with support where needed, over their own care decisions. This applies whether they are receiving care or providing it to others.

Reproductive and healthcare services

Reproductive and healthcare services refer to essential services that support physical, reproductive and psychosocial well-being across the life course, including maternal and newborn care, family planning, sexual and reproductive health services, primary health care, rehabilitation, palliative care, mental health care and referral systems.

Governments should recognize health as a continuum across an individual's entire life because care needs do not appear only at moments of acute illness; they develop across the life course through pregnancy, childbirth, childhood illness, disability, chronic disease, ageing and mental health conditions.[256]

Access to sexual and reproductive health services, including family planning, contraceptive services and maternity care, is central to care services because it shapes people's ability to make reproductive choices and receive timely support across the life course.[257] Among women aged 15–49, demand for family planning met by modern methods reached 88.3 per cent in Eastern and South-East Asia in 2023, compared to 74.3 per cent in Central and Southern Asia. The gap is most pronounced in Oceania, excluding Australia and New Zealand, where coverage reached only 52.5 per cent in 2023.[258] Country-level data also show wide variation, with only four countries above the world average of 77.2 per cent, while many remain below 60 per cent.[259]

Adolescent pregnancy remains a major challenge across Asia and the Pacific, where more than 8 million pregnancies occur annually among girls aged 15–19 years, nearly half of which are unintended.[260] Limited access to adolescent-responsive sexual and reproductive health information and services contributes to high rates of unintended pregnancy. Adolescent pregnancy is associated with significant health risks and adverse health outcomes among girls aged 10–19 years.[261] Adolescent pregnancy is also associated with adverse social and economic outcomes, including school dropout, reduced educational attainment and lower labour force participation, which can reinforce poverty and gender inequality across the life course.[262] Experiences from countries such as the Lao People's Democratic Republic, Nepal, the Philippines and Thailand highlight the importance of comprehensive,

251 Ibid.

252 In line with the provisions included in the Convention on the Rights of Persons with Disabilities (CRPD). See United Nations, "Convention on the Rights of Persons with Disabilities", 13 December 2006. Available at https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf.

253 ESCAP, *Disability at a Glance 2023: Catalysts of Change: Disability Inclusion in Business in Asia and the Pacific* (United Nations publication, 2023). Available at https://repository.unescap.org/server/api/core/bitstreams/4702d940-57f9-41e7-95b1-ebaf453616f9/content

254 ESCAP, *Building Disability-Inclusive Societies in Asia and the Pacific: Assessing Progress of the Incheon Strategy* (United Nations publication, 2018). Available at https://www.unescap.org/sites/default/files/publications/SDD%20BDIS%20report%20A4%20v14-5-E.pdf

255 United Nations Treaty Collection, "Convention on the Rights of Persons with Disabilities". Available at https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&clang=_en (accessed on 27 July 2026).

256 ESCAP, *Advancing a Society for All Ages in Asia and the Pacific* (United Nations publication, 2026). Available at https://repository.unescap.org/server/api/core/bitstreams/95e756b1-66a7-4e64-88a9-387d5864a2de/content

257 ESCAP and UN Women, *Charting New Paths for Gender Equality and Empowerment: Asia-Pacific Regional Report on Beijing+30 Review* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/52f429f1-3101-4b30-a81d-5646ad5aa42c/content

258 UN DESA, *World Contraceptive Use 2022 and Estimates and Projections of Family Planning Indicators 2022* (United Nations publication, 2022). Available at https://www.un.org/development/desa/pd/world-contraceptive-use; and ESCAP, "Gender equality and universal access to sexual and reproductive health and reproductive rights in Asia and the Pacific", ESCAP/APPC(7)/INF/3 (Bangkok, 2023). Available at https://www.unescap.org/sites/default/d8files/event-documents/ESCAP_APPC7_INF_3.pdf

259 ESCAP SDG Gateway, "Indicators by SDG: 3.7.1 – Family planning satisfied with modern methods". Available at https://dataexplorer.unescap.org/ (accessed on 18 August 2026).

260 Sumita Banerjee and others, "Addressing unmet needs of adolescents to prevent unintended pregnancy in the Asia Pacific region", *The Lancet Regional Health – Southeast Asia*, vol. 43 (2025). Available at https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(25)00164-7/fulltext

261 WHO, "Adolescent pregnancy", 10 April 2024. Available at https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

262 World Bank, "The Social and Educational Consequences of Adolescent Childbearing", 25 February 2022. Available at https://genderdata.worldbank.org/en/data-stories/adolescent-fertility (accessed on 30 September 2026)

multisectoral responses. Effective approaches include expanding adolescent-friendly and confidential sexual and reproductive health services, improving access to modern contraception, strengthening comprehensive sexuality education, addressing child marriage through legislative reforms, engaging families and communities, and establishing coordinated governance mechanisms.[263]

Progress in reducing maternal and perinatal mortality has been supported by improved access to quality maternal care services, including skilled birth attendance. In Asia and the Pacific, skilled birth attendance was nearly universal in most subregions, except in South and South-West Asia, where coverage was estimated at 89.4 per cent in 2021. However, access to quality maternal and newborn health care remains unequal. Adolescent and young mothers, mothers and newborns in rural and ethnic minority communities and those in vulnerable situations continue to face barriers such as stigma, limited awareness and financial constraints.[264]

4.4 Employment-related care policies

Unlike care infrastructure policies or care-related social protection, employment-related care policies sit at the intersection of labour law and care system provision and are designed to help workers navigate the dual demands of employment and care responsibilities throughout the life course. These policies include maternity, paternity and

Box 4.4 Spotlight: standards for quality long-term care

As discussed in chapter 3, demographic and social changes are increasing the scale and complexity of LTC needs across Asia and the Pacific. Expanding services alone, however, does not ensure that people receive safe, dignified and appropriate care. Because long-term care is delivered by diverse providers in homes, communities and residential facilities, standards are needed to establish consistent expectations for quality across different services and settings.

Long-term care standards should translate the principles of person-centred care into practical requirements for service providers. WHO guidance identifies comprehensive assessments, individualized care and support plans, coordination between health and social services, support for carers and appropriately trained workers as important elements of quality long-term care. It also recommends regulatory frameworks and common quality indicators addressing areas such as falls, pressure injuries and pain management, supported by certification, accreditation and inspection mechanisms. Information on the experiences and satisfaction of persons receiving care and their carers is also important for determining whether services respect their preferences, values and dignity.[1]

Standards must be accompanied by systems for implementation and continuous improvement. WHO identifies standard-setting, quality measurement, monitoring and quality improvement as interrelated components of long-term care quality management. Requirements should apply across different care settings and to all long-term care providers. They must also be supported by adequate financing, workforce development and clearly assigned regulatory responsibilities; otherwise, providers may lack the capacity to meet them.[2] An ESCAP report similarly recommends integrating quality assurance, including government regulation, directly into the development of long-term care services, particularly as countries expand home- and community-based care.[3]

Across Asia and the Pacific, several countries illustrate different ways of strengthening quality in long-term care. In **Armenia**, improved standards for care for older persons are complemented by comprehensive assessments used to develop individualized home-care plans, while beneficiary surveys inform discussions between government and non-governmental providers.[4] In **Tonga**, the Integrated Aged Care Project incorporates assessments of functional difficulties, individual care plans and caregiver training into the expansion of safe and high-quality community-based services.[5]

1 WHO, *Long-term Care for Older People: Package for Universal Health Coverage* (Geneva, 2024). Available at https://www.who.int/publications/i/item/9789240086555

2 WHO, Regional Office for Europe, *Promoting Quality Management in Long-Term Care: Principles, Key Components and Directions for Policy Action* (Copenhagen, 2024). Available at https://iris.who.int/server/api/core/bitstreams/7a94f7e5-f4c6-4721-9d8b-dfdd5d040830/content

3 ESCAP, "Strengthening Health Systems for Long-Term Care in Asia and the Pacific: A Policy Analysis", Policy brief 6-PB/97 (Bangkok, 2025). Available at https://repository.unescap.org/server/api/core/bitstreams/04b94991-7659-4a2e-82b5-9d7e6d612aca/content

4 Armenia, *National Review for Implementation of the Beijing Platform for Action* (2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-07/Armenia%27s%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20%282024%29.pdf

5 Tonga, *National Review for Implementation of the Beijing Platform for Action* (2024). Available at https://www.unwomen.org/sites/default/files/2024-09/b30_report_tonga_en.pdf; and ADB, "Tonga: Integrated Aged Care Project", Project No. 55254-001 (Manila, 2023). Available at https://www.adb.org/sites/default/files/project-documents/55254/55254-001-rrp-en.pdf

263 Sumita Banerjee and others, "Addressing unmet needs of adolescents to prevent unintended pregnancy in the Asia Pacific region", *The Lancet Regional Health – Southeast Asia*, vol. 43 (2025). Available at https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(25)00164-7/fulltext

264 ESCAP and UN Women, *Charting New Paths for Gender Equality and Empowerment: Asia-Pacific Regional Report on Beijing+30 Review* (United Nations publication, 2024). Available at https://asiapacific.unwomen.org/sites/default/files/2024-11/escap-2024-rp-charting-new-paths-gender-equality-empowerment-beijing30_comp1.pdf

parental leave (see box 4.5); flexible working arrangements; workplace childcare facilities; leave to care for older family members or family members with disabilities; paid sickness and healthcare provisions; recognition and formalization of migrant and informal workers; decent working conditions for paid care and domestic workers; and other arrangements such as career breaks, sabbaticals, severance pay and employer-funded or contributory social protection schemes.[265]

International and regional normative frameworks increasingly recognize these policies as an essential component of gender-responsive labour market and social protection systems. ILO's Maternity Protection Convention establishes international standards on paid maternity leave and employment protection, including leave duration, income security and protection against dismissal during pregnancy and maternity leave.[266] Complementing this, ILO's Workers with Family Responsibilities Convention recognizes the need to enable workers with care responsibilities to participate in employment without discrimination or conflict between work and family obligations. It specifically calls for measures related to equality of opportunity, childcare services and working conditions that support workers with family responsibilities.[267] Despite these existing conventions, implementation across Asia and the Pacific remains inadequate.

Flexible working arrangements

Flexible working arrangements govern when and where employees carry out their work. Caregivers rely on such options to meet their care responsibilities and ease their return to work after maternity and paternity leave, while employers benefit through savings on workplace costs, higher employee satisfaction and loyalty and better retention of skilled staff from a broader talent pool.[268]

Across Asia and the Pacific, formal policies remain limited. Japan's 2025 amendments require employers to offer at least two flexible working options to parents with children aged 3–6.[269] Australia provides statutory rights to request flexible arrangements, although employees must have been with the same employer for at least 12 months.[270] Countries that lack clear flexible work policies leave workers dependent on employer goodwill rather than legal protections. Research shows that access to flexible work arrangements significantly increases women's likelihood of remaining in the labour force and advancing career development.[271]

Workplace childcare facilities

Workplace childcare facilities are increasingly recognized as an important component of family-friendly workplaces in Asia and the Pacific, enabling parents, particularly mothers, to participate in paid employment while supporting children's early development. Employer-supported childcare in the region takes various forms, including on-site childcare centres, shared facilities, childcare subsidies and partnerships with community providers.[272] However, provision remains limited and uneven and no harmonized regional data exist on its coverage.

Cambodia's experience illustrates both the potential and the challenges of workplace childcare. Under the Labour Law, enterprises employing at least 100 women or girls are required to establish a nursing room and crèche, either on-site or nearby, or alternatively cover the cost of childcare for female workers with children 18–36 months. Despite this legal requirement, a survey found that of 69 companies across sectors only 33 per cent offered on-site or nearby childcare. This figure was only 22 per cent among those employing more than 100 women, and therefore legally obliged to do so, pointing to persistent barriers to implementation.[273] More broadly, workplace childcare facilities remain concentrated among larger formal-sector employers, while workers in small enterprises and the informal economy continue to have limited access.

Leave to care for older persons and persons with disabilities

In Asia and the Pacific, 3 out of 33 countries – the Islamic Republic of Iran, Japan and Viet Nam – provide paid long-term care leave, and only the Republic of Korea provides unpaid long-term care leave,[274] a significant policy gap given the rapidly ageing populations (see section 3.1). Shanghai has implemented employer-paid elder care leave effective from November 2025. Employees are entitled

265 ESCAP, *Policymakers' Toolkit for Valuing Unpaid Care, Part 2: Model Framework for Policy Action on the Care Economy: Concept Paper* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/82cfd9f5-4474-4f25-9490-21923c173f31/content

266 ILO, *Maternity Protection Convention*, 2000 (No. 183) (Geneva, 2000), arts. 4, 6 and 8. Available at https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183

267 ILO, *Workers with Family Responsibilities Convention*, 1981 (No. 156) (Geneva, 1981), arts. 3 and 5. Available at https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_ILO_CODE:C156:NO

268 ILO, *Analysis of the Effect of Flexible Working Styles on Women's Employment and Decent Work* (Ankara, 2024). Available at https://www.ilo.org/sites/default/files/2024-12/FINAL%20-%20v3%20-%20ENG-ILO-Esnek%20Cal%C4%B1sma%20Bicimleri%20ile%20Kad%C4%B1n%20I%CC%87stihdam.pdf

269 Safeguard Global, "Japan: 5 New Childcare & Family Leave Rules", 21 February 2026. Available at https://www.safeguardglobal.com/resources/blog/japan-5-new-childcare-family-leave-rules/ (accessed on 6 August 2026).

270 Fair Work Ombudsman, "Flexible Working Arrangements", n.d. Available at https://www.fairwork.gov.au/employment-conditions/flexibility-in-the-workplace/flexible-working-arrangements (accessed on 6 August 2026).

271 Ho, L., S. Jalota and A. Karandikar, "Bringing Work Home: Flexible Arrangements as Gateway Jobs for Women in West Bengal", STEG: Working Paper, GRP (2026). Available at https://grp.cepr.org/publications/steg-working-paper/bringing-work-home-flexible-arrangements-gateway-jobs-women-west; and Global Institute for Women's Leadership, "Career progression and flexible working: Making it work for women", 8 December 2022. Available at https://www.kcl.ac.uk/giwl/assets/career-progression-and-flexible-work.pdf

272 ILO, "Care at work in Asia and the Pacific: Investing in care leave and services for a more gender equal world of work", ILO Regional Brief (2023). Available at https://webapps.ilo.org/globalcare/elibrary/docs/12

273 ILO, *Moving the Needle: Gender equality and decent work in Asia's garment sector* (Geneva, 2021). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40asia/%40ro-bangkok/documents/publication/wcms_789822.pdf

274 ILO, "Care at work in Asia and the Pacific: Investing in care leave and services for a more gender equal world of work", ILO Regional Brief (2023). Available at https://webapps.ilo.org/globalcare/elibrary/docs/12

to five days of employer-paid nursing care leave per year to care for a hospitalized parent aged 60 or over, rising to seven days for employees who are only children.[275] Japan's 2024 amendment to its Care Leave Act addresses the needs of parents with children with disabilities or children requiring medical care, with employers expected to consider these needs and extend reductions in working hours.[276] These examples are innovative but remain exceptional in the region.

Contributory pension schemes

Contributory social protection refers to social insurance schemes financed through worker and employer contributions, including pensions, maternity benefits and health insurance. It matters because it is the backbone of income security in old age, illness and maternity for the workers it covers. Yet these schemes are often designed around formal employment and regular contributions, largely excluding the 1.3 billion informal workers in Asia and the Pacific alone (see section 4.2). The increasing informalization of labour in the region, reinforced by digitalization and the platformization of work, further reduces access to contributory social protection. The International Social Security Association (ISSA) 2024 report on social security developments in the region notes that two-thirds of workers in the region are in informal employment, depriving workers of their fundamental right to social protection.[277]

Pension systems are often composed of a mix of contributory and non-contributory schemes aimed at providing income security for older persons. Contributory pension systems link benefits directly to contribution histories, systematically disadvantaging those with interrupted careers, shorter contribution periods and lower lifetime earnings, a pattern that affects women disproportionately compared with men. This is also compounded by the fact that in some countries, the mandatory retirement age for women is lower than for men, further limiting their contributions.[278] Across Asia and the Pacific, where gender-disaggregated data are available, large disparities are observed in South and South-West Asia and South-East Asia, with men more likely than women to receive a pension in most cases (figure 4.9). On average, 79.4 per cent of men in the region receive a pension, compared with only 74.2 per cent of women.[279]

Unpaid care responsibilities across the working years leave many women with interrupted contribution records, translating directly into lower pensions after retirement and economic insecurity in old age. Yet older women frequently continue to shoulder unpaid care and domestic work within the household even as they reach an age when they could be receiving care themselves (see section 3.1), leaving them further unprotected. Policies have been implemented to address these challenges. Emerging approaches in the region include supplementing retirement income for older persons with low lifetime savings, maintaining caregivers' social insurance contributions during periods of care and linking parental leave to retirement savings.

Decent work for paid care and domestic workers

Decent work involves opportunities for work that is productive and delivers a fair income; security in the workplace and social protection for all; better prospects for personal development and social integration; freedom for people to express their concerns, organize and participate in the decisions that affect their lives; and equality of opportunity and treatment for all women and men.[280] Care and domestic work sit at the intersection of all these pillars and have historically been excluded from each one. Where decent work is absent, care systems themselves become unsustainable. Across Asia and the Pacific, domestic work remains highly informal and weakly regulated. ILO estimates that the region employs 38.3 million domestic workers, of whom 84.3 per cent remain in informal employment. The majority are still excluded from national labour laws and only 11 per cent enjoy minimum wage protection on an equal footing with other workers.[281] Within this informal workforce, the increasing reliance on migrant labour within care systems has made the formalization and protection of paid care and domestic workers a particularly pressing policy issue across the region.

Recent policy developments signal growing recognition of the essential role of care and domestic workers. Pakistan's Islamabad Capital Territory Domestic Workers Act, 2022 brings domestic workers within formal labour regulation by requiring written employment contracts and establishing minimum standards on wages, rest periods, occupational safety and health and equal treatment.[282] The Philippines ratified ILO Convention 189 in 2012 and enacted the Domestic Workers Act (Batas Kasambahay) the following year, providing

275 Winnie Zhao, "China/Shanghai: Paid leave for employees to care for elderly parents", Willis Towers Watson (WTW), 28 November 2025. Available at https://www.wtwco.com/en-us/insights/2025/11/china-shanghai-paid-leave-for-employees-to-care-for-elderly-parents (accessed on 6 August 2026).

276 Shingou Ikeda, "Current Policies on Supporting Employee with Caring Responsibilities in the Most Aged Society: The 2024 Amendment of the Child Care and Family Care Leave Act and Related Policies", *Japan Labor Issues*, vol. 9, No. 53 (Summer 2025). Available at https://www.jil.go.jp/english/jli/documents/2025/053-05.pdf

277 International Social Security Association (ISSA), *Social Security Developments and Trends: Asia and the Pacific 2024* (Geneva, 2024). Available at https://www.issa.int/html/developments-trends-Asia-Pacific2024/#reform-synthesis-12

278 ESCAP, "Ensuring Income Security for Older Women in Asia-Pacific: Designing Gender-responsive Pension Systems", Social Development Policy Brief No. 2019/01 (Bangkok, 2019). Available at https://www.unescap.org/sites/default/files/SDPB%202019-01_Pensions%20Older%20Women.pdf

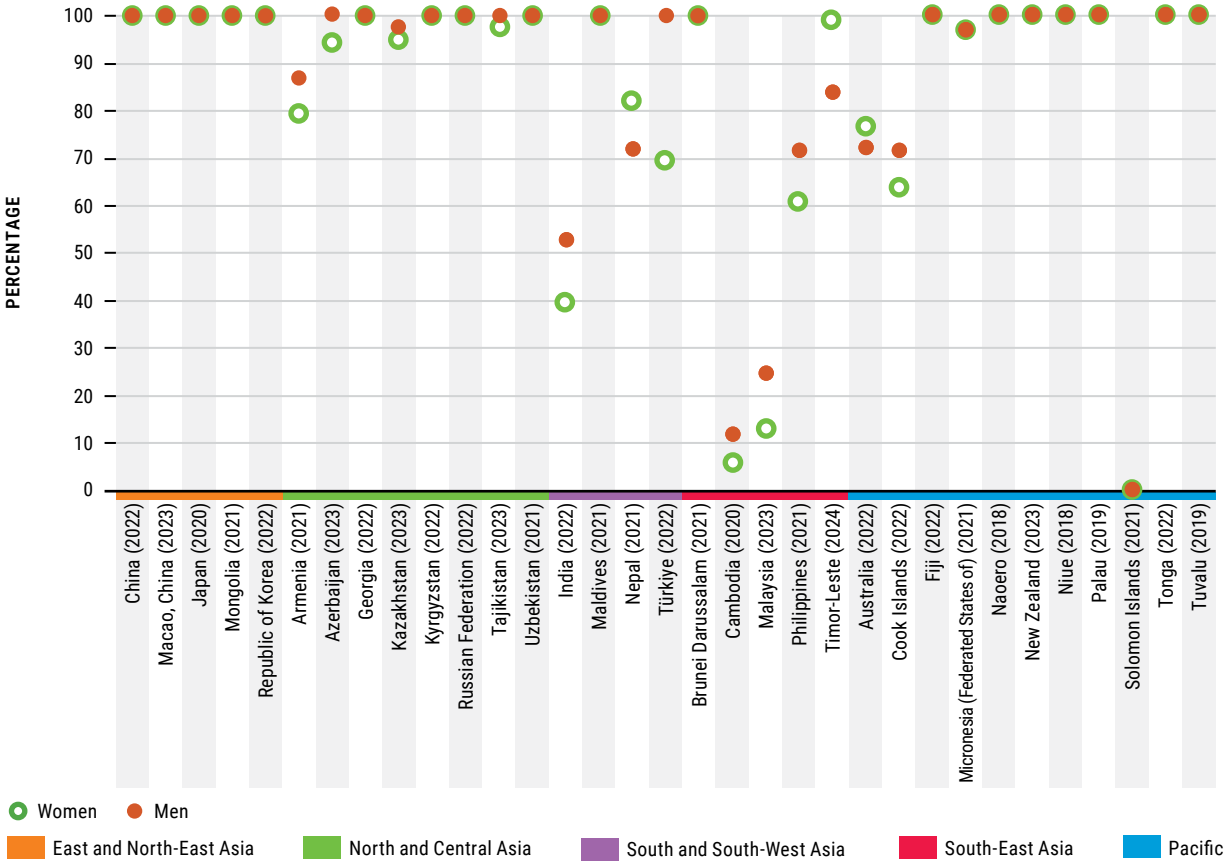
279 ILO, *World Social Protection Report 2024–26: Regional Companion Report for Asia and the Pacific* (Geneva, 2024). Available at https://www.ilo.org/sites/default/files/2024-09/WSPR_2024_Asia_and_Pacific_EN_WEB.pdf

280 ILO, "Responding to globalization: The Decent Work Agenda", 24 December 2018. Available at https://www.ilo.org/resource/article/responding-globalization-decent-work-agenda (accessed on 6 August 2026).

281 ILO, *Making Decent Work a Reality for Domestic Workers: Progress and Prospects in Asia and the Pacific Ten Years after the Adoption of the Domestic Workers Convention, 2011 (No. 189)* (Bangkok, 2021). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40asia/%40ro-bangkok/documents/publication/wcms_800224.pdf

282 Pakistan, *Report of the Islamic Republic of Pakistan on the Implementation of the Beijing Declaration and Platform for Action +30* (Islamabad, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-06/Pakistan%27s%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20%282024%29.pdf

Figure 4.9 Proportion of population above statutory pensionable age (65 years or over) receiving a pension in Asia and the Pacific by sex, latest available year



Source: ESCAP elaboration based on ESCAP SDG Gateway, "Indicators by SDG: 1.3.1 – Population covered by social protection floors/systems". Available at https://dataexplorer.unescap.org/ (accessed on 11 August 2026)

more comprehensive protections than most countries in the region, including entitlements to rest periods and minimum wage.[283] More recently, the Philippines' Caregivers Welfare Act of 2023 further strengthened the rights of paid care workers by expanding protections related to decent work, income security, insurance coverage and protection from abuse, while ongoing work towards a National Care Framework reflects broader efforts to recognize and support care as a public policy priority.[284] The Republic of Korea's long-term care insurance scheme includes a paid family caregiver category, for relatives who complete the formal training courses offered by the Government and are qualified as formal caregivers.[285] This allows family members to be compensated for care work rather than having to choose between providing care or holding a paying job, or working two full-time jobs at once.

This is part of a wider international and regional momentum. The 2024 International Labour Conference "Resolution concerning decent work and the care economy" provides an important framework for addressing the persistent challenges faced by care workers.[286] ILO Recommendation No. 201 also highlights the need for simplified social security contribution systems for domestic workers with multiple employers and for bilateral or multilateral agreements that protect migrant domestic workers' social security entitlements across countries.[287] These practices reflect a growing trend towards recognizing the rights and contributions of care and domestic workers at international, regional and country level, demonstrating that comprehensive protection frameworks are feasible and implementable, even in countries with large informal care sectors.

283 ILO, "Ratifications for Philippines", n.d. Available at https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:11200:0::NO::P11200_COUNTRY_ID:102970&; and Philippines, "Republic Act No. 10361", 18 January 2013. Available at https://www.officialgazette.gov.ph/2013/01/18/republic-act-no-10361/ (both accessed on 20 August 2026).

284 Philippines, *Progress Report on the Philippines' Implementation of the Beijing Declaration and Platform for Action from 2019 to 2024* (Manila, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-08/Philippines%E2%80%99%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20%282024%29_0.pdf

285 ESCAP, "Long-term care for older persons in the Republic of Korea: Development, challenges and recommendations", SDD-SPPS Project Working Papers Series (Bangkok, n.d.). Available at https://www.unescap.org/sites/default/files/Long-term%20care%20for%20older%20persons%20in%20the%20Republic%20of%20Korea.pdf

286 ILO, "Resolution concerning decent work and the care economy", International Labour Conference, 112th Session (Geneva, 2024), ILC.112/Resolution V. Available at https://www.ilo.org/sites/default/files/2024-07/ILC112-Resolution%20V-%7BRELMEETINGS-240620-001%7D-Web-EN_0.pdf

287 ILO, *Decent Work for Domestic Workers: Convention 189 & Recommendation 201 at a Glance* (Geneva, 2011). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_protect/%40protrav/%40travail/documents/publication/wcms_170438.pdf



A fisherman prepares his canoe in Alofi, Niue. © UNDP/Vlad Sokhin

Decent work is not solely a top-down policy outcome; it is also the product of a rights-based approach that includes workers' freedom to voice their concerns and participate in decision-making processes.[288] Indonesia's April 2026 domestic worker protection law recognizes domestic workers as formal workers, after more than 20 years of advocacy.[289] Implementing regulations and protection standards are to be developed within one year, which includes vocational training requirements, health insurance, unemployment benefits, pension contributions and guaranteed rest days.[290]

Beyond income and employment support, the psychosocial risk management for care workers is equally important. Research shows that care workers are more likely to undertake night work and face heavy workloads and high levels of emotional labour.[291] Across Asia and the Pacific, frameworks for promoting mental well-being have been gradually developed,[292] though legal protection for care workers' mental health remains largely absent.

Finally, decent work means equality of opportunity for all women and men. They should have the same opportunities to access decent jobs, fair pay, safe working conditions and career advancement, without facing barriers or discrimination based on gender. Promoting decent work for women generates effects across economic, social, and institutional dimensions. It increases labour force participation and income security, narrows gender pay gaps and could generate trillions to global GDP by activating underutilized labour.[293] Gender equality in decent work also benefits men by reducing expectations that they should be the primary breadwinners and by expanding their opportunities to participate in caregiving. Parental leave, flexible arrangements and childcare support can also make it easier for fathers to take on a greater share of caregiving responsibilities, while broader workplace protections benefit workers across the workforce.

288 UN Women, *State of Transforming Care Systems in Asia-Pacific: Report of the 2024 Asia-Pacific Care Forum*. (Bangkok, 2025) Available at https://asiapacific.unwomen.org/sites/default/files/2025-07/ap-20250407892_asia-pacifc-care-forum-report-v11_11072025.pdf

289 British Broadcasting Corporation (BBC) Indonesian, "Domestic workers legally recognised in Indonesia after '22-year struggle'", 22 April 2026. Available at https://www.bbc.com/news/articles/c1mkvjkg10no (accessed on 6 August 2026).

290 Human Rights Watch, "Indonesia Inches Towards Protections for Domestic Workers", 13 May 2026. Available at https://www.hrw.org/news/2026/05/13/indonesia-inches-towards-protections-for-domestic-workers (accessed on 6 August 2026).

291 ILO, *The psychosocial working environment* (Geneva, 2026). Available at https://www.ilo.org/sites/default/files/2026-04/SafeDay%202026%20report%20%28embargo%29.pdf

292 WHO, *Regional Framework for the Future of Mental Health in the Western Pacific 2023–2030* (Manila, 2023). Available at https://iris.who.int/server/api/core/bitstreams/e8b33099-be88-4133-b44b-cc70a614eedc/content

293 Moody's Analytics, "Close the Gender Gap to Unlock Productivity Gains" (2023). Available at https://www.moodys.com/web/en/us/insights/resources/close-the-gender-gap-to-unlock-productivity-gains.pdf

Box 4.5 Spotlight: maternity leave, paternity leave and parental leave

Maternity leave is employment-protected leave around the time of childbirth that allows mothers to rest, recover, breastfeed and care for a newborn. ILO Convention No. 183 sets a floor of 14 weeks, including six weeks' compulsory leave after birth, paid at no less than two-thirds of previous earnings. **Paternity leave** is employment-protected leave granted to fathers at or around the birth or adoption of a child, while **parental leave** – often provided in addition to the two – allows either parent to care for a young child once maternity and paternity leave have ended.[1]

Beyond questions of access, a substantial body of research reveals trade-offs that should inform policy design. Early cross-country studies, largely from OECD economies, linked paid maternity leave to lower infant mortality, higher female labour force participation and greater job continuity for mothers returning to their pre-birth employer – effects that are strongest at a moderate duration of around three months.[2]

Very long leave, however, can work against women: European research finds that it may depress wages, slow career progression and reinforce occupational segregation, pointing to an inverse-U relationship in which moderate leave supports participation while extended leave undermines long-term outcomes, particularly for highly skilled workers.[3]

Findings on overall employment and earnings are mixed. Several studies from Norway,[4] Germany,[5] and the United States of America[6] find that expanding leave does not significantly raise women's long-term employment or pay, with the clearest gains accruing to lower-skilled women, for whom leave lowers the cost of staying attached to the labour market.

Paternity leave shows more consistently positive effects for children, mothers, fathers and families. Fathers who take leave are more engaged in caregiving, strengthening father-child closeness and supporting children's development, while paid leave is associated with better child health, including higher vaccination rates and lower risk of maltreatment, reduced postpartum complications and improved maternal mental health. It also helps women return to work and narrows the "motherhood penalty". Evidence from Sweden shows measurable increases in mothers' earnings when fathers take leave.[7] At the same time, fathers themselves report higher parenting satisfaction, better health and greater caregiving confidence. Families, including disadvantaged households most at risk of separation, show greater relationship stability. Taken together, these findings suggest that paid leave for fathers based on the "use-it-or-lose-it" model helps reposition caregiving as a shared responsibility, challenging social norms and advancing gender equality at home, in the workplace and in society overall, while generating broader public-health and economic benefits.

Continues on next page

However, research also shows that even generous "daddy quotas" (non-transferable paternity leave reserved exclusively for fathers) do not guarantee uptake. Japan has one of the most generous paid paternity and parental leave systems for fathers globally. However, despite a significant increase in uptake, only 50.9 per cent of fathers take these leaves, compared to 88.3 per cent of mothers in 2025.[8] This reflects persistent assumptions that mothers are primary caregivers and fathers' care roles are secondary, confirming that progress in leave policies must be accompanied by shifts in workplace culture and gender norms that encourage shared caregiving.

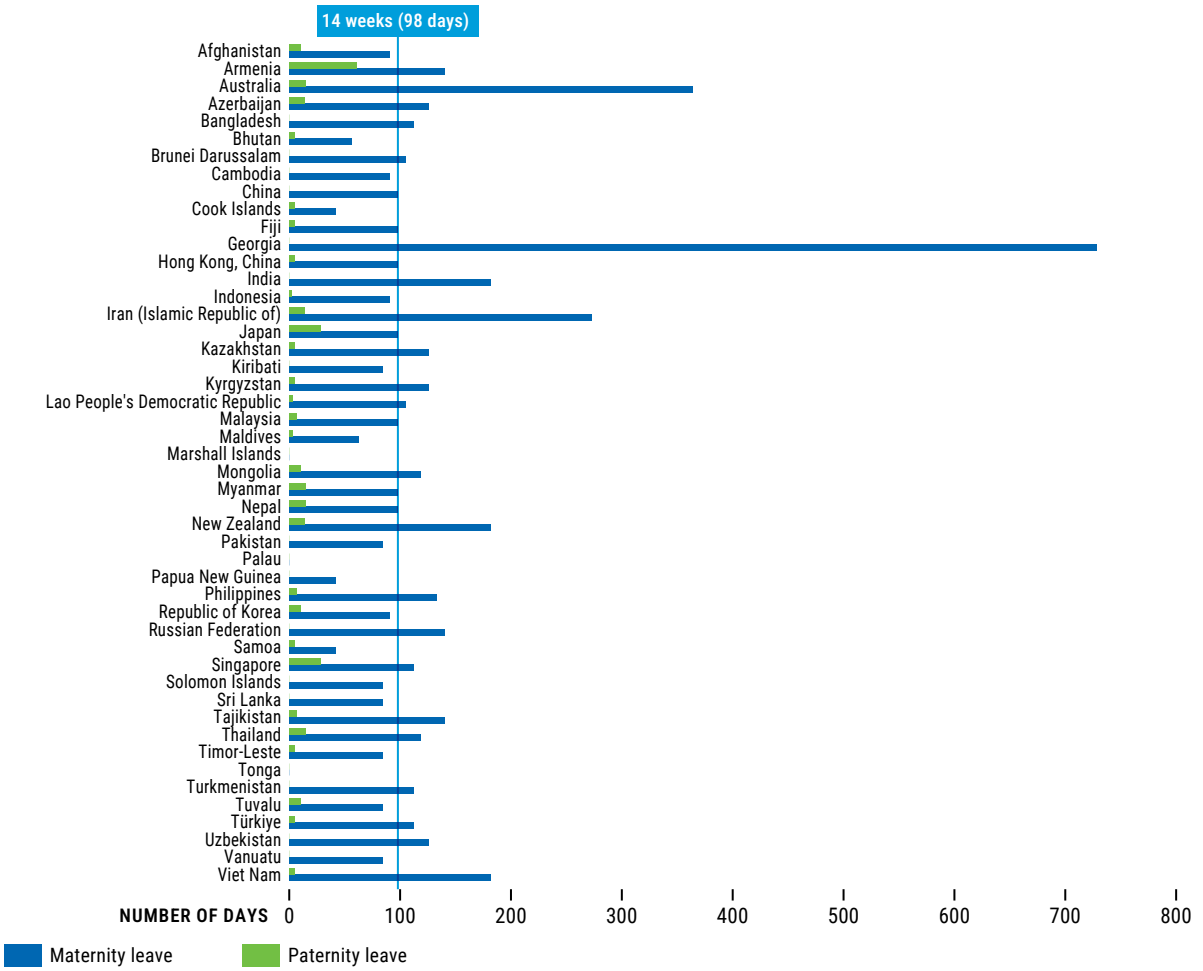
According to the World Bank report on Women, Business and the Law, in 2026, the global score for the Parenthood legal framework stands at 69.46 out of 100, assessing a set of legal provisions including national laws governing paid leave for parents. Only 38 of the 190 economies assessed have incentives in place to encourage fathers to take paternity leave.[9] Between October 2023 and October 2025, 13 economies enacted 16 positive reforms under the Parenthood topic, with a focus on expanding parental leave and increasing equality in caregiving. Among those, the Republic of Korea was the only country in Asia and the Pacific that implemented a relevant reform, extending the duration of maternity and paternity leave.[10]

Globally, maternity leave duration increased from 12.8 to 17.6 weeks over three decades, between 1994 and 2023.[11] Across Asia and the Pacific, maternity leave is longest in Georgia (104 weeks), Australia (52 weeks), the Islamic Republic of Iran (39 weeks), India (26 weeks), New Zealand (26 weeks) and Viet Nam (26 weeks), while some countries have no statutory maternity leave (figure 4.10). Paternity leave ranges from no statutory leave to 61 days (Armenia), with a regional average of 7 days. In addition, only 17 countries have statutory parental leave.[12]

Singapore has progressively expanded leave available to fathers and parents. Government-paid paternity leave increased to four weeks for eligible fathers of children born from 1 April 2025. Separately, shared parental leave provides six weeks for children born between 1 April 2025 and 31 March 2026 and ten weeks for children born from 1 April 2026, which parents can share between them.[13] The Republic of Korea's 6+6 scheme incentivizes shared caregiving through increased wage compensation when each parent takes at least three months of leave within the child's first year. Parents receive 100 per cent of ordinary wages up to KRW 2 million (~$ 1,500) in month one, rising to KRW 4.5 million (~$3,375) by month six.[14] The previous 3+3 scheme increased male participation from 29,041 (2021) to 37,885 (2022), demonstrating that policy design, combining financial incentives, institutional support and complementary measures, can shift both uptake rates and social norms around caregiving.

Box 4.5 ...continued

Figure 4.10 Duration of maternity leave and paternity leave (days) in Asia and the Pacific, 2025



Source: ESCAP elaboration based on ILO Global Care Policy Portal. "Duration of maternity leave (weeks); Duration of paternity leave (days)". Available at https://webapps.ilo.org/globalcare/ (accessed on 11 August 2026).

Note: Australia, Kyrgyzstan and Nepal meet the minimum of 14 weeks of maternity leave, but maternity leave cash benefits are below two-thirds of previous earnings.

1 ILO, "Closing the gender gap in paid parental leaves: Better parental leaves for a more caring world of work", ILO Care Brief, No. 1, June 2025. Available at https://www.ilo.org/sites/default/files/2025-10/Closing%20the%20gender%20gap%20in%20paid%20parental%20leaves.pdf

2 OECD, "OECD Economic Studies", No. 37, 2003/2. Available at https://www.oecd.org/content/dam/oecd/en/publications/reports/2004/07/oecd-economic-studies-volume-2003-issue-2_g1gh3206/eco_studies-v2003-2-en.pdf

3 Bates, Lillian, Oliver Hall and Pamela Jakiela, "Understanding the Impacts of Paid Maternity Leave on Women's Labor Market Outcomes", IZA DP No. 16565, October 2023. Available at https://docs.iza.org/dp16565.pdf

4 Corekcioglu, Gozde, Marco Francesconi and Astrid Kunze, "Expansions in paid parental leave and mothers' economic progress", European Economic Review, vol. 169, 2024. Available at https://doi.org/10.1016/j.euroecorev.2024.104845

5 Frodermann, Corinna, Katharina Wrohlich and Aline Zucco, "Parental Leave Policy and Long-run Earnings of Mothers", Labour Economics, vol. 80, 2023. Available at https://doi.org/10.1016/j.labeco.2022.102296

6 Bailey, Martha, Tanya Byker, Elena Patel, and Shanthi Ramnath. "The Long-Run Effects of California's Paid Family Leave Act on Women's Careers and Childbearing: New Evidence from a Regression Discontinuity Design and US Tax Data", American Economic Journal: Economic Policy 17 (1): 401–31, February 2025. Available at https://topcat.aeaweb.org/articles?id=10.1257%2Fpol.20200277

7 Institute for Labour Market Policy Evaluation (IFAU), "The effect of own and spousal parental leave on earnings", Working Paper 2010:4. Available at https://www.ifau.se/globalassets/pdf/se/2010/wp10-4-the-effect-of-own-and-spousal-parental-leave-on-earnings.pdf

8 OECD, *Paid leave for fathers* (Paris, 2025). Available at https://www.oecd.org/en/publications/paid-leave-for-fathers_07442bed-en/full-report.html#a1zKappa_41e807f9; and Japan, Ministry of Health, Labour and Welfare, "Childcare Leave System". Available at https://www.mhlw.go.jp/seisakunitsuite/bunya/koyou_roudou/koyoukintou/ryouritsu/ikuji/ (accessed on 21 September 2026).

9 World Bank, *Women, Business and the Law 2026, Benchmarking Laws for Jobs and Inclusive Growth*. (Washington, D.C., 2026). Available at https://openknowledge.worldbank.org/server/api/core/bitstreams/2d98382b-4cc6-43ba-b140-06ea4ca9a51e/content Starting with the 2026 edition (WBL 2.0), the World Bank transitioned from binary scoring to a partial scoring for paid leave duration, where granting at least 14 weeks (98 days) earns the maximum score. The 69.46 score reflects the global average for the Parenthood legal framework across 190 economies.

10 Ibid.

11 ILO, "Women and the economy: 30 years after the Beijing Declaration", ILO brief, 6 March 2025. Available at https://www.ilo.org/sites/default/files/2025-04/IWD_STATISTICS_GEDI_EN.pdf

12 ILO, "Global Care Policy Portal" (2025). Available at https://webapps.ilo.org/globalcare/ (accessed on 6 August 2026).

13 Singapore, Ministry of Manpower, "Shared Parental Leave", n.d. Available at https://www.mom.gov.sg/employment-practices/leave/shared-parental-leave (accessed on 6 August 2026).

14 Republic of Korea, *Republic of Korea's National Review for Implementation of the Beijing Platform for Action (2024)*, 2024. Available at https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.asiapacificgender.org%2Fsites%2Fdefault%2Ffiles%2F2024-07%2FRepublic%2520of%2520Korea%2527s%2520National%2520Review%2520for%2520Implementation%2520of%2520the%2520Beijing%2520Platform%2520for%2520Action%2520%25282024%2529.docx%23%3A~%3Atext%3DThis%2520report%2520provides%2520a%2520comprehensive%2520review%2520of%2520the%2CPlatform%2520for%2520Action%252C%2520after%2520submitting%2520its%2520twenty-fifth-anniversary%2520report.&wdOrigin=BROWSELINK

Storyline 1 – ASEAN: Writing care into the region's future

In less than a decade, ASEAN has moved from commissioning its first joint report on care to adopting a leaders-level Declaration – a measure of how quickly care has moved to the centre of the region's agenda. It began with evidence: a joint ASEAN-ESCAP report on the care economy in 2021, followed in the same year by the endorsement of the ASEAN Comprehensive Framework on the Care Economy – the moment the region gave its recognition of care a shared institutional form. The Framework set out a broad agenda spanning healthy ageing, disaster resilience, digital transformation in care services, stronger social safety nets and environmental sustainability[1] – and subsequent convenings, including the Jakarta Roundtable on Building a Caring Economy and the Regional Forum on Care Work in 2023, turned it into a standing regional conversation.

The momentum culminated under the Lao People's Democratic Republic's ASEAN Chairmanship in 2024: the adoption of the ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community, endorsed by ASEAN Leaders at the 44th and 45th ASEAN Summits.[2] The Declaration calls for a whole-of-government and whole-of-society approach – and it outlines concrete policy directions across the same four policy categories that organize this chapter's analysis: care infrastructure, care services, care-related social protection and employment-related care policies, reflecting ESCAP's Model Framework for Policy Action on the Care Economy. What this chapter maps as an analytical framework, ASEAN Leaders have adopted as a political commitment.

Commitment is now moving into implementation. The ASEAN Committee on Women, with ESCAP technical assistance, developed the ASEAN Care Economy Guidance Note to translate the Declaration's commitments into national and subregional action. The region has also carried its agenda outward: at the sixty-ninth session of the Commission on the Status of Women in 2025, ASEAN convened a dedicated side event, "Care at the Core", presenting its leadership to a global audience, while regional exchanges – from the Asia-Pacific Care Learning Week in Kathmandu to the New Frontiers in the Care Economy Conference in Kuala Lumpur – kept peer learning in motion across the region.[3]

The care agenda is now increasingly embedded across ASEAN's economic, socio-cultural and cross-sectoral cooperation frameworks. As ASEAN looks towards its post-2025 vision and the ASEAN 2045 agenda, the care economy is increasingly positioned as a cornerstone of inclusive and sustainable development, showing how a shared framework can translate recognition of care into coordinated action among Member states.

1 ASEAN, *ASEAN Comprehensive Framework on the Care Economy* (Jakarta, 2021). Available at https://asean.org/book/asean-comprehensive-framework-on-care-economy/

2 ASEAN, *ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community* (Vientiane, 2024). Available at https://asean.org/wp-content/uploads/2024/11/1-ASEAN-Declaration-on-Strengthening-the-Care-Economy-and-Fostering-Resilience-towards-ASEAN-Community-Post-2025_.pdf; and ESCAP, "ASEAN endorses new declaration on care economy and resilience", news release No. G/24/2024, Bangkok, 23 August 2024. Available at https://www.unescap.org/news/asean-endorses-new-declaration-care-economy-and-resilience (accessed on 7 August 2026).

3 ESCAP, "Care at the Core: ASEAN Leadership in Advancing Gender Equality through the Care Economy", side event at the sixty-ninth session of the Commission on the Status of Women, New York, 12 March 2025. Available at https://www.unescap.org/events/2025/care-core-asean-leadership-advancing-gender-equality-through-care-economy; ESCAP, "New Frontiers in the Care Economy Conference", Kuala Lumpur, 2025. Available at https://www.unescap.org/events/2025/new-frontiers-care-economy-conference; and UN Women, "2025 Asia-Pacific Care Learning Week", Kathmandu, 2025. Available at https://asiapacific.unwomen.org/en/news-and-events/events/2025/05/2025-asia-pacific-care-learning-week (all accessed on 7 August 2026).

Conclusion

Care systems across Asia and the Pacific are in transition. While many countries continue to rely heavily on fragmented, under-resourced and gendered models of care provision, growing recognition is emerging that these arrangements are increasingly unsustainable in the face of demographic change, digitalization, climate change and environmental degradation, urbanization and widening inequalities. The analysis in this chapter has shown that current care systems are shaped not only by present-day policy choices but also by inherited institutional arrangements, economic assumptions and social norms that continue to influence how care is organized, financed and distributed. These structural legacies have contributed to persistent gaps in access to high-quality care services, unequal care responsibilities and the undervaluation of paid and unpaid care and domestic work across the region.

Important shifts are beginning to emerge. Governments, regional institutions, civil society organizations and communities are increasingly advancing integrated and rights-based approaches to care, including through expanded social protection, investments in care services and infrastructure, gender-responsive budgeting, improved recognition of care and domestic workers and efforts to strengthen policy coordination across sectors. These policies are not standalone measures but closely interconnected components of comprehensive care systems. Progress on any one of them cannot be sustained without corresponding advances in the others. They do not yet amount to a complete transformation of care systems, but they signal growing momentum towards alternative models that recognize care as essential social and economic infrastructure, supporting economic growth, social cohesion and sustainable development.

The future of care in Asia and the Pacific will ultimately depend on how societies respond to the pressures and opportunities identified across chapters 3 and 4. The next chapter therefore turns from present realities towards the future, using strategic foresight methodologies to explore how care systems may evolve under different combinations of policy choices, institutional responses and external shocks by 2040.

Chapter 5

Four futures for care in 2040



> "Thinking about the future in 2040, care may be less invisible, but it is not necessarily more equal. The question is whether greater visibility is leading to redistribution: who is receiving care, who is giving care, and under what conditions."
>
> **—Focus group discussion,** 7 May 2026

The future of care in Asia and the Pacific cannot be understood through linear projections alone. Demographic change, technological transformation, urbanization, climate pressures and widening inequalities, as well as evolving social norms may interact in ways that produce very different trajectories for care systems across the region.

- The future of care may evolve along multiple possible trajectories. This chapter explores four plausible futures, each illustrating a distinct pathway along which care systems may evolve.
- Different futures may create distinct pressures and opportunities for care recipients, care workers, households, labour markets, public services and care infrastructure.
- Existing inequalities may deepen or take new forms if care systems fail to adapt.
- The effects of demographic, technological, urban and climate change will depend on institutional capacity, available resources and political choices.
- Strategic foresight can help governments and other decision-makers anticipate risks, recognize emerging opportunities and monitor which future dynamics are becoming more plausible.

The preceding chapters established the following: why care matters (chapter 1), why it has been historically undervalued (chapter 2), the megatrends now reshaping the demand for and supply of care (chapter 3), and where care systems across the region stand today (chapter 4). Together they describe systems built for a world that is already changing and changing faster than policy responses can adapt.

No one can predict the future, but it can be explored in a disciplined way. The chapter sets out four scenarios for the future of care in Asia and the Pacific, not to forecast a single outcome but to prepare for several. The horizon is 2040: far enough ahead to move beyond the timeframe of the 2030 Agenda and close enough to remain relevant to today's policy debates.

5.1 Method and consultation

The four scenarios follow the archetype method developed by the futurist Jim Dator (see annex A), one of the most widely used frameworks in foresight practice, including within the United Nations system.[294] Drawing on his analysis of a wide range of images of the future, Dator proposed that, despite their diversity, these images can generally be grouped into four generic alternative futures: continued growth, collapse, discipline/new equilibrium and transformation.[295] The archetypes are broad patterns of change rather than ready-made scenarios. Each scenario presented here is a context-specific rendering of one archetype, describing a fundamentally different trajectory for the future of care.

294 For other United Nations publications drawing on Jim Dator's four-archetype method, see UNDP, *Enabling Responsive, Coherent and Inclusive Support to the Implementation of the 2030 Agenda: Integrated Report*, Mid-Term Evaluation (New York, 2019). Available at https://erc.undp.org/evaluation/documents/download/12362; and UNDP, Regional Bureau for Asia and the Pacific, *Indigenous Futures* (Bangkok, 2022). Available at https://www.undp.org/sites/g/files/zskgke326/files/2022-08/UNDP-RBAP-INDIGENOUS-FUTURES-2022.pdf

295 Jim Dator, "Alternative Futures at the Manoa School", *Journal of Futures Studies*, vol. 14, No. 2 (2009). Available at https://www.researchgate.net/publication/228380947_Alternative_futures_at_the_Manoa_School

None of the four scenarios should be read as a prediction or a preferred future; they are deliberately distinct and stylized possibilities designed to test how care systems might evolve under different conditions:

- **Continued Growth**: the current trajectory continues and expands, intensifying both existing strengths and unresolved problems. It is not simply business as usual, but an extension of the direction already underway.
- **Collapse:** accumulated pressures push care systems, infrastructure and informal support networks beyond their limits, leading to breakdown, loss of capacity and uneven forms of survival and adaptation.
- **Discipline/New Equilibrium**: societies respond to constraint by seeking stability, balance and control. Care is reorganized around limits, rules and managed provision, which may improve some outcomes while reducing flexibility and choice.
- **Transformation**: a radical departure from the present reshapes the wider operating environment, such as through a major technological, institutional or social shift. In this scenario, transformation does not mean that care systems themselves become ideal; it means that care is reorganized under fundamentally new conditions.

Across all scenarios, the drivers of change identified in chapters 2 and 3 (see annex B) remain in play. What differs is their direction and intensity, how they interact and combine and how societies choose to respond.

The scenarios were developed through a structured consultation with experts from Asia and the Pacific and beyond. In April and May 2026, six focus group discussions brought together 25 participants from United Nations entities, international and civil society organizations, governments and independent experts. Their expertise spanned not only care policy but also demography, labour, technology, climate, energy, urban development, transport, governance and inequality, reflecting the range of forces that shape the organization and provision of care. Each 90-minute session convened three to six participants.

In parallel, a participatory foresight workshop convened by ESCAP at the Women Deliver 2026 Conference (Melbourne, April 2026) brought together some 20 policymakers, development partners, civil society representatives and researchers to explore the same four scenario archetypes. Insights from the workshop complemented the focus group discussions and informed the development of the scenario narratives. The resulting scenarios and emerging findings were subsequently presented for discussion at the 12th Asia-Pacific Futures Network (APFN) Conference (Bangkok, September 2026) (see annex A).

The narratives that follow do not reproduce the views of any single participant or represent a consensus among participants. Nor do they express the position of any participating institution. They are syntheses, built from the cumulative input of all consultations and grounded in the evidence of earlier chapters and supplementary research. As products of this consultation process, they are not intended to provide comprehensive or representative descriptions of all possible care futures in Asia and the Pacific, but to offer plausible renderings of how different drivers of change could interact under each scenario archetype. Further information on participant selection and composition, the synthesis process and the limitations of the exercise are provided in annex A.

Three things are worth keeping in mind before reading:

- The archetypes are **not predictions**.
- They are **not arranged from undesirable to desirable**, or from likely to unlikely. Each deserves equal consideration.
- Each scenario is **one rendering of its archetype**, shaped by the consultations for this publication. It is not the only future that trajectory could hold.

Their purpose is not to constrain imagination but to discipline it, helping readers escape what futurists call the "tyranny of the present", the assumption that tomorrow will look like today, only more so. Across four genuinely different trajectories, the scenarios aim to surface the risks, opportunities and blind spots that any single forecast would miss.

5.2 The scenarios

The scenarios are written as speculative fiction, following fictional characters through imagined worlds, to make distant futures concrete rather than abstract. The choice of form is deliberate. Care is a deeply personal policy area: it is provided and received between people, in households and institutions, often invisibly. Earlier chapters have shown how easily care disappears when rendered only in aggregates. Narrative restores the scale at which care happens and at which the consequences of policy choices are ultimately felt.

Each scenario is presented in layers, designed to be read in stages. A first reading may focus on the narrative itself: the characters, the setting and the kind of care system, society and daily life that the scenario imagines. A second reading may then return to the narrative together with the sidebar, which links specific scenario elements to the drivers of change, focus group insights and emerging signals that suggest why that future could plausibly unfold. After each narrative, an end-of-scenario box steps back from the fiction to set out, in plain terms, what the world looks like in that future and its key features.

The chapter then brings the four scenarios together through a comparative table, showing how the megatrends and drivers of change behave differently across the futures and helping readers compare the scenarios rather than consider each one in isolation.

It then translates the assumptions underlying the scenarios into observable signposts – developments whose direction and accumulation can help governments assess which scenario dynamics are becoming more plausible.

Finally, the chapter concludes with evidence notes corresponding to the numbered markers in each end-of-scenario box. These notes map the wider policy literature and research behind each feature, including evidence that complicates as well as supports it.

Some of these futures are uncomfortable to contemplate, and deliberately so. Scenarios that only reassure are unlikely to expose serious risks. Here, discomfort serves an analytical purpose: it helps reveal where present-day choices could lead while there is still an opportunity to take a different course.

Continued Growth: between the gaps

Hari woke as his morning radio shifted from music to the district update.

The announcer read the news in a calm voice. After three days of heavy rain, several key roads in the southern district were flooded, including the main road to the supply depot. Deliveries to some villages would be delayed, although emergency supplies were already being redirected along two alternative routes under the district's climate-response system.

The old air conditioner above his rented studio turned with a faint, creaking sound. By noon, the city would reach 38 degrees Celsius. No one was surprised anymore. People had started joking that every year was now the hottest year in a hundred years, until the next year arrived and made the joke useful again.

Hari reached for his phone. A notification from the public pharmacy was waiting.

Delivery delayed. Estimated arrival: three to five days 1.

The delivery carried his mother's metformin and his grandmother's glaucoma drops. His grandmother could now see little beyond shadows and sharp edges of light, but the drops helped prevent her remaining vision from deteriorating further.

Hari opened the camera in his mother's kitchen.

The village was six hours away. His mother lived there with Hari's grandmother and his five-year-old son, Bo. Since Hari's wife died, Bo had remained in the village while Hari worked in the city. His salary covered most of the household expenses, but not a second home large enough for all four of them, nor the cost of full-time care in the city.

The camera had been provided through the Remote Family Care Subsidy, a programme for rural-to-urban workers whose children or older relatives remained in their home villages. It tracked movement across the room, detected when someone stayed still for too long and sent Hari fall alerts in real time. On the village's slow internet connection, however, the image loaded gradually.

At first, everyone disliked the camera. His mother said it made the kitchen feel watched; his grandmother turned her chair away from the lens for weeks. But over time, they had adjusted, partly because it had become one of the few ways for the family to maintain a sense of presence in one another's lives across the distance. His grandmother had even begun waving at the camera each morning, while Bo liked holding up his drawings so Hari could see them 2.

When the image steadied, Hari saw his mother moving between the rice cooker and the small altar. Bo appeared in his pajamas, holding his great-grandmother by two fingers. He led her towards the table, waited until she found the chair and began peeling a boiled egg for her, although clumsily. When Bo was a baby, she had fed him spoon by spoon at the same table. Now he was beginning, in the small and serious ways available to a five-year-old, to look after her 3.

Emerging evidence and scenario logic

1 DRIVER 4.3 Climate shocks disrupting the continuity and safety of care provision

During the focus group discussion, participants discussed climate shocks as a plausible operating condition in the Continued Growth archetype: systems continue to function and governments become more skilled at emergency response, but heat, floods and storms repeatedly interrupt the care infrastructure that households depend on. ESCAP's *Asia-Pacific Disaster Report 2025: Rising Heat, Rising* Risk similarly notes that rising temperatures are intensifying disaster risk across Asia and the Pacific, with cascading impacts on health, labour productivity, energy systems and human well-being. See ESCAP, *Asia-Pacific Disaster Report 2025: Rising Heat, Rising Risk* (United Nations publication, 2025); and James Balikuddembe and others, "Impact of climate-induced floods and typhoons on geriatric disabling health among older Chinese and Filipinos", *BMC Geriatrics,* vol. 24 (2024).

2 DRIVER 3.1 Rural-urban migration reconfiguring family structures and care labour networks / DRIVER 2.1 AI and automation reshaping the boundary between human and machine care work

Participants discussed rural-urban migration as an existing structural feature of the care landscape and considered how continued migration could further separate working-age adults in cities from children and older persons who remain in rural households. In this context, digital tools may become part of everyday care coordination, especially where families live apart. Scholarship on remote care similarly shows that cameras, sensors, video calls and everyday digital devices can create forms of "virtual co-presence," while also raising concerns about surveillance, privacy and the feeling of being watched within the home. See Yi Jiao Tian, Fabrice Jotterand and Tenzin Wangmo, "Remote Technologies and Filial Obligations at a Distance" *Asian Bioethics Review*, vol. 15 (2023); and Tanja Ahlin, Kanika Sen and Jeannette Pols, "Telecare that works: lessons on integrating digital technologies in elder care from Indian transnational families", *Anthropology & Medicine*, vol. 31 (2024).

3 DRIVER 1.3 The sandwich generation as a structural feature of the regional care landscape

Participants discussed how family members may increasingly care for one another across generations, as ageing, low fertility and migration stretch care responsibilities within the same household. They also emphasized the reciprocity of care, whereby care relationships may shift over the life course, with family members alternating between giving and receiving care across generations. This echoes the sandwich generation discussed in chapter 3. Scholarship on demographic change similarly notes that smaller families, longer life expectancy and geographic separation can weaken traditional caregiving networks and place simultaneous care responsibilities on fewer family members. See ESCAP, *Population Ageing in the Asia-Pacific Region and its Economic and Intergenerational Consequences* (Bangkok, 2025); and Wei-Jun Yeung and Jeofrey Abalos, "Social determinants of low fertility in Asia: A comparative review of trends in East, Southeast and South Asia", *The Lancet Regional Health: Western Pacific*, vol. 65 (2025).

Continued Growth: between the gaps

Hari called. The video froze once before his mother answered 4.

"The medicine is delayed," he said. "I can order the metformin from another pharmacy."

"Don't pay extra," she said. "I still have two tablets."

"Two for today?"

"Two altogether."

His mother was 63 and worked at the plantation base from early morning until evening. She had diabetes, increasingly frequent heat exhaustion that came more often during long plantation days, and a habit of making her own needs smaller than everyone else's. In the household budget, her medicine was always the first item she treated as flexible.

She was registered for the chronic disease subsidy. Her refill had been ordered on time, and the pharmacy's electronic prescription system had marked it as essential and placed it in the priority delivery queue. But a priority flag could not always carry medicine across a flooded road 5.

By seven, his mother had left for work. At nine, Bo and his great-grandmother made the short walk to the integrated community care centre together, as they did most days.

In the city, children and older persons usually attended separate centres. Private facilities employed workers trained for different care needs and offered air-conditioned rooms, medicine refrigerators, sensor floors and AI-generated summaries for families. Some even adjusted lighting, temperature and activities according to each person's health profile.

The integrated village centre was more modest. It had been built three years earlier with public funding. Three permanent workers managed almost everything, assisted by several nursing students assigned there for one semester at a time.

The single air conditioner dripped into a plastic bucket and never cooled the rooms sufficiently. A small refrigerator stored both food and medicine. At the front desk, staff shared one phone and one tablet for check-ins, subsidy reporting, medication reminders and short video calls with families when the internet connection allowed.

A childcare subsidy helped cover Bo's attendance. His great-grandmother, following a needs assessment, received a community care benefit covering transport, a midday meal and supervised daytime activities. The building was not fully accessible, and staff changed too often to know every person well. Still, during working hours, the centre gave the household somewhere to rely on 6.

On the metro, Hari read a message from his younger sister, Maya.

14-hour shift just ended. Going to bed. Money tomorrow.

Maya had left the country five years earlier.

For most of her twenties, relatives had reminded her that a good daughter should marry nearby and remain close enough to help when the family needed her. Maya listened, nodded and said little.

Then, one spring, she left.

Only later did Hari understand that she had been preparing for years. She had completed a home-care aide training course, applied to a regional labour programme and secured a position with a licensed agency in a neighbouring country.

4 DRIVER 2.3 Unequal access to digital infrastructure and skills shaping participation in digital care systems

Participants noted that digitalization may expand unevenly, with rural households, older persons and lower-income users facing weaker connections, limited device access and lower digital literacy. Scholarship on digital health similarly shows that digital access does not automatically translate into meaningful access, especially when older persons or rural users depend on unstable networks and require family support to use telehealth, apps or remote communication tools. See Rui Yao and others, "Inequities in Health Care Services Caused by the Adoption of Digital Health Technologies: Scoping Review", *Journal of Medical Internet Research*, vol. 24 (2022); and Sally Hall Dykgraaf, Jane Desborough and others, "Older people, the digital divide and use of telehealth during the COVID-19 pandemic", *Australian Journal of General Practice*, vol. 51 (2022).

5 DRIVER 4.2 Climate-related health and resource burdens reshaping care demand and unpaid work

Participants discussed how climate change may increase care needs not only through disasters, but also through health and resource burdens. ESCAP's *Asia-Pacific Disaster Report 2025* similarly links rising heat to human health, labour productivity and wider disruptions to daily life, while scholarship on older persons and climate-related disasters shows how climate change can worsen chronic conditions and disrupt access to health services. See ESCAP, *Asia-Pacific Disaster Report 2025: Rising Heat, Rising Risk* (United Nations publication, 2025); and James Balikuddembe and others, "Impact of climate-induced floods and typhoons on geriatric disabling health among older Chinese and Filipinos: a cross-country systematic review", *BMC Geriatrics* 24 (2024).

6 DRIVER 6.2 Cultural expectations of family-based care across generations / DRIVER 5.2 Compounding intersectional inequalities in who receives care and who provides it

Participants discussed how public care services may expand while still being designed around family responsibility. Public support can reduce care pressures but still serve as a supplement to family-based care. Participants also noted that access to formal care remains stratified by income, location, age and disability. See ESCAP, *Policymakers' Toolkit for Valuing Unpaid Care, Part 2: Model Framework for Policy Action on the Care Economy: Concept Paper* (United Nations publication, 2024); UN Women, *Transforming Care Systems in Asia and the Pacific, advancing women's economic empowerment building caring societies, inclusive and green economies* (Bangkok, 2024); and World Bank, *The ABCs of Long-Term Care: A Functional Framework for Policy Engagement* (Washington, D.C., 2025).

Continued Growth: between the gaps

Maya now cared for an older woman in a coastal city. The job gave her legal status, steady remittances and basic social protection, although staff shortages still led to long shifts and unpredictable hours. She took pride in the trust she had built with the woman she supported and sent part of her earnings home each month. Yet the same job that helped sustain her family also kept her hundreds of kilometres from her own grandmother, who still asked about her every week [7].

At first, Hari could not understand it. Why would Maya care for someone else's family while leaving her own behind? During one lunch break, he had called her selfish.

The women at his table disagreed.

"Maybe she didn't want to become the person everyone expected to sacrifice first," one colleague said [8].

Hari worked for a logistics technology company in the city.

Nowadays deliveries were routed automatically. His job began when automated delivery routes failed; he reviewed the exceptions and resolved what the system could not.

The work was steady and paid well enough for him to support the family, although not enough to move everyone to the city. Many of his colleagues had grown up nearby and had parents, siblings or in-laws within an hour's journey. At the same time, the city had grown rapidly around new logistics hubs, apartment towers and metro extensions, drawing workers like Hari from districts across the country. For a lot of them, family existed largely through screens, transfers and brief visits planned months in advance.

At 11:40, the company intranet sent a reminder to check the leave portal. Hari opened it.

National Family Care Leave

Annual entitlement: 3 paid days

Days remaining: 3

For urgent care or accompaniment of a dependent family member

[Request leave]

Below the button, in smaller text, employees were advised to discuss business continuity with their managers before submitting a request.

The leave entitlement was statutory, but few people in Hari's unit used all of it. A journey to the village and back would already consume much of the available time. One colleague kept the days for an emergency that never seemed to fit the form. Another had used them all at once and found that the most visible assignments went elsewhere after she returned.

No one at the company said that care leave was a problem. The system simply continued to reward uninterrupted availability [9].

Hari closed the portal as a message arrived from his manager:

Please clear Southern-region exceptions before 15:00.

He opened the queue. Deliveries affected by road closures or depot disruptions had been sent for manual review. One entry covered the group of villages served by his home district, including his own.

7 DRIVER 5.1 Global care chains redistributing care across households, communities and countries

Participants discussed how uneven demographic change may continue to move care across borders, as countries with low fertility, rapid ageing and shrinking care workforces recruit migrant workers for home-based eldercare. See ILO, *Care Work and Labour Migration in ASEAN* (Bangkok, 2024); Kristel Acedera and Brenda Yeoh, "When care is near and far: Care triangles and the mediated spaces of mobile phones among Filipino transnational families", *Geoforum*, vol. 121 (2021); and Tanja Ahlin, Kanika Sen and Jeannette Pols, "Telecare that works: lessons on integrating digital technologies in elder care from Indian transnational families", *Anthropology & Medicine*, vol. 31 (2024).

8 DRIVER 6.1 Gender expectations shaping who provides care

Participants discussed how gender expectations continue to shape who is assumed to provide care within households, especially when public services remain limited or incomplete. They also noted that these expectations are not static: younger and more educated women increasingly question the idea that women should naturally become the default caregivers within families. This reflects a wider tension between enduring filial and gendered expectations (see chapter 2) and a growing refusal to organize women's lives around unpaid family care.

9 Participants discussed how employment-related care policies (see section 4.4) may exist on paper but remain underused when workplace culture and performance systems treat caregiving as an interruption to productivity. ILO similarly frames care leave and care services as central to decent work and gender equality, while noting that legal entitlements need supportive workplace conditions to be meaningful in practice. See ILO, *Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work* (Geneva, 2022); and ILO, *Follow-up to the Resolution Concerning Decent Work and the Care Economy* (Geneva, 2024).

Continued Growth: between the gaps

Washed-out road. Depot backlog. Temporary hand-off point opened at the school. Clinic van available if the northern route stays dry. Medicine deliveries flagged as priority.

Somewhere inside those red lines and status codes were his mother's tablets and his grandmother's drops.

Back in the village, the centre closed at five. There was no after-hours service. Its community shuttle would normally have taken Bo and his great-grandmother home, but that afternoon it had been redirected to a settlement cut off by the flooding. Hari's mother was still at the plantation base: several workers had not returned after the storm, and the supervisor had extended the remaining workers' shifts. There was no evening service at the centre and no one available to escort Bo and his great-grandmother home. They walked back together 10.

At 17:40, Hari checked the kitchen camera. He watched Bo set the rice cooker to warm and then guide his great-grandmother towards the washroom. The doorway was narrow and had no handrail, so Bo stood beside it until she called for him again.

On his metro ride home, the carriage screens displayed a government campaign. An older woman, a little boy and a middle-aged daughter sat at a kitchen table under soft yellow light.

Support at every age. Care coordinated close to home.

At nine, Hari video-called his mother again. The connection blurred and then steadied. His mother had returned, cooked porridge and washed Bo's centre shirt for the next morning. Bo was teaching his great-grandmother to press the call button on the old tablet. Someone had placed a raised dot of tape over it so that she could find it by touch.

In the background, the evening bulletin began. A minister was speaking about care as a pillar of inclusive growth. He listed the government's achievements: community centres, digital health systems, caregiver recognition, climate-response plans and regional partnerships for care workers.

Hari listened. These measures were real. The centre had opened. The subsidies reduced the cost. Maya had migrated through a legal programme rather than an unlicensed recruiter. Family leave existed. Flood response was faster than it had once been. Just now he checked the pharmacy app, the status of medicine delivery had changed from "delayed" to "rerouted."

Hari counted these things quietly, one after another. They helped; he knew they certainly helped. But between them, gaps remained. Inside those gaps, his family continued to care for one another as best they could 11.

Outside, city lights held steady in the heat.

Hari sent Maya the usual message: *Thanks. Miss you.*

A minute later, she replied with a photograph of the morning light over the sea outside her window.

10 DRIVER 4.3 Climate shocks disrupting the continuity and safety of care provision / DRIVER 5.2 Compounding intersectional inequalities in who receives care and who provides it

Participants discussed how climate shocks can disrupt care routines even when formal services continue to operate, requiring households to reorganize care at short notice. These disruptions have unequal effects, especially in rural households and among older persons, children, informal workers, persons with disabilities and other groups in vulnerable situations, particularly where limited infrastructure and fewer formal services leave households to absorb the gap. See ESCAP, *Asia-Pacific Disaster Report 2025: Rising Heat, Rising Risk* (United Nations publication, 2025); ILO, *World Social Protection Report 2024–26: Regional Companion Report for Asia and the Pacific* (Bangkok, 2024); and United Nations, *Disability and Development Report 2024: Accelerating the Realization of the Sustainable Development Goals by, for and with Persons with Disabilities* (United Nations publication, 2024).

11 DRIVER 6.3 Public and economic valuation of care work

Participants discussed how care may become more visible in public policy, workplace language and national growth strategies, without this automatically changing how care is funded, delivered or shared. Multilateral care-economy agendas similarly emphasize that recognition must be matched by sustained investment, decent work, social protection and accessible care services. See ESCAP, *Policymakers' Toolkit for Valuing Unpaid Care, Part 2: Model Framework for Policy Action on the Care Economy: Concept Paper* (United Nations publication, 2024); ILO, *Follow-up to the Resolution Concerning Decent Work and the Care Economy* (Geneva, 2024); and UN Women, *State of Transforming Care Systems in Asia-Pacific - Report of the 2024 Asia-Pacific Care Forum - Transforming Care: Building Alliances, Empowering Women, Reshaping Economies* (Bangkok, 2025).

Continued Growth in 2040

The care system has evolved under stronger pressure from demographic change, climate disruption, urbanization and digitalization. Public institutions are more capable than before and provide more formal protection through community centres, subsidies, vouchers, medication support, family leave and regional care-mobility schemes. Yet this expansion remains incremental rather than transformative. The system is better at supporting households, but it is still built around the assumption that households are the default providers of care. Public services cover part of the time, cost and risk; households still handle what falls outside the system, from transport and after-hours care to emergencies, emotional support and day-to-day decision-making. Care is therefore more visible than before, but it still navigates through gaps: between centre hours and home routines, between digital alerts and physical help and between public protection and the daily care that households must complete themselves.

Key features of the future:

1. **Adaptive crisis management, household-level disruption.** Public systems become faster at tracking climate risks, rerouting supplies and protecting essential services, but repeated heat, floods and storms still interrupt the everyday continuity of care that households depend on. **Evidence note** 5
2. **Expanded public care as supplementary infrastructure. C**ommunity centres, childcare subsidies, eldercare vouchers, medication support and family leave reduce household pressure, but they cover only parts of the day, cost and risk; households still complete the rest. 1 2 3
3. **Digital coordination without equal access.** Remote-care cameras, pharmacy alerts, centre tablets and service portals make care more trackable and responsive but can also create unease when care begins to feel like surveillance or constant monitoring. At the same time, weak rural connectivity, older devices and limited staffing keep access to digital care uneven. 14
4. **Stratified care markets and mobility.** Urban public and private care services develop rapidly through adaptive centres, licensed agencies and platform records; rural services expand more slowly, while cross-border care-mobility schemes help wealthier ageing countries fill labour shortages. 4 11 17
5. **Contested gender norms, enduring family responsibility.** Younger and educated women increasingly resist traditional gender norms that cast women as the default caregivers, yet filial and gendered expectations remain powerful where public systems are partial and households must still fill the gaps. 3

Collapse: the work that remains

By six, the room was already too warm to sleep in and Anaya opened her eyes. The bedroom air conditioner had cut out at midnight, when the household allocation ran out. Three years earlier, the district board had taken over electricity rationing from the municipal utility and set each household a fixed daily quota according to its size. Whatever remained expired at midnight, no matter when the power had come on (1). Anaya lay flat, looking at the ceiling. From the next room, she heard the small shift of weight against the cushions. Her sister Pari was awake.

Pari was 42 and had lived with a condition affecting her muscles and balance since she was 20. For most of her adult life, with the assistive devices Anaya had spent years saving to buy, she had been largely independent. She was the one who took care of their father through his last illness and looked after the twins next door when their mother took a second job.

But ever since the country became short on energy, the precious electricity that remains had to go to cooling in this tropical city (2). Pari could charge her powered chair only during the evening supply window and even then, rarely beyond half capacity. To conserve the battery, she now spent most days inside the apartment and seldom went out. She had stopped looking after the twins next door some time ago (3). Anaya knew that the reversal, from caregiver to cared-for, needing help with what she had always done alone, was the hardest part. On bad mornings, she sat at the window with her jaw set, furious at nobody she could name.

Anaya's phone buzzed. A notification from Karu, the app she used for the community network. Karu was built by a woman named Devi who lived four streets over. Devi had worked for one of the big tech companies before the second AI wave laid her off in 2035, after which she spent two years building Karu specifically for the corridor. Karu did not rely on any of the city's dominant platforms. It operated on low power from a small server in Devi's building. Anyone who used it has met Devi in person at least once. It has about 50 users. The big platforms remain the dominant infrastructure of the city, owned by the two global tech giants whose merger had been approved in 2034. But people in the corridor have moved their community matters off them after consecutive data sale scandals over the years (4).

The app flagged a request from a friend on the kitchen volunteer roster. Lowen could not come in this week. Her aunt had nearly died of heatstroke on Sunday, when the cooling in their unit had failed during the worst of the afternoon. Lowen was now full-time with the family until they could rebuild some kind of arrangement. She was the third volunteer in two months to drop out for the same kind of reason (5).

Anaya crossed the city in the heat to get to the Tanaka house. During the day she worked for four wealthy households on rotation. Two years ago, the Reyes family had hired her on a referral from a woman she had once helped during a hospital stay. The Reyes family later referred her to the Suarez family, the Suarez family to the Choes and the Choes to the Tanakas. The chain itself was her credential. She held a certification inside the big platform but none of the four families had checked it; they trusted their friends a lot more (6). Anaya was not dissatisfied with her current work. She was trusted, which meant she could bargain. A good and well-trusted domestic worker was hard to find.

Emerging evidence and scenario logic

(1) DRIVER 4.4 Energy access and reliability shaping the foundations of care provision and care work

During the focus group discussion, participants raised the prospect that energy infrastructure unreliability and rationing could become defining features of collapse, alongside rising cooling demand, the ability of wealthy households to use private generation and storage, the exclusion of those without resources and increased exposure to heat.

(2) **Additional signal**: The International Energy Agency (IEA) projects that by 2040, cooling could account for 30 per cent of peak electricity demand in ASEAN countries, up from around 10 per cent, underscoring how cooling demand may intensify grid stress in hot and humid contexts. See IEA, *The Future of Cooling in Southeast Asia* (Paris, 2019).

(3) DRIVER 5.2 Compounding intersectional inequalities in who receives care and who provides it.

Participants emphasized that persons with disabilities are often primary caregivers in many households (see chapter 1), and discussed how the loss of support services, including assistive technologies that depend on reliable energy, will have intersectional effects under collapse. See UN Women, *Towards a Better Future: Strengthening Gender-Responsive and Disability-Inclusive Transformative Care and Support* (New York, 2026); and United Nations, *Disability and Development Report 2024: Accelerating the Realization of the Sustainable Development Goals by, for and with Persons with Disabilities* (United Nations publication, 2025). The latter notes that many persons with disabilities rely on electricity-powered assistive technologies for independent living or survival, yet only 39 per cent of countries had mechanisms in place in 2023 to assist persons with disabilities using such technologies during power outages.

(4) DRIVER 2.2 Platformization of care employment and labour relations / DRIVER 2.4 Datafication and surveillance transforming the governance and valuation of care.

Participants described a layered technology ecology in the collapse scenario: large platforms persist as dominant infrastructure, while smaller trust-based systems emerge for community matters. See UN Trade and Development (UNCTAD), *Digital Economy Report 2021: Cross-border Data Flows and Development: For Whom the Data Flow* (United Nations publication, 2021); and UNHCR Innovation Service, *Community-led Connectivity: Assessing the Potential of Community Network Models in the Context of Forced Displacement in East Africa* (Geneva, 2020).

(5) DRIVER 4.2 Climate-related health and resource burdens reshaping care demand and unpaid work.

Evidence shows that heatwaves can increase care needs among vulnerable groups and place additional pressure on health, emergency and social-care systems. See World Meteorological Organization (WMO) and WHO, *Heatwaves and Health: Guidance on Warning-System Development* (Geneva, 2015).

(6) DRIVER 6.3 Public and economic valuation of care work.

Participants described informal referral-chain hiring as a parallel labour market in the collapse scenario, especially where formal platform mediation is mistrusted. Domestic workers are largely informal in Asia and the Pacific (see chapter 4) and ILO research in India shows that recruitment often relies on referrals, WhatsApp groups, building security and word of mouth, reinforcing segmented and unequal labour markets. See ILO, *Employer Practices and Perceptions on Paid Domestic Work: Recruitment, Employment Relationships and Social Protection* (New Delhi, 2022).

Collapse: the work that remains

The walk to the Tanaka house took her past the strip of informal settlement that had grown along the canal between her corridor and the inland district. The settlement began three years ago, when the populations of low-lying coastal cities, now partially or wholly uninhabitable due to saltwater intrusion and repeated flooding, had thinned and people moved inland with what they could carry [7]. A young woman was washing a child outside one of the shelters with water from a jerry can. The settlement and the corridor shared a perimeter but not much else. There had been discussions in the network, Anaya remembered, about extending the network to the displaced families, but the proposal was quickly shut down. Most of the displaced families shared a southern dialect that the corridor's residents understood only in fragments. These days, everyone looked after their own kind [8].

Past the settlement the inland district began, and three blocks in, the buildings changed. The Tanaka building was 12 stories of late-2020s construction. Anaya looked forward to going to work; the workplace was always cool and fresh. Ms. Tanaka's household had rooftop solar and battery storage, an AI-mediated watering system that hummed at low volume in the courtyard garden and a refrigerated medical unit connected to a separate backup battery by the bed. Indoors the temperature held at 23 degrees regardless of what the city did outside. On 42-degree days, Anaya stood at the Tanaka kitchen window and breathed [9].

The work was strenuous, of course: from seven in the morning to six at night, six days a week. She had to keep working, because cash was all she got. No contract was signed between her and the four households. In 2037, the government announced a domestic-worker registration scheme, with subsidized social-insurance contributions for low-income workers and their employers. The pilot opened in two districts, but nationwide implementation was repeatedly postponed as emergency spending absorbed the funding and administrative capacity. Anaya's district had never been included [10].

At six she walked back. She had three hours of community work to replace Lowen before she could go home. The community kitchen operated from an unused building on the corner, a former post office that had closed when physical mail ended in the late 2020s. Fifteen volunteers worked the kitchen. The only man on the roster, a retired driver, unloaded the gas cylinders and sacks of rice. Around him, the women planned the meals, cooked, cleaned, recorded requests, visited households and reorganized the roster whenever another volunteer dropped out [11]. Anaya had been here for almost three years. The network had helped her and Pari during an earlier incident when they had run out of medication and so she had stayed. The people she was helping were not in much worse circumstances than her own. She might be in their position one day. That was a reason to be here.

One of her tasks at the community kitchen was receiving donations and Anaya has noticed there were fewer these days. In the first two years of the network's existence the donations had been steady. The Suarez family had given monthly; the Choe family had paid for the kitchen's gas for a year. But in the last 18 months the rate had thinned. In the minds of many former donors, the emergency had passed into ordinary life. The headlines had moved on. But Anaya knew that the people they served still needed care [12].

Two summers ago there was an article online about them. *Women Who Lead*, the headline had said. The heroines of the community. Women were the ones who took the lead to save their communities during the crisis. Aunty Tina had printed and cut out the page and put it on the wall of the kitchen. But under the proud poster, Anaya knew the

7 DRIVER 4.1 Climate-related displacement restructuring care networks and obligations / DRIVER 3.3 Informal urban settlements producing fragmented and unequal care access.

The scenario links climate-related displacement with informal settlement growth and unequal access to care-related services. Climate- and disaster-related mobility is already reshaping migration in Asia and the Pacific, while informal settlements often face acute climate risks and inadequate access to basic services. See Regional United Nations Network on Migration for Asia and the Pacific, *Asia-Pacific Migration Report 2024: Assessing Implementation of the Global Compact for Migration* (United Nations publication, 2024); and ESCAP, *Localizing the Sustainable Development Goals to Address Interlinked Crises in the Post-Pandemic Era* (United Nations publication, 2022).

8 Participant insight: Participants suggested that care may become organized through trust, proximity and shared identity under collapse conditions, with internal codes of obligation hardening boundaries around who is considered entitled to support. Overseas Development Institute (ODI) notes that family and community-based networks often provide the first wave of crisis support. Comparative evidence also shows that where State provision is weak, welfare delivered through identity- or community-based networks can become uneven or selective. See Sarah Collinson and others, *The Role of Networks in the International Humanitarian System* (London, ODI, 2011); and World Bank, *Lebanon: Promoting Poverty Reduction and Shared Prosperity* (Washington, D.C., 2015).

9 See earlier analysis on the unequal access to electricity in section 3.1. See IEA, *Southeast Asia Energy Outlook* (Paris, 2024).

10 DRIVER 6.3 Public and economic valuation of care work.

Participants described the expansion of an already informalized paid care economy under collapse, with growing precarity, cash-based work and weak social protection. The scenario also imagines care formalization being repeatedly announced but deprioritized when emergency spending absorbs public resources.

See earlier discussion on the regulation of domestic work and non-contributory social protection for informal workers in chapter 4.

11 DRIVER 6.1 Gender expectations shaping who provides care.

Participants suggested that, under collapse conditions, women would likely assume central roles in community-based mutual aid. This expectation is consistent with UN Women evidence showing that women-led organizations provide critical humanitarian assistance to women and girls in crisis settings, even as many face severe funding constraints. See UN Women, *At a Breaking Point: The Impact of Foreign Aid Cuts on Women's Organizations in Humanitarian Crises Worldwide* (New York, 2025).

12 Additional signal: UN Women documents that women-led organizations in humanitarian crises are being asked to meet growing needs with shrinking resources, with some at risk of reducing services or closing. The scenario extrapolates from this pattern to imagine community care networks becoming harder to sustain as visible crisis attention fades. See UN Women, *At a Breaking Point: The Impact of Foreign Aid Cuts on Women's Organizations in Humanitarian Crises Worldwide* (New York, 2025).

Collapse: the work that remains

reality. The network has become harder to sustain. With so much work and so little money, she could see a common kind of exhaustion in all the volunteers' eyes [13].

Her brother had called twice while she was at the kitchen. She rang him back. He was in the village, where their parents and his two children lived with him, along with a cousin's family. The household comprised three generations and 10 people in four rooms. They had moved into this arrangement to save energy and to share care, which was increasingly common in the village [14]. His daughters, Anaya's nieces, had stopped going to school years ago, partly because the schools had closed, and partly because there was no one else to collect water, look after the three-year-old of their cousins and fetch wood, now that gas had stopped being delivered to the village. Anaya had tried to talk to her brother about supporting the girls to go further. He had said, the past three times, that it was not possible. The household needs the girls [15].

On the phone today, her brother told her their mother had been struggling with her leg. She was 78 and still cooked for the household every day. Their father has been bedridden for two years. There is nowhere nearby that could help with either of them. The district's publicly funded home-care programme had lost most of its staff between 2034 and 2036, and the older-person day centre had closed soon afterwards. The private residential facilities that expanded in the larger towns charged fees the family could not contemplate. The clinic in the village also closed in 2035. When their mother wanted to see anyone about her leg, her brother took her to the township hospital, an hour away, on a bus that ran three days a week and less frequently in the monsoon months. Sometimes the village women's collective comes by to check on the family.

Anaya asked how he was. "Well, hungry," he said, "but at least I am no longer homeless." Her brother had worked in the city before, like many people his age. He came back when the crisis hit, when rent became unpayable and the city stopped making sense as a place to be poor in. He was one of millions across the region who had done the same in the last decade. The villages, which had once been left only to older persons, became alive again. People go where there is shelter, where there is someone who will care for them [16].

When she came back home at 22:00, the aircon had come back on for the evening allocation. Pari was at the table, her phone propped against the fruit bowl, the evening charge running into her chair. On her phone, the Karu app was open. Devi had made her a coordinator in the network's second year. Pari watched the threads throughout the day, matched requests with volunteers and kept the roster from descending into chaos. She ran it with the same exactness she had once brought to their father's medication schedule.

"There's another request," Pari said. "Aunty Alma's son has been assigned to the flood barrier for two nights. She needs someone to check her cooling unit and make sure she takes her evening medicine."

Anaya sat down. Her feet ached and the walk back had emptied her.

"Don't worry about me," Pari said. "I've already messaged Aunty Tina and asked her to look in on me."

Anaya looked at her sister. Pari held her gaze, one eyebrow up, the way she used to look over the top of their father's pill chart when she already knew the answer.

"I can check on her tonight," Anaya said. "Someone else will need to take over tomorrow."

Pari was already typing the confirmation.

13 DRIVER 6.1 Gender expectations shaping who provides care / DRIVER 6.3 Public and economic valuation of care work.

Participants highlighted how women's care labour may be publicly celebrated during crises without corresponding material recognition, redistribution of responsibilities or sustained support. As a comparative analogue, the "essential worker" rhetoric of COVID-19 similarly did not translate into improved working conditions or pay for care workers. See Alyssa Battistoni, "Ideology at Work: Rethinking Reproduction", *American Political Science Review*, vol. 119, No. 3 (2025).

14 DRIVER 1.1 Nuclearization of households reshaping the demand for care for older persons

Participants raised the possibility that household nuclearization could partially reverse under collapse, as households consolidate to share housing, energy and care responsibilities. In Thailand, a UNDP/UNICEF socio-economic impact assessment of COVID-19 noted that loss of urban jobs could lead some people to return to family farms as a crisis cushion. The scenario extends this crisis-return dynamic to imagine household consolidation around care and energy needs. See UNDP and UNICEF, *Socio-Economic Impact Assessment of COVID-19 in Thailand* (Bangkok, 2020).

15 DRIVER 6.1 Gender expectations shaping who provides care.

UNICEF notes that climate-induced disasters can close or damage schools, deepen learning losses and increase risks for adolescent girls, especially where poverty and household stress are already high. See UNICEF, *Under pressure: The impacts of climate change on education in the East Asia and Pacific Region* (Bangkok, 2025).

16 Additional signal: The scenario extrapolates from existing rural service gaps in health and long-term care. See earlier analysis in chapter 4.

DRIVER 3.1 Rural-urban migration reconfiguring family structures and care labour networks.

Participants imagined a reversal of urbanization under collapse, with people returning to rural areas where shelter, kinship and care support remain more accessible than precarious urban survival. Food and Agriculture Organization of the United Nations (FAO) documents reverse migration to rural areas during COVID-19 and IOM notes that pandemics can increase urban-to-rural migration as a risk-reduction strategy. See FAO, *Reverse migration to rural areas of origin in the context of the COVID-19 pandemic* (Rome, 2021); and S.F. Martin and J. Bergmann, *Shifting forms of mobility related to COVID-19* (Geneva, IOM, 2020).

Collapse in 2040

Compounding crises driven by climate disruption, conflict and fiscal contraction erode the formal care systems built through earlier decades of public investment. Care responsibilities shift increasingly onto households, women and community-based mutual-aid networks. This is not a temporary condition but becomes the dominant arrangement.

Those with sufficient wealth purchase reliable care, energy, cooling and protection from failing public infrastructure. Others depend on informal paid care, unpaid family labour and fragile community support. The result is a deeply unequal care landscape in which survival depends increasingly on proximity, trust, gendered obligation and the ability of households and communities to hold together under sustained pressure.

Key features of the future:

1. **Withdrawal and fragmentation of public provision.** Public care infrastructure contracts as fiscal resources and administrative capacity are repeatedly redirected towards climate emergencies, conflict and other immediate crises. High-cost private services protect wealthier households, while others fall back on families and communities. Unreliable electricity also disrupts cooling, health equipment and energy-dependent assistive technologies, sharply reducing the independence of many persons with disabilities and older persons. **Evidence note** 5 6 12
2. **Hardening of gendered care responsibilities.** Adolescent girls are withdrawn from education, while working-age women carry overlapping burdens of paid, unpaid and volunteer care. Multigenerational caregiving intensifies as fewer services remain available. Care becomes more visible as the labour holding households and communities together, yet is less supported as a collective and public responsibility. 2 3 12
3. **Fragmentation and informalization of paid care work.** Platform-mediated, migrant and informal care work expand without legal protection. As regulated employment systems weaken, access to work depends more heavily on reputation, personal referrals and social connections, while access to care depends increasingly on households' ability to pay. 11 17
4. **Community-led care as substitute infrastructure.** Predominantly women-led mutual-aid networks fill the gaps left by retreating public services and inaccessible markets. They operate through trust, proximity and shared precarity rather than secure funding or formal institutional support. Initial donations and public attention recede while care needs continue to grow. These networks remain essential, but sustained reliance on them also can expose volunteers to exhaustion, unpaid overwork and eventual breakdown. 12 13
5. **Reconfigured migration and the partial reversal of household nuclearization.** Urban-to-rural return migration accelerates as housing and daily life in cities become increasingly unaffordable and insecure. Nuclear households consolidate into larger, multigenerational arrangements to pool shelter, energy, income and care. The availability of relatives and community support becomes an important determinant of where people can live. At the same time, climate-displaced populations form parallel networks that often remain disconnected from established communities, reinforcing social boundaries around who is considered entitled to care and support. 8 9 13

Discipline/New equilibrium: within the limits

The wristband woke Sumi at noon, a soft pulse against the inside of her wrist ending the long Saturday sleep she allowed herself each week. She never set an alarm anymore. The band knew her sleep cycles and woke her at the gentlest point in the window she had given it.

Before she was fully awake, she reached for her phone. The band had already sent its report: she had slept well, it said. Her resting heart rate was good for 59 beats per minute. The weekly summary was green: everything within range 1.

Almost everyone in the city wore a wristband now, though no law had ever required it. It had simply become the thing one could not do without, the way the phone had once been and then more than the phone had ever been. It held what a person needed to move through the day: identity, health records, transit credits, carbon balance and a time bank. It beeped when you passed through the underground gate. The ticket counters had been taken out years ago. Without the band, you could not get very far 2.

On Saturdays, Sumi had her routine. After the nap, she called her mother.

It always took three calls before Amara picked up. Each time, she pressed too hard on the screen and the answer button slipped away beneath her finger. Then her face appeared, very close, slightly out of focus, her eyes searching the screen for whoever was on the other side.

"Hey, Sumi."

She sounded happy.

Amara was 89 and looked, Sumi thought, better than she had at 79. She had been at the retirement home on the north side of the city for almost five years. Before that, in the years when the good homes cost more and the cheap ones were places you would not leave someone you loved, Amara had lived with them, with Sumi, Arun and the children. She had spent those days in front of the television, waiting for the couple to come home from work and the children from school. She had started forgetting things, getting quieter, and Sumi had watched it happen and told herself it was age.

The home had been the right thing. Sumi was sure of it now in a way she could not have been then. Amara had people her own age around her all day. She played chess, badly and happily. She kept telling Sumi about the new friends she had made. Many of the residents there were past 90. There were so many of them now, so many living so long, that the State had finally built well-equipped homes across the city for them, each staffed with trained professionals. To stay, Amara paid half her pension and no more.

A generation ago, sending your mother to a home like that meant you had failed her, had handed off a duty that was yours to carry. Sumi could still feel the shape of that shame. But it was simply no longer the case. Amara talked about her friends the way a girl talks about school 3.

On the call, Amara drifted, as she often did, to the village where she had grown up. She had been the eldest girl, the one sent for water before the sun was up. Girls growing up in the cities now were very lucky, she said. Off-screen, the man who cared for her laughed and said the villages were not like that anymore. They were "modern" now. Water came directly to the house. Drones planted the seeds. Rationed, of course, like everything everywhere 4.

Emerging evidence and scenario logic

1 DRIVER 2.4 Datafication and surveillance transforming the governance and valuation of care.

During the focus group discussion, participants described a future in which a near-universal wearable and digital-ID system underpins daily life, with biometric security coupled with AI giving governments unprecedented oversight of individuals, including care recipients and care workers; the same apparatus that supports health and independent living also constitutes a continuous record of the body. See analysis on wearables and biometric monitoring becoming part of care systems and everyday life in UNDP, *Human Development Report 2025: A Matter of Choice: People and Possibilities in the Age of AI* (New York, 2025).

2 DRIVER 2.4 Datafication and surveillance transforming the governance and valuation of care / DRIVER 3.2 Urban planning shaping time use and physical access to care infrastructure.

Participants described how digital infrastructure becomes the precondition for mobility and access in a managed society – digital IDs become essential rather than optional – such that those without reliable access to the system are constrained in their ability to move through the city and reach services. Reports show that digital public infrastructure is becoming a basic layer for public and private service access and that digital identity is increasingly treated as a gateway to public and private services, including benefits, education, banking and other essential transactions. See OECD, *Digital Public Infrastructure for Digital Governments*, OECD Public Governance Policy Papers, No. 68 (Paris, 2024); and World Bank, *Principles on Identification for Sustainable Development: Toward the Digital Age* (Washington, D.C., 2022).

3 DRIVER 6.2 Cultural expectations of family-based care across generations / DRIVER 6.3 Public and economic valuation of care work.

Participants discussed a Discipline/New Equilibrium future in which long-term care (LTC) is expanded and professionalized: residential care for older persons becomes higher quality and more personalized, drawing in more care workers. In some contexts, residential care has historically been associated with perceived failure to meet filial responsibilities; participants imagined that this stigma could soften as quality improves. See analysis on the increasing demand for LTC in section 3.1 and section 4.3 and analysis on filial piety in chapter 2. Research also finds that institutional eldercare can reshape filial expectations and that higher perceived quality can change how institutional care is interpreted culturally. See Xinyue Wu, "Negotiating filial care in transitions: an ethnographic study of family involvement in China's nursing homes", *Journal of Chinese Sociology*, vol. 10, No. 9 (2023); and Heying Jenny Zhan, Rhonda J. V. Montgomery and Yuhui Feng, "Placing Elderly Parents in Institutions in Urban China: A Reinterpretation of Filial Piety", *Research on Aging*, vol. 30 (2008).

4 DRIVER 3.1 Rural-urban migration reconfiguring family structures and care labour networks / DRIVER 4.4 Energy access and reliability shaping the foundations of care provision and care work.

Participants described a managed society in which resources such as water, energy and food are explicitly rationed at the household level. Drought-management and water-scarcity frameworks already include explicit allocation priorities and water rationing under emergency conditions, while energy crises have led governments and utilities to consider demand reduction, load shedding and rationing. See World Bank, "Water Scarcity and Droughts", Background Paper (Washington, D.C., 2023); and IEA, "2022 energy crisis: The crisis and global responses" (n.d.). Available at https://www.iea.org/topics/2022-energy-crisis (accessed on 31 July 2026).

Discipline/New equilibrium: within the limits

Amara shook her head. She had not been back to the village in 10 years. You needed a permit to leave the city now and the permit cost more carbon than her pension would cover. Once, she had said she wanted to see the sea again – Amara's husband had been a fisherman. Sumi was not sure it was a thing she could promise.

Linda came at two.

When she entered, Sumi looked up from the call with Amara, smiled, nodded, told Amara the domestic worker was here, and went back to talking. Like everything else in Sumi's Saturday, Linda came every week for three hours, at two o'clock sharp, never a minute late. The system recorded the minute she arrived and the minute she left, and any deviation counted against her. Some days she came in with sweat along her hairline from the rush 5.

Sumi had booked her the way she booked everything now, the way she ordered food to the door. There was little to say when Linda came. The day's tasks were already in the app: the curtains down and washed, which they did at each turn of the season, then the usual cleaning, the waste sorted, weighed and logged. The rules now set out strictly what a household could throw away, how much, what kind and on which day 6.

Sumi knew a fair amount about Linda. The platform had disclosed the information it considered relevant before they had ever spoken: forty, type-two diabetes, certified six years, living in a neighbourhood three kilometres away (which was mainly why the system had sent her). The rest had come in pieces.

Linda was the only one earning in her household. Her husband, Anwar, had held a decent job at a local firm until the AI restructuring thinned the middle out of the company and left no place for a man like him. He had not found work since 7. They also lived with his father, Tio, who had worked on a farm in a village a few hours away until he could no longer manage alone. Two years ago, they had brought him into the city, as the only family he had left.

Tio was the difficulty, the part Sumi had pieced together slowly. In the system, he was still registered as a farmer in his village several hours away. Moving his registration would have required an urban residency permit and no new permits had been issued to older dependants that year. His physical presence in his son's flat was therefore something the system had no category for.

So, in the city, he did not exist. Tio could not receive the monthly household allowance. Every month, the three of them lived on the water, electricity and waste allocations assigned to Linda and Anwar. Nor could he be registered for any of the urban homes, the good ones like Amara's. There were homes near his registered village, but they were nothing like those in the city, and Linda and Anwar did not have enough travel credits to visit him 8.

So Linda worked seven days a week. The additional shifts brought more than wages: certified workers earned supplementary household credits that could be used for electricity, water and essential travel. With Tio living outside the registration system, her family needed every credit she could earn.

She was certified on the State platform, which meant she was not paid badly and she was protected, with a proper pension. Domestic work was no longer automatically bad work and increasing numbers of men had entered the sector 9, especially after the State suspended most foreign care-worker recruitment. With the foreign workers gone, the work had gone to people here: the laid-off, the retrained, the ones taken

5 DRIVER 2.2 Platformization of care employment and labour relations / DRIVER 2.4 Datafication and surveillance transforming the governance and valuation of care.

Participants described paid care work in a Discipline/New Equilibrium future as increasingly mediated and managed through digital platforms. Participants warned that algorithmic management on such platforms imposes ratings and quotas and intensifies surveillance. See earlier analysis on data and surveillance in section 3.2.

6 Additional signal: United Nations Environment Programme (UNEP)'s *Global Waste Management Outlook 2024* shows that municipal solid waste is projected to grow sharply by 2050 and argues for a transition towards zero-waste and circular economy systems. OECD waste and circular-economy reports identify pay-as-you-throw schemes, landfill bans, disposal taxes, deposit-refund systems, product/material restrictions and resource taxes as policy tools to reduce waste and encourage more efficient use of scarce resources. See UNEP, *Global Waste Management Outlook 2024: Beyond an Age of Waste – Turning Rubbish into a Resource* (Nairobi, 2024); and OECD, *Waste Management and the Circular Economy in Selected OECD Countries: Evidence from Environmental Performance Reviews*, OECD Environmental Performance Reviews (Paris, 2019).

7 DRIVER 2.1 AI and automation reshaping the boundary between human and machine care work.

Participants argued that AI and automation displace a large share of cognitive and middle-skill work – the "missing middle" of the workforce – pushing displaced workers to seek other employment and prompting State reskilling efforts, while care work remains comparatively resistant to automation. See Pawel Gmyrek and others, "Generative AI and Jobs: A Refined Global Index of Occupational Exposure", ILO Working Paper, No. 140 (Geneva, 2025); and OECD, "Artificial Intelligence and the Changing Demand for Skills in the Labour Market", OECD Artificial Intelligence Papers, No. 14 (Paris, 2024).

8 DRIVER 3.1 Rural-urban migration reconfiguring family structures and care labour networks / DRIVER 5.2 Compounding intersectional inequalities in who receives care and who provides it / DRIVER 1.1 Nuclearization of households reshaping the demand for care for older persons

Participants described how a managed society that restricts internal migration and allocates resources by registered location renders the unregistered effectively invisible. Participants also described a "suboptimal equilibrium" in this scenario in which the system has reached stability by accepting a higher level of inequality than existed before. Existing evidence shows how registration-based systems can produce uneven access to social provision for internal migrants. See Rebecca Holmes and Nuria Branders, "Integrating Internal Migrants in Social Protection Systems: Review on Good Practices to Inform Adaptive Social Protection Programs in the Sahel", SASPP Technical Paper Series (Washington, D.C., 2024); and Kam Wing Chan, "Internal Migration in China: Integrating Migration with Urbanization Policies and Hukou Reform", KNOMAD Policy Brief No. 16 (Washington, D.C., 2021).

Discipline/New equilibrium: within the limits

on by the platform. Each January the ministry reviewed the rates and the standards, and a notification arrived telling Linda what an hour of her work would be worth that year. No one had asked the workers; no one ever had. She read it, closed it, and planned the year around it. Still, Linda said, she knew a few who had come from other countries and stayed, working off the books. Without recognized status, they were not as lucky as she was [10].

Linda only came once a week. For the rest of the week, Sumi and Arun took turns looking after the household. Sumi was half retired now. She still went into the school where she taught from time to time. But for the first time in her working life, she was at an age that needed the least care and had the most time. To her surprise, she had started to like the things she used to find troublesome: tending the small garden on the balcony, cooking when the children came to eat and folding clean sheets in the quiet of the afternoon. For the first time, these things brought her joy and she began to wonder whether this had always been part of life's substance, only hidden from her by the years when there had been no time [11].

While Linda was still working, Sumi came off the call with Amara and went out. Arun was not home. On many Saturdays Linda was alone in the flat and Sumi thought nothing of it. The band on Linda's wrist knew whether she was at the window or the sink, whether she was moving or still. The system watched her and them.

Sumi went to see Eko, the 11-year-old in her class. Eko lived alone with his mother, Noor. A few days before, he had told Sumi he had fallen from a ladder and hurt his arm. Noor, who was blind, could not easily take him to the hospital. Getting anywhere had become harder: the transit gates, route changes and hospital check-in system were difficult to navigate without sight.

On ordinary days, a State-funded community support aide visited the household. The aides completed a short training programme, but they were not licensed home-support professionals like Linda and received only a modest stipend. Most had other jobs to hold down. A household like Eko's could not afford anyone like Linda. When Eko needed help, Sumi was the person he thought to call [12].

Sumi accompanied Eko and Noor to the hospital, guiding them through the transit changes and the crowded check-in hall.

By the time Sumi got home at six, Linda had gone. The freshly washed curtains smelled of softener, giving the living room a warm, clean scent. She checked her phone. Linda's session was marked complete. Sumi tapped the five blank stars and filled every one of them gold, as always.

Then she went out to the garden.

It was golden hour and from the balcony she could see a long way. The sky looked far. The air was not like the air Amara had grown up with, but it was the cleanest it had been in a decade. It was high summer, but the breeze was cool against her face [13].

She knelt at the garden bed she had tended all spring and worked without hurrying. The band read her pulse and her steps and caught the movement of her hands. A gardening icon appeared on her phone.

She called Amara once more before dark, a second short call, the way she sometimes did. Amara had been at supper. She was happy, a little tired. They did not say much.

Before she hung up, Amara said, the way she sometimes did, that it was a good life, all things considered. She had not thought she would end so comfortably. There were worse ways it could have gone. Then she said, one more time, that she only wished she could see the sea, the real one, the far one. But it was a long way and she did not have the credits for the journey [14]. It was all right, she said. It was all right. She had seen it when she was young.

9 DRIVER 6.3 Public and economic valuation of care work / DRIVER 6.1 Gender expectations shaping who provides care.

Participants discussed a Discipline/New Equilibrium future in which care work is formalized, better paid and organized through State-regulated platforms. In this future, care workers provide services in residential or in-home settings that meet regulated standards, attracting new entrants, including men. At the same time, this development raises the question of worker voice. See earlier analysis of worker representation and social dialogue in chapter 1.

10 DRIVER 5.1 Global care chains redistributing care across households, communities and countries.

Participants discussed a Discipline/New Equilibrium future in which the global care chain that linked sending and receiving countries becomes truncated. Some receiving countries have closed corridors. Migrant care workers in irregular situations are particularly vulnerable, facing higher surveillance and lower pay. Sending countries lose remittance flows. See ADB, "COVID-19 Impact on International Migration, Remittances and Recipient Households in Developing Asia", ADB Briefs, No. 148 (Manila, 2020); and ILO, *Skilled to Care, Forced to Work? Recognizing the Skills Profiles of Migrant Domestic Workers in ASEAN amid Forced Labour and Exploitation* (Bangkok, 2023).

11 Participant insight: Participants suggested that, in a future where care needs are adequately supported and care is no longer organized primarily through urgency, overload and sacrifice, some people may experience everyday care activities differently. Tasks previously experienced as burdens under conditions of time poverty may become sources of connection, meaning and enjoyment when people have sufficient time, security and choice – time spent with children experienced less as obligation than as "quality time" – even as the same forces thin out paid employment. See ILO, *Working Time and Work-Life Balance Around the World* (Geneva, 2022).

12 DRIVER 5.2 Compounding intersectional inequalities in who receives care and who provides it / DRIVER 6.3 Public and economic valuation of care work.

Participants suggested that a Discipline/New Equilibrium future organized around the needs of the counted majority may overlook those at the margins: persons with disabilities, single-person households, female-headed households and other diverse households and families that fall between administrative categories. Participants further discussed how exclusionary professionalization – requiring formal certification to provide care – pushes out long-standing informal and community-based carers, who continue to serve underserved households for a fraction of the pay and without protection.

Evidence shows that formal systems can exclude those who do not fit in standard administrative categories. See ADB, "Disability and Social Protection in Asia", ADB Briefs, No. 203 (Manila, 2021); and Kathy Lindert and others, eds., *Sourcebook on the Foundations of Social Protection Delivery Systems* (Washington, D.C., 2020).

Evidence also shows that community health workers and other community-based carers are often undertrained, under-resourced, underpaid or unpaid, even as they fill gaps left by formal systems. See ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018).

13 DRIVER 4.2 Climate-related health and resource burdens reshaping care demand and unpaid work.

Participants argued that for a Discipline/New Equilibrium future to constitute a "new equilibrium" rather than continuing crisis, a meaningful degree of climate adaptation and climate justice must already have been achieved – reduced exposure to climate shocks, cleaner air, restored ecosystems – as a precondition for stability, secured through constrained behaviour and shared rules.

14 Participant Insight: Participants described constraint as the organizing principle of this future, with explicit trade-offs: carbon and movement are rationed, travel requires permits and carbon credits that many cannot spare and people know what has been given up – mobility, certain freedoms – and why. Some accept the settlement as the price of a livable environment; others experience it as confinement and wish to escape it.

Discipline/New Equilibrium in 2040

Faced with mounting climate, demographic and fiscal pressures, societies across Asia and the Pacific reorganize around stability, sustainability and shared rules, abandoning the assumption that continued growth can resolve every problem. Care is recognized and financed as essential infrastructure, while constraints on carbon, movement and consumption are widely accepted—or at least complied with—as the price of a liveable settlement. Yet the same rules-based order is sustained through pervasive monitoring, rationing and digital control. The inequalities of the previous era are not eliminated so much as stabilized: those whom the system can count and serve are relatively protected, while those outside its categories remain excluded, often with no clear route back in. The arrangement is stable, but stability is not the same as fairness.

Key features of the future:

1. **Care as financed infrastructure.** The State recognizes care as a public good and supports it through public financing and mandatory contributions. Long-term care, in particular, is expanded and professionalized. Residential care becomes higher-quality and loses much of its stigma, while certified care work becomes better paid and more secure, drawing new entrants—including men—into the workforce. **Evidence note** 1 2 21
2. **Constraint as the organizing principle.** Carbon, consumption, waste and movement are rationed and managed. The trade-offs are explicit: people know what has been given up—mobility, abundance and certain freedoms—and what the settlement is intended to protect. Cleaner air, restored ecosystems and more survivable summers are its visible returns. 6 7
3. **Pervasive monitoring.** A near-universal wearable and digital identity system underpins daily life, holding identity records, health information, carbon balances and time-bank credits. The same apparatus that protects, allocates and redistributes also continuously monitors care workers and care recipients, making meaningful withdrawal from the system increasingly impractical. 15 16
4. **Inequality settled, not resolved.** The system serves the counted majority well but locks many people at the margins into place. Persons with disabilities, households that do not fit standard administrative categories, rural populations, undocumented workers and others whom the system cannot readily classify remain outside parts of its provision. 10 13
5. **Restricted migration and truncated care chains.** Rural-to-urban and cross-border movement are restricted in the name of managing scarce resources. Formal cross-border care-worker recruitment largely ends, affecting migrant workers and remittance-dependent communities, while rural areas remain tied to thinner and lower-standard provision. People whose official registration does not match where they actually live may become administratively invisible. 11 13
6. **Exclusionary professionalization.** Certification raises wages, standards and social protection for workers inside the formal system. Care work is paid, pension-covered and continuously monitored, but rates, staffing standards and working conditions are determined administratively, with limited worker voice. At the same time, long-standing informal and community-based carers who cannot meet the new requirements are pushed outside the recognized system, deepening service gaps for the people and places that formal provision does not reach. 10 11 13

Transformation: the human hour[296]

The city woke before Niko did. Before sunrise, cooling mist from the reclaimed-water network drifted through the public walking corridors, taking the edge off the heat before it settled into the concrete. Shade panels unfolded above school gates, clinics and tram platforms. Public kitchens lit their stoves. By the time the first pots of rice porridge began to steam, delivery pods were waiting to carry breakfast to schools, care hubs, resettlement blocks and community refrigerators.

At 6:30, the bed pulsed softly beneath Niko's shoulder.

The ceiling brightened.

TODAY'S ROUTE

08:00 — River Towers

In-home support · Loren A.

14:00 — Coastal Resettlement Block 7

Mobility and personal support · Ena M.

In the lower corner of the display, Niko's badge glowed:

Niko. Certified Care and Support Worker

The system had already sent the care briefings and special requests for both clients. He confirmed the route with two blinks but left the files unopened. There was time.

A breakfast box was already waiting in the kitchen wall compartment. Niko ate by the window as the first tram passed below. Rina had asked whether he was free for dinner on Friday. He swiped a reply into the air.

Yes. Same place?

He ignored the red dot that had been resting in his inbox since the previous evening:

PUBLIC DIVIDEND RECEIVED

He did not need to open it. He knew exactly the amount – enough to cover the basic costs of rent, food and utilities. Health care and public transport were already publicly provided.

Everyone received the dividend from the National Social Wealth Fund, which claimed a public share of what the machines earned and returned it as housing, health care, retraining and the monthly payment. The Fund had emerged after the transition to artificial general intelligence, when profits kept rising while employment and payroll contributions – the old foundations of social protection – fell away. Machine wealth was enough now to guarantee the basics. Work was no longer a condition of survival and most people who chose it worked shorter hours 1.

296 Unlike the other archetypes, discussion of Transformation was anchored in a specified premise: that by 2040, artificial general intelligence (AGI) performs much of the cognitive and coordination work previously undertaken by humans, reshaping the economy and paid work. AGI refers here to AI systems capable of learning, reasoning and applying knowledge flexibly across a wide range of tasks and domains, rather than being designed primarily for a narrow function. Definitions of AGI vary, and the term is used here only to establish the conditions of this imagined future. This provided participants with a common starting point from which to explore one radical departure in depth and examine how the other megatrends might interact within it. The scenario should therefore be read as one possible rendering of Transformation, not as a prediction that technological change will be its most likely or most important driver. It examines what remains unresolved when resources and public capacity are no longer the primary constraints on care. The institutions depicted are conditions of the imagined future, not proposals of this publication; the recommendations are developed in chapter 6 and stress-tested against all four futures, including this one (see annex A).; and in this scenario, AGI refers to the broader technological condition in which systems can learn and operate across a wide range of cognitive tasks, while AI refers to the more specialized tools and applications used for particular functions within that world.

Emerging evidence and scenario logic

1 DRIVER 2.1 AI and automation reshaping the boundary between human and machine care work / DRIVER 2.2 Platformization of care employment and labour relations / DRIVER 2.4 Datafication and surveillance transforming the governance and valuation of care.

During the focus group discussion, participants discussed transformation as a future in which the transition to artificial general intelligence (AGI) does not only support care delivery, but also reshapes the wider economy, public finance and the boundary between human and machine work. In this scenario, an increasing share of economic value is generated through AGI-enabled systems rather than conventional human employment, reducing the adequacy of payroll-linked welfare financing. Scholarship on the AGI economy similarly argues that once economically valuable work can be performed through finite but expanding computational resources, growth becomes increasingly tied to machine capacity, while human labour is valued differently. This supports the scenario logic of a National Social Wealth Fund that redistributes part of AGI-generated wealth into public goods. Within care, participants also discussed how digital platforms and data systems could make care easier to coordinate and fund, while also changing how care work is measured, allocated and justified. See Pascual Restrepo, "We Won't Be Missed: Work and Growth in the AGI World", National Bureau of Economic Research (NBER) Working Paper, No. 34423 (Cambridge, 2025); Karin Schwiter and Jennifer Steiner, "Geographies of Care Work: The Commodification of Care, Digital Care Futures and Alternative Caring Visions", *Geography Compass*, vol. 14, No. 12 (2020); and Kate A. Hamblin, "Technology in care systems: displacing, reshaping, reinstating or degrading roles?", *New Technology, Work and Employment*, vol. 37, No. 1 (2022).

Transformation: the human hour

In his twenties, Niko had worked in logistics coordination, on a floor full of people arranging inventories, routes and vehicle schedules. Then AI learned to do the work before most of them had finished their morning coffee. His former colleagues scattered into new lives. Niko entered care work. Rina went inside the Public Care Coordination System.

At seven, Niko boarded the tram. Several other care workers were already inside: a mobility aide, two child-development assistants, a community nurse and a man wearing the pale-blue badge of a grief-support worker. At the central plaza, a woman in the unmarked grey of a private care agency stepped off. Niko watched her go, guessing her route: her clients probably bought hours above the public entitlement.

Ten years earlier, the first machine-only care programmes had provoked a long public argument. Some praised their precision; others described days in which every registered need had been met, yet no one had looked at them.

Care workers' unions, residents' groups and public campaigns eventually pushed the Human Support Guarantee into law. No one receiving ongoing public care could be left with machine-only provision unless they chose it and everyone was entitled to a minimum level of regular human support 2.

The guarantee had helped create the profession Niko now belonged to. His wages gave him more than the dividend did: a stronger pension, the chance to keep learning and the knowledge that someone was expecting him.

The new care system had changed Niko's own family as well. Niko's sister had left the city and lived in a rural cooperative three provinces away, teaching music and growing vegetables. She was part of a wider movement of people who, no longer tied to urban labour markets, had begun rebuilding lives in smaller towns and rural communities 3. They were the only two children in the family; they still worried about their parents, but neither had to organize a life around the worry. Their parents held public care entitlements in their own names. When Niko or his sister provided agreed parts of the care plan themselves, their parents could use a limited share of their personal care budgets to compensate them. When they could not, someone else came 4.

As the tram crossed the river, he opened Loren's briefing.

First visit – Loren, 94 years old

Loren lived on the 32nd floor of a care-adapted housing block, the part of the transformed care system that people liked to show in policy videos. His apartment had been designed to make living alone possible. Wide doors opened automatically before his wheelchair reached them; kitchen counters lowered at his voice and sensors warned when a transfer became unstable 5.

"Niko has arrived," Alisa announced as the door opened.

The apartment assistant spoke in a smooth female voice 6.

Niko found Loren waiting with his familiar frown.

"Three corrections before breakfast," Loren said. "Keeps telling me what I did wrong."

"Alisa?"

"Who else?"

2 DRIVER 2.1 AI and automation reshaping the boundary between human and machine care work / DRIVER 4.4 Energy access and reliability shaping the foundations of care provision and care work / DRIVER 6.3 Public and economic valuation of care work.

Participants framed transformation as a future in which AI absorbs much of the technical, administrative and monitoring work of care, while human workers remain necessary for embodied and relational care. Existing scholarship on digital care futures and technology in care systems similarly shows that: (1) automation can reshape care roles without removing the need for trust, judgement and interpersonal support; (2) physical and sensorimotor tasks may remain harder to automate than cognitive tasks. See Karin Schwiter and Jennifer Steiner, "Geographies of Care Work: The Commodification of Care, Digital Care Futures and Alternative Caring Visions", *Geography Compass*, vol. 14, No. 12 (2020); Kate A. Hamblin, "Technology in care systems: displacing, reshaping, reinstating or degrading roles?", *New Technology, Work and Employment*, vol. 37, No. 1 (2022); Mark Coeckelbergh, "Health care, capabilities, and AI assistive technologies", *Ethical Theory and Moral Practice*, vol. 13 (2010); B. Vasquez and others, "Technological machines and artificial intelligence in nursing practice", *Nursing & Health Sciences*, vol. 25, No. 3 (September 2023); C. Mennella and others, "Ethical and regulatory challenges of AI technologies in healthcare: a narrative review", *Heliyon*, vol. 10, No. 4 (15 February 2024); Marc Bara, "Moravec's Paradox and Restrepo's Model: Limits of AGI Automation in Growth", preprint (Barcelona, ESADE Business School, 2025); and Cyruz P. Tuppal and others, "Towards a relational understanding of human beings in an AI-mediated world: a hermeneutical reading", *Scandinavian Journal of Caring Sciences*, vol. 39, No. 3 (2025).

3 DRIVER 3.1 Rural-urban migration reconfiguring family structures and care labour networks.

Participants discussed transformation as a future in which urbanization does not simply continue in one direction. As AGI reduces the need for many workers to remain close to conventional urban workplaces, some people may move away from dense cities in search of a slower, more community-based way of living.

4 DRIVER 6.2 Cultural expectations of family-based care across generations.

Participants discussed that when public care systems are sufficiently funded, accessible and reliable, households no longer have to serve as the default providers of care. Family members may still provide care, but as part of an agreed and supported care arrangement, rather than because no other option exists.

5 DRIVER 3.2 Urban planning shaping time use and physical access to care infrastructure.

Participants identified care-adapted housing as a key feature of transformation with cities beginning to integrate care into housing design. See earlier analysis of urban planning as an opportunity for care systems in section 3.3.

6 DRIVER 6.1 Gender expectations shaping who provides care.

Participants noted that even in a transformed care system, social norms may be the slowest part of the system to change. Care work can become more visible, more digitalized and more publicly recognized while still being culturally imagined as feminine work. Related scholarship similarly warns that algorithmic systems may reproduce existing gender stereotypes, including through feminized images and voices associated with caring roles. See Priyant Banerjee and others, "She, the algorithm, and the invisible hand: re-imagining economic paradigms in the age of feminist AI", *International Journal for Multidisciplinary Research*, vol. 7, No. 3 (2025).

Transformation: the human hour

After Loren's weekly mobility assessment, Alisa had begun reminding him to remain seated before standing, loosen his grip on the wheelchair rim and massage his leg once every hour.

He had probably ignored most of the reminders. He usually did.

Not everyone disliked the company of machines; some residents found the assistants' steadiness comforting. Loren preferred to quarrel with Alisa, who remained patiently cheerful no matter how often he lost his temper.

Half the quarrels began with Alisa failing to understand him. Loren had moved to the city at 87, after the last public care team in his upland district was consolidated into a regional centre. He spoke a form of the language that younger people rarely used, and Alisa understood him only when he slowed down and flattened his words into standard speech 7.

By 94, Loren had outlived his partner, both brothers and most of the friends who remembered him before he moved to the city. A niece called from another country when the time difference allowed. Niko was one of the few people who entered the apartment already knowing which stories Loren had told – and which ones he had not yet finished.

As they spoke, a panel brightened across the window, the letters enlarged for Loren's weakened vision, too large to ignore:

Would you like help moving to the window chair?

Loren looked away.

"You know you can turn off the questions," Niko said.

"And then she starts the transfer before I'm ready. Always startles me."

"Manual mode?"

"Too much trouble. I need the help. You aren't always here."

Loren glanced towards the panel.

"Sometimes I feel like a visitor in my own body 8."

He complained about Alisa at every visit, and Niko had grown fond of the ritual. Being the person Loren preferred to a machine made him feel useful in a way no badge could.

So he raised his hand in the air and waved the panel away.

"Window chair?"

Niko asked.

Loren nodded.

Niko stepped closer and held out one hand where Loren could see it.

"Here?"

Another nod.

Only then did he touch him 9.

They made the transfer together slowly. The lift carried Loren's weight, while Niko controlled its pace, pausing whenever Loren tensed. Machines could schedule visits, read scans, monitor rooms, complete paperwork and even assist with lifting or washing. But embodied care stayed the expensive kind. Safe touch took balance, timing and judgement and every machine hour of it drew on the same public computing that ran the cooling, the logistics and the clinics. Human workers conserved that capacity – and brought what the machines still could not: the trust to ask permission, to notice hesitation to know when completing the task was not enough.

7 DRIVER 2.3 Unequal access to digital infrastructure and skills shaping participation in digital care systems.

Meaningful digital access is not the same as nominal access. Older persons may live with smart homes, wearables and public care platforms while still facing barriers in interface design, language, accent recognition, screen accessibility and trust. See Farooq Mubarak and Reima Suomi, "Elderly forgotten? Digital exclusion in the information age and the rising grey digital divide", *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, vol. 59 (2022).

8 DRIVER 2.1 AI and automation reshaping the boundary between human and machine care work / DRIVER 2.4 Datafication and surveillance transforming the governance and valuation of care.

Participants discussed how technology-assisted care can support older persons' independent living, but also create discomfort when sensors, automated assessments and remote monitoring systems begin shaping everyday care decisions. Integrated care data can identify risks earlier and coordinate support across homes, hospitals, care platforms and public registries, but such integration also raises concerns about privacy, consent and control. See UNDP, *Human Development Report 2025: A Matter of Choice: People and Possibilities in the Age of AI* (New York, 2025); and Martin Beaulieu and Omar Bentahar, "Digitalization of the healthcare supply chain: a roadmap to generate benefits and effectively support healthcare delivery", *Technological Forecasting and Social Change*, vol. 167 (2021).

9 DRIVER 2.1 AI and automation reshaping the boundary between human and machine care work.

Participants emphasized that even in highly digitalized care systems, human care workers remain important for safety, trust and interpersonal support. This is especially visible in moments of physical assistance, where "safe touch" depends not only on completing a movement but also on consent, timing, steadiness and the care recipient's sense of control.

Transformation: the human hour

From the 32nd floor, the city lay at Loren's feet – lit, coordinated and quietly alive.

"They want to replace one of my visits," Loren said. "The review system says my physical support needs are stable now."

"You are stable."

"I didn't say I wasn't." He gestured towards the walls. "It says one visit a week is enough. Alisa can manage the rest."

"Did you agree?"

"I appealed."

Niko smiled. "Of course you did."

"Nobody else visits anymore. I can't talk to Alisa all day."

A man two floors above paid a private worker to visit three additional times each week, although the assessment system found no need for personal support. The public entitlement guaranteed that someone would come. Additional human time was another matter. Loren's pension did not stretch that far.

At the hour mark, Niko's wrist gave a small pulse:

EXTENSION – REASON REQUIRED

Without looking down, he entered:

Not finished talking.

He stayed another 16 minutes 10.

Loren's appeal remained open on Niko's wrist as he crossed the river. The system could measure whether Loren was safe and stable. It was less certain how to measure being known.

Between visits, Niko painted for an hour in the covered park, badly and without ambition, as he did most days. Around lunchtime, he sent Rina a message. Her team handled the cases the Public Care Coordination System could not resolve automatically.

Do you remember the client I told you about? His home still doesn't understand him unless he changes the way he speaks.

Her reply came while he was crossing the river.

Does he want us to use any of his recordings? Ask him first. Don't send them.

A second message followed.

We are still worse at the old dialects. Too little data. And we can't just take people's voices.

Second visit – Mira, 47 and Ena, 70

Mira's building stood near the last stop of the metro line, far from the coast she had once called home. After the storms made her town uninhabitable, the State moved her family into a permanent resettlement block. It contained adapted apartments, telehealth rooms, counselling spaces, a childcare centre and a community care desk 11.

The programme had moved households from several nearby islands. Communities that had once lived along the same streets were now scattered across different blocks and cities.

Mira lived on the ninth floor. Her mother, Ena, lived two floors below.

10 DRIVER 2.2 Platformization of care employment and labour relations.

Participants discussed transformation as a future in which platform-mediated care becomes more organized but also less flexible. Scholarship on digital care futures similarly shows that platforms can strengthen care coordination while also creating documentation burdens, performance monitoring and dependence on system-defined categories that may need to be reviewed, adjusted and contested by human decision-makers. See Karin Schwiter and Jennifer Steiner, "Geographies of Care Work: The Commodification of Care, Digital Care Futures and Alternative Caring Visions", *Geography Compass*, vol. 14, No. 12 (2020); and Kate A. Hamblin, "Technology in care systems: displacing, reshaping, reinstating or degrading roles?", *New Technology, Work and Employment*, vol. 37, No. 1 (2022).

11 DRIVER 4.1 Climate-related displacement restructuring care networks and obligations.

Participants identified climate displacement as a force that changes not only where people live but also where and how care has to be rebuilt. Displacement can create new care needs around grief, anxiety, social isolation and loss of belonging. Scholarship on climate change and mental health links climate-related disasters to depression, anxiety, PTSD and other psychological burdens. See Peter Yellowlees, "Climate change impacts on mental health will lead to increased digitization of mental health care", *Current Psychiatry Reports*, vol. 24, No. 11 (2022).

Transformation: the human hour

Eight years earlier, a stroke had left Ena with limited strength along one side of her body. Before the storms, she had lived with Mira, who arranged much of her life around her mother's care. Here, Ena had her own accessible apartment and a public care entitlement in her own name. Niko came twice a week to help her bathe, work through her shoulder exercises and get down to the courtyard.

Mira still came most days, but she no longer had to remain constantly available in case something happened.

When Niko let himself in, Mira was watering the plants along the balcony rail.

Ena was still dressing, so Mira showed him a sea hibiscus in a large pot beside the wall. She had carried the cutting onto the evacuation bus, wrapped in a wet towel, on the day they left home. It had since grown tall against the rail and she wanted his help to take a cutting from it – a small pot for the side table, where Ena could see it from her chair.

"That's why I'm here?" Niko asked, jokingly.

"That and your excellent company."

They worked on the balcony. Mira chose a green stem and cut it at a slant, the way her mother had taught her on the old street, while Niko filled the smaller pot with soil. The cutting leaned towards the narrow strip of sunlight.

"Still searching for the old sun," she said.

On the wall behind them hung a photograph of their former street: blue doors, low roofs, fishing nets drying over a balcony.

Mira noticed him looking.

"The residents' group asked if I wanted it animated. I told them no."

She brushed the soil from her fingers.

"I don't need a machine to make my dead town breathe."

Niko did not answer. He had learned that not every grief needed a suggestion 12.

Ena called from the bedroom.

Niko helped her finish dressing and waited while she adjusted the scarf at her neck three times. When they returned, Mira had wiped the table clean and set the new cutting in its pot where her mother could see it.

Niko checked Ena's feet on the rests and secured her water bottle and medication pouch to the chair. Mira reached for the handles out of habit.

"I have it," he said.

For a moment, she did not let go.

They took the lift down to the courtyard.

"The garden path," Ena said, before anyone asked her. "While the mist is on."

Mira had promised to attend the residents' meeting, so Niko guided the chair towards the path without her.

12 **DRIVER 2.1** **AI and automation reshaping the boundary between human and machine care work.**

Emotional labour does not disappear as care becomes more digitalized; it becomes more concentrated around the moments when data must be translated into trust. See C. Mennella and others, "Ethical and regulatory challenges of AI technologies in healthcare: a narrative review", *Heliyon*, vol. 10, No. 4 (2024).

Transformation: the human hour

Mira watched them go.

"You know it is a good place," she said when the chair had drawn out of hearing.

Niko turned.

"That is what makes it hard. If it were terrible, I could hate it properly. But everything works. It gives us what we need."

She looked back towards the building.

"And every good thing here reminds me that we should not have needed it."

She paused.

"I just miss the family who lived next door."

She showed Niko her signature smile.

Evening

On the way back, the towers along the river began to glow faintly red. The city had entered heatwave mode.

A notice crossed Niko's wrist:

CITY GRID PRIORITY – COOLING, CLINICAL SYSTEMS, EMERGENCY CARE

Non-essential systems dimmed and slowed, preserving power for the systems that kept rooms cool and bodies safe 13.

Even abundance had to be allocated.

Niko passed a government billboard:

CARE IS THE NEW INFRASTRUCTURE

Beneath the words, a smiling woman wearing the public-care badge held an older man's hand while a child leaned against her shoulder 14.

Niko looked down at the same badge on his wrist.

The city had changed enough to call his work infrastructure. Its picture of who provided that work had not changed at all.

He photographed the billboard and sent it to Rina.

Your team does images too, right?

Her reply arrived before the next stop.

Unfortunately.

13 DRIVER 4.4 Energy access and reliability shaping the foundations of care provision and care work.

Participants noted that digital care depends on physical infrastructures that are often hidden from view: electricity, cooling, data centres and reliable networks. As AI becomes embedded in health and care systems, its environmental cost also becomes part of the care economy. See Daiju Ueda and others, "Climate change and artificial intelligence in healthcare: review and recommendations towards a sustainable future", *Diagnostic and Interventional Imaging* (2024).

14 DRIVER 6.1 Gender expectations shaping who provides care.

Participants highlighted that visible reforms in care systems may move faster than the everyday expectations attached to care. Even when men enter paid care work and care is recognized as skilled infrastructure, public imagery may continue to draw on familiar feminine symbols of tenderness, patience and service.

Transformation in 2040

Artificial general intelligence (AGI) has become the main engine of the economy. Many jobs that once depended on human judgment and information processing have been automated or reorganized. As returns from AGI-enabled automated production, public computing infrastructure, licensing and taxation become major sources of national wealth, the State creates a National Social Wealth Fund to collect part of these returns and use them for public goods. Care systems have not become perfect but rather that they have been reorganized within a wider shift in technology, public finance and labour. While AI systems can provide much of the technical layer of care, human caregivers remain important and care work becomes a protected public profession, valued for embodied skill, emotional presence and public trust.

Key features of the future:

1. **Returns from an AGI-enabled economy and new public finance.** As AGI systems generate a growing share of national wealth, the National Social Wealth Fund channels part of these returns into social protection, health, housing, education, climate infrastructure, care services and retraining for workers displaced by automation. **Evidence note** 18 19
2. **AI-supported care within finite machine capacity, not machine-only care.** AGI can now provide much of the cognitive and technical work that care systems require. Yet care does not become fully automated. Human caregivers remain central for three reasons. First, the computational resources needed to run AGI-enabled systems continue to expand, but they are not unlimited. Human care can reduce demand for computationally intensive forms of automated care, freeing capacity for other uses. Second, the physical side of care remains difficult to automate fully: supporting fragile bodies, responding to emergencies and providing safe touch still require human judgment and adaptation. Third, the government intentionally expands funding, training and protection for human caregivers in response to public opposition towards machine-only care. 6 17 19 20
3. **Public capacity reshapes family care under megatrend pressure.** Longer lives, smaller families and repeated climate shocks continue to influence who needs care, where care is needed and who is available to provide it. Unlike in the past, however, AI-supported coordination and the National Social Wealth Fund give the system greater capacity to provide care publicly, making it less dependent on households as unpaid providers of last resort. Family members who wish to provide care can do so through agreed care plans and compensated registered care hours; those who cannot or prefer not to are backed by public care professionals, without professional care being treated as a failure of family responsibility. Relational time - presence, companionship and affection beyond any registered hour - remains outside the system's accounting. For climate-displaced households, public provision helps replace some of the care networks destroyed by displacement, though it cannot fully rebuild them. 1 2 5 19
4. **Care work as paid profession and public service.** Care workers still work for income, but the meaning of work has changed. The National Social Wealth Fund provides a basic social floor, not unlimited security, so paid work still matters for better income, benefits and professional identity. At the same time, care work becomes a protected public profession, valued not as leftover labour after automation but as skilled human work that provides bodily assistance, emotional presence and public trust. 10 18 20

5.3 Reading across the scenarios

The four scenarios follow four distinct logics. Continued Growth is about partial expansion and persistent gaps; Collapse is about institutional retreat and the care that remains; Discipline/New Equilibrium is about security through control; and Transformation is about a world in which material capacity has genuinely changed, yet grief, consent, dignity, meaning, norms and power remain irreducibly human and political.

Read comparatively, the scenarios show how the same drivers could behave under different combinations of institutional capacity, resources and political choices. Digitalization can extend access, deepen surveillance or reorganize the economy; urbanization can separate families, concentrate provision or begin to reverse; and climate pressure can interrupt care, accelerate institutional retreat, justify tighter control or require care infrastructure to be rebuilt. The consequences of each trend therefore depend not only on its direction and intensity, but also on the institutions, resources and political choices through which societies respond.

Table 5.1 shows how each driver group behaves under these different conditions.

Table 5.1 How the drivers of change behave across the four scenarios

Continued Growth	Collapse	Discipline/New Equilibrium	Transformation
Megatrend/driver: Demographic change			
Ageing and low fertility stretch the sandwich generation; households remain the default carers, partly supported by expanding public services.	Care reverts to households and communities; households consolidate across generations to share housing, energy and care, while older persons in underserved rural areas depend heavily on kin and community networks.	Long-term care is expanded and professionalised; high-quality State residential care supports a growing population aged 90 or over, and its stigma fades for those recognized by the system.	Public entitlements reduce reliance on households as unpaid carers; relatives may provide agreed, compensated care, while professionals step in when they cannot or prefer not to.
Megatrend/driver: Digitalization			
Digital tools coordinate care across distance (telecare, sensors), but access is uneven by income, age and location.	A layered tech ecology: global platforms persist while small, local, trust-based tools emerge; data scandals erode trust.	Near-universal wristband and digital ID become the spine of daily life; pervasive monitoring of care workers and recipients; opting out is impractical.	AGI handles much of care's technical and administrative work, but human support remains guaranteed; automated systems still struggle to recognize relational needs, consent and underrepresented languages.
Megatrend/driver: Urbanization			
Continued rural-urban migration separates working-age adults from children and older kin; care infrastructure placement shapes who can reach services.	Climate displacement expands informal settlements with fragmented care access, while reverse migration increases as cities stop making sense for people unable to afford them.	Movement is restricted and managed; unregistered rural in-migrants fall outside provision, while planned cities serve those recognized by the system.	Movement fragments in both directions: people freed from urban labour markets move to smaller communities, while those with greater care needs remain near concentrated services and accessible housing.
Megatrend/driver: Climate change			
Systems continue to function and emergency response improves, but repeated heat, floods and storms interrupt the continuity of everyday care.	Energy and cooling failure is a defining condition; heat raises care needs; climate shocks destroy care infrastructure and continuity.	Adaptation is the precondition of equilibrium: cleaner air and survivable summers are secured through constrained movement, rationed resources and shared rules.	Permanent resettlement rebuilds care infrastructure but not lost communities; the energy and computing demands of AGI require continued allocation choices.
Megatrend/driver: Inequality			
Access to formal care stays stratified by income, location, age and disability, even as public provision expands.	Care is organized through trust, proximity and shared identity; in-group boundaries harden, excluding those outside established networks, especially displaced households.	Stability is achieved partly by freezing inequality in place; those whom the system cannot register or count remain outside full provision.	Universal entitlements establish a public floor, but wealthier households can purchase additional human time and poorly represented groups remain disadvantaged by automated systems.
Megatrend/driver: Social norms			
Gender expectations persist and women remain default carers, even as younger and more educated women increasingly resist that role.	Women lead community mutual aid, and their care labour is publicly celebrated during crisis without corresponding pay, protection or support.	Care is revalued as paid and certified work, drawing in more men, but professionalization excludes some long-standing informal and community carer	Public care reduces compulsory family responsibility and draws men into paid care, but imagery and assumptions about care remain strongly feminized.

5.4 What to watch: signposts of the four futures

The scenarios above are not forecasts, but their underlying assumptions can be monitored against observable developments. This section translates those assumptions into signposts: developments that would suggest that the region, or parts of it, are moving towards one or more scenario logics. A signal is a development already beginning to emerge; a signpost is one selected for continued monitoring because of what its direction may indicate about the future.

The signposts are chosen according to three principles. They are **discriminating**, meaning they help distinguish among the scenarios rather than simply reflect trends common to all of them; **timely**, providing the earliest practicable indication that a scenario dynamic may be strengthening; and **practical**, meaning many can be tracked through evidence governments already produce, including budget documents, labour force surveys, facility registries, connectivity data and migration statistics. Others will require adapted survey questions, administrative reporting or qualitative horizon scanning.

The signposts therefore span several forms of evidence: fiscal and quantitative trends, institutional and regulatory milestones, behavioural and spatial shifts, technological diffusion, signs of system stress and weak signals whose meaning is still forming. Wherever possible, they should be disaggregated by sex, age, disability, income, location, migration status and care role, since aggregate trends may conceal sharply different trajectories among population groups and territories.

Towards Continued Growth

- **Fiscal:** Public spending on care services and long-term care remains broadly flat or grows more slowly than projected demand, while new commitments continue to take the form of fragmented programmes and time-limited pilots.
- **Service-system:** Disaster-related interruptions to childcare, long-term care and home-based support continue to rise, even as early-warning coverage and emergency-response capacity improve.
- **Behavioural:** Uptake of care entitlements among eligible populations, including leave, subsidies and services, remains low – especially among men – even as formal eligibility expands.
- **Technological:** Telecare and remote-monitoring tools spread, while persistent gaps in rural connectivity, affordability, accessibility and digital literacy continue to determine who can use them effectively.
- **The pattern: capability without structural change.** Systems respond more quickly, more entitlements exist and services gradually expand, but provision does not keep pace with need and households continue to absorb the residual gaps.

Towards Collapse

- **Fiscal and institutional:** Care budgets are repeatedly reallocated during the fiscal cycle to emergency response, while announced reforms lapse, are postponed indefinitely, or disappear from subsequent plans.
- **Service-system:** Maintenance backlogs, staff vacancies, energy interruptions and temporary service suspensions increase after climate shocks, disrupting assistive technologies, medicine storage, cooling and home-based care, eventually contributing towards permanent service withdrawals.
- **Behavioural and spatial:** Distress-driven urban-to-rural return migration increases alongside employment loss, falling household income and renewed dependence on multigenerational households for care.
- **Weak signal:** Mutual-aid groups, community carers and local organizations increasingly report volunteer attrition, burnout and an inability to absorb additional responsibilities.
- **The pattern: subtraction.** Each shock leaves formal provision permanently smaller and informal provision permanently larger, while the community networks absorbing the difference begin to show exhaustion rather than expansion.

Towards Discipline/New Equilibrium

- **Digital governance:** Access to transit, banking, benefits and care registration increasingly depends on interoperable digital identity, while offline alternatives, human review and mechanisms for contesting automated decisions remain limited.
- **Workforce regulation:** Access to paid care work increasingly requires formal certification without accessible routes for recognizing prior learning, displacing experienced community-based, informal and migrant carers from regulated provision.
- **Service design:** Public provision increasingly shifts towards standardized, centralized and eligibility-gated residential care, while the availability and funding of home- and community-based alternatives contract.
- **Migration regulation:** Care-worker mobility is increasingly tied to approved recruitment channels, occupations and employers, with limited rights to change employers, challenge placement decisions or retain legal status independently of a particular job.
- **The pattern: management.** Provision improves for those whom systems can register, classify and monitor; categories tighten and the boundary of who is counted becomes harder to cross.

Towards Transformation

- **Labour market:** AI-related displacement of cognitive and middle-skill work becomes measurable, while average working time falls without a corresponding deterioration in basic income security and care employment expands alongside higher wages and stronger worker bargaining power.
- **Public finance:** Proposals to decouple welfare finance from payroll move from advocacy into legislation through public or social wealth funds financed by returns from automated production, public AI infrastructure, data rents or automation levies.
- **Care entitlements:** Care entitlements and personal budgets are increasingly attached to the person receiving care rather than presumed household availability. Relatives may provide agreed and compensated care, while an accessible professional alternative remains guaranteed.
- **Weak signal:** Guarantees of human presence begin appearing in legislation, care standards, procurement requirements or regulatory framework. A right to human contact or meaningful human alternatives enters policy language.
- **The pattern: reorganization.** The categories through which work, welfare, family responsibility and care are organized are redrawn rather than merely extended.

Reading the signposts together

In practice, developments are likely to combine elements of several scenarios, and different dynamics may coexist within the same country, sector or territory. The purpose of monitoring is not to determine which scenario has arrived, but to identify changes that could affect the viability of current care policies and plans.

The signposts are a regional starting point, not a fixed framework. Governments can adapt the signposts to their national context by assigning evidence sources, baselines, review cycles and responsible institutions. The central question is what an observed development means for action: whether an existing measure should be accelerated, protected, expanded or redesigned. Developments that the scenarios did not anticipate should be treated as new evidence and used to revise the framework.

Sections 6.3 and 6.5 connect this monitoring process to the wind-tunnelling of policy options and the periodic review of national care pathways.

Evidence notes

The following evidence notes provide selected sources that informed the scenario logic and the key features summarized above, especially where the scenarios extend beyond the evidence already discussed in chapters 1–4. They are not intended to validate any scenario as a prediction, but to indicate the evidence base and wider policy literature on which the scenarios draw.

1. **Care systems, care investment and decent work.** On care as foundational soci and economic infrastructure, care investment, decent work in the care economy, care leave, care services and employment-related care policies, see chapters 1, 2 and 4 and the sources cited there.
2. **Demographic change, population ageing and long-term care demand.** On population ageing, low fertility, intergenerational care, the sandwich generation and rising long-term care needs in Asia and the Pacific, see sections 3.1 and 4.3 and the sources cited there.
3. **Gender norms, unpaid family care and filial expectations.** On the naturalization of care, gendered expectations, unpaid family care, filial piety and women's disproportionate care responsibilities across the life course, see section 2.4 and the sources cited there.
4. **Social protection gaps, inequality and uneven care access.** On social protection gaps, informality, unequal access to care services and intersectional inequalities across gender, income, age, disability, migration status and geography, see chapters 3 and 4 and the sources cited there.
5. **Climate shocks, heat and care-system disruption.** On climate-related health impacts, disasters, rising care needs and disruption to care infrastructure and services, see section 3.4 and the sources cited there. In addition, for the cascading effects of extreme heat on health, labour productivity and energy systems, see ESCAP, *Asia-Pacific Disaster Report 2025: Rising Heat, Rising Risk* (United Nations publication, 2025); and for heat-health warning systems and pressure on health and social-care systems, see WMO and WHO, *Heatwaves and Health: Guidance on Warning-System Development* (Geneva, 2015).
6. **Energy access, cooling demand and care.** On the importance of reliable energy for health facilities, assistive technologies and unpaid care work, see sections 3.4 and 4.1 and the sources cited there. In addition, for the scenario's specific emphasis on rising cooling demand and energy stress in hot and humid settings, see IEA, *The Future of Cooling in Southeast Asia* (Paris, 2019); and IEA, "The crisis and global responses: 2022 energy crisis" (n.d.). Available at https://www.iea.org/topics/2022-energy-crisis (accessed on 31 July 2026).
7. **Water, food, waste and household resource constraints.** On water, food and fuel insecurity and their implications for unpaid care work, see sections 3.4 and 4.1 and the sources cited there. In addition, for resource-scarcity governance and water allocation, see World Bank, *Water Scarcity and Droughts: Background Paper* (Washington, D.C., 2023); and for the scenario's circular-economy and household waste-reduction elements, see UNEP, *Global Waste Management Outlook 2024: Beyond an Age of Waste – Turning Rubbish into a Resource* (Nairobi, 2024).

8 **Climate displacement, informal settlements and changing care networks.** On climate-related displacement, migration, informal settlements and disruption to household and community care networks, see sections 3.3 and 3.4 and the sources cited there. In addition, for climate-related mental health burdens, see Peter Yellowlees, "Climate change impacts on mental health will lead to increased digitization of mental health care", *Current Psychiatry Reports*, vol. 24, No. 11 (2022).

9 **Reverse migration, rural return and household consolidation.** Chapter 3 discusses rural-urban migration and notes that urban-to-rural return migration can occur during periods of economic insecurity, increasing pressure on rural care systems. See section 3.3 and the sources cited there. In addition, for the crisis-return dynamic from which the scenario extrapolates towards multigenerational household consolidation, see UNDP and UNICEF, *Socio-Economic Impact Assessment of COVID-19 in Thailand* (Bangkok, 2020); and S.F. Martin and J. Bergmann, *Shifting forms of mobility related to COVID-19* (Geneva, IOM, 2020).

10 **Disability, assistive technology and care access under infrastructure stress.** On disability-inclusive care, assistive technology, digital exclusion and accessible care infrastructure and social protection, see sections 3.2, 3.4, 4.1 and 4.2 and the sources cited there. In addition, for social protection coverage and support for persons with disabilities, see ADB, "Disability and Social Protection in Asia", ADB Briefs, No. 203 (Manila, 2021).

11 **Domestic work, informal recruitment and migrant care-worker vulnerability.** On global care chains, migrant care workers, informal recruitment, poor working conditions and gaps in labour and social protection, see sections 1.2, 3.5 and 4.4 and the sources cited there. In addition, for the specific recruitment practices affecting domestic workers, see ILO, *Employer Practices and Perceptions on Paid Domestic Work: Recruitment, Employment Relationships and Social Protection* (New Delhi, 2022); and for forced-labour and exploitation risks among migrant domestic workers in ASEAN, see ILO, *Skilled to Care, Forced to Work? Recognizing the Skills Profiles of Migrant Domestic Workers in ASEAN amid Forced Labour and Exploitation* (Bangkok, 2023).

12 **Women-led mutual aid and humanitarian care provision**. On climate shocks, community-based support and increasing pressure on informal care networks, see sectiws 3.4, 4.1 and 4.3 and the sources cited there. In addition, for women-led organizations in humanitarian crises, service provision and funding constraints, see UN Women, *At a Breaking Point: The Impact of Foreign Aid Cuts on Women's Organizations in Humanitarian Crises Worldwide* (New York, 2025).

13 **Administrative exclusion, registration and social protection delivery.** On inequalities in access to social protection and services, see sections 3.2, 3.5 and 4.2 and the sources cited there. In addition, for the scenario's specific use of eligibility, registration and administrative systems as possible causes of exclusion, see Kathy Lindert and others, eds., *Sourcebook on the Foundations of Social Protection Delivery Systems* (Washington, D.C., World Bank, 2020); and Kam Wing Chan, "Internal Migration in China: Integrating Migration with Urbanization Policies and Hukou Reform", KNOMAD Policy Brief No. 16 (Washington, D.C., World Bank, 2021).

14 **Digital care, telecare and digital exclusion.** On telehealth, remote monitoring, assistive technologies, digital divides and unequal access to digitalized care, see section 3.2 and the sources cited there. In addition, for the relational dimensions of providing care across distance, see Yi Jiao Tian, Fabrice Jotterand and Tenzin Wangmo, "Remote Technologies and Filial Obligations at a Distance", *Asian Bioethics Review*, vol. 15 (2023); and Tanja Ahlin, Kanika Sen and Jeannette Pols, "Telecare that works: lessons on integrating digital technologies in elder care from Indian transnational families", *Anthropology & Medicine*, vol. 31 (2024).

15 **Digital ID, biometric systems and service access.** On digital exclusion, accessibility, privacy and the increasing digitalization of essential services, see section 3.2 and the sources cited there. In addition, for evidence on how digital identification requirements can shape access to public and private services, see OECD, *Digital Public Infrastructure for Digital Governments*, OECD Public Governance Policy Papers, No. 68 (Paris, 2024); World Bank, *Principles on Identification for Sustainable Development: Toward the Digital Age* (Washington, D.C., 2022); and UNDP, *Human Development Report 2025: A Matter of Choice: People and Possibilities in the Age of AI* (New York, 2025).

16 **Datafication, platform power and surveillance in care.** On datafication of care, privacy, consent, algorithmic management and continuous performance monitoring, see section 3.2 and the sources cited there. In addition, for wider discussion of data governance and platformization, see UNCTAD, *Digital Economy Report 2021: Cross-border Data Flows and Development: For Whom the Data Flow* (United Nations publication, 2021); and OECD, *Competition Policy in Digital Markets: The Combined Effect of Ex Ante and Ex Post Instruments in G7 Jurisdictions* (Paris, 2024).

17 **Platform-mediated care work and technology in care systems.** On care platforms, algorithmic management, worker precarity, continuity of care and the effects of digital platforms on care relationships, see section 3.2 and the sources cited there. In addition, for the broader possibility that digital technologies may displace, reshape or reinstate different roles within care systems, see Kate A. Hamblin, "Technology in Care Systems: Displacing, Reshaping, Reinstating or Degrading Roles?", *New Technology, Work and Employment*, vol. 37, No. 1 (2022).

18 **AI, automation, labour displacement and working-time futures.** On AI, automation and changing work arrangements, see section 3.2 and the sources cited there. In addition, for evidence on AI exposure and labour market restructuring, see Pawel Gmyrek and others, "Generative AI and Jobs: A Refined Global Index of Occupational Exposure", ILO Working Paper, No. 140 (Geneva, 2025); and OECD, "Artificial Intelligence and the Changing Demand for Skills in the Labour Market", OECD Artificial Intelligence Papers, No. 14 (Paris, 2024).

19 **Artificial General Intelligence, public wealth and social protection futures.** For the scenario logic on AGI-generated wealth and changing labour market value, see Pascual Restrepo, "We Won't Be Missed: Work and Growth in the AGI World", NBER Working Paper, No. 34423 (Cambridge, 2025).

20 **Human presence, relational care and gendered imaginaries of care.** For sources on the limits of machine-only care, platform categories and gendered images of care, see Karin Schwiter and Jennifer Steiner, "Geographies of Care Work: The Commodification of Care, Digital Care Futures and Alternative Caring Visions", *Geography Compass*, vol. 14, No. 12 (2020); Kate A. Hamblin, "Technology in care systems: displacing, reshaping, reinstating or degrading roles?", *New Technology, Work and Employment*, vol. 37, No. 1 (2022); and Priyant Banerjee and others, "She, the algorithm, and the invisible hand: re-imagining economic paradigms in the age of feminist AI", *International Journal for Multidisciplinary Research*, vol. 7, No. 3 (2025).

21 **Residential care quality, stigma and filial responsibility.** On population ageing and long-term care, see sections 3.1 and 4.3; on filial responsibility and family-based care, see section 2.4 and the sources cited there. In addition, for changing interpretations of institutional care and filial responsibility, see Xinyue Wu, "Negotiating filial care in transitions: an ethnographic study of family involvement in China's nursing homes", *Journal of Chinese Sociology*, vol. 10, No. 9 (2023).

Conclusion

The scenarios presented in this chapter demonstrate that the future of care is not predetermined. How care systems evolve will depend on political choices, institutional capacities and societal priorities regarding equality, inclusion and shared responsibility.

Across all four scenarios, one message is clear: care will become increasingly central to societies across Asia and the Pacific as they respond to demographic, technological, climate and social change. In every future explored here, where deliberate action is absent, existing inequalities deepen, leaving the same households and care workers to absorb growing pressures with insufficient support.

The scenarios are best understood as rehearsals: ways of meeting conditions before they arrive, of noticing which policies hold across all four worlds and which depend on more favourable conditions. Rather than asking which future is most likely, they invite readers to consider which futures today's decisions are helping to create. Section 5.4 has identified the signposts that would show which trajectory is strengthening. Chapter 6 turns to the actions that hold across all of them.



Chapter 6

Pathways towards inclusive and resilient care systems in Asia and the Pacific



"Building a caring society is all about empowering women in the economy, making the care economy a continuous and sustained point of engagement for policymakers, and creating systems and structures that regularly measure women's work, enable care facilities for women, meet the unmet demands of women workers, recognize, reduce and redistribute women's work, and uphold the rights of care workers by rewarding and representing them on all platforms."

—**Sona Mitra,** Visiting Senior Fellow, Institute for Human Development (IHD)

Building comprehensive, inclusive and resilient care systems in Asia and the Pacific will require more than incremental reforms. It will require long-term systems transformation capable of addressing persistent inequalities and responding to demographic, social, technological and environmental change under conditions of uncertainty. It will also require recognizing that care is both an economic imperative and a matter of human dignity and rights – encompassing the needs and rights of those who receive care and of those who provide it, paid and unpaid.

- Building stronger care systems requires integrated, cross-sectoral action – strengthening both services and the broader systems that shape care.
- Recognition, reduction and redistribution of unpaid care and domestic work, together with the reward and representation of paid care work, are essential for gender equality and inclusive development.
- No single reform is sufficient: stress-testing the 12 recommendations against four futures shows that their effectiveness depends on how they are designed, combined and adapted as conditions change, with inequality-responsive design cutting across the entire agenda.
- Future-ready care systems must be capable of responding to demographic, technological, urban, climate and social change while remaining people-centred and shaped by the voices of both those who provide care and those who receive it.
- Long-term political commitment, effective governance and regional cooperation are critical – and timing matters: the window to build is open now and will not stay open.

Chapter 6 turns foresight towards action. It draws on three established foresight methods – **visioning**, **backcasting** and **wind-tunnelling** – in deliberate sequence: from defining where we want to go, to identifying what needs to change to get there and to examining how that change agenda may need to adapt across uncertain futures. Applied here, these methods generate a set of shared reference points for national planning rather than a single pathway for the region. Together, they provide governments and relevant stakeholders involved in care-system planning with the vision, substantive building blocks, cross-future design considerations and practical entry points from which context-specific pathways can be developed.

First, **visioning** establishes a preferred future: a concrete picture of the future we want to work towards. This chapter articulates that future as comprehensive, inclusive and resilient care systems in which care is recognized as a public good, responsibilities are equitably shared and every person can provide and receive care with dignity across the life course. The vision is grounded in shared global and regional normative principles and international human rights instruments.

Second, **backcasting** starts from a preferred future and works backward to ask what needs to be in place for that future to become possible. Drawing on this logic, the chapter identifies four building blocks for care systems development, each containing concrete recommendations drawn from ESCAP's Model Framework for Policy Action and the five megatrends analysed in chapter 3. Together, these form a change agenda that governments can draw on when identifying the investments, reforms and enabling conditions required in their own contexts.



A woman shares a joyful moment with her child in Satkhira, Bangladesh. © UN Women/Tasfiq Mahmood

Third, **wind-tunnelling** tests proposed actions against different plausible futures to reveal where they may remain effective and where changing conditions could create new vulnerabilities or require adaptation. Drawing on this logic, the chapter stress-tests the broad recommendations against the four futures developed in chapter 5. The analysis examines the vulnerabilities and tensions that different futures expose and identifies how the design and implementation of each recommendation may need to adapt as conditions change.

The chapter then identifies practical **entry points** through which governments can begin to advance the care agenda within real-world political economy constraints – institutions, processes and windows of opportunity that have opened pathways to action in practice.

It concludes with a guide to **applying the full foresight sequence in a national context**. Governments can adapt the preferred future, draw on the building blocks and cross-future design considerations to construct their own pathways, and then wind-tunnel the specific policies, investments and actions those pathways contain.

6.1 The preferred future: a vision for care

Defining where we want to go is a prerequisite for deciding how to get there. This section applies **visioning** – described as a method for "identifying, developing and enriching a compelling, preferred future"[297] – to articulate a shared normative destination for care systems transformation in Asia and the Pacific. Unlike forecasting, which projects what is likely given current trajectories, visioning starts from what is desirable – working from shared values and normative principles outward to a concrete picture of a different system.

The preferred future presented here is grounded in the needs and experiences of those who provide and receive care, as reflected in earlier chapters and in the expert consultations informing this report, and anchored in normative frameworks and regional commitments already endorsed by governments across Asia and the Pacific. It provides the reference point for the change agenda in section 6.2 and the stress-test in section 6.3. A detailed discussion of visioning as a foresight methodology is provided in annex A.

What would an inclusive and resilient[298] care system look like in practice?

By 2040, Asia and the Pacific can be a region where no one is left without care because they cannot afford it, because services are out of reach, or those who provide care lack the support they need to provide it well. Care would no longer depend on the exhaustion of those expected to provide it – at cost to their education, decent work, income, rest, self-care and participation in public life. Care would be organized, funded and shared collectively. Box 6.1 brings that future to life.

While Box 6.1 illustrates this preferred future, Table 6.1 applies Causal Layered Analysis[299] to trace why it holds together – from measurable outcomes down to the underlying story society tells about care.

The preferred future articulated here builds on a much longer intellectual and policy tradition. Decades of feminist scholarship, global policy frameworks, regional commitments and the expertise surfaced through the focus group discussions informing this publication have increasingly converged around a shared direction.

297 UNDP, *Foresight Manual: Empowered Futures* (New York, 2018). Available at https://www.undp.org/publications/foresight-manual-empowered-futures

298 Disclaimer: This vision does not claim unanimity. It claims convergence - drawing on the principles that decades of feminist scholarship, global frameworks, and regional commitments have together built.

299 The Causal Layered Analysis (CLA) framework for this publication was developed by Sohail Inayatullah; CLA is a futures method that examines an issue across four interconnected levels – the litany, systemic causes, worldview or discourse, and underlying myth or metaphor – to reveal deeper assumptions shaping how a problem and its possible futures are understood. For more information on CLA see Sohail Inayatullah, "Causal Layered Analysis: An Integrative and Transformative Theory and Method," in Jerome Glenn and Theodore Gordon, eds., *Futures Research Methodology*, version 3.0 (Washington, D.C., The Millennium Project, 2009). Available at https://www.researchgate.net/publication/228570392_Causal_layered_analysis_an_integrative_and_transformative_theory_and_method. The table presented here was contributed by Sohail Inayatullah as part of the peer review process and adapted for this publication.

Box 6.1 The preferred future for care in Asia and the Pacific by 2040

An older person in a rural community receives regular home visits from a trained support worker – not because her family can afford to arrange care privately, but because an ageing society plans ahead rather than leaving households to absorb the costs. Between visits, her husband – older still – is the one who cares for her, and the programme recognizes him as part of the care system: providing training, someone to call at night and respite so that he can rest.

A father in his forties, raising his own children while also supporting his ageing parents, does not have to choose between them or carry both responsibilities alone. Affordable childcare is available for his children, while his parents can access long-term care and support in their community.

A mother in a peri-urban settlement drops her child at an affordable and trusted early childhood centre on her way to work at a time convenient to her, because care was planned into the neighbourhood from the outset rather than retrofitted after its absence had already pushed women out of the workforce.

A young person with disabilities lives independently, with support shaped around his own circumstances rather than an imagined average user: sign language interpretation when he needs it, personal assistance, mobility support and a self-directed funding scheme through which he chooses his own support workers – one for daily living, another to help him get to class and remain involved in his community. Public transport accommodates his electric wheelchair so that he can travel where he needs to go on his own terms. His parents visit when they can, and those visits are simply time together as a family rather than a care arrangement.

An informal worker – outside the employment structures that typically determine access to social insurance – is covered because access to care and social protection does not stop at the boundary of the formal sector, even as pathways into formal employment continue to widen.

A teenage girl is in school – not at home managing household responsibilities or caring for younger siblings – because her community has access to affordable childcare, her family has the social protection it needs and her right to education is not contingent on whether care infrastructure exists.

A grandmother raising her grandchildren while their parents work in another city does not carry the household alone. After-school care shares the day, a community health worker attends to the grandmother's own needs and a pension in her own name means that caring for others does not come at the cost of her own security. Policy has caught up with what families have long known: older persons are not only recipients of care, but among its essential providers.

A family that chooses to care for an older relative at home – not because no other option exists, but because that is what they want – is supported in doing so. Family members have access to flexible working arrangements; options for formal, paid caregiving arrangements; financial recognition that does not penalize years spent providing care; respite services when responsibilities become too heavy to carry alone; and psychosocial support as a routine part of the care system. Care systems have learned to look after those who care, recognizing physical and mental well-being as inseparable dimensions of the same need.

Every person has a genuine choice – and the support needed to make that choice sustainable. Multiplied across millions of households, these choices mean more women able to remain in and advance through paid work, more stable household incomes, stronger productivity and economic growth that reflects the value of care rather than depending on its unpaid provision.

None of these are exceptional cases. They are what **universality** looks like in practice – care entitlements that do not vary by income, geography or social status, with **affordability, accessibility and quality** treated not as aspirations but as design requirements. The infrastructure gap that currently places services out of reach for hundreds of millions of people – in remote areas, island communities, and rapidly expanding urban peripheries – has been systematically closed, because transport, electricity, water and digital connectivity have been recognized as prerequisites for care delivery.

The workers who make this possible are no longer invisible. A domestic worker has the same labour protections as a nurse in a public hospital. A care worker connecting to clients through a digital platform has enforceable rights, not just ratings. A community health worker in a remote island community is trained, compensated and supported. When a climate event disrupts the community she serves, her expanded role is recognized in the emergency response plan, because policymakers have accepted that disasters multiply care needs and that this responsibility cannot simply be absorbed by women as unpaid care work.

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Box 6.1 ...continued

Across the region, the care workforce – including the millions of migrant workers who sustain care systems in receiving countries while their own families rely on remittances and community support at home – is recognized as a skilled, essential and mobile workforce. Care workers are entitled to protection regardless of employment form or nationality, rewarded through decent wages, safe working conditions and social protection, and represented through collective voice. **Decent work** defines the experience of care workers across the sector – for migrant domestic workers and home-based carers as much as for workers in formal facilities. Care work is recognized as skilled and socially essential, requiring training, support and respect. That recognition, embedded in law and reflected in wages and working conditions, has helped shift the **social norms** that have historically undervalued care work. **Quality** is defined not only by input standards but by the relational experience of care itself: continuity, attentiveness, dignity and enough time to do the work properly.

Underpinning all of this is a structural shift: **care is recognized as a public good**. Governments retain primary accountability for ensuring access – not as a residual welfare function, but as part of the public infrastructure required for societies and economies to function. The economic contribution of paid and unpaid care is reflected in national accounts and budget frameworks. Care responsibilities are more equitably shared between women and men and among households, the State, the private sector and communities, supported by parental leave and flexible working arrangements that make participation in care compatible with employment.

This redistribution has been reinforced by shifts in **social norms**: caregiving is no longer assumed to fall to any one group by default, and the expectation that care is a private matter to be managed within households – at individual cost and without public support – has been replaced by a broader social recognition that care is everyone's responsibility and actively builds social cohesion. Policy and norm change have moved together: neither alone was sufficient. Public investments in clean energy and water have reduced the hours households spend on indirect care. **Inclusivity and integration** mean that services, social protection, employment policy, legal frameworks and infrastructure work together rather than pulling in opposite directions – and that the voices of diverse caregivers and care recipients are present in the decisions that shape them, with institutionalized authority rather than occasional and/or tokenistic consultation.

Care systems are built for the future. In communities at the margins – informal settlements, remote islands and border regions where inequalities are often sharpest – care investment arrives not last but first. Digital gender and age divides have been actively addressed so that technology-enabled care reaches those who need it most rather than bypassing them. Technology augments rather than replaces the human and relational dimensions of care: artificial intelligence eases administrative burdens and extends reach, while governance and design ensure that caregivers and care recipients retain agency over the care they provide and receive.

Regional cooperation has narrowed gaps between countries with more developed care systems and those with limited formal provision, recognizing care-system development as a shared regional interest – including through agreements governing the rights and working conditions of care workers who move across borders. Rising inequality is addressed as an explicit policy concern: progressive financing and broad-based entitlements help ensure that investment reaches those with the greatest care and support needs, not simply those who are easiest to serve.

Table 6.1 Causal Layered Analysis: the preferred future of care

Layer	The future of care is a shared societal responsibility
Litany (visible data, headlines, measurable outcomes)	Universal access to quality care services is a headline indicator of national well-being. Time-use surveys show a dramatic reduction in women's unpaid care responsibilities and a measurable increase in men's participation. Care workers have formal employment contracts with decent wages, social protection and rights to representation and collective voice. National budgets reflect sustained, ring-fenced investment in care systems. The gender pay and pension gaps have significantly narrowed.
System (economic, social, political structures and causes)	Whole-of-government coordination mechanisms are institutionalized, with care integrated into finance, labour, climate and infrastructure planning. Gender-responsive budgeting is standard practice. Legal frameworks establish universal entitlements to care and protect the rights of all care workers, including migrants. Public infrastructure – transport, energy, water and digital connectivity – is designed with care needs as a core requirement. Education systems actively promote norm change around shared caregiving. Regional bodies facilitate care-worker mobility and benefit portability.
Worldview (discourse, ideology, values that make the system possible)	Care is understood and valued as a public good and essential social and economic infrastructure, not a private family burden. Interdependence is recognized as a fundamental human condition across the life course. Decisions about who receives and who provides care are guided by universality, equity and inclusivity. Care work is respected as a skilled and essential profession. Societal success is measured not only by GDP but by well-being, sustainability and social cohesion.
Myth and Metaphor (deep story, unconscious narrative)	The old story – **"Care as Invisible and Undervalued"**, women's natural duty, belonging to the private sphere – gives way to a new one: **"Care as the Foundational Weave"** of society, the essential, visible and strong fabric that connects and supports everyone and on which all other economic and social life depends.

Feminist economists have long argued that conventional macroeconomic models render care invisible by treating it as an infinite, costless resource occurring outside the "productive" economy[300] – and that care must instead be recognized as social infrastructure: as foundational to economic functioning as roads or energy systems, enabling all other economic activity and generating measurable economic and social returns.[301] From this perspective, investments in care are drivers of employment, gender equality and sustainable growth, not social expenditure to be contained.[302] The necessary shift is away from a model that extracts care without replenishing those who provide it to one that sustains them, with care responsibilities shared equitably across society rather than assigned by gender.[303]

The ethics of care grounds this argument in a different register. Rather than treating independence as the normal human condition, it starts from the reality of human dependency and interdependence across the life course. People may at different times require care, provide care or occupy both positions, and caring relationships create responsibilities towards those who receive care as well as those who provide it.[304] This perspective also challenges approaches that understand people primarily through fixed categories of dependency, including the tendency to view persons with disabilities solely as recipients of care and support. An inclusive and resilient care system must therefore protect the dignity and well-being of those receiving and providing care alike, recognizing that their well-being is relational and deeply interconnected.[305]

These insights have moved steadily from scholarship into the commitments governments have made. At the global level, the General Assembly and the Human Rights Council have recognized care as a matter of economic development and of human rights (see box 1.1). Regionally, the Asia-Pacific Declaration on Advancing Gender Equality and Women's Empowerment: Beijing+25 Review recognizes the need to accelerate efforts to reduce and redistribute women's disproportionate share of unpaid care and domestic work and to ensure the representation of caregivers in decision-making.[306] The regional report prepared for the Beijing+30 Review subsequently highlighted the care economy, alongside the green and digital transitions, as a key transition through which progress towards gender equality could be advanced.[307] At the subregional level, the ASEAN

300 Nancy Folbre, *Who Cares? A Feminist Critique of the Care Economy* (New York, 2014). Available at https://www.rosalux.de/fileadmin/rls_uploads/pdfs/sonst_publikationen/folbre_whocares.pdf

301 Ipek Ilkkaracan, *A Guide to Public Investments in the Care Economy: Policy Support Tool for Estimating Care Deficits, Investment Costs and Economic Returns* (Geneva, 2021). Available at https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/Policy-tool-Care-economy-en.pdf

302 Ipek İlkkaracan, "The Purple Economy Complementing the Green: Towards Sustainable and Caring Economies", paper presented at the Levy Economics Institute Workshop on Gender and Macroeconomics (New York, 2016). Available at https://wwhr.org/wp-content/uploads/2021/06/2016.PurpleEconomy.Ilkkaracan.Levy-Hewlett.pdf

303 Nancy Folbre, *Who Cares? A Feminist Critique of the Care Economy* (New York, 2014). Available at https://www.rosalux.de/fileadmin/rls_uploads/pdfs/sonst_publikationen/folbre_whocares.pdf

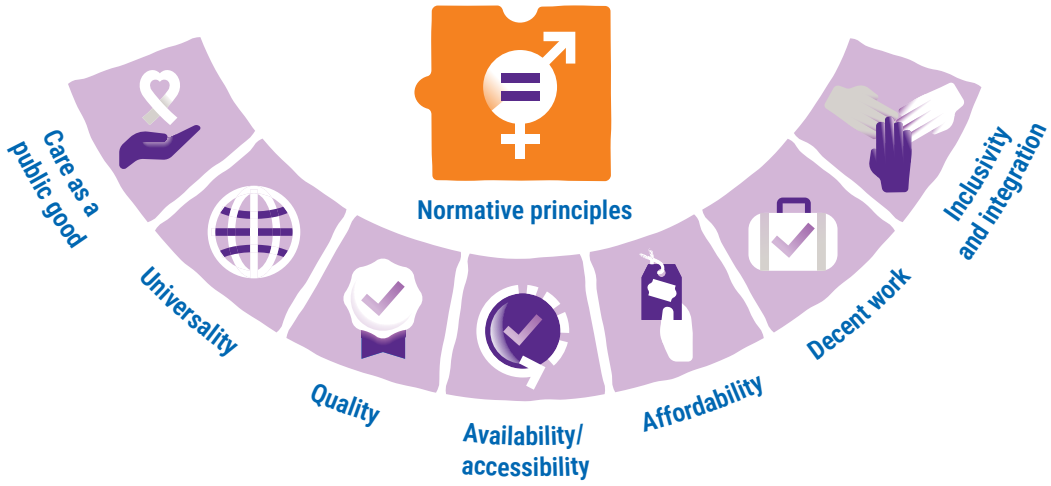
304 Daniel Engster and Maurice Hamington, eds., *Care Ethics and Political Theory* (Oxford, 2015). Available at https://academic.oup.com/book/1506

305 Berit Sæteren and Dagfinn Nåden, "Dignity: An Essential Foundation for Promoting Health and Well-Being", in Gørill Haugan and Monica Eriksson, eds., *Health Promotion in Health Care — Vital Theories and Research* (Cham, 2021). Available at https://www.researchgate.net/publication/350002756_Dignity_An_Essential_Foundation_for_Promoting_Health_and_Well-Being

306 ESCAP, "Asia-Pacific Declaration on Advancing Gender Equality and Women's Empowerment: Beijing+25 Review" (Bangkok, 2019), ESCAP/MCBR/2019/2/Add.1, paras. 14(l) and 16(f). Available at https://www.unescap.org/sites/default/files/Beijing%2B25-Declaration-%28ENG%29-20200220.pdf

307 ESCAP, *Charting New Paths for Gender Equality and Empowerment: Asia-Pacific Regional Report on Beijing+30 Review* (Bangkok, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/52f429f1-3101-4b30-a81d-5646ad5aa42c/content. The report was prepared to inform the Asia-Pacific regional intergovernmental review of the implementation of the Beijing Declaration and Platform for Action, in conjunction with the Asia-Pacific Ministerial Conference on the Beijing+30 Review, held in Bangkok from 19 to 21 November 2024. The Conference adopted its report (ESCAP/MCBR/2024/5); a Chair's summary was issued as ESCAP/MCBR/2024/5/Add.1.

Figure 6.1 Seven normative principles to guide policy action



Declaration on Strengthening the Care Economy similarly affirms a collective determination to recognize and value unpaid care and domestic work as a foundational pillar of human life, societal well-being and economic growth, and acknowledges that developing comprehensive care systems requires the recognition, reduction, redistribution, reward and representation of care work (see storyline 1, chapter 4).[308]

Together, these intellectual traditions, global and regional commitments and the regional expertise surfaced through the focus group discussions informing this publication (see chapter 5 and annex A) point towards a common normative foundation. ESCAP has translated this foundation into its *Model Framework for Policy Action on the Care Economy* (see chapter 4 and annex C), built around seven normative principles: care as a public good, universality, quality, accessibility and availability, affordability, decent work, and inclusivity and integration. Cutting across these principles is the recognition that social norms – the deeply rooted assumptions about who provides care and why – are not a secondary concern but a structural condition shaping whether care can be redistributed in practice.

The preferred future developed in this publication builds directly on that foundation while sharpening one element that chapter 1 identifies as particularly important for the region and that the foresight analysis in chapters 3 and 5 shows to be increasingly consequential: **resilience**. The five megatrends explored in chapter 3 are not external pressures acting on care systems; they are forces already restructuring who needs care, who provides it and under what conditions. A vision calibrated only to the present is not a preferred future; it is a description of a world already passing. Building **inclusive and resilient care systems** therefore requires not only grounding policy in the normative principles above, but designing care systems to **adapt as these structural conditions change**.

The preferred future is not a utopia. It is a direction – a coherent picture of a different system, grounded in frameworks that already exist and supported by evidence of what investment in care can achieve. Elements of this future are already emerging across countries and communities in the region. The task is to connect, strengthen and extend them through sustained political commitment and recognition of care as foundational social and economic infrastructure – building care systems that are inclusive in whom they reach and resilient in how they respond to change.

6.2 The change agenda: what needs to happen

With the preferred future defined, the task now is to identify how to get there. The next step in the foresight sequence is backcasting. Rather than projecting forward from current conditions, backcasting starts from a desired future and works backward to identify the enabling conditions, reforms and milestones needed to connect where we are to where we want to be – creating what has been described as "a potential trajectory, or 'how it all might happen'".[309]

Drawing on this logic, this section identifies four building blocks of care systems development that together provide a **shared starting point for national pathway-building towards the preferred future**. Each building block contains concrete recommendations on the conditions and changes needed to support that transition.

The building blocks draw on two strands of analysis developed earlier in the publication. ESCAP's Model Framework for Policy Action identifies seven levers through which change in care systems can be advanced, while the five megatrends examined in chapter 3 identify the structural forces that future care systems will need to navigate. Working backward from the preferred future through these two lenses yields the four building blocks shown in figure 6.2.

308 ASEAN, "ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community" (Jakarta, 2024). Available at https://asean.org/wp-content/uploads/2024/11/1-ASEAN-Declaration-on-Strengthening-the-Care-Economy-and-Fostering-Resilience-towards-ASEAN-Community-Post-2025_.pdf

309 UNDP, *Foresight Manual: Empowered Futures* (New York, 2018). Available at https://www.undp.org/publications/foresight-manual-empowered-futures

The recommendations in this section are not intended to provide an exhaustive list of care policies. Detailed policy options – across care infrastructure, care-related social protection, care services and employment-related care policies – are set out in ESCAP's Model Framework for Policy Action, discussed in chapter 4. The building blocks focus instead on the cross-cutting conditions and shifts needed to move towards the preferred future: strengthening the foundations for action, improving evidence and representation, transforming care relations and preparing care systems for demographic, technological, urban, climate and inequality-related change.

Governments, together with other relevant stakeholders, can use the building blocks and recommendations as inputs to their national backcasting exercises: assessing where their care system currently stands, identifying gaps, deciding which changes are most urgent and determining how reforms should be sequenced over time. The specific milestones, responsibilities and policy measures will depend on national circumstances and can then be translated into action across the MFA's four policy categories. **Section 6.5 shows how these inputs can be brought together in developing a national pathway.**

The four building blocks are mutually reinforcing and should not be understood as a fixed sequence. What varies across countries is not whether each building block matters, but where the most urgent and feasible entry points lie and how action across them should be sequenced in a given national context (see section 6.4).

As figure 6.2 illustrates, the building blocks are stacked to show how progress in one can strengthen the others, rather than to prescribe a fixed sequence. Strong mandates, budgets and coordination provide the foundations on which effective data systems and mechanisms for representation can be built. Better data make care needs and inequalities more visible, while meaningful representation gives caregivers and care recipients a stronger voice in shaping responses. Together, these conditions can support a more equitable distribution of care and help ensure that investments responding to demographic, technological, urban, climate and inequality-related change deliver their intended benefits. For example, time-saving technologies introduced without corresponding changes in social norms and the distribution of care responsibilities may do little to reduce women's overall care work and, in some cases, may even increase it.

Establishing foundations: Making care governable

Recognizing care as a public responsibility requires the legal, fiscal and institutional foundations through which governments can finance, regulate and coordinate care policy. This building block therefore focuses on three areas: legislative and regulatory frameworks, public financing and whole-of-government coordination.

Enact legislative and regulatory frameworks that establish enforceable rights to provide and receive care, set minimum standards for care services and protect care workers across different forms of employment. Strong legal and regulatory frameworks provide the basis for consistent standards, accountability and protection across electoral cycles, economic downturns and demographic shifts. Governments can use tools such as the World Bank's annual *Women, Business and the Law* study to assess existing legal frameworks and identify gaps. The study examines how laws and policies shape women's economic opportunities across 190 economies, including through dedicated indicators on childcare and parenthood, and tracks legal reforms dating back to 1970.[310]

Figure 6.2 Four building blocks of development towards the preferred future of 2040



310 World Bank, *Women, Business and the Law 2026* (Washington, D.C., 2026). Available at https://openknowledge.worldbank.org/bitstreams/4407cff6-6c6b-44cf-b89b-d1260f1a0700/download

Embed care in national budgets through gender-responsive budgeting, progressive financing and sustained investment in care infrastructure and services. Integrating care into public budgets recognizes it as a fiscal and development priority and provides the resources needed to translate policy commitments into implementation. Budget commitments are more durable when care is also embedded in national development and sectoral plans, creating a clear link between policy priorities, public planning and resource allocation.

For governments with limited fiscal space, sequencing will be important. Early investment in legal frameworks, coordination mechanisms and data can strengthen the evidence base and institutional foundations for larger financing commitments over time. Where fiscal constraints are particularly acute, including in debt-distressed and small-island economies, domestic resource mobilization and progressive tax reform can help expand the resources available for care rather than relying solely on the reallocation of existing budgets.

Establish a whole-of-government approach through formal coordination mechanisms across relevant ministries and agencies, including those responsible for health, education, labour, finance, transport, housing and urban development, rural development, infrastructure, energy, water and social affairs, with the specific configuration adapted to national institutional arrangements. Because care cuts across these policy domains, inter-ministerial coordination is essential for policy coherence. These mechanisms should be reinforced by integrating care into national and sectoral plans, as well as relevant ministries' own priorities and programmes, so that participating institutions share a common basis for aligning policies, budgets and implementation while accounting for the different needs of those who provide and receive care.

Box 6.2 Establishing foundations in practice

Legislative and regulatory frameworks: In **Malaysia**, all childcare centres providing care and early education services for children under four years old – known as TASKA – are required to register with the Department of Social Welfare under the Childcare Centre Act 1984. Registration subjects centres to minimum requirements covering areas including staffing, caregiver training, premises and equipment, nutrition, health, sanitation, fire prevention and child safety.[1] By making these standards enforceable through a registration requirement, the legal framework transforms care quality from a matter of provider goodwill into a public accountability requirement and gives parents a reliable basis for choosing quality care with confidence.

National budgets: In **the Philippines**, the Gender and Development (GAD) Budget Policy – introduced through the General Appropriations Act in 1995 and further strengthened by the Magna Carta of Women – requires all government departments and agencies to allocate a minimum of five per cent of their total annual budgets to gender programmes and activities, embedding gender equality objectives into regular public budgeting processes.[2] The requirement extends to local government units as well, complementing a standing legal mandate – in place since 1990 – for a day-care centre in every barangay.[3] More recently, the Philippines has been developing a national care economy policy framework led by the Philippine Commission on Women (PCW), aligned with existing gender-responsive budgeting frameworks and building on national and subnational consultations involving PCW, the ESCAP secretariat, Oxfam Pilipinas and other partners.[4] In **Mongolia**, sustained public investment in early childhood education – around 24 per cent of the education budget as of 2017, equivalent to approximately one per cent of GDP – reflects a deliberate decision to treat care-related services as a human capital and economic development priority, supported by World Bank analysis and investment in kindergarten infrastructure and service expansion.[5]

Whole-of-government approach: In **Timor-Leste**, the Working Group on Care is co-led by the Secretary of State for Equality (SEI) and the Secretary of State for Vocational Training and Employment (SEFOPE), with the ESCAP secretariat providing technical support and facilitating each step of the process. Officially launched at the kick-off workshop in June 2025, the Working Group brings together key government secretariats, UN Women, Oxfam and the Working Women's Centre Timor-Leste. During the national consultation held in September-October 2025, it served as the central coordination mechanism, convening government ministries, civil society, the private sector, development partners and the UN Country Team to identify policy gaps, strengthen cross-sectoral dialogue and generate concrete entry points for recognizing, reducing and redistributing unpaid care and domestic work. Following the consultation, the Working Group has continued as the institutional platform through which care policy coordination is sustained: it is leading the development of a national framework for policy action on the care economy – planned for launch in late 2026.[6]

1 Malaysia, Child Care Centre Act 1984, Act 308, sect. 8. Available at https://www.commonlii.org/my/legis/consol_act/ccca1984134/; and Child Care Centre Regulations 2012, P.U. (A) 377. See also Malaysia, "Childcare Centre (TASKA)", 2026. Available at https://www.malaysia.gov.my/en/categories/school--education/early-childhood-education-/childcare-centre-taska (accessed on 7 August 2026).

2 Philippines, Philippine Commission on Women, "GAD Budget", n.d. Available at https://pcw.gov.ph/gad-budget-report/ (accessed on 7 August 2026).

3 Philippines, Republic Act No. 6972, Barangay-Level Total Development and Protection of Children Act (1990). Available at https://pcw.gov.ph/republic-act-6972-barangay-level-total-development-and-protection-of-children-act/ (accessed on 7 August 2026).

4 ESCAP Asia-Pacific Gender Portal, "Valuing and investing in unpaid care and domestic work", n.d. Available at https://www.asiapacificgender.org/our-work/valuing-and-investing-unpaid-care-and-domestic-work (accessed on 7 August 2026).

5 World Bank, *Pre-primary education in Mongolia: access, quality of service delivery, and child development outcomes* (Washington, D.C., 2017). Available at https://documents1.worldbank.org/curated/en/481101490364915103/pdf/113752-WP-PUBLIC-P152905-QualityJanWithExecMarchclean.pdf

6 ESCAP, "Timor-Leste National Consultation on Valuing and Investing in the Care Economy", 2025. Available at https://www.unescap.org/events/2025/timor-leste-national-consultation-valuing-and-investing-care-economy (accessed on 7 August 2026).

Building care systems: Making care visible and actionable

Effective care policy depends on evidence that makes care needs, responsibilities and inequalities visible, and on decision-making processes that give caregivers and care recipients a meaningful voice

Conduct regular time-use surveys and integrate care-disaggregated data into national planning, budget allocation and programme evaluation. Time-use surveys remain a valuable tool for making care visible and can be complemented by administrative data, rapid assessments and other relevant data sources, depending on national capacity and starting conditions. Governments should also ensure that occupational and industrial classification systems adequately capture the full range of care work. Regular and comparable data, when connected directly to planning, budgeting and evaluation, can help make care a more visible and actionable area of public policy.

Collect data on intersectional markers – across gender, income, age, disability, ethnicity, migration status and location – to ensure policies reach those most at risk of being left behind. Care responsibilities and access to services vary systematically across these dimensions, and without data that captures them, policies will systematically miss those who need them most.

Institutionalize the representation of diverse caregivers and care recipients, including those facing intersecting forms of disadvantage, in care policy design, implementation and evaluation, supported by accountability mechanisms that go beyond tokenistic consultation. Meaningful representation can improve policy design and strengthen the constituencies needed to sustain care investment and reform over time.

Box 6.3 Building care systems in practice



Care-disaggregated data: Bangladesh's Time Use Survey 2021 – conducted by the Bangladesh Bureau of Statistics under the Making Every Woman and Girl Count programme – illustrates how data can support a progression from measurement to accountability. The survey enabled Bangladesh to monitor SDG indicator 5.4.1 for the first time; the findings then fed into the country's first Household Production Satellite Account, launched in 2025, which translated time-use evidence into official economic value. The satellite account is not merely a technical product – it is a policy decision about what counts in a national economy, one that the Government made explicit in the 2025–2026 budget by committing to integrate unpaid labour into GDP calculations.[1] In the **Philippines**, Oxfam's National Household Care Surveys – conducted in 2017 and 2021 – generated care-disaggregated evidence that the PCW has used directly to advocate for care-responsive policy, illustrating how survey data become a lever for institutional action when they are connected to the agencies responsible for policy change.[2]

Data on intersectional markers: In **Bangladesh**, a Sex, Age and Disability Disaggregated Data pilot survey conducted by the Bangladesh Bureau of Statistics with technical support from UN Women, under the regional EmPower programme co-implemented with the United Nations Environment Programme (UNEP), generated community-level evidence on how climate vulnerability, disability, age and gender interact – capturing the compounding disadvantages that determine who can provide and receive care when crises hit.[3] In **Indonesia**, the National Disaster Management Authority formalized this approach through Technical Guideline No. 9/2023, establishing a national standard for collecting data that capture the distinct needs of women, children, persons with disabilities and older persons – so that emergency and care-related interventions can be designed to reach those facing compounding disadvantages, not only those easiest to serve.[4]

Representation in decision-making: In **Indonesia**, the Ministry of Manpower and ILO jointly convened a tripartite social dialogue on the care economy in March 2023, bringing together representatives of government, workers' organizations, employers and academia to discuss how care responsibilities shape women's labour force participation and what policy measures – on care leave, services and redistribution – could address them. The dialogue illustrates a specific design choice: treating care as a labour and economic policy domain, not only a social welfare one, and bringing workers' voices into that conversation through a structured, government-hosted process.[5]

1 Bangladesh, Bangladesh Bureau of Statistics (BBS), *Time Use Survey 2021 Report* (Dhaka, 2023). Available at https://data.unwomen.org/publications/bangladesh-time-use-survey-2021; and Bangladesh Bureau of Statistics, UN Women and ABD, *Unpaid Household Production Satellite Account of Bangladesh: Based on Time Use Survey 2021* (Dhaka, 2025) Available at https://bangladesh.un.org/sites/default/files/2025-09/UN%20Women%20%26%20BBS%20Report.pdf

2 Oxfam Pilipinas, *The 2021 National Household Care Survey* (Manila, 2023). Available at https://oxfam.org.ph/download/the-2021-national-household-care-survey/; Oxfam Asia, "So much of the work that millions of Asian women do is invisible: here's how to change that and value unpaid care", 2023. Available at https://views-voices.oxfam.org.uk/2023/05/asian-women-invisible-unpaid-care/ (accessed on 7 August 2026).

3 Bangladesh Bureau of Statistics, *Pilot Survey on Sex, Age and Disability Disaggregated Data (SADDD) for Disaster Risk Reduction and Climate Change Adaptation* (Dhaka, 2022). Available at https://asiapacific.unwomen.org/sites/default/files/2023-06/bbssadddfull-reportfinal-version03-july-2022-1comp55f9-min-b4.pdf

4 United Nations Population Fund (UNFPA) Indonesia, *BNPB Technical Guideline No. 9/2023 on Sex, Age, and Disability Disaggregated Data (SADDD) Management* (Jakarta, 2023). Available at https://indonesia.unfpa.org/en/publications/bnpb-technical-guideline-no-92023-sex-age-and-disability-disaggregated-data-saddd

5 ILO, "It is time for Indonesia to invest in care leave and services", 8 March 2023. Available at https://www.ilo.org/resource/news/it-time-indonesia-invest-care-leave-and-services (accessed on 7 August 2026).

Transforming care relations: Making care equitable in practice

Even where care systems and supporting data are in place, redistributing care requires shifts in the social norms and institutional incentives that shape who provides care and under what conditions.

Transform social norms and align legal and policy incentives to redistribute care responsibilities equitably across households, the State, the private sector and communities. Where social norms are not addressed, policies that reduce the time required for care do not necessarily redistribute it. Evidence from Oxfam's WE-Care programme suggests that time- and labour-saving technologies can, in some contexts, leave women's unpaid-care time unchanged or even increase it unless accompanied by efforts to shift gender norms and promote a more equal sharing of care between women and men.[311]

Social norms are only one part of this equation. The distribution of care within households is also shaped by bargaining power: women's independent income, asset ownership and individualized – not household-level – entitlements can strengthen their ability to negotiate how care responsibilities are shared, even where norms are slow to change. Such measures reflect the principle of equal rights and shared responsibilities of women and men within the household and society, affirmed in the 1995 Beijing Declaration and Platform for Action.[312]

Policy design can also help shift these patterns by addressing masculinity norms – expectations about what it means to be a "man" – that discourage men from assuming care roles even when policy creates the opportunity to do so (see chapter 2). One design feature with particularly strong comparative evidence is non-transferability: adequately paid paternity and parental leave reserved for fathers on a use-it-or-lose-it basis – forfeited if not taken, rather than transferred to mothers – has proven more effective at shifting the intra-household division of care than transferable family entitlements, which in practice are overwhelmingly used by women (see the discussion of reserved paternity and parental leave entitlements in section 4.4).[313]

Sustained, multi-channel efforts – through education, media and community engagement – therefore need to work alongside legal and policy measures that make greater sharing of care possible and practical, including adequately paid, non-transferable leave for fathers and social protection measures that strengthen caregivers' economic security.

311 Sarah Hall, Mark Vincent Aranas and Amber Parkes, *Making Care Count: An Overview of the Women's Economic Empowerment and Care Initiative* (Oxfam, 2020). Available at https://policy-practice.oxfam.org/resources/making-care-count-an-overview-of-the-womens-economic-empowerment-and-care-initi-621100/.

312 United Nations, "Beijing Declaration and Platform for Action", adopted at the Fourth World Conference on Women, 15 September 1995, A/CONF.177/20. Available at https://www.un.org/womenwatch/daw/beijing/platform/declar.htm (accessed on 29 July 2026).

313 ILO, *Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work* (Geneva, 2022). Available at https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/documents/publication/wcms_838653.pdf

Box 6.4 Transforming care relations in practice

Social norms transformation and legal and policy incentives alignment: Singapore has doubled Government-Paid Paternity Leave from two weeks to four weeks. This was initially introduced on a voluntary basis for children born from January 2024, with employers reimbursed by the government for the additional leave and became fully mandatory from April 2025.[1] Singapore has also introduced measures to strengthen the retirement security of women affected by caregiving responsibilities (see also box 4.3). Around two thirds of Singapore's Silver Support scheme recipients are women, including caregivers who were not able to work consistently when younger. The Matched Retirement Savings Scheme provides additional support to those who have yet to accumulate basic retirement savings.[2]

Malaysia's i-Suri scheme, introduced through the Employees Provident Fund, provides a 50 per cent government matching incentive on voluntary contributions by housewives registered in the eKasih, up to RM300 per year and a lifetime maximum of RM3,000 per participant. Alongside i-Saraan, which offers a matching incentive for informal workers, and i-Sayang, which allows spouses to allocate a portion of their Employees Provident Fund (EPF) contributions to each others' accounts, these measures aim to address the low participation of women in formal retirement schemes and strengthen their long-term economic security.[3]

Viet Nam's National Strategy on Gender Equality 2021–2030 sets explicit national targets to reduce the gap in unpaid care and housework between women and men – from the current disparity to 1.7 times by 2025 and 1.4 times by 2030 – embedding the redistribution of care as a measurable national development objective. Viet Nam's family law also recognizes the economic value of unpaid care in the division of assets upon divorce: a spouse who remains at home to care for children and the family without working outside is treated as having income equivalent to that of the working spouse, with contributions to the family recognized in asset allocation.[4]

1 Singapore, *Singapore's National Review for the Implementation of the Beijing Platform for Action* (Singapore, 2024). Available at https://www.asiapacificgender.org/country-profiles/singapore; and Singapore, Strategy Group, "Stronger Support for Working Parents with Enhanced Parental Leave Schemes From 1 April 2025", 18 August 2024. Available at https://www.strategygroup.gov.sg/stronger-support-for-working-parents-with-enhanced-parental-leave-schemes-from-1-april-2025/ (accessed on 7 August 2026).

2 Singapore, *Singapore's National Review for the Implementation of the Beijing Platform for Action* (Singapore, 2024). Available at https://www.asiapacificgender.org/country-profiles/singapore

3 Malaysia, Ministry of Women, Family and Community Development, *Beijing Declaration and Platform for Action: Malaysia Progress Report 2020–2024* (Kuala Lumpur, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-11/MALAYSIA%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20%282024%29.pdf; and Employees Provident Fund, "i-Suri: Savings Incentive for Housewives". Available at https://www.kwsp.gov.my/en/member/savings/i-suri (accessed on 14 August 2026).

4 Viet Nam, *National Review of the 30-Year Implementation of the Beijing Declaration and Platform for Action in Viet Nam (2019–2023)* (Ha Noi, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-10/Viet%20Nam%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20%282024%29.pdf



Three generations of a family stand beside a solar-powered facility in Kyrgyzstan. © UNDP/Tatyana Vedeneva

Future-proofing care systems: Building for resilience and adaptability

Care systems must be designed for the structural forces already reshaping care demand and supply – the five megatrends analysed in chapter 3.

Develop demographically responsive care provision by projecting future workforce needs for both childcare and long-term care, with proactive strategies that include decent working conditions and pathways for migrant care workers. Anticipating changes in care demand and workforce supply can help governments respond to demographic pressures through planned system expansion rather than relying on households and informal arrangements to absorb them.

Enable and regulate digital care systems by establishing labour standards for platform-based care workers, actively closing digital gender and age divides and ensuring that technology expands rather than concentrates access to care. AI and other digital tools can alleviate administrative burdens on caregivers, extend services to underserved areas and connect care workers and care seekers more efficiently. However, without adequate design and governance, the same technologies can reproduce existing inequalities. Digital care platforms without labour protections risk replicating forms of informality already widespread in care work. Care responsibilities can also constrain opportunities to acquire digital skills, meaning that technology-enabled solutions may bypass some of those who could benefit most unless digital exclusion is actively addressed.[314]

Progress should therefore be assessed not by technology adoption alone, but by whether digital transformation is accompanied by labour protections, efforts to close digital divides and design processes that centre the needs of caregivers and care recipients. As care systems become increasingly data-driven, safeguards for privacy, informed consent and accountability will also become increasingly important.

Design urbanization-responsive care systems by embedding care services and infrastructure – including childcare, long-term care, disability support services, accessible transport and safe, green public spaces – into urban planning from the outset, with explicit attention to informal settlements and migrant populations.

Build climate-resilient care infrastructure and services by integrating care into national climate adaptation and mitigation plans, energy and water resilience strategies and disaster preparedness and response frameworks, including advance planning for surges in care needs following environmental shocks. Climate-resilient care infrastructure, together with reliable and sustainable energy and water systems, can reduce disruption to care provision and the additional unpaid care responsibilities that environmental shocks can create.

Apply inequality-responsive design by structuring care financing, entitlements and service provision to reduce rather than reproduce existing inequalities. Progressive financing and pathways towards broad-based coverage can help ensure that access to quality care depends less on household income or the ability to purchase services privately, while public provision and social protection can reduce the disproportionate reliance on unpaid family care among households with fewer resources. Care-system reforms should therefore assess their distributional effects – who pays, who benefits, who provides care and who remains without adequate support – and direct investment towards closing persistent gaps in access and protection.[315]

These four building blocks identify what must change for the preferred future to become achievable – across governance, data, norms and resilience. The question that follows is whether this agenda holds across different futures or whether some enabling conditions prove more fragile than others depending on how the region evolves. That is the task of the next section.

314 UNDP, *Human Development Report 2025: A Matter of Choice: People and Possibilities in the Age of AI* (New York, 2025). Available at https://hdr.undp.org/system/files/documents/global-report-document/hdr2025reporten.pdf

315 ESCAP, "Transforming Care Systems towards a Feminist Future: Applying the Three Horizons Framework", Policy Brief (Bangkok, 2025). Available at https://www.unescap.org/kp/2025/transforming-care-systems-towards-feminist-future-applying-three-horizons-framework



Older persons sit in conversation at a park in Seoul, Republic of Korea. © ESCAP/Kibae Park

Box 6.5 Future-proofing care systems in practice

Demographically responsive care provision: In **Thailand,** a 2025 ILO study projects that demand for paid home-based care workers will increase by at least 70 per cent by 2037 – a conservative minimum estimate under unchanged conditions – and could require up to 250,000 additional workers if care gaps are closed and decent working conditions are applied under existing regulation.[1] The study's use of foresight methodology to project workforce needs under different policy scenarios is itself a signal: demographic change is being treated as a planning variable rather than a future shock to be absorbed.

Digitally enabled and regulated care systems: In **Viet Nam**, the S-Health mobile app developed by the Ministry of Health with UNFPA technical support was launched in 2021. It provides older persons with accessible information on common conditions, nutrition and home-based care, allows them to monitor health indicators and medication schedules and connects family members to track health status from a distance. An SOS function sends the user's GPS location to family members in emergencies and the app links users to family doctor networks and nursing homes. Designed to be age-friendly in contrast, colour and ease of use, it illustrates how technology-enabled care can expand reach without displacing the relational networks older persons depend on.[2]

In **Kazakhstan**, the Digital Family Card, introduced in 2022 by the Ministry of Labour and Social Protection, uses administrative data to proactively identify households eligible for social benefits and assistance. The initiative also includes a mobile application for social workers that streamlines case management, reporting and service coordination, enabling more effective delivery of services.[3] These efforts are complemented by digital health platforms such as Damumed,[4] which supports day-to-day interactions between patients and healthcare providers, and the eDensaulyq (eHealth)[5] module within eGov Mobile, which provides access to medical records, laboratory test results, vaccination histories, prescriptions and other health information. By improving transparency, simplifying interactions with the healthcare system and supporting continuity of care, these tools demonstrate how digital technologies can expand access to care-related services and strengthen system responsiveness. Their long-term effectiveness, however, depends on continued attention to digital inclusion, accessibility and data protection.

Continues on next page

Box 6.5 ...continued

Urbanization-responsive care systems: In Tamil Nadu, **India**, an inclusive housing project implemented by the ADB and the government of Tamil Nadu integrates care-responsive design principles into settlement planning – locating housing near employment, incorporating gender-sensitive infrastructure and consulting women on safety, functionality and daily usability. The project targets at least 6,000 affordable housing units for communities at risk, recognizing that nearly 17 per cent of the State's urban population lives in informal settlements lacking adequate access to water, sanitation and basic services. By aligning housing location and design with women's care responsibilities and livelihoods, the project demonstrates that affordable housing policy and care infrastructure policy can be pursued as a single integrated agenda.[6]

Climate-resilient care infrastructure: In **Kiribati**, the Kiribati Adaptation Program – supported by the World Bank – installed solar-powered water pumps in remote outer island communities, drawing groundwater to raised tanks and distributing it to community taps, ensuring residents have access to safe drinking water close to their homes.[7] The programme illustrates a care-climate connection that national planning frameworks often miss: investments in climate-resilient energy and water infrastructure reduce the distance and time households must devote to accessing water – responsibilities that fall disproportionately on women and girls – and are thereby also investments in the conditions that make care possible.

Inequality-responsive design: In the **Republic of Korea**, the Ministry of Health and Welfare launched a Community Care pilot programme in 16 local governments in 2019, designed explicitly to identify older persons and persons with disabilities at risk of falling through the gaps – and bring coordinated health, social and housing services to them in their communities. Local governments used National Health Insurance Service data to pre-screen high-risk populations before deploying social workers for in-person needs assessments. An evaluation of participants found that those linked to the programme spent significantly more days at home and incurred lower care costs than a matched comparison group.[8] Following the enactment of the Integrated Care Support Act in March 2024, nationwide implementation is under way, with 57 per cent of Korea's 229 municipalities participating as of August 2025.[9]

Uzbekistan is expanding access to care through a new package of services funded by the State Social Protection Fund. More than 8,300 people are expected to benefit from the reforms by 2026, with up to 600 non-governmental organizations and social entrepreneurs engaged in service delivery. The reform introduces a continuum of support, including day-care services (Yangi Kun), home-based care and short-term respite care (Ijtimoiy Ta'til), helping people with intensive care needs remain connected to their communities while relieving pressure on family caregivers. The reforms also invest in prevention and early support through the "Erta Aralashuv" (Early Intervention) programme for children under three years of age. Delivered by multidisciplinary teams including special educators and rehabilitation specialists, the programme seeks to identify developmental challenges early and provide timely support, particularly in underserved regions.[10]

1 ILO, *Care at home: Projecting Thailand's need for national and migrant labour for home-based care for older persons* (Geneva, 2025). Available at https://www.ilo.org/sites/default/files/2025-10/ILO%20Care%20at%20home%20-%20Projecting%20Thailand%27s%20need%20for%20national%20and%20migrant%20labour%20for%20home-based%20care%20for%20older%20persons%202025-10-21%20FINAL.pdf

2 UNFPA Viet Nam, "Official Launch of S-Health - Mobile App for Health Care of Older Persons" (Hanoi, 2021). Available at https://vietnam.unfpa.org/en/news/official-launch-s-health-moblie-app-health-care-older-persons (accessed on 7 August 2026).

3 UNDP Kazakhstan, "Digitalisation for sustainable development and social well-being of society", 13 February 2023. Available at https://www.undp.org/kazakhstan/stories/digitalisation-sustainable-development-and-social-well-being-society

4 Anatoly Bahirev, "The DAMUMED system in 2025: digital medicine in Kazakhstan", Femida Justice, 24 May 2025. Available at https://femida-justice.com/blog/sistema-damumed-v-2025-godu-czifrovaya-mediczina-v-kazahstane.

5 Kazakhstan, Office of the Prime Minister, "eGov mobile to expand eDensaulyq medical data section", 24 March 2023. Available at https://primeminister.kz/en/news/egov-mobile-to-expand-edensaulyq-medical-data-section-23474

6 ADB, "Inclusive, Resilient, and Sustainable Housing for Urban Poor Sector Project in Tamil Nadu", Project No. 53067-004, Social Monitoring Report, January–March 2023 (April 2023). Available at https://www.adb.org/projects/53067-004/main (accessed on7 August 2026).

7 World Bank, "Kiribati: Spirit of Dedication Increases Community's Resilience towards Climate Change" (Washington, D.C., 31 January 2019). Available at https://www.worldbank.org/en/news/feature/2019/01/31/kiribati-spirit-of-dedication-increases-communitys-resilience-towards-climate-change (accessed on 7 August 2026).

8 Jae Woo Choi and Ae Jung Yoo, "The Effect of Integrated Care After Discharge From Hospitals on Outcomes Among Korean Older Adults", *International Journal of Health Policy and Management*, vol. 12, No. 1 (2024). Available at https://www.ijhpm.com/article_4551_0e6ad664628b4acf5345f8fb2da48b7e.pdf

9 Jang, S., "Integrated Community Care in Korea: Implementation and Challenges," *Annals of Geriatric Medicine and Research*, vol. 29, No. 3 (2025). Available at https://www.e-agmr.org/journal/view.php?number=1220&viewtype=pubreader

10 Nuz, "New social protection mechanisms are being introduced in Uzbekistan", 17 April 2026. Available at https://nuz.uz/2026/04/17/v-uzbekistane-vnedryayutsya-novye-mehanizmy-soczialnoj-zashhity/

6.3 Stress-testing the change agenda across different futures

With the change agenda defined, the next question is how its recommendations might need to be designed differently as future conditions change.

Wind-tunnelling stress-tests policy options against multiple plausible futures – not to predict which future will occur, but to surface which options remain viable regardless of how conditions evolve, and where design adjustments are needed.[316] In a full wind-tunnelling exercise, this is usually applied to a specific strategy or pathway.

At this stage, however, the publication is testing broad recommendations that have not yet been translated into country-specific policies or strategies. Drawing on the logic of wind-tunnelling, this section therefore asks a different but complementary question: what do the four futures reveal about how each recommendation should be designed and implemented? For each recommendation in section 6.2, the analysis examines what could limit its effectiveness or create unintended consequences under different future conditions, and what additional design considerations follow.

The four futures developed in chapter 5 provide the alternative conditions against which the recommendations are tested, while the drivers of change identified in annex B provide the analytical lens.

The purpose is therefore not to give each recommendation a pass-or-fail judgement. Most remain relevant across very different futures; the value of the stress-test lies instead in identifying the vulnerabilities different futures expose and the design features that could help the recommendations remain effective as conditions change. Table 6.2 synthesizes these cross-future design implications, while annex D presents the full scenario-by-scenario assessment, showing where limitations or unintended consequences may arise and how design and implementation may need to adapt in response.

These findings are inputs to national pathway-building. Governments, together with relevant stakeholders, can draw on the recommendations in section 6.2 together with the design considerations identified here when developing their own pathways through backcasting. Once those pathways have been translated into specific policies, investments and actions, governments can wind-tunnel them directly against futures adapted to their national context (see section 6.5). The signposts identified in section 5.4 can then be used alongside these design considerations: the signposts indicate where external conditions may be shifting, while the stress-test helps identify what those shifts could mean for the design and implementation of different parts of the care agenda.

316 UNDP, *Foresight Manual: Empowered Futures* (New York, 2018). Available at https://www.undp.org/publications/foresight-manual-empowered-futures

Table 6.2 Stress-testing the 12 recommendations: cross-future design implications

For the full assessment of each recommendation under each of the four futures, see annex D.

Recommendation	Key design implication across futures
Building block 1. Establishing foundations (making care governable)	
Legislative and regulatory frameworks	Ensure that rights and standards are effectively enforced, apply across different employment arrangements and remain adaptable as automated decision-making expands.
Care in national budgets	Protect continuity of care funding while keeping allocation flexible as needs, fiscal conditions and sources of public revenue change.
Whole-of-government approach	Maintain standing cross-government coordination, with clear care objectives and accountability for how decisions across sectors affect care.
Building block 2. Building care systems (making care visible and actionable)	
Time-use survey and care-disaggregated data	Connect care data directly to planning, budgeting and evaluation, while protecting privacy and capturing care that administrative systems may miss.
Intersectional-marker data	Keep categories and collection methods flexible enough to capture changing forms of disadvantage, including among people not represented in administrative records
Representation of intersectional gendered perspectives	Give caregivers, care recipients and care workers meaningful influence over policy design, implementation and review, including groups poorly represented in formal systems.
Building block 3. Transforming care relations (making care equitable in practice)	
Transformation of social norms and alignment of legal and policy incentives	Combine norm change with services, economic security and policy incentives that make a more equal distribution of care feasible in practice.
Building block 4. Future-proofing care systems (building for resilience and adaptability)	
Demographically responsive care provision	Plan early enough for services and the care workforce to keep pace with changing demand, household structures and population movement.
Digitally enabled and regulated care systems	Pair digital expansion with inclusion, labour protections, data rights and safeguards that keep automated systems accountable, contestable and supported by human alternatives.
Urbanization-responsive care systems	Care planning needs to follow changing patterns of mobility and care relationships across urban, rural and displacement contexts rather than assuming that populations and care needs will remain spatially fixed.
Climate-resilient care infrastructure	Design resilience around continuity of care for households and communities, not only the resilience of physical infrastructure and services.
Inequality-responsive design	Keep assessing who benefits and who remains unsupported, because the mechanisms producing inequality change as care systems and wider conditions evolve.

What the stress-test reveals

Across the scenarios tested, five findings emerge that governments should carry into their own strategy design.

First, the recommendations remain relevant across very different futures, but their effectiveness depends on how they are designed and implemented. Wind-tunnelling does not reveal a set of recommendations that should simply be retained and another that should be discarded. Instead, it shows how apparently sound interventions can develop different vulnerabilities as conditions change. Legal rights can exist without effective access; public financing can expand while allocation rules leave some needs unmet; digital systems can improve coordination while creating new risks of surveillance or exclusion; and physically resilient infrastructure can function while care still fails at the household or community level. Robustness therefore lies not only in choosing the right policy direction, but in designing it to adapt.

Second, the recommendations are interdependent. No single intervention is sufficient to create a resilient care system. Data that reveal unmet care needs have limited effect if they are not connected to planning and resource allocation; legal protections depend on enforcement and accessible mechanisms for redress; financing does not ensure equitable access if eligibility or administrative systems exclude some groups; and digital innovation requires complementary regulation, labour protection and human alternatives. The four building blocks therefore operate as a set of mutually reinforcing conditions rather than as independent policy choices.

Third, different futures change the principal implementation challenge. In Continued Growth, the central risk is that expansion does not keep pace with changing need, leaving residual gaps to households. Under Collapse, the challenge shifts towards preserving core rights, services, workforce capacity and evidence as formal institutions and fiscal space weaken. In Discipline/New Equilibrium, strong public capacity can deliver care at scale, but standardized rules, monitoring and administrative categories may generate exclusion or reduce autonomy and choice. In Transformation, greater material and technological capacity resolves some constraints while making questions of allocation, accountability, human judgement, relational care and the appropriate limits of automation increasingly important. The same recommendation can therefore require substantially different design choices depending on the conditions in which it operates.

Fourth, inequality remains a cross-cutting test, but the mechanisms through which it is produced change across futures. Under Continued Growth, disadvantage can be concealed when households privately absorb gaps through unpaid care or additional expenditure. Under Collapse, access may depend increasingly on household resources and the strength of social networks. Under Discipline/New Equilibrium, exclusion can be produced by eligibility rules, registration and administrative categorization even where public provision is extensive. Under Transformation, inequalities may shift from basic access towards differences in additional human care and in how effectively automated systems serve different groups. Inequality-responsive design therefore requires continuing distributional assessment rather than assuming that expanding provision or technological capacity will reduce disadvantage automatically.

Fifth, the window to build adaptive capacity will not remain equally open. Legal and institutional frameworks, workforce capacity, trusted data systems, coordination mechanisms, representation and community networks take time to establish and may become harder or more costly to build once systems are under severe stress or institutional arrangements have become entrenched. Wind-tunnelling therefore points not only to how policies may need to adapt in different futures, but also to the value of building adaptive capacity early and monitoring the signposts identified in section 5.4 so that design can be adjusted before pressures become acute.

Taken together, the stress test suggests that future-ready care policy is not a fixed package of measures. Its core directions may remain important across multiple futures, but their design, sequencing and implementation must remain responsive to changing demographic, technological, spatial, environmental and institutional conditions.

The next section turns from the question of what needs to happen to the question of where to start, identifying the practical entry points through which governments can initiate and scale care policy action within real-world political economy constraints.

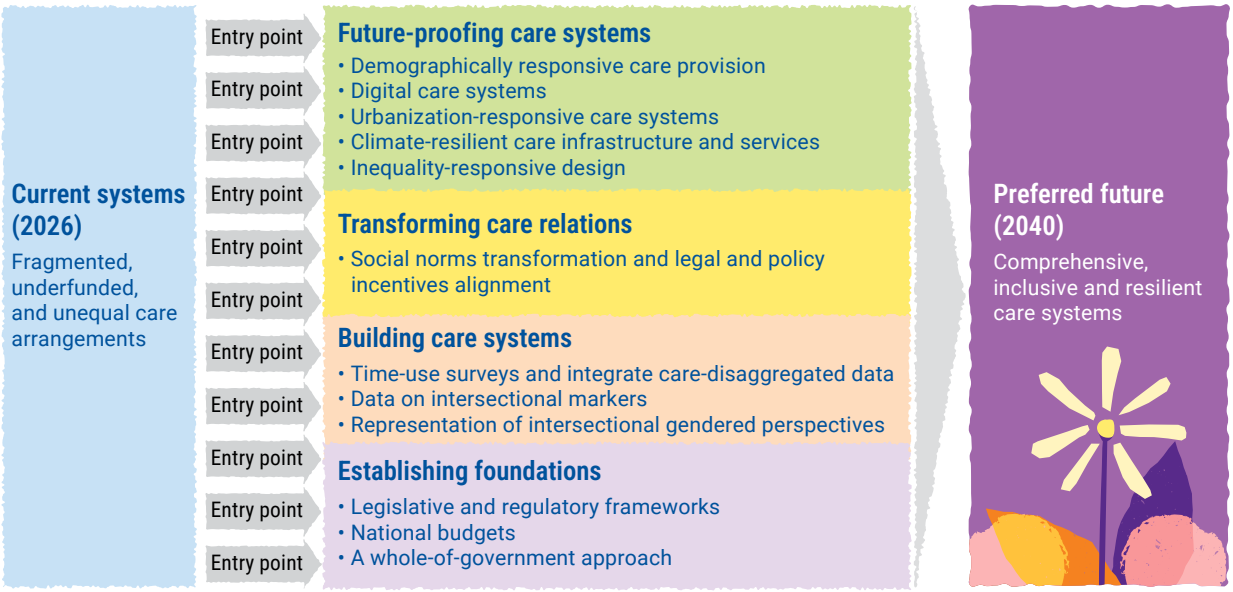
6.4 Entry points and partnerships: from pathway to action

The change agenda developed in section 6.2 is comprehensive, but no government will implement all of it at once. The question facing a policymaker who has read this far is where to begin: which existing institutions, processes and moments of opportunity can open a pathway into the wider agenda.

Entry points are the practical openings through which care policy can gain traction within real-world political economy constraints. They may take the form of a champion institution, an existing policy or budget mechanism, a planning process under revision, an evidence-building exercise, action at the local level or a regional or global commitment that creates momentum for domestic action. They are not substitutes for the broader change agenda, nor do they prescribe a single sequence. Rather, they are the doors through which governments can enter it, starting from where they are, with what they have.

Figure 6.3 maps where entry points connect to the building blocks, illustrating that governments can enter the change agenda through different routes depending on their existing capacities, priorities and windows of opportunity.

Figure 6.3 Entry points into the building blocks: navigating from current systems to the preferred future of 2040



The entry points below mainly draw on the ESCAP secretariat's direct experience working with governments across the region – moments and mechanisms that have opened doors to care policy action, generated political commitment and produced tangible outcomes. They are offered not as a definitive list but as illustrations of what has worked in practice: each reflects a different kind of opening, available at different stages of readiness and in different institutional contexts. Governments will find their own entry points, shaped by their own political economy, institutional landscape and windows of opportunity. What matters is recognizing them when they appear and being ready to act.

A champion ministry

When a ministry of women's affairs or social development has leadership commitment and convening power, it can serve as a first mover for the care agenda. It can build the evidence base, convene other ministries and make the case for care to finance and planning authorities. In **Indonesia,** the Ministry of Women Empowerment and Child Protection (MoWECP) has played exactly this role. MoWECP co-developed the Care Economy Roadmap 2025–2045 with the Ministry of National Development Planning and ILO, launched in March 2024.[317] Six months later, in September 2024, the Ministry used its convening power to jointly organize the Indonesia National Consultation on Valuing and Investing in the Care Economy with the ESCAP secretariat, the World Bank and UN Women, creating a high-level interactive platform for multi-stakeholder dialogue on the Roadmap's implementation within the Government's Medium-Term Development Plan (RPJMN) for 2025–2029.[318]

Building on this momentum, in 2025, the Ministry launched a Care Economy Working Group to develop a cross-sectoral work agenda across ministries, moving from champion to whole-of-government ownership.[319]

Indonesia's experience illustrates how a champion ministry can create an initial institutional foothold for care, then use its convening role to broaden ownership across government and connect care to wider planning, budgeting and sectoral decision-making.

An existing budget mechanism

Where gender-responsive budgeting (GRB) mechanisms already exist, they can provide a practical institutional entry point for integrating care considerations into public finance processes. Rather than creating entirely new systems, governments can build on existing budgeting tools, coordination mechanisms, and analytical frameworks to examine how public spending affects care needs, care services, and the distribution of unpaid care work. **Thailand's** experience illustrates this potential. Since 2021, the Government has progressively strengthened its GRB framework: a GRB handbook developed by the Department of Women's Affairs and Family Development was approved by the Cabinet in December 2021, followed by a memorandum of understanding among eight entities, including the Budget Bureau, the secretariats of both houses of parliament and UN Women, to advance implementation. By 2023, six pilot agencies across five provinces were implementing GRB and in the 2024 fiscal year, capacity-building initiatives extended GRB knowledge to 127 local administrative organizations.[320]

317 ILO, "Ministry of Women's Empowerment and Child Protection and ILO launch Care Economy Working Group to advance Indonesia's care system", 25 June 2025. Available at https://www.ilo.org/resource/news/ministry-women%E2%80%99s-empowerment-and-child-protection-and-ILO-launch-care (accessed on 29 July 2026).

318 ESCAP, "Indonesia national consultation on valuing and investing in the care economy", 17 September 2024. Available at https://www.asiapacificgender.org/events/indonesia-national-consultation-valuing-and-investing-care-economy (accessed on 29 July 2026); and World Bank, *The Care Economy in Indonesia: A Pathway for Women's Economic Participation and Social Well-being* (Washington, D.C., 2024). Available at https://doi.org/10.1596/42038 (accessed on 29 July 2026).

319 ILO, "Ministry of Women's Empowerment and Child Protection and ILO launch Care Economy Working Group to advance Indonesia's care system", 25 June 2025. Available at https://www.ilo.org/resource/news/ministry-women%E2%80%99s-empowerment-and-child-protection-and-ILO-launch-care (accessed on 29 July 2026).

320 Thailand, Department of Women's Affairs and Family Development, *Review of Thailand's Implementation of the Beijing Declaration and Platform for Action* (Bangkok, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-11/Thailand%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20%282024%29.pdf

While these measures were established to advance gender equality rather than care policy specifically, discussions during Thailand's 2025 National Consultation on Valuing and Investing in the Care Economy identified gender-responsive budgeting as one example of an approach that can support more equitable resource allocation within broader efforts to strengthen care systems.[321] Existing GRB infrastructure can therefore provide an institutional foundation for incorporating care-related analysis into planning, budgeting and resource allocation processes.

At the regional level, the ASEAN Conference on Gender-Responsive Budgeting, hosted by **the Philippines** in November 2025, made explicit the link between GRB and care investment. The Conference concluded with commitments to develop a compendium of GRB practices across ASEAN Member States and to set the stage for a dedicated ASEAN GRB-Care Conference in 2026 under the Philippines' ASEAN Chairpersonship – a signal that the connection between budgeting mechanisms and care investment is gaining regional institutional traction.[322] This illustrates how an established budgeting mechanism can become an entry point for care at both national and regional levels.

A national plan under revision

National development plans, poverty reduction strategies and social protection reviews create windows where care can be embedded into mainstream planning frameworks rather than treated as a standalone add-on**.** In **the Lao People's Democratic Republic**, the Lao Women's Union (LWU) adopted the Five-Year Lao Women's Development Plan (2026–2030) at a national meeting of its Central Committee in September 2025, with the ESCAP secretariat and Oxfam having supported the Union throughout the Plan's revision process.

This included a national consultation on the Plan's monitoring and evaluation framework, bringing together the LWU headquarters, the Ministry of Planning and other relevant technical departments and committees to ensure that care-related priorities were translated into clear indicators and integrated programming. The resulting plan explicitly identifies the care economy as a strategic pathway for advancing women's economic empowerment, particularly for rural and low-income women and strengthens alignment with the country's 10th National Socio-Economic Development Plan.[323] The Lao People's Democratic Republic's experience illustrates the value of acting during a planning window: although the revision process itself is time-bound, embedding care in the resulting framework can shape planning, budgeting and accountability for years to come.

A country case study for evidence building

A national study can provide an important entry point by making care visible in national data and giving policymakers a shared evidence base and common vocabulary for discussing it as a structural economic and social issue. Working with the Institute of Development Studies (IDS), the ESCAP secretariat has supported national studies on valuing and investing in unpaid care and domestic work in **Cambodia, Indonesia, the Lao People's Democratic Republic, the Philippines, Timor-Leste,** and **Uzbekistan** – each grounded in national data and developed in close collaboration with government counterparts.

Across these engagements, evidence-building has often provided a foundation for wider policy dialogue and institutional action. In Cambodia, the national study presented at a National Public Forum in 2022 gave a shared purpose to investments that had until then been parallel rather than connected, laying the foundation for the whole-of-government process that followed. In Timor-Leste, the national case study provided the evidence foundation for a kick-off workshop, a national consultation and the establishment of a Working Group on Care, with each step building on the last. In the Lao People's Democratic Republic, case study findings informed the integration of care into the national women's development plan and were shared at the 69th session of the Commission on the Status of Women (CSW), contributing to regional peer learning.[324] Evidence-building can therefore do more than document care needs: it can create a common analytical grounding from which ministries, planning authorities and finance institutions can engage with the care agenda.



321 ESCAP, "National Consultation on Valuing and Investing in the Care Economy in Thailand",26 August 2025. Available at https://www.unescap.org/events/2025/thailand-national-consultation-valuing-and-investing-care-economy (accessed on 7 August 2026). During the consultation, gender-responsive budgeting was cited as an example of an approach that can help ensure equitable resource allocation in the context of strengthening care systems.

322 Philippine Commission on Women, "ASEAN Conference on Gender-Responsive Budgeting Strengthens Policies, Builds Capacities, and Advances Inclusive Development", 14–15 November 2025. Available at https://pcw.gov.ph/asean-conference-on-gender-responsive-budgeting-strengthens-policies-builds-capacities-and-advances-inclusive-development/ (accessed on 7 August 2026).

323 ESCAP, "National Consultation on the Monitoring and Evaluation Framework for the Lao Women's Development Plan 2026–2030", 2-3 June 2025. Available at https://www.unescap.org/events/2025/consultation-monitoring-and-evaluation-framework-lao-womens-development-plan-2026-2030 (accessed on 7 August 2026).

324 ESCAP, "Valuing and Investing in Unpaid Care and Domestic Work". Available at https://www.asiapacificgender.org/our-work/valuing-and-investing-unpaid-care-and-domestic-work (accessed on 7 August 2026).

Local government as a laboratory

Local governments can act as innovators and designers of care policy in their own right, often responding to local conditions and community needs in ways that national frameworks may not fully capture. Municipal and provincial governments are often closer to the communities whose care needs are most acute, while decentralized governance structures shape the scope they have to experiment with new approaches. National governments, in turn, can acknowledge and actively supporting these local innovations, and, where appropriate, help scale or adapt them to other contexts, recognizing that no single national model can fit every context.

In **the Philippines**, local government units (LGUs) have played an important role in advancing care policy, with the ESCAP secretariat providing sustained support alongside national and civil society partners. In 2018, the municipality of Quinapondan, Eastern Samar, enacted the country's first WeCare Ordinance, formally recognizing unpaid care work and committing municipal budgets to support it; similar ordinances soon followed in neighbouring municipalities. The ESCAP secretariat, alongside the Philippine Commission on Women, Oxfam Pilipinas and other partners, later co-convened a national consultation and a subsequent subnational consultation in Ormoc City, where local leaders examined the care-climate nexus and community-specific needs.[325] This process informed Eastern Samar's adoption of the country's first provincial-level care ordinance in 2024, consolidating the municipal efforts that preceded it. Similar ordinances have since been adopted by at least 30 other local government units across the Visayas and Mindanao regions, and the initiative was jointly recognized as a 2024 Asia-Pacific Care Champion by ESCAP and UN Women.[326]

Regional normative commitments as domestic leverage. Regional and global normative commitments create political space for domestic action by embedding care in frameworks that governments have already endorsed. Champion ministries and other national actors can draw on these commitments to strengthen the case for incorporating care into national plans, monitoring frameworks and budget processes, while connecting domestic reform to wider regional momentum.

The ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community (2024) is a concrete example of this: it commits Member States to action across care infrastructure, care-related social protection, care services and employment-related policies, providing a regional mandate that domestic advocates and champion ministries can draw on directly. The Declaration is now complemented by the ASEAN Care Economy Guidance Note (see storyline 1 in chapter 4 for the full account of the Declaration's adoption and regional significance).

Beyond Asia and the Pacific, Latin America and the Caribbean offer a telling precedent. **The Tlatelolco Commitment (2025)**, adopted by ECLAC member States, establishes a decade (2025–2035) of action on the care society. It demonstrates how regional bodies can make explicit regional commitments to care as a necessity, a human right, a public good, work and a driver of the economy.[327] Asia and the Pacific can build on these examples in developing its own regional commitments.

Global platforms for visibility and peer learning. For a government unsure where to begin, joining an existing global platform offers an accessible starting point – one that connects a government immediately to a network of peers, evidence and practice, rather than requiring it to build that infrastructure alone. The Global Alliance for Care (GAC) is a global multi-stakeholder platform launched in 2021 within the framework of the Generation Equality Forum and initially co-convened by UN Women and Mexico's National Institute for Women (INMUJERES).[328]

Since its launch, the Alliance has grown to more than 370 members worldwide, bringing together national and local governments, civil society organizations, academic institutions, trade unions, philanthropic organizations, the private sector, and international organizations committed to advancing care as a need, as work and as a right and to contributing to the transformation towards more caring, equitable, inclusive and sustainable societies.

The GAC does not require its members to make specific commitments or submit progress reports as a condition of membership. Rather, it provides a visible global platform that showcases and amplifies the efforts of its members, while fostering the exchange of experiences, knowledge and good practices. Through peer learning opportunities, South-South cooperation and multi-stakeholder dialogue, the Alliance enables its diverse members to share their progress, learn from the experiences of others and strengthen collective action and advocacy. For governments or ministries at an early stage, participation in such a platform can help build knowledge, relationships and momentum for further action.

325 Oxfam Pilipinas, "Regional forum tackles impact of changing climate on care work", 6 November 2023. Available at https://oxfam.org.ph/regional-forum-tackles-impact-of-changing-climate-on-care-work/ (accessed on 7 August 2026).

326 Oxfam Pilipinas, "Oxfam Pilipinas, partners win UN's Asia-Pacific Care Champions award", 22 November 2024. Available at https://oxfam.org.ph/oxfam-pilipinas-partners-win-uns-asia-pacific-care-champions-award/ (accessed on 7 August 2026).

327 ECLAC and UN Women, "Tlatelolco Commitment: A Decade of Action to Achieve Substantive Gender Equality and the Care Society", LC/CRM.16/7 (Santiago, 2026). Available at https://repositorio.cepal.org/server/api/core/bitstreams/63e8de6e-3d6a-4152-aa08-184dfcfc65f3/content

328 Global Alliance for Care, "About Us". Available at https://globalallianceforcare.org/en/the-alliance/about-us.html (accessed on 5 August 2026).

Storyline 2 – Cambodia: Building a care economy from the ground up

In 2022, something shifted in how Cambodia talked about care.

The shift built on investments that had already been taking place across multiple sectors, often without being understood as parts of a common care agenda. Rural roads were being rebuilt: approximately 2,000 kilometres rehabilitated between 2019 and 2024, connecting communities where distance had long made health clinics, schools and markets effectively unreachable.[1] Access to improved water supply in rural areas climbed from 58 per cent in 2017 to 87 per cent in 2021 – hours returned to households that had spent them on collection.[2] Pre-schools multiplied from 7,587 to 8,607 between 2017 and 2023, 88 per cent of them in rural areas, with enrolment rising by 30 per cent to over 380,000 children.[3] A cash transfer programme for pregnant women and families with children under two has reached over 165,000 pregnant women since 2019, keeping families connected to health services through the critical first 1,000 days.[4]

Taken together, these investments touched many of the conditions through which care is provided. What was less developed was a common framework through which their connections, cumulative contribution and remaining gaps could be understood.

That framework began to take shape through a national study on the care economy, conducted jointly by ESCAP, IDS and the Ministry of Women's Affairs (MoWA) and presented at a National Public Forum in Phnom Penh in 2022.[5] The findings reframed care not as a social welfare concern managed within separate ministry mandates, but as a structural condition shaping who could participate in the economy and why. For a country navigating the transition towards Least Developed Countries (LDC) graduation by 2029,[6] where women's economic participation was both a development imperative and an unfinished project, this reframing carried weight. It gave a shared purpose to investments that had until then been parallel rather than connected.

MoWA took the lead in building a coordinated response. Two national consultations in August and October 2023 brought together line ministries, civil society and development partners to analyse Cambodia's care economy, adapt ESCAP's Model Framework for Policy Action to the national context and develop concrete action plans across specific policy domains – from time-use data collection and parental leave reform to water and sanitation as care infrastructure and social protection for unpaid caregivers. MoWA then led the drafting of Cambodia's National Care Economy Framework and Action Plan – a policy roadmap built around four pillars: care infrastructure, care services, employment-related care policies and care-related social protection – while simultaneously reactivating gender-responsive budgeting mechanisms across line ministries to embed care as a cross-sectoral fiscal priority.[7]

The result is a connective architecture: a framework that makes scattered investments legible as components of a system and assigns cross-ministerial accountability for closing the gaps that remain. The Women's Economic and Entrepreneurship Development Centre, inaugurated in Phnom Penh in December 2025 with technical support from the ESCAP secretariat, gives institutional form to one of the framework's core insights: that care and economic participation are not separate concerns.

Through a CSW69 side event co-organized with ESCAP, Cambodia shared its experience – offering not a finished model but an illustration of how a care agenda can be built from existing investments: first by making their connections visible, then by developing a shared framework through which they can be coordinated, strengthened and expanded.

1 Cambodia, Ministry of Women's Affairs, *Cambodia national report on the implementation of the Beijing Declaration and Platform for Action (BPfA+30)* (Phnom Penh, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-06/Cambodia%27s%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20%282024%29.pdf

2 Ibid.

3 Ibid.

4 Ibid.

5 ESCAP, "Valuing and Investing in Unpaid Care and Domestic Work". Available at https://www.asiapacificgender.org/our-work/valuing-and-investing-unpaid-care-and-domestic-work (accessed on 7 August 2026).

6 LDC graduation is the process by which a Least Developed Country meets specific UN economic and social criteria to transition into developing country status - UNDP, *Graduation from LDC Status: Trade Preference and Development Financing Implications for Asia-Pacific Countries* (Bangkok, 2022). Available at https://www.undp.org/sites/g/files/zskgke326/files/2022-12/Graduation%20from%20LDC%20status%20trade%20preference%20and%20development%20financing%20implications%20for%20Asia-Pacific%20countries.pdf

7 Cambodia, Ministry of Women's Affairs, *Cambodia national report on the implementation of the Beijing Declaration and Platform for Action (BPfA+30)* (Phnom Penh, 2024). Available at https://www.asiapacificgender.org/sites/default/files/2024-06/Cambodia%27s%20National%20Review%20for%20Implementation%20of%20the%20Beijing%20Platform%20for%20Action%20%282024%29.pdf

6.5 Your own pathway: applying foresight to care systems planning

The preceding sections provide a set of regional inputs that governments and other relevant stakeholders can draw on in developing their own pathways: a preferred future to adapt to national circumstances; four building blocks and twelve recommendations identifying what needs to change; cross-future design considerations showing what governments may need to anticipate as conditions evolve; signposts for monitoring those changing conditions (section 5.4); and practical entry points through which action can begin.

Taken together, these provide a practical foundation for national pathway-building. Governments can adapt the preferred future to their own context, use backcasting to identify priorities, sequencing and milestones, translate the recommendations into specific policies, investments and actions, and then wind-tunnel those choices against futures relevant to their own circumstances. The signposts can support continued monitoring and adaptation as conditions change.

The five steps below provide a practical guide for doing so.

Box 6.6 Five steps to apply foresight to your national care agenda

Step 1 – Start from the preferred future. The vision in section 6.1 is a starting point, not a template. Adapt it to your national context, incorporating your demographic profile, policy priorities and social values, until you have a concrete, shared picture of what a well-functioning care system looks like in your country by 2040. This is the anchor from which everything else works backward.

Step 2 – Backcast from that future to your own strategies. Starting from 2040 and moving towards the present, ask what must be in place at each stage for the next step to become possible. The four building blocks and twelve recommendations in section 6.2 provide substantive inputs for this work, while the cross-future design considerations in section 6.3 highlight issues to anticipate as those recommendations are translated into national measures. Assess where your care system currently stands, identify the gaps between the present and the preferred future, and translate the relevant recommendations into specific reforms – including laws, budget measures, services, data systems and initiatives to shift social norms. Identify responsibilities, milestones and dependencies, and organize actions across short-, medium- and longer-term horizons.

The relative urgency and sequencing of the building blocks will vary by context. A country without an adequate legal framework may need to prioritize foundations; one with strong institutions but weak data systems may need to strengthen visibility; and one facing acute demographic or climate pressures may need to accelerate future-proofing. Backcasting works best as a participatory process, bringing together officials across government, civil society, care providers and recipients, and other relevant actors to ground the pathway in practical knowledge and build the cross-sectoral ownership that implementation requires.

Step 3 – Wind-tunnel the pathway against different futures. Once the pathway has been translated into specific policies, investments and actions, test those choices against alternative futures adapted to national conditions. The four futures in chapter 5 can provide a starting point. For each strategy or action, ask: does it remain relevant under these conditions? Is it still feasible? Is it sufficient, or would the future create needs or risks that it does not address? Identify the elements that perform well across different futures and can provide more robust anchors for the pathway, as well as those that depend on particular conditions and therefore require adaptation, contingency options or trigger points.

Step 4 – Identify where to begin. Given the current national context, identify the most practical openings through which action can start. The entry points in section 6.4 offer a range of options drawn from the ESCAP secretariat's direct experience working with governments and partners across the region.

Step 5 – Monitor signposts and adapt the pathway. A stress-tested pathway is not a fixed plan. Once it is in place, governments should continue to monitor how the wider environment is changing. The signposts in section 5.4 provide a starting point that can be adapted to national circumstances. When emerging developments suggest that particular future dynamics are strengthening, the design considerations in section 6.3 and annex D can help identify what those changes may mean for the pathway and where actions may need to be accelerated, protected, expanded or redesigned.

This future-oriented monitoring complements, rather than replaces, monitoring of implementation: one tracks how conditions around the pathway are changing, while the other tracks whether planned action is progressing.

These five steps form a cycle rather than a sequence. As conditions shift and new signals emerge, revisiting the vision, the pathway and the stress-test is how foresight becomes a standing capacity rather than a single exercise.



Children with disabilities at a school in Tokyo, Japan. © ESCAP/Jan Corash

Applying foresight to care in Viet Nam

Viet Nam's experience demonstrates how strategic foresight can evolve from a planning methodology into a broader approach to anticipatory governance – including in the design of future care systems. Viet Nam has applied foresight methods to long-term national development planning, including through a strategic foresight exercise conducted jointly by the ESCAP secretariat, the United Nations in Viet Nam and the National Institute for Economics and Finance (NIEF) under the Ministry of Finance to inform the development of Viet Nam 2045 – the national plan guiding the country's path towards high-income status.[329]

Moving beyond conventional forecasting, the process used scenario-building, backcasting and participatory dialogue to examine how megatrends could reshape Viet Nam's development pathway. It also emphasized the institutionalization of foresight within national and sectoral policy processes to strengthen cross-sectoral coordination, anticipatory governance and adaptive long-term planning.[330]

In a separate initiative, strategic foresight was also applied directly to care and population ageing. Facing one of the fastest demographic transitions in Asia, Viet Nam took part in a care foresight initiative led by the United Nations Resident Coordinator, with UNFPA as co-convenor and technical lead. The process brought together older persons, caregivers, line ministries and care providers through focus group discussions and a round-table dialogue.[331]

Rather than approaching ageing primarily as a future fiscal challenge, the process reframed care as a long-term development and economic transformation issue. It surfaced structural challenges that can be difficult to capture through conventional planning: the declining sustainability of home-based care, the disproportionate unpaid care carried by women, caregiver shortages, fragmented governance and weak long-term care financing, alongside a system oriented towards physical support at the expense of the emotional and social dimensions of care.[332] Applying a complementary foresight tool, the Three Horizons Framework,[333] stakeholders articulated an ideal future built on three pillars – holistic, technology-enabled care systems, professionalized workforces and innovative financing for healthy ageing – and identified the policy shifts needed to move towards it.[334]

The process produced an agenda linking care infrastructure, workforce development, social protection and anticipatory governance. Together, these experiences illustrate how foresight can be embedded in national planning while also being applied to specific policy challenges: meeting fast-growing long-term care needs as the population ages. They show how governments and partners can move beyond responding to demographic change as it occurs towards anticipating future care needs and shaping the systems required to meet them.

329 ESCAP, United Nations Viet Nam and National Institute for Economics and Finance, *Viet Nam 2045: Applying Strategic Foresight for Sustainable Growth* (Hanoi, 2026). Available at https://vietnam.un.org/sites/default/files/2026-01/Strategic%20Foresight%20report_Design_R4_0.pdf

330 Ibid.

331 United Nations Viet Nam and UNFPA, *Applying Foresight to Curate a Care Economy for Older Persons in Viet Nam* (Hanoi, 2025). Available at https://vietnam.un.org/en/308595-applying-foresight-curate-care-economy-older-persons-viet-nam (accessed on 7 August 2026).

332 Ibid.

333 The Three Horizons Framework is a strategic foresight tool that examines the current system (first horizon), emerging changes and transitions (second horizon) and the desired future (third horizon) to identify pathways connecting the present to that future. ESCAP has applied the framework to care systems in *Transforming Care Systems towards a Feminist Future: Applying the Three Horizons Framework*, Policy Brief (Bangkok, 2025). Available at https://www.unescap.org/kp/2025/transforming-care-systems-towards-feminist-future-applying-three-horizons-framework

334 United Nations Viet Nam and UNFPA, *Applying Foresight to Curate a Care Economy for Older Persons in Viet Nam* (Hanoi, 2025). Available at https://vietnam.un.org/en/308595-applying-foresight-curate-care-economy-older-persons-viet-nam (accessed on 7 August 2026).

Conclusion

This chapter has moved through three foresight steps in deliberate sequence – from articulating where we want to go, to identifying what needs to change to get there and examining how that change agenda may need to adapt across uncertain futures. Each step has built on the last: the preferred future gives backcasting its anchor; the change agenda gives wind-tunnelling its subject; and the entry points connect both to the political and institutional realities governments face.

What emerges is a toolkit – one designed for the diversity of starting points, constraints and combinations of megatrends that governments across Asia and the Pacific face. The foresight methods applied in this chapter are most powerful when governments apply them in their own context: adapting the preferred future to their national context, working backwards to construct a pathway, stress-testing specific policies, investments and actions across different futures, and using signposts to monitor changing conditions and adapt over time.

The preferred future described in this chapter is therefore a shared horizon, not a prescribed route. Getting there requires each government to chart its own pathway. Building care systems that are genuinely comprehensive, inclusive and resilient is not the work of social policy alone. It requires decisions across urban planning, infrastructure financing, climate adaptation and mitigation, digital governance and labour regulation – coordinated across all levels of government and shaped by the people closest to care. Nor is the change required incremental. It entails far-reaching reform of legal and regulatory frameworks, sustained shifts in how public budgets treat care, deliberate transformation of the social norms and narratives that assign care responsibilities and a redesign of how economies value and organize care. The scale of the change must be commensurate with care's foundational role in societies and economies – and the choices made now will shape what governments are able to protect, adapt and build as conditions change.



Chapter 7

The pull of the future: reimagining care in an age of transformation



From diagnosis through foresight to action, the analysis now turns to the pull of the future: the choices that will shape how societies care in the decades ahead. Across Asia and the Pacific, rising needs and changing conditions are making how care is organized, valued and shared a defining social and economic question.

- Care systems are essential social and economic infrastructure, with far-reaching implications for human well-being, gender equality, social cohesion and economic resilience.
- The distribution of responsibility, resources and risks will shape how societies respond to changing care needs and who bears the costs when systems fall short.
- Transforming care systems requires coordinated change in the institutions, economic frameworks, evidence systems and social arrangements through which care is valued, supported and shared.
- Advancing transformation requires collective action across sectors and levels, grounded in meaningful participation and strengthened through regional and international cooperation.
- The measure of progress will be whether people can provide and receive care with dignity, whether care systems reduce rather than reproduce inequalities and whether they sustain rights and well-being across generations.



A child sits by the waterfront in Solomon Islands. © UNDP

7.1 Care systems in an era of transformation

Care systems underpin every economy and society, yet their foundational role remains poorly reflected in economic and policy frameworks. Recognizing care as essential social and economic infrastructure changes the terms of the policy debate, placing the realization of rights alongside human capabilities, economic participation and societal resilience at the heart of care policy and investment.

The stakes are rising. Demographic, technological, environmental and social transformations are reshaping who needs care, who provides it and the conditions under which it is provided and received. The consequences reach across labour markets, social protection systems, public health outcomes, productivity, social cohesion and the capacity to adapt to changing conditions. When care systems fail to keep pace, the pressures do not disappear. They are absorbed by households, translated into greater unpaid care for women and girls and reflected in insecure and undervalued work for care workers, compounding social and economic inequalities over time.

Resilience, in this context, means adapting without transferring the costs of change to those already carrying a disproportionate share of care. Similar pressures can lead to very different futures depending on the choices made and the capacities built today. Care systems that uphold rights, sustain access to quality care and adjust as needs and circumstances evolve will be better equipped for what lies ahead.

7.2 From fragmented responses to societal redesign

Care systems across the region remain shaped by fragmented approaches, uneven investment and persistent inequalities in access to care and in who bears responsibility for providing it. However, more integrated and rights-based approaches are taking shape through expanded social protection, investment in care infrastructure and services, gender-responsive financing and greater recognition of care workers.

Transforming care systems therefore requires more than expanding individual programmes or services. It requires rethinking the systems, economic frameworks, evidence bases and social arrangements through which care is valued, supported and shared.

Redesigning systems

Care needs cut across traditional policy boundaries. Childcare, long-term care and disability support, together with the indirect care and domestic work that sustains households and daily life, intersect with health, labour, social protection, housing, transport, climate resilience and digital access. This interdependence calls for care to be addressed as a system, with policies designed around people's needs across the life course rather than administrative boundaries.

A systems approach connects services and infrastructure with social protection and employment-related care policies, underpinned by enabling legal frameworks, sustainable financing and effective institutions. Together, these elements can provide continuity of support, close gaps between different forms of provision and strengthen the capacity to respond as needs change.

The ESCAP Model Framework for Policy Action translates this approach into a flexible basis for action. Countries will start from different points and pursue different priorities, but reforms can build progressively towards a shared direction: care systems that are integrated, rights-based and responsive to changing needs.

Redesigning economic frameworks

Economic frameworks have long obscured the contribution of care to prosperity and treated much of the work that sustains people and economies as a cost or an externality. A different economic logic starts from care as a productive investment: one that strengthens human capabilities, enables labour force participation, creates decent employment and supports more inclusive and resilient economies.

Putting that logic into practice requires resources to follow priorities. Sustained public investment in care services and supporting infrastructure should go hand in hand with decent work and labour protections for care workers, social protection and employment-related care policies and financing approaches that recognize both the immediate costs and the wider social and economic returns of care.

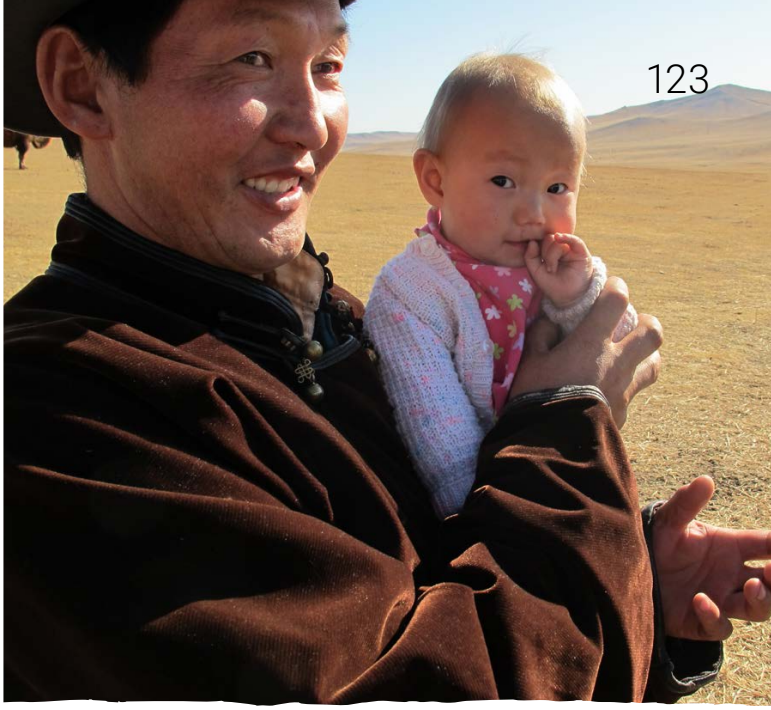
How progress is measured also shapes what receives attention and investment. Moving beyond reliance on GDP alone can bring well-being, equity and the contribution of unpaid care more clearly into view. Embedding these dimensions in budgeting, investment appraisal and policy decisions would allow economic choices to reflect more fully the outcomes societies seek to achieve.

Redesigning data and evidence systems

Transforming care systems requires stronger evidence on care needs, unpaid care work, the care workforce, service provision and financing. Robust statistical systems and integrated administrative data are essential to make care visible, identify inequalities and inform the allocation of resources.

Evidence must also help anticipate future change. As demographic, technological and environmental transformations unfold, combining stronger data with foresight can help identify emerging pressures, assess whether existing approaches remain fit for purpose and inform decisions before pressures intensify.

Stronger evidence systems can also support continuous learning and accountability as care systems evolve. Tracking who has access to care, who provides it, under what conditions and with what outcomes can help identify gaps, assess progress and enable policies and investments to adapt over time.



A herder holds his young daughter in Mongolia. © UNDP/Christina LoNigro

Redesigning how care is valued and shared

Social norms shape the place of care in families, economies and societies: what is considered care, whose work is recognized and what is expected of women and men at different stages of life. These expectations have long contributed to the invisibility and undervaluation of care and to its unequal distribution, with women and girls continuing to perform a disproportionate share of unpaid care. They also influence choices about education, employment and participation in public life, allowing inequalities associated with care to accumulate across the life course.

These arrangements are increasingly being tested by demographic and social change. Longer lives, smaller and more diverse households, migration, urbanization and changing patterns of work are altering relationships of care and support within and across generations. People may be care recipients and care providers at different and sometimes overlapping stages of life. As these patterns evolve, assumptions that households can continue to absorb care needs are becoming increasingly difficult to sustain.

A more equitable future for care therefore requires change in both public systems and the expectations that surround care. Policies and investment can create the conditions for people and families to exercise greater choice, for men and women to share care responsibilities more equally and for paid and unpaid care to be properly recognized, supported and rewarded. Recasting care as a shared societal responsibility can strengthen autonomy and solidarity across generations while reducing the extent to which the costs of care fall disproportionately on people because of their gender, income or circumstances.

Redesigning for uncertainty

The future will not unfold along a single, predictable trajectory. Demographic change, technological innovation, climate change, migration, urbanization and shifting economic and social conditions will interact in ways that cannot be fully anticipated. Care systems must therefore be designed with uncertainty in mind, able to respond as needs, opportunities and constraints evolve.



A student sits on a university campus in Seoul, Republic of Korea.
© ESCAP/Shadaporn Leelakajornkit

This requires flexibility in how policies are designed, financed and delivered. Institutions need room to learn from experience, adjust course as new evidence emerges and respond to changing patterns of care without repeatedly rebuilding systems from the ground up. Adaptability should be built into the architecture of care systems, allowing them to evolve while maintaining access, quality and the protection of rights.

Uncertainty also makes long-term direction more important. The precise path may change as circumstances evolve, but the principles guiding transformation need not. Keeping equity, inclusion, rights and shared responsibility at the centre can help ensure that adaptation strengthens rather than erodes the foundations of care. In this way, care systems can remain responsive to unpredictable futures while keeping long-term ambitions firmly in view.

These dimensions of transformation are mutually reinforcing, but progress will take different forms across the region. Countries begin from different positions and need not advance on every front simultaneously. What matters is a clear direction of travel, with reforms building progressively towards more inclusive, equitable and future-ready care systems.

7.3 Advancing transformation through collective action

Care must be embedded in the decisions that shape economies and societies, from public finance and labour markets to social protection, health, climate resilience, migration and urban development. Advancing this agenda requires political commitment, coordination across sectors and institutions and engagement across generations.

Governments have a distinctive role in establishing enabling legal and policy frameworks, mobilizing public resources, setting standards and safeguarding equitable access and rights. Yet the direction and durability of change will depend on a wider constellation of actors. Meaningful participation by those who provide and receive care, together with civil society, workers' and employers' organizations, communities, researchers and the private sector, can bring diverse knowledge and experience into decision-making, strengthen accountability and build collective ownership of reform.

Many of the forces reshaping care extend beyond national borders, creating shared challenges and opportunities for collective action. Platforms for dialogue across Asia and the Pacific can connect policy experience, facilitate peer learning and technical cooperation, strengthen the evidence base and build capacity around emerging priorities. Building on national and subregional momentum, including the ASEAN Declaration on Strengthening the Care Economy, deeper regional engagement can translate shared challenges into collective learning and action while remaining responsive to different national contexts.

The choices ahead

The transformations ahead will unsettle many of the assumptions on which care has long depended: who is available to provide it, where it takes place, how it is financed and what households, communities and public systems can reasonably sustain. This moment of disruption also creates an opening. As established arrangements come under pressure, societies have an opportunity to build care systems around the realities of the future rather than the expectations of the past.

The choices are consequential. Investment can expand people's capabilities or leave households to absorb growing pressures. Technology can widen access or deepen exclusion. Longer lives can be accompanied by greater dignity and autonomy or by greater insecurity. Care work can provide decent livelihoods or remain undervalued and precarious. Each carries a fundamental distributional question: who benefits, who bears the responsibility and whose rights and well-being are protected?

The future of care remains open. Progress will be measured in the lives people are able to lead: whether they can provide and receive care with dignity, participate fully in economic and social life and move through the life course with security and autonomy. The decisions made today will shape those possibilities for generations to come.

Annexes



Annex A: Methodology

This publication applies strategic foresight to explore how care systems in Asia and the Pacific could evolve under conditions of long-term uncertainty. Strategic foresight does not seek to predict a single future. It examines multiple plausible futures to inform decisions in the present, helping institutions anticipate emerging developments, prepare for potential disruption and act proactively.

Several related methods perform different functions in the publication. The **Futures Triangle** informed its overall architecture, connecting inherited conditions, current drivers and competing images of the future. Evidence from chapters 2 and 3 was used to identify an initial set of **drivers of change**. These drivers were examined and extended through six expert focus-group discussions using four generic scenario archetypes. The drafting team then combined the consultation material with secondary research and editorial synthesis to construct the scenarios in chapter 5. Once these had been developed, their distinguishing assumptions were translated into the monitoring signposts in section 5.4. The preferred future and change agenda in chapter 6 were developed separately from the scenarios, drawing on normative and policy frameworks, evidence from across the publication and relevant consultation insights. They were subsequently stress-tested against the four futures.

This annex explains how the Futures Triangle informed the publication's architecture, how the scenarios in chapter 5 were constructed, and how the preferred future and change agenda in chapter 6 were developed and stress-tested.

The process benefited from advice from a strategic foresight practitioner during its design and from review by foresight specialists, among other experts, during the publication's peer-review process.

A.1 The Futures Triangle

The publication's overall architecture is informed by the Futures Triangle, a foresight framework that maps three interacting forces shaping possible futures: the weight of the past, the push of the present and the pull of the future.[335] The framework brings together inherited barriers to change, current trends and drivers and the images of the future that orient expectations and action.

The **weight of the past** comprises inherited institutions, structures, norms, interests and narratives that constrain change. **Chapter 2** examines these legacies in the organization and valuation of care, including the historical treatment of care as a private and predominantly female responsibility. The **push of the present** comprises the trends, drivers and emerging pressures already generating change**. Chapters 3 and 4** analyse the megatrends reshaping care and the current care-system landscape across Asia and the Pacific. The **pull of the future** comprises the competing images of what the future could or should become. **Chapter 5** explores alternative plausible futures, while **chapter 6** articulates a preferred future and the choices and pathways associated with it.

The Futures Triangle is used here as a structuring framework rather than as a standalone participatory exercise. It organizes the publication's movement from inherited conditions and current pressures to alternative futures, visioning and strategy. The categories are analytical rather than mutually exclusive: inherited structures, present-day drivers and images of the future interact continuously and can reinforce or counteract one another. The same development may function as a push, a weight or a pull depending on how it is experienced and interpreted, and different groups may be oriented towards competing images of the future.

In this sense, the framework helps make explicit a central premise of the publication: the future of care will emerge from the interaction between what societies inherit, the changes already under way and the futures they choose to pursue.

A.2 Scenario development: from consultation to narrative

The four scenarios in chapter 5 were developed through a three-stage process combining evidence review, participatory expert consultation and narrative synthesis. The focus group discussions formed one component of this broader foresight process. They provided a structured setting in which participants could interpret the drivers of change, consider how those drivers might interact under different future conditions and contribute assumptions, tensions and illustrative details for the scenarios.

The consultation was not intended to produce representative empirical findings, consensus forecasts or predictions about particular countries. Its purpose was to explore uncertainty systematically and to broaden the range of conditions considered in developing the scenarios.

A.2.1 Stage one – a shared starting point

Earlier chapters of the publication examine how five megatrends – demographic change, digitalization, urbanization, climate change and environmental degradation, and widening inequalities (chapter 3) – together with the social and gender norms that interact with all of them (chapter 2), are already reshaping care systems in Asia and the Pacific.

From this analysis, the drafting team developed a provisional set of drivers of change: more specific forces through which the megatrends could affect the future of care. A driver is understood here as a force capable of significantly shaping

335 Sohail Inayatullah, "Six Pillars: Futures Thinking for Transforming," *Foresight*, vol. 10, No. 1 (2008). Available at https://www.metafuture.org/library1/FuturesStudies/Six-pillars-Foresight-2008.pdf; and "The Futures Triangle: Origins and Iterations," *World Futures Review*, vol. 15, Nos. 2–4 (2023). Available at https://www.metafuture.org/wp-content/uploads/2024/06/futures-triangle-origins-and-interations.pdf

future conditions, including by influencing how existing trends accelerate, slow, interact or change direction. Demographic change, for example, may operate through drivers such as population ageing, changing household structures and migration patterns.

The initial list comprised 15 drivers grouped under five megatrends. It was shared with participants in advance of the exercise as a preliminary analytical framework intended to provide a common evidence base for discussion. The drivers served as a shared starting point, while allowing participants to assess their significance, interactions and potential evolution differently across the scenarios.

The consultation described in stage 2 also provided an opportunity to review and refine the initial set of drivers. Participants validated some drivers, challenged or reframed others and identified additional forces that they considered important. Following the discussions, the drafting team consolidated this input into a revised set of 19 drivers organized in six thematic groups and presented in annex B. This revised framework informed both the synthesis of the consultation transcripts and the subsequent development of the scenarios.

A.2.2 The four-archetype method

The consultation used four generic images of the future adapted from the Manoa School tradition: continued growth, collapse, discipline/new equilibrium and transformation.[336]

The four archetypes were used as follows:

- **Continued growth** describes a continuation and acceleration of the dominant trajectory, including both its gains and its unresolved problems. It is close to, but not identical with, business as usual: rather than holding the present static, it extends its prevailing direction of change.
- **Collapse** describes a loss of systemic capacity as accumulating pressures produce breakdown, fragmentation or institutional retreat and undermine previous gains.
- **Discipline/new equilibrium** describes a future organized around limits, rules, shared values or deliberate restraint. Such arrangements may create stability and continuity, but their consequences depend on how constraints are governed and whose needs and choices are recognized.
- **Transformation** describes a qualitative departure from present conditions, produced by a technological, social, political or other systemic change that reorganizes how society and its institutions operate.

The archetypes are broad patterns of change rather than ready-made scenarios, predictions or sequential stages. Each scenario presented in chapter 5 is a context-specific rendering of one archetype for care systems in Asia and the Pacific; other renderings of the same archetype would also be possible.

The use of archetypes helped counter the tendency to treat an extension of the present as the only plausible future. It required participants to explore the same drivers under fundamentally different operating conditions and made it possible to compare how a common pressure could generate different consequences depending on institutional capacity, resources, political choices and social norms.

A.2.3 Stage two – the focus group discussions

Participants were identified through ESCAP's institutional networks and direct outreach to experts in relevant fields. Selection was purposive and based on domain expertise rather than on achieving statistical representativeness. Twenty-five experts participated across the six sessions, with several organizations represented by two participants. Participants came from United Nations entities, intergovernmental and regional organizations, civil society organizations and foundations, a national machinery for gender equality and independent expert backgrounds. Their areas of expertise ranged from care policy, gender equality, disability inclusion and social protection to energy, transport, urban development, disaster risk reduction, demography, migration, technology, innovative finance and strategic foresight (see table A.1).

The focus group discussions worked with the four archetypes introduced in section 5.1. Participants considered how individual drivers might evolve, interact and affect care systems under different future conditions. For example, population ageing remains relevant across all four archetypes but may place growing pressure on families under Continued Growth, shift care back towards households and communities under Collapse, be met through more organized long-term care under Discipline/New Equilibrium, or be supported through expanded public provision under Transformation. Participants were encouraged to draw on their own fields of expertise and to engage freely across disciplinary boundaries: care does not sit apart from broader societal transformation but is embedded within it, and one purpose of the consultation was to create exchange across perspectives often treated separately in policy discussions.

Each session explored two of the four archetypes. Three sessions worked with Continued Growth and Transformation, allowing participants to contrast the continuation of prevailing trajectories with more fundamental systemic change. Three other sessions worked with Collapse and Discipline/New Equilibrium, allowing comparison between declining systemic capacity and more deliberate forms of constraint and reorganization. This design ensured that each archetype was examined in three separate sessions.

All sessions followed a common process. Participants received a short pre-read several days in advance setting out the megatrends, provisional drivers and archetypes. During the session, the drafting team provided a short framing presentation and facilitated discussion of how the drivers might evolve under each assigned archetype,

336 Jim Dator, "Alternative Futures at the Manoa School", *Journal of Futures Studies*, vol. 14, No. 2 (2009). Available at https://www.researchgate.net/publication/228380947_Alternative_futures_at_the_Manoa_School

Table A.1 Focus group sessions of the expert consultation, April–May 2026

Session	Archetypes explored	Participants	Fields represented
28 April 2026, morning	Collapse, Discipline/ New Equilibrium	3	Energy; gender equality and energy; disability-inclusive care
28 April 2026, afternoon	Continued Growth, Transformation	5	Transport; gender equality; women's economic empowerment; national gender-equality institutions
30 April 2026, afternoon	Collapse, Discipline/ New Equilibrium	3	Care policy and research; disaster risk reduction
5 May 2026, afternoon	Continued Growth, Transformation	3	Urban development; disability-inclusive care; social protection
7 May 2026, morning	Continued Growth, Transformation	6	Social development; care research; inclusive governance; care advocacy; technology and women's health
7 May 2026, afternoon	Collapse, Discipline/ New Equilibrium	5	Innovative finance and technology; strategic foresight; demography and migration; gender equality and development

how they might interact and what their consequences could be for care systems and differently situated groups. All sessions were recorded and transcribed with participants' consent, which was obtained at the beginning of each session. The transcripts formed the principal consultation record used in the subsequent synthesis. The scenario narratives do not reproduce the views of any single participant or represent the position of any participating institution.

In addition to the focus group discussions, two broader participatory engagements contributed to the scenario-development process. In April 2026, a 90-minute participatory foresight workshop was convened at the Global Alliance for Care's Care Pavilion during the Women Deliver 2026 Conference in Melbourne, bringing together approximately 20 policymakers, development partners, civil society representatives and researchers. Working with the same four scenario archetypes, participants identified drivers of change and examined their implications for care provision, governance and labour markets. Insights from the workshop informed the development of the scenario narratives alongside the focus group material.

The scenarios and emerging findings were subsequently presented for discussion with members of the regional foresight community at the 12th Asia-Pacific Futures Network (APFN) Conference in Thailand in September 2026. Participants reviewed and discussed the drivers and scenario framing and provided additional perspectives that informed the further refinement of the scenarios and accompanying analysis.

A.2.4 Stage three – turning input into scenarios

Following the focus group discussions, the transcripts were synthesized separately for each archetype using the drivers presented in annex B as a common analytical framework. For each driver, the synthesis recorded areas of convergence, points of disagreement, causal relationships, distributional effects and specific examples or observations contributed by participants.

Where similar dynamics emerged across multiple sessions, they were used to construct the structural backbone of the relevant scenario. Divergence was not automatically resolved or averaged. In many cases, disagreement reflected a plausible tension within the same future, particularly differences in how common conditions might be experienced by people with different resources, identities, locations or care relationships. Where possible, these differences were retained in the scenarios as inequalities or tensions among characters and institutions.

Three sources informed the development of the final scenario narratives in distinct but complementary ways. First, the consultation material was a primary basis for the **scenario logic**: the relationships among drivers, the broad institutional conditions of each future, the groups likely to benefit or face disadvantages and the tensions that would remain unresolved.

Second, **secondary research** informed how the drivers and conditions identified through the consultation might develop towards 2040 and provided supporting detail for the scenario narratives. Published projections and evidence on existing trends were used to examine possible directions of change, while emerging signals, policy experiments, historical analogues and relevant scholarship helped the drafting team assess whether more speculative developments were reasonably plausible and internally consistent with the logic of each scenario. Research also supplied the examples, institutional features and indicative figures used to give greater specificity to the fictional settings. It was not used to assign likelihood to the scenarios or validate them as forecasts, but to keep their development grounded in available evidence and developments observable in the present. The principal sources are identified in the scenario sidebars and consolidated evidence notes.

Third, **narrative construction** shaped how each future was expressed. The names, dialogue, daily routines and specific fictional institutions were created by the drafting team to remain consistent with the relevant archetype, drivers, consultation insights and supporting evidence. All characters are fictional and were developed solely for the purposes of the scenarios; they are not intended to depict any specific real-world individual.

The scenarios were set in 2040: a horizon sufficiently beyond the timeframe of the 2030 Agenda to permit exploration of structural change, while remaining close enough to retain relevance for present policy decisions. The scenarios are written as stories following care workers, family caregivers and people receiving care. This narrative form allows systemic change to be examined at the level at which care is experienced – in relationships, households, workplaces, services and daily routine – while the accompanying analytical material makes the scenario logic and evidence base explicit.

Each scenario is therefore presented through several complementary components: a fictional narrative; sidebars identifying relevant evidence, emerging examples and consultation insights; a box summarizing defining features and indicative figures; and consolidated evidence notes. Section 5.2 explains how these components are intended to be read together.

Following development of the individual narratives, the drafting team compared the scenarios driver by driver. This comparison informed the cross-scenario analysis and comparative table in section 5.3. The assumptions underlying the scenarios were then translated into the signposts presented in section 5.4. Signposts were selected where they could help distinguish among scenario dynamics, provide an early indication that particular dynamics might be strengthening and be monitored through existing or adaptable evidence sources. They are intended to help governments assess which scenario dynamics may be becoming more plausible, not to classify a country or care system as belonging wholly to one scenario.

Several consultation participants subsequently served as peer reviewers of the full publication draft. Their review provided an additional check on how the scenario logic had been interpreted and translated into narratives, but was not treated as consensus validation of the scenarios.

A.2.5 A note on developing the Transformation scenario

Of the four scenarios, Transformation required additional adaptation during both consultation and drafting stages. These adaptations are documented here because they shaped the construction and interpretation of the final scenario.

In the first two sessions exploring Continued Growth and Transformation, held on 28 April and 5 May 2026 (see table A.1), discussion of Transformation was initially left open in the same way as other archetypes. Two challenges emerged. First, participants frequently interpreted Transformation as the transformation of the care system itself, leading discussion towards preferred or idealized models of care rather than towards care under fundamentally altered societal conditions. Second, the discussion moved across several potential sources of radical change – including technology, climate, governance and social values – without sufficient time to develop any one future coherently.

For the final session exploring this pairing, held on 7 May 2026, participants were therefore given a common starting premise: that by 2040, artificial general intelligence performs much of the cognitive and coordination work previously undertaken by humans, substantially reshaping the economy and paid work.

This more directive framing was introduced as a methodological device rather than a prediction. It enabled participants to explore one form of systemic transformation in greater depth, including its tensions, exclusions and unintended consequences and to consider how the other drivers might interact under these altered conditions.

A differently composed consultation might have anchored Transformation in ecological, economic, political or social reorganization. The technological rendering reflects the direction that this consultation was able to develop most coherently and should not be interpreted as a judgement that artificial general intelligence represents the most likely or most important source of future transformation.

The scenario also proved less stable during synthesis and drafting than the other three. Early versions tended to reproduce an extension of present trends and therefore resembled Continued Growth. Subsequent versions, revised to introduce stronger institutional coordination and resource management, risked resembling Discipline/New Equilibrium. This highlighted a methodological challenge inherent in developing a scenario defined by qualitative departure from present conditions: if the transformed system remains too closely anchored in familiar institutions and dynamics, the scenario can revert towards an extension or reorganization of the present.

The drafting team addressed this difficulty through an explicit editorial principle. The scenario assumes that technological development and new systems of public finance have substantially expanded the material capacity available for care. It therefore foregrounds problems that additional resources or machine capacity would not automatically resolve: grief and displacement, consent and dignity in receiving assistance, the meaning and social organization of care work, persistent gender norms and the politics of allocating what remains scarce – particularly human attention and presence.

This principle distinguishes Transformation from Discipline/New Equilibrium, in which scarcity and instability are addressed primarily through rules, limits and institutional constraint. It also guards against treating Transformation as either a preferred future or a technologically determined solution. Technology changes the conditions under which care is organized, but does not resolve its relational, normative and political dimensions.

Finally, the institutions depicted in the scenario, including the National Social Wealth Fund and the Human Support Guarantee, are scenario conditions rather than policy proposals. They specify assumptions required for the fictional world to function as described. The publication's recommendations are presented separately in chapter 6 and assessed against all four scenarios. Within that assessment, Transformation functions as a stress test under conditions of greatly expanded technological and fiscal capacity, along with the other three scenarios.

A.3 Developing and stress-testing the change agenda: visioning, backcasting and wind-tunnelling

The scenario archetypes provide the futures against which the change agenda in chapter 6 is tested. This part describes the three methods used to develop and stress-test that change agenda – visioning, backcasting and wind-tunnelling – applied in deliberate sequence. Visioning establishes where we want to go. Backcasting works backward from that destination to identify what needs to change to get there. Wind-tunnelling tests whether that change agenda holds across the four archetypes developed. Together they reflect a core principle of foresight practice: the goal is not to predict the future but to prepare for multiple futures while working towards a preferred one.

Visioning

Visioning is a foresight method for articulating a preferred future – a concrete, shared picture of the system we want to build, grounded in values and normative principles rather than projections of current trends. Unlike forecasting, which asks *what is likely to happen*, visioning asks *what do we want to happen* and works outward from that aspiration to describe what the world would look like if it were achieved.

The UNDP Foresight Manual describes visioning as "identifying, developing and enriching a compelling, preferred future".[337] In this publication, visioning provides the normative anchor for the change agenda that follows. The distinction from conventional goal-setting matters for how this publication uses the method. Conventional goal-setting often establishes targets within existing trajectories, institutional arrangements and resource constraints, and may therefore focus on improving the current system rather than imagining a fundamentally different one. Visioning instead starts from a normatively grounded picture of a preferred system, creating space for more transformative policy agendas.[338]

The preferred future in section 6.1 draws on established normative and policy frameworks – including the Beijing Platform for Action, the SDGs, the ASEAN Declaration on Strengthening the Care Economy and Fostering Resilience Towards the Post-2025 ASEAN Community, the UN System Policy Paper on Transforming Care Systems and ESCAP's Model Framework for Policy Action – together with regional practice, evidence from across the publication and insights from the expert focus group discussions described in section A.2.[339] It is presented as a point of convergence rather than a claim to consensus, reflecting principles that have emerged across feminist scholarship, global frameworks and regional commitments over time. The preferred future provides a reference point rather than a prescription; each government will need to adapt it through its own visioning process, grounded in national values, aspirations and circumstances, as described in section 6.5.

Backcasting

Backcasting starts from a preferred future and works backward to identify what would need to be in place – including enabling conditions, investments and reforms – for that future to become possible. Developed in energy and sustainability planning in the 1970s and 1980s, the method emerged from a recognition that forward planning from current conditions tends to reproduce current structures rather than identify pathways to fundamentally different futures.[340] Its core logic reverses the conventional planning question: rather than asking *what can be achieved given what exists*, backcasting asks *what would need to change given where we want to be*. This reframes constraints as gaps to close rather than limits to accept.

The foresight literature describes a broadly consistent sequence: defining the focal question and time horizon; articulating the preferred future; identifying the enabling conditions – structural, institutional, financial and normative – that must be in place for it to become achievable; mapping backward through intermediate states to identify milestones and their sequencing; specifying the near-term actions that must begin now; and connecting findings to governance and decision-making processes.[341] Sequencing is important because not all changes can be pursued simultaneously, and some may need to precede others by creating the institutional, financial or political conditions on which later steps depend. Backcasting pathways are therefore not predictions but structured arguments about what would need to be true for a preferred future to become achievable, subject to revision as conditions evolve.[342]

The literature also highlights important limitations. Backcasting describes what must change, not how to assemble the political coalition to change it – the gap between an ideal pathway and political feasibility must be closed through complementary tools.[343] And over

337 UNDP, *Foresight Manual: Empowered Futures* (Singapore, 2018). Available at https://www.undp.org/publications/foresight-manual-empowered-futures

338 UNDP Regional Bureau for Asia and the Pacific, *UNDP RBAP Foresight Playbook* (Bangkok, 2022). Available at https://www.undp.org/sites/g/files/zskgke326/files/2022-08/UNDP-RBAP-Foresight-Playbook-2022.pdf (accessed on 25 July 2026).

339 The focus group discussions informed the preferred future indirectly. The sessions were designed to explore plausible futures, not to identify a preferred one. However, participants sometimes expressed which developments they hoped to see or avoid, which conditions they considered worth protecting and which outcomes they regarded as unacceptable. These views were used as one input among several. The preferred future itself was developed by the drafting team drawing on the normative and policy frameworks cited above, rather than through a participatory visioning exercise.

340 John B. Robinson, "Energy backcasting: a proposed method of policy analysis", *Energy Policy*, vol. 10, No. 4 (1982). Available at https://www.sciencedirect.com/science/article/abs/pii/0301421582900489; and Karl H. Dreborg, "Essence of backcasting", *Futures*, vol. 28, No. 9 (1996). Available at https://www.sciencedirect.com/science/article/abs/pii/S0016328796000444

341 Jaco Quist and Philip Vergragt, "Past and future of backcasting: the shift to stakeholder participation and a proposal for a methodological framework", *Futures*, vol. 38, No. 9 (2006), pp. 1027–1045. Available at https://doi.org/10.1016/j.futures.2006.02.010

342 Karl H. Dreborg, "Essence of backcasting", *Futures*, vol. 28, No. 9 (1996). Available at https://www.sciencedirect.com/science/article/abs/pii/S0016328796000444

343 Jaco Quist and Philip Vergragt, "Past and future of backcasting: the shift to stakeholder participation and a proposal for a methodological framework", *Futures*, vol. 38, No. 9 (2006), pp. 1027–1045. Available at https://doi.org/10.1016/j.futures.2006.02.010

long horizons, pathways constructed today embed the assumptions of the time they are constructed, which is why backcasting outputs are best treated as living documents to be revisited as conditions evolve rather than fixed plans.[344]

This publication applies the **logic of backcasting** rather than conducting a full backcasting exercise on behalf of governments. A full exercise would need to be undertaken in each national context, drawing on national data, stakeholders, institutions and planning processes. Working backward from the preferred future in section 6.1, section 6.2 identifies enabling conditions across four building blocks and translates them into a regional change agenda that governments can use as an input to their own backcasting processes. These building blocks do not constitute a fully sequenced pathway: governments will need to determine the milestones, sequencing and specific policy actions appropriate to their own circumstances. Section 6.5 provides practical guidance for doing so. Chapter 6 also complements this change agenda with practical entry points, recognizing that identifying what needs to change is distinct from determining where and how action can begin.

Wind-tunnelling

Wind-tunnelling stress-tests a proposed strategy against multiple plausible futures. The name draws on the analogy of aeronautical engineering: as a physical wind tunnel tests how a design performs under different conditions before it is built, wind-tunnelling examines how a strategy might perform under different future conditions before it is implemented. Its premise is a shift in what counts as good strategy under uncertainty: when the future cannot be reliably predicted, a strategy optimized for the most likely future may perform poorly if that future does not materialize. A more robust strategy is one whose core elements continue to perform acceptably across a range of plausible futures. The method is associated with scenario planning as developed by van der Heijden.[345]

A change agenda developed through backcasting rests on assumptions about how conditions will evolve. Wind-tunnelling tests those assumptions by placing each element of the change agenda against multiple plausible futures and asking three questions: *does it remain relevant*, meaning that the issue it addresses continues to matter; *does it remain feasible*, given the institutional, fiscal, political and other conditions of that future; *and is it sufficient*, or does this future generate additional needs or risks that it does not address.[346] Wind-tunnelling can therefore reveal which elements remain useful across different futures, which depend on particular conditions and where adaptation may be needed as those conditions change.

This publication applies wind-tunnelling to the change agenda developed in chapter 6. Each of the twelve recommendations is assessed against the underlying conditions and dynamics of the four futures developed in chapter 5. Because the recommendations are broad directions for change rather than fully specified strategies or policy measures, the exercise does not classify them as simply robust or conditional. Instead, it identifies **cross-future design implications**: what each recommendation may require under different futures and how its design or implementation may need to adapt. Annex D presents the full assessment, while table 6.2 summarizes the main cross-future implications.

At the national level, governments can carry these design considerations into their own pathway development and wind-tunnel more specific policies, investments and actions. As conditions change, the signposts identified in chapter 5 can help indicate which future dynamics may be strengthening and where adaptation may be needed. Section 6.5 describes how these elements can be brought together in an iterative foresight process.[347]

A.4 A note on scope and limitations

Regional scale and scenario simplification

The four archetypes are a deliberate simplification. Across a region stretching from Pacific atoll States and archipelagic South-East Asia to diverse economies of South and South-West Asia, landlocked countries of North and Central Asia, and high-income economies of East and North-East Asia, no four narratives can represent the future of every country, territory or community. The archetypes discipline the exploration of uncertainty rather than partition it exhaustively.

Different scenario dynamics may arise simultaneously within the same country and may vary across sectors, population groups and geographic areas. The scenarios, comparative table and signposts should therefore be treated as regional starting points for nationally and locally grounded foresight work rather than as substitutes for it.

The same limitation applies to the regional stress-test presented in section 6.3 and the detailed assessment in annex D. Two further features of this application should be noted. First, the stress-test is a desk-based exercise: the recommendations were assessed by the research team, drawing on the evidence and consultations behind this publication, rather than through a facilitated stakeholder exercise, as wind-tunnelling is often applied in practice. The strategy tested is also the publication's own change agenda rather than an existing national strategy. Second, the assessment tests each recommendation against

344 Karl H. Dreborg, "Essence of backcasting", *Futures*, vol. 28, No. 9 (1996). Available at https://www.sciencedirect.com/science/article/abs/pii/S0016328796000444

345 Kees van der Heijden, *Scenarios: The Art of Strategic Conversation* (Chichester, 1996). Available at https://www.wiley.com/en-ie/shop/general-introductory-business-management/scenarios-the-art-of-strategic-conversation-2nd-edition-p-9780470023686

346 Government Office for Science, United Kingdom, *The Futures Toolkit: Tools for Futures Thinking and Foresight Across UK Government* (London, 2017). Available at https://atelierdesfuturs.org/wp-content/uploads/2023/02/futures-toolkit-edition-1.pdf

347 Marjolijn Haasnoot and others, "Dynamic adaptive policy pathways: a method for crafting robust decisions for a deeply uncertain world", *Global Environmental Change*, vol. 23, No. 2 (2013), pp. 485–498. Available at https://doi.org/10.1016/j.gloenvcha.2012.12.006

the defining conditions of each future, as summarized in table 5.1, rather than against the specific events and policy choices in the chapter 5 narratives, which illustrate those conditions but do not define them.

Cross-scenario treatment of gender inequality

The scenarios share one deliberate design choice: no future in chapter 5, however otherwise improved, is depicted as having fully resolved gendered inequalities in care.

Consultation participants consistently treated care norms and the gendered distribution of care responsibilities as persistent forces, although their expression differed across the four futures. The scenarios therefore explore how gendered inequalities might deepen, be managed, be partially reduced or take new forms under different conditions. This avoids assuming that technological, institutional or economic improvements would automatically eliminate one of the central inequalities examined in the publication.

Consultation composition

The consultation used purposive expert selection and was not intended to represent views across the region as a whole. Its purpose was to bring informed perspectives into the exploration of how the drivers of change might interact and what futures could plausibly result, rather than to measure how widely particular views were held. With 25 participants, the consultation could not capture the full geographic, institutional and experiential diversity of Asia and the Pacific.

Of the 25 participants, 24 were women. This imbalance may have limited the range of perspectives represented, including perspectives on how different genders experience and understand care roles and responsibilities.

Information on participants' direct experience of unpaid caregiving, paid care work or receiving care was not systematically collected. It is therefore difficult to assess the balance between professional expertise and lived experience in the consultation. The discussions may have reflected institutional and policy perspectives more strongly than the everyday experiences of care within households, workplaces and communities.

Future applications of this approach should deliberately broaden participation by including more unpaid caregivers, paid care workers, people receiving care and representatives of groups whose experiences are frequently underrepresented in policy processes. They should also seek deeper subregional representation and a wider range of perspectives on gender and care.

Qualitative and non-modelled character

The exercise is qualitative by design. No quantitative modelling underlies the 2040 detail, and none was intended. The scenarios are intended to be plausible rather than to project particular magnitudes, consistent with the exploratory purpose of archetype-based foresight. The scenario horizon and fictional detail should therefore be interpreted as devices for structured exploration rather than as empirical forecasts.

Evidence limitations

The exercise inherits limitations from the regional evidence base documented elsewhere in the publication. The uneven availability of time-use surveys, care-disaggregated statistics and comparable information on the care workforce constrains the evidence available to ground any account of care futures, including this one.

Some drivers – particularly those concerning the distribution of unpaid care, the composition and working conditions of the care workforce, and the experiences of people receiving care – therefore rest on thinner or less comparable evidence than others. These limitations reflect gaps in the wider regional evidence base rather than limitations introduced by the scenario method itself.

It is also one reason the change agenda in chapter 6 includes strengthening care data systems among its building blocks. Future applications of this approach would likewise benefit from broader and more regular collection of the time-use and care-system data called for in that agenda.

Maintenance and revision

These methodological boundaries also mean that the scenarios require periodic review. The scenarios and signposts are products of the evidence, technologies and expectations present at the time of drafting and should be treated as living analytical resources rather than as a fixed account of the period to 2040.

Their assumptions should be reviewed periodically as conditions evolve. Technological assumptions – particularly those concerning the pace, capabilities and economic implications of advanced artificial intelligence in the Transformation scenario – are among those most likely to require early reassessment.

The signposts in section 5.4 provide one basis for identifying developments that may warrant revision, but they should themselves be updated as new evidence emerges or previously unanticipated changes occur. Future reviews should combine substantive reassessment with broader consultation, stronger participation by people with lived experience of care and improvements in the regional care data landscape.

Annex B: Drivers of change

This annex presents the 19 drivers of change that informed the scenario development in chapter 5 and the subsequent stress-testing of the change agenda in chapter 6. A driver of change is a major underlying force shaping the future, the systemic cause that produces the trends and signals we observe.

The driver set presented here is the product of a two-stage process.

Stage 1: Desk-based identification. The drafting team identified an initial set of drivers grounded in the research conducted for chapters 2 and 3. Each driver was developed against five validation criteria: significance (capable of reshaping the care landscape in a meaningful way), forward-looking orientation (continuing to shape the future to 2040 and beyond), specificity (sufficiently defined that reasonable experts could disagree about how it will evolve in the future), distinctiveness (capturing a dimension not adequately covered by the other drivers), and a clear, articulable link to care demand, supply, work or infrastructure. Drivers were named neutrally, without loaded direction, so that each could play out differently under each of the four scenario archetypes laid out in chapter 5.

Stage 2: Expert validation. The initial set was presented to experts during focus group discussions. Participants, drawn from UN agencies, civil society, government and academia, with expertise spanning climate, demography, urban development, technology, economics, gender and care policy, were invited to challenge, refine, merge or replace drivers and to surface forces the desk research had missed. The drafting team then revised the set in light of expert input. The result is the revised driver set presented in this annex.

Structure of the driver set

The 19 drivers are organized under the five megatrends identified in chapter 3 – demographic change, digitalization, urbanization, climate change and environmental degradation, and inequalities – together with a sixth grouping of cross-cutting drivers that operate across megatrends and reflect the "weight of the past" dynamics identified in chapter 2.

How to read this annex

The drivers are not predictions. They are forces whose trajectories are uncertain, and the publication's scenario work in chapter 5 explores how each could plausibly evolve under conditions of continued growth, collapse, discipline/new equilibrium and transformation (see the process explained in annex A). Readers interested in where each driver comes from should consult chapters 2, 3 and 4. Readers interested in how a particular driver behaves under each scenario should consult chapter 5. Readers interested in how the change agenda in chapter 6 holds up against these drivers should consult section 6.3 and annex D on wind-tunnelling.

The driver set is broad but not exhaustive. It reflects the forces the drafting team and consulted experts identified as most consequential for the care economy in Asia and the Pacific over the period to 2040, given the evidence available at the time of writing. As the region's care landscape continues to evolve, the set will need to be revisited.

1. Demographic change

DRIVER 1.1 Nuclearization of households reshaping the demand for care for older persons

Across Asia and the Pacific, household sizes are shrinking and living arrangements are becoming more diverse, with fewer older persons able to rely on co-resident extended family members for care. Combined with rising life expectancy, this is increasing the importance of support from non-resident relatives, communities and formal care services.

DRIVER 1.2 Shrinking working-age populations reshaping the supply of care labour

Working-age populations are shrinking or plateauing across East and parts of South-East Asia, while demographic transitions are unfolding on different timelines elsewhere in the region. This can contract the pool of potential paid care workers and unpaid family carers at the same time as care demand is rising. Possible responses include a higher reliance on migrant workers, greater technology substitution, formalization of care work to attract entrants or simply unmet need. The balance among these responses will shape the future supply and organization of care labour.

DRIVER 1.3 The sandwich generation as a structural feature of the regional care landscape

Across much of Asia and the Pacific, the same cohort of working-age adults – predominantly women – is increasingly responsible for caring for both children and ageing parents simultaneously, often while in paid work. Later fertility, longer parental life expectancy and the geographic dispersal of extended families can intensify these overlapping care demands and place growing pressure on family-based care arrangements.

2. Digitalization

DRIVER 2.1 AI and automation reshaping the boundary between human and machine care work

AI, robotics and connected technologies are expanding the range of care-related tasks that can be automated or augmented. How the boundary between human and machine care evolves will affect job design, skills, accountability and the organization of care.

DRIVER 2.2 Platformization of care employment and labour relations

Care work – particularly domestic work, eldercare, childcare, and home health – is increasingly being mediated through digital platforms that match workers with clients on demand. This can bring flexibility and visibility to some workers while also creating risks related to employment classification, labour protection and the distribution of risk. The rise of platform-mediated care employment is reshaping how care is bought and sold, who counts as an employer and what social protections apply.

DRIVER 2.3 Unequal access to digital infrastructure and skills shaping participation in digital care systems

As care services, information and employment increasingly move through digital channels, inequalities in access to connectivity, devices, digital skills and accessible technologies shape who can participate. These divides intersect with gender, age, geography, income and disability status. Digitalization can therefore expand access for some while excluding others from care services or paid care opportunities if systems are not designed to account for unequal access and capabilities.

DRIVER 2.4 Datafication and surveillance transforming the governance and valuation of care

Care interactions are generating growing volumes of data, including health records, biometric and sensor data, platform-generated work data, location information and AI-mediated assessments. This raises questions about who collects, controls, accesses and benefits from such data, with implications for privacy, dignity, accountability and trust. Datafication can also reshape which forms of care become visible to formal systems and how care quality and value are assessed, while leaving others under-recorded. Care workers in precarious employment, including migrant and domestic workers, face particular exposure given their already-precarious status.

3. Urbanization

DRIVER 3.1 Rural-urban migration reconfiguring family structures and care labour networks

Migration can separate working-age adults from children and older relatives while also drawing workers into paid care occupations in destination areas. Changing patterns of rural–urban, return and circular migration therefore reshape where unpaid care is available, where paid care markets develop and how care responsibilities are distributed across households and places.

DRIVER 3.2 Urban planning shaping time use and physical access to care infrastructure

The way cities are planned – transportation networks, land use, housing, location of clinics and childcare centres, and the distribution of public space – strongly shapes the time and effort required to provide and access care. Cities designed without care in mind impose substantial time burdens on those who navigate them daily on behalf of family members. Conversely, cities designed with care infrastructure integrated into neighbourhoods and accessible by public transport can reduce care time poverty and expand access. Urban planning therefore influences both the distribution of care infrastructure and who can use it.

DRIVER 3.3 Informal urban settlements producing fragmented and unequal care access

Informal urban settlements often have limited or unreliable access to formal infrastructure and services, including health care, childcare, education, water and sanitation. Rapid urban growth can therefore create highly uneven care environments within the same city, with residents relying more heavily on household, community and informal arrangements where formal provision is weak. The location, persistence and growth of informal settlements shape where gaps in care access are concentrated and which populations face the greatest barriers to services.

4. Climate change

DRIVER 4.1 Climate-related displacement restructuring care networks and obligations

Climate change is increasing the risk of displacement across Asia and the Pacific – through both sudden-onset disasters (typhoons, floods and fires) and slow-onset events (sea-level rise, drought and salinization). Displacement can disrupt the kinship and community networks that informal and unpaid care depends on, while also generating new or intensified care and support needs. Where people are displaced, existing care arrangements may need to be reorganized under conditions of disrupted services, livelihoods and social networks. Children, older persons, persons with disabilities, pregnant women and others with specific care and support needs may face heightened barriers to accessing appropriate services and assistance.

DRIVER 4.2 Climate-related health and resource burdens reshaping care demand and unpaid work

Climate change is generating new and expanded care needs – heat-related illness, expanded ranges for vector-borne diseases, mental health impacts of disasters, sudden illnesses and disabilities from climate shocks. At the same time, food insecurity, water scarcity and shortages of cooking fuel are lengthening the time that women and girls spend on the indirect care work needed to keep households running. Both dynamics translate climate change into more care work, mostly unpaid, mostly performed by women and girls and disproportionately concentrated in already-vulnerable households.

DRIVER 4.3 Climate shocks disrupting the continuity and safety of care provision

The increasing frequency and intensity of extreme weather events are interrupting routine care services, exposing care workers to physical and health risks and damaging the physical and social infrastructure required to deliver care. Such disruption can shift care responsibilities back towards households and communities where formal services are interrupted. Repeated disruption can weaken the continuity and reliability of care systems even where investment in formal infrastructure is expanding.

DRIVER 4.4 Energy access and reliability shaping the foundations of care provision and care work

Care provision depends on reliable and affordable energy to power health facilities, refrigerate medicines, operate assistive technologies and provide safe cooling, heating, lighting and communications. Energy access also shapes unpaid care workloads: where reliable modern energy is unavailable, households may rely more on fuel collection, manual washing and other time-intensive tasks, often undertaken by women and girls. Changes in energy access, reliability and energy systems therefore shape both formal care infrastructure and everyday care work.

5. Inequalities

DRIVER 5.1 Global care chains redistributing care across households, communities, and countries

As wealthier households and governments outsource care to paid workers – increasingly migrant workers from poorer countries and regions – a global stratification of care has emerged. Cross-border migration for domestic and care work links care needs in destination countries with changing family-care arrangements in countries and communities of origin, redistributing the benefits, responsibilities and costs of care across borders. This driver operates across geographic, ethnic and socioeconomic lines and raises fundamental ethical questions about whose care needs are met, by whom, and at what cost.

DRIVER 5.2 Compounding intersectional inequalities in who receives care and who provides it

The same intersecting forces – gender, income, disability, ethnicity, migration status, rural or urban location – shape both who has access to quality care and who is expected to provide the unpaid and underpaid work of caring for others. These inequalities do not operate in parallel but compound, concentrating care deficits and care burdens on the same populations across the region.

6. Social norms

DRIVER 6.1 Gender expectations shaping who provides care

Gender norms continue to shape expectations about who should provide care, both within households and in the paid care workforce. The association of care with women's "natural" responsibility contributes to the unequal distribution of unpaid care and to the feminization and undervaluation of many paid care occupations. At the same time, these norms are being challenged, renegotiated and reinforced in different ways. How they evolve will influence the distribution of unpaid care, the status and conditions of paid care work, and who enters and remains in care occupations.

DRIVER 6.2 Cultural expectations of family-based care across generations

Expectations around intergenerational and family responsibility continue to shape how care is organized across the region. Demographic change, migration, employment patterns and changing values can reinforce, renegotiate or weaken these expectations, affecting how care responsibilities are shared among families, communities, the State and the market.

DRIVER 6.3 Public and economic valuation of care work

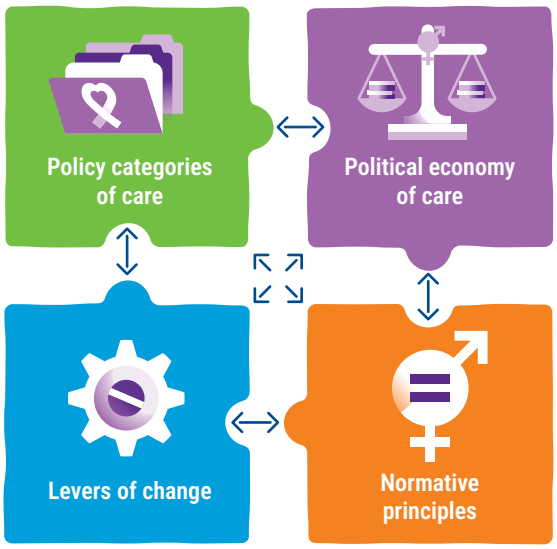
How care work is recognized, measured, remunerated and prioritized is changing across the region. The COVID-19 pandemic, greater policy attention to the care economy and debates over decent work, social protection and unpaid care have increased the visibility of care as essential social and economic infrastructure. At the same time, fiscal constraints, informality, employment hierarchies and competing policy priorities can sustain its undervaluation. The future valuation of care will shape wages and working conditions, the supply of care labour, public investment and whether unpaid care is recognized in economic and policy decision-making.

Annex C: ESCAP's Model Framework for Policy Action[348]

ESCAP's Model Framework for Policy Action (MFA) on the Care Economy in Asia and the Pacific is designed to support policymakers, development practitioners and researchers working on the care economy. It offers an action-oriented framework for creating effective and comprehensive care systems. The MFA spans the breadth of macro, meso and micro contexts within which care occurs, taking into consideration the social, economic, political and normative aspects of policymaking. It also accounts for care needs across the life course and generations, with the goal of fostering a well-functioning care economy.

The core of this MFA framework is protecting the right to provide and receive care, articulated through four key elements: normative principles, political categories of care, political economy of care and levers of change (figure C.1).

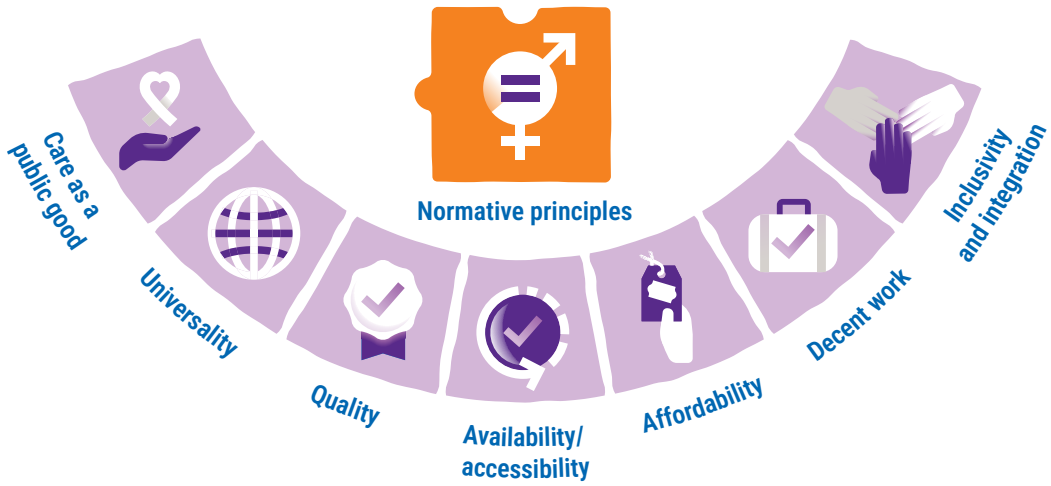
Figure C.1 ESCAP's Model Framework for Policy Action



(a) Normative principles

The MFA adopts a fine-grained set of seven normative principles as the ethical criteria to guide all care economy policies for ESCAP member States. It emphasizes the need to explicitly acknowledge underlying normative principles for the care agenda as a whole, as well as to set normative standards within specific policy categories. The right to provide and receive care sits at the centre of this normative stance. Figure C.2 illustrates the seven principles that need to be ensured in order to deliver policies that value the care economy, create gender transformative social change and promote sustainable economic growth.

Figure C.2 Seven normative principles of the MFA



348 ESCAP, *Policymakers' Toolkit for Valuing Unpaid Care, Part 2: Model Framework for Policy Action on the Care Economy: Concept Paper* (United Nations publication, 2024). Available at https://repository.unescap.org/server/api/core/bitstreams/82cfd9f5-4474-4f25-9490-21923c173f31/content

(b) Policy categories of care

Four key policy categories of care have been identified as the MFA adopts a comprehensive approach to addressing the diverse needs and differentiated terrain of care. These categories encompass a variety of subpolicies that reflect specific sectoral and issue-based concerns. Figure C.3 sets out the cluster of sub-policies that each category of care policies entails. Adopting specific policy measures within these categories can significantly impact the lives and care responsibilities of women (see detailed analysis in chapter 4)

Figure C.3 Issue-specific coverage of care policy categories

Policy category of care	Issue specific areas to consider
 Care infrastructure	Access to water
	Sanitation
	Safe transport
	Cooking fuels
	Food procurement
	Utilities and housing
	Time- and energy-saving devices, technologies and domestic appliances
	Physical infrastructure for social care provision - schools, hospitals, nursing and care homes, health clinics
 Care-related social protections	Social assistance in the form of unconditional cash transfers, cash-for-care, vouchers, tax benefits or universal basic income
	Social welfare schemes such as public works programmes, subsidies, vouchers and school meals for children of income-poor households
	Social insurance programmes include universal health coverage, pension systems and disability or sickness allowances
 Care services	Childcare
	Long-term care
	Care for older persons
	Care for multiple vulnerable groups
	Reproductive and healthcare services
	Paid domestic work
 Employment-related care policies	Maternity, paternity, parental leave policies
	Leave to care policies
	Flexible working policies
	Childcare facilities
	Paid sickness and healthcare policies
	Recognition and formalization of migrant and informal sector workers
	Decent working conditions for paid care workers
	Other policies such as career breaks, sabbaticals, severance pay, employer funded or contributory social protection schemes

A basket of policies across different categories serves as a pathway to the development of inclusive and resilient care systems. Within the basket, governments and policymakers should select and prioritize key policy areas based on local, regional and national priorities. It is crucial to consider the interconnections between these policy areas to ensure comprehensive care needs are effectively addressed. For instance, while childcare may be a priority in countries with young and growing populations, addressing childcare alone will not fully alleviate women's time poverty or care responsibilities. Attention must also be given to other care needs, such as piped water, sanitation, cooking fuel and healthcare for sick or older persons.

It is also important to acknowledge that none of these policy areas stand in isolation. Several overlap, coincide and require a multi-sectoral and whole-of-government response.

(c) Political economy of care

The political economy of care perspective emphasizes the importance of (a) understanding the gendered factors within a country's political economy; (b) connecting these factors to care issues; and (c) fostering an enabling political environment that supports gender transformation and care responsiveness. This approach highlights the gendered dimensions of the actors, interests, institutional contexts, ideas and power dynamics shaping our economies and societies. It also focuses on the attitudes and ideologies of these actors and institutions regarding the care economy, thereby asserting that care policies are essential for the well-being of all members of society.

It is important to engage in this political economy analysis at multiple levels – at the national macro level, the sectoral level or the level of a specific policy or issue area. At all levels, the attention to care relevant actors, ideas and institutions along intersectional lines need to be undertaken.

Figure C.4 Political economy of care



(d) Levers of change

The selection, design and composition of a basket of care policies can be determined by priorities for care within each policy area – these priorities can be identified through data on needs assessments, resource allocation, regulatory frameworks, international commitments, inter-institutional mechanisms and adequate representation of transformative voices in favour of norm change. These are termed "levers or drivers of change" and are elaborated in figure C.5.

Figure C.5 Levers of change



Annex D: Stress-testing the 12 recommendations across four futures: full assessment

This annex presents the full wind-tunnelling matrix: 12 recommendations assessed against the four futures developed in chapter 5, using the drivers of change in annex B as the analytical lens. Because the recommendations are broad directions for change rather than fully specified policy strategies, the purpose of the exercise is not primarily to determine whether they should be retained or discarded. Rather, it examines how their design and implementation may need to adapt under different future conditions.

For each recommendation, the assessment asks:

- How would the recommendation function under the conditions of this future?
- What could limit its effectiveness or create unintended consequences?
- What implications follow for its design and implementation?

These questions apply the criteria of relevance, feasibility and sufficiency described in annex A.3. Because the chapter 5 narratives combine the conditions of each future with illustrative policy and institutional responses to those conditions, the stress-test does not treat every element of the narrative as a fixed feature of the future. Instead, each recommendation is assessed against the underlying conditions and dynamics summarized in table 5.1. Where a narrative includes a policy resembling a recommendation, it is treated as one possible response to those conditions, not as evidence that the recommendation would necessarily hold (see annex A.4).

The matrix is presented in 12 tables, one for each recommendation. Each table identifies what the stress-test reveals under each future, the implications for the recommendation's design and implementation, and an overall adaptation finding. The cross-future design implications are summarized in table 6.2. Read together with the signposts in chapter 5, which indicate movement towards a particular future, the corresponding row shows what each recommendation may require as conditions evolve.

Building block 1 **Establishing foundations (making care governable)**

1. Enact legislative and regulatory frameworks

	What the stress test shows	Implications for design and implementation
Continued Growth	Stronger legal rights, service standards and labour protections would remain valuable as formal care provision expands. However, formal entitlement would not necessarily translate into effective access where workplace incentives, informal employment or weak enforcement discourage people from claiming their rights.	Complement enactment with effective enforcement and monitoring of actual access and uptake. Protections should cover workers across different employment arrangements and address workplace practices that can penalize the use of care-related rights.
Collapse	Legal frameworks would remain an important source of protection, but their effectiveness could deteriorate as administrative and enforcement capacity weakens and care work becomes increasingly informal or organized through personal networks.	Prioritize core rights and protections that remain applicable outside highly formal employment arrangements. Preserve accessible enforcement and grievance mechanisms as far as possible and avoid making protection dependent on formal contracts or platform registration.
Discipline/New Equilibrium	Strong regulation and professionalization could improve rights, standards and worker protections, but certification, migration rules and standardized requirements could also exclude informal and migrant carers and limit worker voice.	Maintain strong standards while ensuring accessible pathways into legal protection, including for informal and migrant care workers, and provide mechanisms for worker representation, review and appeal.
Transformation	Legal frameworks would remain essential, but the regulatory frontier would shift as automated systems increasingly influence care allocation, work organization and decisions about need.	Extend protection to data rights, automated decision-making and algorithmic accountability, while preserving meaningful human judgement and avenues to challenge system decisions. Legal frameworks should also safeguard dignity, autonomy, choice and meaningful human review where automated systems affect care and support decisions.

Overall adaptation finding: Legislative frameworks remain relevant across all four futures, but the central challenge changes from implementation gaps, to weakened enforcement capacity, to administrative exclusion, to the governance of automated systems

2. Embed care in national budgets

	What the stress test shows	Implications for design and implementation
Continued Growth	Embedding care in public budgets would support continued expansion of services, infrastructure and social protection. Yet incremental financing could still fall behind rising demand or be repeatedly disrupted by competing priorities and climate-related expenditure.	Link financing more closely to projected care needs and use medium- and longer-term planning to protect continuity of essential services. Budget design should account for household- and community-level gaps that aggregate spending increases may conceal.
Collapse	Public financing would become both more difficult and more important. Severe fiscal pressure could reduce or displace care expenditure just as households become less able to absorb additional responsibilities.	Protect essential care functions within crisis budgeting and fiscal adjustment. Financing arrangements should include contingency planning and safeguards against care becoming a residual expenditure that is repeatedly displaced by other emergencies.
Discipline/New Equilibrium	Strong public financing could substantially expand provision, but reliance on administrative counts and eligibility registries may leave some needs invisible to allocation. At the same time, standardized budgeting and rationing may favour forms of care that are easier to plan and regulate at scale, limiting flexibility for diverse forms of provision.	Subject allocation formulas to equity review and avoid relying exclusively on registration-based population counts. Financing mechanisms should include ways of identifying and responding to unmet need outside standard administrative categories. Safeguard priority care expenditure while retaining flexibility to fund different forms of provision, including home- and community-based care.
Transformation	Public financing would remain fundamental even if technological change weakened the traditional relationship between payroll, employment and social protection. Greater aggregate resources would not automatically resolve questions about who receives what level of publicly funded care.	Diversify financing as labour market and revenue structures change and pay increasing attention to allocation rules. Safeguards may be needed to prevent publicly guaranteed provision from developing into a strongly stratified system in which additional care is determined primarily by private purchasing power.

Overall adaptation finding: The role of public financing remains constant, but its central challenge moves from adequacy, to continuity under fiscal stress, to equitable allocation, to adaptation of the revenue base and distribution rules.

3. Establish a whole-of-government approach

	What the stress test shows	Implications for design and implementation
Continued Growth	Cross-government coordination would help connect care with health, labour, transport, infrastructure, climate response and other sectors. However, coordination could remain reactive or issue-specific while unresolved gaps continue to fall on households.	Establish standing inter-ministerial coordination with sufficient mandate to mainstream care across national, sectoral and ministerial plans. Relevant ministries should assess how their own policies affect care needs, caregivers and care recipients rather than treating care as an issue to be referred elsewhere.
Collapse	Institutional weakening would make cross-government coordination harder precisely when decisions across energy, transport, health, education, public finance and social protection have increasingly interconnected consequences for care. Separate sectoral responses to scarcity could unintentionally compound responsibilities on the same households and communities.	Preserve a minimum cross-sector coordination function during crises and fiscal retrenchment. Care impacts should be considered in emergency, resource-allocation and service-withdrawal decisions, with links to local authorities and community actors where national capacity weakens.
Discipline/New Equilibrium	Strong state capacity and a rules-based approach could make inter-ministerial coordination highly effective. The risk is no longer fragmentation alone: ministries may coordinate successfully around objectives such as resource efficiency, rationing, mobility controls and administrative standardization while the combined effects of those policies on care, autonomy and choice receive less attention.	Mainstream explicit care objectives across ministries so that coordination is not simply coordination around constraint. Decisions on transport, energy, migration, labour, housing and other sectors should be assessed through their effects on care, with mechanisms for caregivers, care recipients and workers to identify consequences that system-wide planning may overlook.
Transformation	Advanced digital and administrative systems could make it technically much easier to align programmes, budgets and services across government. But seamless coordination would not remove the need for political judgement about priorities, trade-offs and what adequate care requires.	Use digital coordination to support rather than substitute whole-of-government governance. Ministries should retain shared accountability for care outcomes, with transparent decision rules and clear human responsibility for resolving cross-sector trade-offs.

Overall adaptation finding: Whole-of-government coordination remains important across all futures, but its purpose shifts from overcoming sectoral fragmentation, to preserving coherence under stress, to ensuring that strong coordination remains care-responsive, and finally to maintaining political accountability as coordination becomes increasingly automated.

Building block 2 Building care systems (making care visible and actionable)

4. Conduct time-use surveys and integrate care-disaggregated data

	What the stress test shows	Implications for design and implementation
Continued Growth	Regular time-use surveys could make persistent unpaid care responsibilities increasingly visible even as formal services expand. The risk is that better measurement outpaces policy response, leaving documented care gaps insufficiently addressed.	Combine regular time-use evidence with administrative and service data and connect findings directly to planning, budget allocation and programme evaluation.
Collapse	Unpaid, informal and community care could expand rapidly just as statistical and administrative capacity deteriorates. Comprehensive surveys may become harder to conduct precisely when understanding changes in care responsibilities becomes more important.	Preserve a core capacity to measure care while using rapid assessments and other lighter approaches where necessary. Existing evidence should continue to support action when comprehensive new data are unavailable; improved measurement should sharpen policy responses rather than become a prerequisite for intervention.
Discipline/New Equilibrium	A data-intensive system could make many dimensions of care highly visible and support more responsive planning and allocation. At the same time, administrative and monitoring data may still miss unpaid, informal and relational care, while extensive data collection can expose caregivers and recipients to surveillance. Greater visibility therefore does not necessarily mean complete or appropriate measurement.	Continue to use time-use surveys and complementary evidence to identify care outside formal administrative systems and to test what those systems fail to capture. Privacy, proportionality and the distinction between public-interest measurement and individual monitoring become increasingly important as data collection expands.
Transformation	Highly sophisticated systems may measure formal and compensated care activity with great precision while still struggling to capture relational dimensions such as companionship, emotional support, trust and presence. As more care becomes systematized and quantified, what is difficult to measure may become easier to undervalue.	Update measurement frameworks as the organization of care changes and combine quantitative data with qualitative and lived-experience evidence. Greater precision should not narrow the definition of valuable care to what can most easily be counted, categorized or funded.

Overall adaptation finding: Care data remain valuable across futures, but measurement must evolve from increasing visibility to preserving visibility under institutional stress and, eventually, to governing the risks created by highly intensive measurement.

5. Collect data on intersectional markers

	What the stress test shows	Implications for design and implementation
Continued Growth	Disaggregation would help identify unequal access to expanding services. Yet disadvantage may increasingly arise from combinations that standard datasets do not capture well, such as age interacting with digital access, or rural location with infrastructure and connectivity.	Analyse intersections rather than individual markers in isolation and use service failures and lived experience to identify forms of disadvantage that existing categories may miss.
Collapse	Shocks can create new combinations of disadvantage rapidly: disability may intersect with energy scarcity, displacement with language and social exclusion, or gender and age with shortages of water, transport and services.	Allow categories and collection priorities to adapt during crises. Evidence systems should reach displaced, informal and other populations not captured in administrative records rather than relying only on pre-existing datasets.
Discipline/New Equilibrium	A data-rich system could identify many forms of disadvantage, but standardized categories may still miss non-standard households, mobile populations and needs that do not fit administrative classifications.	Use intersectional data to test and revise administrative categories, including through evidence beyond formal registries and from groups whose circumstances are poorly captured by existing systems.
Transformation	New technologies could reduce some inequalities while creating new ones, including disadvantages linked to language, interface design, algorithmic categorization or digitally mediated assessments of need.	Review categories continuously as technologies and social conditions change, and audit emerging systems for new forms of exclusion rather than assuming existing markers remain sufficient.

Overall adaptation finding: Intersectional data remain important, but future-proofing requires flexible categories, appropriate privacy safeguards and deliberate attention to people and forms of disadvantage that administrative systems do not already recognize.

6. Institutionalize the representation of diverse caregivers and care recipients

	What the stress test shows	Implications for design and implementation
Continued Growth	Representation could help expose the gap between expanding programmes and the care responsibilities that households continue to absorb. Consultation undertaken only after policies have been designed would have limited influence on those gaps.	Bring caregivers, care recipients and care workers into agenda-setting and design early enough to shape decisions, and create continuing feedback channels as programmes are implemented.
Collapse	Meaningful representation becomes harder as formal public and participatory decision-making channels weaken, even while women, families and community organizations assume more responsibility for care.	Preserve channels through which community caregivers, care workers and groups facing exclusion can influence decisions about scarce resources. Participation should be supported with resources and institutional access rather than relying on unpaid community leadership alone.
Discipline/New Equilibrium	Strong institutions and professionalization could expand formal participation while still limiting the influence of workers, caregivers and recipients over highly standardized decisions. Monitoring and administrative exclusion may further constrain whose voices are heard.	Ensure independent and substantive representation, including worker voice and participation by people outside standard administrative categories, with protections for raising concerns or challenging decisions.
Transformation	As automated systems take a larger role in allocating and coordinating care, representation becomes important not only in conventional policymaking but also in technology and system governance.	Institutionalize caregiver, recipient and worker participation in decisions about algorithms, eligibility, service standards, data use and the appropriate boundary between automated and human care.

Overall adaptation finding: Representation remains relevant across futures, but must retain real influence as decision-making moves from conventional institutions towards crisis governance, integrated administrative systems and increasingly automated forms of coordination.

Building block 3 Transforming care relations (making care equitable in practice)

7. Transform social norms and align legal and policy incentives

	What the stress test shows	Implications for design and implementation
Continued Growth	Efforts to change norms could have limited effects if households continue to provide the care left uncovered by incremental services and if employment arrangements continue to make caregiving costly. Under these conditions, messages encouraging more equal care may conflict with the material incentives households face.	Pair norm-change efforts with services, income support and employment-related measures that make redistribution feasible in practice. Policy should focus on actual uptake and behaviour – including men's use of care leave and participation in unpaid care – rather than changes in attitudes alone.
Collapse	Normative gains may prove fragile if institutional retreat removes the services, infrastructure and social protection that previously enabled households to share care more equally. Material necessity can push responsibility back towards whoever is expected or able to provide unpaid care, regardless of previous shifts in attitudes.	Build norm change into durable material and institutional arrangements rather than relying primarily on campaigns. Crisis and retrenchment policies should be assessed with particular attention for whether they recreate gendered care defaults, shifting care back on women and girls, or withdraw the supports that enabled redistribution.
Discipline/New Equilibrium	Strong policy incentives and formal provision could substantially change behaviour: care work may become more professionalized, men may enter paid care and residential care may lose stigma. Yet observable behavioural change and institutional redistribution do not necessarily mean that underlying norms have transformed; unpaid and lower-valued care can remain gendered.	Combine formal incentives with measures addressing the distribution of unpaid care and household bargaining power. Monitor who continues to provide the residual care that formal systems do not cover and avoid treating changes in formal participation as sufficient evidence of norm transformation.
Transformation	Institutional arrangements could change faster than cultural expectations and symbolic understandings of who is expected to care. Older gender norms may persist in household relationships, public imagery and occupational identities, while pervasive AI systems may reproduce or amplify these stereotypes through technological design and everyday interactions, even where paid care has been revalued.	Continue norm-change efforts even after major structural reforms. Review how gendered assumptions are reproduced through public narratives, occupational identities, everyday expectations and, increasingly, AI systems and interfaces, where existing stereotypes may be encoded and amplified rather than assuming that transformed institutions automatically produce transformed norms.

Overall adaptation finding: Norm transformation is a long-horizon requirement in every future. It is most durable when social expectations and material incentives move together; advocacy alone is unlikely to redistribute care where services, income and institutional arrangements point in the opposite direction.

Building block 4 Future-proofing care systems (building for resilience and adaptability)

8. Demographically responsive care provision

	What the stress test shows	Implications for design and implementation
Continued Growth	Provision expands, but behind the demographic curve. Ageing increases long-term-care demand while low fertility and shrinking working-age cohorts constrain the supply of family and paid carers, and the sandwich generation faces overlapping childcare and eldercare responsibilities. Even as services and workforce planning expand, households continue to absorb gaps.	Use forward-looking projections to anticipate demand and workforce requirements rather than simply expanding services in response to existing shortages. Planning should include service hours, geography and workforce supply as well as aggregate capacity.
Collapse	Demographic planning cannot prevent fiscal and institutional contraction from hollowing out provision. As formal services and workforce capacity weaken, households consolidate across generations to share care, even while displacement, migration and economic stress disrupt the family and community networks on which that fallback depends.	Protect core care-workforce capacity and decent-work standards, including for informal and migrant workers, while planning for changing household structures, population movements and areas where family and community care networks are under greatest strain.
Discipline/New Equilibrium	Strong demographic planning, public investment and professionalization could respond effectively to rising long-term-care demand. Yet restrictive certification, migration and mobility rules could constrain workforce supply, while registration and eligibility requirements may leave some people outside the provision that has been built.	Separate basic entitlement from narrow registration criteria and build flexibility into eligibility systems so that mobile, informal and non-standard populations are not excluded. At the same time, combine workforce professionalization with accessible training, recognition of prior experience and flexible pathways for migrant and informal care workers so that higher standards do not unnecessarily constrain supply.
Transformation	Public provision and automation could substantially reduce reliance on households, but demographic change would still create demand for embodied and relational human care. As technical tasks become increasingly automated, the demographic challenge shifts towards sustaining a skilled human workforce for forms of embodied and relational care that remain less amenable to automation or substitution.	Continue projecting human workforce needs alongside technological capacity, with long-term strategies for recruitment, training, retention and professional recognition in relational and hands-on care.

Overall adaptation finding: Demographically responsive planning must anticipate not only how much care will be needed, but also how household structures, migration and population movements will reshape who is available to provide it and where, while sustaining an adequate and decent care workforce under very different future conditions.

9. Digitally enabled and regulated care systems

	What the stress test shows	Implications for design and implementation
Continued Growth	Digital care expands and improves coordination, but adoption can outpace inclusion and regulation. Subsidized devices, telecare and platforms may work well for connected users while unequal infrastructure, skills, affordability and accessibility limit benefits elsewhere, and platform-based care work can expand faster than labour protections.	Combine technological investment with measures addressing connectivity, affordability, digital literacy and accessible design, alongside enforceable labour standards for platform-based care workers. Maintain non-digital and human alternatives where digital access cannot be assumed.
Collapse	Digital infrastructure may survive institutional weakening without retaining public trust or effective oversight. Large platforms can preserve scale but lose legitimacy, while locally trusted tools may sustain coordination within communities without being able to provide the reach, interoperability or system-wide accountability required at scale.	Prioritize trustworthy data governance, low-resource functionality and interoperability. Preserve minimum labour and data-protection standards and accountability even where provision becomes decentralized, and avoid making essential care dependent on a single commercial or high-capacity platform.
Discipline/New Equilibrium	Highly integrated and well-regulated digital care could substantially improve coordination and access. Yet the same systems can enable intensive monitoring and algorithmic management of workers and recipients, meaning regulation must protect people from the system as well as govern the system itself.	Establish strong worker and recipient data rights, limits on surveillance, transparent decision rules and meaningful mechanisms for appeal and correction.
Transformation	Advanced public digital systems could solve many problems of scale and coordination, shifting the main constraint away from basic connectivity. New failures may instead arise where automated systems cannot adequately interpret language, consent, relational need or circumstances that fall outside their categories.	Require algorithmic accountability, inclusive interface and language design and meaningful human alternatives. Automation should support rather than displace human judgement where relational care is central.

Overall adaptation finding: Digital care systems require progressively stronger governance as technological capacity rises: from closing access gaps, to maintaining trust under fragmentation, to protecting people from surveillance and ensuring accountability for automated decisions.

10. Urbanization-responsive care systems		
	What the stress test shows	**Implications for design and implementation**
Continued Growth	Care infrastructure may expand successfully in growing urban centres while still failing to address care relationships stretched across places. Rural-to-urban migration can separate working-age adults from children and older relatives, leaving one household dependent on different care systems across urban and rural locations.	Plan across urban-rural care corridors, including transport, outreach and service continuity for families whose care responsibilities span multiple locations. Digital support should complement rather than replace physical provision.
Collapse	Care infrastructure planned around relatively stable settlement patterns may quickly become misaligned with need. Climate displacement can expand informal settlements while economic stress simultaneously drives return migration towards rural areas where services have already weakened.	Develop flexible and mobile provision that can expand in informal settlements, displacement locations and receiving rural communities. Planning systems should be capable of reallocating capacity as settlement patterns change.
Discipline/New Equilibrium	Highly planned cities could integrate care infrastructure effectively for recognized residents while migration, residency and mobility rules restrict access for others. Spatial planning can therefore succeed physically while producing gaps in practical access.	Improve portability of essential care across administrative boundaries and explicitly account for migrants, temporary residents and other mobile populations in eligibility and capacity planning.
Transformation	Care-responsive planning based on continued urban concentration may become outdated if reduced dependence on urban employment enables movement towards smaller communities, while people with high care and support needs continue to cluster near dense services and accessible housing.	Plan for multidirectional mobility rather than assuming continued urban concentration. Develop distributed care capacity so that movement towards smaller communities does not create new geographic care deficits.
Overall adaptation finding: Urbanization-responsive care should be designed around mobility and changing care relationships rather than around static urban populations.		

11. Climate-resilient care infrastructure and services		
	What the stress test shows	**Implications for design and implementation**
Continued Growth	Better warning systems, emergency logistics and resilient infrastructure could reduce disruption, but system-level resilience would not necessarily guarantee continuity at the household level. Transport interruptions, service closures or failures in the last mile could still transfer responsibility back to families.	Define resilience in terms of continuity of care experienced by households as well as the functioning of infrastructure. Include backup arrangements for transport, energy, water, medicines and essential home- and community-based care.
Collapse	Climate-resilience measures may still function, but increasingly according to households' ability to secure them. Households with greater resources may protect energy, cooling, mobility and private care while others depend on deteriorating or rationed systems, turning climate resilience itself into a source of care inequality.	Treat equitable access to energy, water, thermal safety and other essential services as part of care resilience. Give explicit priority to people whose health, mobility or care depends on uninterrupted access to these systems.
Discipline/New Equilibrium	Strong adaptation measures and resource rationing could help maintain system functioning under environmental stress, while distributing the costs of scarcity unevenly. Energy, mobility or resource-allocation rules could inadvertently increase care responsibilities for particular households.	Apply a care lens to climate rationing and adaptation decisions. Assess how allocation rules affect people with high care needs and caregivers and provide appropriate protections or exemptions.
Transformation	Substantial investment could make buildings and formal services physically resilient, including for displaced populations. Yet relocation can still destroy informal and relational care networks that infrastructure alone cannot recreate.	Include social and community continuity in climate adaptation and displacement planning. Investment should support the rebuilding of local care networks and relationships alongside physical infrastructure.
Overall adaptation finding: Climate resilience must progress from protecting assets and services to protecting household continuity, equitable access to essential resources and the social networks through which care is provided.		

12. Apply inequality-responsive design		
	What the stress test shows	**Implications for design and implementation**
Continued Growth	Progressive financing and expanding provision could improve average access while persistent gaps continue to be absorbed privately by households. Because additional unpaid care and private expenditure often sit outside formal systems, inequality may become less visible even as aggregate indicators improve.	Assess the distributional effects of care reforms rather than relying only on aggregate expansion. Direct investment towards persistent gaps in access and reduce reliance on household purchasing power as a condition for quality care.
Collapse	Efforts to protect a minimum level of provision would operate in a context where access increasingly depends not only on income but also on proximity, trust and membership in functioning social networks. People with fewer resources or weaker local connections may therefore remain underserved even where community support survives.	Protect a minimum public floor of care and essential support during crises and prioritize groups facing the greatest barriers. Community support should complement rather than replace rights-based public provision.
Discipline/New Equilibrium	Strong public provision and progressive financing could reduce financial barriers to care for people reached by the formal system, while creating new inequalities through registration, eligibility, monitoring and standardized administrative categories. Broad formal coverage therefore does not necessarily mean equitable access.	Examine who is excluded by the operating rules of otherwise extensive public systems. Provide accessible appeals and alternative routes to support, and avoid making administrative legibility a prerequisite for basic entitlement.
Transformation	A strong universal public floor could substantially reduce inequalities in basic access, while stratification shifts towards the amount, type or quality of additional human care available through private purchasing power and towards differential treatment by automated systems.	Monitor distribution within high-capacity systems as carefully as under scarcity. Ensure that universal guarantees remain meaningful where additional care can be purchased privately, and audit technological systems for new forms of unequal access or treatment.
Overall adaptation finding: Inequality does not disappear when systems become better funded or technologically sophisticated; the mechanisms through which it is produced change. Inequality-responsive design therefore requires continuing attention to who benefits, who pays, who provides care and who remains outside adequate support under each future.		

Annex E: Composition of regional and subregional groupings of datasets

Countries and territories	ESCAP SDG Gateway[a]	SDG Global Database[b]	ILOSTAT[c]
China	East and North-East Asia	Eastern Asia	Eastern Asia
Hong Kong, China	East and North-East Asia	Eastern Asia	Eastern Asia
Macao, China	East and North-East Asia	Eastern Asia	Eastern Asia
Democratic People's Republic of Korea	East and North-East Asia	Eastern Asia	Eastern Asia
Japan	East and North-East Asia	Eastern Asia	Eastern Asia
Mongolia	East and North-East Asia	Eastern Asia	Eastern Asia
Republic of Korea	East and North-East Asia	Eastern Asia	Eastern Asia
Armenia	North and Central Asia	Western Asia	Western Asia
Azerbaijan	North and Central Asia	Western Asia	Western Asia
Georgia	North and Central Asia	Western Asia	Western Asia
Kazakhstan	North and Central Asia	Central Asia	Central Asia
Kyrgyzstan	North and Central Asia	Central Asia	Central Asia
Russian Federation	North and Central Asia	Eastern Europe	Eastern Europe
Tajikistan	North and Central Asia	Central Asia	Central Asia
Turkmenistan	North and Central Asia	Central Asia	Central Asia
Uzbekistan	North and Central Asia	Central Asia	Central Asia
American Samoa	Pacific	Oceania	Pacific Islands
Australia	Pacific	Oceania	Pacific Islands
Cook Islands	Pacific	Oceania	Pacific Islands
Fiji	Pacific	Oceania	Pacific Islands
French Polynesia	Pacific	Oceania	Pacific Islands
Guam	Pacific	Oceania	Pacific Islands
Kiribati	Pacific	Oceania	Pacific Islands
Marshall Islands	Pacific	Oceania	Pacific Islands
Micronesia (Federated States of)	Pacific	Oceania	Pacific Islands
Naoero	Pacific	Oceania	Pacific Islands
New Caledonia	Pacific	Oceania	Pacific Islands
New Zealand	Pacific	Oceania	Pacific Islands
Niue	Pacific	Oceania	Pacific Islands
Northern Mariana Islands	Pacific	Oceania	Pacific Islands
Palau	Pacific	Oceania	Pacific Islands
Papua New Guinea	Pacific	Oceania	Pacific Islands
Samoa	Pacific	Oceania	Pacific Islands
Solomon Islands	Pacific	Oceania	Pacific Islands
Tonga	Pacific	Oceania	Pacific Islands
Tuvalu	Pacific	Oceania	Pacific Islands
Vanuatu	Pacific	Oceania	Pacific Islands
Brunei Darussalam	South-East Asia	South-Eastern Asia	South-Eastern Asia
Cambodia	South-East Asia	South-Eastern Asia	South-Eastern Asia
Indonesia	South-East Asia	South-Eastern Asia	South-Eastern Asia
Lao People's Democratic Republic	South-East Asia	South-Eastern Asia	South-Eastern Asia
Malaysia	South-East Asia	South-Eastern Asia	South-Eastern Asia
Myanmar	South-East Asia	South-Eastern Asia	South-Eastern Asia

Countries and territories	ESCAP SDG Gateway[a]	SDG Global Database[b]	ILOSTAT[c]
Philippines	South-East Asia	South-Eastern Asia	South-Eastern Asia
Singapore	South-East Asia	South-Eastern Asia	South-Eastern Asia
Thailand	South-East Asia	South-Eastern Asia	South-Eastern Asia
Timor-Leste	South-East Asia	South-Eastern Asia	South-Eastern Asia
Viet Nam	South-East Asia	South-Eastern Asia	South-Eastern Asia
Afghanistan	South and South-West Asia	Southern Asia	Southern Asia
Bangladesh	South and South-West Asia	Southern Asia	Southern Asia
Bhutan	South and South-West Asia	Southern Asia	Southern Asia
India	South and South-West Asia	Southern Asia	Southern Asia
Iran (Islamic Republic of)	South and South-West Asia	Southern Asia	Southern Asia
Maldives	South and South-West Asia	Southern Asia	Southern Asia
Nepal	South and South-West Asia	Southern Asia	Southern Asia
Pakistan	South and South-West Asia	Southern Asia	Southern Asia
Sri Lanka	South and South-West Asia	Southern Asia	Southern Asia
Türkiye	South and South-West Asia	Western Asia	Western Asia
Bahrain		Western Asia	
Taiwan Province of China			Eastern Asia
Cocos (Keeling) Islands		Oceania	
Christmas Island		Oceania	
Cyprus		Western Asia	Western Asia
Heard Island and McDonald Islands		Oceania	
Iraq		Western Asia	
Israel		Western Asia	Western Asia
Jordan		Western Asia	
Kuwait		Western Asia	
Lebanon		Western Asia	
Norfolk Island		Oceania	Pacific Islands
Oman		Western Asia	
Pitcairn		Oceania	
Qatar		Western Asia	
Saudi Arabia		Western Asia	
State of Palestine		Western Asia	
Syrian Arab Republic		Western Asia	
Tokelau		Oceania	Pacific Islands
United Arab Emirates		Western Asia	
United States Minor Outlying Islands		Oceania	
Wallis and Futuna		Oceania	Pacific Islands
Yemen		Western Asia	

a ESCAP, "Country profiles", n.d. Available at https://www.asiapacificgender.org/country-profiles (accessed on 3 August 2026).

b SDG Global Database, "Regional groupings used in Report and Statistical Annex". Available at https://unstats.un.org/sdgs/indicators/regional-groups/ (accessed on 3 August 2026).

c ILOSTAT, "Country, territory and area groupings". Available at https://ilostat.ilo.org/methods/concepts-and-definitions/classification-country-groupings/ (accessed on 3 August 2026).

Note: Grey-shaded areas indicate non-ESCAP members (listed in alphabetic order) that are counted as part of Asia and the Pacific in other datasets; only groupings under this regional classification are shown in the table.

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Who will provide care, who will receive it, and how will responsibility be shared in 2040? Across Asia and the Pacific, population ageing, urbanization, technological change, climate pressures and widening inequalities are reshaping care needs and arrangements. Yet care remains undervalued, underfunded and disproportionately shouldered by women and girls.

The future is care looks beyond today's challenges to explore how care systems can respond to an uncertain future. Drawing on regional evidence and strategic foresight, the publication examines the forces shaping care, presents four alternative scenarios for 2040, and identifies pathways towards comprehensive, inclusive and resilient care systems.

Rather than prescribing a single blueprint, it offers policymakers and development partners different entry points for action, grounded in a shared vision of care as essential social and economic infrastructure. At its heart is a call to rethink how societies value care, share responsibilities and uphold the rights, dignity and well-being of everyone who gives and receives care.

The future of care is not predetermined. It will be shaped by the choices we make today.

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