APEC Modernizing the Care Economy Project

Final Report

APEC Policy Partnership on Women and the Economy

September 2026

Asia-Pacific
Economic Cooperation

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APEC's Policy Partnership on Women and the Economy (PPWE)

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Executive Summary

Care is essential social and economic infrastructure. It enables children to thrive, supports older people and people with disability to live with dignity, underpins workforce participation and contributes to healthier, more productive and more resilient communities, societies and economies. Across APEC economies, demographic change, ageing populations, changing family structures, workforce shortages and technological advances are transforming both the demand for and delivery of care. At the same time, women continue to undertake a disproportionate share of unpaid care work, limiting labour force participation and economic empowerment.

The APEC Modernizing the Care Economy project advances APEC's commitment to building a robust and resilient care economy. An economy that delivers tangible social and economic benefits for the women and girls of Asia and the Pacific through strengthening quality care systems and working to address the disproportionate burden of care placed on women and girls. The key objective of the Project is to identify new and emerging practices to modernize the care economy in APEC member economies. Identifying and sharing new and emerging practices is a practical way to support economies to strengthen care systems, unlock workforce participation, improve productivity with respect to care quality and decent work, and reduce inequalities.

This project report draws on speaker presentations and discussions at two APEC Modernizing the Care Economy workshops held in April and May 2026. It also draws on desk research and consultation with relevant local and regional agencies, representatives of member economies, and care economy experts. This input has been used to inform this report and to gather the case studies and case examples of new and emerging practices in APEC member economies set out within it.

The practical examples from across APEC member economies in this report demonstrate how governments, businesses, communities and regional organizations are already working to modernize their care economies in diverse ways. These new and emerging practices are organized in this report under five interconnected pillars that provide a practical framework for strengthening APEC care systems:

Pillar 1 – Quality & Person-Centred Care
Modernization is about strengthening care systems, not simply expanding services. Strong care ecosystems deliver high-quality, person-centred care while improving workforce sustainability, supporting unpaid carers, embracing innovation and building stronger economic and social outcomes.

Pillar 2 – Care Workforce Transformation
Quality care depends on a valued workforce. Better jobs, stronger career pathways, access to training and improved working conditions for *all* care workers are essential to delivering high-quality care.

Pillar 3 – Productivity & Innovation
Innovation should strengthen, not replace, person-centred care. Technology, digital platforms and assistive technologies can improve quality, accessibility and productivity when implemented with attention to gender equality, care quality and decent work outcomes.

Pillar 4 – Supporting & Redistributing Unpaid Care
Care is an investment, not simply a cost. Well-designed care systems strengthen productivity, increase labour force participation, improve wellbeing and women's economic empowerment and contribute to long-term social and economic resilience. Local leadership can initiate and drive meaningful change.

Pillar 5 – Care System Stewardship, Data & Investment
Strong care systems require effective stewardship. Leadership, data, investment and partnerships are essential to instigating and sustaining reform, and to ensuring care systems continue to respond to the changing needs of *all* communities.

Across all five Pillars, a consistent message emerges. APEC member economies differ significantly in their demographic profiles, institutional arrangements, labour markets and cultural contexts. The evidence and examples presented in this report reflect those differences. Rather than promoting a single model of reform, they demonstrate that every economy can take practical steps to modernize its care system in ways that reflect its own priorities, resources and context.

Nevertheless, several common lessons emerge from work undertaken in the APEC Modernizing the Care Economy project:

1. Modernization is about strengthening systems, not simply expanding services. The most effective reforms improve how care is organized, coordinated and delivered at the local level.
2. Care is both a social and an economic investment. Modern care systems improve wellbeing while also supporting progress towards redistributing unpaid care, better quality labour force participation by women, productivity, economic resilience and long-term sustainable growth.
3. Good quality care depends on a valued workforce. Improving the quality of care requires investment in *all* care workers who provide it.
4. Innovation works best when it supports people. Technology has significant potential to improve care quality, productivity and access, but should complement person-centred care and be accompanied by appropriate protections.
5. Supporting and redistributing unpaid care benefits everyone. Policies that recognize, support and more fairly redistribute unpaid care strengthen gender equality, increase economic participation and improve outcomes for families and communities.
6. Local leadership can drive meaningful change. Innovation often begins at the local level, with local governments, communities and local partnerships playing an important role in testing new approaches and responding to local community needs.
7. Better data enables better policy. Robust data, monitoring and evaluation help governments understand changing care needs, assess what works and make informed investment decisions.

8. Collaboration accelerates progress. Modernizing the care economy requires collaboration across governments, employers, workers, civil society, academia, development partners and regional organizations

To support the practical application of the report, Appendix 1 provides a set of Questions for Policymakers, developed through this project to assist member economies in reflecting on their own care systems, identifying priorities for reform and considering opportunities for modernization within their own contexts.

Introduction

Background

The APEC Modernizing the Care Economy project builds on significant work by APEC as well as other regional and international bodies. This work increasingly recognizes the enormous opportunity in strengthening quality and sustainable care systems to support societal and community well-being, economic growth and to reduce gender and other inequalities. Modernizing the care economy is seen as critical for addressing demographic shifts, including declining birth rates, aging populations, changing family structures, and regional disparities which are fundamentally reshaping the landscape of, and placing increasing demands on, care services.

APEC member economies account for around three billion people, 37% of the world population, and contribute to nearly 60% of global GDP.[1] As Dr Cecilia Tinonin from the UN Women Regional Office for Asia and the Pacific (UN Women AP) has highlighted, over the past two decades, APEC member economies have seen significant progress in both economic growth and also human development, with recorded improvements in education, health and poverty reduction. However, gender equality outcomes in the labour market in APEC economies have not seen the same improvement. In 2024 only 58% of women were in the labour force compared with 72% of men – a gender gap that has remained largely unchanged for the past 20 years. The key structural constraint on women's labour force participation, and on the conditions of that participation, is time.[2]

Across APEC economies, women and girls continue to bear the disproportionate demand for unpaid care including childcare, elder care, disability support, leading to significantly higher levels of time poverty compared with men.[3]

At the same time, as the International Labour Organization (ILO) has affirmed, transformative changes in the world of work, driven by technological innovations, demographic shifts, and environmental and climate change, affect the demand for, supply of and access to care.[4] Care systems continue to depend heavily on unpaid care work – primarily carried out by women – as well as on poor quality care jobs, where workers often lack social protection, endure inadequate working conditions, and lack voice and representation.[5]

[1] C Tinonin (2026) Transforming Care Systems: Care, Digitalization, and Gender Equality in Asia-Pacific, presentation to the APEC Modernization of the Care Economy Virtual Workshop, 21 April 2026.
[2] Ibid.
[3] Ibid.
[4] ILO (2025) ILO Care Economy Brief: Employment-intensive investments for advancing decent work in the care economy, p.3.
[5] Ibid.

Paid and unpaid care work provide critical social infrastructure, essential for human development, wellbeing and the functioning of the economy. Strengthened care systems are essential for improving women's labour force participation and women's economic empowerment. Thus, efforts to modernize APEC care economies are seen as vital to creating new opportunities to strengthen the caregiving sector, address inequalities in care systems and expand the economic and social value of care.

How care is organized in member economies is central to addressing persistent gender inequality and sustainable economic growth. The care economy can no longer be viewed as separate from broader economic policy, workforce policy, gender equality policy or demographic policy. It sits at the centre of all of these policy discussions.

This policy report is set against background of and informed by other significant and relevant efforts including by the United Nations (UN), the ILO, UN Women AP, the Asia Foundation, UNICEF and by APEC member economies. Its purpose is to explore what modernization of the care economy might look like in practice in different APEC economic and cultural contexts; to share new and emerging practices; and to help build the capacity of APEC member economies to respond to the challenges and opportunities of modernization within their own cultural social, and economic settings.

Modernizing the Care Economy Project

The APEC Modernizing the Care Economy project is sponsored by Australia, with co-sponsoring economies including Brunei Darussalam; Japan; Republic of Korea; Malaysia; Papua New Guinea; the Philippines; and Chinese Taipei. APEC places priority on achieving a sustainable future through building quality care systems. It seeks to advance APEC's commitment to building a robust and resilient care economy that delivers tangible economic and social benefits for the women and girls of Asia and the Pacific.

The objective of the APEC Modernizing the Care Economy project is to identify new and emerging practices to modernize the care economy in APEC member economies. The project is directed at facilitating the identification and sharing of new and emerging practices, and stimulating further discussion within, and between, APEC member economies about practical action to modernize the care economy, making it more productive and sustainable while delivering high quality care infrastructure and reducing inequalities.

Identifying and sharing new and emerging practices is a practical way to support economies to strengthen care systems, unlock workforce participation, improve productivity with respect to care quality and decent work, and reduce inequalities, particularly gender inequality.

> Transforming care systems requires taking a full life cycle approach and supporting women and girls at every stage to remove persistent gender inequalities.[6]

A life cycle or life course approach to modernizing the care economy is essential. Most APEC member economies have services in place to support maternal and child health. However, with aging populations, and consequently increased rates of complex health conditions and disability, there are growing calls for care services that can respond to multiple and diverse needs. Ongoing efforts are also needed to address persistent gender inequalities that have

[6] UN Women (2024) Transforming Care Systems in Asia and the Pacific, p. 2.

accompanied the rapid growth of care services and systems that rely on underpaid and precarious work, often performed by migrant women, both in formal and informal sectors.

What is the Care Economy?

The care economy can be described as providing the critical social infrastructure that is essential for human development, well-being and functioning of the economy, society, and communities.

> 'The Care Economy comprises policies and regulatory frameworks, services, infrastructure, institutions, financing mechanisms, and social norms that influence and govern the provision and receipt of care and support throughout the life-course.'[7]

The care economy includes the total value of all paid and unpaid work that is provided by people as part of human survival and welfare and, importantly, in reproducing and sustaining the labour force in individual member economies.

The 2025 APEC Non-binding Care Compact takes an expansive approach to the care economy. It includes direct and relational paid and unpaid care work for children, older adults and people with disability[8], care for the land, environment and resources[9], care in disaster resilience[10], and a recognition of the caring responsibilities, relationships and contributions of Indigenous Peoples. Its recommendations – focusing on unpaid care work, paid care work, employment related care policies, care infrastructure and care-related social protection – provide a basis for resilient care economies with a strengthened ability to meet growing demands for care. The Care Compact underpins APEC efforts to support the proper valuation of paid and unpaid care work, encourage the redistribution of unpaid caring responsibilities, strengthen and invest in care economy jobs, and boost women's workforce participation.

APEC Commitment

This project builds on other significant activity by APEC. Concerted actions to strengthen care infrastructure and modernize the care economy are highly relevant to the priority APEC has placed on strengthening women's labour force participation. In addition to the 2025 Non-binding Care Compact outlined above, these commitments are set out under the La Serena Roadmap for Women and Inclusive Growth (2019-2030) which focuses on strengthening women's labour force participation and promoting decent employment for women in the formal care economy through policy interventions that improve households' access to quality care, whether paid or unpaid, direct or indirect, and support formal and informal carers. Policies set out in the 2023 APEC Embracing Carers Policy Toolkit focus on providing evidence-based solutions to support and empower unpaid carers as a first step to building momentum for the care economy. The 2024 APEC Gender Equality Structural Reform Voluntary Principles are designed to promote women's economic empowerment and gender equality in the Asia-Pacific region through recognizing the critical roles that women play in driving quality economic growth and productivity and the key role structural reforms play in advancing gender equality. The promotion of women's participation in the formal economy is also set out in the Lima Roadmap to Promote the Transition to the Formal and Global Economies (2025-2040).

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[7] Bharathi, D. (2025) Promoting Decent Work in the Care Economy National Consultation on Valuing and Investing in the Care Economy in Thailand, 26 August 2025.
[8] ASEAN (2021) Comprehensive Framework on Care Economy, p 2.
[9] UN Women (2023) Unpacking the care society: Caring for people and the planet.
[10] ASEAN (2021) ASEAN Comprehensive Framework on Care Economy, pp. 4-5.

Further, modernizing the care economy is seen as central to advancing quality, person-centred, and technology-supported health and care systems prioritized in the 2025 APEC Collaborative Framework for Demographic Changes. Finally, the 2025 Women and Economy Forum Joint Statement also commits APEC member economies to increasing and sustaining investments in care infrastructure that recognize the value of care work, reduce and redistribute care work and enhance the affordability, quality and accessibility of care services to meet the different needs of children, older persons, people with disability, and others who require care, thereby enabling the greater economic participation of caregivers.

Project Methodology

This report draws on evidence gathered through two APEC workshops held as part of this project, complemented by desk research and consultation with member economies, regional organizations and care economy experts.

The first workshop, a virtual capacity-building workshop with APEC member economies and other interested participants, took place on 21 April 2026. Speakers included specialists from UN Women AP, the Philippines Commission on Women and UNICEF Malaysia. Presentations focused on, and emphasized the importance of, local community-based approaches to modernizing the care economy; ensuring a focus on gender equality, care and decent work in the context of technological change; developing and expanding integrated care systems; and improving the quality and conditions of women's work through labour rights and entitlements for informal workers.

The themes emerging from the virtual workshop informed the design of the second in-person workshop held alongside the APEC Policy Partnership on Women and the Economy (PPWE) meeting in Shanghai on 14 May 2026. Representatives from member economies, business, academia and international organizations shared practical examples of new and emerging practices and discussed how policymakers might design, implement and evaluate efforts towards a sustainable, productive care economy.

The findings from both workshops, together with the broader research and consultation undertaken for this project, have informed the analysis, lessons and case studies presented in this report.

Why modernizing the care economy matters

Modernizing the care economy is a social and economic reform that aims to accelerate APEC's commitment to advancing women's economic empowerment by strengthening quality care systems and working to address the disproportionate burden of care placed on women and girls. Modernization efforts are aimed at improving outcomes not only for economies, but for the people who both provide and receive care and for the communities and societies in which they do so. This means we need to ensure care systems are inclusive, equitable, sustainable, and grounded in dignity, autonomy, and safety.

Modernizing the care economy, whether it be for young children, people with disability or the elderly, is an investment in social infrastructure. Some of the benefits in building up the care system as an asset are realized in both the shorter and longer term, with wider benefits to society than just those to the users of the services.[11] If the care economy is seen as the set of

[11] S Himmelweit (2025) Care as an Investment in Social Infrastructure *Oxford Review of Economic Policy*, 2025, 41, 688–701.

activities and investments that produce and maintain human capabilities, there are direct economic and social returns in investing in care systems in terms of employment and productivity, child outcomes, family welfare, business productivity, and overall economic development.[12]

> 'I define the care economy as the set of activities and investments that produce, develop and maintain human capabilities. It's similar to the concept of human capital, but it's broader because it looks beyond market returns to think about the benefits for society as a whole.'[13]

Well-functioning sustainable care systems can:

- Increase labour supply and its quality, particularly through enabling women's participation in decent work and providing access to advancement;
- Create good quality jobs in paid care work, one of the fastest-growing sectors dominated by women across APEC member economies;
- Improve productivity including through harnessing innovations to support good quality and sustainable care services;
- Enhance fiscal sustainability by shifting from crisis-based to preventative care models;
- Strengthen economic resilience, including in response to demographic pressures; and
- Help better support and redistribute unpaid care.

While underdeveloped care systems:

- Constrain societal well-being and the functioning of the economy;
- Continue to rely on precarious forms of paid care work both in the formal and informal economies with consequent impact on the quality and accessibility of care services;
- Deepen gender inequality due to relying on women and girls to provide informal care; and
- Shift costs onto households and informal systems.

Modernizing the care economy is a shift from fragmented, labour-intensive and undervalued care services towards more coordinated, data-enabled and productivity-enhancing care ecosystems. This shift does not necessarily mean creating new care systems but rather that existing care systems are strengthened and fit for purpose. This action broadly includes:

- Improving service and system coordination and governance;
- Enhancing the quality and sustainability of care services and care work;
- Leveraging digital and technological innovation (with appropriate regulatory frameworks); and
- Better recognizing, supporting and redistributing unpaid care.

Ensuring that existing care systems are strengthened can be achieved through leveraging and strengthening existing resources to improve care provision, building on and/or investing in community-based care and ensuring that basic care infrastructure exists.[14]

Productivity and the care economy

There are strong links between effective care systems and improved labour force participation, particularly for women and carers, as well as enhanced workforce capability, health outcomes

[12] World Bank (2023) Addressing Care to Accelerate Equality Gender Thematic Policy Notes Series: Evidence and Practice Note.
[13] N Folbre (2025) Care Economy in Korea: Beyond COVID-19 and Towards a Sustainable Caring Society IGEE Proceedings 2025; 2(1):9-11. P9
[14] Asia Foundation (2024) Toward a Resilient Care Ecosystem in Asia and the Pacific, p 11.

and educational attainment across the life course.[15] Yet such productivity gains are often excluded from standard economic metrics, which focus only on efficiency and investment in the market economy. As a result, existing productivity indicators often fail to account the full economic contribution of the care economy.[16] A key challenge in modernization efforts is ensuring that outcome measures track improvements gained through person-centred models of care and service integration.

Through an effective and robust care economy, two of the key contributors to enhanced productivity lie in reducing the gendered burden of unpaid care and increasing employment rates for women through lessening reliance on informal care as well as increasing women's access to decent jobs with sufficient and regular hours of work.

> 'Productivity measured as output of value added for each hour of paid labour is argued to be the main route to higher living standards, yet living standards can also be enhanced by raising employment rates and hours of work increasing women's paid work hours…In the longer term more continuous employment and longer guaranteed hours for part-timers can boost productivity by enabling better skill development.'[17]

> 'A key economic feature of care provision is that it's difficult to capture the value-add in providing a service. You're not producing a commodity that can easily be bought, sold or measured or that's subject to supply and demand forces. Another important feature is that care provision has positive spillovers or externalities. People benefit beyond the immediate recipients. For example, we all benefit from raising healthy, happy, productive children and caring for the elderly in an effective and kind way.'[18]

A robust modern care economy unlocks productivity benefits by increasing women's labour force participation. The underutilization of women across APEC economies is not only evident in women's lower employment rates but also in the number and irregular scheduling of the hours many work in both the formal and informal economy. More women would enter employment and work regular hours in jobs where there are better career prospects if childcare and other care services were more flexible and affordable, transport more accessible and reliable, and if there were mechanisms to recognize the skills and value of the work many women perform, including in the care economy. The care economy is thus vital to improved productivity, gender equality and societal well-being.

Modernizing the Care Economy: New and Emerging Practices

New and emerging practices across APEC member economies are reshaping how care is delivered, organized and valued. In addition to earlier APEC initiatives outlined above, there has also been other recent activity in the Asia Pacific, including by regional agencies and individual member economies. For example, within its *Transformcare Investment Initiative*, UN Women AP is currently leveraging existing networks, commitments, examples and tools

[15] C Twomey (2025) Improving productivity, quality and wellbeing within the care economy in Australia Bankwest Curtin Economics Centre.
[16] Ibid.
[17] R Rubery (2022) Gender equality and the productivity agenda.
[18] N Folbre (2025) Care Economy in Korea: Beyond COVID-19 and Towards a Sustainable Caring Society *IGEE Proceedings 2025*, 2(1): 9-11.

created across the region in partnership with member economies, UN agencies and other partners.[19] The investment design for Transformcare includes:

- Creating an enabling environment through more data, policies and financing including care in social protection floors and expanding social protection for all;
- Implementing care delivery for job creation through the creation of decent jobs in the care economy including women informal workers, domestic workers and migrant workers; and
- Sustaining impacts through economic and social change so that care work is seen as valuable, skilled and a shared responsibility within and between households, member economies and the private and not-for-profit sectors.[20]

Other relevant regional initiatives include the 2021 *ASEAN Comprehensive Framework on Care Economy*, which emphasizes the need for increased investment in care services, including childcare and eldercare facilities; fair treatment, decent work standards, and social protection for care workers; and promoting gender equality.[21]

At the member economy level, we have seen the recent development of several domestic modernizing care economy frameworks, road maps and strategies. For example:

- Malaysia launched its Care Strategic Framework and Action Plan 2026-2030[22] in 2025;
- In Australia, the government has been developing a National Care and Support Economy Strategy;[23] and
- The Philippines is carrying out extensive consultation on its Care Economy Framework to be finalized later in 2026.[24]

As outlined below, Indonesia has also begun work to develop its Road Map and Action Plan on the Care Economy.

Indonesia: Development of the Indonesian *Road Map and Action Plan on Care Economy*

Indonesia has identified seven key strategic issues in the development of its *Road Map and Action Plan on Care Economy*. These are:

- Childcare services;
- Long term care for the elderly;
- Inclusive-based care service for people with disability and other vulnerable groups;
- Recognition and protection for care workers;
- Maternity leave;
- Paternity leave; and
- Social protection for care work.[25]

Even where there are not yet any formal domestic care economy frameworks established or under development, there has been a variety of actions taken *within* APEC member economies to develop policy and/or to encourage practical responses to both recognize and modernize care economies. In Papua New Guinea for example, the Wantok system remains the primary

[19] UN Women (2025) Transforming Care Systems in Asia and the Pacific.
[20] Ibid. p 6.
[21] ASEAN (2021) Comprehensive Framework on Care Economy.
[22] C Tinonin (2026) Transforming Care Systems: Care, Digitalization, and Gender Equality in Asia-Pacific, presentation to the APEC Modernization of the Care Economy Virtual Workshop, 21 April 2026.
[23] See Australian Government (2023) Draft National Care and Support Economy Strategy 2023; Australian Government (2024) Care and Support Economy: State of Play.
[24] This work has been undertaken in partnership between Oxfam Pilipinas and the Philippines Commission on Women. Foundation of Associations (2025) Oxfam Pilipinas, PCW sign MOU on National Care Economy Policies.
[25] ILO (2023) Indonesia identifies seven strategic issues in its Road Map and Action Plan on Care Economy.

care mechanism, providing essential but informal social protection within communities grounded in reciprocity, kinship and obligation. There are some early-stage discussions about how best to resource the Wantok system to relieve the unpaid care burden disproportionately carried by women and potentially link it with existing community health worker networks

The diverse developments documented in small case studies and case examples in this report provide a range of models and opportunities for APEC economies to accelerate reform towards meeting local care needs. The key areas of new and emerging practices to modernize the care economy, covered under the five Care Economy Pillars set out below, include:

- Action to ensure quality of care service provision;
- Action to ensure decent work/job quality of paid care work, including for migrant care workers and informal sector workers;
- Action to encourage ongoing innovation in care service provision; such as better use of data and digital technology;[26] and
- Action to better support unpaid carers and redistribute unpaid care and to ensure women's economic empowerment

A notable feature of much action taken, as we explore below, has been that taken at the local government and/or community level.

Starting Local

Starting local is exemplified in several case studies set out below and in the UN Women's *Caring Cities* approach, which is part of the Transform Care Investment initiative highlighted above. The Caring Cities approach recognizes the importance of local action for transforming the care economy for four key reasons. Firstly, it can reduce and redistribute unpaid care workloads by expanding access to quality and affordable care services; secondly, cities and communities are the frontline for delivering care services; thirdly embedding care into urban planning enables tailored, inclusive responses; and fourthly, 'investing in urban and community level care systems boosts women's economic empowerment, fuels job creation and strengthens resilience to climate and demographic shifts where it matters most: closer to people.'[27]

Several member economies have combined domestic level care economy framework initiatives with those at the regional or local government level. For example, Selangor, Malaysia has adopted its own care economy action plan.[28] One of the key aims of the Selangor Care Economy Policy 2024-2030, is 'to recognize the care sector as one of the contributors to the… economy and to make care services accessible, affordable and quality. This aspiration can only be realized if the responsibility of caregiving is shared collectively between the government, individuals, families, industry players and all parties within society.'[29] In the Philippines, there has been significant activity at the local government level towards modernizing the care economy through the enactment of 'care ordinances' as illustrated throughout this report.

[26] See, for example: UN Women (2023) Pathways towards Decent Work in the Digitally Enabled Care Economy in Southeast Asia.
[27] C Tinonin (2026) Transforming Care Systems: Care, Digitalization, and Gender Equality in Asia-Pacific, presentation to the APEC Modernization of the Care Economy Virtual Workshop, 21 April 2026.
[28] Standing Committee on Women's and Family Empowerment, Social Welfare, and Care Economy (2024) Selangor Care Economy Policy 2024-2030.
[29] Ibid, p 3.

Supporting practical action: care economy pillars

Five Care Pillars are set out below to locate different areas and levels of new and emerging practices identified during the workshops, the consultation and research phases of this project.

None of the new and emerging practices set out under the five Care Pillars can be viewed in isolation. Many of the case studies and case examples address more than one Care Pillar and have been initiated by different levels of government, by the private and non-government sectors, while others have come out of collaboration including with regional agencies such as UN Women AP, the Asia Foundation, UNICEF and Oxfam. Further, new and emerging practices and action illustrated under separate Care Pillars below intersect with each other providing the enabling context for action set under another Care Pillar.

The symbols below in the boxed case studies denote both the level of action of the emerging or new practice as well as the Care Pillars to which they relate.

Level of Action	**Relevant Care Pillar**
Regional	Pillar 1: Quality & Person Centred Care
Member Economy	Pillar 2: Care Workforce Transformation
Regional/Local government	Pillar 3: Productivity & Innovation
NGO/Community/Not-for-Profit	Pillar 4: Supporting & Redistributing Unpaid Care
Private Sector	Pillar 5: System Stewardship, Data & Investment

Pillar 1: Quality & Person Centred Care

Why this Pillar matters

Strengthening standards and accountability to ensure care systems deliver safe, high-quality and culturally appropriate care is central to delivering quality and person-centred care. This includes:

- Person-centred and community-based care models and delivery;
- Responsive regulatory frameworks and quality standards; and
- Integrated care across services and sectors

In essence, person-centred care ensures that service providers provide the conditions in which the needs, preferences and dignity of individual service users are central to care service planning and delivery. Such systems are very dependent on the pay and working conditions in which care workers deliver care services both in the formal and informal sectors. The quality of jobs in the care economy is in turn underpinned by responsive and inclusive regulatory frameworks and standards which also ensure the quality of the care and the dignity of care receivers.

'The conditions of work are the conditions of care'.[30]

What this section demonstrates

[30] P Armstrong (2016) Promising Practices in Long-term Care: Ideas Worth Sharing, p 77.

The case studies in this section illustrate several practical approaches already being implemented across APEC economies. They show how economies are:

- Strengthening local governance to make care a recognized public policy priority;
- Improving employment regulations to enhance both care quality and workforce sustainability;
- Integrating services across health, disability and aged care systems;
- Developing community-based approaches that better reflect local circumstances; and
- Encouraging new models of care entrepreneurship and service delivery to expand access to quality care.

Together, these examples demonstrate that improving quality and person-centred care is not dependent on a single reform. Rather, it is achieved through complementary actions that strengthen people, services, institutions and communities.

Local community-based action

As noted above, a distinctive feature of APEC member economy action towards modernizing the care economy is action at the local level. This is exemplified in the Philippines through 'bottom-up action' by local government such as in the Municipality of Salcedo below.

The Philippines: Building Care Economy Foundations through Local Governance

Unpaid care work, predominantly carried out by women and girls, remains undervalued and invisible in development planning. The Municipality of Salcedo sought to address this by shifting care from a private household concern to a recognized public and governance issue. Through its Caring Municipality Ordinance, the Municipality institutionalized the care economy through a dedicated local governance mechanism, the Municipal Care Council (MCC), establishing the range of initiatives, services, and interventions coordinated or implemented by the MCC and the Municipality to address care-related needs. The MCC, which operates with a modest budget, is chaired by the Municipal Mayor and comprises of key local government offices and civil society representatives. Its functions include: policy development; investment and resource mobilization; data and evidence generation; public awareness and capacity building; multi-stakeholder coordination; and monitoring and evaluation.

While monitoring and evaluation systems are evolving, the initiative has already generated significant outcomes including institutional outcomes; such as the integration of care considerations into local policies and planning systems. Social outcomes include increased awareness of the gendered distribution of unpaid care work, greater public discourse on shared caregiving responsibilities, and the enhanced recognition of caregivers and their contributions to society. Governance outcomes include the creation of an enabling policy environment for future investments in care services and social protection, and strengthened coordination across local government units and stakeholders.

Local government action

Across APEC economies, governments at different levels are playing a central role in creating and integrating care systems, such as in the recent examples from Chile and Mexico City.

'Chile Cares' (Chile Cuida): providing integrated care and support

The Chile Cuida law was introduced in 2026 and creates a domestic system of support and care. It builds on an earlier 2015 initiative, primarily serving older adults. The new law provides the framework for the coordination of care policies between municipal and ministerial levels of government. It explicitly recognizes the right to care as a fourth pillar of social protection, along with health, education and social security. Following civil society advocacy, the right to care in its three dimensions (the right to care, to be cared for, and to self-care) is enshrined in the new law[31], which also affirms social and gender co-responsibility for care as a central pillar of domestic policy.[32] Chile Cuida aims to make care a fundamental right and is designed to comprehensively address care needs in Chile, integrating the efforts of public, private, civil society and community institutions[33] to provide better quality, more accessible care services and to support the work of carers, especially unpaid caregivers.

Mexico City: Comprehensive Care System Law

Mexico City introduced its Comprehensive Care System Law in May 2026,[34] which aims to:

1. Coordinate, improve, expand coverage and create new public care services that guarantee dignified care and recognize this work.
2. Reduce labour and time poverty among women unpaid carers and improve the conditions in which they perform this work.
3. Promote social co-responsibility to recognize, redistribute, and reduce unpaid care work.[35]

The new law commits the Mexico City government to creating care system infrastructure to support these goals and to recognize the rights to *give care*, to *receive care* and to *self-care* set out in the National Right to Care resolution. The new Care System Law and the Right to Care resolution build on the work and advocacy of local communities as well as organizations such as the Economic Commission for Latin America and the Caribbean (ECLAC) and members of the Global Alliance for Care.

Innovative employment regulation

Responsive employment regulation that addresses the gendered undervaluation of paid care work provision of decent pay working conditions in care work is essential to the provision of better quality, person-centred care as set out in this example from Australia.

Australia: Addressing Gender-Based Undervaluation in Care Work

In Australia, gender-based undervaluation is recognized as a major cause of low pay and gender pay inequity in care sectors. Until 2022, pay equity regulation did not support addressing the undervaluation of care work which had left care workers among the lowest paid. In 2022, amendments to the Fair Work Act 1996 made it possible to run work value cases on the basis of the gender-based undervaluation of feminized occupations/sectors, without the requirement for a male comparator. These reforms make it straightforward to make evidence-based claims about the work value of 'invisible' or hidden skills used in many care sectors and adjust pay rates accordingly. Since then, significant wage increases have been awarded by the Fair Work Commission in decisions it has made on gender-based undervaluation claims brought before it by care sector unions. The Commission's work value decisions have covered sectors and occupations

[31] GI-ESCR (2026) Chile promulgates 'Chile Cuida' law following civil society advocacy on the right to care, 13 February.
[32] Ibid.
[33] Ministerio de Desarrollo Social y Familia (2026) Chile Cares.
[34] Congress of Mexico City (2026) Mexico City Congress approves issuance of the Mexico City Care System Law, June 24; Mexico Daily Post (2026) Caregiving work recognized in Mexico City: law establishes rights and obligations, June 7.
[35] ILO (2025) Public Care System of the City of Mexico.

such as aged care, community services, childcare and nursing. In aged care and childcare, for example, wage increases of up to 28% were awarded by the Commission in 2024 and 2025.

Properly recognizing the value of work performed in paid care work has impacted on the willingness of workers to stay in this work and to advance their careers. Better recognition of the skills used in care work has also had benefits for care recipients of formal services. Worker turnover has reduced, enhancing the continuity of care and encouraging workers to fully use and improve their skills, leading to improved care quality and to enhanced productivity. Better quality, person-centred care located in the community is more effective in preventing unnecessary hospitalizations and less costly in keeping people at home for longer and more active than in residential or institutional-based care.

Addressing the needs of specific groups of care recipients across services and sectors

In several economies, there have been specific policy responses by governments at different levels and business to the care needs of different groups, including the elderly, children and people with disability as illustrated in Mexico; Papua New Guinea; and Chinese Taipei case studies below.

Mexico City, Mexico: The UTOPIAS - community and care hubs

In Mexico City, 'units for transformation and organization for inclusion and social harmony" (UTOPIAs) provide a mix of care and support services in Iztapalapa, one of the most marginalized neighborhoods. The initiative is described as 'expanding the urban commons of caregiving'.[36] Funded by Mexico City, the UTOPIAs provide for the well-being of community members in an inclusive and comprehensive way. The different UTOPIAs respond to the diverse needs of the communities in which they are located from the provision of services such as laundries, swimming pools, domestic violence support, recreational programs, community gardens and workshops for different age groups and interests. In 2024, the Mexico City government decided to expand the program to the whole city.

Papua New Guinea: The development of a Senior Citizen and Aging policy

Papua New Guinea's Department for Community Development and Religion (DfCDR) Disability and Elderly Section initially developed the *Senior Citizens and Ageing Policy (SCAP).* However, upon submission of the information paper to the National Executive Council, it was advised that the existing PNG Social Protection Policy 2022–2030 already broadly covered elderly and disability issues. As such, it was recommended that the SCAP be reframed as a more implementation-focused strategy. Following guidance from the Department's Executive Management Team (EMT), this strategy has now evolved into the *National Blue Silver Economy (Elderly) Strategy*, which remains under development. The Department's Technical Working Committee has commenced formulation work, and it is anticipated the strategy will be completed towards the end of 2026.

Chinese Taipei is now a 'super aged' society, with 20% of its population aged 65 years and older. Focus on the care economy such as in the earlier Long-term Care (LTC) Plan 2.0 has been mainly on better services for the elderly. However, some challenges remain and include fragmented services, urban-rural resource imbalances and the 'home-to-hospital' gap where care is often disrupted upon discharge. There is also a severe shortage of care labour, high turnover rates of care workers and a shrinking labour force due to the ageing population and declining birth rates.

[36] A Ravikumar (2025) Mexico City's UTOPIAs — a Model of Urban Ecosocialism in Practice., 12 November.

Chinese Taipei: Long-term care plan for the elderly and people with disability

Chinese Taipei's new Long-term-Care (LTC) Plan 3.0 builds on LTC Plan 2.0 and aims to enhance the integration of home, community, institutional, medical, and social welfare services for greater continuity of care. It extends eligibility to individuals with disability qualifying for post-acute care and those with young onset dementia regardless of age, which will benefit an additional 745,000 people. The implementation of LTC 3.0, which began in 2026, focuses on eight key goals that will move from pilot projects to universal application. These include health promotion, medical care integration, active rehabilitation, building institutional capacity, family support, smart care, end of life care and workforce development. Care economy benefits include:

Labour force participation. LTC 3.0 aims to unlock workforce participation and foster a more balanced inclusion of male roles by encouraging men, as well as women and middle-aged citizens to join the care sector through professional training, employment promotion and policy consultation.

Economic resilience. LTC 3.0 enhances fiscal sustainability by transitioning to a proactive model focused on preventing and delaying disability and aging through health promotion and active aging services, thereby lowering unnecessary health expenditure. In addition, the participation of re-employed women, as well as the middle-aged and older workforce in LTC services promotes their economic security and resilience.

Productivity through innovation. The use of smart assistive devices to bridge the labour gap ensures that high quality care can be maintained despite demographic pressures.

Care Entrepreneurship

A recent think piece by UN Women AP makes a case for childcare entrepreneurship as one pathway to address gaps in childcare services in the Asia Pacific, especially in the context of budget constraints and different priorities that have limited government investment in childcare services.[37] Care entrepreneurship business models are one option to leverage local talent and provide community-specific, tailored solutions.[38] However if care entrepreneurship is to be successful, access to capacity-building and development is crucial. Governments may also need to provide access to foundational finance, such as structural investments, blended finance models, subsidies and/or tax incentives to employers to provide childcare.[39] Other home and community-based models of childcare such as OneSky in Viet Nam are also illustrated in the think piece.[40]

Viet Nam: Home-based model of childcare entrepreneurship

OneSky in Viet Nam is a not-for-profit enterprise funded by corporate donors, private foundations and individual donors. It aims to address the needs of marginalized children whose parents work in factories and expanding industrial zones.[41] OneSky trains and supports home-based care entrepreneurs living close to these industrial zones who take care of children, including migrant workers. It provides training and education on caregiving and setting up an enterprise. The success of OneSky has been acknowledged by the Government of Viet Nam and it has been invited to work on an economy-wide level to implement its training program to provide children with access to quality home-based childcare.[42]

As well as public and private sector provision of care services in local areas, there is some evidence of the development of alternative models such as cooperatives or consortiums. This is illustrated in the case study below from the Republic of Korea.

Republic of Korea: Co-operative Model for Workplace Childcare

Root Impact is an intermediary nonprofit organization dedicated to addressing social challenges. Root Impact runs a consortium childcare centre for employees of more than 30 social venture companies located in Seongsu Social Venture Valley. The centre helps women avoid career interruptions and improves retention by offering affordable childcare. Over five years, the centre has enrolled 81 children across consortium-member small and medium enterprises. Root Impact plans to expand the program and most recently has focused on assisting women rejoin the workforce and increasing men's participation in caregiving.[43]

[37] UN Women and WEE (2023) Innovations in childcare to advance woman's economic empowerment.
[38] Ibid p 4.
[39] Ibid p 4.
[40] UN Women and WEE (2023) Innovations in childcare to advance woman's economic empowerment, p 17.
[41] OneSky (2025) Stories of our work in Viet Nam.
[42] Ibid.
[43] UN Women Asia and the Pacific (2025) State of transforming care systems in Asia Pacific: Report of the 2024 Asia Pacific Care forum p 18. See also World in You (2025) Transforming childbirth and parenting from career interruptions to career building experiences: Insights from Root Impact, Korea.

Pillar 2: Care Workforce Transformation

Why this pillar matters

A modern care economy depends on a sustainable, skilled and valued workforce. This requires fair pay, secure employment, opportunities for training and career progression, effective workforce attraction and retention, and effective protections for migrant and informal care workers.

What this section demonstrates:

The case studies in this section illustrate a range of practical approaches already being implemented across APEC economies. They show how governments and other organizations are:

- Improving wages and addressing the historical undervaluation of care work;
- Creating professional career structures linked to recognized qualifications and skills;
- Expanding education, training and micro-credential opportunities for care workers;
- Developing strategies to recruit and retain workers in areas experiencing workforce shortages;
- Formalizing and protecting workers in domestic and community-based care work; and
- Strengthening the recognition and professional identity of care work as an essential component of economic and social development.

Collectively, these examples show that workforce transformation is not achieved through a single policy intervention. Rather, it requires coordinated action across employment regulation, education, workforce planning, migration policy, social protection and service delivery.

Union bargaining and agreements

Improved pay, conditions and job security are crucial to care workforce transformation. Regulation can be a lever for this, but union bargaining and agreements are also important as illustrated in this Canadian case study.

British Columbia, Canada: Leveling up pay in aged care

In Canada, provincial governments are responsible for the provision of long-term-care (LTC). The distribution of government-run, not-for-profit (NFP)-run, and private LTC facilities varies across provinces. At the start of COVID-19, in British Columbia (BC) 37% of LTC was run by the private sector, 35% by the BC government and 28% by NFPs. Lower wages paid by private and NFP employers meant many workers worked across multiple sites to earn a living wage, posing a significant health risk during COVID. The Hospital Employees Union successfully lobbied the BC Government to restrict care work to a single site and to subsidize care workers' wages across different employer types up to the level of public sector LTC wages. These policies limited the spread of the virus and addressed the wage impact of restricting care workers to single sites.[44] The subsidies providing public sector rates of pay continue for the majority of LTC workers. The BC Government was to stop subsidizing workers' wages for fully private employers at the end of 2025.[45] However, the Government recently announced the extension of wage leveling top-ups to 100 privately operated, publicly funded LTC facilities till at least March 2027.[46]

Recognizing increased skills in paid care work and providing for worker advancement

[44] D Baines (2024) 'A real spark': resistance in nonprofit care work in the context of neoliberalism and a crisis in public health. In R M Mirabella, T M Coule, and A M Eikenberry (Eds) *Handbook of Critical Perspectives on Nonprofit Organizing and Voluntary Action* Edward Elgar Publishing, 311-322, p 316.

[45] HEU (2025) Wage-levelling to end in fully private seniors' care facilities, July 30.

[46] Sooke News Mirror (2025). Deal gives many BC long term care home workers better benefits and pay, December 1.

One issue raised in discussion in the Modernizing the Care Economy Shanghai workshop in May 2026 pointed to the need to ensure that employment regulation of care workers distinguish between the different roles, training and skills held by care workers. This is to ensure that specialized care roles are fairly remunerated in order to ensure quality care and worker dignity. The New Zealand case example below suggests that tying increased wages to the progressive attainment of formal skill levels is one way to recognize differentiation in skill. The case studies of Indonesian company Lovecare and the initiative in Viet Nam on blockchain digital identity in Pillar 3 also illustrate that even outside the formal protections of employment regulation, recognition of enhanced skills is central to better sustainable pay for care workers.

In New Zealand and many other member economies, care and support workers are often paid a flat rate regardless of their experience and additional skills gained on the job. Tying the attainment of formal qualifications to a career structure with increased pay rate is an important step towards professionalizing the care and support workforce and towards sustainable employment in this sector.

New Zealand: Career structure for care workers tied to formal qualifications

The 2017 Pay Equity Settlement Agreement, between the New Zealand government, unions, providers and care advocates, led to increased hourly wages for care and support workers. The new pay structure has four pay levels determined by a worker's formal qualifications, which recognizes the progressive attainment of additional formal skills. These qualifications are the domestically recognized New Zealand Certificate in Health and Wellbeing Levels 2, 3 and 4. As these qualifications are achieved, workers are entitled to progressively higher pay rates. The formal training to attain higher qualifications is free for workers who, through 'employer delivered' on-the-job training, can develop practical and relevant skills on-site and earn while they learn.[47]

There are several direct care economy benefits. Workers with additional skills are able to provide higher quality of care to meet the increasingly complex clinical, social and emotional needs of clients and residents. Better quality skilled care, particularly that located in the community, is more effective in preventing unnecessary hospitalizations and less costly in keeping people at home for longer. Care and support workers have access to better pay through attaining higher qualifications and to meaningful career progression in the sector.

Workforce transformation is also key to Chinese Taipei's LTC Plan 3.0, which implements tiered dispatching based on disability levels and risks, while recruiting foreign skilled workers and promoting reemployment for women. To improve the employment ecosystem and foster a gender-friendly work environment, the salaries and career pathways for long term care professionals are made transparent and gender-based violence prevention guidelines are integrated into training programs. In other APEC economies with higher rates of informal employment, initial steps are being taken to train and create career pathways for care workers such as in Papua New Guinea and Malaysia.

Papua New Guinea: Training and formalization of community elder workers

In Papua New Guinea, frameworks for identifying, training, and recognizing community-based elder care workers is at a conceptual and early development stage. The Department for Community Development and Religion is exploring building on existing community health worker models. The

[47] Careerforce NZ (2025) Aged Care: Upskilling the Aged Care Workforce

aim is to gradually formalize roles while maintaining accessibility and cultural relevance at the community level.

Malaysia-Selangor: Development of micro credentials for care workers

Together with the University of Selangor, the government of Selangor in Malaysia is exploring a model of training for care workers through micro credentials, which will help professionalize and value care work.

Effective care workforce retention and attraction strategies are needed in many member economies, particularly in rural and remote areas. In the example below, the Province of Ontario in Canada provides financial incentives to attract and retain care workers, which can be topped up by additional incentives for those who are prepared to work in rural remote areas.

Canada: Ontario - Attraction and retention of care workers

Ontario, Canada's largest province, is providing incentive funding to attract personal support workers (PSWs) to work in care organizations. Participating employers must be publicly-funded long-term care homes or home and community care organizations in Ontario and must offer *full-time* hours to an eligible PSW to deliver publicly funded personal support services for a minimum of 12 months. Funding is available for:

- Recruitment incentives of CAD10,000 for PSWs who commit to 12 months of full-time employment offered by a participating employer.
- An additional incentive of up to CAD10,000 for PSWs who make a commitment to an employer in a rural, remote or northern Ontario community.
- An additional relocation incentive of up to CAD10,000 to support relocation costs to a rural, remote or northern Ontario community, at least 100 kilometres away from their principal residence.[48]

Recognition and protections for informal and domestic workers.

Recognition and protection of the rights of informal and domestic workers, many of whom are likely to be migrant workers, is crucial to building an inclusive care workforce in a modern care economy. In Indonesia, formal protection for domestic workers has been enacted while in Peru, researchers, policy makers and domestic workers have working together make the current Domestic Workers Law more effective.

[48] Ontario Health (2026) Attracting New PSW Graduates to Long-Term Care and Home and Community Care.

Indonesia: Domestic Workers' Protection Enacted

In 2026, Indonesia enacted comprehensive regulations designed to protect domestic workers after more than two decades of advocacy for stronger legal safeguards. The new regulatory framework recognizes domestic workers as formal workers and having rights to social protection, such as health and employment insurance, regulates recruitment and working conditions, and provides the right to vocational education and training for what is estimated to be over four million workers across the economy — most of whom have worked in the informal sector without legal safeguards.[49] Implementation and enforcement mechanisms are being developed which will be essential to ensure that these protections translate into tangible improvements in working conditions.[50]

Peru: Addressing Social protection policies for domestic workers

In Peru, there has been a Domestic Workers Law since 2021. However, post COVID, there was evidence of difficulties faced by domestic workers accessing social protection. In 2023, the Canadian International Development Research Centre, together with other partners, funded the ANITA Project to address the challenges and constraints of social protection policies for women domestic workers (DW) in Peru. The aims of the project were to gather evidence about the health and working condition of DWs, identify barriers affecting knowledge and access to social protection polices, and co-design ways to improve such access.[51] The project used a participatory action research approach, engaging with DWs, DW organizations, policymakers, and academics. Key outcomes to date include developing a dedicated framework for occupational health and safety specific to DWs; establishing clear legal and operational mechanisms for compliance with labour protections and informing the implementation report on the Domestic Workers Law.

Pillar 3: Productivity & Innovation

Why this pillar matters

Action to harness innovation to improve care quality and effectiveness and outcomes for workers is essential to a productive care economy. Productivity improvements lie in improving the responsiveness and quality of care services delivered, particularly in the home.

What this section demonstrates

The case studies presented in this section illustrate a range of innovative approaches already being implemented across APEC economies. They demonstrate how governments, businesses and community organizations are:

- Using digital platforms to better connect care recipients with trained care workers;
- Combining digital innovation with decent employment models that strengthen workforce quality and retention;
- Creating secure digital credentials that recognize workers' skills and experience;
- Deploying assistive technologies and artificial intelligence to support independent living, particularly for older persons and people with disability;
- Improving access to care through technology while recognizing the importance of digital inclusion and accessibility; and

[49] Jakarta Globe (2026) *Indonesia passes long-awaited law protecting domestic workers*, April 21, 2026.
[50] ILO (2026) A long road to recognition: domestic workers' rights in Indonesia.
[51] J Tenorio-Mucha and A Gupta (2025) ANITA: Addressing the challenges and constraints of social protection policies for women domestic workers in Peru- Final Technical Report.

- Ensuring that innovation is accompanied by appropriate training, regulation and quality assurance.

Together, these examples demonstrate that productivity gains in the care economy come not from replacing people with technology, but from enabling people, services and systems to work more effectively together.

Digital platforms and apps

Key areas of new and emerging practices identified in this project include harnessing digital technology to better integrate care services and match demand and supply. One of the most innovative examples is the Mexican Interactive Digital Care Map set out below.

Mexico: Interactive Digital Care Map

Launched in 2023 by the National Institute for Women, El Colegio de México and UN Women, the Mapa de Cuidados de México (MACU) is an interactive digital platform that addresses both the demand for, and the supply of, care services. It draws on three different databases held by the National Institute of Statistics and Geography.[52] By producing spatially integrated data, MACU helps those looking for care services by providing information on the location of public, private, and community-based care services for children, the elderly and people with disability. MACU also provides statistics, indicators, and maps of care services in the economy, which provide information about care service supply and thus assist local governments make informed decisions about where best to invest in new care services.[53]

Digital platforms and apps for care matching and coordination are also becoming more frequent in many APEC member economies as illustrated in the two case studies below from Indonesia and Australia. What distinguishes these two case examples from many other care platforms is their commitment to ongoing worker training.

Indonesia: Love Care digital care app

Love Care is a digital care app run in Indonesia since 2019 by a for-profit company. Data-driven matching connects verified workers with individuals and families needing personalized care services in their homes. These services include elderly care, disability assistance, post-surgery recovery, and maternal and infant care. Families request services, review worker profiles and manage their arrangements online. Care workers are ranked by their skills, experience and specialization. Care workers predominantly come from lower income backgrounds. Lovecare provides structured onboarding, continuing skills development, and workers get access to higher rates of pay as their skills and profile increase.[54]

For the care workers, ongoing access to training and higher, sustainable pay *'changes care work from a job of last resort to a valued profession. This is modernization in practice. The care workforce*

[52] UN (2023) Public launch of the Mexico Care Map, July 5. See also L. Sánchez-Peña, T. Guerra-Favela and E. Max-Monroy (2025) The Mexican care map. A spatial tool for bringing gender statistics to citizens and local officials. *Statistical Journal of the IAOS*, *41*(3), 599-612.

[53] Ibid.

[54] S Nio (2026) From Informal to Professional: Modernizing Home-Based Care in Indonesia, presentation to the APEC Modernization of the Care Economy SOM2 Workshop, 14 May 2026, Shanghai. See also The Care and Knowledge Hub (nd) LoveCare

is only as sustainable as the conditions of those who do the work. A quality care system is built on a valued workforce'. Susan Nio, Founder, Lovecare [55]

The Australian case study of Hireup highlights how decent work in a mainly formal care sector can also be embedded in digital care platforms.

Australia: Hireup - Digital care platform directly employing workers

Hireup is a private sector digital platform registered as a provider through government funding for aged care and disability services. It is integrated with government-funded care systems, enabling service users to access services through existing funding arrangements. It connects people seeking care with support workers who meet their needs and preferences. Hireup directly employs support workers. It acts as their legal employer, managing payroll, tax, insurance and compliance; allows workers to choose their clients and schedules, providing flexibility; and ensures all workers are vetted, trained and supported, many of whom are transitioned onto ongoing permanent employment contracts.

Since 2015, Hire-up has supported almost 30,000 service users and employed over 40,000 support workers. Hire-up provides good quality, responsive at-home care services for people with disability, the frail aged, their carers and families particularly in regional areas. The innovation in this approach lies in combining a digital matching platform with a direct employment model, rather than gig-based contracting common in gig care platforms. It enables service user choice and control while maintaining regulatory compliance and worker protections, and aligns flexibility for users and protections for workers through observing Australian employment regulation.

Apart from underpinning the operation of care platforms and apps, digital innovation has been employed to register care workers and to provide workers with a digital identity such as in the Viet Nam case study set out below.

Viet Nam: Digital innovation in paid care - The blockchain digital identity ID model

The blockchain digital identity (ID) model was a pilot by the Asia Foundation Viet Nam. The pilot's objective was to support the growth of platform-based paid care while strengthening protection, recognition and efficiency for domestic workers. It aimed to address problems faced by many domestic workers, predominantly women migrants, who tend to be recruited informally, meaning they have weak bargaining power with their employers. Further, domestic workers often lack clear records of their experience, skills, and performance, which limits their potential for employment and a decent income.

The Asia Foundation partnered with HCM House Cleaning Services Development JSC (JupViec.vn), a digital platform that matches domestic workers with employers, and Viet Nam Blockchain Corporation, a tech company specializing in innovative blockchain applications. Blockchain is a form of distributed, digital ledger that automatically records transactions in a continuously growing list that is essentially indisputable. The digital ID system, integrated into JupViec's care platform, creates secure worker-owned digital records that include workers verified identity, their skills, training certificates, work history, customer ratings and payment records. During the pilot around 2000 female domestic workers were trained and onboarded. The digital ID system remains in place. For domestic workers, benefits include having visible and verifiable records of

[55] S Nio (2026) From Informal to Professional: Modernizing Home-Based Care in Indonesia, presentation to the APEC Modernization of the Care Economy SOM2 Workshop, 14 May 2026, Shanghai.

their skills, experience and customer ratings to show to prospective employers, and the possibility of higher rates of pay based on their documented skills, hours worked and performance. For employers and households, benefits include more transparent and reliable matching between workers and clients and lower information gaps.

AI and assistive technologies are being used in many member economies, particularly to assist the frail elderly and people with disability. Assistive technologies include wearable devices such as fall monitors, automatic blood pressure meters, smart bands, scales and screen-type AI speakers as illustrated in the Chinese Taipei and the Republic of Korea case studies below.

Chinese Taipei: Smart Care - Upgrading digital infrastructure and enhancing digital accessibility

Technology is a core pillar of Chinese Taipei's LTC Plan 3.0. "Smart care" includes upgrading digital infrastructure and providing courses at community care stations to enhance digital accessibility for the elderly. It also includes adopting AI tools for case management to maintain service quality and improve staff retention. 'Smart device' leasing introduces a leasing system for different categories of smart assistive devices including fall detection and smart beds, to replace the 'buy-only' model and reducing the financial burden on households. This leasing system also aims to foster R&D in the assistive technology sector to better serve diverse care needs.

Republic of Korea: Community level: digital assistive technologies for seniors[56]

The Republic of Korea has a relatively high take up of smart phones including among older people. The AI and Internet of Things (AI–IoT)-based healthcare project for senior citizens was implemented by Korea's Health Promotion Institute in 2016, which has provided digital healthcare services to adults since then. Currently, digital healthcare services are provided through a link to various wearable devices based on user-friendly apps with the most recent targeting senior citizens aged 65 years or older. Bluetooth-based smart healthcare devices (automatic blood pressure meters, glucometers, smart bands, scales, screen-type AI speakers) are provided to senior citizens who have access to smartphones depending on their health risk factors.

To measure the objective impact of the pilot project, a 2021 evaluation found that the AI–IoT-based senior health care project showed a statistically significant improvement in health. Improvements were observed across all areas of healthy living practices, with the highest enhancement seen in nutrition scores. The evaluation also highlighted the issue of digital literacy and digital inclusion among the elderly and the importance of developing policies and programs that not only focus on digital education but also establish support systems by connecting service providers or social support networks to encourage participation.

The successful adoption of digital and assistive technologies in care depends not only on innovation but also on digital inclusion. This has been recognized in broader APEC work beyond the care economy. An APEC Telecommunications and Information Working Group (TELWG) dialogue 'Policy Sharing on Digital Inclusion for Elderly', held in the Republic of

[56] DJ Kim, YS Lee, ER Jeon and KJ Kim (2024). Present and future of AI-IoT-based healthcare services for senior citizens in local communities: a review of a South Korean government digital healthcare initiatives. *Healthcare* 12(2), 281-291.

Korea in August 2025[57] highlighted the need for inclusive policy approaches to digital access, skills and utilization and the need for tailored, data-driven strategies to promote digital inclusion. These principles complement the examples presented in this report and align with the APEC Internet and Digital Economy Roadmap.

'Technological advancement has been remarkable, but it has not always been human-centered. As we enter the age of AI, it is no longer acceptable for users to adapt to technology. Instead, technology must adapt to users.'[58]

'Digital inclusion is not merely a matter of access. It is about participation, dignity and equal opportunity.'[59]

Pillar 4: Supporting & Redistributing Unpaid Care

Why this pillar matters

Recognizing and addressing the unequal distribution of unpaid care, and the role of care services in this endeavor, is a key pillar of reform towards a modern care economy. This includes:

- Public awareness and social norm change initiatives;
- Services and infrastructure provision that reduce unpaid care burdens;
- Policies and incentives to support shared care responsibilities; and
- Workplace practices that support work–care balance;

The UN Economic and Social Commission for Asia and Pacific (ESCAP) 2024 Model Framework for Action on Valuing and Investing in the Care Economy provides APEC member economies with useful guidance on integrating unpaid care needs into domestic policy contexts. It advocates comprehensive investments in care infrastructure, social protection, services and employment-related care policies. ESCAP highlights three key levers of change which can feed into the identification of strategic policy areas by APEC member economies:[60]

1. A cohesive policy ecosystem comprising legislative and regulatory frameworks as well as gender budgeting and financing.
2. Stakeholder mapping; taking a whole-of-government approach and representing the intersectional gendered perspectives in decision-making.
3. Research and advocacy; accessing care disaggregated data, data on intersectional indicators and advocacy for social norms change.

What this section demonstrates

The case studies presented in this section illustrate a wide range of approaches already being implemented across APEC economies. They demonstrate how governments and organizations are:

- Recognizing unpaid care within legislation, local governance and public policy;
- Reducing unpaid care through integrated health, social care and community support services;

[57] APEC (2025) Digital inclusions for the elderly takes centre stage in regional dialogue.
[58] Moonsil Choi, Vice President of Korea's National Information Society Agency in APEC (2025) Digital inclusions the elderly takes centre stage in regional dialogue.
[59] Dr Hayun Kang, Co-Chair of the APEC Telecommunications and Information Working Group (TELWG) and ICT Policy Researcher at the Korea Information Society Development Institute in APEC (2025) Digital inclusions the elderly takes centre stage in regional dialogue.
[60] ESCAP (2024) Model framework for policy action on the care economy: Concept paper p16.

- Providing social protection and financial assistance that supports carers and care recipients;
- Encouraging men to take a greater role in caregiving through behavioural change initiatives and family-friendly policies;
- Embedding flexible work arrangements and caregiver supports within workplaces; and
- Using fiscal measures and incentives to encourage employers and businesses to invest in care-supportive practices.

Together, these examples demonstrate that redistributing unpaid care is a shared responsibility. Sustainable change is most likely when governments, employers, communities, families and individuals all contribute to building care systems that support both carers and care recipients.

Formally recognizing the contribution of unpaid care to the economy and community

The formal recognition of unpaid care has also been an emerging practice in the Philippines and Selangor, Malaysia.

The Philippines: Institutionalizing unpaid care within local governance

The Municipality of Salcedo's Caring Ordinance has contributed to a paradigm shift. The Caring Ordinance, institutionalized through the Municipal Care Council, reframes unpaid care work from 'invisible labour' to essential economic and social work that sustains households, communities, and the broader economy.

Selangor, Malaysia's Care Policy also formally recognizes the shared responsibility of households, the community government and the private sector in the redistribution of the unpaid care burden on women and girls.

'The redistribution of care work means that caregiving responsibilities should be shared between women and men within families; family members and the community; and government institutions and private entities'.[61]

Reducing the care burden on family care givers

There has also been explicit action taken in several APEC economies to reduce the care burden on family caregivers. In the People's Republic of China multi-level practices to reducing the burden of unpaid family care were highlighted at the May Shanghai Modernizing the Care Economy Workshop by Associate Professor Yanan Luo from Peking University. [62]

People's Republic of China: Reducing the unpaid caregiver burden - integrated medical and social care for older adults[63]

By the end of 2024, 85,000 medical and elderly care institutions had established partnerships, including 8,427 integrated institutions - 3,588 medical institutions registered with elderly care

[61] Standing Committee on Women's and Family Empowerment, Social Welfare, and Care Economy (2024) Selangor Care Economy Policy 2024-2030, p 8

[62] Y Lou (2026) China's experience in reducing the caregiver burden, presentation to the APEC Modernization of the Care Economy Workshop, SOM2 14 May 2026, Shanghai.

[63] Ibid.

facilities and 4,839 elderly care facilities with medical services.[64] Academic evidence on the effects of the implementation of home and community-based integrated care for older adults found a positive spillover effect on the happiness of spouses providing the unpaid care and a positive effect on life satisfaction, self-reported health and the depressive symptoms of these caregivers.[65]

Social norm and behavioral change initiatives

New practices have emerged around social norm change initiatives to create awareness of and redistribute the unpaid care burden that falls overwhelmingly to women and girls. This can be achieved through encouraging the redistribution of unpaid care by strengthening men's care giving capacities as well as shifting perceptions about women who have taken time out of the workforce for caregiving such as in the Republic of Korea.

Republic of Korea: Strengthening men's care giving capacities

UN Women has signed a memorandum of understanding with the Republic of Korea's Root Impact, a Seoul-based NFP, to collaborate on strengthening men's caregiving capacities. Under the agreement, the two organizations will work together throughout 2025 and 2026 on a range of initiatives aimed at building care-friendly workplaces. A key focus will be bolstering caregiving capacity development programs for parents, especially fathers. They will also support pilot projects that promote care-friendly work environments. This includes conducting joint research, engaging in advocacy for policy improvements and sharing promising practices and experiences with economies across the Asia-Pacific region.[66]

Republic of Korea: From 'Career-Interrupted Women' to 'Experienced Women'

Root Impact has also been promoting a shift in public perception about women who leave work for childbirth or childcare. The organization worked with government partners to replace the negative term "career-interrupted women" with the more positive phrase "experienced women", encouraging a societal redefinition of motherhood and career. In addition, the organization launched a training program, RE:BOOT CAMP, that has supported over 30 women through eight cohorts to return to the workforce, with more than 60% successfully doing so.[67]

Social protection to better support unpaid caregivers

Social protection initiatives to reduce the burden on unpaid care givers includes cash transfers to support the care of children and the elderly, disability benefits, caregiver allowances and subsidies for care services. These sort of practices and policies are central to a modern care economy and are illustrated in the case studies from Thailand and Malaysia below.

Social Protection in Thailand: Promoting gender equality and enhancing care services

Thailand's Ministry of Social Development and Human Security recognizes the role of social protection systems in promoting gender equality and enhancing care services. The Ministry is working to address the demographic transition toward an ageing population. While Thailand

[64] See Y Liu, C Hong, G Liu, Y Huang, B Guan and Y Luo, (2025). Spillover effects of integrated care: Evidence from the impact of Home-and Community-Based Integrated Care for Older Adults (HCICOA) on spouses' health and well-being in China. *Archives of Gerontology and Geriatrics*, *137*, 105907.
[65] Ibid.
[66] The Korea Times (2025) UN women, Root Impact partner to promote male caregiving roles, July 3.
[67] World in You (2025) Transforming childbirth and parenting from career interruptions to career building experiences: Insights from Root Impact, Korea.

currently provides social protection for older dependents, it is working to expand coverage to people with care needs across all age groups.[68]

Malaysia: Social Protection through 'Cash-Plus'

In Malaysia, Cash-Plus is a multi-sectoral and integrated approach to social protection. It combines transfers with evidence-based complementary services such as access to childcare services, caregiving and parental support and capacity building. There are different models of Cash Plus depending on resource constraints and mandates. These models range from integrated designs, where the cash transfer program agency directly manages the complementary services, through to 'piggybacking' where the cash transfer program adds an intervention to an established program. In Kuala Lumpur for example, one Cash Plus scheme joins cash assistance for pregnant mothers and their children under 5 years with 'plus' services. These services include community-based activities related to breastfeeding, antenatal care, child immunization, nutritional support, social and behavioral change communication via social media curated by UNICEF, and the integration of social services via case management and a referral system.[69]

Embedding supportive work and care practices in workplaces

Strengthening regulation to better support parents in the workforce and promote better work-care balance is a feature of action towards modernizing APEC care economies. Workplace policies and practices are vital in reducing and redistributing unpaid care. In the case examples below in Chile and the Republic of Korea, this aim is being addressed through domestic regulation and in the example of Merck Malaysia, through organizational policy and practice at the workplace level.

Republic of Korea: Regulation to better support work family balance

Two major labour laws, the *Gender Equality in Employment and Work-Family Balance Act* and the *Labor Standards Act*, were amended in 2024, coming into effect in early 2025. These amendments strengthen parental rights in the workplace by increasing parental leave to 18 months from 12 months and allowing parents to access this leave in four separate blocks allowing parents to use it as needed. Paternity leave has also increased from 10 to 20 days and fathers are also able to split this leave into four separate periods. In order to relieve the burden on small to medium sized businesses, SMEs will be paid full government wage support for the entire leave. Further, to create employer incentives and transparency for the adoption of family friendly practices, SMEs that adopt such practices may benefit from a two-year grace period on audits. Private companies are now required to report parental leave usage which previously had only been an obligation for public sector organizations.[70]

Chile: Regulation to better support work family balance

Coming into effect in early 2024, amendments to the Chilean *Labor Code* aim to enhance the protection of mothers and fathers, particularly those who care for a child with disability, and overall

[68] UN Women Asia and the Pacific (2025) State of transforming care systems in Asia Pacific: Report of the 2024 Asia Pacific Care forum p 17.
[69] M Hui (2026) New frontiers and Malaysia's care and support systems, presentation to the APEC Modernization of the Care Economy Virtual Workshop, 21 April 2026.
[70] See Remoly (2025) New Childcare Laws in Korea – What's Changing in 2025 and Ministry of Employment and Labour.

family's well-being. The new laws provide for the preferential granting of holiday leave, and for temporary modifications of parents' working schedules to accommodate caring obligations. Where possible parents will also be allowed to telecommute or use any other telework method. Such changes will be incorporated into employee contracts.[71] These changes 'reflect a broader shift towards recognizing the importance of family care responsibilities in the workplace, fostering positive parenting, social co-responsibility, and a more balanced integration of personal and professional life.' [72]

Businesses in many APEC economies have instituted a suite of policies to better support working carers. At the May 2026 Shanghai Workshop, as part of this project, Pixie Yee, Managing Director of Merck Malaysia and General Manager of Merck Healthcare Malaysia and Singapore outlined work life policies in practice at Merck.[73]

Malaysia: Merck Family-Friendly workplace practices and policies

Merck Malaysia is a multinational science and technology corporation. It provides a range of family-friendly workplace practices and policies.

Flexible work arrangements enable caregivers to remain productive while managing ongoing care responsibilities. At Merck these arrangements include flexible hours; hybrid work; and predictable scheduling for shift workers.

Caregiver-inclusive leave policies reduce burnout, absenteeism, and workforce exit among working carers. At Merck these policies include parental leave benefits and caregiver leave benefits for critical and terminal illness.

Supportive workplace culture improve retention, engagement, and effective use of available policies. At Merck these cultures are supported through manager training and employee resource groups.

Access to caregiver resources help employees manage complex care needs more effectively, reducing stress and productivity loss. At Merck these resources include fertility support; wellbeing programs; and employee assistance programs.

Other practices to encourage businesses to adopt family-friendly policies include government recognition of employers who support work-care balance. One case example is found in the Philippines, where labour standard compliance certificates are issued to reward SMEs and other employers with care supportive policies.[74]

Pillar 5: System Stewardship, Data and Investment

Why this Pillar matters

Care, both paid and unpaid, is a public good. Governments in member economies are care system 'stewards'. They have a key role as funders, program and service designers and regulators. System stewardship by all levels of government ensures that governments act in the public interest to robustly monitor, assess and enforce quality care and decent work at the system and organizational levels. Depending on the regulatory and cultural context of different

[71] Carey Insights (2024) Law No. 21,645, which modifies the labor code regarding the conciliation of personal, family and work life.
[72] Harris Gomez Group (2024) Chile Employment Law: Advancing Family-Friendly Work Policies.
[73] P Yee (2026) Presentation to APEC in-Person Workshop on the Modernization of the Care Economy, 14 May 2026, SOM2, Shanghai.
[74] UN Women Asia and the Pacific (2025) State of transforming care systems in Asia Pacific: Report of the 2024 Asia Pacific Care forum p 19.

member economies, stewardship of the care economy can take different forms, from 'more hands-on' service delivery to regulating care 'markets'.

Because governments have ultimate control over a wide variety of policy and regulatory settings, their role is central to a modern care economy, as described below by the Australian government.

> 'The Government has ultimate control over a variety of settings that influence care and support markets, including funding arrangements, pricing, regulation and industrial relations settings. These different elements interact in complex ways to influence and incentivise the behaviour of consumers and their families, providers and workers. Good stewardship involves ensuring that these factors work in concert to enable and incentivise high quality care and support and decent jobs, all provided in a sustainable way.'[75]

Even in highly marketized care economies, government stewardship plays a vital role to ensure that the benefits of a modern care economy are accessible to all. This is because the care market is shaped by what public systems offer. At the same time the market can also be shaped by private sector interests if it is not regulated and if quality standards are not imposed. Governments should define and establish equitable financing structures for care services before the market consolidates around a model that leaves lower income families behind.[76]

> 'The care economy is not a niche sector; it is the infrastructure that makes all other economic participation possible. It deserves the same seriousness we give to trade, to digital transformation and to physical infrastructure'.[77]

Key areas include strategic coordination within member economies and sectors. Modernizing the care economy entails a paradigm shift, in how society values, understands, and measures development, progress, as well as well-being.[78] One of the most important contributors to a sustainable care economy that supports women's empowerment is to align care economy policies with the promotion of gender equality.

What this section demonstrates

The case studies presented in this section illustrate a range of approaches to strengthening stewardship and building sustainable care systems. They demonstrate how governments and organizations are:

- Aligning care economy initiatives with broader gender equality and development strategies;
- Using data and evidence to inform planning, investment and service delivery;
- Collecting new forms of workforce and community data to better understand care needs;
- Supporting the development of innovative care enterprises and emerging care markets;
- Investing in local leadership and community-based governance; and
- Building partnerships across governments, businesses, regional organizations and development partners to accelerate reform.

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[75] Australian Government (2023) Draft National Care and Support Economy Strategy 2023, p 42.
[76] S Nio (2026) Discussion at the APEC Modernization of the Care Economy Workshop, SOM2 14 May 2026, Shanghai.
[77] S Nio (2026) From Informal to Professional: Modernizing Home-Based Care in Indonesia, presentation to the APEC Modernization of the Care Economy Workshop, SOM2 14 May 2026, Shanghai.
[78] C Tinonin (2026) Transforming care systems through data-driven approaches, presentation to the APEC Modernization of the Care Economy Workshop, SOM2 14 May 2026, Shanghai.

Together, these examples demonstrate that effective stewardship is not simply about regulating care systems. It is about creating the policy, institutional and financial environment that enables innovation, supports quality care and delivers long-term social and economic outcomes.

Centering gender equality in care economy policy and practices

The Philippines: Aligning gender equality outcomes with care-related institutions and development

In the Philippines, as in many other APEC member economies, gender and development (GAD) financing uses mainstreaming approaches that embed gender equality outcomes by integrating gender equality goals into development investment strategies. In the Municipality of Salcedo, Eastern Samar, the Municipal Care Council (MCC) is a specialized body focused exclusively on care-related concerns. The MCC works in close coordination alongside other Municipalities, while also coordinating with existing GAD mechanisms, operating within the domestic gender mainstreaming framework guided by the Commission on Women in the Philippines. This coordination ensures the effective implementation of gender mainstreaming strategies and programs within government agencies. Such policy integration ensures that while gender is broadly mainstreamed, care economy interventions receive focused attention, dedicated planning, and targeted resource allocation. In practice, the alignment of GAD planning and budgeting with care economy priorities ensures that gender equality outcomes remain central to the achievement of care-related outcomes.

Responsive data collection, usage and evaluation

'What stays invisible in data stays invisible in policy'.[79]

In many APEC economies, the resourcing of large-scale domestic surveys and other data collection is not practical. As highlighted by Dr Cecilia Tinonin at the APEC Modernization of the Care Economy Workshop held in Shanghai in May 2026, in practice a wide range of data sources can enrich analysis and support policy making provided they're used carefully and with appropriate quality considerations.[80] Indeed the careful use of available data can have a tangible impact on policy discussions and strategy formulation as illustrated below in Papua New Guinea.

Papua New Guinea: Impact of the 2023 National Elderly Health and Well-being study

The 2023 National Elderly Health and Well-being study was developed and initiated by the Department for Community Development and Religion. Despite a small response rate, given the remote dispersed nature of the population, it remains the most comprehensive elderly-specific dataset PNG currently holds. The study has provided an important evidence base to highlight the health and care challenges faced by older persons in Papua New Guinea. Its findings are currently being used to inform policy discussions, including the development of the National Blue Silver

[79] C Tinonin (2026) Transforming care systems through data-driven approaches, presentation to the APEC Modernization of the Care Economy Workshop, SOM2 14 May 2026, Shanghai.
[80] Ibid.

Economy Strategy, and to advocate for greater attention to elderly care within domestic development planning.

In Mexico, in 2024 the domestic mechanism for promoting women's rights and gender equality was elevated to a government secretariat, with responsibility for centralizing data on public care and support services.

Mexico: Coordination of domestic care policy and public care data

In Mexico, the National Institute for Women, INMUJERES, coordinates domestic care policy. As part of this coordination, and in an effort to centralize data, the SIDECU (Sistema de información de cuidados — Care Information System) was created, where up-to-date information on public care and support services for children, older adults, and people with disability can be located by those needing such services. SIDECU was created with INEGI statistics, by the Digital Transformation and Telecommunications Agency. SIDECU is also expected to identify gaps between supply and demand and serve as a basis for expanding the public care system.[81] The main differences with the MACU described above under Pillar 3 is that MACU includes private care services, statistics and indicators, whilst SIDECU focuses on locating public services for the three populations above.

The innovative collection and use of data at the community level is illustrated in the case of the Philippines Province of Guimaras below.

The Philippines: Reducing and redistributing unpaid care through documenting community needs for social protection

The Province of Guimaras has developed an innovative approach that positions social protection for care recipients as a deliberate care economy strategy, redistributing care responsibilities from individual households to public institutions and community support systems. A defining feature is the systematic registration and profiling of both care recipients and caregivers, making care needs visible, measurable, and actionable within local governance systems. Unlike conventional demand-driven social services, the Guimaras model uses proactive, community-based identification through house-to-house profiling by Barangay health workers and social workers, complemented by walk-in registration at local government offices. This ensures that vulnerable individuals, including those who may not actively seek assistance, are identified and included. The resulting database enables evidence-based policymaking, targeted interventions, and efficient resource allocation. By directly addressing the needs of care recipients, the approach redistributes care responsibilities from individual households to government and community support systems.

Two years after implementation, the initiative has generated measurable social and governance outcomes such as people with disability and senior citizens gaining improved access to essential services and women's organizations being strengthened through capacity-building and formal accreditation, enabling them to actively participate in local governance and development initiatives. This model demonstrates that investing in care recipients is an effective pathway to redistributing care responsibilities, strengthening local accountability, and transforming care from a private household concern into a shared societal responsibility. And by ensuring that care recipients receive appropriate and specialized support, the intensity of unpaid care work within households is reduced.

[81] La Caderade Eva (2026) With SIDECU, the government takes its first step towards a care system, June 26.

Relevant data can also be collected at the organization level. In Indonesia, the digital care platform Lovecare collects data on its clients and workers. In Australia the collection of organizational data by sector employers has been used for broader disability workforce planning.

Australia: Disability Sector - Collection of organizational workforce data

National Disability Services (NDS) is the Australian peak employer body for for-profit and not-for-profit disability service organizations. Each year, more than 300 disability sector organizations enter their data in the NDS Workforce Census survey.[82] The NDS Census organizes collected data at federal, regional and territory levels for disability support workers and allied health workers, drawing out trends on issues crucial to the disability sector. The Workforce Census started in 2015 to fill a gap in the Australian government's labour force statistics. A decade on, the Workforce Census data continues to provide a reliable, high-quality and up-to-date picture of the disability workforce over time.

Support for emerging care enterprises by government and regional agencies

Market stewardship through establishing financial infrastructure for care enterprises is illustrated in Selangor, Malaysian below.

Malaysia: Selangor Care Economy Policy 2024-2038

Selangor's Care Economy Policy 2024-2038 commenced implementation in 2025. One of the first actions has been advocacy and promotion of the concept of the care economy while focusing on local cities, such as Petaling Jaya City Council, to start implementing actions to modernize the care economy. Implementation has built on the 2025 Selangor International Care Summit. One area of focus has been setting up a service for the development and support of care enterprises, including digital care platforms. This is being done by providing financial advice and helping enterprises explore options for financing, and, at the same time promoting care enterprises as an area for future government investment.

At the regional level, UN Women AP has focused on providing both technical support and guidance to encourage and support care entrepreneurship. In 2023, the agency launched the Gender-Inclusive Entrepreneurship Ecosystem Programme (GICEEP). GICEEP aims to help women turn the persistent and disproportionate responsibility for unpaid care work into business opportunities and pathways towards full economic participation. The initiative is supported by the Visa Foundation and International Development Research Canada and implemented in partnership with Bopinc and SAFEEM. Under GICEEP, the Asia-Pacific Care Accelerator provides business training, mentorship, access to networks and finance, and training to build inclusive and gender-responsive business.[83] Entrepreneurs receive structured guidance to embed gender equality into their workplace policies, products and service design.[84]

[82] NDS (2026) Workforce Census 2025: Key Findings Report.

[83] UN Women (2025) State of transforming care systems in Asia Pacific: Report of the 2024 Asia Pacific Care Forum, p19.

[84] Ibid.

UN Women AP: Asia Pacific Care Accelerator[85]

To date, the Care Accelerator has supported 11 care enterprises from across the region over a 10-month period, providing mentorship, expert-led capacity-building and peer learning to help them scale their businesses while developing gender-responsive models with a strong focus on decent work for care workers. All participating enterprises have developed gender action plans demonstrating a strong commitment to gender transformative business practices. Further the employment of care workers has increased by 25%. Enterprises have also introduced new workplace policies such as sexual harassment prevention protocols, flexible work arrangements and improved recruitment assessment systems to increase gender inclusivity. One of the care enterprises, Fambear, is a digital care platform where clients can search for and hire a nanny, babysitter, made, tutor or senior caregiver in Bangkok. After participating in UN women's care accelerator, Fambear removed 'age' and 'nationality' as search filters on their platform, helping to ensure non-discrimination for their care workforce.

Other APEC economies have used tax incentives to encourage private-sector investment in care-supportive infrastructure and services such as in Malaysia.

The Philippines: Bislig City - Using Tax Incentives to Support Care Providers and Advance Women's Economic Participation

In 2022, to address the gender gap in labour force participation, Bislig City in Surigao del Sur enacted a milestone ordinance that encourages businesses to actively support care provision while enabling women to remain in the workforce. Rather than relying solely on regulatory mandates, the ordinance creates a market-based mechanism that encourages private-sector investment in care-supportive infrastructure and services. The innovation lies in integrating care economy objectives into local fiscal policy through targeted tax incentives. The ordinance operates through a structured system of fiscal incentives available to compliant business entities:

1. Businesses that establish, maintain, and operate child-minding support service centres may deduct related expenditures from their gross income, thereby reducing taxable income.
2. Businesses that regularly provide childcare services may qualify for annual tax credits based on the number of children served. These credits directly reduce the total tax owed, creating a strong incentive for sustained service delivery.
3. Businesses that provide women employees with maternity leave benefits, breastfeeding facilities, and related workplace support programs may also receive tax credits, further encouraging the adoption of family-friendly employment practices.

This approach reframes care as a shared economic responsibility and positions businesses as active partners in reducing unpaid care burdens. Importantly, the model recognizes that foregone local revenues from tax incentives can be offset by broader economic gains. As women gain access to care support and participate more actively in the labour force, household incomes increase, consumption expands, and local economic activity strengthens, contributing to long-term revenue generation.

[85] Ibid.

Key Lessons for APEC Member Economies

The examples presented throughout this report demonstrate that there is no single model for modernizing the care economy. APEC member economies differ significantly in their demographic profiles, institutional arrangements, labour markets and cultural contexts. However, several common lessons emerge.

1. Modernization is about strengthening systems, not simply expanding services

The most effective reforms improve how care is organized, coordinated and delivered at the local level. Modernization involves strengthening care quality, workforce capability, innovation, governance and investment across the entire care ecosystem.

2. Care is both a social and an economic investment

Modern care systems improve wellbeing while also supporting progress towards redistributing unpaid care, better quality labour force participation by women, productivity, economic resilience and long-term sustainable growth. Investing in care, including improved labour and social protections, should be viewed as investing in essential social and economic infrastructure.

3. Good quality care depends on a valued workforce

Improving the quality of care requires investment in *all* care workers who provide it. Better pay, safer working conditions, stronger career pathways and recognition of care work as skilled work in both the informal and formal sectors contribute to both workforce sustainability and better outcomes for care recipients.

4. Innovation works best when it supports people

Technology, digital platforms and assistive devices have significant potential to improve care quality, productivity and access. However, innovation should complement not replace person-centred care and should be accompanied by appropriate safeguards, workforce protections and digital inclusion.

5. Supporting and redistributing unpaid care benefits everyone

Policies that recognize, support and more fairly redistribute unpaid care strengthen gender equality, increase economic participation and improve outcomes for families and communities. Governments, employers, communities and households all have a role to play.

6. Local leadership can drive meaningful change

Many of the examples highlighted in this report demonstrate that innovation often begins at the local level. Municipal governments, community organizations and local partnerships can play an important role in testing new approaches and responding to local community needs.

7. Better data enables better policy

Robust data, monitoring and evaluation help governments understand changing care needs, assess what works and make informed investment decisions. Economies do not need perfect data to begin policy planning – making effective use of existing information is an important first step towards evidence-based policy.

8. Collaboration accelerates progress

Modernizing the care economy requires collaboration across governments, employers, workers, civil society, academia, development partners and regional organizations.

Continued cooperation through APEC provides an opportunity for member economies to share experiences, learn from one another and adapt successful approaches to their own economic, social and cultural contexts.

The diversity of initiatives in member economies and work being carried out by agencies such as UN Women AP, the Asia Foundation, UNICEF and Oxfam highlighted in this report demonstrate that modernization of the care economy is already underway across the Asia-Pacific region. While approaches differ, the shared objective is clear: to build care systems that are more inclusive, productive, resilient and person-centred. By continuing to exchange knowledge and practical experience, APEC member economies can strengthen the care economy as a foundation for sustainable economic growth, women's empowerment and improved wellbeing across the region.

APPENDIX 1: Questions for Policymakers

As APEC economies consider opportunities to modernize their own care systems, the questions under each of the Care Pillars below may provide a resource for policy makers and help guide policy discussions and development.

Pillar 1: Quality & Person-Centred Care

- Are care services organized around the needs and preferences of the people receiving care?
- Do regulatory frameworks support both high-quality care and decent work?
- How well are health, social care and community services connected?
- What opportunities exist to strengthen community-based and culturally appropriate models of care?
- How can governments encourage innovation while maintaining quality, safety and accountability and women's empowerment?

Pillar 2: Care Workforce Transformation

- Do current employment and regulatory frameworks recognize the skills and value of care work?
- Are wages, working conditions and career pathways sufficient to attract and retain a sustainable workforce?
- How can education and training systems better support professional development throughout a care worker's career?
- What additional protections are needed for domestic workers, migrant workers and workers in the informal economy?
- How can workforce policies improve both the quality of jobs and the quality of care delivered?
- How can governments anticipate future workforce needs in response to demographic change and growing demand for care services?

Pillar 3: Productivity & Innovation

- Does innovation improve outcomes for people receiving care as well as for care workers?
- How can digital technologies reduce administrative burdens while delivering person-centred care?
- What safeguards are needed to ensure technology is safe, equitable and trustworthy?
- How can governments promote digital inclusion so that innovation benefits rural communities, older persons, people with disability and other groups at risk of exclusion?
- What workforce skills and training are needed to support the successful adoption of new technologies?
- How can governments evaluate whether innovations genuinely improve productivity, care quality and women's empowerment while ensuring the dignity of care recipients, care workers and unpaid caregivers?

Pillar 4: Supporting & Redistributing Unpaid Care

- How visible is unpaid care within domestic policy, budgeting and planning processes?
- Which care responsibilities can be redistributed through better services, infrastructure or technology?
- Do current social protection systems adequately support unpaid carers throughout the life course?
- What policies could encourage a more equitable sharing of care between women and men?
- How can employers create workplaces that better support workers with caring responsibilities?
- What role can local governments, community organizations and the private sector play in strengthening care infrastructure within their own communities?

Pillar 5: System Stewardship, Data and Investment

- Is there a clear whole-of-economy vision for the care economy that aligns social and economic objectives?
- Are governance arrangements sufficiently coordinated across levels of government?
- What data is currently available to inform decision-making, and where are the most significant evidence gaps?
- Are existing funding and investment arrangements supporting sustainable, equitable and high-quality care?
- How can governments strengthen partnerships with business, civil society, academia and international organizations to accelerate innovation and capacity building?
- How will progress towards a modern care economy be monitored, evaluated and continuously improved?