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Highlights and Recommendations for Practitioners

Asia-Pacific Care Economy Forum

HOW CAN AN INCLUSIVE AND RESILIENT CARE ECOSYSTEM BE BUILT?

CARE DELIVERY MODELS TO ADVANCE WOMEN'S ECONOMIC EMPOWERMENT

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ASIA-PACIFIC CARE ECONOMY FORUM

Background and context

Care work is the backbone of thriving families, communities, economies and societies. Without this work, the economy would grind to a halt. It can be paid or unpaid and consists of two overlapping activities: direct, personal and relational care activities, such as feeding a baby or caring for an ill partner; and indirect care activities, such as cooking and cleaning¹. Whether paid or unpaid, this work is predominantly performed by women, who are traditionally seen as the main caregivers for children, older people and the sick, and caretakers of the home. However, despite its huge importance, care work remains largely invisible. **In many circumstances, care work is not yet considered as an economic activity, and it remains unrecognized and undervalued.**

In Asia and the Pacific, women do four times more unpaid care work than men – at the cost of their own health, well-being and prosperity. This leaves women with little time to engage in economic and political activities, making them further invisible, fuelling gender wage gaps and preventing them from participating in paid work. Even prior to the pandemic, Asia was the **only region in the world with declining female labour force participation rates**. A study conducted in the Asia-Pacific region after the onset of the coronavirus disease (COVID-19) pandemic

found that more women left the labour market compared to men due to increased care responsibilities. When it comes to paid work, domestic work and care work are feminized with high informality and low salaries².

The COVID-19 pandemic had a greater impact on women and young people than on other groups³. Many women lost their jobs and women entrepreneurs reported of significant increase in their care responsibilities and business closures⁴, yet the hardest hit were women in the informal economy. These impacts showed that economies and societies will unravel without the massive contributions of women who bear this disproportionate burden. The pandemic elevated care to the top of the global agenda for policymakers and practitioners⁵. Now, more than ever, we need to build resilient economies to withstand future shocks. More voices are intensifying around the need to recognize, reduce and redistribute unpaid care work – as well as reward and represent paid care work by promoting decent work for care workers. This is known as the 5R framework⁶. Even when we recognize these burgeoning needs, budget constraints and **overlapping priorities have precluded investments and limited the speed, accessibility, affordability and quality of the delivery of care services.**

The **population of the Asia-Pacific region is ageing faster** than any other region in the world, currently representing

1. ILO (2018). Care work and care jobs for the future of decent work / International Labour Office – Geneva. Link: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf
2. UN Women (16 September 2022). Domestic and care work is a feminized sector with high informality and low salaries. UN Women/ Americas and the Caribbean. Link: <https://lac.unwomen.org/en/stories/noticia/2022/09/el-trabajo-domestico-y-de-cuidados-conforman-un-sector-feminizado-con-alta-informalidad-y-bajos-salarios>
3. ILO. Asia-Pacific Labour Market Insights. Women and young people pushed from labour force by COVID-19. Link: https://www.ilo.org/asia/publications/WCMS_775817/lang--en/index.htm
4. UN Women (2020). Asia-Pacific Needs Assessment For More Gender-Inclusive Entrepreneurship. Highlights on Impact from COVID-19. UN Women/ Asia and the Pacific. Link: https://asiapacific.unwomen.org/sites/default/files/Field%20office%20ESEAsia/Docs/Publications/2020/07/200720_Survey%20infographic_V13.pdf
5. The Asia Foundation (2022). Toward a Resilient Care Ecosystem in Asia and the Pacific Promising Practices, Lessons Learned, and Pathways for Action on Decent Care Work. Link: <https://asiafoundation.org/wp-content/uploads/2023/01/Towards-A-Resilient-Care-Ecosystem-in-Asia-and-the-Pacific.pdf>
6. UN Women (2022). A toolkit on paid and unpaid care work: From 3Rs to 5Rs. Link: <https://www.unwomen.org/en/digital-library/publications/2022/07/a-toolkit-on-paid-and-unpaid-care-work>

60 per cent of older persons worldwide⁷. With immense heterogeneity of cultures and countries at different stages of economic development, high degrees of informality in the economy, coupled with a large consumer market at the base of the pyramid, it is unlikely that the region will be able to use existing models from other regions for the care of older people and children alike, and Governments in the region will need to develop solutions for their own context. Rethinking is necessary and innovation in the region has been demonstrated through new **care delivery models**, including entrepreneurship solutions such as digitally-enabled care enterprises with market-based, blended, community-based and not-for-profit models⁸.

Care delivery models can offer an innovative solution to close gaps in care supply and demand in Asia and the Pacific and ignite the sector with fresh ideas.

Care enterprises and delivery models involve paid care work delivered at home or out of the home, across a variety of models and services, such as indirect care, care for children, older people or people with disabilities, and including digitally-enabled care enterprises, on-demand, in-person or centre-based services for families or corporations. These include common domestic tasks, for example, cooking, cleaning, washing, shopping and household repairs and maintenance. Although the ecosystem is nascent, there are promising delivery models emerging in the region that can be replicated and scaled up to offer quality care services that are more accessible, affordable and inclusive. Governments can use these innovations as a vital policy lever to reverse the gendered effects of COVID-19 and build resilient, inclusive economies. **However, no actor can transform the care economy alone.** An ecosystem approach that involves all key players is crucial to achieve this vision.

The rise of different care delivery models raises crucial questions: **how can more investments be channelled to strengthen these models and support care enterprises? How can resilient, inclusive and accountable care**

policies and systems be created? How can care delivery models be designed to leave no one behind, including care and domestic workers and migrant workers? How can delivery models be leveraged to promote employer-supported care? At the same time, with digitally enabled care enterprises gaining importance in the region, questions arise on **how to ensure that digitally enabled care enterprises promote decent care work.** This ties into fundamental questions on shifting norms so that societies recognize care work – whether paid or unpaid – as inherent to individual and collective well-being.

The Asia-Pacific Care Economy Forum

Recognizing this urgent need to strengthen care delivery models, UN Women, Asia Venture Philanthropy Network (AVPN) and Kiddocare hosted the 2023 Asia-Pacific **Care Economy Forum** in Kuala Lumpur in support of the 2023 Women Deliver Conference and the Global Alliance for Care. The Forum was supported by the International Development Research Centre (IDRC), Visa Foundation, the Department of Foreign Affairs and Trade (DFAT) of the Government of Australia and partners in Malaysia such as Malaysia Venture Capital Management (MAVCAP), World Trade Centre Kuala Lumpur and the Malaysia Productivity Corporation (MPC).

The Forum aimed to deepen recommendations and actions for practitioners in the region. **It was an official side event to the 2023 AVPN Global Conference and built on strong global, regional and national momentum in the care economy in the region.** Under the Global Acceleration Plan of the Generation Equality Forum, stakeholders across the public and private sector made a commitment to transform the care economy through concrete actions. In the Asia-Pacific region, gender equality in the care economy has been advanced through

7. UNESCAP (01 July 2022). Recognize reality of a rapidly ageing Asia-Pacific region and revitalize the role of older persons in society, urges UN forum. Link: <https://www.unescap.org/news/recognize-reality-rapidly-ageing-asia-pacific-region-and-revitalize-role-older-persons-society>

8. UN Women (2022). Innovations In Childcare To Advance Women's Economic Empowerment. Can inclusive Care Entrepreneurship be a pathway to address gaps in the childcare sector in Asia and the Pacific? UN Women/Asia and the Pacific. Link: <https://asiapacific.unwomen.org/sites/default/files/2023-02/Innovations-in-Care-to-Advance-WEE-Think-Piece.pdf>

intergovernmental platforms such as the Association of Southeast Asian Nations (ASEAN), which produced a comprehensive framework on the care economy, and through the Group of 20 (G20) (especially under the leadership of Indonesia and India) and multistakeholder platforms, such as the **Bali Care Economy Dialogue 2022**, held on the lines of G20 presidency of Indonesia, which produced a road map on the care economy for the region⁹.

The Forum created a unique platform for governments, care entrepreneurs, investors, corporations, support organizations, civil society, United Nations agencies, academia, workers' associations, unions, and members of the Global Alliance for Care.

Unprecedented in the region, **more than 200 participants from 15 countries** considered **ideas for action to strengthen care delivery models**. It helped different stakeholders to articulate and sharpen their roles in the care delivery ecosystem and identify their comparative advantages. The interactive format included dedicated tracks for stakeholder-specific peer groups to discuss the challenges they face in their institutional environments. To break out of a siloed institutional approach, these stakeholders were then invited to join issue-based round tables where they discussed solutions to pressing challenges for building an inclusive care economy.

This output document contains a summary of key insights, reflections and a call to action from the Forum, with specific recommendations for different players located along the care diamond, with further recommendations for investors, care enterprises, delivery models and employers. The recommendations will inform and further catalyse the global movement and will be presented at the Women Deliver Conference in July 2023 as well as to

multilateral forums, including the working groups of the G20 and members of the Global Alliance for Care.

EXPANDING THE MARKET DIMENSION OF THE CARE DIAMOND¹⁰

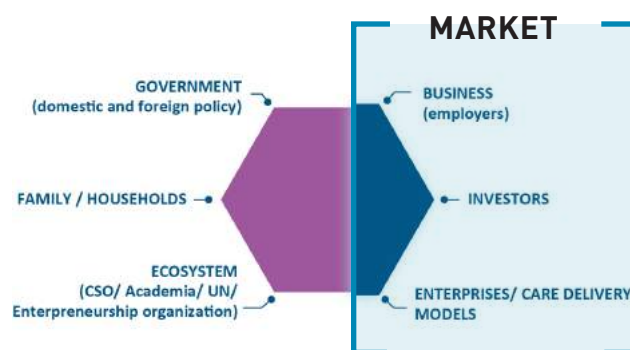


Photo credit: AVPN and Kiddocare

9. Bali Care Dialogue Road Map emphasizes strengthening the formulation and implementation of gender and care-responsive policies, public and private sector investments in care, supporting and scaling diverse public and private sector driven good practices on care delivery models, and creating space for advocacy, international cooperation, and leveraging regional and global platforms, such as ASEAN, Global Alliance for Care (GAC) and G20.

10. Adapted from Rajavi 2007

2. HIGHLIGHTS OF THE FORUM

The convening of diverse actors was one of the main highlights of the Forum, with visible leadership from Governments and policymakers, including Ms. Nancy binti Shukri, Minister of Women, Family and Community Development in Malaysia and Ms. Sharifah Hapsah Syed Hasan Shahabudin, who is a senior expert on sustainable development and President of the National Council of Women's Organizations. Senior government officials from Bangladesh, Indonesia and Nepal were also in attendance. The United Nations Resident Coordinator (UNRC) in Malaysia, Ms. Karima El Korri, opened the session. Representatives of the International Labour Organization (ILO) and UN Women also participated. The Forum included private sector leaders, executive officers of companies and start-ups, care entrepreneurs, investors, representatives of civil society and academia, as well as grassroots women leaders and caregivers.

Ms. Karima El Korri set the context for the conversation on the care economy in the Asia-Pacific region, emphasizing first that supporting the care economy is vital for achievement of the SDGs, most of which are off-track and second, that it is also vital to enhance women's participation in the labour market and in turn improve overall economic performance. She highlighted the importance of adapting a systems approach in delivering innovative solutions which leverage the potentials of all stakeholders.

The **Global Alliance for Care** welcomed the Forum in the Asia-Pacific region as an opportunity to drive multi-stakeholder action. Ms. Nadine Gasman Zylbermann, President of the National Institute for Women, laid out a vision for women to reimagine themselves as part of a transformative caring society with a gender-equal distribution of care work, where investments in the care economy translate into decent care jobs, and women's autonomy results in economic growth for all. Mr. Nunung

Nuryartono, Deputy Minister, Coordinating Ministry for Human Development and Culture of Indonesia spoke about care and unpaid work in Indonesia and the Asia-Pacific region and ways the Government of Indonesia is addressing these concerns. He highlighted how factors like marriage and lack of childcare facilities affect women's ability to participate on an equal footing in the economy, and the role of the Government is to help to reverse this reality. He said that Indonesia has used the 5R framework to respond to these concerns.

The Forum highlighted unique **perspectives on investing in the care economy**. With shrinking fiscal space in domestic resources, and with several countries in the Asia-Pacific region graduating to the status of a middle-income country and, thus, losing access to bilateral aid, Governments need to **diversify the sources of financing supporting the care economy**. It is important to note that the discussion was focused on investments in direct care, as many participating businesses were focused on that area. However, it is especially important to **invest in strengthening the indirect care sector, which is often the most informal and vulnerable sector and workplace for many domestic workers, including migrants**. Stakeholders in the Asia-Pacific region have led several financing innovations especially in the post-COVID-19 context.



Participants at the Asia-Pacific Care Forum. Photo credit: UN Women

NEW RESEARCH AND EVIDENCE SHARED AT THE FORUM

A new report by AVPN maps increasing opportunities for investors to finance the care sector, and a forthcoming UN Women publication focuses on the rapidly emerging space of digitally enabled care enterprises.

— **Financing the Care Economy in the Global South: Investment Opportunities and Pathways**

by AVPN, the Social Investment Consultancy and IDRC.

The main aim of the knowledge paper is to inform investors and policymakers of the opportunity and pathways in driving investment into the care economy. It uncovers barriers and provides recommendations on channelling more capital into the care economy, which is critical to unlocking women's economic empowerment and to developing thriving and sustainable economies. Providing access to childcare for all mothers in markets of South-East Asia, could deliver an additional \$1.9 trillion-\$4.4 trillion of gross domestic product (GDP) at purchasing power parity each year.

— **Sneak preview: Can digitally enabled care enterprises create decent work opportunities?**

by UN Women in partnership with IDRC and Value for Women

UN Women Regional Office for Asia and the Pacific presented preliminary findings of its forthcoming research on digitally-enabled care work in South-East Asia, which explores care delivery models fast emerging at the intersection of the care and digital economy in Southeast Asia and focuses on whether and how these digitally enabled care enterprises can promote decent work, especially for women care workers.

The findings emphasize that there are several opportunities for policy reforms and establishing a rights-based framework for care workers, including domestic workers. The research identified several good practices of digitally-enabled care enterprises through four cases in Indonesia, Malaysia, Thailand and Singapore. The recommendations identify targeted actions for different ecosystem players in the care sector to accelerate progress towards achieving decent work and women's economic empowerment, especially focusing on the role digitally enabled care enterprises can play in promoting decent care work.

ANNOUNCEMENT OF CARE ACCELERATOR 2.0 COHORT OF 13 ENTERPRISES

The Forum launched the new Care Accelerator 2.0, introducing a cohort of 13 participating care enterprises across Asia. This announcement was made by H.E. Wayne Robson, High Commissioner for Canada in Malaysia, and Graham Macmillan, President of the Visa Foundation. The cohort includes Ubuntu Care, Echoing Healthy Ageing, 60Plus, Wonder Village, ToguMogu Parenting App, Mama First, MommyKidz Ltd. Bangladesh, Silver Genie Pvt. Ltd., Life Circle Health Services Pvt. Ltd., AYAT Care, FamBear, Parents Care Limited, and Akar Family.

The Care Accelerator 2.0 is part of the larger 'Gender-inclusive Care Entrepreneurship Ecosystem Programme' by UN Women, SAFEEM and Bopinc and supported by the Visa Foundation and IDRC, that aims to strengthen a gender-inclusive care ecosystem through piloting innovative base of the pyramid models and strengthening the capacity of ecosystem players and policymakers to deliver an inclusive care economy.



Photo credit: MAVCAP

The Forum created space for **care workers to voice and share their experiences**, knowledge and challenges. Ms. Nur Shakira binti Sarifudin and Ms. Mursyida binti Mohd Dakroh – both care workers from Kiddocare – spoke about the confidence and dignity that the recognition and valuing of care work brings to their lives. They emphasized the crucial role of Governments in supporting and subsidizing the care sector. One suggestion was for Governments to implement wage subsidies for care workers, ensuring that wages are not solely dependent on the financial capabilities or willingness of families and private entities to pay for care services.

“We want to be recognized as care professionals. We need the government to create opportunities for skills and training. After all, we are building children and the nation through our work!”

– Ms. Shakira, Care worker at Kiddocare

“My request from the government would be to subsidize the financial expenses of caregivers to support us and raise our wages equal to all other professional fields in this country. We also need support to ensure our safety as caregivers”

– Ms. Mursyida, Care worker at Kiddocare

3. | KEY STAKEHOLDER INSIGHTS

The following section will share key highlights, challenges and opportunities of the individual stakeholder groups. Some of these insights are overlapping, yet we kept these to have comprehensive documented learnings per group. The recommendations section distils these into actions across stakeholders.

IN BRIEF: KEY STAKEHOLDERS INSIGHTS AND OBSERVATIONS

Government and Ecosystem Support	Investors	Employers and Corporates	Enterprises and Delivery Models
<ul style="list-style-type: none"> • Coordination across ministries and stakeholders at national level to develop and implement care economy plan of action • Normative and guiding frameworks for implementation of responsible care economy incl. standard setting for decent work are limited • There are limited sex-disaggregated data and statistical care frameworks in place • Multisectoral strategies are needed to value care and enable access to care for low-income households • Incentives and recognition of care delivery models and enabling partnerships to close care supply and demand gap with responsible quality and decent work standards are needed • Representation is key in inclusive policymaking 	<ul style="list-style-type: none"> • Market-building is needed • Investment case in care is not well understood • Perception of risks associated with investments in the care sector are multifold and hold investments back • Gender biases may negatively affect investment decisions into care • Care businesses face challenges in meeting differing and sometimes conflicting impact pathways • Governments have an investment opportunity and responsibility • Philanthropic capital will be a necessity to build an inclusive care economy • Progressive venture capitalists and investors are seeking creative ways to invest in care with nascent but urgently needed blended strategies • Promising investors framework shared, investing in care as a sector or with a lens 	<ul style="list-style-type: none"> • More progressive and expanded (beyond childcare, parental leave) corporate care policies needed • Limited understanding, engagement around a compelling care business case • Different type of partnership models provide opportunities to create, incentivize and implement employer-supported care • Care enterprises can provide solutions for employer-supported care but require trust building, clear standard setting and incentives to create responsible models for all involved 	<ul style="list-style-type: none"> • A broad spectrum, diversity of care enterprise models exist in Asia and the Pacific with great potential to support closing care supply and demand gap • More models needed to serve populations at the base of the pyramid • Care models often fail to find the right investor profit margins of many models are thin, blended financing strategies required to create viable essential to centre the realities of women and the quality of care • Recognized, qualified and well-paid care workers are a pre-requisite • Digitally-enabled care services are growing and provide opportunities and risks alike and requires new strategies • Trust-building is key • More investment in capacity-building and ecosystem programmes needed

GOVERNMENT AND ECOSYSTEM SUPPORT ORGANIZATIONS

Governments play an important role both as a **direct service provider** as well as an **enabler of care services** by encouraging innovative models and enforcing decent work conditions in care jobs. Governments shared examples of their **leadership to anchor national processes** for developing a road map and plan of action on the care economy.

- ▶ Multiple representatives of Governments highlighted the importance of a **national level coordination mechanism** to anchor the development of a plan of action/ strategy for the care economy. Experiences from Bangladesh and Nepal are shared below.

High-level political commitment to address care in Bangladesh

Ms. Most. Ferdousi Begum, Joint Secretary of the Ministry of Women and Children Affairs of Bangladesh, shared how the Time Use Survey¹¹ conducted in Bangladesh helped to inform priorities for care policies and programmes. She said that there is a strong policy commitment of Government for the reduction of unpaid care and domestic work as a priority in its 8th Five-Year Plan. In 2021, childcare centre act was enacted to give a framework for operationalizing the Government's commitments to institutionalize quality services for children. She reiterated that the Government is committed to creating an enabling environment to address discriminatory social norms that perpetuate unfair gender roles in families and communities.

Government of Nepal anchors a national process to advance the care economy

Mr. Lok Nath Bhusal, Director at the National Planning Commission of Nepal, shared his work in Nepal on the care economy. Anchoring the initiative out of the **Planning Commission through a permanent steering committee was strategic and impactful since it is the apex institution mandated to convene and coordinate all plans and budgets for the Government**, across the various ministries and departments. Hence, they set up a coordinating mechanism to deliver on care at the national level, by involving ministries of labour, women and finance, and industry associations.

With technical advice and convening support from ILO and UN Women, and using tools such as the ILO Policy Simulator, the work began by establishing the **investment case for care, and showing how it would contribute to employment, economic growth and accelerate the achievement of health and education outcomes**. For instance, it was established that care service sectors are substantially more labour intensive than, for example, construction (a common target of stimulus spending) or most other service sectors. **Each dollar spent on the care sector has the potential to generate 2 to 3 times more jobs** than would be created in other sectors such as physical infrastructure and construction.

Next, the steering committee was established and whole-of-government approach was taken, which included providing training to provincial officials about the case for care. The role of the Government in care delivery was prioritized, since the goal was to extend equitable and quality services to the poorest of the poor. The Government encouraged private sector investments to expand care delivery for those who can afford it, especially given the shrinking fiscal space. For example, the private sector runs only 6,000 among the total 36,000 early childhood development centres.

- ▶ Governments **prioritize and operationalize care commitments**, as seen in the example from Bangladesh.
- ▶ The use of global **normative and guiding frameworks** emerged as a critical tool for national level implementation of care commitments, such as in Nepal. Similar experiences were shared by the representative from Indonesia.

Indonesia adopts 5R framework for transforming the care economy

Professor Nunung Nuryartono, MSi, Ph.D., the Deputy Minister for Coordinating Ministry for Human Development and Culture of Indonesia, spoke about the implementation of the following measures – conducting time use survey for the recognition of unpaid care work, establishing childcare centres to provide services, extending parental leave to encourage men to play a more proactive role in childcare and formulating a draft bill on domestic workers' protection to ensure rights of domestic care workers. The bill includes decent work provisions and domestic workers' associations were included in drafting the bill.

11. Demography and Health Wing Bangladesh Bureau of Statistics (BBS) Statistics and Informatics Division (SID) Ministry of Planning (June 2022). Preliminary Report on Time Use Survey (TUS) 2021. Link: http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4_956b_45ca_872f_4cf9b2f1a6e0/2022-06-26-10-43-1d031b63c9271da88f32856c6d4f796e.pdf

- ▶ Governments have an important role domestically to **set standards on decent work** through legislations, policies, regulations, capacity-building, accreditation and strengthening data systems.
- ▶ **Evidence generation** and **strengthening of data and statistical systems** are crucial roles for the Government.
- ▶ With care delivery models at the heart of the Forum, **several good practices and innovations demonstrating public-private partnership** were shared, including public delivery of care services, public-private partnerships in care models, employer-friendly policies and digitally enabled care service delivery.
- ▶ Several models of care entrepreneurship rely on the role of the Government in **valuing care work** and **enabling childcare access with equity** for low-income and marginalized households.

Mobile Creches in India

For more than 50 years, Mobile Creches has been running childcare centres for low-income households close to their worksites, specifically to support women workers in the informal construction sector, and by engaging their employers which are often large infrastructure companies. Through research and advocacy over the years about the success of the intervention and the business case for it, these **innovations have been upscaled** to cover millions of families.

The learnings from this model have been manifold. One of the most important is that different care models work for different contexts, **a variety of players need to be involved in providing these services** and they need to expand exponentially to **reach the poorest and most marginalized**. As the primary stakeholder that is accountable for ensuring equality and welfare, the Government plays an **important role in creating enabling policy and regulatory frameworks** that allow for the acceleration of care delivery. In this case, it was the adoption of standard operating procedures (SOPs), standard setting for care work and childcare centres and budgetary allocations that helped to boost the model. The organization's role was to pilot the innovations, generate evidence and evaluative learnings, and develop SOPs for establishing quality childcare centres, while the Government's role was in using these inputs to expand and scale care delivery, in partnership with Mobile Creches as well as employers in the private sector.

Kiddocare, Malaysia: A model for public-private partnership in valuing and elevating direct care work

Kiddocare is the first and preferred on-demand babysitting platform in Malaysia that conveniently connects parents with trained and vetted babysitters based on their preferred hours and location. They shared that they had started off to support childcare access in a context where the Government was unable to reach larger populations. Using digitally enabled means for outreach, access and connection, this initiative was expanded to reach families directly.

Their experience of government partnership was primarily in getting **recognition for the care workers as a professionally trained and skilled work force**. This increased their legitimacy and acceptance within the market and society, while also elevating care as a sector. Thus, the value of care work is something that can be promoted by the Government by recognizing and legitimizing care work and care workers.

- ▶ The key enabling role of the Government is in giving **recognition and incentives** to care entrepreneurs and innovation in the care sector. It was also suggested that the Government should subsidize care delivery models by providing training and wage supplements, and allow for diversity in care provision models.
- ▶ An example of a partnership with the Government for **scaling capacity-building efforts** was provided by a care enterprise from India called TiTli.

TiTi, India: Helping Government to provide quality training at scale

TiTi is a start-up in India that **partners with the Government** and **imparts quality training** to workers and provides support to the government's flagship programme for early childhood care and development called the Integrated Child Development Services (ICDS). Through this model, TiTi has scaled up and expanded its modules for providing quality care to an increased number of people simply by collaborating with the government system.

- ▶ Participants emphasized the role of the Government in **reaching the poorest and most marginalized**, since that target group often gets left behind in accessing affordable and quality care services due to lack of resources. It was discussed that care provisioning for these communities should be taken up primarily by the government, under the **umbrella of social protection policies and programmes** and support other efforts (see Employer section) to incentivize models reaching vulnerable populations.
- ▶ Since the Asia-Pacific region relies heavily on migrant domestic workers to both deliver care jobs and also remittances to their families and communities participants drew attention to the criticality of ensuring compliance of governments, especially in countries of destination, on relevant ILO conventions and labour regulations. The importance of regional platforms such as the ASEAN, was highlighted. In the context of the migrant sending countries, there was discussion on strengthening bilateral labour migration agreements from a gender lens, to **protect rights of migrant domestic workers who deliver both direct and indirect care**.

ENTREPRENEURS AND CARE DELIVERY MODELS

- ▶ **There is a broad spectrum of care enterprises across the Asia-Pacific region, focusing on different types of care as well as business models.** These include the provision of affordable, high-quality childcare to underserved communities, workplace solutions for childcare, solutions that improve labour conditions for care economy workers, and time- and labour-saving innovations and technology¹². **Care enterprises participating at the Forum** included those that care for children and older people and health care, with a range of offerings from direct services and daycares; it included reservation and matchmaking platforms, and enterprises that focus on educating and certifying care workers as well as mixed offerings that combine these elements. There was limited representation of enterprises providing indirect care.
- ▶ **A large number of care enterprises operate as for-profit business-to-business or business-to-consumer models, but some are non-profit or blended.** Many care enterprises provide a bouquet of complementary services, including therapy, medical care and emergency health care. In the Asia-Pacific region, care delivery models and markets have specific features. First, there is a huge need at the base of the pyramid for models that provide affordable, accessible, good quality and scalable care services. Second, consumers may require financing to access these services.
- ▶ **People pay for what they value. Low-income consumers need care services that are affordable but a mindset shift is also needed towards appreciating the long-standing benefits of quality care for individuals, families and societies.** This starts from rethinking taboos and cultural norms against placing elders in care homes or hiring care workers for support, and that equate outsourcing childcare with being a bad mother. At the same time, care services are misunderstood as being purely transactional, for example, childcare is often perceived merely as keeping children clean, but instead it is a much deeper investment in developing human capital for the future. Yet, there is a limited support ecosystem for the care industry.

12. The Care Economy Knowledge Hub. Link: <https://www.the-care-economy-knowledge-hub.org/about/>

- ▶ **Care models take time to mature and childcare is expensive. Enterprises face challenges to find the right investor,** ascertain whether their businesses are profitable, scalable, affordable and cost-effective, and to maintain the quality of care, especially when dealing with other pressures like investor scepticism and the need to comply with legal requirements for scaling internationally. The enterprises need patient investment, especially in their initial phases. Care enterprises are unlikely to be unicorns especially in the current stage of the care economy.
- ▶ **Most care enterprises are small scale, often serving the base of the pyramid, and therefore they have thin profit margins.** The needs of care enterprises at the base of the pyramid for finance are different and their ticket sizes tend to be smaller. **These care enterprises in particular can be attractive to impact investors,** but awareness is low. At the same time, current impact measurement frameworks for enterprises/delivery models are not well defined and due to the longitudinal nature of their work, enterprises may not have resources or time to conduct such measurements.
- ▶ **There is a shortage of qualified care workers because care work is not yet aspirational. Care workers need skills and professional recognition, adequate remuneration, growth opportunities to improve retention and to build care work as an attractive career path.** The current lack of professionalization of the sector perpetuates low-paid jobs but also the shortage of care workers hits at a deeper issue of ensuring the dignity of care workers. As a sector that is highly feminized and has high levels of informality, care enterprises have the potential to benefit some of the most vulnerable communities of women, including migrant workers. Enterprises considered how to ensure decent work in informal settings where contracts often do not exist or cannot be enforced, an issue which has become even more important with the rise of digital enabled care enterprises.
- ▶ While consensus was emerging on the role of the private sector and digitalization in complementing caregiving service provision, participants in the Forum highlighted the importance of ensuring that **enterprises operating at the intersection of the care and the digital economy maintain an offline component** to enable direct communication with workers and clients, for instance in case of grievances. Participants also recognized that many large companies depend on informal workers and should provide good quality working conditions while paying decent wages.
- ▶ **Trust is key.** Care workers and customers need to be vetted to ensure safety and security on both sides. In high-income segments, trust may be built through technology (including ratings, certification, arbitration and experts) but in low-income segments it may be necessary work through **existing social structures** and organizations that people already trust.
- ▶ **Knowledge, awareness and practice on gender-responsive and responsible business conduct varies across the different models,** especially market-based and newly established models could benefit from more capacity-building and support. While entrepreneurs spoke of the need to be responsible in their conduct, the depth of actions they could take and need to be gender-responsive did not come out as a strong focus area, possibly because the long-term benefits to their business and society were not as clear to them.
- ▶ **Trust can be built by leveraging on the expertise of others in the ecosystem.** From the perspective of other ecosystem actors such as international organizations, an important part of building trust is by designing care enterprises to be responsible businesses themselves.

Good practice 01: Love Care's vetting process for caregivers and care customers

Care Accelerator 1.0 participant Love Care pitched their business model at the forum. *"The vetting process is strict, including detailed online tests and background checks prior to hiring caregivers. Caretakers have to sign digital terms and conditions documents. In addition, Love Care has a sexual harassment policy that is explained to both caregivers and care recipients. As caregivers gain experience, they are provided with additional training and skill-building ..."* – Ms. Susan Nio, Chief Executive Officer and Co-Founder

Good practice 02: Building trustworthy care delivery models for the base of the pyramid through existing community networks

BRAC is supporting home-based care models in Bangladesh. Such home-based care models rely on what Ms. Ferdousi Khanom has called the triangle of trust between the care provider, the parents and the child. BRAC's systematization of this triangle was co-created with the care providers and focuses on building on the existing relationship between mothers and care providers in rural Bangladesh. It is not about trying to change but to build on what exists. Adding mental health care in this relationship is essential, both for the mother and the provider.

INVESTORS

The investment gap in the care economy is estimated at US\$5.4 trillion annually, equivalent to 4.2 per cent of total annual gross domestic product (GDP) by 2035¹³. Despite the increasing number of market-based and blended solutions in the Asia-Pacific region, investments are falling short of what is needed to reach scale and fill the widening care supply and demand gap. The care economy is not yet able to attract different sources of capital, however challenges in other sectors have been also overcome and this is a new impact investment opportunity.



“ Childcare services as any social service is viewed as a cost not an investment ”

– Ms. Sumitra Mishra, Executive Director, Mobile Creches’



To generate more evidence and knowledge, UN Women and Value for Women are conducting research as part of the global **IDRC and Soros Economic Development Fund Global Research Programme**: “Transforming the care economy through impact businesses and investment”. Value for Women is developing capacity-building materials to support gender-lens investing in the care economy, which were piloted during the Forum and contributed to the following insights:

- ▶ **Market building is needed:** The care economy is a nascent market and investment sector, and different actors and investors all have a role to play. The need of the hour is for patient capital from development finance institutions and philanthropies to support care enterprises to experiment and grow, building the business case for the care economy. Investors do not want to create the market themselves, and so public investments and government initiatives are important to catalyse funding and build an enabling policy and regulatory environment for care enterprises to succeed. Here, a continuum and blended capital can be considered for models that will contribute to market-building
- ▶ **Creating an industry investment case is key.** Examples of successful care enterprises and care investments were shared during the forum. IDRC research indicates that 42 per cent of care businesses are profitable, yet broad awareness is limited. Although case studies remain outside the norm, care business models can be attractive to commercial investors and venture capitalists.
- ▶ **Perception of multiple risks hold back investments in the care sector.** These include regulation and compliance; high customer acquisition and retention costs; reliable and qualified supply of care workers; and lack of awareness of the breadth of care business modes. Next to informal provision of care through domestic workers, people often associate care for children and older people with brick-and-mortar centres, which are not viewed as scalable or

13. ILO [07 March 2022]. Greater investment in care could create almost 300 million jobs. Link: https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_838469/lang--en/index.htm

eligible for backing by venture capital. However, the challenges that investors associate with care are not exclusive to this sector and have been overcome elsewhere, so greater awareness is needed on the range of care business models, as well as how similar challenges have been overcome in other sectors.

- ▶ **Gender biases may negatively affect investment decisions.** There is a well-documented gap in investments in women-led businesses, and care businesses are more likely to be women-led and provide solutions that disproportionately impact on women. The current gap between investors and care businesses is therefore exacerbated by gender biases.
- ▶ **Care businesses face challenges in meeting differing and sometimes conflicting impact pathways (i.e. interest of consumers, care workers and business viability).** Investors have different investment approaches and impact theses, which businesses must learn to navigate and speak to. Once investors come in it is **essential to keep the realities of women and the quality of care central.**

“**Quality cannot be compromised. Governments must recognise care as an important sector so that investments in care increase**”
– Ms. Susan Thomas, National Health Coordinator, SEWA

- ▶ **Governments have an investment opportunity and responsibility:** In the face of changing demographics, the Government must make foundational investments in subsidizing care and establishing social safety nets for care workers. Only then can enterprise-driven solutions support closing the demand and supply care gap at scale and responsibly. Government must invest in care infrastructure. Investment arms of the Government (i.e. in Malaysia two thirds of venture capital comes from the Government) can structure funds and/or incentivize and de-risk private investments in the care delivery models.
- ▶ **Philanthropic capital is needed for market-building, specifically pipeline building.**
The important role of philanthropic and early-stage investments in care
 - Support niche/new areas: For example, SAJIDA Foundation invests in palliative care, autism and mental health support.
 - Bundle philanthropic capital towards one impact area, for example the Rockefeller Care Fund – designed to bundle philanthropic capital to leverage and influence philanthropic resources to expand support for a wider range of care issues; create a movement and power building, support equitable resources distribution across the care ecosystem, influence policy and mindset change and increase learning and collaboration in philanthropy.
- ▶ **Progressive and impact committed venture capitalists/ investors shared different strategies to incorporate care within their investment portfolios.**

Investors and their investment strategies at the Forum

Patamar Capital invests in **early-stage tech enterprises**, which are supporting women’s empowerment by reducing unpaid care work, creating easy access to income generating opportunities, improving equal opportunities within working environments, and increasing representation of women in decision-making roles.

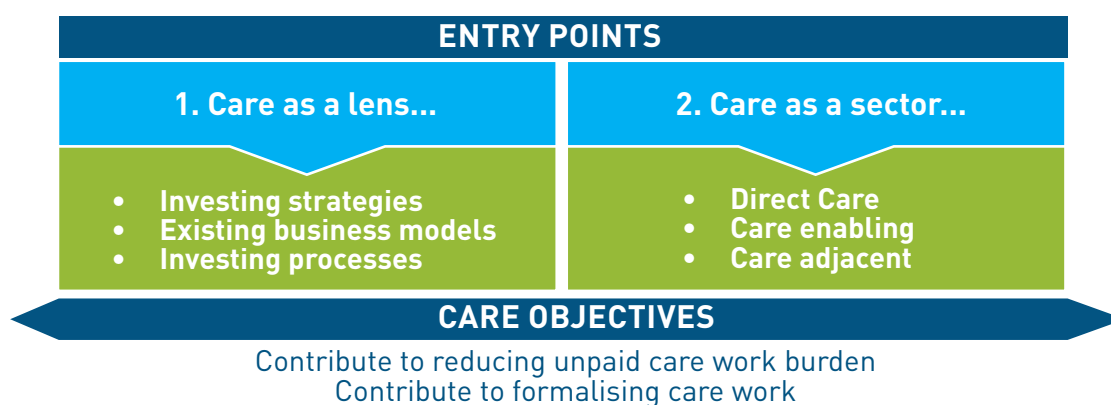
Ficus Ventures shared their portfolio combining defensive as well as aggressive hypergrowth companies. The care economy does not yet have hypergrowth enterprises because it is a defensive sector. Combined portfolios with both defensive and aggressive companies can work as a strategy while continuing to look for the right business models so that care enterprises can grow exponentially. This in turn will attract more investors.

NEW INVESTORS FRAMEWORK

Introducing a framework to help investors think about care.

Based on 30+ interviews with impact investors, development finance institutions, care enterprises and other ecosystem actors, as part of a broader partnership between IDRC, UN Women and Value for Women, a framework has been drafted that investors can use to consider investments in the care economy. The full brief and framework will be published in August 2023. The framework outlines two main entry points to care: (1) as a lens that helps to align existing impact and investment objectives with care outcomes; and (2) as a sector, for those already aware of and interested in the broad spectrum of care enterprises. It then it outlines what investors can do: (1) make capital allocation/ direct investments into care businesses; (2) apply a care lens across the investment process; or (3) look internally to their own care policies at the investment firm itself. Ultimately, investors have many opportunities to engage with the care economy beyond making direct investments in care (or care adjacent, or care enabling) businesses - they can also invest in businesses providing a care-friendly environment for employees (e.g. through benefits and policies), and by ensuring their own firms are implementing care-friendly policies and practices themselves.

The ultimate objective is to spur more investment into the care economy, by demystifying and simplifying the perceived challenges and barriers associated with the care economy.



3 LEVERS TO CATALYZE INVESTMENT IN CARE



“

“Invest in enterprises which are care-friendly. Incorporate and integrate a care lens in all investment decisions, including ensuring that all portfolio companies have care-friendly policies.”

– Bonnie Chiu, Managing Director, TSIC

”

EMPLOYERS AND CORPORATIONS

The Forum organized one hybrid session to enable more than 40 participants from the corporate sector ecosystem to share their perspectives and recommendations. The following text provides a summary.

- ▶ **Creating more diverse and inclusive workplaces requires progressive policies and practices around care.** Accurately defining what care is and how it impacts the workforce is crucial in developing policies and practices that can benefit the intended audience.
- ▶ **There is a business case for care-responsive workplaces and a need to share this through advocacy in the business community.** The business case includes improving lower retention rates, increasing loyalty, attracting best talent/employees, saving costs due to lower attrition rates, increasing employee productivity (focus and engagement), reducing stress and absenteeism as well as improving brand reputation among the industry and community.
- ▶ There is an **interest from companies who attended to explore options and alternatives of employer-supported care, which highlighted opportunities and gaps:**
 - There is currently no international gold standard/best practice on family friendly policies in the private sector, apart from ILO Convention No. 183 (2000) on maternity protection and Convention No. 156 (1981) on workers with family responsibilities. There are more opportunities to policies on the protection of workers.
 - Care is not limited to childcare, and there is a need to expand the definition, policies and practices to include care for older people, in particular, as there is limited knowledge and awareness among corporations.
 - Representation is crucial, and panellists and speakers urged leaders to involve care workers, including migrant and domestic workers, during the policy review/consultation stages.
- ▶ **Care enterprises could offer business-to-business delivery models targeted for employer-supported care, yet challenges remain:**
 - To establish and build trust between care enterprises and corporates.
 - To secure financial investment/ co-financing for different stakeholders, Governments, employers, employees and care enterprises.
 - To regulate safety and quality standards (including skill-certifications for caregivers, safety audits etc.).
- ▶ **While there are few international standards/ limited best practices, participants look to governments to lead** and incentivize availability, accessibility and regulate quality standards for care enterprises/ delivery models inclusive of professionalized and recognized skill standards.
- ▶ **According to the International Finance Corporation, 25 countries mandate employer care, and there is opportunity** and need to learn from successes and failures these countries.

Good practices 03: Ubuntu Care is providing employer-supported care in Pakistan. One of the biggest challenges for their services was building trust., The initial hesitancy from parents was primarily linked to the fact that Ubuntu Care is not a typical childcare centre nor does it follow the standard curriculum. It was important to build trust with parents, which included setting up standard operating procedures (with precautions), charging an appropriate fee (value perception) and using data and statistics from existing customers (e.g. 1 in 4 parents see positive development in their children after joining Ubuntu Care) to establish trust with other parents. Companies using Ubuntu reported lesser attrition rates and attracting more talent.

MALAYSIA DEEP DIVE

Malaysia case for action

As a host for the first ever Inclusive Care Economy Forum, Malaysia provided interesting insights into how the care economy can be transformed through political will and leadership of the Government, through leveraging both public and private investments, and by adopting an ecosystem approach. The presence of the Minister for Women, Child Protection and Community Development, YB Dato' Sri Hajah Nancy Binti Haji Shukri, senior bureaucrats and policymakers, investors, corporate leaders and care entrepreneurs from Malaysia, as well as the United Nations, international organizations and civil society, showed the level of commitment and partnership across so many different ecosystem actors. Specifically, the leadership of the Ministry of Women, Family and Community Development in convening various stakeholders to **advance the development of the care economy as a sector and contribute to recognizing and professionalizing care work** is a noteworthy effort. Highlights from the Minister's speech are provided below.

Leadership of Malaysia on the care economy in political and government spaces

The Government of Malaysia recognizes that the care economy includes children, older people, people with disabilities, women and caregivers. Women comprise more than 70 per cent of the student population in the country, but this educational attainment does not translate into their economic progress, and their own unpaid care burden excludes them from the labour market. To overcome these barriers, there is growing public discourse in Malaysia to provide women with care assistance in the form of financial assistance, extending maternity and parenity leave that includes paternity leave, encouraging work-life balance through incentives such as work from home, and providing workplace care facilities.

That said, the **Government alone cannot take care of care needs**. Public spending must be supplemented by private sector investments for reducing and redistributing the unpaid care burden. A challenge in Malaysia is the **lack of formal recognition** of the care economy, as a result of which which care services are **not adequately regulated, especially** quality of service, safety, and ethics of the sector.

This **dual narrative of care** as not just a barrier to women's economic participation, but as an important opportunity to generate jobs and income in the economy came out clearly from Malaysian participants across the two days.

Some points from the discussion are provided below.

- ▶ A 2018 study by the Khazanah Research Institute found that almost 60.2 per cent of women outside the labour force cited housework and family responsibilities as the reason for not being in the labour force, compared with only 3.6 per cent of men. Hence, the **gendered burden of care has emerged as a critical concern** for policymakers in Malaysia, as it affects women's labour force participation and reinforces gender inequality.
- ▶ However, as already mentioned, Malaysia has perceived unpaid care not simply as a barrier to women's economic participation, but also as a **lost opportunity for economic advancement** of the country. The investment case and growing narratives around the care economy has helped to galvanize support across various stakeholders in the country.
- ▶ The potential of **public-private partnerships in financing for care** is a particularly valuable learning from the Malaysia context, where two thirds of all venture capital comes from the Government, and examples like MAVCAP were shared. This unique situation helps to foster **innovation and entrepreneurship** for social impact on the one hand and helps to ensure **accountability and compliance** on decent work and gender equality standards on the other. Care delivery models such as Kiddocare are thereby able to flourish and expand and can provide services to a large population of care seekers.
- ▶ Malaysia has started thinking about **legislative and policy measures** for addressing specific issues within the care economy. But due to the changing political situations in the past few years, there have been delays. For instance, there are ongoing discussions to develop, expand and grow various laws in Malaysia, such as the Domestic Workers Act, amending the Employment Act of 1954, Social Protection Act and Sabah and Sarawak Labour Ordinance.
- ▶ A recently developed market intelligence tool for impact towards the Sustainable Development Goals (SDGs) was developed by the United Nations. The Malaysia SDG investor map – which may help private investors to **identify investment opportunities and business models** that advance the SDGs – has identified 15 investment opportunity areas, including two in the care economy, ranging from care infrastructure to care services, technologies and workforce.
- ▶ At the end of the Forum, **the Government expressed interest to follow-up** on the regional dialogue by instituting a **national process** in the form of a Malaysia Forum for the Care Economy. Ministries of Human Resources, Home Affairs (Immigration), Finance, Trade and Investment, among others need to be involved in a **whole-of-government and concerted solution** to transform the care economy in Malaysia. Specifically, this would include:
 - At the strategic level, there is a need for **policies to be updated from a care lens**, and the necessary recommendations to be inserted into planning and budgeting cycles.
 - At the technical level, in **developing care as a sector**, there was a call to action for formulating a care industry development fund, developing human resource cadres and promoting training and education on care within universities.
 - At the operational level, **care seekers need to be enlisted** so that people can access appropriate and adequate care support.

4.

RECOMMENDATIONS: STRENGTHENING INCLUSIVE CARE DELIVERY MODELS IN ASIA AND THE PACIFIC

All the stakeholders who attended embraced an ecosystem approach and identified actions to strengthen care delivery models for an inclusive care economy. Actions need to be rooted in gender equality and human rights principles, but specific asks to each ecosystem player need to be accompanied by a clear incentive and understanding of their motivations. **Inclusive leadership and women’s representation is crucial in decision-making at all levels starting from women’s political participation, representation of women as investors. However, care workers and recipients, inclusive of care delivery model providers; need to be central to every effort, by increasing their visibility, representation (including of domestic workers and migrant workers) and amplifying and listening to their voices.**

This section provides recommendations identified by forum participants. The recommendations are summarized below.

KEY RECOMMENDATIONS FOR INCLUSIVE CARE DELIVERY

 <p>Value Care</p>	<ul style="list-style-type: none"> • Value care work at all levels: Rethink the value of care work at all all levels, challenge taboos surrounding unpaid and paid care work, and drive behavioural change through public messaging. • Develop the care sector as a recognized professional sector for employment and growth: By channelling subsidies to ensure decent wages and working conditions and professionalizing care work, invest in skill development for care delivery and make care work an attractive and dignified career path.
 <p>Define and Demystify Care</p>	<ul style="list-style-type: none"> • Define the care economy: Care delivery models can only be appreciated for the wide range of services they offer and given the right kinds of support if we define what we mean by the care economy. • Sex-disaggregated data, care statistical frameworks and applied research can build more evidence for the economic and social benefits of care work, whether paid or unpaid. • Demystify and craft compelling care economy narratives: Multiple narratives for different audiences and compel them to act and make care a mainstream and relevant in news and the media. • Communicating care work to reach all, and not just preaching to the converted- in ways that capture the human element and storytelling strategies is important.
 <p>Finance Care</p>	<ul style="list-style-type: none"> • Build a compelling care investment case for all stakeholders: Governments and investors can use innovative tools to tailor investment packages and create investment proof points and companies can test policies to build a strong business case for employer-supported childcare by demonstrating its benefits for employee retention and growth. • Create a continuum of capital, leveraging both public and private financing for care delivery: Governments can incentivize public and private financing modalities, mobilize and bundle philanthropic capital into patient funds, incentivize employer investments and promote portfolio strategies where care enterprises/delivery models can be positioned as a diversified portfolio.
 <p>Collaborate and implement Care</p>	<ul style="list-style-type: none"> • Government to lead and coordinate national multi-stakeholder action on care delivery: Government action is crucial for providing care services as well as enabling inclusive care delivery models, embracing the 5R framework. • Enable, incentivize and finance the ecosystem players to partner on care delivery. • Promote and incentivize employer-supported care, family friendly policies and practices. • Enable and support innovations and entrepreneurs for scaling care delivery. • Embrace a leave no-one behind principle in care delivery models, enforcing decent work conditions across all the care delivery models, and ensuring that care-providers have access to affordable and quality care for their family-members.
 <p>Mobilize for Care</p>	<ul style="list-style-type: none"> • Advance regional forums and mechanisms for learning, exchange, and joint advocacy on care: Opportunities for collective sharing and advocacy are key, for example by convening the Inclusive Care Economy Forum annually as a community of practice, preparing a biennial report on care. • Connect the Asia-Pacific region to global initiatives, such as the the Global Alliance for Care.



VALUE CARE

Recommendation 0: Value care work at all levels

- ▶ **Rethink the value of care to individuals and society.** Care is not a mere transaction; it is a fundamental building block for the development and maintenance of human capital. Services offered by responsible care enterprises need to be appreciated for their deeper contributions to societal well-being.
- ▶ **Challenge taboos surrounding care work.** Consumers of care services for children and older people, or indirect care services such as cooking and cleaning should not be stigmatized or labelled as not stepping up to their perceived care duties. Care is a responsibility and opportunity for everyone. Men can be caregivers - whether performing unpaid or paid care work.
- ▶ **Public messaging can drive behavioural change.** Corporations and advertising agencies can play an important role in portraying men and women as equal bearers of unpaid care work and normalizing paid care services as a feature of modern life. For example, initiatives such as UN Women's Unstereotype Alliance can encourage their members to work to create branded content depicting people as empowered actors, for example, portraying men and women as sharing care responsibilities at home and depicting men asking for parental leave from their employers.



DEFINE AND DEMYSTIFY CARE

Recommendation 1: Define the care economy

- ▶ **Define the care economy, recognizing it is multifaceted.** Care delivery models can only be appreciated for the wide range of services they offer if what is meant by the care economy is defined. Ranging from direct personal care to indirect services, paid to unpaid work, care work includes childcare, care for older people and care of people with disabilities, cooking, cleaning and more. Care workers can work within or outside of households as educators, health, social and/or domestic workers. Care delivery models too are diverse and offer different types of combined or standalone care services – and so, officially defining what is meant by care work and care workers is crucial to putting in place the right support systems.

Recommendation 2: Demystify the care economy and craft compelling narratives that different stakeholders can understand and act upon

- ▶ **Create multiple compelling care narratives for different audiences.** Ecosystem players have different entry points to the issue of care. In addition to officially defining the care economy, it must be recognized that different professions often speak their own technical languages and bring in a variety of perspectives on the same issue. Multiple narratives on care are needed to capture different audiences and compel them to act. At the same time, non-governmental and support organizations have an important role to play in creating a shared understanding by convening different actors and encouraging dialogue and exchange.
- ▶ **Make care a mainstream issue/opportunity in news and the media.** The issue of care work affects all our lives – yet there is relatively little public discourse and vibrant debate on care responsibilities and challenging gendered roles associated with it. It is important that communication about care work reaches everyone – rather than just preaching to the converted – in ways that capture the human element and storytelling strategies is crucial to putting in place the right support systems.



“Care has always been looked at as something the public sector should be funding. To date the care economy is seen primarily through a social narrative and not from an economic perspective”

– Ms. Nadira Yusoff, CEO, Kiddocare



Recommendation 3: Strengthen care data and applied research

- ▶ **Evidence exists, but it is not enough and needs to be action oriented.** Sex disaggregated data on care work can help to show the impacts that care delivery models have on alleviating the unpaid care burden borne by women as well as build more evidence for the economic and social benefits of care work, whether paid or unpaid. Applied research will be useful to unpack new and evolving areas in the care economy, such as the AVPN paper on investing in the care economy and UN Women's forthcoming research on the growing importance of digitally-enabled care enterprises in ensuring decent work.



FINANCE CARE

Recommendation 4: Build a compelling care investment case for all stakeholders

- ▶ **Governments can use the Care Policy Investment Simulator.** This ILO tool containing data from more than 80 countries and built on more than 180 statistical indicators will help Governments to make tailor-made investment packages related to: (1) childcare-related paid leave (maternity, paternity, and parental leave); (2) breastfeeding breaks; (3) early childhood care and education services; and (4) long-term care services. It will also help calculate the results automatically, allowing Governments to better understand the investment requirements of the care policy package, the job generation impact, the reduction in gender employment and wage gaps and the return on investment for GDP
- ▶ **Articulate and create proof-points for the care investors case leveraging the investment framework** 'Investing with a care- lens or in Care as a Sector' (developed by Value 4 Women in partnership with IDRC/UN Women – expected launch Q4 2023). Investors can prioritize directly investing in the care sector (i.e. care enterprises), look at care as a lens to leverage, and channel and maximize investments for financial and social impact. Through this, they would be able to see not just social impact around gender equality and women's empowerment, but will also contribute to economic growth, job creation and higher incomes and purchasing power in the markets where they operate; a 42 per cent profitability rate in such businesses has already been observed in the region through increased investments in care¹⁴.
- ▶ **Employers case: Integrate care responsiveness in corporate policies and practices and demonstrate the business case.** Employers can be encouraged to integrate a care economy lens in designing and implementing their internal policies and practices, as well as throughout their supply chains. As a result of this, they would see results such as better retention rates, increased loyalty, high quality talent acquisition, cost-saving due to lower attrition rates, increased productivity and satisfaction in employees, reduced stress and absenteeism, all contributing to more profitable outcomes for their business.

Recommendation 5: Create a continuum of capital, leveraging both public and private financing for care delivery



“Investments must work closely together with policy.”

– Ms. Bonnie Chiu, Managing Director, TSIC



- ▶ **Attract diverse investments.** Every stakeholder brings different strengths to the care ecosystem and can play a unique role in financing innovations for care delivery, community engagement and learning. Having Governments lead and invest in enabling care delivery and innovation through subsidies, tax benefits and regulatory support can directly and indirectly attract more private sector investments to the care economy and secure more financing for the sector. This needs to be facilitated across all the markets of the region, as well as through regional cooperation and co-funding mechanisms. Governments can convene United Nations agencies, international financial institutions and multilateral

14. AVPN. (16 June 2023). Financing the Care Economy in the Global South: Investment Opportunities and Pathways. Link: <https://avpn.asia/insights/financing-the-care-economy-in-the-global-south-investment-opportunities-and-pathways/>

development banks, venture capital investments through funds (such as the MAVCAP in Malaysia), pooled philanthropic capital and bilateral aid, and civil society coalitions to bring in technical and financial support.

- ▶ **Mobilize and bundle more philanthropic capital into patient capital care funds** for strategic investments into market and pipeline building, supporting long-term behavioural change and social norms change and catalytic investments for holistic ecosystem care programming.
- ▶ **Urge government investments towards public care infrastructure** and to close care policy gaps¹⁵ as well as specific investments to create an enabling environment for care delivery models, such as providing tax benefits/ subsidies to support the implementation of responsible care delivery model, collaborating with international financial institutions on results-based care economy financing and channelling public investment arms (i.e. MAVCAP in Malaysia) to support care entrepreneurship and/or de-risk private/ venture capital investments into the care economy.
- ▶ **Expand private investors (venture capital) investments strategies looking** at investing with a care lens or in care as a sector, promote portfolio strategies where care enterprises/delivery models can be positioned as a diversified portfolio, use a 'Trojan horse' approach for care investments, use an investable driver, such as technology enterprises paired with impact areas like the care economy.
- ▶ **Incentivize employers' investments in implementation more and inclusive workplaces policies and practices around care**, including expansion of parental leave, investing in broader care leave and investments for employer-supported care services.



COLLABORATE AND IMPLEMENT CARE

Recommendation 6: Government to lead and coordinate national multi-stakeholder action on care delivery

- ▶ **Develop a national action plan and road map for the care economy.** Discussions over the two days brought to light the importance of Governments, both as service providers and enablers of care services. Governments can lead by anchoring the process of developing a national action plan for the care economy. The primary coordinating entity at the national level may be ministries of women, planning, labour and migration, parliamentary committees or offices of the heads of state, depending on mandates and political will, to bring together representatives of related ministries/ departments and industry bodies, the private sector and civil society in shaping, executing and monitoring care policies, under the umbrella of a multisectoral whole-of-government approach to social protection. In developing the plan and road map, existing policies and budgets can be leveraged to optimize resources and ensure equitable care delivery.
- ▶ **Centre the voice of care workers and gender equality advocates in the action plan.** As part of the multistakeholder action, it is critical to include and elevate the voices and concerns of care workers, including migrant workers. They should be involved as equal stakeholders in shaping priorities for the national action plan. Their needs and concerns must be centre stage in formulating and designing care delivery models, whether it is through consultative processes, or by having a seat at the table in the national coordination mechanism for the care economy. They should also have a continued role in the monitoring and review of the action plan.
- ▶ **Strengthen data, evidence and statistical systems on care and women's work.** For periodic review of how care work is being distributed, redistributed and productive employment being encouraged, it is critical to ensure there is good quality data and evidence tracking the trends and informing policy decisions. Working together with national statistical organizations and research institutions for this will help to track the progress of the national action plan, through time use surveys, mainstream labour survey, as well as micro- and qualitative studies. This would involve the strengthening of evidence, data systems and statistics meaningfully to capture time use and care work, and other dimensions of women's economic empowerment, to inform and guide policymaking and programming for care.

15. ILO [07 March 2022]. Greater investment in care could create almost 300 million jobs. Link: https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_838469/lang--en/index.htm

Recommendation 7: Enable, incentivize and finance the ecosystem players to partner on care delivery

- ▶ **Design and enforce relevant policy regulations for diverse care delivery models to operate.** We have already seen that in the Asia-Pacific context, given the diversity of care needs across formal and informal sectors, across urban and rural contexts, across institutional and home-based care, space is needed for multiple models to operate to achieve scale with equity. Public services and social protection, care entrepreneurship and community-based models all have to be part of this approach and it cannot be 'one size fits all'. For this diversity to operate, the Government needs to create the relevant policy environment through care subsidies (e.g. financing care start-ups, supplementing wages of care workers, etc.), through tax benefits (e.g. for care entrepreneurs or care responsive employers), through bilateral agreements (e.g. for migrant domestic workers) and ensure recognition and legitimization of diverse care delivery models.

Recommendation 8: Develop the care sector as a recognized professional sector for employment and growth

- ▶ **Channel subsidies to ensure decent wages and working conditions.** The care economy continues to be largely invisible in economic policymaking, remains underdeveloped and under-resourced, and does not give returns on investment. It is critical for all stakeholders to invest in building the sector for care, to diversify care delivery models, and to establish care as a profitable and aspirational area for growth and impact. The Government needs to take a leading role in this, as previously illustrated.
- ▶ **Professionalize care work, invest in skill development for care delivery and make care work an attractive and dignified career path.** In building the care sector, an important area of work is the skilling and education of care workers. This will give them recognition, accreditation and legitimacy as workers participating in the economy. Specifically, subsidising wages of care workers and sponsoring or subsidising skills training for caregivers will allow them to continue to provide quality care and keep the sector growing. Governments can create and/or further strengthen regionally recognized certification (i.e. across the ASEAN region for international mobility of care workers). There is a role for newly emerging digitally enabled care enterprises to promote and encourage skilling.

Recommendation 9: Promote employer-supported care, family friendly policies and practices

- ▶ **Build capacities and engagement opportunities for creating a culture of caring at the workplace.** The workplace can be made more sensitive and enabling for addressing care concerns if there is greater engagement between management and employees, gender sensitivity training of staff, awareness about importance of care for retention, productivity and brand value, and identification of role models (including men) to champion and advocate for family-friendly policies. This will need to extend beyond just childcare to include broader issues of family care leave (including elder care).
- ▶ **Develop a policy framework and metrics for care and review periodically.** In the absence of any global gold standard (apart from ILO Convention No. 183 (2000) on maternity protection and Convention No. 156 (1981) on workers with family responsibilities), it is critical for companies and businesses to incorporate gender in designing their human resource policies and to specifically incorporate a care lens in doing so. A set of indicators and metrics for measuring status, progress and impact over a period of time will help companies to track their own journeys. Systematic tracking can be undertaken through platforms such as the Women's Empowerment Principles (WEPs) or any of the environmental, social and governance reporting and accountability mechanisms.

Recommendation 10: Enable and support innovations and entrepreneurs for scaling care delivery

- ▶ **Combine capital with business acceleration.** Ensure that business acceleration initiatives are combined with capital

input. This can incentivize the expansion of care enterprises, improve investment readiness, and attract more capital to care delivery models. A multi-pronged strategy for this must include investment to test new models, bring innovation and promote business acceleration. Existing initiatives such as the Gender-Inclusive Care Entrepreneurship Ecosystem Program (GICEEP) can be boosted further to launch more broad-based and larger-scale initiatives that combine acceleration and capital for care delivery.

- ▶ **Create a network of care entrepreneurs.** Care entrepreneurs currently are piloting innovative models in their own specific context. In the future, a network of care entrepreneurs should be created, developing different types of incubation and acceleration models and bringing other players to these models and networks to learn about the types of investments which can foster ecosystem innovations, and help to expand and scale care delivery models across geographies and contexts.

Recommendation 11: Embrace a Leave no-one behind principle in care delivery

- ▶ **Support care delivery models for the poorest and most marginalized.** Low-income households often have poor access to affordable and quality care services. Hence, all stakeholders were unanimous in the call for recognition of the vulnerabilities and disadvantages of both care receivers and caregivers and factoring their concerns into designing care delivery models, as well as flowing more investments into care models that serve them.
- ▶ **Set quality standards and compliance mechanisms for care delivery.** Most of the care workers themselves belong to low-income households and marginalized communities. To protect their interests, as well as that of care receivers, there is a need to enforce decent work conditions across all the care delivery models, in line with the 5R framework. Standard operating protocols for the delivery of appropriate, accessible, affordable and quality care services need to be developed and agreed upon by all ecosystem players, with Governments playing a critical role in ensuring compliance and dealing with grievance redressal in this regard.
- ▶ **Ensure that care-providers have access to affordable and quality care for their family-members.** The care workers are also themselves with family care needs, which may remain invisible and unfulfilled. They must be provided with adequate support services, social protection and living wages, to be able to care for their own families while also entering the care sector as workers.



MOBILIZE FOR CARE

Recommendation 12: Advance regional forums and mechanisms for learning, knowledge exchange and shared advocacy on care

- ▶ **Convene the Inclusive Care Economy Forum annually as a community of practice.** Participants in the Forum requested to have a space for learning, sharing, mobilizing resources and campaigning for the care agenda, and exchanging knowledge and resources about what works in care delivery. It is proposed that this event be held annually at the regional level, with different Governments taking the lead to anchor the process from year to year, with support from the United Nations, from networks such as AVPN and the philanthropic community in the region.
- ▶ **Prepare a regular report on the state of the care economy in the Asia-Pacific region.** Much discussions at the Forum centred around action and accountability and follow-up on commitments that public and private sector actors made at the Forum, for individual as well as collective action. There was also a discussion to track specific indicators and metrics on the care economy, in line with the 2030 Agenda for Sustainable Development and the Global Acceleration Plan from the Generation Equality Forum. It is recommended that a biennial status report on the care economy in the Asia-Pacific region be produced by the multi-stakeholder community that gathered at the Forum and include the good practices and impact of successful care delivery models in the region.
- ▶ **Join the Global Alliance for Care.** A clear call to action at the Forum was for more Asia-Pacific stakeholders to sign up and join the Global Alliance for Care. This would increase the voice and representation of Asia-Pacific issues in the global platform and would also help regional mobilization of the community of practice under a wider campaign umbrella.

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