Private-Sector Innovation and Investment in Care Systems:

Insights from knowledge exchange across seven Asian countries

Supporting UN Women's TransformCare Investment Initiative in Asia and the Pacific

REPUBLIC OF KOREA

UN WOMEN

FOR ALL WOMEN AND GIRLS

ACKNOWLEDGMENT

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Authors : Yeji Lee, Sunmi Kim, Yebin Kim, Karam Min, Christina Valeros, Ahjung Lee, Jaeeun Lee
Contributors : Maria Holtsberg, Katja Freiwald, Amar Gokhale, Amber Parkes, Feroza Sanjana
Editors : Rina Park, Suhyun Park, Inger Winther Johannsen
Copy editor : Alexandra Wood Abbot
Design and layout : Aelice Studio

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Korea Impact Studio on Care workshop and UN Women Private Sector Forum

The three-day programme included lectures, workshops, expert panel discussions and presentations from private-sector representatives from across Asia and the Pacific. Key topics included innovative approaches in the care sector and market trends in countries at different stages of ageing; the incorporation of a gender lens in business and investment; eldercare from gender and caregiver perspectives; and the implications of developments in AI for the care landscape. Further information on the workshop and forum is available here.

This document contributes to UN Women's TransformCare Investment Initiative Asia-Pacific (TCII-AP).

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CONTENTS

EXECUTIVE SUMMARY 4

INTRODUCTION 9

DEMOGRAPHIC AND SOCIOECONOMIC CONTEXT 11

COUNTRY CASE STUDIES AND INVESTMENT LANDSCAPE 17

COMPLEMENTARY ROLE OF THE PUBLIC AND PRIVATE SECTORS IN TRANSFORMING CARE SYSTEMS 26

CONCLUSION AND RECOMMENDATIONS 31

ANNEXES 33

FIGURE

Figure 1. Mapping the three pillars to TCII-AP investment areas 6

Figure 2. Ageing Demographics Across the Asia-Pacific Region 11

Figure 3. Key Indicators of Care Capacity and Family Structure Across the Asia-Pacific Region 12

Figure 4. Potential support ratio of people aged 20–64 years and people aged 65 years or older 13

EXECUTIVE SUMMARY

Asia is ageing at one of the fastest rates globally.[1] Yet discriminatory social norms continue to shape care arrangements, resulting in an unequal distribution of labour within households. Women shoulder an increasingly disproportionate share of unpaid care work. In the Republic of Korea, for example, caregiving is not merely a temporary phase for many women but a "double care" responsibility that can persist into old age and take different forms over time. Women in their 30s and 40s may simultaneously provide care for children and older parents, while women in their 50s and beyond may care for grandchildren and older parents.[2]

Unequal expectations around unpaid care work, compounded by inadequate public care policies and services, shape the social and economic opportunities available to women and girls from a young age. First, this hampers progress towards gender equality by obstructing the realization of women's fundamental economic rights. It is a structural manifestation of inequality that limits women's agency in education, political participation and quality employment, thereby entrenching the feminization of poverty across the life cycle. Second, these individual barriers have wider systemic repercussions across Asia. As care systems, particularly long-term care, remain

1 UN ESCAP (2022). *Ageing in Asia and the Pacific: Overview.*

2 Dayoung Song, *The Current Status and Future Prospects of Dual Care,* presentation delivered at UN Women Private Sector Forum: Care Service Innovation and Investment for Our Sustainable Future. 14 November 2025.

largely underdeveloped and underfunded, the region has relied heavily on family-based care models that depend disproportionately on women's unpaid labour. This reliance is fundamentally unsustainable: it not only widens intersectional inequalities and reduces overall productivity but also undermines the resilience of households and the broader economy in the face of rapid demographic shifts.

The current organization of care work in Asia and the Pacific requires a shift in how care is understood. Care is a public good and a fundamental right, with benefits that extend across society.[3] Other regions have already begun to move in this direction. In Latin America and the Caribbean, for instance, the 2022 Buenos Aires Commitment and the 2025 Tlatelolco Commitment have advanced a fairer organization of care within the framework of a new development model that fosters gender equality and integrates the social and environmental dimensions of sustainable development.[4] Reimagining care systems requires an approach in which a strong public sector is complemented by the private and not-for-profit sectors. Robust public-sector leadership and sustained investment in care policies and services, combined with private capital and innovation, can support a more inclusive transformation of the care economy. In such a model, market and public systems work in concert, placing care at the centre of a sustainable and just economy that enables women to fully realize their economic rights.

Drawing on insights from the Korea Impact Studio on Care: Regional Knowledge Exchange, as well as the Dialogue on Elderly Care Innovation and Investment in Asia (Seoul, Republic of Korea, 12-14 November 2025), this think piece identifies three key pillars for strengthening care systems in Asia, with shifts in economic and social norms serving as a cross-cutting strategy:

- **Institutions (government and public regulatory systems):** Public investment in data, care policies and services, supported by enabling regulatory frameworks and standards, to ensure quality care is accessible and affordable for all, particularly women and girls.
- **Innovation:** Frontline experimentation in care service delivery, informed by local needs and linked to the creation of decent jobs in the care economy, with a focus on improving employment conditions for women care workers.
- **Investment:** Strategic capital flows and financing tools that maximize resources to build responsible care systems.

This approach aligns with UN Women's TransformCare Investment Initiative Asia-Pacific (TCII-AP) and its three investment areas for care systems. TCII is a UN Women-convened initiative that seeks to make care systems work better for people and the planet. It aims to create a foundation for caring societies and inclusive green and digital economies in which women can fully realize their economic rights and participate equally in the economy.[5] Under the TCII-AP framework, the investment area focused on shifting economic and social norms around care. In this think piece, it is presented as a cross-cutting strategy supported through all three pillars. Together, institutions, innovation and investment help reposition care as valuable and essential work, and as a shared responsibility.

3 UN System Joint Paper (2023). *Transforming Care Systems*.

4 Economic Commission for Latin America and the Caribbean. (2023). Buenos Aires Commitment.
Economic Commission for Latin America and the Caribbean. (2025). *Latin American and Caribbean Countries Approved the Tlatelolco Commitment, which Establishes a Decade of Action to Achieve Substantive Gender Equality and the Care Society*. https://www.cepal.org/en/pressreleases/latin-american-and-caribbean-countries-approved-tlatelolco-commitment-which

5 UN Women (2024). *Transforming Care Systems in Asia and the Pacific;* The TCII is part of the global TransformCare agenda, a long-term response that seeks to catalyze multi-donor investments and multi-partner collaboration to build resilient care systems. It aims to create the foundation for caring societies and inclusive green and digital economies where women can fully realize their economic rights and participation. By 2035, the initiative aims to: benefit 100 million women and girls; create 125 million new employment opportunities in the care economy and in future-oriented sectors, including in the green and digital economies; and relieve 2 billion hours of time spent by women on unpaid care work.

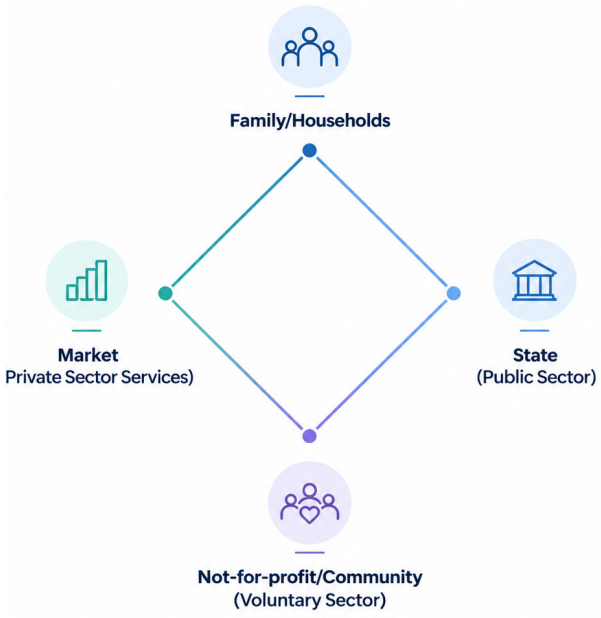
Figure 1: Mapping the three pillars to TCII-AP investment areas

Pillar	TCII-AP investment areas*		Key points of alignment
Institutions	Enabling environment (data, finance and policy)	Cross-cutting strategy: Shifting social and economic norms	Policy and regulatory frameworks; financing data, research and implementation of care service delivery; enabling conditions for implementing gender-responsive care systems
Innovation	Care delivery and job creation		Design and delivery of care products and services; technology and data; care workforce development
Investment	Care delivery and job creation		Scaling, sustainability and financing of care solutions

* All pillars are connected to the three TCII-AP investment areas.
This mapping emphasizes the key points of alignment for each pillar.

The role of private-sector innovation in transforming care systems

Care is supported by multiple stakeholders across government, the private sector, communities and families, with women disproportionately taking on unpaid care responsibilities. While public-private partnerships can strengthen care de livery, safeguards must be put in place to prevent the undue privatization or commercialization of care and to ensure that services remain accessible and affordable, and that decent working conditions for women care workers are upheld. Care systems should also expand quality work opportunities for women in the care economy. To promote an understanding of care as a shared responsibility, the Care Diamond framework illustrates how care responsibilities can be distributed across four key sectors: the state, the not-for-profit and community sector, the market and the family or household.[6]



Care is fundamentally a public responsibility, with the private sector playing an important but complementary role. Sustainable care systems depend on public institutions to govern and regulate service delivery, ensuring that quality care is accessible and affordable for all. Governments can help validate, scale and embed private-sector innovations into comprehensive care systems (institutions). Innovative enterprises can drive frontline experimentation in care delivery, developing solutions that respond to

6 UN Women (2025). *Investing in Care Systems for Gender Equality and Economic Transformation.*

the unmet, real-world needs of caregivers and care recipients (innovation). Simultaneously, venture capital and impact investors can help sustain innovation by directing capital towards emerging solutions, including early-stage and higher-risk care models where innovation is needed but public funding may be limited or prioritized elsewhere (investment). Shifting social and economic norms serves as a cross-cutting strategy for creating an enabling environment for transformation across all three pillars. This work should be guided by the principles of state accountability, universality and leaving no one behind.[7]

Integrating these three pillars into the care systems requires a strong evidence base. Evidence-based policy and legislation should inform both care service delivery models and investment approaches. Public and private actors must collaborate with an aligned vision for care to support the private sector in developing scalable innovative models. Governments also have an important role in funding research on the lived and often gendered realities of caregivers and care recipients. The resulting findings should inform the approaches taken by start-ups and investors. Strong evidence-based policy and legislative frameworks can help ensure that private innovation responds to identified needs and that new solutions do not reinforce existing gender inequalities.

Key Definition: Who is the private sector?

UN Women defines the private sector as a diverse ecosystem of for-profit actors with distinct roles.[8] In this think piece, the term refers primarily to:

- Enterprises (e.g., start-ups and social enterprises) that directly provide care services and products, helping improve accessibility, quality and efficiency within care systems.

- Financial actors (e.g., venture capital, impact investors, private equity and institutional investors) that provide capital to support the development and scaling of products and services while assuming financial risk.

Rapid advances in artificial intelligence and digital technologies are increasingly reshaping care systems across Asia and the Pacific. These shifts carry particular implications for women, who are disproportionately represented in care occupations that may be vulnerable to AI-driven displacement. This document seeks to stimulate multi-stakeholder dialogue on how to ensure that transformations in the care economy remain inclusive. It examines case studies of start-ups, investors and other actors and considers how they are responding to demographic change and emerging consumer markets.

The analysis applies the UN's 6R Framework – recognition, reduction, redistribution, rewarding, representation and resourcing – to assess care through a gender equality lens. Grounded in human rights and social justice, the framework aims to advance gender equality.[9]

The exchanges held in the Republic of Korea in November 2025 highlighted diverse approaches through which enterprises and stakeholders are contributing to the application of the 6R Framework in care systems across Asia. Participants shared examples including the use of innovative technologies to reduce administrative burdens and improve access to care services, and digital matching platforms that help redistribute care responsibilities beyond households. Other approaches included investments in workforce training and professionalization to

7 UN System Joint Paper (2023). *Transforming Care Systems*.

8 UN Women (2023). *Private Sector Engagement Strategy* 2023–2025

9 UN System Joint Paper (2023). *Transforming Care Systems*.

recognize and reward care work, as well as gender-responsive investment models and community-based partnerships that strengthen representation and mobilize resources within care systems. Together, these examples illustrate how public institutions, start-ups, investors and community actors can play complementary roles in advancing more inclusive, sustainable and gender-responsive care economies.

Using this framework, this think piece presents the following recommendations for advancing inclusive care systems in the region:

Government (Institutions)

- Support research and provide a clear signal to the market that care is a strategic sector for promoting gender equality and inclusive economic development. Research should highlight the gendered dimensions of care work and the experiences of women caregivers, with findings used to establish clear investment norms and inform public policy, service development and care provision.
- Develop shared-responsibility financial models, such as blended finance and outcome-based funding, to lower early-stage market barriers and support the redistribution of unpaid care responsibilities, which are disproportionately borne by women.
- Create clear pathways for linking private-sector innovation with public service systems, drawing on private-sector expertise to strengthen gender-responsive care delivery.

Entrepreneurs (Innovation)

- Demonstrate financial viability and results-based performance, using data to strengthen business cases and attract investment.
- Ensure gender-responsive inclusion and human-centred design in AI-driven care delivery by focusing on the perspectives of women care workers and care recipients, keeping human connection at the core of care.
- Partner with diverse stakeholders to validate solutions and support responsible scaling, with particular emphasis on collaboration with public institutions and research organizations. Public-sector partners can test real-world implementation and regulatory alignment, while research organizations can provide evidence-based impact assessments. Together, these partnerships can build a robust evidence base to support policy integration and investment.

Private investors (Investment)

- Adopt shared-responsibility financing models such as public-private partnerships, blended finance and outcome-based financing to enable risk-taking and long-term investments in care solutions that advance gender equality.
- Invest in innovations that place relational care at the centre, prioritizing stable relationships, adequate time for care and decent working conditions for a care workforce in which women are disproportionately represented.
- Identify and invest in local champions, particularly women entrepreneurs and women-led enterprises, that can drive change through leadership and community engagement.

Care should be understood as a collective imperative. All recommendations should therefore be supported by sustained investment in transforming the social and economic norms that continue to assign care responsibilities primarily to women. Responsibility for care must be redistributed across households, communities, governments and the private sector, recognizing care as both a public good and a shared societal responsibility. Public-private partnerships will be essential in this process, while cross-disciplinary collaboration with the private sector can help drive innovation.

Increased investment in the care economy yields benefits for women, economies and societies. Women and girls can gain greater opportunities for economic empowerment and gender equality, while economies can benefit from more inclusive growth, a future-ready workforce and stronger public revenues.[10] Coordinated action and sustained investment are needed to usher in a more inclusive care economy across the region.

10 UN Women (2024). *Transforming Care Systems in Asia and the Pacific*.

INTRODUCTION

Why double care responsibilities and eldercare matter in Asia

Asia is experiencing rapid population ageing. At the same time, discriminatory social norms remain embedded across societies, reinforcing women's roles as caregivers within family.[11] Across generations, women disproportionately shoulder unpaid double care responsibilities. Younger women often care for children and older parents, while older women may be expected to care for grandchildren and ageing parents. In many contexts, these responsibilities extend beyond children and parents to include other family members and relatives who are ill or have disabilities.[12] Growing double care responsibilities can limit women's social and economic participation. The care economy is therefore not only a social priority but also an economic and gender equality imperative for the region. Transforming the care economy requires addressing structural conditions that extend beyond individual and family responsibilities and affect wider social and economic systems.

In Asia, women and girls spend more time on unpaid domestic and care work than men and boys.[13] This unequal distribution of care responsibilities makes it more difficult for women to enter and remain in employment. Among couples with children under 6 years of age, 49 per cent of women aged 25 to 54 participate in the labour force, compared with 96 per cent of men. Among households without children under 6, the corresponding figures are 65 per cent for women and 91 per cent for men.[14]

Care work nevertheless remains undervalued. The monetary value of unpaid care work is estimated to exceed 40 per cent of GDP in some countries.[15] This has significant implications for women's economic empowerment. Women's labour force participation rates are declining in the region.[16] Repeated career breaks due to childcare and eldercare can increase women's economic insecurity and contribute to wider losses in productivity and workplace gender equality. These effects accumulate across the life cycle. A life-cycle approach recognizes how care needs evolve with age and can help ensure that both current and future demands are addressed.[17]

Variations in legislation, policies and public services shape the extent to which women and men have equal choices in how they allocate their time within and outside the labour market. Strengthening the care economy depends on government action and the enabling conditions established in each country. Even where innovative start-ups and private-sector investment are present, inadequate public care policies and services, including gaps in social protection, can limit progress toward gender equity.

Across the ASEAN region, there are substantial disparities between paid maternity and paternity leave. In Thailand, for example, fathers receive no paid paternity leave, compared with 90 calendar days of maternity leave. In Indonesia, paternity leave is two days, compared with 90 days of maternity leave, while in Malaysia, paternity leave is seven days, compared with 98 days of maternity leave.[18] At the normative level, such disparities reinforce discriminatory social norms that position mothers as primary caregivers and signal that fathers are not expected or supported to assume

11 UN ESCAP (2022). *Ageing in Asia and the Pacific: Overview*.

12 Dayoung Song, *The Current Status and Future Prospects of Dual Care,* presentation delivered at UN Women Private Sector Forum: Care Service Innovation and Investment for Our Sustainable Future. 14 November 2025.

13 UN Women (2024). Caring Societies, Inclusive, and Green Economies in Asia and the Pacific.

14 UN Women (2024). Caring Societies, Inclusive, and Green Economies in Asia and the Pacific.

15 UN Women (2024). Facts & Figures: Economic Empowerment. UN Women Knowledge Hub.

16 UN Women (2023). Women's Economic Empowerment in Asia-Pacific.

17 UN Women (2024). State of Transforming Care Systems in Asia-Pacific: Report of the 2024 Asia-Pacific Care Forum (GICEEP).

18 UN Women (2024). Women's Economic Empowerment and the Care Economy in ASEAN.

substantial care responsibilities. At the economic level, inadequate paternity leave can increase the likelihood that women leave the workforce or experience career interruptions, as they bear disproportionate care responsibilities without adequate support from partners who have limited access to leave. In 2022, around 20 countries in the region had introduced paid paternity leave, but the duration remained short, averaging approximately 1.5 weeks, compared to the OECD average of 2.5 weeks. Increased investment in childcare facilities and expanded paid parental leave can yield significant social and economic benefits associated with sustainable and inclusive growth, including higher labour force participation among women.[19]

Beyond childcare, the eldercare component of double care responsibilities also faces critical investment gaps. Investor attention to services for older persons has remained limited outside the healthcare sector. This reflects several factors, including a shortage of viable business models, limited standardization of services and policy environments that do not sufficiently incentivize private-sector investment in eldercare delivery. At the same time, demand is growing among older persons seeking quality care and family caregivers seeking support in providing eldercare, creating new opportunities for service development and investment.

Government retains primary responsibility for addressing challenges in care provision.[20] However, with appropriate regulatory frameworks in place, expanding the range of care stakeholders and redistributing responsibility for care can create significant opportunities for private-sector engagement. Private actors, including social enterprises, innovative care start-ups, venture capital firms, impact investors and corporations, can contribute to reducing, redistributing, rewarding and resourcing care delivery models while generating new forms of economic value. Across the region, the care economy is emerging as a potential area of growth at the intersection of women's economic empowerment, technological innovation and job creation. Addressing existing gaps requires both strong public leadership and responsible private-sector engagement. Reframing care as an investment rather than a cost can lead to benefits for women, economies and societies.

Ensuring decent work for caregivers is essential, particularly as care entrepreneurship platforms expand gig work within the sector. During the 2024 Asia-Pacific Care Forum, paid care and domestic workers called for "fair wages, safe working conditions, access to social protection, labour rights and space for collective action."[21] Both government and the private sector play a key role in supporting the professionalization of care and ensuring decent working conditions.[22] Governments should work to strengthen legal protections for workers, particularly migrant workers, and develop and enforce care standards, including standards related to job quality. The private sector, meanwhile, can support decent work through technology-enabled social enterprise models that offer flexible scheduling, access to training, transparent payment systems and monitoring tools.[23]

Objectives, geographical scope and structure

This think piece explores how the private sector can respond to the unequal distribution of unpaid care responsibilities borne by women across Asia and the Pacific. Drawing on case studies and practical recommendations, it considers how start-ups and venture capital investors are developing new business models and care solutions with high potential for scaling. It also aims to support key stakeholders in understanding how investment and strategic engagement in the care economy can advance gender equality and sustainable development. These stakeholders include private-sector actors, such as start-ups and impact investors, policymakers advancing gender-responsive care policies, and researchers working on women's economic empowerment and care in the region.

19 UN Women (2024). Caring Societies, Inclusive, and Green Economies in Asia and the Pacific.

20 UN System Joint Paper (2023). *Transforming Care Systems*.

21 UN Women (2025). *State of Transforming Care Systems in Asia-Pacific.*

22 UN Women (2025). *State of Transforming Care Systems in Asia-Pacific.*

23 UN Women (2025). *State of Transforming Care Systems in Asia-Pacific.*

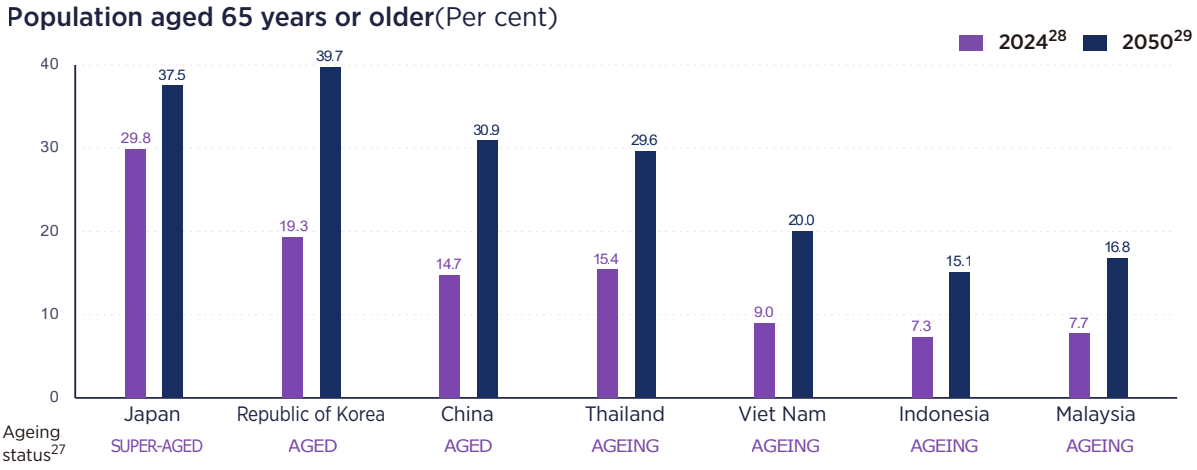
DEMOGRAPHIC AND SOCIOECONOMIC CONTEXT

Overview of Asia's demographic transition and care needs

In 2023, approximately 435.7 million people aged 65 or older lived in the Asia and the Pacific. This number is projected to more than double by 2050, reaching 895.6 million.[24] Two trends are driving this demographic shift: fewer children are being born, and people are living longer. For example, in East Asia, fertility declined "from 5.5 children per woman in 1950 to one child per woman in 2023."[25] Increases in life expectancy reflect broader improvements in healthcare, nutrition and living standards. As these trends continue, demand for long-term care services in home and community settings is expected to increase substantially.[26]

Countries across the region vary considerably in their stage of population ageing and the projected share of older persons in their populations. East Asian countries, particularly Japan and the Republic of Korea, have some of the highest concentrations of older persons and have already reached "super-aged" or "aged" status. China is classified as an "ageing" society. In contrast, South-East Asian countries such as Thailand, Indonesia, Malaysia and Viet Nam are ageing at a slower but steady pace. By 2100, people aged 65 or older are expected to account for 44 per cent of the population in East Asia and 27 per cent in South-East Asia.

Figure 2: Ageing demographics across the Asia-Pacific region



Source: ESCAP based on DESA, 2024

24 UN Women (2025). *Caring for the Future: Gender-Responsive Strategies for Ageing Societies.*

25 United Nations, Department of Economic and Social Affairs, Population Division (2024). *World Population Prospects 2024*. New York: United Nations.

26 UN Women (2025). *Caring for the Future: Gender-Responsive Strategies for Ageing Societies.*

27 UN Women (2025). *Caring for the Future: Gender-Responsive Strategies for Ageing Societies* (Figure 2: Estimated 2: Old-Age (65 Years and Above) Population Share, by Sex, 2023 (Percentage), page 3).

28 2024 ESCAP Population Data Sheet.

29 2024 ESCAP Population Data Sheet.

Figure 2 summarizes the current level of population ageing and projected growth of older populations across the seven countries covered in this think piece.

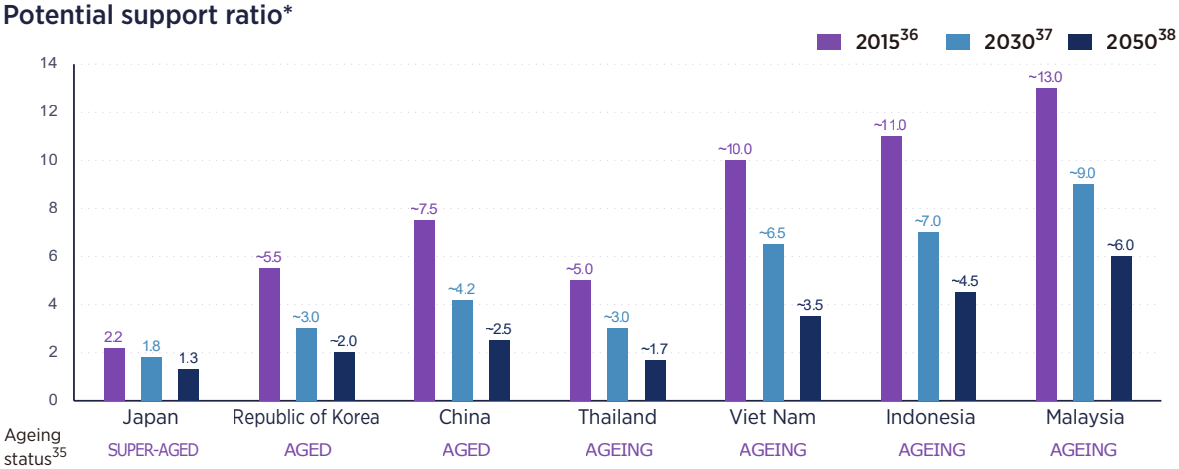
These demographic shifts pose several challenges for ageing populations and growing care needs. First, the old-age potential support ratio is declining rapidly. This ratio refers to the number of working-age persons relative to the number of older persons. Japan and the Republic of Korea are projected to have among the lowest support ratios globally. Japan's old-age potential support ratio, for example, is expected to decline to approximately 1.8 in 2030 and 1.3 in 2050, far below the global projected average of around four working-age persons per older person by 2050.[30] Thailand and China are experiencing similar declines, with Thailand's ratio projected to fall from approximately 3 in 2030 to 1.7 in 2050.[31] As the availability of informal care declines, pressure is likely to increase on already limited public care services.

Much of the pressure on individuals and households reflects gaps in public care services and statutory care policies that enable people to provide care without losing employment or income and to access care outside the family sphere.[32] Affordability and accessibility are critical, especially when it comes to meeting the needs of women in the poorest and most disadvantaged groups, who often carry substantial care responsibilities.

Second, changing marriage patterns and family structures across the region have important implications for the care needs of ageing populations. The proportion of women who are married has declined over recent decades, as seen in Japan and Thailand. In some countries, a growing share of women remain unmarried. For example, in East and South-East Asia, the proportion of women aged 45 to 49 who had never married increased from 1.6 per cent circa 1990 to 2.5 per cent circa 2010.[33] While this increase may appear relatively small, the upward trend points to changing family structures and may have implications for the availability of family-based care. In 2010, the share of women aged 45 to 49 who had never married reached 9.5 per cent in Thailand and 6.1 per cent in Viet Nam.[34] Lower marriage rates, declining fertility, and the growth of single-person and nuclear households may increase the need for formal, paid or publicly supported care as populations age.

Figure 3: Key indicators of care capacity and family structure across the Asia-Pacific region

Potential support ratio*



30 United Nations (2022). *World Population Prospects 2022: Summary of Results.* UN DESA, Population Division.

31 UN ESCAP (2017). *Addressing the Challenges of Population Ageing in Asia and the Pacific* (page 26).

32 UN System Joint Paper (2023). *Transforming Care Systems*.

33 UN Women (2019). *Families in a Changing World* (page 53).

34 UN ESCAP (2017). *Addressing the Challenges of Population Ageing in Asia and the Pacific* (page 26).

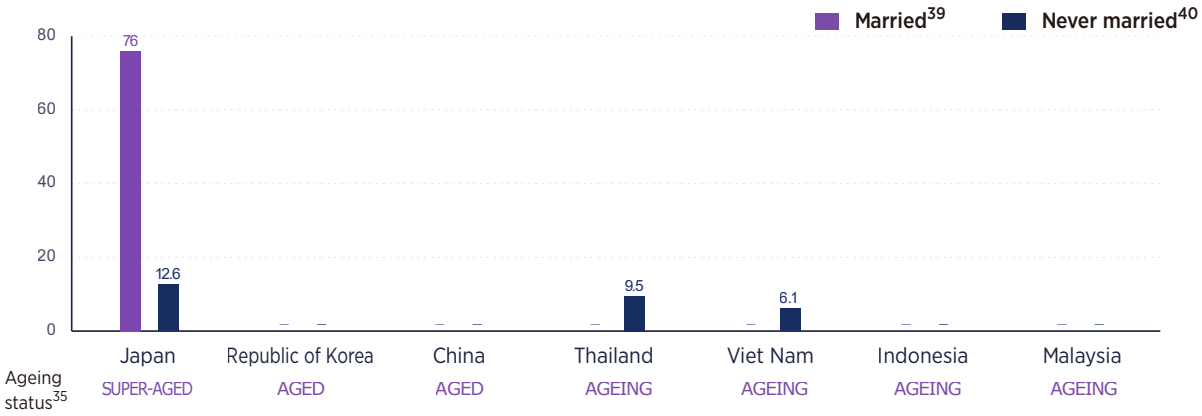
35 UN Women (2025). *Caring for the Future: Gender-Responsive Strategies for Ageing Societies.* (Figure 2: Estimated 2: Old-Age (65 Years and Above) Population Share, by Sex, 2023 (Percentage), page 3).

36 UN ESCAP (2017). *Addressing the Challenges of Population Ageing in Asia and the Pacific* (page 26). Values marked with "~" are visual estimates based on "Figure 9: Potential support ratio of people aged 20–64 years and people aged 65 years or older."

37 UN ESCAP (2017). *Addressing the Challenges of Population Ageing in Asia and the Pacific* (page 26). Values marked with "~" are visual estimates based on "Figure 9: Potential support ratio of people aged 20–64 years and people aged 65 years or older."

38 UN ESCAP (2017). *Addressing the Challenges of Population Ageing in Asia and the Pacific* (page 26). Values marked with "~" are visual estimates based on "Figure 9: Potential support ratio of people aged 20–64 years and people aged 65 years or older."

Women aged 45–49 who were married or had never married, 2010 (Per cent)

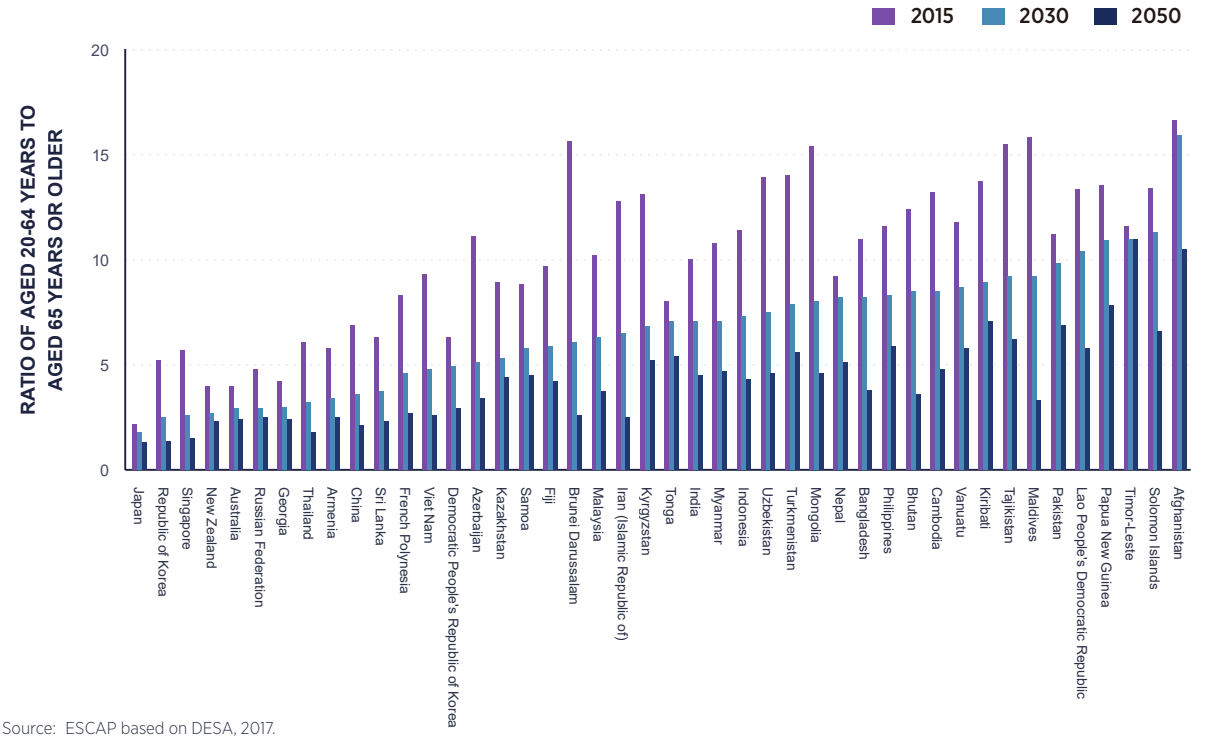


Source: ESCAP based on DESA, 2017

*The potential support ratio represents the number of persons aged 20-64 years per person aged 65 years or older.

Figure 4: Potential support ratio of people aged 20–64 years and people aged 65 years or older

Fewer and fewer workers will be found for every person aged 65 years or older.



Source: ESCAP based on DESA, 2017.

Figure 3 presents indicators of care capacity and family structures across countries in the region.

The regional care landscape is changing in ways that affect both the supply of and demand for care work. If left unaddressed, population ageing, declining informal care capacity and changing family structures could constrain sustainable and inclusive growth.

39 UN ESCAP (2017). *Addressing the Challenges of Population Ageing in Asia and the Pacific* (page 26).

40 UN ESCAP (2017). *Addressing the Challenges of Population Ageing in Asia and the Pacific* (page 26).

Key constraints facing the care sector in Asia and the Pacific

Across the region, care systems are under increasing strain as populations age, family structures change, and demand for unpaid and informal care, disproportionately shouldered by women, grows. Insights from the Seoul Dialogue with regional stakeholders highlight a set of interrelated constraints that limit the ability of private-sector actors to innovate, scale solutions and invest sustainably in the care sector.

Market constraints: Low social recognition limits private sector growth

The care sector faces persistent workforce shortages and challenges in service quality, linked to the low social recognition of care work, limited professionalization and inadequate wages. Caregiving continues to be widely perceived as a private responsibility to be managed within households, while care work remains informal and undervalued. Because care is inherently relationship-based, it is labour-intensive and can be difficult to standardize, contributing to high rates of care worker burnout and turnover. As a result, private-sector providers struggle to recruit, retain and develop a stable and skilled workforce, constraining operational sustainability and growth. Addressing these challenges requires coordinated action by governments, training institutions and communities, supported by public policies and investment that promote the formalization of care work, establish quality standards and ensure decent working conditions.

Policy risk: Unclear responsibilities undermine predictability

Unclear divisions of responsibility among families, the public sector and the private sector contribute to an uncertain policy environment. Frequent shifts in policy direction, fee structures and regulatory frameworks increase uncertainty for both service providers and investors. Fragmentation across healthcare, social care and community-based care systems further exacerbates inefficiencies and makes it difficult for start-ups to integrate and scale their services. While public-sector leadership and intervention are essential, effective transformation also requires multi-stakeholder governance to align roles, responsibilities and incentives across actors.

Investment barriers: Low profitability constrains capital mobilization

Many care delivery models face structural challenges in achieving the financial returns and rapid scale expected by conventional investors. Relationship-based care models often operate on narrow margins and may experience unstable cash flows, while some mission-driven enterprises lack the financial and operational capacity needed to expand. Private capital alone is therefore unlikely to be sufficient to support the transformation of care systems. Sustainable investment in the care sector requires mobilizing diverse sources of finance, including impact investment, blended finance, corporate social responsibility (CSR) funds, philanthropic capital, local financial institutions and community-based financing, rather than relying solely on market-based investment.

Technological barriers: Digital gaps limit innovation and scale

Low digital literacy among care workers and continued reliance on paper-based administrative processes can hinder the adoption of new technologies, despite their potential to improve efficiency and service quality. In some cases, poorly integrated technologies may even reduce the time that care workers spend with care recipients. Start-ups, particularly smaller organizations, may also face challenges related to data privacy, ethical governance and intellectual property risks. To ensure that technology enhances rather than undermines care, innovation must be accompanied by investments in digital capacity-building at both the individual and organizational levels, supported by collaboration among governments, healthcare and educational institutions, civil society and community organizations.

Gendered dimensions of the care economy

In Asia and the Pacific, women undertake a disproportionate share of unpaid care work, which constrains their ability to participate in the labour force.[41] This unequal distribution of care responsibilities is underpinned by several factors, including expectations that women serve as primary caregivers in households and communities while men are positioned as the primary income earners. Gendered divisions of labour mean that women often bear primary responsibility for childcare, leaving many to weigh remaining in their employment of choice against providing unpaid care for children, parents, or family members who are ill or have disabilities. Social norms that promote respect and care for ageing parents further shape expectations around providing care.[42]

Inadequate public care policies, limited availability of quality and affordable public care services for children, older persons and persons with disabilities, as well as discriminatory workplace policies contribute to women being overrepresented in informal and/or low-paid work. In the region, 62 per cent of women are in informal employment. The paid care sector is particularly feminized and informal: 63 per cent of women care workers are in informal employment, compared to 52 per cent of men care workers, and care work accounts for 14 per cent of women's employment compared with 5 per cent of men's employment.[43] The sector also increasingly relies on women migrant workers, who often face low wages, job insecurity and limited access to social protections.[44] These structural conditions contribute to women's economic insecurity, income inequality and heightened risks of poverty across the life course.[45]

The economic effects are particularly significant in ageing societies, where demand for both childcare and eldercare is increasing.[46] Across Asia and the Pacific, approximately 53 per cent of the 770 million working-age women outside the labour force cite unpaid care responsibilities as a main reason for non-participation. In contrast, only 8 per cent of men outside the labour force cite unpaid care responsibilities as a main reason.[47] These disparities illustrate the extent to which unequal care responsibilities continue to constrain women's economic participation and reinforce gender inequalities in the labour market.

From cost to investment

Care must be redefined from a cost to an investment, as it is a driver of human and economic development. Public investment in care systems can generate strong multiplier effects, creating more jobs than equivalent investments in sectors such as construction.[48] Investment in the care economy is estimated to create approximately 300 million jobs by 2035, with 78 per cent of these jobs going to women and 84 per cent being in formal employment.[49] Coupled with the formalization of care work, such investment can support inclusive and sustainable economic growth by increasing women's labour force participation and productivity, generating income, driving consumption and strengthening tax revenues.[50]

41 UN Women (2024). Caring Societies, Inclusive, and Green Economies in Asia and the Pacific.

42 UN ESCAP (2022). *Female Labour Force Participation and the Care Economy in Asia and the Pacific*.

43 UN Women (2024). Transforming Care Systems in Asia and the Pacific.

44 UN Women (2024). Transforming Care Systems in Asia and the Pacific.

45 UN Women (2025). *Caring for the Future: Gender-Responsive Strategies for Ageing Societies.*

46 UN Women (2025). *Caring for the Future: Gender-Responsive Strategies for Ageing Societies.*

47 UN ESCAP (2022). *Female Labour Force Participation and the Care Economy in Asia and the Pacific* (page 7).

48 UN System Joint Paper (2023). *Transforming Care Systems: A Rights-Based, Multi-sectoral Approach*. UN Women. *Transforming Care Systems in Asia and the Pacific.*

49 UN Women (2024). *Transforming Care Systems in Asia and the Pacific.*

50 UN Women (2024). *Transforming Care Systems in Asia and the Pacific.*

It is also economically and socially advantageous for governments to invest in care. Studies examining the care sector in the region point to positive macroeconomic and gender equality outcomes. A 2017 study found that investments in health and social care in China and Indonesia yielded returns through economic growth and job creation, including a more gender-equitable distribution of employment. A 2020 study on investments in early childhood care and education (ECCE) in countries such as the Republic of Korea identified benefits related to growth, productivity and employment. Similarly, a 2016 study that included Japan also documented the impacts of investment in ECCE and long-term care on job creation, the distribution of employment and economic growth.[51]

However, realizing these benefits requires addressing structural barriers within current care systems. Fragmentation across medical, social and community domains can create inefficiencies in service provision and make it more difficult for start-ups to integrate and scale their services. This can create an unpredictable operating environment for both start-ups and investors. Multi-stakeholder governance involving public and private actors, as well as community institutions, is therefore required to clarify roles and responsibilities, with governments playing a central role in coordinating and aligning these actors.

Ensuring gender-responsive, human-centred principles in technology-enabled care innovations

Efforts to strengthen care systems can leverage rapidly evolving technologies. Amid shortages in care services, innovations in digital care and care technologies are playing an increasingly important role in improving how care is delivered and valued. Technologies such as AI-powered matching platforms, wearable health monitors and digital care coordination tools can reduce administrative burdens, expand access to care services and support data-driven decision-making. At the same time, it is critical to recognize that the relational, emotional and human-centred dimensions of care cannot be automated. Technology should enhance, not replace, the essential human connections at the core of quality care.

There is also an emerging gender gap in technology-led care innovation. A LinkedIn Economic Graph analysis, which represents aspects of the global economy through LinkedIn's member base, suggests that women are more likely to be concentrated in occupations that may be disrupted by generative AI, increasing their exposure to potential labour market displacement as AI use expands. Women are also underrepresented in AI engineering occupations compared with men.[52] This gender imbalance in the technology sector has direct implications for care innovation. When predominantly male-led technology start-ups design care solutions without adequate input from women care workers and care recipients, there is a risk that these innovations may not sufficiently reflect the lived realities and needs of those most involved in providing and receiving care.

When applied to technology, gender-responsive, human-centred principles can help ensure that changes in care systems are inclusive. Structural challenges in care provision require public-sector investment, private capital and frontline innovation, alongside efforts to foster gender-responsive entrepreneurship and investment ecosystems. Ensuring that women, both as care workers and entrepreneurs, are meaningfully involved in designing, developing and deploying care technologies is essential to creating solutions that improve care quality and advance gender equality. Without an intentional approach, technological change risks further widening existing gender gaps and undermining the relational foundations of effective care.

51 UN Women and ILO (2021). *A Guide to Public Investments in the Care Economy.*

52 UN Women and LinkedIn (2025). *Women and Future Jobs.*

COUNTRY CASE STUDIES AND INVESTMENT LANDSCAPE

Care systems encompass legal and policy frameworks, services, financing, social and physical infrastructure, programmes, standards and training, governance and administration, and social norms.[53] Start-ups, informed by the care needs landscape, are responding with innovative models to address existing gaps. Venture capital and impact investors provide financing to support private-sector innovation. These interactions need to be facilitated by government leadership that sets the direction for the sector and establishes an enabling regulatory environment.[54]

The following section uses the UN's 6R Care Economy Conceptual Framework to analyse the state of care delivery and structural gaps. Grounded in human rights and gender-responsiveness principles, the framework examines how start-ups and investors contribute to recognizing, reducing, redistributing, rewarding and representing care work, as well as resourcing care systems.

The 6R Care Economy Conceptual Framework

6R	Definition
① Recognition	Recognition involves making visible the contribution of all forms of care work (unpaid and paid) to society and the economy. This includes government policies, budget allocations, and the collection of quantitative and qualitative data that recognize the care economy as a fundamental element of the economy and help secure investment in care. [55]
② Reduction	Reduction involves easing the burden of time- and labour-intensive unpaid care tasks such as collecting water and firewood, to free up women's and girls' time to participate in social, political and economic life.[56]
③ Redistribution	Redistribution involves ensuring that the responsibility for unpaid care work is shared more equitably between women and men, and among government, businesses, communities and households.[57]
④ Rewarding	Rewarding involves ensuring that paid workers are adequately remunerated for their work by employers and governments, such as through stable living wages for reasonable hours, employment benefits, pensions and carers' benefits.[58]

53 UN System Joint Paper (2023). *Transforming Care Systems*.
54 UN System Joint Paper (2023). *Transforming Care Systems*
55 UN Women (2025), *Investing in Care Systems for Gender Equality and Economic Transformation*.
56 UN Women (2025), *Investing in Care Systems for Gender Equality and Economic Transformation*.
57 UN Women (2025), *Investing in Care Systems for Gender Equality and Economic Transformation*.
58 UN Women (2025), *Investing in Care Systems for Gender Equality and Economic Transformation*.

⑤ **Representation**	Representation involves the meaningful inclusion of unpaid and paid care workers and care recipients in budgeting, planning, decision-making and social dialogue, ensuring that their rights, needs and contributions are reflected in these processes.[59]
⑥ **(New) Resourcing**	Resourcing refers to expanding and securing sustainable financial resources for comprehensive care systems, including through costing and tracking care investments, gender-responsive budgeting and increasing fiscal space.[60]

How start-ups are embracing the 6R Framework

Start-ups drive innovation in care systems by responding to real needs and helping to identify and close existing gaps. A range of approaches is being employed, from digital matching platforms to monitoring wearables. Start-ups are introducing new care delivery models that support the recognition, reduction, redistribution, rewarding, representation and resourcing of care, including by supporting the professionalization of care work and creating pathways toward decent work.

UN Women does not endorse any of the case studies below as good practice. They are presented as examples of approaches that may be relevant to efforts to transform care systems.

① Recognition: Driving the formalization and professionalization of care work

Across the region, start-ups have been working to position care work as a formal, skilled profession. To support its professionalization, some start-ups use tools such as digital identity and verification, structured training and programmes that recognize caregivers' efforts. In this way, start-ups and social enterprises not only respond to care demands but can also help shift economic and social norms around care.

Recognition begins with acknowledging the need to change how care work is positioned within care systems. It affirms the value of care as a fundamental right and underscores that care work is essential and should be fairly rewarded. By formalizing care work, which is often treated as invisible labour, innovators can contribute to the development of a more sustainable care sector that supports longer-term investment and innovation.

For example, Kiddocare, an on-demand childcare platform in Malaysia, was founded by a woman entrepreneur who places gender equality at the core of its business model. The platform enables parents to hire verified caregivers on demand for one-time or longer-term arrangements. It reflects recognition by supporting the professionalization of care work. The platform provides a "digital care identity" and standardized certification opportunities for more than 20,000 caregivers in its system. Caregivers can also obtain certification

59 UN Women (2025*), Investing in Care Systems for Gender Equality and Economic Transformation*.

60 UN Women (2024), UN System Policy Guidance on Transforming Care Systems – "From 5Rs to 6Rs."

through the Kiddocare Academy training programme, which provides "last mile training." As caregivers move between employers, their digital care identity, which includes verified skills, conduct history and records, follows them. Collaboration with the government has also helped Kiddocare expand its reach. To support women's labour force participation, Kiddocare took part in the Malaysia Short Term Employment Programme (MySTEP) for young women. The programme aims to support Malaysian youth in obtaining global certification and on-the-job training opportunities.[61]

Low social recognition and visibility also shape how caregiving is perceived as a profession. To help make care work more visible and valued, WeCare247 in Viet Nam celebrates caregivers through public programmes. The start-up provides caregiving services in hospitals and homes, as well as training for caregivers, home doctors, nursing and medical secretary services. Its programming places a particular emphasis on caregiver empowerment. For example, through its Caregiver of the Month awards, caregivers are recognized, their contributions are acknowledged, and their stories and impact are shared publicly. This approach can help strengthen the recognition of care work within communities.

② Reduction: Reducing time spent on indirect care through automation and efficiency

AI and data-driven technologies can make it easier for families and caregivers to provide care. Automation, for instance, can support repetitive and time-consuming tasks. By allowing families and caregivers to focus on the human-centred aspects of care, these technologies can create a more enabling environment for the provision of high-quality care. However, as family care becomes increasingly integrated with technology, the need for training in relational care tasks and the professionalization of care labour will also grow.

Technology-enabled wearables can reduce time- and labour-intensive care tasks. Shanghai Izhaohu AI-Care, a Chinese start-up, uses an AI-enabled headset and knowledge-graph system to enhance caregivers' ability to provide care. It supports reduction by providing real-time guidance for caregivers and makes time-consuming tasks, including patient monitoring and care documentation, more efficient. This approach has helped ease workloads and improve care efficiency. In a pilot involving 246 caregivers in Shanghai, average caregiver stress levels decreased by 27 per cent and the accuracy of care documentation improved by 70 per cent.

Data-driven matching platforms can help families find care more quickly. One example is Ichirou, a Japanese matching-platform start-up. It reflects reduction by offering on-demand care matching services, including same-day matches for care work. Approximately 88 per cent of users report that Ichirou is useful in helping them balance work and caregiving responsibilities.

③ Redistribution: Shifting care responsibilities beyond the household

Start-ups with matching platforms can help families with diverse care needs access professional care services, often on demand. By making care services more accessible, these models may contribute to broadening how and where care responsibilities are met, rather than relying solely on households. This, in turn, may make it easier for caregivers, particularly women, to remain connected to the labour market and participate in social and economic activities, while helping families manage evolving care needs that require greater flexibility. It is important to note, however, the limitations of care start-ups in the context of redistribution, especially in low- and

61 Akmar Annuar, *Childcare helps keep women at work,* The Malaysian Reserve, 17 November 2022. https://themalaysianreserve.com/2022/11/17/childcare-helps-keep-women-at-work/

lower-middle-income countries, as these platforms may only be accessible to those with sufficient income to pay for their services.

FamBear is a care matching platform in Thailand. Supporting redistribution, it uses AI-driven matching to connect users with appropriate care services. The platform provides information on care workers, including work history, geolocation, languages, ratings and personal attributes, to support informed decision-making. Platforms like FamBear can help address gaps between the demand for and supply of care. Over time, greater trust in formal and technology-enabled care services, coupled with efforts to challenge persistent gender norms, may contribute to a broader redistribution of care responsibilities.

Beyond digital matching systems, some start-ups are also seeking to address gender imbalances in caregiving roles. The Malaysian start-up Kiddocare plans to expand into a lifecare ecosystem platform. Reflecting redistribution, Kiddocare is taking steps to expand men's participation in caregiving within its workforce. While women comprise approximately 90 per cent of its caregiver workforce, Kiddocare's recruitment of men into care roles represents an important step toward diversifying the workforce and challenging gender stereotypes in the sector.

④ Rewarding: Creating decent work in care

In many countries in the region, the care sector is still characterized by informality, low pay, and dangerous or exploitative working conditions.[62] By providing fair wages, opportunities for career development, and innovative reward structures, start-ups are playing an important role in creating conditions for "decent work" in the care economy.

Vietnamese start-up WeCare247 exemplifies rewarding by supporting caregivers from disadvantaged backgrounds with dignified employment and opportunities for career mobility in the care sector. Caregivers receive fair wages and benefits, as well as financial literacy education. To support career progression, a three-tier career pathway categorizes caregivers according to their level of experience and provides clear opportunities for advancement. In China, Shanghai Izhaohu AI-Care's AI-enabled "AI Brain" headset and knowledge-graph system use a care data co-creation model and revenue-sharing mechanism that allow caregivers to contribute knowledge through their daily interactions and receive compensation for the data and insights they generate. Their contributions are therefore recognized not only as inputs into the system but also a source of economic value. This model provides caregivers with an additional form of compensation while allowing the system to draw on their lived experience and knowledge.

⑤ Representation: Centring care workers' rights in platform governance

Women make up the majority of care workers and often work in the informal sector under poor conditions.[63] Across the region, care technology start-ups are developing matching platforms that seek to strengthen labour rights, particularly for women, migrant workers and other vulnerable groups. To support the creation of decent jobs, these platforms provide employment structures that help protect the rights and dignity of care workers.

In Thailand, FamBear provides a range of care services for families, including childcare and eldercare services. It exemplifies representation by seeking to ensure that its care workers, including migrant women, have a fair, safe and non-discriminatory work environment. The platform provides transparent information on wages and does not use potentially biased filters based on

62 ILO (2018). Care Work and Care Jobs for the Future of Decent Work.

63 ILO (2018). Care Work and Care Jobs for the Future of Decent Work.

factors such as age, weight or marital status. FamBear has also implemented other measures to protect its care workers, including a Customer and Care Worker Rights Agreement, a Safety Centre and sexual harassment prevention policies.

⑥ Resourcing: Strengthening public healthcare systems and community-based care through digital tools and training

Resourcing centres on strengthening the financial sustainability and quality of often overstretched and fragmented care systems. Large-scale public financing, supported by a robust private sector, can help create an enabling environment in which quality and affordable care is accessible to those who need it most.

In Indonesia, DoctorTool is digitalizing primary healthcare infrastructure and reducing administrative inefficiencies. It reflects resourcing by strengthening the financial sustainability of and access to strained rural public healthcare systems in Indonesia. First, its software as a service (SaaS) platform digitizes clinic workflows, while a smart data gateway digitizes check-ups to minimize administrative burdens. Second, the DT CARE app allows users to book appointments and teleconsultations. DoctorTool has standardized systems across more than 2,400 clinics in 37 provinces. By reducing medical errors and avoiding unnecessary repeat visits, its services can help lower healthcare costs and strengthen the sustainability of Indonesia's healthcare systems.

DolbomDream, a Korean start-up, provides wearable sensors for older persons that enable real-time monitoring by care providers and family members. It supports resourcing by improving both access to care and the continuity of care. The wearable monitoring system can detect risks and reduce the need for constant supervision, helping to prevent costly emergencies, ease staffing pressures and lower expenditure within care systems. Over the longer term, this may also generate savings for insurers and the government.

Start-ups are also addressing gaps in the quality and availability of the care workforce by increasing the number of trained professional care workers. A shortage of verified caregivers can create barriers for families seeking support with care responsibilities. For example, Malaysian start-up Kiddocare's Kiddocare Academy exemplifies resourcing by creating a career pathway for care workers within its system. Kiddocare Academy provides mandatory comprehensive training designed to standardize service quality and connect users with trained and certified care workers. Training covers daily childcare routines, children's holistic development milestones and related activities, caring for children with special needs, professional communications, safety and emergency preparedness, and relevant childcare laws and regulations.

The sixth "R": How capital supports the implementation of the 5R Framework in impact entrepreneurship

Capital can act as a catalyst for the structural transformation of care systems. This think piece considers venture capital, private capital, government funding and physical infrastructure as forms of capital. When strategically combined, these resources can strengthen the care system and generate greater collective impact.

When flows of capital across the public sector, private sector and communities are intentionally structured and channelled, governments can mobilize resources beyond what public budgets alone can sustain. This can support the transition towards a more sustainable care economy. Care must therefore be understood as a shared responsibility across government, the private sector and communities. Public finance can play a catalytic role by attracting, incentivizing and de-risking additional investment in the care economy.

① Recognition: Care enters the formal market with the help of capital

Investment can help bring care activities into the formal market and strengthen recognition of care as a legitimate economic activity. When capital is deployed responsibly, it can also support new solutions to persistent social challenges.

While investments in the care economy can contribute to recognizing and valuing care as part of the formal economy, public investment remains essential to ensuring that quality care is accessible and affordable for all and that care work provides dignified employment. This requires clear and aligned objectives. For example, embedding care objectives in finance taxonomies offers a potential pathway for the public and private sectors to recognize and support care. Integrating gender equality considerations into such taxonomies can help funnel more capital towards care by establishing standards for investment and increasing transparency in gender-responsive capital flows.

Another example of recognition is the Indonesia-based venture capital firm Sweef Capital, which applies a gender-lens approach to its investing and recognizes the economic value of women's care labour and women-led care companies. Its gender-focused mandate directs capital towards firms that are women-led, have significant participation by women in their workforce or support women in the Philippines, Indonesia and Viet Nam. In making investment decisions, the firm applies both impact- and gender-related processes, including impact measurement systems and a gender return on investment (ROI) matrix that examines domains such as leadership, workforce, value chains and society. Sweef Capital's approach demonstrates how capital can be used as a force to advance social impact and women's empowerment while still generating financial returns.

The venture capital firm AgeClub has compiled ageing-related policy and market data to support the development of the silver economy in China. It has built a data platform that aggregates national industry policies, research and company insights. AgeClub also operates a media platform focused on the silver economy, which has reached more than 400,000 industry professionals, and organizes programmes that connect companies serving older persons.

Mynavi, a venture capital firm based in Viet Nam, invested in the aforementioned start-up WeCare247 before the institutionalization of the country's care system. Its investment contributed to the early development of the care industry. According to Mynavi, WeCare247 has made significant progress since the initial investment and gained early market traction as a scalable model. Not only does it offer affordable and reliable services, the start-up also partners with hospitals to support quality assurance, provides caregivers with stable employment and training, and has built strong community recognition through corporate social responsibility initiatives.

② Reduction: Easing care responsibilities through investments in technology and data

Investment in care technology can help automate tasks, reduce administrative burdens and improve service quality. Capital allows for the wider adoption of technologies that enhance care efficiency, enabling models that ease care responsibilities to become more widely available.

0.1 Ventures, a venture capital firm in Thailand, has invested in several digital health and technology companies that support older persons. These investments can accelerate automation in medical and care settings. For example, CloudNurse, one of its portfolio companies, is a digital healthcare platform that improves nursing workflows and eldercare operations. DG Incubation, a venture capital firm in Japan, has supported care platforms such as the above-mentioned Ichirou, which can reduce the time and emotional strain experienced by family caregivers through rapid matching

with care workers. Ichirou balances profitability with social value, while also improving working conditions for caregivers.

③ Redistribution: Expanding care responsibilities beyond the public sector

Care must be understood as a collective imperative. Responsibilities should be more equitably shared among public institutions, the private sector and communities and must ultimately be redistributed away from women, who currently bear a disproportionate share of unpaid care work.

Doosan E&C is a Korean construction company that is reinterpreting its role in infrastructure by building care systems, rather than simply providing facilities. In the Republic of Korea, construction companies are required to provide communal spaces in multi-dwelling residential developments. However, while the law requires the provision of such spaces, it does not specify how they should be used. This can result in underused "dead space" and a disconnect between the physical environment and the care needs of community members.

Doosan E&C seeks to address this gap by supporting community-based care ecosystems through a collaborative method. Under this approach, construction companies provide space and support long-term maintenance. Residents participate via a self-governing community council, shifting their role from passive users of the space to active participants in its governance. Cultural and educational partners organize learning programmes, while professional care institutions provide care programmes and operating standards.

Doosan E&C's approach demonstrates how the private sector can help strengthen the care system by integrating care into the design and use of communal infrastructure, rather than focusing solely on the provision of physical space.

By creating community-based care infrastructure, this model has the potential to broaden responsibility for care beyond individual households and reduce the disproportionate unpaid care responsibilities currently borne by women.

④ Rewarding: Improving labour standards for care workers

Investment portfolios can promote decent work by prioritizing criteria such as labour rights and wage standards. In this way, capital can help structurally improve conditions for the care workforce and support the transition of care work from low-paid and informal employment towards more dignified and formalized work.

Two venture capital firms exemplify investment practices that support decent work. Sweef Capital, in Indonesia, incorporates fair wage, worker welfare and gender-equitable labour practices into its gender-lens investment criteria. This is best reflected in Sweef Capital's gender ROI Matrix. Within the workforce domain, it examines gender wage equity and women's workforce participation. Within the supply chain domain, it considers the compensation of women hourly workers and the fair treatment of part-time and temporary workers. Its investment approach encourages portfolio companies to improve labour conditions, particularly in relation to worker compensation and gender representation.

Similarly, the Korean venture capital firm Impact Square integrates labour rights and wage indicators into its impact assessments. This encourages start-ups to improve working conditions and provide formal protections for workers. Its future strategy positions care as a collective responsibility rather than solely an investment opportunity, adopting shared-responsibility financing models such as public-private partnerships to help distribute risk.

⑤ Representation: Building systems that place care actors at the centre

Governance structures can be designed to enable care actors to participate actively in decision-making. Capital can support their inclusion in care systems and decision-making processes, helping to ensure that products and services more closely reflect their needs.

Eisai Korea engages with diverse stakeholders to co-create solutions. With the goal of transforming the care system, Eisai Korea's NOW Living Lab incorporates the voices of patients and families into programme and policy design. Its activities allow for collaboration across universities, companies and local governments. By centring the voices of patients, families and other care actors, Eisai Korea gathers knowledge grounded in lived experiences that can inform innovation.

⑥ Resourcing: Sustaining long-term financing for care systems

Beyond enabling the other five Rs, capital plays a distinct role in supporting the long-term financial viability of care systems. While individual investments can contribute to recognition, reduction, redistribution, rewarding and representation, care systems require continuous and diversified capital flows to remain comprehensive and resilient over time. The cases below illustrate how different financing mechanisms, from early-stage catalytic funding to blended finance models, can help build and sustain this resource base.

Case Study: MYSC's blended financing model for Korea's care sector

In the Republic of Korea, impact investment firm Merry Year Social Company (MYSC) demonstrates how blended financing and outcome-based financing can channel public and private capital into underfunded areas of the care economy, particularly where public funding alone is insufficient to address emerging care needs.

MYSC applied these financing tools through the Common Good Marketplace (CGM), a platform designed to connect public outcome payers, private investors and service providers around clearly defined social outcomes. By structuring financing around shared risk and measurable results, MYSC enabled private capital to work alongside public investment while maintaining public accountability.

One illustrative example is a social impact bond (SIB) project implemented in Buyeo-gun, South Chungcheong Province, targeting 300 residents aged 60 to 80 with mild cognitive impairment. Under this model, private investors provided upfront capital for preventive care service delivery, while public actors committed to outcome-based payments contingent on demonstrated results. Over a three-year period, the project achieved a 96.6 per cent success rate in reducing dementia diagnosis rates.

Outcome-based financing was central to this model. By tying public payments to independently verified outcomes, the SIB structure reduced upfront fiscal risk for the public sector while providing private investors with a clear impact-performance framework. Importantly, the data generated through the project created an evidence base on effective approaches to preventive eldercare, strengthening the case for future policy integration and scaling beyond a single pilot.

This case demonstrates how blended financing, combining public funds, private capital and outcome-based payments, can reduce investor risk while directing capital towards care delivery models that generate measurable social value. By attaching monetary value to care outcomes, MYSC helped signal to markets that care is a viable and legitimate investment domain, thereby mobilizing additional resources for the care sector in the Republic of Korea.

Case Study: Supporting start-ups via an early-stage catalyst model

0.1 Ventures is a venture capital firm in Thailand that supports early-stage ideas in becoming scalable and sustainable ventures. Through its Early-Stage Catalyst model, it seeks to reduce early-stage risk and create the conditions for care start-ups to grow. The model begins with seed support, including initial funding and hands-on mentorship. 0.1 Ventures then guides start-ups in applying for government-certified programmes, such as the National Innovation Agency (NIA) Grant, to support innovation and regulatory compliance. Finally, it provides follow-on investment to enable scaling.

As of 2025, 0.1 Ventures had three portfolio projects related to wellness, eldercare and digital healthcare. One example is AYU-X Nursing Home, a holistic eldercare and stroke rehabilitation centre that combines physical therapy with daytime programmes supporting mental well-being. 0.1 Ventures supported the project from an early stage, including by developing a feasibility model to support long-term profitability. It also leveraged its network to assist the team with outreach, event coordination and client acquisition.

Case Study: Expanding care financing beyond public systems

In Japan, DG Incubation promotes an investment strategy that calls for the expansion of care financing beyond public care systems. To reduce dependency on the public long-term care insurance (LTCI) system, it supports financing models focused on non-insurance services and sustainable revenue streams. For example, DG Incubation has invested in start-ups like Ichirou, a care matching platform that provides services not covered by LTCI, including longer hours of care and care for certain family members.

Support for diverse business models, including platforms such as Ichirou, premium service tiers and business-to-business contracts, can help broaden the range of care services available. In the case of Ichirou, these services can complement the public healthcare system and help meet rising demand for care.

COMPLEMENTARY ROLE OF THE PUBLIC AND PRIVATE SECTORS IN TRANSFORMING CARE SYSTEMS

This section examines the distinct but complementary roles of the public and private sectors in transforming care systems through three key pillars: institutions, innovation and investment. This discussion draws heavily from the Transform Care Investment Initiative Asia and the Pacific (TCII-AP), a UN Women-convened initiative that responds directly to key evidence and research gaps in the care economy. These include limited data on private-sector engagement in care, underdeveloped investment frameworks and insufficient documentation of scalable public-private models in the region.

The TCII-AP supports the development of more resilient and comprehensive care systems in three interlocking investment areas: creating an enabling environment through data, policies and financing; implementing care delivery models that promote job creation; and shifting economic and social norms.[64] While the examples presented in this section focus primarily on the Republic of Korea, where public-private trialling in the care economy is relatively advanced, they are intended as illustrative models with relevance and adaptability for diverse contexts across the region.

Pillar 1: Institutions (TCII Enabling environment)

Government establishes the conditions for an inclusive transformation of care systems, enabling private-sector innovation and investment within a framework of public accountability. This includes validating, scaling and institutionalizing private-sector innovations that advance gender-responsive care.

Government can play several roles in strengthening collaboration between the public and private sectors while also setting the norms, direction and regulatory framework for care. These roles include acting as a signaller and researcher, financer, integrator and research commissioner. The following section describes key roles that the public sector can play in maximizing the potential of private-sector engagement in the care economy and galvanizing public-private partnerships to transform care systems.

1) Signaller and research supporter: Position care as a strategic growth sector through investment, data and evidence

The public sector can send a strong signal to investors by positioning the care economy as a strategic growth sector and establishing clear research and development (R&D) priorities and investment targets. Here, R&D refers to publicly supported research that generate new knowledge, technologies and service models, as well as applied research that tests and refines care innovations for real-world use. By directing R&D funding towards priority areas and aligning regulatory and innovation incentives accordingly, governments

64 UN Women (2024). Transforming Care Systems in Asia and the Pacific.

can reduce uncertainty and help create a forward-looking environment for investment and innovation. For example, in response to the growing needs of a super-ageing society, the Government of the Republic of Korea announced an investment of 300 billion won in AgeTech[65] in 2025.[66]

Governments can also use data generated by start-ups on care recipients and care providers to guide resource allocation and inform public policy. Amid demographic shifts, data-driven insights can help identify unmet needs and enable more responsive services. For example, the Indonesian start-up DoctorTool provides policymakers with access to reliable and up-to-date data to inform public health programming and healthcare workforce planning. Its 10 million medical records are being developed into a business intelligence tool for government health agencies. Data sharing has also enabled national mapping of disease patterns and strengthened existing initiatives through comprehensive evidence.

In addition to data-sharing partnerships, governments can initiate and finance research that captures the needs of care recipients and care providers and identifies gaps in care systems. Government-funded research can help ensure that innovation and investment are evidence-based and responsive to actual care needs. Such research can cover the development of new care delivery models, frameworks, technologies and digital platforms.

In the Republic of Korea, for instance, the Korea Health Industry Development Institute (KHIDI) funded a study from 2021 to 2023 on upgrading and digitizing home-visiting care services provided by public health centres for vulnerable populations and chronically ill older persons.[67] The study assessed the needs of clinicians and care recipients, identified service barriers and sought to develop a standardized service model and digital platform. A second KHIDI study, also conducted from 2021 to 2023, analysed care needs and service gaps in Jeongeup City, North Jeolla Province, and proposed a smart, integrated care governance model to address rising care needs.[68] These government-funded research projects helped identifying gaps in care systems and incorporate the perspectives of care actors into service improvements.

2) Financer: Establish public-private investment vehicles for shared financing of care

Governments can support early-stage care technology and social start-ups through blended financing and outcome-based funding. These mechanisms signal to the market that care is a legitimate investment domain, while also helping to position care financing as a shared responsibility. They can reduce perceived risk for private investors and provide institutional credibility. In 2023, the Ministry of Health and Welfare of the Republic of Korea established the country's first dedicated investment fund for the social service sector.[69] Similar signalling and co-investment mechanisms are emerging in parts of South-East Asia, including Indonesia and Thailand, particularly in health technology and social service financing. While these efforts are often at earlier stages of institutional development, they demonstrate the regional relevance and potential adaptability of public-private financing approaches in the care economy.

65 AgeTech, short for ageing technology, refers to technologies, products and services designed to improve the functional ability, financial security or social participation of older persons. World Economic Forum (2025), *How agetech can ease care burdens and rejuvenate the longevity economy*, 5 May 2025. https://www.weforum.org/stories/2025/05/agetech-longevity-economy/

66 In-Jee Jung. (2025). *The government will invest 300 billion won in AgeTech to foster the silver economy.* MoneyToday. https://www.mt.co.kr/economy/2025/03/11/2025031114120079324. Priority Age Tech 2025 areas of investment include wearable digital medical devices, treatment of geriatric diseases, anti-ageing regenerative medicine, smart-home care and care robots.

67 Korean ARPA-H Initiative, Ministry of Health and Welfare, "Human–Technology–Data Integrated Care Solution for Frail Older Adults: CARE-Net."

68 KHIDI, "From Healthy Cities to Caring Cities: Sustainable Smart Integrated Care Model in Jeongeup-si."

69 The initiative is a public-private blended financing mechanism combining a government contribution of 10 billion won with private investment of 4 billion won. At least 20 per cent of the fund was invested in companies providing services related to care for older persons and persons with disabilities, areas with a high need for targeted policy support.

Case Study: DolbomDream, Republic of Korea

DolbomDream received government funding through the Ministry of Health and Welfare's Smart Social Services Pilot Project. From 2024 to 2025, the start-up provided smart care vest services for older persons in Hongcheon-gun, Gangwon Province. Funding covered a range of services and operational activities, including hiring and deploying care managers, identifying and coordinating 200 participants, distributing and operating devices, and improving the user interface and user experience (UI/UX) based on feedback.

With government support, DolbomDream provided health monitoring and personalized care for 200 older adults. Positive pilot results, including high device usage rates and strong user satisfaction, led to the project being extended using the local government budget. Building on the pilot, DolbomDream plans to expand its services to other municipalities. The case illustrates how public funding can support service delivery, strengthen operational capacity and create a foundation for expansion.

Pillar 2: Innovation (TCII Care delivery and job creation)

Start-ups can experiment on the frontlines and identify new ways to respond to local care needs. They can act as architects of new technologies and services that alleviate care responsibilities and enable more women to participate in the labour market. However, careful attention is needed to ensure that these innovations remain inclusive, human-centred, affordable and of high quality. In this regard, care enterprises should strive to achieve the following:

1) Demonstrate financial viability and results-based performance using data.

Companies need to design systems that translate care activities into measurable data. An approach rooted in strong evidence allows start-ups to build compelling business cases and attract capital.

2) Ensure gender-responsive inclusion and human-centred design by reflecting the perspectives of women care workers and care recipients in AI-driven care delivery.

Enterprises should position AI as an enabler rather than a replacement for human care. AI-driven care solutions offer significant potential to make care more accessible and efficient. However, gender-responsive inclusion and human-centred design must be embedded in their development. Without these principles, promising services may fail to respond effectively to users' needs or may create unintended harm. Design should therefore prioritize diverse user needs and inclusion, while human empathy and connection remain central to care delivery.

3) Partner with diverse stakeholders to validate effectiveness and lay the foundation for scaling.

Private-sector entities should collaborate with governments, research institutions and academia. Pilot projects and independent evaluations can help assess effectiveness, outcomes and wider implications, creating an evidence base for institutional investment and scaling.

At the same time, the public sector should provide targeted support to innovators, start-ups and ecosystem support partners. The public sector, including UN agencies, can invest in and expand specialized incubators and accelerators for the care sector. Examples include UN Women's Care Accelerators, such as the Care and Climate Accelerator and the Asia-Pacific Care Entrepreneurship Accelerator,

which aim to catalyse innovative, scalable and gender-responsive solutions that strengthen care systems, expand decent care employment and advance women's economic empowerment.[70]

Pillar 3: Investment (TCII Care delivery and job creation)

Investors, including venture capital and impact investors, can help sustain the development of innovation in the care industry. They must recognize care as a potential growth sector and increase investments in start-ups developing innovative solutions to care needs. In this context, investors can contribute to transforming care systems in the following ways:

1) Adopt shared-responsibility financing models

Investors can mitigate risk through shared-responsibility financing models, such as public-private partnerships, blended finance and outcome-based financing. For start-ups, these mechanisms can provide much-needed capital, particularly by lowering market barriers at an early stage. Blended financing enables risk to be shared among public- and private-sector actors according to their respective risk appetites. In the Republic of Korea, for instance, MYSC's social impact bond project combined public outcome payments with private capital to fund preventive eldercare services, achieving a 96.6 per cent success rate in reducing dementia diagnosis rates while mitigating investor risk through outcome-based payments.[71]

2) Invest in services that place relational care at the centre

Investors can identify solutions that promote the well-being of both care recipients and care providers. These may include investments in emotional care, cognitive care, family support and community care. In policies and programmes focused on care recipients, the perspectives and needs of care providers may receive insufficient attention. Investment strategies should therefore consider the sustainability of care provision, particularly the well-being and working conditions of those who provide care. The gender ROI matrix used by Indonesian venture capital firm Sweef Capital, for example, assesses portfolio companies on fair wages, welfare and gender-equitable labour practices, helping to ensure that investment considers both care quality and caregiver well-being.

3) Identify and invest in local champions

A range of local stakeholders can contribute to transforming the care sector from different perspectives. Investment strategies should prioritize local champions, particularly women entrepreneurs and women-led enterprises, that can drive change through leadership, advocacy and community engagement. A bottom-up approach to innovation can foster a more equitable and responsive care economy by ensuring that community needs inform the development and delivery of solutions by start-ups and enterprises. Thailand's 0.1 Ventures, for example, supports early-stage care entrepreneurs through its Early-Stage Catalyst model, providing seed funding, guidance on government grants and follow-on investment to help locally rooted start-ups like AYU-X Nursing Home develop and scale.

Cross-cutting strategy: Shifting social and economic norms

Shifting social and economic norms is a key enabling factor that cuts across all three pillars. Through

70 UN Women Asia-Pacific (2024). UN Women and Visa Foundation Join Forces to Support Impact Businesses through the UN Women Care and Climate Entrepreneurship Accelerator.; and UN Women Asia-Pacific (2024). Gender-responsive Decent Care Work Training & Toolkit for Asia-Pacific Care Enterprises.

71 Social Value & Success Fund (SVS Fund). 2020 Annual Report.

organizational leadership, industry practices and early-stage development, start-ups and enterprises can contribute to changing norms around care by setting organizational standards, influencing wider industry practices, and embedding a gender lens in product design and development. Specifically, the private sector can contribute to advancing care systems in the following ways:

1) **Leadership:** Strengthen leadership awareness and understanding of gender perspectives and embed these considerations in organizational culture and governance. Start-ups should also seek to signal these values and meaningfully engage with ecosystem actors, such as public institutions, accelerators and investors.

2) **Industry:** Adopt standards that promote decent work, access to care, economic inclusion for all women, including those in vulnerable groups, and other gender-responsive principles. Entrenching these standards within a start-up or enterprise's own practices can help influence wider industry norms and strengthen recognition of care as dignified and valuable work and as a public good.

3) **Early-stage adoption of a gender lens:** Apply a gender lens to the design and delivery of products and services, ensuring that gender perspectives inform development from the outset. As start-ups grow and scale, incorporating these considerations early can help their activities contribute to advancing gender equality.[72]

72 UN Women (2024). *Transforming Care Systems in Asia and the Pacific.*

CONCLUSION AND RECOMMENDATIONS

As population ageing, declining fertility rates and changing family structures reshape societies across Asia and the Pacific, traditional care arrangements are becoming increasingly unsustainable. Existing systems are often ill-equipped to respond to growing and increasingly complex care needs. This affects older persons, children, persons with disabilities and caregivers, particularly women, who continue to bear a disproportionate share of unpaid care responsibilities.

Coordinated and multisectoral action is therefore needed to place care at the centre of inclusive and sustainable development. This requires a collaborative approach that combines private-sector innovation with strong public-sector support, including enabling policies, regulatory frameworks and sustained public investment.

To translate this vision into action, governments, investors, enterprises and other stakeholders must work across the interconnected pillars of institutions, innovation and investment, while advancing broader shifts in social and economic norms. The following recommendations set out key priorities for building more inclusive, resilient and sustainable care systems.

1. Position care as a strategic growth sector and accelerate innovation and investment in the care economy

Governments, investors and enterprises should recognize care as a strategic sector that contributes to gender equality, economic resilience, labour force participation and social sustainability. Public and private actors should increase investment in ageing- and care-related sectors, including AgeTech, digital care platforms, assistive technologies and community-based care services.

At the same time, governments and research institutions should generate stronger evidence on the lived realities and evolving needs of caregivers and care recipients. Financing in-depth research and sharing findings with innovators and investors can help ensure that care solutions are grounded in real needs and contribute to more responsive and inclusive care systems.

2. Build enabling institutional frameworks to scale effective care solutions

The private sector can play a critical role in complementing public care provision by introducing flexible, innovative and scalable models. However, sustainable transformation requires governments to evaluate, regulate, scale and institutionalize solutions that demonstrate effectiveness, accessibility, affordability and quality.

Public institutions should therefore establish enabling regulatory environments, financing mechanisms and partnership models that promote responsible private-sector engagement while safeguarding equity and public accountability. Pilot initiatives at the municipal or provincial level may also provide opportunities to test integrated "caring cities" approaches that align urban planning, care delivery and community-based support.

3. Promote shared accountability across the care economy

A sustainable care economy depends on shared responsibility across governments, businesses, investors, communities and households. Care

can no longer be viewed solely as a private or household responsibility. Instead, it should be collectively recognized and supported as essential social infrastructure that underpins gender equality, inclusive economic growth and societal resilience.

The future of care depends not on a single actor, but on collective action. Governments, enterprises, investors and civil society must work together to build care systems that are accessible, equitable, sustainable and responsive to evolving demographic realities. Stronger collaboration between the public and private sectors can help foster a care economy in which women can participate fully in the labour market and public life, older persons can age with dignity, and families and communities can thrive.

How gender taxonomies can mobilize care investment

As an emerging mechanism to operationalize shared-responsibility financing, governments can explore gender taxonomies as a strategic tool for mobilizing capital towards care infrastructure. By establishing clear criteria for gender-responsive care investments, taxonomies provide a common framework for public and private investors to identify, validate and scale investments that strengthen care systems. Linked to instruments such as gender or care bonds, blended finance and gender-smart investment funds, taxonomies can help unlock new sources of capital while ensuring alignment with gender equality objectives.

'"Caring Cities" as an Entry Point'

Public-private partnerships within the context of "caring cities" may offer a promising entry point for piloting gender taxonomies.[73]

A "caring city" places well-being, equity, inclusion and sustainability at the centre of urban development, prioritizing gender-responsive policies and investments that support women's economic empowerment and quality care jobs. Given their flexibility and capacity for innovation, municipalities are well positioned to pilot gender taxonomies through tools such as municipal care bonds and public-private partnerships for care hubs. These experiences can inform national frameworks while signalling to investors that care is a credible, measurable investment domain and ensuring that capital supports gender-responsive care systems.[74]

73 UN Women (2025). *Sustainable Finance Taxonomies with Gender Equality Considerations*.

74 UN Women (2025). *Sustainable Finance Taxonomies with Gender Equality Considerations*.

ANNEXES

Annex A: Glossary[75]

Care: Care sustains all forms of life and is central to the well-being of people and the planet. Care can be understood as "a specific activity that includes everything we do to maintain, continue and repair our world," while the four phases of care can be understood as "caring about, taking care of, caregiving and care receiving." This paper builds on these definitions to adopt an expansive understanding of care that includes caring for oneself, for others and for the planet, as well as providing support and assistance to those who require it to participate in society with dignity and autonomy. This paper recognizes that everyone needs care at some stage of their lives, if not throughout their life, to participate equally in society and to live with dignity.

Care system: This paper broadly considers care systems to encompass the following components: legal and policy frameworks, services, financing, social and physical infrastructure, programmes, standards and training, governance and administration, and social norms. A "comprehensive care system" involves these components working in an integrated and deliberate way, with the aim of advancing a new social organization of care to assist, support and care for people and the environment. It also entails recognizing, reducing, redistributing, rewarding and representing care work from a gender-responsive, intersectional and human rights perspective that fosters shared responsibility between women and men and among households, the State, the market, families and communities.

Care work: Paid and unpaid care work encompass direct care for people, including physical, emotional, psychological and developmental care, as well as indirect care, such as household tasks, collecting water and firewood, travelling and transportation. Care work takes place both within and outside the home. This paper recognizes that both paid and unpaid care work are skilled forms of work; associated with inequalities based on gender, income, age, race, migratory status, disability and geographic location, among other factors; and undervalued for many of the same reasons. While recognizing these similarities, it is important to distinguish between paid and unpaid care work, as they are not exact substitutes. For example, paid care services, such as day-care centres, long-term care services and personal care assistance, can enable unpaid family caregivers to provide more compassionate and sustainable care alongside specialized services, helping to mitigate caregiver burnout and respond to the needs and rights of care recipients. Paid and unpaid care must therefore function in complementary ways, providing distinct but interrelated forms of support that improve the well-being and quality of care for all.

Paid care work: Direct care for persons performed within a household, community or institution for pay or profit, for example in hospitals, palliative care settings, care homes for older persons, day-care centres, childcare centres, private residences or the community. Paid care work spans both public and private spheres and is provided in various settings in both the formal and informal economy.

Unpaid care work: Services provided within a household or community for the benefit of its members without remuneration. It includes both direct care for people, such as children, family and community members, older persons or persons with mental or physical health conditions and persons with disabilities, and indirect care, such as cooking, cleaning, washing, collecting water and fuel, and household management. It may also include tending to animals and livestock, agricultural work for own consumption, transportation and travel. This work also encompasses unpaid voluntary community care work like community kitchens and peer support.

75 UN System Joint Paper (2023). *Transforming Care Systems*.

Paid care worker/caregiver: For the purposes of this paper, the terms "care worker" and "caregiver" refer to people who meet the physical, emotional, psychological and developmental needs of others. Their work spans a range of fields including education, childcare, care and support for older persons and persons with disabilities, healthcare, social work, and personal and domestic services. Care workers and caregivers comprise a wide range of personal service workers, such as nurses, teachers, doctors, personal care workers, sign language or tactile interpreters and personal assistants. Domestic workers, who provide both direct and indirect care in households, are also part of the care workforce.

Unpaid care worker/caregiver: A person who provides unpaid care work or support to individuals within their household or community.

Care economy: A commonly used term referring to the paid and unpaid labour and services that support caregiving in all its forms, including across health, employment and education. This paper uses the term "care economy" where it is used by other sources but otherwise refers to "care systems" to reflect a broader and more holistic understanding that recognizes the importance of care to the functioning of society and economies and to the sustainability of life.

Decent work: Defined by the International Labour Organization (ILO) as "productive work for women and men in conditions of freedom, equity, security and human dignity". In general, work is considered "decent" when it provides a fair income, secure employment and safe working conditions; ensures equal opportunities and treatment for all; includes social protection for workers and their families; offers prospects for personal development and encourages social integration; and allows workers to express their concerns and organize.

Social norms: Collective beliefs about acceptable behaviour within a reference group, which may not reflect individual attitudes. These norms significantly influence individual behaviour and may help explain why increased knowledge does not always lead to changes in behaviour. Social norms are fluid; when enough people change their behaviours, a "tipping point" can redefine what is deemed typical. Addressing misconceptions can help reshape these norms. "Gender norms" are a subset of social norms that refer to collective beliefs and expectations within a community or society, at a given point in time, about behaviours considered appropriate for women and men and girls and boys, as well as the relationships and interactions between them.

ASEAN Care Declaration: The Declaration focuses on strengthening the care economy and fostering resilience in the post-2025 ASEAN Community.

Annex B: Normative frameworks relevant to care

Women's Empowerment Principles (WEPs)

Principle 1: Establish high-level corporate leadership for gender equality.

Principle 2: Treat all women and men fairly at work – respect and support human rights and non-discrimination.

Principle 3: Ensure the health, safety and well-being of all women and men workers.

Principle 4: Promote education, training and professional development for women.

Principle 5: Implement enterprise development, supply chain and marketing practices that empower women.

Principle 6: Promote equality through commu nity initiatives and advocacy.

Principle 7: Measure and publicly report on progress to achieve gender equality.