Asia-Pacific
Economic Cooperation

APEC Embracing Carers Checklist for Carer-Integrated Health Policy

APEC Health Working Group
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Introduction

I. Introduction: Why a checklist for carer-integrated health policy?

This document provides important information to inform Carer-Integrated Health Policy; however, nothing in this document shall be construed to infringe upon or prejudice the sovereignty or policy priorities of APEC member economies.

Across the Asia-Pacific, unpaid carers form the invisible foundation of health and social systems. Every day, millions of people—predominantly women—provide essential support to family members with chronic illness, disabilities, or age-related needs. Their work sustains households, strengthens communities, and reduces pressure on public systems. Yet despite its immense value, unpaid care remains underrecognized in official statistics, undervalued in economic terms, and underprioritized in policy frameworks.[1]

APEC has already taken important steps to change this. The Embracing Carers Policy Toolkit (2023) compiled evidence and good practices for building carer-responsive policies, while the Workshop Outcomes Report (2025) captures the voices of carers, policymakers, and experts across the region. Both made the same point clear: recognition is not enough. Economies need practical instruments that can help transform broad commitments into measurable actions.[2]

The APEC Embracing Carers Checklist for Carer-Integrated Health Policy was developed to answer this call. The checklist provides a structured tool for economies to assess their current situation, identify gaps, and implement concrete reforms to better support carers.

Ultimately, this checklist acts as a bridge from principle to practice and serves as a pragmatic tool that enables economies to transform recognition of care into meaningful support for carers and resilient, health systems.

II. Checklist for carer-integrated health policy at a glance

This policy in the checklist has been developed as a practical tool for decision-makers, health authorities, and civil society across APEC economies who play a role in shaping sustainable health and care policy and the broader care economy (including unpaid care, childcare, long-term care, and domestic work). The document is the result of a collaborative process that combined desk research, expert input, and stakeholder consultations to capture diverse perspectives and ensure its relevance across different contexts. The checklist is organised into clear thematic sections, each outlining priority actions and practical considerations, so that users can easily navigate the recommendations and adapt them to their own policy and system contexts. It additionally addresses care transitions—particularly from hospital or acute care settings to home and community—as a critical area within the broader continuum of care support.

A. Who is the intended audience?

The APEC Embracing Carers Policy Checklist is intended as a practical tool for the diverse actors who shape how care is recognised, organised, and supported across economies. Advancing carer-responsive policies cannot be achieved by one ministry or sector in isolation—it requires coordinated leadership and collaboration across government institutions, civil society, employers, and international partners. Accordingly, this checklist is designed to suppott:

- Policymakers in ministries of health, labour, women, finance, education, foreign affairs (migration), and social development who guide economy strategies.
- Health system planners and administrators responsible for organising community and long-term care services.
- Legislators and policy advisors developing social protection and employment frameworks.
- Civil society organizations, workers, their representatives, and carer associations advocating for recognition, support, and inclusion.
- Employers and workplace policy leaders seeking to reconcile workforce productivity with family care responsibilities.

The checklist is not prescriptive but adaptable. It recognizes that unpaid family carers and the formal care workforce are interdependent, and that effective carer-responsive policy must address both in an integrated manner.[3] It acknowledges the diversity of contexts across APEC economies and provides flexible entry points that can be tailored to local realities. Its structure builds on the International Labour Organization's (ILO) widely recognized 5R Framework for Decent Care Work—Recognise, Reduce, Redistribute, Reward, and Represent—while adding a sixth "R," Reframe, which underscores the importance of shifting societal perceptions to value care.[4]

B. How Was the Checklist Developed?

The APEC Embracing Carers Policy Checklist is part of an APEC Health Working Group initiative overseen by the Ministry of Health of Chile, Department of Rehabilitation and Disability. It was developed voluntarily, with technical support from Access Partnership and contributions from Merck KGaA, Darmstadt, Germany, as the lead private sector partner.

The process was highly consultative, drawing on the insights of experts from across APEC member economies. Drafting was informed by the foundational literature and data produced by international organisations—including the ILO, the Organisation for Economic Cooperation and Development (OECD), and the Inter-American Development Bank (IDB)—as well as lessons learned from APEC's own Embracing Carers Policy Toolkit (2023) and Workshop Outcomes Report (2025).

The Checklist reflects this combined evidence base, balancing global best practices with regional perspectives to create a tool that is practical, adaptable, and aligned with APEC's voluntary, non-binding principles of cooperation.

C. How is the Checklist Organized?

As mentioned before, the checklist is structured around the internationally recognised "5R Framework for Decent Care Work", which provides a comprehensive foundation for advancing policy action on unpaid care.

The 5Rs encompass:[5]

- Recognize – Making care work visible through legal recognition, economy-level statistics, and public awareness.
- Reduce – Alleviating the physical, mental, and time burden of care through investments in services, infrastructure, and technology.
- Redistribute – Encouraging broader and more balanced participation in caregiving across individuals, families, communities, and employers, with public institutions creating voluntary enabling conditions in accordance with each economy's own context and priorities.
- Reward – Ensuring that paid and unpaid care work is compensated, protected, and supported through social and labour policies.
- Represent – Ensuring carers, particularly women and marginalized groups, have a voice in policy and decision-making processes.

Within APEC, the framework has been expanded to include a sixth dimension: Reframe, which calls for a fundamental shift in societal and policy narratives—positioning care not as a private responsibility, but as a cornerstone of economic resilience, and population health.

Each section of the checklist follows a consistent structure, providing:

- An overview of the dimension.
- A table of concrete, measurable indicators to assess current policy and practice.
- A rationale explaining why the action matters.
- Referenced best practices drawn from the Toolkit, the Workshop Outcomes Report, and global policy literature.

This organisation allows users to track progress, identify priorities, and strengthen multisectoral coordination, turning recognition of care into tangible reforms that improve conditions for carers and reinforce care systems across APEC economies.

Background

III. Background

Unpaid care work underpins economies and societies worldwide, yet it remains largely invisible and undervalued in policy frameworks. Globally, women perform nearly 76% of all unpaid care hours, a disproportionate share that constrains their participation in paid employment and limits access to income security and social protections.[6] The ILO estimates the value of unpaid care and domestic work at approximately USD 11 trillion annually, underscoring its central role in sustaining economic and social systems.[7] International research projections indicate that even by 2050, women will continue to spend 2.3 more hours per day than men on unpaid care, reflecting persistent disparities in how care responsibilities are shared.[8]

Across APEC economies, the situation mirrors these global trends. Data compiled by the APEC Policy Support Unit (PSU) show that women in the region spend between 2.6 and 5.5 hours per day on unpaid care—almost three times as much as men.[9] Yet robust data remain scarce: just over half of APEC economies conduct economy-wide time-use surveys, leaving critical knowledge gaps on the proper scope, value, and costs of unpaid care.

The COVID-19 pandemic further revealed the fragility of care systems and amplified existing disparities. Women, who accounted for only 39% of global employment before the pandemic, represented 54% of all job losses in 2020 as many withdrew from the workforce to shoulder additional care responsibilities.[10] In the APEC region, these impacts underscore how the lack of resilient care infrastructure directly affects economic participation and recovery.

Recognising these challenges, APEC economies have increasingly turned their attention to care as a policy priority. The APEC Embracing Carers Policy Toolkit (2023) consolidated global evidence and examples of good practice, while the APEC Embracing Carers Workshop Outcomes Report (2025) captured perspectives from carers, policymakers, and civil society representatives, highlighting persistent barriers and the importance of moving from awareness to action.[11] In parallel, the ILO's Toolkit on Paid and Unpaid Care Work (2022) advanced the "5R Framework" for Decent Care Work—Recognise, Reduce, Redistribute, Reward, and Represent—now widely adopted as a guiding reference for designing care-responsive policies.[12]

Caregiving is also deeply connected to several of APEC's long-standing policy priorities, including healthy ageing, demographic resilience, workforce participation, and women's economic empowerment. APEC has repeatedly emphasised that population ageing, declining fertility, and shifting dependency ratios require economies to adopt comprehensive life-course approaches to health and care, as reflected in the Healthy Ageing in the Asia Pacific Region: Policy Dialogue Report (2020) and in subsequent High-Level Statements by Health and Women & the Economy Ministers. Strengthening support for carers is essential to enabling older adults to remain healthy and functionally independent—an objective central to APEC's healthy ageing efforts. At the same time, the unequal distribution of unpaid care and domestic work continues to constrain women's participation in the formal workforce. This directly echoes priorities outlined in the La Serena Roadmap for Women and Inclusive Growth (2019–2030), which calls for advancing work–life balance, promoting co-responsibility between women and men, fostering flexible workplace conditions, and improving the recognition and measurement of unpaid work. Addressing unpaid care is therefore critical to expanding labour force participation, promoting growth, and responding to demographic changes that challenge the region's productivity and social protection systems. Integrating caregiving into these broader APEC priorities strengthens the economic rationale for action and aligns the checklist with commitments already endorsed by APEC economies.

Developing a policy checklist grounded in this evidence base and validated through expert consensus is recognised as a best practice for turning broad goals into measurable steps. Experiences from other sectors demonstrate their effectiveness: Gagliardi et al. (2015) developed a Guideline Implementation Planning Checklist to support the uptake of clinical guidelines, while Van de Velde et al. (2018) introduced the GUIDES Checklist to improve the use of clinical decision-support systems. Both illustrate how structured checklists can reduce ambiguity, strengthen coordination, and support accountability in complex systems.[13,14]

The APEC Embracing Carers Policy Checklist offers member economies a voluntary, adaptable tool to assess current gaps, benchmark progress, and identify actionable reforms. By emphasising practical implementation, context sensitivity, and multisectoral engagement, the checklist provides a pathway to strengthen carers' contributions and reinforce the sustainability of health and care systems across the region.

Definitions

IV. Definitions

The Checklist utilises the following definitions and assumptions to articulate the spectrum of health and care work:

Definitions	
Care work	Employment in the care sector, including the informal and formal economy, as well as unpaid care work outside the labour market. This sector is highly feminised, as women comprise 67% of the global workforce and perform 76% of unpaid care activities.
Unpaid care	Care work outside the labour market, encompassing care work performed in individual households, volunteer community care work, and trainee work. This work is predominantly performed by women and is often underrecognised and undervalued.
Paid care	Care work in exchange for monetary compensation in the formal and informal economy.
Formal economy	Encompasses economic activities that are monitored and regulated by law and in practice.
Informal economy	Encompasses activities that are not regulated by law or in practice. These activities significantly contribute to societies by providing essential services and employment opportunities, but they are often underrecognised and present challenges for the rights of workers.
Unpaid carer	Individual who performs care work for own use in the household or for others without compensation. This term varies across economies and depends on cultural context.
Family caregiver	Unpaid carer who provides care support to a family member or dependent and assists with tasks including daily living activities, medical management, emotional support, and household tasks.
Carers (in this Checklist)	People who provide care and support to others, including unpaid carers (e.g., family caregivers and other informal carers) and, where relevant, paid care workers (including those in the formal and informal economy, such as domestic workers and long-term care workers). In this checklist, “carers” does not refer to clinical health professionals (e.g., nurses or physicians) unless explicitly stated.
Domestic worker	Individual employed to perform a variety of household tasks within a private residence, often including childcare, elder care, cooking, cleaning, and other household maintenance activities. Domestic workers typically operate in the informal economy, often without employment contracts, social protections, and labour rights.

Checklist for carer-integrated health policy

V. Checklist for carer-integrated health policy

A. Recognize

Recognition is the foundational step in systems designed around carers. It involves acknowledging unpaid carers and care workers (including domestic workers) as essential contributors to public health, economic resilience, and social well-being. Recognition must be formal, measurable, and visible manifest in legislation, data systems, and public discourse.

This section helps stakeholders assess the extent to which carers are officially recognised in law, economy-level statistics, and policy narratives.

Implementation note: Recognition efforts are most effective when accompanied by practical support for participation. Where carers are consulted or engaged, dedicated resourcing (e.g., support for time and participation costs, accessible meeting formats, and language/interpretation support) can help reduce barriers and enable meaningful input across different contexts.

Checklist: Recognizing Carers and Care Workers

Action Area	Yes	In Progress	No	Notes / Evidence
Carers are explicitly defined in economy-level legislation, policy documents, or strategy papers.	☐	☐	☐	
Economy and Local care frameworks recognise both unpaid carers and paid care workers as part of the care economy.	☐	☐	☐	
Labour and social protection policies include domestic workers as formal care workers.	☐	☐	☐	
The economic value of unpaid care is measured and included in accounts or satellite indicators.	☐	☐	☐	
The social value of unpaid care is measured and included in accounts or satellite indicators	☐	☐	☐	
Government communications (e.g., awareness campaigns, education, health messaging) include recognition of the roles of carers and care workers.	☐	☐	☐	
Domestic workers are counted among care workers	☐	☐	☐	
in economy statistics and labour force classifications.	☐	☐	☐	
Public policy consultations include representatives of unpaid carers and care workers.	☐	☐	☐	
The role of carers is acknowledged in economy emergency preparedness and health resilience planning.	☐	☐	☐	
Mechanisms are in place to monitor progress and follow up on the implementation and outcomes of carer-related policies (e.g., a small set of indicators and periodic reporting).	☐	☐	☐	

Why Recognition Matters

Recognition is not symbolic; it is foundational. When carers are not formally acknowledged in laws, data systems, or policy discourse, their contributions remain invisible and undervalued. This invisibility translates into exclusion from essential services, protections, and funding, deepening economic precarity, and weakening the very systems that rely on their unpaid labour.

Without a clear legal definition of "carer" or a framework that distinguishes between unpaid carers, paid care workers, and domestic workers, governments cannot design tailored interventions or incorporate them into economy development plans. For example, when unpaid care is not captured in labour force surveys, household data, or GDP satellite accounts, it remains unaccounted for in resource allocation and social protection targeting. ILO data have shown that economies without disaggregated time-use data for men and women are less likely to develop responsive care policies, which calls for the recognition and redistribution of unpaid care work.[15,16]

Furthermore, recognition increases accountability. Once carers are formally recognised and included in surveys and data sets, they become visible in planning, budget lines, and monitoring mechanisms. Recognition also enables their inclusion in emergency response, pandemic preparedness, and social protection reforms, all of which were shown to disproportionately affect carers (especially women) during the COVID-19 crisis.[17]

Finally, recognition fosters dignity and affirms that care is a valuable public good and an economic necessity, deserving of respect, compensation, and representation. As economies grapple with ageing populations, health system gaps, and workforce transitions, recognising carers is not optional—it is essential to build sustainable, and resilient societies.

Recognize Case Study: Chile

Recognising the Right to Care through "Chile Cuida"[18,19]

Issue

Unpaid care in Chile has long been invisible in policy frameworks despite its critical role. Care responsibilities, disproportionately shouldered by women (particularly heads of households), have limited their economic participation and remained unpaid and unrecognised. The lack of formal acknowledgement constrained access to support services and perpetuated inequality.

Solution

Chile has taken meaningful legislative and institutional steps to change this narrative:

1. Progress on the Chile Cuida Bill: The Senate Committee on Family, Childhood and Adolescence granted general approval to the "Chile Cuida" bill on May 27, 2025, marking a critical legislative milestone toward recognising caregiving as social infrastructure.
2. Launch of the "National Support and Care Policy (2025–2030)": The government officially launched the "National Support and Care Policy (2025–2030)" in March 2025—Chile's first comprehensive strategy to guide implementation of the care system.
3. Rapid Expansion of Chile Cuida Infrastructure: The network of care support centres known as the Local Support and Care Network (Red Local de Apoyos y Cuidados) has expanded significantly—from serving 7,500 households in previous years to 37,000 households in 215 municipalities as of mid-2025.
4. Budget Increase for Care System Implementation: The 2025 Budget includes a roughly 40% increase in funding for the "National Support and Care System" compared to 2024 levels—providing fiscal backbone to the recognition framework.

Impact

- 37,000 households received services through local support centres spread across 215 municipalities, enabling practical access to care supports.[20]
- The 40% budget increase signals elevated priority for care system realization and sustainability.[21]

Why This Exemplifies Recognize

By embedding caregiving in law, policy, fiscal planning, and public infrastructure, Chile is reframing unpaid care as a visible societal priority. The Chile Cuida initiative ensures that caregiving is identified, supported, and institutionally acknowledged—not just privately shouldered.

B. Reduce

Reducing the burden of unpaid care involves improving access to services, infrastructure, and supportive policies that ease the intensity, frequency, or time required for caregiving, including childcare and other forms of dependent care. Efforts include strengthening health services, expanding long-term care systems, improving access to affordable, quality childcare, fostering workplace flexibility, and aligning social protection schemes so that carers can better balance paid work and caregiving responsibilities.[22]

For APEC economies, reducing the care burden is closely linked to growth, workforce participation, and healthy ageing. Investments that make care more accessible—whether through affordable childcare, eldercare, telehealth, or mobile care services—enable carers to participate more fully in the economy while improving the health and well-being of those receiving care. Innovation also plays a role: digital health solutions, assistive technologies, community-based programs, and cross-sectoral approaches can help extend services to underserved populations, support independence and safety–particularly for older persons ageing in place–and strengthen caregiver capacity, while also improving system efficiency.[23,24]

This section helps stakeholders assess how effectively systems reduce the care burden through investment in services, infrastructure, coordinated policy design, and carer-centred innovation. The checklist provides a structured way to identify existing strengths, reveal policy and service gaps, and prioritise areas for reform.

Checklist: Reducing the Burden of Unpaid Care[25,26,27,28,29,30,31,32]

Action Area	Yes	In Progress	No	Notes / Evidence
Incentives exist for workplaces to adopt flexible work, care policies and measures, aligned with international labour standards (e.g., maternity protection, parental leave, working arrangements).	☐	☐	☐	
Economies' systems promote portable skills recognition frameworks to support re-entry into care work.	☐	☐	☐	
Employers (public and private sectors) are encouraged to offer family care leave or unpaid time off to care for dependents.	☐	☐	☐	
Unpaid carers have access to affordable and quality care options.	☐	☐	☐	
Investments expand person-centred home- and community-based care (e.g., home support, respite services, rehabilitation, case management).	☐	☐	☐	
Access to telehealth and mental health services are available and accessible for unpaid carers and paid care workers.	☐	☐	☐	
Social health protection schemes support affordable access to essential health services, minimizing financial barriers.	☐	☐	☐	
Integrated long-term care strategies include financial and service support packages for unpaid carers and dependent individuals.	☐	☐	☐	
Regular intersectoral coordination exists across health, social protection, and labour ministries, with long-term services and supports (LTSS) explicitly integrated as a component of ageing, disability, and child care systems.	☐	☐	☐	

Why Reduce Matters

Without adequate investment in services and policies that reduce care intensity, unpaid carers face higher risks of burnout, income loss, and long-term health challenges. Reducing the care burden through policy and service delivery is therefore critical for economic participation, closing gaps in labour markets, and advancing universal health coverage in accordance with local contexts and priorities.[33,34,35]

According to the ILO, insufficient investment in care policies contributes to reduced labour force participation and limits productivity, particularly among women.[36] The OECD finds that unpaid care responsibilities are a major barrier to women's employment across its members, especially in economies with limited access to formal care services. For example, in Korea, over 60% of women cited caregiving responsibilities as the primary reason for leaving the labour force.[37]

The ILO also highlights the value of flexible learning pathways into healthcare occupations as a means to expand and diversify the care workforce.[144] These innovations are particularly critical in rural or underserved areas and should be culturally appropriate and focus on economic participation.

For example, in the United States, the Older Americans Act (OAA) Title III services and home and community-based services (HCBS) illustrate how structured community-based systems — offering a continuum of support including nutrition, transportation, respite care, and in-home assistance — can enable older persons to remain independent in their communities, reduce caregiver burden, and prevent costly institutionalisation, while simultaneously strengthening the capacity of caregivers to sustain their role over time.[38,39]

Global organisations recommend that economies adopt integrated care strategies that combine investment in social infrastructure with labour market reforms, helping reduce the care burden and enhance growth.[40,41]

Reduce Case Study: Indonesia

Reducing Unpaid Care Through "National Care Economy Roadmap (2025–2045)"[42,43]

Issue

In Indonesia, unpaid care work has disproportionately impacted women, constraining their labour participation and perpetuating inequality. With ageing demographics and limited formal care infrastructure, households—especially women—bear the bulk of caregiving responsibility, often at the expense of paid employment and social inclusion.

Solution

To address this issue, the Indonesian Government, in collaboration with the ILO, developed the "Care Economy Roadmap and National Action Plan (2025–2045)". The roadmap was officially launched in 2024 and integrates multi-ministerial stakeholder input to:

- Expand formal care services for children, older persons, and people with disabilities.
- Develop community-based care infrastructure across regions.
- Provide training and create professional support pathways for caregivers.
- Activate public and private investments for sustainable care service expansion.

Impact

- Establishes the first economy-level framework for formalising care services in Indonesia, embedding the value of caregiving into development planning.
- Positions care infrastructure as essential to reducing women's unpaid workload, enabling more participation in the workforce.
- Lays the foundation for a new care economy supported by skilled labour and public-private financing, balancing care demands with economic opportunity.

Why This Exemplifies Reduce

The Care Economy Roadmap embodies the Reduce pillar by addressing structural determinants—service availability, professional pathways, and financial backing—to shift caregiving from private households into integrated public systems. It transforms care from an invisible burden into an ecosystem of formal, accessible services.

C. Redistribute

Redistributing care responsibilities involves promoting a more balanced sharing of unpaid care across society. This includes encouraging both men and women to participate in caregiving, supporting intergenerational and community contributions, and ensuring that employers and state institutions play their part. Redistribution requires legal frameworks, workplace policies, and public services that promote shared caregiving roles and reduce the expectation that unpaid care falls primarily on one group.

This section helps stakeholders assess whether the economy frameworks and institutional practices promote a fairer division of care work. It emphasises collaboration across government, employers, civil society, and communities to build environments where caregiving is recognised as a shared societal responsibility.

The checklist below presents suggested indicators to evaluate progress toward redistribution. Lessons from APEC economies such as Australia; Japan; and New Zealand—as well as U.S. policy models—further illustrate strategies for equal redistribution of care responsibilities.[44,45,46,47,48]

Checklist: Redistributing Care Responsibilities

Action Area	Yes	In Progress	No	Notes / Evidence
Parental and care leave policies encourage shared responsibilities among men and women.	☐	☐	☐	
Economy awareness campaigns promote balanced caregiving roles for men and women and across generations.	☐	☐	☐	
Education systems include curricula that encourage students to see caregiving as a shared responsibility.	☐	☐	☐	
Government policies support shared responsibility for care across public, private, and household spheres.	☐	☐	☐	
Budget allocations invest in care infrastructure and services that support families and reduce unpaid care with decent and skilled care jobs	☐	☐	☐	
Labour and social protection systems are coordinated to support all workers with unpaid care responsibilities.	☐	☐	☐	
Public procurement and funding processes include criteria that promote equal approaches to care provision.	☐	☐	☐	
Community-based programs actively engage unpaid carers (e.g., family caregivers and other carers) through outreach, peer support, and skills-building.	☐	☐	☐	

Why Redistribution Matters

Unequal distribution of care responsibilities contributes to disparities in employment, earnings, and opportunities for participation in public life. When caregiving is viewed primarily as the responsibility of one group, it limits economic participation and reinforces unequal expectations.

Redistribution helps spread responsibility across the state, the market, families, and communities. This not only reduces the disproportionate impact on women but also creates conditions where men, younger generations, and employers share in caregiving, strengthening families and promoting growth.[49]

Evidence shows that redistribution policies—such as non-transferable paternity leave, public awareness campaigns, and the inclusion of men in care programs—can shift social norms and encourage more balanced participation in caregiving.[50,51] OECD data show that when men take parental leave, they are more likely to remain involved in caregiving long term.[52] Similarly, education systems that promote shared caregiving roles from an early age contribute to long-lasting cultural change.[53]

Several APEC economies demonstrate leadership in this area:

- Japan's Ikumen Project promotes men's participation in caregiving through public campaigns and workplace initiatives.[54]
- New Zealand has advanced shared parenting through education curricula and public messaging.[55]
- Australia's WGEA provides employer guidance on leave, flexible work, and performance indicators that support caregiving.[56]
- In the United States, state-level paid leave programs and regional surveys provide lessons on how policy design and data collection can support redistribution.[57,58]

Redistribute Case Study: Korea

Redistributing Care Through the Foreign Domestic Support Pilot (2024–2025)[59,60]

Issue

In July 2024, the Seoul Metropolitan Government, in partnership with the Ministry of Employment and Labor, launched a Foreign Housekeeping Managers Pilot Project. Under this initiative:[61]

- 100 trained Filipina caregivers were brought to Seoul to assist with domestic and childcare duties, reducing reliance on unpaid family labour.
- The program targeted single-parent households and dual-income families, providing flexible support of 4–8 hours per day through certified agencies.
- Applications ran from July 17 to August 6, 2024, with the service debuting in September 2024.

This model redistributes care by shifting household duty from unpaid family members to paid professionals, reducing the unpaid burden and enabling women's continued workforce engagement.

Impact

- 89 out of 98 domestic workers extended their employment during the pilot's second phase, demonstrating strong workforce retention.
- The program served 148 households as of March 2025, including 135 returning users; 102 households remain on a waiting list, highlighting unmet demand.
- Households reported 95% satisfaction rates, with 94% expressing intent to continue, and 93% willing to recommend the program.

Why This Exemplifies Redistribute

This pilot strategically redistributes care burden by integrating formal caregiving services into family life. It shifts responsibilities from unpaid domestic labour to professional support, easing economic pressure on caregivers, building a comprehensive care system, and providing a model for broader formalisation of home care across the APEC region.

D. Reward

Rewarding care work means recognising it as a valuable social and economic contribution and ensuring that carers—both unpaid and paid—are supported through appropriate protections and opportunities. This includes integrating unpaid care into social protection systems, extending labour rights to unpaid care workers, and creating financial or policy incentives that reflect the essential role carers play in families, communities, and economies.[62]

This section helps stakeholders assess the extent to which systems and policies provide recognition through social protection, formal employment opportunities, skills development, and economic support for caregivers. Rewarding care work is key to reducing economic vulnerability, improving labour participation, and strengthening sustainable care systems.

Checklist: Rewarding Carers and Care Work

Action Area	Yes	In Progress	No	Notes / Evidence
Unpaid carers are credited in pension schemes or social protection based on care giving periods.	☐	☐	☐	
Social protection programs acknowledge unpaid care as a contribution to household and economy well-being.	☐	☐	☐	
Paid domestic and care workers are covered by occupational safety, health protections and safe working conditions.	☐	☐	☐	
Formalisation strategies exist to register and support informal or family carers.[145]	☐	☐	☐	
Carers can access training allowances or skills certification linked to their care giving role.	☐	☐	☐	
Tax credits, direct payments, or cash subsidies are available to support family carers.	☐	☐	☐	
Paid care workers have access to labour protections, representation, and social dialogue mechanisms.	☐	☐	☐	
Unpaid carers are supported to provide care safely in home and community settings (e.g., training and guidance, mental health support, and access to essential services, where appropriate).	☐	☐	☐	

Why Reward Matters

Globally, care work—especially unpaid care—remains under-recognised in economic systems and public budgets, despite being the foundation of health and social well-being. This invisibility contributes to economic insecurity for carers and reinforces the undervaluation of care professions. Rewarding care work through financial, institutional, and policy recognition helps reduce poverty risks, support workforce participation, and promote growth that benefits all.[63,64,65]

The ILO estimates that investing in care sectors and formalising informal care work could generate up to 280 million jobs globally by 2030.[66] Recognizing unpaid care through pension credits, direct subsidies, or tax relief reduces long-term financial insecurity, particularly among older persons and those outside formal employment.[67,68]

Several economies provide lessons on rewarding care. For example, Canada and some U.S. states offer monetary recognition or tax credits for family carers. At the same time, Australia includes care work within workforce planning and budget frameworks through its Fair Work Act and budgeting practices. These approaches demonstrate how recognition can strengthen both family well-being and economic resilience.[69,70,71]

Social protection systems that extend beyond paid labour to reflect unpaid contributions can reduce vulnerability among carers, including older adults, migrant carers, and those in rural or underserved settings.[72,73] Rewarding care work ensures that the people who sustain health, households, and economies are not left invisible or unsupported.

Redistribute Case Study:
Australia's Carer Payment & Allowance[74,75]

Issue

In Australia, unpaid carers—most of whom are women—have historically faced high levels of financial insecurity, limited labour market participation, and long-term exclusion from social protection systems. Carers often forego paid work to support family members with disabilities, chronic illness, or age-related needs, and yet receive little formal recognition or compensation for their contribution.

Solution Developed

The Australian Government introduced two national financial support programs:

- Carer Payment: an income support payment for individuals who provide full-time care and are unable to engage substantially in paid employment.
- Carer Allowance: a supplementary payment for people providing part-time care, which is non-means-tested and can be received alongside other forms of income support.

These policies emerged through sustained engagement with carer associations, health sector actors, disability advocates, and labour economists. The programs have been periodically updated to increase payment levels, broaden eligibility, and include carers of children and those with multiple dependents.

Together, these mechanisms financially recognise unpaid caregiving, reduce economic vulnerability, and formally embed caregiving into Australia's social protection framework.

Impact

- As of June 2021, approximately 301,200 people received the Carer Payment and 623,700 received the Carer Allowance.[76]
- In 2020–21, the government invested approximately AUD 6.5 billion in Carer Payments and AUD 2.5 billion in Carer Allowances, with additional support provided through the Carer Supplement and
- Child Disability Assistance Payments, totalling AUD 3.3 billion in carer-specific top-ups.
- Over two decades, total annual expenditure on carers grew from AUD 1 billion (2000–01) to AUD 9.8 billion (2020–21)—a 900% increase, reflecting growing institutional commitment to recognising caregiving as vital economic and social labour.[77]

Why this is Reward in Action

This policy directly embodies the Reward pillar in different ways:

- Assigns economic value to caregiving through structured income support.
- Increases visibility of care work in economy budgets and labour statistics.
- Offers financial protection for carers excluded from formal employment.
- Establishes entitlements based on caregiving time—not just labour market participation.

By treating care as a legitimate form of work and embedding it in fiscal policy, Australia rewards care with institutional recognition, budgetary commitment, and social protection—ensuring carers are not left behind.

E. Represent

Representation ensures that carers—both unpaid and paid—have a voice in shaping the policies and systems that affect their lives. This includes mechanisms to include carers in decision-making, workplace governance, and public policy forums. Representation also involves professional recognition and equal opportunity for all in health system design, workforce planning, and economy development strategies.

This section supports stakeholders in assessing how carers and care workers are integrated into institutional processes and whether their needs and expertise are reflected in the creation and implementation of care-related policies.

The importance of representation is highlighted in the APEC Embracing Carers Policy Toolkit and 2025 Workshop Outcomes Report, both of which concluded that embedding carers in governance structures across health, labour, and social systems will ensure policy fit and uptake.[78,79] OECD guidance emphasises the value of structured public participation to improve decision quality and legitimacy, recommending mechanisms such as deliberative assemblies and permanent advisory councils.[80] ILO Convention 189 and Recommendation 201 require that domestic and care workers have formal channels for social dialogue and representation,[81] reinforced by the ILO 2024 Resolution concerning decent work and the care economy.[123] The IDB highlights the importance of integrating informal carers' perspectives into economy-level care systems, especially in Latin America and the Caribbean.[82]

Checklist: Representing Carers in Policy and Systems[83,84,85,86,87,88]

Action Area	Yes	In Progress	No	Notes / Evidence
Unpaid carers and domestic workers are represented in national policy forums and social dialogue processes.	☐	☐	☐	
Professional associations for care workers are involved in workforce planning and health system governance.	☐	☐	☐	
Caregivers or their representatives participate in consultations related to laws, regulations, or policies that affect them.	☐	☐	☐	
Legal frameworks or mandates require equal opportunity for all in advisory boards, working groups, or task forces.	☐	☐	☐	
Migrant domestic workers, workers of marginalized groups and informal carers are given platforms to express their needs and contribute to decision-making.	☐	☐	☐	
Competency-based training programs are developed based on skill needs assessments, with carer involvement.	☐	☐	☐	
Caregiver assessment and training service codes are used to help integrate carers into formal health systems.	☐	☐	☐	
Monitoring and evaluation systems include feedback mechanisms for unpaid carers and domestic workers.	☐	☐	☐	

Why Representation Matters

Representation ensures that carers are not passive recipients of policy decisions but active participants in shaping them. When carers — particularly unpaid carers — have structured opportunities to engage in governance, the resulting policies are more responsive to real-world needs, and more effective over time.[89,90,91] Representation can also be strengthened through social dialogue—structured engagement among government, employers, workers' representatives, and civil society—helping ensure care-related policies and services reflect lived experience and are practical to implement. Their lived experience brings valuable insights into the design and delivery of health, social, and labour systems, identifying gaps that data alone might miss.[92,93]

Without a formal voice, carers' perspectives risk being overlooked. For example, by failing to address barriers to accessing support services, by omitting legal protections for informal workers, or by ignoring the economic implications of unpaid care,this can perpetuate cycles of exclusion, where carers remain under-recognised, under-compensated, and excluded from economy development strategies.

Evidence from the OECD shows that structured participation mechanisms — such as advisory councils, standing committees, or representative assemblies — improve the quality, legitimacy, and sustainability of policy decisions when they are adequately resourced and designed for inclusion.[94,95]

Representation also has a multiplier effect: when carers are involved in shaping laws, workplace practices, and service delivery models, their contributions help to normalise care as a shared social responsibility, promote professional recognition for care work, and stimulate broader public awareness of the value of caregiving to economic and social well-being.[96,97]

Represent Case Study:

Strengthening Worker Voice through Tripartite Representation in Singapore

Issue

In Singapore, the care and domestic work sector is a critical component of the labour market, employing thousands of migrant domestic workers (MDWs) alongside local care professionals. Historically, this workforce faced challenges such as limited access to fair employment practices, insufficient representation in decision-making, and vulnerability to exploitation due to their exclusion from certain labour protections.[98] Research has documented how MDWs under the "live-in" policy often experience restrictions on autonomy and limited avenues to raise grievances, reinforcing their invisibility in policy processes (ATR, 2023).[99] Without formal platforms for dialogue, the voices of both paid care workers and MDWs were often absent from policy development processes affecting their employment, working conditions, and integration into Singapore's care ecosystem.

Solution

Singapore addressed this gap through its tripartite model, a formal collaboration between the Government, employers, and unions to shape labour policy. This model is embedded in the Tripartite Guidelines on Fair Employment Practices issued by the Tripartite Alliance for Fair & Progressive Employment Practices (TAFEP), which apply to all sectors, including care and domestic work.[100] The tripartite framework:

- Encourages training and upskilling for workers to strengthen their professional recognition and mobility
- Establishes formal consultation channels where worker representatives, including those for domestic workers, can engage with employers and government agencies.
- Provides policy input on wages, working hours, rest days, and workplace protections for MDWs and local care workers.[101]
- Promotes carer-responsive workplace policies through public campaigns and employer toolkits.[102]
- Encourages training and upskilling for workers to strengthen their professional recognition and mobility.

Impact

The tripartite system has helped embed worker representation in labour governance, resulting in:

- The introduction of mandatory weekly rest days for MDWs and clearer employment contract terms, reflected in the Employer's Guide for MDWs issued by the Ministry of Manpower.[103]
- Strengthened complaint and dispute resolution mechanisms through the Ministry of Manpower and unions.
- Improved uptake of fair employment practices among care sector employers, as reported in Singapore's Fair Employment Practices 2023 monitoring, which shows declining workplace discrimination rates.[104]
- Greater visibility of migrant and local care worker needs in policy reforms, aligning with Singapore's broader goals of fair and progressive employment standards.

Why is this an example of Represent

The Singapore tripartite approach offers a practical governance model for APEC economies to integrate paid care and domestic workers into formal labour policy dialogue. By creating institutionalized channels for representation and ensuring that all three parties—government, employers, and workers—are actively involved, Singapore demonstrates how structured engagement can lead to tangible improvements in worker protection, workplace fairness, and policy responsiveness.[105,106]

F. Reframe

Reframing care means shifting how care work is perceived — from being seen as an individual, private responsibility to being recognised as essential social and economic infrastructure that underpins well-being, equality, and economy productivity. This involves changing public narratives, corporate culture, and policymaking language to value care as both a public good and a professional occupation.[107,108,109]

International frameworks, including the APEC Embracing Carers Policy Toolkit and 2025 Workshop Outcomes Report, call for communication strategies, media engagement, and evidence-based advocacy to position care as a strategic investment, not just a social cost.[110,111] The ILO stress the need to challenge harmful norms on men and women, portray diverse carers in public messaging, and integrate care into economic planning.[112,113,114] The OECD further recommends integrating care into broader human capital and labour market policies, ensuring that narratives about economic growth include investments in care systems.[115]

Checklist: Reframing Care as Essential Social Infrastructure

Action Areas	Yes	In Progress	No	Notes / Evidence
Care is identified as a strategic sector in economy development, recovery, and economic policy frameworks.	☐	☐	☐	
Budgeting and public investment frameworks explicitly include care as infrastructure.	☐	☐	☐	
Tools or processes support cross-sector coordination and budget alignment for care-related actions, with LTSS explicitly integrated across ageing, disability, and health systems, including local levels where applicable.	☐	☐	☐	
Care systems are positioned as interconnected across life stages (e.g., childcare, elder care, disablity support).	☐	☐	☐	
Economy-wide awareness campaigns educate policy-makers and the public about the importance of investing in care systems.	☐	☐	☐	
Public messaging frames care as central to social cohesion, equality, and economic sustainability.	☐	☐	☐	
Care is main streamed in planning documents across ministries (e.g., labour, health, education, infrastructure).	☐	☐	☐	
Stakeholder engagement promotes care as a driver of inclusive, gender transformative policies.	☐	☐	☐	
Investment in care is treated as a core strategy for achieving national productivity, demographic resilience, and sustainable development.	☐	☐	☐	

Why Reframing Matters

Despite the indispensable role of care, it remains undervalued in policy and public discourse. When care is not seen as a core element of economy infrastructure, it is underfunded, fragmented, and invisible in development planning. Reframing care helps build cross-sectoral alignment and unlock public investment—creating the narrative and fiscal space needed for long-term system transformation.[116,117,118]

Reframe Case Study: China

Reframing Care through Long-Term Care Insurance and Smart Eldercare

Issue

China's rapid population ageing—expected to reach 400 million people aged 60 and above by 2035—has placed unprecedented pressure on families and health systems. Care was traditionally framed as a private duty of families, with women bearing the overwhelming burden. This imited women's labour force participation, and left caregiving undervalued and invisible in economic planning.[119,120]

Solution

China has pursued dual strategies to reframe care as public infrastructure and economy priority:

I. Long-Term Care Insurance (LTCI) Pilots – Since 2016, pilots in more than 15 cities (now expanded nationwide) provide financial coverage for severely disabled or chronically ill persons. LTCI reduces household care costs, creates incentives for professional long-term care services, and embeds care into the social insurance system, reframing it as a right supported by the state.[121,122]

II. Smart Eldercare Development – The government has promoted digital and community-based care for older persons services, such as remote health monitoring, AI-based support systems, and online service platforms that link families with professional caregivers. Smart Eldercare reframes caregiving as innovation-driven infrastructure, moving it beyond unpaid household work and positioning it within a modern, tech-enabled service sector.[123]

Impact[124,125,126]

- Financial Relief: LTCI pilots reduce out-of-pocket spending, shift risk from families to public systems, and allow more women to remain in the workforce.
- Service Expansion: By 2023, LTCI reached tens of millions, laying the groundwork for nationwide coverage.
- Professionalization & Jobs: Both LTCI and Smart Eldercare initiatives stimulate demand for trained caregivers, creating new employment opportunities.
- Innovation in Care: Smart Eldercare integrates health, social, and digital infrastructure, offering scalable solutions for rural and urban populations alike.

Why This Exemplifies Reframing

Together, these reforms demonstrate how China is reframing care from a private family duty into a public, insured, and technologically enabled system. Care is no longer seen as hidden domestic work, but as economic and social infrastructure essential for economy resilience, and development.[127,128,129,130,131]

Importantly, the expansion of LTCI and Smart Eldercare has also helped reduce urban–rural disparities in access to services, extending formal care and digital innovations to populations previously underserved.[132] By embedding care into economy planning, China positions it not only as a social necessity but as an investment in human capital and productivity, aligning with international guidance, including OECD recommendations, on integrating care into broader labour market and growth strategies.[133,134]

Conclusions

VI. Conclusion

The APEC Embracing Carers Checklist for Carer-Integrated Health Policy underscores that unpaid and paid carers are indispensable to the resilience of health systems, social cohesion, and economic growth across the region. No single reform can meet the full scope of carers' needs. Progress requires an integrated approach that addresses the multiple dimensions of care work: recognising its value, reducing its burdens, redistributing responsibilities, rewarding contributions, representing carers in decision-making, and reframing care as essential social and economic infrastructure.

Policymakers, the private sector, and civil society should work together to move beyond symbolic recognition and deliver practical support. Carer-responsive strategies are encouraged to address imbalances in how care responsibilities are shared across society, extend protections to informal and migrant carers, expand investment in services and infrastructure, and build pathways for decent work in the care economy. Efforts should also ensure that carers' voices are represented in governance and that care is embedded in economy development, labour, and health agendas.

By applying the Checklist as both a diagnostic and planning tool, APEC economies can identify gaps, prioritise reforms, and track progress toward systems built around carers that support carers. Embedding care in policy frameworks and budgets will not only improve equality amongst societies and well-being, but also unlock economic dividends by enabling broader workforce participation and healthier, more resilient populations.

The Checklist reflects APEC's shared commitment to voluntary, non-binding cooperation and provides economies with a practical pathway to transform recognition into action. When economies invest in carers, they invest in their people, their health systems, and their long-term prosperity.

This document provides important information to inform Carer-Integrated Health Policy; however, nothing in this document shall be construed to infringe upon or prejudice the sovereignty or policy priorities of APEC member economies.

Appendix

VI. Appendix

A. Acronyms

- **ACL:** Administration for Community Living
- **ADRC:** Aging and Disability Resources Centers
- **AIIB:** Asian Infrastructure Investment Bank
- **APEC:** Asia-Pacific Economic Cooperation
- **ATR:** Anti-Trafficking Review
- **COVID:** Coronavirus Disease
- **GDP:** Gross Domestic Product
- **GUIDES:** Guideline Implementation Decision Support Checklist
- **HCBS:** Home and Community-Based Services
- **IDB:** Inter-American Development Bank
- **ILO:** International Labour Organization
- **LTSS:** Long-Term Services and Supports
- **MOM:** Ministry of Manpower (Singapore)
- **OAA:** Older Americans Act
- **OECD:** Organization for Economic Co-operation and Development
- **OPAN:** Older Persons Advocacy Network (Australia)
- **PSU:** APEC Policy Support Unit
- **TAFEP:** Tripartite Alliance for Fair & Progressive Employment Practices (Singapore)
- **UHC:** Universal Health Coverage
- **UN:** United Nations
- **USD:** United States Dollar
- **WGEA:** Workplace Gender Equality Agency (Australia)
- **WHO:** World Health Organization.

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C. Endnotes

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