

APEC Embracing Carers as an Integral Part of Health Systems

Workshop Outcomes Report

APEC Health Working Group

February 2025



**Asia-Pacific
Economic Cooperation**



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BACKGROUND

In 2023, the Asia-Pacific Economic Cooperation (APEC) took an important step in recognizing the value of unpaid care and published the [APEC Embracing Carers Policy Toolkit to Address the Unpaid Care Gap](#) to help all stakeholders better support unpaid carers, most of whom are women, in the APEC region. The Toolkit incorporates the “5R framework for decent care work” (‘5R Framework’), a model of action-oriented policy objectives developed by the International Labour Organization (ILO) and adopted by other multilateral organizations, to guide the implementation of effective policy interventions for the recognition, reduction and redistribution of unpaid care and reward and representation of care workers.

The Toolkit emphasizes that unpaid caregiving upholds all sectors of the global economy, including the health and social care sector. The linkage between unpaid caregiving and health systems has received increased attention since the COVID-19 pandemic. During the United States 2023 APEC host year, the [13th Statement of the APEC High-level Meeting on Health and the Economy](#) recognized the unequal distribution of care work, both paid and unpaid, as a key barrier to gender equality, women’s equitable participation in the paid labor market, and decent work in the care economy. Health ministers “noted the importance of strengthening care infrastructure and supporting care providers as an integral part of health care and health systems, as both paid and unpaid care work is essential to the healthy functioning of our economies and societies”. In 2024, the World Health Organization (WHO) released a report “Fair share for health and care: gender and the undervaluation of health and care work” outlining how underinvestment in health systems can increase unpaid health and care work done by women, ultimately lowering their participation in paid employment and acting as a barrier to their economic empowerment and gender equality.

In 2024, APEC Embracing Carers endeavored to build on these initiatives by convening health and gender ministries, private sector, civil society, and others to identify best practices to help economies strengthen their care infrastructure and support unpaid carers as an integral part of health systems. Between June-September 2024, the APEC Embracing Carers Project Overseer’s team organized two virtual workshops to explore policy interventions across the 5R Framework specifically focused on recognition and integration of caregivers into the health systems of APEC economies, thereby improving health outcomes and economic productivity through comprehensive support and acknowledgment of their role.

Workshop 1:

1. **Recognize** the value of unpaid carers in health systems
2. **Reduce** the caregiving burden (e.g., time, financial insecurity, health impacts)
3. **Redistribute** unpaid care within households and through institutions

Workshop 2:

4. **Reward** carers by ensuring decent work for every health and care worker
5. **Represent** voices of carers in policy and health systems
6. **Reframe** gender-equitable care interventions as critical health investments

Prior to each workshop, the Project Overseer’s team circulated a pre-workshop questionnaire soliciting economy examples and policy interventions for elaboration and discussion during the workshops. The workshop agendas and pre-workshop questionnaires may be found in the report annex.

INTRODUCTION

Contrary to the conventional view that health and care systems are a resource burden, these sectors contribute to job creation and economic development.¹ According to the ILO, increased spending to meet the United Nations Sustainable Development Goals (SDGs) could generate 173 million jobs worldwide by 2030, not only within the health and social work sectors but also through their impact on other industries such as infrastructure, technology, and services. Additionally, expanding coverage and improving long-term care services could add another 50.9 million jobs globally, with an overwhelming 78% of these positions likely to be filled by women, thus reducing the gender employment gap by 7.5 percentage points.² APEC Embracing Carers as an Integral Part of Health Systems seeks to challenge the “resource drain” narrative and encourages policymakers to address the critical gaps in health and caregiving infrastructure and support measures, recognizing the indispensable role of unpaid carers in supporting health systems.

Report Scope and Definitions

APEC Embracing Carers as an Integral Part of Health Systems primarily focuses on unpaid care and its relation to the health and care sector. While this is the primary focus, members of the Expert Advisory Group represent diverse organizations with expertise spanning paid and unpaid work. With their support, the project acknowledges that support measures for unpaid care cannot be viewed in isolation; they are closely intertwined with investments across the health and care sector, inclusive of paid and unpaid health and care work. Policy recommendations, case studies, and considerations included in the report therefore include measures economies may take to support unpaid carers and strengthen decent health and care work in the formal and informal economy.

The report utilizes the following definitions and assumptions to articulate the spectrum of health and care work³:

Definitions	
Health and care work	Employment in the health and care sector, including the informal and formal economy, as well as unpaid care work outside the labor market. This sector is highly feminized, as women comprise 67% of the global health and care workforce and perform 76% of unpaid care activities. ⁴
Unpaid care	Care work outside the labor 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 underrecognized 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.

¹ WHO. [High-Level Commission on Health Employment and Economic Growth](#). Geneva: ILO, 2016

² ILO. [World Employment and Social Outlook 2023: The value of essential work](#). Geneva: ILO, 2023

³ More information on the spectrum of health and care work may be found in the [WHO Fair Share for Health and Care report](#), which utilizes categories of work derived from the 19th International Conference of Labour Statisticians (ICLS) resolution.

⁴ WHO and ILO. [The gender pay gap in the health and care sector: A global analysis in the time of COVID-19](#). Geneva: WHO and ILO, 2022

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 underrecognized 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.
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 labor rights.

APPLYING THE 5R FRAMEWORK

Each “R” includes subtopics included in the pre-workshop questionnaires and discussed by the Expert Advisory Group during Workshop 1 and Workshop 2, with an additional “R” discussed on reframing gender-equitable care interventions as critical health investments. During the project, the Expert Advisory Group put forward policy and advocacy recommendations as well as case studies and examples for these subtopics. Participants emphasized that it is essential to remember that the caregiving landscape varies across APEC economies. Policy recommendations are therefore sensitive to cultural contexts and do not lend themselves to a one-size-fits-all approach. The “Additional Considerations” boxes throughout the report highlight these nuances and indicate areas that experts believe warrant further exploration.

RECOGNIZE

1.1 Strengthening accounting frameworks

The COVID-19 pandemic exposed the insufficient investment in care infrastructure, exacerbating the global care crisis as unpaid carers met the rising demand for care. Today, while the health and care sector is one of the largest and fastest-growing sectors, health and care work is often underrecognized and undervalued. During Workshop 1, the Expert Advisory Group identified the fragmented nature of data collection at the international and economy levels as a barrier to effective analysis and agreed that harmonizing this data is essential for gender and care sensitive policymaking. Workshop participants also raised respondent burden and lack of a universal care definition as obstacles to documenting unpaid care work.⁵

⁵ The ILO is also tasked with developing international statistical standards, definitions, and a measurement framework for care work. This initiative builds on the mandate from the 21st ICLS, which instructed the ILO to establish a statistical standard-setting process on care work. A Working Group of Experts, representing ILO constituents and other international experts, will gather insights from the experiences, best practices, and policy needs of their respective economies, aiming to deliver harmonized recommendations at the 22nd ICLS in 2028.

The goal of these policy and advocacy recommendations on accounting frameworks is to enhance policymakers' awareness of the economic value of unpaid care and to strengthen support systems for unpaid carers within the formal and informal economy.

Policy & Advocacy Recommendations

- Follow guidance from the ILO Statistics Department, which has commenced work to develop standards for statistics on care work. These standards will build on ILO caregiving milestones, such as Resolution I of the 19th ICLS, which included previously omitted types of unpaid work alongside paid employment and existing categories of unpaid work.
- Ensure that time-use surveys are nuanced (e.g., account for simultaneous activities and co-presence) but cost-effective for economies to implement and feasible for unpaid carers to complete.⁶
- Establish public accountability mechanisms and gender-responsive monitoring and evaluation frameworks, including but not limited to:
 - Participatory planning mechanisms;
 - Monitoring dashboards;
 - Community scorecards; and
 - Public expenditure tracking systems.
- Document care work through patient assessment forms used by community health workers.
- Ensure Systems of Health Accounts⁷ provide an integrated approach to collecting information on health and care workers and relevant expenditures.

Case Study or Example

Social Accounting Matrices (SAMs) are tools for understanding the value of caregiving by providing a comprehensive view of how caregiving activities intersect with the broader economy. SAMs track flows between sectors, households, and institutions, making it possible to quantify the economic contributions of unpaid care work. In the Republic of Korea, a gendered SAM has been developed to specifically highlight the role of care in the economy, integrating caregiving activities into economy-level accounting systems. This approach has helped policymakers understand the full value of unpaid care and how it influences labor markets, gender equality, and economic productivity.⁸

Additional Considerations

Some experts shared that while time-use surveys are insightful but can also be highly time-consuming, resource-intensive, and costly, limiting frequent updates and effectiveness for monitoring changes. Many economies lack resources for regular surveys, causing significant data gaps. To ensure that time-use surveys are practical but comprehensive, the ILO's Statistical Standards and Methods Unit (SSMU) developed and tested a series of practical, light time-use measurement tools for attachment to Labor Force Surveys (LFS).⁹

⁶ Resources on light time-use surveys attached to labor force surveys may be found on [ILOSTAT](#).

⁷ The WHO Health Workforce Accounts Data Portal may be found [here](#).

⁸ Care Work and the Economy. [A Gendered Social Accounting Matrix for South Korea](#). American University, 2020

⁹ Tools provided by the ILO Statistical Standards and Methods Unit may be found [here](#).

1.2 Sex and gender-disaggregated data

Workshop 1 also emphasized the importance of promoting, creating, monitoring, and updating mechanisms for mainstreaming sex and gender in data collection given caregiving's disproportionate impact on women. Participants agreed that effective data captures quantitative and qualitative aspects of caregiving, including care preferences. Existing data often highlights a preference for family-provided care, underscoring the need for gender-responsive policies that account for these cultural realities.

Policy & Advocacy Recommendations

- Include modules or indicators in time-use surveys that seek to understand the root causes of observed gender imbalances in caregiving (e.g., questions on care preferences and attitudes and compliance with social norms).
- Consider implementing a carers' income tax offset to address the economic impact on women who are primary unpaid carers.

Case Study or Example

In 2022, Mexico implemented the National Survey for the Care System (ENASIC). This statistical exercise captured household supply and demand for care, as well as the sociodemographic and economic characteristics of caregivers (e.g., employment and health impacts). A key finding was the health impacts – such as fatigue, irritability, and depression – on unpaid carers aged 15 and older.

For the 2024 International Day of Care, the ILO launched new data on the share of persons outside of the labor force, disaggregated by sex, education status, rural v. urban. This new indicator can be found on [ILOSTAT](#).

Additional Considerations

This assessment is particularly critical for APEC economies that receive migrant workers, as these workers often find employment in highly feminized sectors such as health and care work without social protections and lack of decent working conditions. Consequently, they face multiple challenges, including age, racial, and gender discrimination, language barriers, and unfavorable employment conditions.

1.3 Data on the impact of caregiving on caregiver health and well-being

The Expert Advisory Group agreed that there is insufficient global data on the impact of unpaid care work on carers' health and well-being. Additionally, while there is some research on mental health and occupational safety and health in the paid health and care workforce, further research is needed to better understand the connection between working conditions and the long-term health impacts on health and care workers.

During Workshop 1, participants discussed the lack of self-identification among carers, suggesting that broadening the definition of caregiving could lead to greater self-recognition and support. Several asserted that caregiving is often seen as simply "being a decent person," particularly given societal and cultural expectations. This perception can obscure the true impact of caregiving on individuals, as questions about caregivers' health are rarely asked.

Policy & Advocacy Recommendations

- Collect more granular quantitative and qualitative data on the impact of caregiving on caregiver health, including physical, mental, and social health.
- Promote multistakeholder data collection and data sharing, encouraging stakeholders to take action to produce and use the data.

Case Study or Example

Since 2022, the National Institute of Geriatrics of Mexico (INGER) and the Japan International Cooperation Agency (JICA) have participated in a community comprehensive care project for older adults in Mexico. This project aims to provide training and resources to unpaid carers and older persons who require care, adopting a health and social perspective on care.

The [Care Map](#) of Mexico (MACU), launched in 2023, is an interactive platform designed to visualize data on comprehensive care services across Mexico. The purpose of this platform is to provide a comprehensive view of care services in Mexico. In 2024, [the Care Observatory \(OCU\)](#), an interactive digital platform featuring care-related indicators, was added to the MACU platform. It provides quick, accessible data in infographic format on care-demanding populations, care service infrastructure, and other social indicators, offering a comprehensive view of care in Mexico.

REDUCE

2.1 Reducing the time and financial costs of unpaid caregiving

The significant time investment required for unpaid caregiving often results in time poverty, limiting carers' ability to focus on their own personal care, development, and participation in the labor force. During Workshop 1, the Expert Advisory Group highlighted the overreliance on unpaid care, most of whom are women. Participants discussed whether existing parental leave policies are sufficient to cover caregiving needs across the life-course and noted that, even in cases where paid leave is available, uptake —particularly among men — remains low.

While the discussion primarily focused on the health sector, discussants noted that infrastructure planning in other sectors, such as transport and energy, similarly lack a gender perspective, which consequently exacerbates the time and financial costs of caregiving. Many noted that decision-makers in infrastructure are responsive to business cases and quantitative data, highlighting the need for compelling metrics, like time savings, to argue for integrating caregiving needs into planning processes.

Policy & Advocacy Recommendations

- Establish incentives for workplaces to implement flexible work policies aligned with international labor standards and establish caregiving support groups to increase self-identification and support.
- Establish flexible and appropriate skills recognition systems and qualification frameworks that can create diverse pathways into care work, including for migrant workers.
- Establish incentives for employers to institute flexible paid parental and family care leave policies that permit unpaid carers to take time off to care for an ill dependent.

- Recognize the gap that domestic workers fill in care policies and extend social protections (e.g., social security benefits) and promote access to care.¹⁰
- Incorporate caregivers' perspectives in the creation of medical technologies.

Case Study or Example

In Japan, the Ministry of Economy, Trade and Industry (METI) and the Ministry of Health, Labour and Welfare (MHLW) expanded its policy initiative “Priority Fields in the Use of Robot Technology for Long-term Care” with the aim of promoting the enhancement of the quality of long-term care services and mitigation of the burden of care providers through the use of long-term-care robots, Information and Communications Technology (ICT), and other new technologies.¹¹

The [UTOPÍAS Project](#) is an initiative by the Iztapalapa City Hall in Mexico City, Mexico that aims to create large, innovative spaces in Iztapalapa that combine care facilities with cultural, recreational, social, and sports amenities, fostering community development.

In 2022 and 2023, the ILO collaborated with the China Enterprise Confederation to introduce workplace policies supporting flexible working hours, breastfeeding, childcare, and protections for pregnant workers and new mothers. In 2021 and 2022, they trained 200 enterprises and 2,000 participants, offering one-on-one technical guidance to five pilot enterprises. These enterprises implemented policies on flexible working hours and supportive measures for breastfeeding, childcare, and protections for pregnant workers and new mothers.

Additional Considerations

Participants emphasized the need for training initiatives that make caregiving tasks more manageable for unpaid carers, without overburdening them or positioning unpaid care as a substitute for professional services. The goal should be to equip carers with practical skills to ease their responsibilities, rather than adding tasks that effectively make them quasi-professionals. If training programs do professionalize caregiving, they should be accompanied by certifications or clear pathways to paid career opportunities, ensuring unpaid care does not unintentionally fill gaps in formal care systems.

2.2 Reducing the health and well-being costs of caregiving

In addition to time and financial costs associated with caregiving, the Expert Advisory Group emphasized that caregiving can adversely impact caregiver health and well-being. These effects are compounded by the shortage of support services and resources as well as lack of recognition of their role. Additionally, caregivers, paid and unpaid, encounter a range of risks related to caregiving, including biological, chemical, physical, ergonomic, and psychosocial hazards. Addressing safety and health risks is essential to support caregiver well-being.

The Expert Advisory Group also discussed broader gaps in health systems that necessitate more gender-responsive policies. For example, several experts noted that reproductive health needs in "essential service packages" often exclude adolescent girls and older women and access is hindered by barriers related to employment status, contributory capacity, and societal norms. Furthermore, coverage gaps in long-term care disproportionately affect

¹⁰ Additional information on the case for including domestic workers in care policies and ensuring their rights at work may be found [here](#).

¹¹ METI. [Priority Fields in the Use of Robot Technology for Long-term Care Revised](#). Japan, METI: 2024

women, who live longer on average and often undertake unpaid caregiving, impeding their participation in paid employment and access to social security.

Policy & Advocacy Recommendations¹²

- Offer respite care to primary unpaid carers providing care for a family member or dependent. Respite care provides short-term relief and temporary breaks to family and unpaid carers.
- Expand access to telehealth and mental health support services for unpaid carers as well as paid health and care workers, particularly migrant domestic workers.
- Ensure the availability, accessibility, and quality of public services like childcare and long-term care.

Case Study or Example

The Australia Government's [Carer Gateway](#) provides emotional and practical services and support for carers, including but not limited to:

- Peer support groups
- Counseling
- Online skills courses
- Emergency respite

In 2023, EMD Serono – a biopharmaceutical company – and the United Nations-Guided Global Initiative on Aging (GIA) announced their collaboration to develop [training courses](#) consisting of five for family caregivers. This course offers professional guidance on critical caregiving skills, including medical equipment usage, creating safe environments, and overcoming communication barriers. The modules seek to equip family caregivers—who often care for individuals with chronic conditions like cancer and multiple sclerosis—with essential tools to improve their caregiving capabilities. The initiative also offers UN certification for caregivers who complete the training.

2.3 Caregiving in the context of population aging

Demographic trends and aging populations contextualized discussion on the costs of unpaid caregiving. A key theme emerged around the increasing burden placed on the "sandwich generation" — those responsible for both children and elderly parents. Smaller family size and dual-income households often leave families struggling to provide care while participating in the workforce.

Participants maintained that investing in the formal health and care sector is essential to meet the increasing demand for long-term care. When both care receiver and carer share the same preference for home-based care, increased investment in training for unpaid carers is also critical.

Policy & Advocacy Recommendations

- Invest in personalized care services allowing care recipients to consider the best solution for them (e.g., home care, community-based care, or hospital care).

¹² Policy recommendations to improve working conditions of health and care workers, including occupational safety and health (OSH), may be found under "Reward".

- Implement long-term care support packages in line with overall plans to design, establish and expand integrated long-term care systems and services towards universal health coverage (UHC). UHC means that all individuals and communities receive the health services they need without suffering financial hardship.
- Explore community initiatives and volunteer programs that support elderly individuals who live alone. These programs not only provide companionship but also focus on identifying and providing caregiving support.
- To effectively support healthy aging and ensure access to long-term care without hardship as a rights-based entitlement, social protection systems must build strong coordination among health care, social care, and employment policies. The ILO has developed guidance on key entry points for social protection systems to contribute to healthy aging:
 - [Long-term care in the context of population aging: a rights-based approach to universal coverage](#)
 - [Securing access to long-term care without hardship as an integral part of universal social protection systems](#)

Case Study or Example

As APEC economies face population aging, innovative caregiving models are emerging to meet the needs of older adults. In Japan, one such model, *Koreikyo*, demonstrates a cooperative approach to care in which both care providers and recipients are older individuals, creating a supportive community for aging citizens. In this model, active older adults between 55 and 75 years of age provide essential care services to more dependent elders, typically aged 75 and above.

Koreikyo's mission is to promote independence, social engagement, and a continued sense of purpose among older adults, helping them maintain a healthy, active life. By providing essential services for social interaction, daily needs, and health maintenance, *Koreikyo* allows older adults to remain engaged and self-sufficient within their communities. This approach not only addresses the demand for caregiving in a resource-efficient way but also supports the well-being of caregivers themselves, who benefit from meaningful work and continued social integration as they age.¹³

Additional Considerations

As populations age, migrant domestic workers play an increasingly vital role in supporting the "sandwich generation", enabling individuals to manage both work and family caregiving responsibilities. Migrant domestic workers often provide essential in-home care that allows women to participate in the paid workforce while ensuring that elderly family members and children receive preferred home-based care. To meet these dual caregiving needs, migrant domestic workers should receive specialized training in both child and elder care, and households with high demands may require either appropriate breaks or additional personnel to prevent caregiver burnout.

2.4 Caregiving in the context of global crises

Underinvestment in health and care work weakens health systems' ability to prepare and respond to crises like the COVID-19 pandemic. Such crises also worsen existing gendered

¹³ More information for cooperative care provision as a gender-transformative solution may be found [here](#).

vulnerabilities faced by women, including gender-based violence, malnutrition, and the overburdening of care tasks. Promoting gender equality can help mitigate these effects during crises.

During Workshop 1, the Expert Advisory Group highlighted the urgent need for targeted support and resources for unpaid carers, who frequently work in resource-limited settings without access to essential supplies like personal protective equipment, food, water, and medical necessities.

Policy & Advocacy Recommendations

- Design disaster response policies through a gender and care lens to address the mental and physical health needs of unpaid carers, particularly for low-income families and rural communities.

Case Study or Example

The ILO's [Employment-Intensive Investment Program \(EIIP\)](#) bolsters the care economy by developing care-related infrastructure, creating decent jobs, enhancing skills, and promoting social protection. EIIPs advance environmental sustainability, gender equality, and poverty reduction by integrating infrastructure development with employment creation and local socio-economic growth. During crises, EIIPs provide temporary jobs and income for vulnerable populations, with a focus on attracting women and ensuring equal opportunities.

Additional Considerations

Despite being part of the care sector, migrants' work is often overlooked, especially if they lack citizenship in the host economy. This marginalization, coupled with inadequate employment and health protections, makes migrant caregivers especially vulnerable. Protective measures must be institutionalized to safeguard the health and safety of care workers, ensuring their resilience in future crises.

REDISTRIBUTE

3.1 Redistribution within the household

Policymakers and community leaders significantly influence the traditional, unequal gender division of labor. Women often face a "double burden," balancing paid employment with ongoing responsibilities in traditional roles such as home, child, and elder care, which have not diminished. When caregiving is framed as a woman's responsibility or solely a family issue, it deepens existing inequalities. During Workshop 1, the Expert Advisory Group recommended policies to promote caregiving as a shared societal responsibility for both men and women, in addition to advocacy for increased responsibility and investment by the government and the state. Participants also emphasized the importance of educating society from a young age on the equal responsibility of caregiving.

Policy & Advocacy Recommendations

- Introduce a parental equality model, which would include bonus weeks of paid parental leave, contingent upon both parents equally sharing caregiving duties. This model encourages more balanced caregiving roles within the family.

- Consider establishing paid, non-transferable paternity leave of adequate duration to encourage fathers' involvement in early caregiving, promoting gender equality and supporting family well-being.¹⁴
- Promote positive gender socialization, which seeks to challenge and change negative gender norms, beliefs, policies, and practices that lead to gendered responsibilities and inequitable outcomes. This socialization can encourage greater participation of men and boys in caregiving work.
 - Develop educational programming targeting youth demographics to facilitate generational and transformational change that values the equal division of household and care labor in the context of migration and remittance economies.
 - Leverage media to showcase role models to shift away from gender norms.

Case Study or Example

In 2023 and 2024, Mexico launched the 'Seamos distintos' ('Let's Be Different') campaign, which was broadcast across various media channels. The campaign aimed to present alternative forms of masculinity that promote equitable relationships with others and the environment.

3.2 Redistribution through health systems

Underinvestment in health systems can lead to a shift towards unpaid health and care work, which lowers women's participation in paid labor markets and acts as a barrier to women's economic empowerment and gender equality. The Expert Advisory Group called for sustainable investments in health and social care, including in the health and care workforce itself, to go beyond increasing the number of health and care workers but to include investing in employment and decent working conditions to bolster attractiveness and retention.

Furthermore, participants advocated for measures to include addressing the overreliance on informal and volunteer workers, who are considered a hidden subsidy to health systems and society. Regulating, accrediting, and integrating the informal workforce into the formally employed health workforce can be a pathway. The Expert Advisory Group maintained that strengthening the health workforce starts with ensuring decent jobs, social protection, rights at work, and equal pay for work of equal value.

Policy & Advocacy Recommendations

- Enhance policy coherence in health systems to redistribute care. Care provision frequently occurs at the intersection of health and social services, requiring better coordination and leadership to avoid gaps in service delivery. Additionally, ensuring that health and care services are central to labor governance can support public health and economic stability, facilitating more equitable access to quality care.

Case Study or Example

Economy-specific analysis can effectively support economic arguments. For example, the OECD [SIGI 2024 Regional Report](#) highlights limited investment in care and health

¹⁴ ILO recommendations for paternity leave, maternity leave, and other forms of leave may be found [here](#).

systems. The report asserts that with the region's socioeconomic transformation, the demand for care is expected to surge, and unpaid carers will be unable to meet this demand, necessitating investment in robust formal care sectors.

Additional Considerations

During Workshop 1, several experts shared that care is frequently understood in a narrow sense, focusing primarily on childcare, while neglecting the broader spectrum of care needs, particularly for those with disabilities or chronic health conditions. Expanding the scope of formal care systems to include a wider array of health and disability services ensures that all forms of care are recognized and supported within health systems.

REWARD

4.1 Ensuring decent work for all health and care workers

Improving employment and working conditions in the formal sector is the foundation of effective strategies to attract and retain quality health workers to address existing health workforce shortages and overreliance on unpaid care.¹⁵

During Workshop 2, the Expert Advisory Group put forward Policy & Advocacy Recommendations that comprise the “ideals” for all health and care workers but noted that providers in the informal sector – particularly domestic workers – often lack access to social protections. Participants also raised the importance of promoting inclusive policies for all healthcare workers, including migrant workers. These policies should address the unique needs of healthcare workers with disabilities or neurodivergence. Throughout discussion, experts underscored the importance of social dialogue and representation to ensure that policies and procedures are devised and implemented in a manner that reflects the needs and realities of health and care workers.

Policy & Advocacy Recommendations

- Increase equal access to quality education, upward mobility, training, and lifelong learning.
- Provide adequate remuneration, decent working hours, rest periods, and access to mental health services.
- Ensure that the health and care sectors are covered by anti-discrimination laws and equal treatment policies and measures.
- Prevent excessive working hours and regulate inconvenient shifts.
- Guarantee access to statutory social security, maternity protection, and equal treatment
- Implement occupational safety and health (OSH) protections for health workers, , including the prevention and protection from violence and harassment, and ensure they are upheld during times of public health crisis.
- Include protections from retaliation for paid care workers who advocate for their rights so they can speak up without fear of losing their jobs or facing other consequences.

¹⁵ The [WHO Global Health and Care Worker Compact](#) provides recommendations on how to protect health and care workers and safeguard their rights; and to promote and ensure decent work, free from racial and all other forms of discrimination; and to provide a safe and enabling practice environment.

- Adhere to ILO standards including but not limited to:
 - [Occupational Safety and Health Convention, 1981 \(No. 155\)](#)
 - [Promotional Framework for Occupational Safety and Health Convention, 2006 \(No. 187\)](#)
 - [Convention C190 - Violence and Harassment Convention, 2019 \(No. 190\)](#)
 - [Convention C149 - Nursing Personnel Convention, 1977 \(No. 149\)](#)
 - [Recommendation R157 - Nursing Personnel Recommendation, 1977 \(No. 157\)](#)

Case Study or Example

In Malaysia, the [National Policy for Quality in Healthcare \(2022-2026\)](#) captures the policies and strategies required to enhance the quality of Malaysia's health care system. Additionally, the Employment Insurance System Act of 2017 and amendments to the Employee's Social Security Act adopted in 2018 extended social security coverage to domestic employees in 2021. Since 2022, employers must officially register domestic workers for the social protection scheme.

In Mexico, a pilot program explored incorporation of domestic workers into the Mandatory Social Security Scheme in 2019. The revised law provides protection for illnesses, maternity, daycare, and social benefits; as well as coverage for disability, life insurance, retirement, old-age pensions, and unemployment in old age. Beginning in 2022, a reform to the Social Security Law mandated the enrollment of domestic workers in social security.

In the Philippines, the Magna Carta of Women aligns with the CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women). Additionally, the KASAMBAHAY Law exists to protect domestic workers, including helpers, drivers, and others involved in domestic work.

Additional Considerations

During Workshop 2, the Expert Advisory Group discussed the unique policy challenges faced by migrant domestic workers, including the lack of adequate rights protection and deliberate discrimination. The absence of social protection increases susceptibility to violence and harassment. In addition to legal protections, migrant workers need access to reproductive healthcare, which should be a universal standard. Several participants further noted that family-friendly visa policies are essential to allow migrant workers to migrate with their families and decide whether to have children, supporting their overall well-being. Recognizing the complex nature of care work and diversity of caregiving experiences, participants called for a tailored approach considering the diverse legal landscapes across APEC economies.

4.2 Compensating unpaid carers

During Workshop 2, the Expert Advisory Group explored policy and program pathways to compensate unpaid carers for their work, both through financial remuneration and alternative support measures. Participants discussed policy measures that provide short as well as long term support and emphasized the importance of foundational policies such as paid leave that allow unpaid carers to provide care without risking their financial security.

Policy & Advocacy Recommendations

- Consider implementing worker protections that at minimum adhere to the requirements of the ILO Maternity Protection Convention, 2000 (No. 183), which mandates a minimum paid leave period of 14 weeks with cash benefits at least two-thirds of previous earnings. Where possible, encourage increasing cash benefits to 100%.¹⁶
 - Maternity leave should be complemented by paternity leave, enabling men's care rights and responsibilities, as well as parental leave and other special care leave acknowledging care responsibilities across the life course.
- Launch cash-for-care programs that provide financial support to individuals who need care, particularly during economic and health crises like the COVID-19 pandemic.

Case Study or Example

In the United States, the Medicaid Consumer Directed Personal Assistance Services (CDPAS) is a self-directed program for individuals with disabilities or chronic illnesses to manage their own personal care services. Participants can hire, train, supervise, and dismiss their own personal assistants. CDPAS is funded through federal and state mechanisms, including Medicaid programs and waiver programs. The federal Centers for Medicare and Medicaid Services (CMS) oversees the program, while state Medicaid agencies design and administer it. Local Managed Care Organizations may help by coordinating care and conducting assessments. Self-direction programs provide autonomy but need to be part of a broader care system, with compensation at a living wage.

Additional Considerations

Several experts emphasized the need to review cash-for-care programs to ensure they address systemic caregiving issues rather than serving as temporary fixes. While cash allowances provide immediate support, they are an imperfect long-term solution:

- They can perpetuate unequal care distribution and reinforce gender norms; and
- The compensation in these programs is often insufficient, failing to fully recognize the time, energy, and emotional investment involved in caregiving.

Additionally, family caregivers may feel uncomfortable with monetizing their efforts, viewing caregiving as more than a transactional service. This discomfort highlights the emotional complexity of caregiving, which extends beyond financial compensation to personal responsibility and familial obligation.

In these instances, alternative forms of compensation can create an enabling environment for economic participation. In Mexico, the program "Support for the Well-being of Girls and Boys, Children of Working Mothers" ("Programa de Apoyo para el Bienestar de Niñas y Niños, Hijos de Madres Trabajadoras") provides financial support for childcare with the aim of improving access to and retention in employment and education for mothers, single fathers, or guardians who are looking for work or studying and lack childcare benefits.

¹⁶ Not every APEC economy has a leave scheme that can be commensurately valued under C183. For example, some APEC economies have gender neutral parental leave schemes in lieu of separate maternity and paternity leave policies.

4.3 Addressing the gender pay gap

Data and resources shared by the Expert Advisory Group indicate that when examining the health and care sector as a whole, the gender pay gap is higher than the combined average of all other sectors. This indicates that, on average, women in health and care earn less compared to men, more so than in all other sectors combined. The gender pay gap is particularly pronounced in professional roles (such as doctors and nurses).¹⁷ Additionally, even though women make up a large part of the health and care workforce, they are not evenly spread across different jobs. Within organizations, women are often found in the lower-level jobs, while higher-level positions are mostly held by men.

Participants agreed that there is a need to reflect on how traditional gender roles shape career choices for women and contribute to ongoing inequalities in pay. Understanding these dynamics can inform more effective interventions to reduce the gender pay gap and create more inclusive, supportive work environments.

Policy & Advocacy Recommendations

- Consider establishing a task force to review and update the occupational and skills classification system that reflects the 21st-century context, emphasizing the importance of communication, interpersonal, cognitive, and other soft skills.¹⁸
 - Recognizing the complex skills required in care work can elevate its wages and occupational status, encouraging more men to enter the field and promoting gender neutrality.
- Explore professional trainings and certifications for family carers that provide a pathway and career opportunity, integrating unpaid carers into formal healthcare systems and enhancing the image of caregiving. These trainings can also be explored for those operating in the informal health and care economy, particularly migrant domestic workers, as a pathway to formalization.
- Collect and analyze sector specific wage data with sufficient frequency to allow for timely assessments of the working conditions for the health and care workforce, including monitoring of the gender pay gap in the sector.
- Institute pay transparency and legal instruments to fight against pay discrimination.
- Promote the creation of synergies and public policies to recognize the contributions of Indigenous women, especially in their role as cultural guardians.
- Encourage policymakers to ratify the ILO's Equal Remuneration Convention, 1951 (No. 100) and amend their laws in accordance. The ILO recommends "equal pay for work of equal value", meaning that men and women should receive the same pay for jobs that require similar skills, responsibilities, and effort, regardless of job title or gender.

Case Study or Example

In Malaysia, the Kumpulan Wang Simpanan Pekerja or Employees Provident Fund (EPF), which manages the compulsory savings plan and retirement planning for private sector workers, implemented two programs aimed at strengthening the financial security of unpaid care and domestic workers. The i-Suri program allows spouses to register to the

¹⁷ ILO and WHO. [The gender pay gap in the health and care sector a global analysis in the time of COVID-19](#). 2022

¹⁸ The International Classification of Occupations (ISCO) is currently being revised. More information may be found [here](#).

EPF and to contribute to a dedicated retirement savings plan. The scheme includes a 50% incentive contribution deposited by the EPF for every monetary unit contributed by the beneficiary. Eligible beneficiaries are Malaysian spouses registered under the National Poverty Data Bank and who are below 55 years. The i-Sayang program allows a male EPF member (giver) to transfer 2% of his employee's contribution share received from the employer to his spouse's (recipient) EPF account.

Additional Considerations

Several experts advocated for discussion on the gender pay gap should also broaden to include the perspectives and experiences of migrant workers. Research questions that could be explored include:

1. How many migrant domestic workers are indirectly supporting women in professional healthcare roles?
2. To what extent does their labor contribute to reducing the gender gap in the professional sector?
3. How does professionalization of certain jobs often result in the undervaluation of other essential roles, such as caregiving, which are not traditionally viewed as professional but are critical to supporting working women?

REPRESENT

5.1 Including carers in health systems

The Expert Advisory Group noted that policymakers often categorize resources allocated to unpaid carers as part of the welfare system rather than the health system. For these carers to gain proper representation, advocacy from large organizations is crucial, helping to elevate their role and needs within healthcare policy discussions. Creating participatory mechanisms with civil society is also vital, particularly in regions developing comprehensive care systems. These mechanisms ensure that unpaid carers have a voice in shaping policies that affect them.

Policy & Advocacy Recommendations

- Develop government-mandated advisory councils to provide advocacy and recommendations to policymakers.
- Review and enhance existing policies and practices for social dialogue, including collective bargaining, ensuring voice and representation.
- Explore carer identification pilot programs.
- Utilize caregiver assessments and training services codes to help integrate caregivers into health systems.
- Professionalize migrant work to fully recognize and commensurately compensate their work, including through certifications.
- Encourage governments should work in cooperation with the social partners towards ensuring access for all health and care workers to lifelong learning.
- Conduct skill needs assessments and develop competency-based curricula for the health and care workforce, adapting to changing societal, health and care needs.
- Align education and training policies for health and care workers with other public policies, focusing on health systems, labor market, migration, and financing.

Case Study or Example

The [United States National Strategy to Support Family Caregivers](#) is a comprehensive initiative developed in collaboration with the RAISE Family Caregiving Act and the Supporting Grandparents Raising Grandchildren Act. This strategy was shaped by input from family caregivers, the individuals they support, and other key stakeholders. It outlines nearly 500 actionable steps that can be implemented at all levels of government and across both public and private sectors. The goal is to ensure family caregivers have the necessary resources to maintain their health, well-being, and financial security while providing essential support to others.

Goal 2: Advance Partnerships and Engagement with Family Caregivers

This goal can be achieved through several approaches:

- Training: Providing family caregivers with training on daily and medical tasks for care recipients, with health providers able to bill for this training.
- Care Plan Inclusion: Involving family caregivers in the development of care plans, when appropriate.
- Caregiver Assessments: Conducting assessments to understand the needs of family caregivers.
- Provider Collaboration: Training healthcare providers on how to effectively collaborate with family caregivers.

5.2 Addressing gender gaps in leadership

There is a notable underrepresentation of women in policymaking, especially in health. While women frequently lead advisory boards, they are often absent at higher policy-making levels. Raising awareness and advocating for increased representation of women in these leadership roles is critical for ensuring gender equity.

The Expert Advisory Group noted that addressing gender gaps in leadership requires first acknowledging the career disruptions women often face, particularly due to caregiving responsibilities. Metrics for assessing career progression and value need to adapt to account for these interruptions, ensuring women are not penalized for taking time off to care for family. Additionally, participants shared that some women choose not to pursue leadership roles due to family obligations and entrenched gender norms. To close this gap, it is essential to promote family-friendly policies and challenge the societal expectations that limit women's career progression into leadership roles.

Policy & Advocacy Recommendations

- Build a legal foundation for equality in the workplace such as United States Equal Employment Opportunity (EEO) laws that prohibit discrimination based on gender in hiring, promotions, and other employment practices.
- Implement peer support and mentoring.
- Track and publish key metrics.
- Employ gender-transformative recruitment and retention strategies. The success of these strategies necessitates broader social transformation in favor of gender-equitable roles and responsibilities within the family that address discriminatory beliefs and stereotypes towards working women and their leadership skills.

- Provide equal access to training and opportunities for upward mobility for women health and care workers.

Case Study or Example

In 2019, Mexico enacted a key reform known as “Parity in Everything” (Paridad en todo), elevating the principle of gender parity to a constitutional level and making it mandatory at all levels of government, including indigenous communities. Additionally, to implement parity in gubernatorial elections, the General Law on Electoral Institutions and Procedures was amended, requiring political parties and coalitions to ensure that fifty percent of their candidates are from each gender.

Additional Considerations

To ensure that unpaid carers benefit from advancements in digital health, it is essential to have their representation in digital health technology design and relevant policy development. The APEC Policy Partnership on Women and the Economy (PPWE) project, *Promoting Gender Equality and Inclusion in Digital Health Technology for Caregivers*, implemented by Chinese Taipei, highlights the importance of this approach, emphasizing that unpaid carers—particularly women—are primary users of health monitoring apps, telemedicine, and assisted care technologies. However, barriers such as the digital gender gap and the absence of gender-focused design limit accessibility and effectiveness for unpaid carers. Prioritizing gender mainstreaming in digital health technology design and related policy formulation can promote inclusivity and increase the usability and accessibility of these tools. This not only recognizes caregivers as an integral part of the health system but also helps them better support their own health and caregiving responsibilities.

REFRAME

6.1 Dismantling perceptions of unpaid care as a substitute

During Workshop 2, the Expert Advisory Group agreed that dismantling the perception of unpaid care as a substitute for state-provided care services is necessary to achieve equity in caregiving and health systems. First, unpaid care is often undervalued because it is seen as a natural extension of family responsibilities, which reinforces harmful gender norms. Changing this perception requires advocating for the recognition of unpaid care work as an important and skilled contribution, rather than an informal substitute for formal care services.

Participants shared that unpaid care must not be viewed as a cost-saving measure for governments or organizations. While it may temporarily alleviate the strain on formal care systems, it often leaves unpaid carers, predominantly women, overburdened and without support. Instead, a focus on formalizing the roles of unpaid carers through policies such as compensation, training, and integration into health systems would ensure that care is adequately valued. Participants emphasized that quantifying the amount and value of care and publicly sharing caregiving stories can influence policymakers.

Policy & Advocacy Recommendations

- Advocate for multi-sectoral partnerships and creating a healthy policy environment to address unpaid care work and its impacts.

- Implement consistent awareness campaigns to educate policymakers, the public, and other relevant stakeholders about the importance of investing in healthcare infrastructure.
- Promote the creation of comprehensive care systems that address care needs across different sectors of society and frame care as essential social infrastructure for promoting equality and economic sustainability.¹⁹

6.2 Gender equality as a foundation for health systems

Workshop 2 highlighted the need for gender-sensitive indicators and accessible data to guide equitable health policies. Participants emphasized building data repositories to streamline access and improve decision-making. Additionally, involving women’s ministries in care policy discussions and adopting a whole-of-government approach were stressed as essential steps to advance gender equality and strengthen health systems.

Investing in care work should be reframed as beneficial for both women and men, not solely as a means of generating employment for women. This requires reassessing occupational and skills classification systems to recognize the significant contributions and complex, multidimensional skills involved in care work. By raising the wages and occupational status of care work, more men will be encouraged to enter the field, making it more gender neutral.

Policy & Advocacy Recommendations

- Implement anti-discrimination and equal treatment policies and measures.
- Standardize working conditions between women and men with respect to contracts and social protection coverage (e.g., offering permanent rather than temporary contracts).
- Institute pay transparency and legal instruments to fight against pay discrimination.
- Providing equal access to training and equal opportunities for upward mobility for women health and care workers.
- Integrate a gender lens in all activities, including gender-sensitive budgeting and the production of gender and sex-disaggregated statistics.
- Establish gender focal points to maintain gender mainstreaming and coordinate with other ministries, recognizing gender as a cross-cutting issue, particularly in relation to women’s health and empowerment.
- Update discriminatory laws that prevent full access to services (e.g., third-party consent laws).

Case Study or Example

In 2022, Japanese policymakers enacted legislation to support women facing domestic violence, financial hardship, and other challenges. Grounded in the principles of gender equality, the law acknowledges that women’s unique and disproportionate struggles are often rooted in gender-based disparities. It mandates that central and prefectural

¹⁹ [The Global Alliance for Care](#), co-convened by UN Women and the Government of Mexico, has developed resources to support economies’ development of comprehensive care systems.

governments establish fundamental policies to assist women, while also legally requiring public and private sector collaboration to develop specific support measures. The law officially took effect in April 2024.

Conclusion

Caregiving is essential for sustainable growth, well-being, and prosperity everywhere, underscoring its importance as a cross-cutting policy priority. Demonstrating the economic value of care to budget holders and decision makers is key to driving policy change and fostering long-term investments in health and social care infrastructure that support universal well-being. By integrating unpaid carers into health systems and providing them with the recognition and resources they deserve, economies can not only improve health outcomes but also create millions of decent jobs. This is an urgent imperative as APEC economies strive to build more resilient, gender-equitable societies.

Acknowledgements

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Annex

Recommended Resources

Throughout the project, Expert Advisory Group members shared caregiving policy and advocacy resources that reinforce the case for recognizing carers as an integral part of health systems, identify additional intersections between caregiving and health-related themes such as population aging and climate change, and provide examples of work in other international fora. A non-exhaustive list of these resources may be found below.

- [APEC Embracing Carers Policy Toolkit to Address the Unpaid Care Gap](#) | APEC
- [Better Later Life – He Oranga Kaumātua 2019 to 2034](#) | Office for Seniors, NZ
- [Caring for those who care – Guide for the development and implementation of occupational health and safety programmes for health workers](#) | ILO
- [Engagement of Family Caregivers in Health Care Systems](#) | National Academy for State Health Policy (NASHP)
- [Fair share for health and care: gender and the undervaluation of health and care work](#) | WHO
- [Gender pay gap in the health and care sector: a global analysis](#) | ILO & WHO
- [Global health and care worker compact](#) | WHO
- [Good practices of support systems enabling community inclusion of persons with disabilities](#) | Office of the United Nations High Commissioner for Human Rights
- [Health and Care Worker Policy Lab](#) | WHO
- [Global State of Care](#) | International Alliance of Carer Organizations
- [HealthWISE - Work Improvement in Health Services](#) | ILO
- [ILO Care Policy Investment Simulator](#) | ILO
- ILO Conventions:
 - [C155 - Occupational Safety and Health Convention, 1981 \(No. 155\)](#)
 - [C183 - Maternity Protection Convention, 2000 \(No. 183\)](#)
 - [C187 - Promotional Framework for Occupational Safety and Health Convention, 2006 \(No. 187\)](#)
 - [C190 - Violence and Harassment Convention, 2019 \(No. 190\)](#)
 - [C149 - Nursing Personnel Convention, 1977 \(No. 149\)](#)
- [New ILO working paper exposes significant 'disability wage gap'](#) | ILO
- [Pathways to Comprehensive Care and Support Systems: Translating G20 Commitments into Action](#) | G20
- [State of Caring Report August 2022](#) | Carers NZ
- [State of the World's Fathers - Unlocking the Power of Men's Care](#) | Equimundo
- [The economic contribution and sacrifices of unpaid family, whānau and aiga carers in New Zealand](#) | Infometrics
- [Towards a new and improved era in women's equality: valuing unpaid work](#) | KPMG
- [Transition from the Informal to the Formal Economy Recommendation](#) | ILO

Expert Advisory Group Members

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Workshop Supporting Materials

Pre-Workshop #1 Questionnaire

<u>Discussion Topic</u>	<u>Questions</u>	<u>Answers</u>
RECOGNIZE	<p><u>Question 1.1: Strengthening accounting frameworks</u></p> <ul style="list-style-type: none"> a) How can we strengthen accounting frameworks to capture the value of all health work, including unpaid caregiving, in APEC economies? b) Who are the key stakeholders to engage? c) What barriers to aggregating the value of caregiving in health systems (e.g., low self-identification among unpaid carers, lack of universal caregiving definition, etc.) can they address? 	
	<p><u>Question 1.2: Sex and gender-disaggregated data</u></p> <ul style="list-style-type: none"> a) Sex and gender-disaggregated data is critical for understanding gender imbalances in health systems and ensuring that interventions are responsive to the needs of vulnerable populations, including women. What is the most efficient and effective way for economies to collect and utilize this data? 	
	<p><u>Question 1.3: Data on the impact of caregiving on caregiver health and well-being</u></p> <ul style="list-style-type: none"> a) In your opinion, is there sufficient data on the impact of unpaid care work on caregiver health? If not, what are the research and data gaps? b) How can we effectively communicate research findings to increase support for unpaid carers? 	

REDUCE	<p><u>Question 2.1: Reducing the time and financial costs of caregiving</u></p> <p>a) Policies that make caregiving easier and less costly (in terms of time and financial resources) can help unpaid carers remain in or reenter the labor force. Can you provide supporting examples for the below categories? Are there any categories that we have missed?</p> <ul style="list-style-type: none"> i. Caregiving trainings ii. Innovative tools and technology iii. Care-friendly infrastructure iv. Care-friendly employment practices v. Gender-responsive social protections 	
	<p><u>Question 2.2 Reducing the health and well-being costs of caregiving</u></p> <p>a) What policies and resources are best able to address adverse impacts on caregiver health and well-being (e.g., counseling and peer support, respite services)?</p> <p>b) How can these interventions be incorporated into health systems?</p>	
	<p><u>Question 2.3 Caregiving in the context of population aging</u></p> <p>a) How should economies incorporate unpaid carers into their plans for healthy aging?</p> <p>b) In the context of population aging, how can economies ensure there is accessible long-term care support that does not place the responsibility solely on unpaid carers?</p>	
	<p><u>Question 2.4 Caregiving in the context of global crises</u></p> <p>a) How can we particularly prioritize unpaid carers needs during emergency response and in the context of global health crises (e.g., pandemics, extreme weather events, etc.)?</p>	

<p>REDISTRIBUTE</p>	<p><u>Question 3.1: Redistribution within the household</u></p> <p>a) Gender imbalances in unpaid work limit women’s economic participation. This imbalance is rooted in the gender division of labor (e.g., wage-earning labor tends to be ascribed to men).</p> <p>b) What are effective strategies to break down these gender norms and increase the uptake of unpaid care work by men while increasing women’s opportunities in the economy, including with respect to occupations predominantly held by men?</p>	
	<p><u>Question 3.2: Redistribution through institutions</u></p> <p>a) Investing in health systems and care infrastructure plays a significant role in redistributing care work from unpaid carers while supporting broader gender equality objectives. To what extent is this relationship considered by governments in allocating budgets for health systems? How can we make the investment case?</p> <p>b) How can we ensure that health systems are financed in a way that avoids perpetuating an unsustainable reliance on unpaid care?</p>	
<p>Did we miss anything? Please feel free to include additional ideas here:</p>		

Pre-Workshop #2 Questionnaire

<u>Discussion Topic</u>	<u>Questions</u>	<u>Answers</u>
<i>REWARD</i>	<p><u>Question 1.1: Ensuring Decent Work for all Health and Care Workers</u></p> <ul style="list-style-type: none"> a) Can you share policy examples that have contributed to safe, healthy, and enabling environments for health and care workers? b) What are the unique policy considerations for health and care workers in the informal sector (e.g., migrant domestic workers)? 	
	<p><u>Question 1.2: Compensating Unpaid Carers</u></p> <ul style="list-style-type: none"> a) Can you share policy/program examples in APEC economies where unpaid carers receive monetary compensation for unpaid care work (e.g., cash for care programs)? b) How were these policies implemented (e.g., what government ministries were involved? how was it funded?) 	
	<p><u>Question 1.3: Addressing the Gender Pay Gap</u></p> <ul style="list-style-type: none"> a) How does the gender pay gap particularly impact the health and care sector, with respect to: <ul style="list-style-type: none"> i. The size of the gap compared to other sectors ii. Perceptions of the value of health work iii. Related economic and health consequences b) What progress has the APEC region made addressing the gender pay gap in the health sector? 	
<i>REPRESENT</i>	<p><u>Question 2.1: Including Unpaid Carers in Health Systems</u></p> <ul style="list-style-type: none"> a) What strategies can be implemented to ensure that unpaid carers are adequately included within health systems, and how can their contributions be formally recognized and supported? b) How can we ensure that their inclusion not only avoids increasing their caregiving burden but also enhances their access to resources and incorporates their perspectives in care delivery? 	

	<p><u>Question 2.2: Addressing Gender Gaps in Leadership</u></p> <ul style="list-style-type: none"> a) Can you share examples of policies that have closed the gender gap in leadership, particularly within health systems and governments? b) How does reliance on unpaid care and gender norms continue to preclude women from accessing these leadership positions? 	
REFRAME	<p><u>Question 3.1: Dismantling Perceptions of Unpaid Care as a Substitute</u></p> <ul style="list-style-type: none"> a) How can we build political will for enhanced investment in health and care infrastructure and simultaneously dismantle perceptions of unpaid care as an adequate substitute, considering the negative impacts on caregiver well-being, labor force participation, and population health? b) In what ways did the COVID-19 pandemic influence this discussion? c) What additional data and examples are necessary to generate the necessary political will to effect positive change? 	
	<p><u>Question 3.2: Gender Equality as a Foundation for Health Systems</u></p> <ul style="list-style-type: none"> a) In addition to greater health systems investment and support for universal health coverage, what targeted, gender-sensitive health policy interventions are most needed to create inclusive economic growth? b) How can APEC economies continue to ensure sustained gender mainstreaming across the health sectors? c) How can APEC and initiatives like Embracing Carers help make this case to policymakers? 	
<p>Did we miss anything? Please feel free to include additional ideas here.</p>		

Workshop 1 Agenda

2 min	<p><u>Welcome and Introduction</u></p> <p>APEC Embracing Carers Secretariat (Access Partnership) welcomes participants and introduces the Project Overseer.</p> <p><i>Trey Flowers, Access Partnership, APEC Embracing Carers Secretariat</i></p>	
8 min	<p><u>Opening Remarks</u></p> <p>The United States, as Project Overseer for APEC Embracing Carers, provides an introduction of the initiative and the desired outcome from today's discussion.</p> <p><i>Dr. Clara Davis, U.S. Department of State Bureau of Global Health Security and Diplomacy, APEC Embracing Carers Project Overseer</i></p> <p><i>Sandrine Rukundo, U.S. Department of State Secretary's Office of Global Women's Issues</i></p>	
15 min	<p><u>2023 Summary</u></p> <p>PEC Embracing Carers Secretariat (Access Partnership) provides a summary of the previous project phase: APEC Embracing Carers Policy Toolkit to Address the Unpaid Care Gap.</p> <p><i>Anne Blatchford, Access Partnership, APEC Embracing Carers Secretariat</i></p>	
	<p><u>BREAKOUT ~ GROUP 1</u></p> <p><i>Moderated by Clara Davis</i></p>	<p><u>BREAKOUT ~ GROUP 2</u></p> <p><i>Moderated by S/GWI representative TBC</i></p>
30 min	<p>RECOGNIZE: How can we fully recognize the value of unpaid care in health systems?</p>	<p>RECOGNIZE: How can we fully recognize the value of unpaid care in health systems?</p>
30 min	<p>REDUCE: How can we reduce the burden on unpaid carers?</p>	<p>REDUCE: How can we reduce the burden on unpaid carers?</p>
30 min	<p>REDISTRIBUTE: How can we promote redistribution within households and through institutions?</p>	<p>REDISTRIBUTE: How can we promote redistribution within households and through institutions?</p>
5 min	<p><u>Concluding Remarks</u></p>	

Workshop 2 Agenda

2 min	<p><u>Welcome and Introduction</u></p> <p>APEC Embracing Carers Secretariat (Access Partnership) welcomes participants and introduces the Project Overseer.</p> <p><i>Trey Flowers, Access Partnership, APEC Embracing Carers Secretariat</i></p>	
8 min	<p><u>Opening Remarks</u></p> <p>The United States, as Project Overseer for APEC Embracing Carers, provides an introduction of the initiative and the desired outcome from today's discussion.</p> <p><i>Dr. Clara Davis, U.S. Department of State Bureau of Global Health Security and Diplomacy, APEC Embracing Carers Project Overseer</i></p> <p><i>Christina Bruff, Division Chief, Women's Economic Security Team, U.S. Department of State Secretary's Office of Global Women's Issues (S/GWI)</i></p>	
15 min	<p><u>Workshop 1 Summary</u></p> <p>APEC Embracing Carers Secretariat (Access Partnership) provides a summary of Workshop 1.</p> <p><i>Anne Blatchford, Access Partnership, APEC Embracing Carers Secretariat</i></p>	
	<p><u>BREAKOUT ~ GROUP 1</u></p> <p><i>Moderated by Clara Davis</i></p>	<p><u>BREAKOUT ~ GROUP 2</u></p> <p><i>Moderated by S/GWI representative TBC</i></p>
30 min	<p>REWARD: How can we ensure decent work for every health and care worker?</p>	<p>REWARD: How can we ensure decent work for every health and care worker?</p>
30 min	<p>REPRESENT: How can we represent voices of carers in policy and health systems?</p>	<p>REPRESENT: How can we represent voices of carers in policy and health systems?</p>
30 min	<p>REFRAME: How can we reframe gender-equitable care interventions as critical health investments?</p>	<p>REFRAME: How can we reframe gender-equitable care interventions as critical health investments?</p>
5 min	<p><u>Concluding Remarks</u></p>	