

THE ROLE OF THE CARE ECONOMY IN SHAPING NEW CRITERIA FOR SUSTAINABLE DEVELOPMENT

Expert report

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Introduction

Every economy depends on a layer of labour it does not pay for. Meals are cooked, children are raised, elderly relatives are bathed and dressed, the sick are nursed back to health, and households keep running through work that rarely appears on a payslip and never appears in a national accounts ledger. This work is far from marginal. The ILO's global time-use data put its value at 9 per cent of world GDP, a scale that rivals major sectors national statistics capture in full (ILO, 2018). The agenda before this Commission asks a direct question about that gap: can the international criteria for defining and measuring "sustainable development" keep treating care work as economically invisible, or is recognizing it now a necessary condition for meeting the 2030 Agenda at all?

The Commission on the Status of Women (CSW) has a long-standing mandate over this question. Established by Economic and Social Council resolution 11(II) in 1946 to prepare recommendations on promoting women's rights, the CSW has treated the unequal distribution of unpaid work as a core obstacle to gender equality since the 1995 Beijing Declaration and Platform for Action. Its critical area of concern on women and the economy explicitly named the remunerated and unremunerated contributions of women to the economy and called for new national accounting methods to capture them. Two decades later, the Commission's sixty-first session (CSW61, 2017) adopted Agreed Conclusions on women's economic empowerment in the changing world of work. They asked states to design macroeconomic and social policies that recognize, reduce and redistribute unpaid care work. That language became the normative basis for most later international work on the care economy, and it is now commonly summarized as the "5R framework": recognize, reduce, redistribute, reward and represent. The 2030 Agenda then wrote the mandate into the Sustainable Development Goals. SDG target

5.4 commits states to recognizing and valuing unpaid care and domestic work through public services, infrastructure and social protection policies, and indicator 5.4.1 measures the proportion of time individuals spend on unpaid work. Care is therefore one of the few SDG areas with both an explicit normative mandate and a dedicated global indicator, although national reporting on that indicator is still uneven.

Table 1. Key milestones in the international care agenda

Year	Milestone	Why it matters
1946	ECOSOC resolution 11(II) establishes the Commission on the Status of Women	Creates the body with the mandate over this question
1981	ILO Convention No. 156 (workers with family responsibilities)	Binding anchor for reconciling work and care
1993	UN System of National Accounts recognizes satellite accounts	Complementary tool for valuing unpaid household production
1995	Beijing Declaration and Platform for Action	Names unremunerated work and calls for new accounting methods
2011	ILO Convention No. 189 (domestic workers)	Extends labour protections to paid domestic and care workers
2015	2030 Agenda (SDG target 5.4, indicator 5.4.1); Uruguay's Law No. 19.353	Care gets a global mandate and indicator; first national integrated care system in Latin America
2017	CSW61 Agreed Conclusions	Source of the 5R framework
2025	Beijing+30 Political Declaration (CSW69)	Reaffirms Beijing; no new binding care-measurement obligations

What has changed since those decisions is less the argument than the pressure behind it. Global population ageing, examined in Chapter 1, is increasing the demand for care faster than most states' institutions were built to absorb. The same demographic shift is accelerating international migration in paid care work, which spreads the consequences across borders instead of resolving them at home. Meanwhile, a small number of states, several of them reviewed as case studies in this report, have begun to build the statistical and institutional infrastructure that the Beijing Platform and SDG 5.4 called for. Their experience gives the Commission concrete evidence of what recognition, reduction and redistribution look like in practice, and of how far that practice remains from being a global norm.

This report moves from fact to analysis to recommendation. Chapter 1 sets out the baseline: the scale and demographic shape of the global care economy, the populations it affects most, and the international and national mechanisms that exist to manage it, along with their limits. Chapter 2 turns to the analytical core of the agenda. It examines why care work stays statistically invisible under the current system of sustainable development measurement, and what that invisibility does to gender equality, poverty risk and public policy. Chapter 3 reviews the institutional and statistical innovations that are starting to close the gap and asks what it would take to turn them into shared international criteria. The report then maps the main state and non-state interests the Commission will have to reconcile, and it closes with recommendations. Nobody seriously disputes that care work matters to sustainable development. The real question is how recognition can become measurable, comparable and realistically achievable criteria across very different national circumstances.

Chapter 1. The current state of the global care economy

1.1. Scale, demographics and regional patterns

Key trends: Over the past decade the scale of unpaid care work has been documented with growing precision, and three trends stand out. First, the volume of unpaid care labour is immense compared with any other single sector. The ILO's 2018 analysis of time-use surveys in 64 countries found that 16.4 billion hours are spent on unpaid care work every day, equal to two billion people working a full eight-hour shift without pay (ILO, 2018). Second, women carry most of it. They perform 76.2 per cent of all unpaid care work worldwide, averaging 4 hours and 25 minutes a day against 1 hour and 23 minutes for men. Over a year, that gap amounts to 201 working days for women and 63 for men (ILO, 2018). Third, the burden varies widely by region. Satellite-account data from Latin America and the Caribbean put the value of unpaid care work at roughly 21 to 24 per cent of regional GDP on average. The OECD average, calculated with comparable replacement-cost methods (explained in Chapter 2), is about 15 per cent, while European Union estimates range from 17 to nearly 32 per cent of GDP depending on the valuation method (UNDP, 2024; OECD care-economy estimates).

Table 2. The gender gap in unpaid care work. Men's global share is the complement of women's 76.2%.

Indicator	Women	Men	Source
Share of global unpaid care work	76.2%	23.8%	ILO, 2018
Average daily time on unpaid care	4 h 25 min	1 h 23 min	ILO, 2018
Annual equivalent (working days)	201	63	ILO, 2018
Unpaid care value as share of global GDP	6.6%	2.4%	ILO, 2018
Mexico: share of unpaid work's economic value	71.5%	28.5%	INEGI, 2023
Mexico: share of total working hours spent on unpaid work	63.7%	27.9%	INEGI, 2023

Figure 1. Unpaid care work as a share of GDP in selected economies. Solid blocks show a point estimate or the lower bound; light blocks show the reported range. Valuation methods differ, so figures are indicative, not strictly comparable (see Chapter 2.1).

Economy or region	Share of GDP (one block = 1 percentage point)	Value
World (ILO, 2011 PPP)		9%
OECD average (replacement cost)		about 15%
Latin America and Caribbean (avg.)		about 21.4–24.2%
Uruguay (2022)		23.8%
Mexico (2023)		26.3%
European Union (range)		17–31.6%

Current state of affairs: At current prices, these figures translate into care economies larger than entire recognized industries. In Mexico, the National Institute of Statistics and Geography (INEGI) found in its satellite account that unpaid domestic and care work was worth 8.4 trillion pesos in 2023, or 26.3 per cent of national GDP. That is a larger share of the economy than manufacturing (20.3 per cent) or commerce (18.6 per cent). Women contributed 71.5 per cent of the value and men 28.5 per cent (INEGI, *Cuenta Satélite del Trabajo No Remunerado de los Hogares de México*, 2023). Demand is intensifying rather than easing. The UN Department of Economic and Social Affairs (UN DESA) projects that the number of people aged 65 and older will more than double, from 761 million in 2021 to 1.6 billion by 2050, and that the population aged 80 and older will nearly triple, from roughly 155 million to 459 million (UN DESA, *World Social Report 2023*). Over the next three decades, older populations are projected to grow fastest in Northern Africa, Western Asia and sub-Saharan Africa, even though Europe and Northern America today have the highest shares of older people. The geography of care demand is therefore moving toward regions with comparatively less developed formal care infrastructure (UN DESA, 2023).

Figure 2. Unpaid domestic and care work compared with major recognized sectors, Mexico, 2023 (INEGI)

Sector, Mexico 2023	Share of GDP (one block = 1 percentage point)	Value
Unpaid domestic and care work		26.3%
Manufacturing		20.3%
Commerce		18.6%

Causes and consequences: Demand is rising for reasons that no single country's policy controls: falling fertility, longer life expectancy and the shrinking of extended-family households. As a result, the care deficit can no longer be absorbed by informal family arrangements as it often was in the past. When formal care systems fail to keep pace, international migration fills part of the gap. Of the world's estimated 67.1 million domestic workers, 11.5 million (17.2 per cent) are international migrants, and 73.4 per cent of those migrants, around 8.5 million people, are women. They are concentrated in South-Eastern Asia and the Pacific, in Northern, Southern and Western Europe, and in the Arab States (ILO, *Domestic Workers Across the World*). This pattern is often called a "global care chain." Demand in ageing, higher-income states is increasingly met by drawing care labour from lower-income states. That can ease the receiving country's deficit while leaving a parallel one behind in the migrant worker's own household and country of origin.

Table 3. Demographic pressure and the migration response

Indicator	Value	Year and source
Population aged 65 and over	761 million → 1.6 billion	2021 → 2050 (projection); UN DESA, World Social Report 2023
Population aged 80 and over	about 155 million → 459 million	2021 → 2050 (projection); UN DESA
Domestic workers worldwide	67.1 million	ILO, Domestic Workers Across the World
International migrants among them	11.5 million (17.2%)	ILO, Domestic Workers Across the World
Women among migrant domestic workers	73.4% (about 8.5 million)	ILO, Domestic Workers Across the World

Existing measures and their limitations: A handful of international instruments address parts of this picture, but each covers only a fragment. The ILO's Workers with Family Responsibilities Convention, 1981 (No. 156) obliges ratifying states to help workers reconcile employment with family care duties. As of 2024, only 45 of the ILO's 187 member states had ratified it, a rate far below that of the ILO's other fundamental and governance conventions (ILO, 2024). The Domestic Workers Convention, 2011 (No. 189) extends standard labour protections to paid domestic and care workers, but it too covers only a minority of states. SDG indicator 5.4.1 gives the international community a formal way to track time spent on unpaid work, yet national reporting remains inconsistent. Many statistical offices, particularly in lower-income countries, have not run the dedicated time-use surveys the indicator requires. The result is a governance framework with real normative commitments but partial, voluntary and unevenly resourced implementation.

Takeaway: The care economy is neither marginal nor temporary. In value terms it is comparable to major recognized sectors, it is growing because of demographic forces no single state controls, and it is already being managed informally through cross-border migration because adequate formal systems are missing. Any criteria the Commission proposes must therefore deal with more than the principle of recognition. They must address the specific demographic and migratory pressures that are making today's informal arrangements harder to sustain.

1.2. Existing international and national mechanisms, and their gaps

Key trends: Three developments shape the institutional picture. First, measurement is running ahead of binding regulation. More governments produce some form of satellite account or time-use survey than have ratified the ILO conventions most relevant to care work, which suggests that statistical recognition is

politically easier to achieve than legal redistribution. Second, institutionalization is geographically concentrated. The most comprehensive national care systems have emerged in middle-income Latin American states, not in the wealthiest economies or the lowest-income ones. Third, mainstream development finance has largely left care infrastructure out, so pioneering states pay for new systems mainly from domestic general revenue.

Table 4. International and national mechanisms on care, and their limits

Instrument	Nature	What it does	Main limitation
ILO Convention No. 156 (1981)	Binding	Helps workers reconcile employment with family care duties	Ratified by 45 of 187 ILO members (2024)
ILO Convention No. 189 (2011)	Binding	Extends standard labour protections to paid domestic and care workers	Covers only a minority of states
SDG target 5.4 and indicator 5.4.1	Normative mandate and indicator	Commits states to value unpaid care; tracks time spent on unpaid work	Inconsistent national reporting; many offices lack time-use surveys
Satellite accounts (UN SNA, since 1993)	Voluntary statistical tool	Values unpaid household production without changing headline GDP	Sit outside core accounts; inconsistent timing and methods
5R framework (CSW61, 2017)	Voluntary policy template	Recognize, reduce, redistribute, reward, represent	Binding only where states adopt it
Beijing+30 Political Declaration (CSW69, 2025)	Political declaration	Reaffirms the Beijing Platform, including economic empowerment	No new binding obligations on care-economy measurement
Uruguay's National Integrated Care System (Law No. 19.353, 2015)	National institution	Makes care a fourth pillar of social protection beside health, education and pensions	Rare; depends on domestic financing

Current state of affairs: Uruguay shows most clearly what a formal national mechanism can look like once statistical recognition is turned into institutional design. Under Law No. 19.353 of 2015, it created the National Integrated Care System (Sistema Nacional Integrado de Cuidados). The system made care a fourth pillar of national social protection alongside health, education and pensions, and it was the first of its kind in Latin America (ILO Global Care database). Mexico has gone furthest on measurement but has not built a comparable national care insti-

tution. Most states in Africa, South Asia and parts of the Middle East have neither a satellite account nor a national care system, which leaves the regions expected to see the fastest growth in elderly populations among the least institutionally prepared.

Causes and consequences: This uneven pattern owes less to differences in national care needs than to differences in fiscal space and statistical capacity. Producing a satellite account or running a national time-use survey takes trained staff and recurring funding, which compete with other pressing statistical priorities. Building a care system on top of that takes sustained budget allocation, and lower-income states already stretched across health, education and infrastructure find it hard to prioritize without outside support. The consequence is that the states facing the fastest-growing care deficits are often the least equipped, under current international arrangements, to measure or respond to them. Over the coming decades, that risks widening global disparities in care provision instead of narrowing them.

Existing measures and their limitations: UN Women and the ILO both provide technical assistance for statistical capacity-building, and they have helped spread satellite-account methodology to more countries. Regional development banks have occasionally financed individual care-infrastructure projects. But there is no dedicated, predictable international financing facility for care-system development, in the way climate adaptation finance has been institutionalized through the Green Climate Fund. Without one, replicating a model like Uruguay's elsewhere depends on each country's political will and domestic fiscal capacity, not on any coordinated international support.

1.2.1. Uruguay's National Integrated Care System

Uruguay's 2022 national time-use survey found that unpaid care work was equivalent to 23.8 per cent of national GDP, which shows the size of the problem the 2015 law was meant to address (Instituto Nacional de Estadística, Uruguay, 2022). In its first years, the system expanded coverage to more than 11,000 children aged zero to three through new childcare and education places, reaching close to 80 per cent coverage of three-year-olds. By March 2020 it had accredited 343 long-term care centres for older adults and people with disabilities (Uruguay National Care Secretariat; ILO Global Care database). The Inter-American Development Bank has credited the system with reviving the formal market for long-term care services and "revaluing" care work as an occupation, and the ILO has cited it as a reference model for other states considering similar reforms (AARP International/ IDB case study, 2019).

Takeaway: Where states have built formal care institutions, the results are measurable and positive. But such institutions are rare, concentrated in a few middle-income countries, and dependent on domestic financing that is not available everywhere. Unless a dedicated international support mechanism exists, comparable to those for other cross-cutting development priorities, the Commission should expect the gap between high-capacity and low-capacity states in care provision to widen on its own.

1.2.2. The Middle East

Regional baseline. Women in the Arab region do about 80–90% of unpaid care work (ESCWA). UN Women researchers estimate that Arab women do 4.7 times more unpaid care work than men, the highest ratio in the world. ILO estimates put women's labour force participation in the region below 20% in 2024. The ILO counts about 6.6 million domestic workers in the Arab States, 8.7% of the global total. They account for 12.3% of all employment in the region, against 2.3% globally.

Many migrant domestic workers there are excluded from national labour legislation and tied to employers through the kafala sponsorship system. All GCC states apply kafala.

Saudi Arabia:

• **Participation.** Saudi women's economic participation reached 34.5% in Q2 2025, which the Ministry of Human Resources reports as above the Vision 2030 target.

• **Public support.** The Qurrah programme covers up to 50% of childcare centre costs, to a maximum of SAR 1,600 per child under six. It is limited to Saudi mothers working in the private sector. By February 2020 it had reached 2,838 women.

• **Private reality.** A survey from around 2019 found that 56% of working mothers relied on domestic workers or nannies, spending about a fifth of their income on them. Only about 15% used Qurrah.

• **Scale of domestic labour.** The Saudi statistics authority counted 3,579,960 domestic workers at the end of Q3 2022. Human Rights Watch cites about 4 million migrant domestic workers, including 1.2 million women, and notes that Saudi Arabia has not ratified Convention No. 189.

• **Legal framework.** A new regulation (Ministerial Decision No. 40676 of 2 October 2023) took effect on 3 October 2024. Rights groups welcome it as an improvement, but note that it sets no minimum wage and leaves domestic workers outside the labour law.

Other GCC states:

• *UAE. Federal Decree-Law No. 9 of 2022 took effect on 15 December 2022. It requires licensed recruitment and gives workers the right to keep their identity documents.*

• **Qatar.** Since 2020, migrant workers, including domestic workers, can change jobs without employer permission.

• **Bahrain and Oman.** Domestic workers still lack minimum wage protection, and Oman's 2023 labour law left them out. This assessment comes from a human rights NGO (ADHRB), not an official evaluation.

Jordan:

• **Participation.** Women's labour force participation was 15% as of 2025. The ratio of women's to men's time in unpaid care is 19:1, the highest in the Arab States.

• **Employer mandate.** Since 1996, the Labour Law (Article 72) has required employers with at least 20 women with young children to provide childcare, but the rule has largely gone unenforced.

• **Why reforms underdeliver.** A 2026 policy brief finds that low participation persists despite childcare and maternity reforms. It cites childcare hours misaligned with women's work schedules and norms favouringfamily-based care.

• **Expected gains.** A World Bank study estimates that affordable childcare could raise female participation by 2.5 percentage points in Jordan, 2.1 in Lebanon and 0.5 in Iraq.

• **Pilot.** The ILO documents Re3aya, a childcare subsidy programme aimed at women's employment.

Table 5. Care models comparison

Case	Model	Main gap
Uruguay	State-run integrated system	Needs sustained funding
Saudi Arabia	Market care, migrant labour, subsidy for mothers	Workers outside labour law; low subsidy uptake
Other GCC	Licensed recruitment under kafala	Reform without ending sponsorship
Jordan	Employer mandate	Weak enforcement; services do not fit work hours

Chapter 2. Why care work remains invisible to sustainable development metrics

2.1. The GDP blind spot and the search for alternative measurement

Key trends: Three methodological developments shaped the debate on how to measure care work. First, the number of countries producing some form of unpaid-work valuation has grown steadily since the UN's System of National Accounts formally recommended satellite accounts as a complementary measurement tool. Adoption is still far from universal. Second, the valuation method matters a great deal for the resulting figures. Replacement-cost approaches price unpaid care time at what a professional doing the same task would earn. They give more conservative and more internationally comparable estimates than opportunity-cost approaches, which price the time at the wage the carer could otherwise have earned and can push estimates for high earners much higher. Third, a parallel "GDP-plus" or well-being-indicator movement has gained visibility in international policy discussions. It proposes composite measures of national progress that go beyond market output, but none has yet displaced GDP as the main benchmark in practice.

Table 6. Two valuation methods for unpaid care work

Feature	Replacement-cost valuation	Opportunity-cost valuation
How unpaid time is priced	At what a professional doing the same task would earn	At the wage the carer could otherwise have earned
Typical estimates	More conservative	Can be much higher, especially for high earners
Sensitivity to national wage structures	Lower	Higher
Cross-country comparability	Better; emerging default for comparison	Weaker

Current state of affairs: The core technical problem is simple. GDP counts only transactions that take place in a market, so labour performed inside a household without pay is excluded, however necessary it is. Depending on the

method and the country, unpaid care work is valued anywhere from roughly 9 to over 40 per cent of GDP (ILO, 2018; APEC Policy Support Unit, 2022). That is no rounding error. It is the equivalent of a second economy sitting outside the figures that governments, international organizations and financial markets use to judge national economic performance and, by extension, development progress.

Causes and consequences: The exclusion feeds directly into development policy. GDP is the headline figure used to set national budgets, benchmark donor support and track the "size" of an economy, so the activities it leaves out tend to be under-prioritized in public investment compared with equally large activities it captures. Consider a government choosing between elder-care infrastructure and a comparably sized manufacturing subsidy. Under current accounting conventions, only one of the two will appear in projected GDP growth. That builds in a policy bias toward activities the statistics can see, whatever their real social value. The International Monetary Fund (IMF) has estimated that closing the roughly two-hour daily gender gap in unpaid work could raise GDP by up to 4 per cent through higher female labour-force participation and productivity (IMF estimate, cited in comparative unpaid-work research). The invisibility of care work is therefore more than a measurement defect. It also constrains the market-sector growth that GDP is meant to track.

Existing measures and their limitations: Satellite accounts are the most widely adopted response. The UN's System of National Accounts has recognized them since 1993 as a complementary measurement framework. They estimate the monetary value of unpaid household production without changing the headline GDP figure, so core GDP stays internationally comparable while each country adds a supplementary, nationally produced estimate of care work's value. Their main weakness is that they sit outside the core accounts. They carry less political

and institutional weight than GDP, are produced on inconsistent timetables, and depend on methodological choices, especially between replacement-cost and opportunity-cost valuation, that make cross-country comparison difficult without further standardization.

Takeaway: The technical tools to measure unpaid care work already exist and are increasingly well tested at the national level. But they remain a voluntary and methodologically inconsistent supplement to GDP instead of a standardized, internationally comparable measure, so they cannot yet work as a genuine criterion for sustainable development in the way SDG indicators are meant to. The most immediate technical task for the Commission is to standardize methodology, not to invent new measurement concepts.

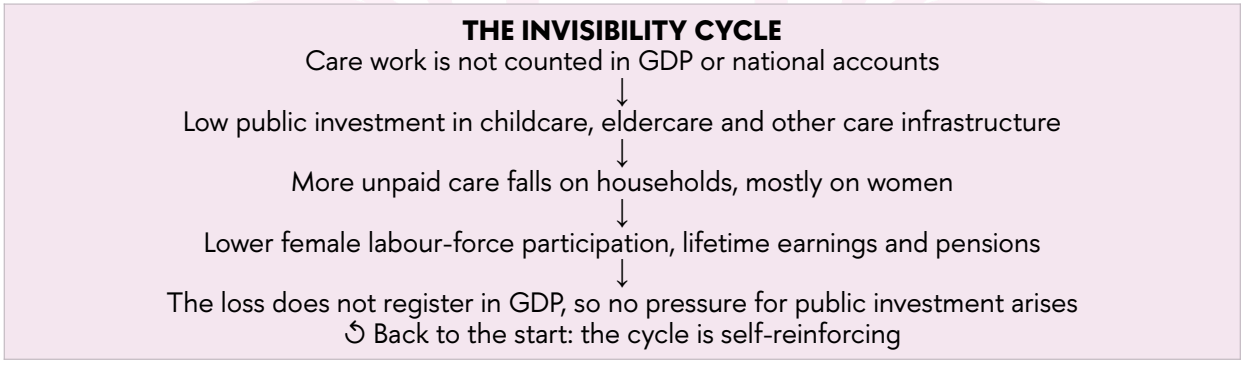
2.2. Consequences of invisibility: gender inequality, poverty risk and policy distortion

Key trends: The consequences of statistical invisibility fall into three connected patterns. First, the time burden of unpaid care work is strongly associated with lower female labour-force participation, because hours spent on uncompensated care are hours unavailable for paid work, education or entrepreneurship. Second, undervaluing care work in public accounts correlates with underinvestment in the childcare and eldercare services that would let households and the state share it more evenly. The ILO found, for example, that India devoted less than 0.5 per cent of GDP to combined care-related policy spending, which coincided with one of the lowest rates of labour-force participation among women with care responsibilities in the dataset reviewed (ILO, 2018). Third, these two patterns compound over a woman's life. Women who spend disproportionate time on unpaid care face a measurable risk of poverty and inadequate pensions, since reduced lifetime paid employment typically means reduced lifetime pension contributions.

Current state of affairs: The effects of this chain are visible in current labour-market and demographic data. Women's heavier unpaid-work burden is one structural factor behind persistent gender gaps in formal labour-force participation worldwide. The burden is also growing in absolute terms, because population ageing is increasing the volume of elder care required before any policy response catches up. At the same time, family structures that once spread the burden across extended households are shrinking in many regions. Each remaining unpaid carer, overwhelmingly a woman, therefore, carries a larger share of a growing total task.

Causes and consequences: The underlying mechanism runs in both directions. Low public investment in care infrastructure pushes more of the burden onto unpaid, usually female, household members, which reduces their paid labour-force participation and lifetime earnings. Because this lost participation does not register in GDP as a loss, the way a factory closure would create none of the automatic pressure for public investment that a visible market-sector decline would. The result is a self-reinforcing cycle. The invisibility of care work in national accounts contributes to underfunding of the very services that would make that work visible and shared.

Figure 3. The self-reinforcing cycle of statistical invisibility and underinvestment in care (Chapter 2.2)



Existing measures and their limitations: Policies that treat only the labour-market symptom, such as skills training or employment quotas for women, tend to show limited and uneven results. They leave untouched the time constraint created by unpaid care, so a woman still has the same amount of care to provide outside

her paid hours. Evaluations of targeted care-service expansions, such as subsidized childcare, generally find a more direct effect on female labour-force participation. But who benefits depends heavily on how many households can reach the services. An evaluation of Uruguay's expanded childcare and elder-care services found that the redistributive effect across the population was limited in the programme's early years, because the number of beneficiaries was still small relative to overall need (UNU-WIDER working paper on Uruguay's National Care System, 2017).

Takeaway: The invisibility of care work in national statistics is not a neutral accounting choice. It shapes which public investments look justified and which do not, and it creates a policy environment biased against the infrastructure that would narrow the gender gap in unpaid work. Breaking the cycle means treating the statistical problem and the policy problem as one issue, instead of handling female labour-force participation and care-infrastructure investment as separate agenda items.

Chapter 3. Toward care-inclusive criteria for sustainable development

3.1. National care systems and the 5R framework

Key trends: Over the past decade, international language on care work has converged on one organizing framework, the "5Rs." It calls for recognizing unpaid care work; reducing its drudgery and time burden through infrastructure and technology; redistributing it more evenly between women and men and between households and the state; rewarding paid care workers with fair wages and labour protections; and ensuring that care workers are represented in the social dialogue, meaning negotiation among governments, employers and workers, that shapes the policies affecting them. The framework grew out of the 2017 Agreed Conclusions of CSW61 on women's economic empowerment. It is now the most widely cited reference point in international discussions of care policy, although it has produced binding commitments only where states have chosen to adopt it voluntarily.

Table 7. The 5R framework at a glance. Recognition is the pillar states can advance most easily alone; the others need sustained institutional investment.

Pillar	What it means	In practice in this report
Recognize	Value unpaid care work and make it visible in statistics	Satellite accounts; SDG indicator 5.4.1; Mexico's INEGI account
Reduce	Cut drudgery and time burden through infrastructure and technology	Public childcare places and long-term care centres (Uruguay)
Redistribute	Share care more evenly between women and men, and between households and the state	Uruguay's National Integrated Care System; ILO Convention No. 156
Reward	Fair wages and labour protections for paid care workers	ILO Convention No. 189
Represent	Include care workers in social dialogue	Collective-bargaining rights pushed by trade unions

Current state of affairs: A few states have started to put the 5R framework into practice through comprehensive national systems instead of isolated programmes. Uruguay's 2015 National Integrated Care System remains the most complete example in operation, and international organizations cite it most often as

a reference model. Other Latin American states, including Mexico and Colombia, have taken significant steps on the recognition pillar through satellite accounts. They are at earlier stages of building the institutions needed for the reduction and redistribution pillars.

Causes and consequences: Comprehensive national systems are concentrated in a few middle-income states, and they have spread little beyond them. This follows directly from the lack of any shared international template or dedicated financing mechanism. Each adopting state has had to design its legal, administrative and fiscal architecture largely from scratch, which raises the political and technical cost of adoption and slows replication, even among states that endorse the 5R principles in forums such as the CSW itself.

Existing measures and their limitations: The ILO's Workers with Family Responsibilities Convention (No. 156) and Domestic Workers Convention (No. 189) give binding legal anchors for parts of the reduction, redistribution and reward pillars. Their ratification rates are low, though, and well under half of ILO members have ratified No. 156. The 5R framework therefore works as a voluntary policy template, not a binding international standard. The Beijing+30 Political Declaration, adopted by consensus at CSW69 in March 2025, reaffirmed member states' commitment to the "full, effective and accelerated implementation" of the Beijing Platform for Action, including its economic-empowerment pillar. It referred explicitly to gender-based violence and adolescent girls for the first time, but it set no new binding obligations on care-economy measurement. The operational content of the 5R framework is left to individual states (UN, Beijing+30 Political Declaration, 2025).

3.1.1. Mexico's satellite account as a recognition-first model

Mexico shows both the strength and the limit of advancing on the "recognition" pillar before building matching institutions for "reduction" and "redistribution." INEGI's satellite account found that unpaid domestic and care work was worth 26.3 per cent of GDP in 2023. Women contributed 71.5 per cent of that value and spent 63.7 per cent of their total working hours on unpaid domestic and care tasks, compared with 27.9 per cent for men (INEGI, *CSTNRHM*, 2023). Mexico has measured consistently and methodically since the early 2000s, which makes its gender gap in care work one of the most precisely documented in the region. Yet measurement alone has not produced a national care system comparable to Uruguay's. Statistical recognition is necessary, but it does not turn into institutional redistribution unless there is a separate political decision to build the supporting infrastructure.

Table 8. Uruguay and Mexico compared

Dimension	Uruguay	Mexico
Main pillar advanced	Reduction and redistribution through a national care system	Recognition through a satellite account
Unpaid care as share of GDP	23.8% (2022)	26.3% (2023)
Gender gap	—	Women contribute 71.5% of the value; 63.7% of their working hours are unpaid care vs 27.9% for men
Institution	National Integrated Care System (Law No. 19.353, 2015)	No comparable national care institution
Reported results	More than 11,000 children aged 0–3 covered; close to 80% coverage of three-year-olds; 343 accredited long-term care centres (Mar. 2020)	Consistent measurement since the early 2000s
Lesson	Statistical recognition plus institutional design	Measurement alone does not become redistribution without a separate political decision

Takeaway: The 5R framework already gives the Commission a coherent, internationally recognized normative structure. What is missing is a shared implementation template and dedicated financing. States can act alone on the recog-

nition pillar with comparative ease. The reduction, redistribution and reward pillars need sustained institutional investment, which isolated national initiatives have struggled to maintain.

3.2. Measurement innovations and emerging international benchmarks

Key trends: Three developments point to where international measurement is likely to go. First, SDG indicator 5.4.1 is steadily accumulating national time-use data as more countries run the underlying surveys, although full global coverage is still years away. Second, methodological agreement is slowly forming around replacement-cost valuation as the default for cross-country comparison, because it is less sensitive to national wage structures than opportunity-cost methods. Third, the UN Statistical Commission and related technical bodies have begun to discuss, as part of revising the System of National Accounts, whether satellite accounts for household production should be standardized more formally across countries. No binding global template has been adopted.

Current state of affairs: Today, a state's decision to measure, value and respond institutionally to unpaid care work is almost entirely voluntary and self-directed. Care-economy statistics have no equivalent of the Voluntary National Review, the periodic process through which states report on progress across the wider SDG agenda at the UN's High-Level Political Forum. So even where high-quality national data exist, as in Mexico and Uruguay, they are not aggregated or benchmarked internationally in a way that would let the Commission, the Economic and Social Council (ECOSOC) or the High-Level Political Forum compare progress across states.

Causes and consequences: The missing aggregation partly reflects the methodological inconsistency discussed in Chapter 2. Without a standardized

valuation method, comparing satellite-account figures across countries risks setting incompatible numbers side by side. That has made international statistical bodies cautious about benchmarking states against one another on this indicator, as they do for more standardized SDG metrics. The practical effect on policy is that a state with strong care-economy performance gets no more international recognition, financing preference or peer-benchmarking advantage than a state that has done nothing. That weakens the incentive for governments to invest the administrative effort a satellite account requires.

Existing measures and their limitations: One option is to embed a standardized unpaid-care indicator in the existing Voluntary National Review process, using the replacement-cost methodology that most states with satellite accounts already apply. This would need no new treaty and could build directly on the legal and institutional foundation of SDG indicator 5.4.1. Its main limitation is capacity, not design. Many of the lower-income states facing the fastest-growing care deficits, identified in Chapter 1, lack the statistical infrastructure to produce even a basic time-use survey. Any new reporting expectation would need dedicated technical and financial support. Without it, the existing gap between high- and low-capacity states would simply reappear in a more visible form.

Takeaway: The building blocks of an international care-economy criterion already exist separately: SDG indicator 5.4.1, satellite-account methodology and the Voluntary National Review process. They have not yet been assembled into one standardized, resourced mechanism. Assembling them, instead of creating a new framework, is the most realistic way for this Commission to turn thirty years of normative commitment to care work into a measurable, comparable criterion for sustainable development.

Figure 4. Assembling existing building blocks into an international care criterion (Chapter 3.2)

BUILDING A CARE-INCLUSIVE CRITERION FROM EXISTING PARTS
SDG indicator 5.4.1 (time-use data)
+
Satellite-account methodology (replacement-cost valuation)
+
Voluntary National Review process (High-Level Political Forum)
↓
A standardized, resourced, internationally comparable care-economy criterion
Condition: dedicated technical and financial support for low-capacity states

Chapter 4. Key stakeholders

The agenda divides member states into blocs defined less by region than by fiscal capacity, demographic exposure and position in global care-labour migration. These interests often cut across traditional voting groups. A cluster of middle-income states, mostly in Latin America and including Uruguay, Mexico, Colombia and Costa Rica, has already invested in satellite accounts or national care systems. These states want their models formally recognized as international reference points and want international technical and financial support to deepen them. They also want to avoid new reporting requirements heavier than what they already produce at home. A second bloc, covering much of the Nordic and wider Western European group, combines mature public care infrastructure with comparatively high gender-equality rankings. It tends to favour ambitious, even binding, international benchmarks, because states that have already made the underlying investment find compliance politically easy.

A third and numerically large bloc consists of fiscally constrained developing states across sub-Saharan Africa, South Asia and parts of the Pacific. Many of them face the fastest-growing elderly populations identified in Chapter 1 while having the least statistical and fiscal capacity to respond. They generally endorse the principles of the 5R framework in CSW negotiations but resist any new binding reporting obligation that does not come with dedicated financing and technical assistance, a logic of common but differentiated responsibilities familiar from climate negotiations. A fourth bloc is defined by position in global care-labour migration, not by domestic care capacity. Major sending states of migrant domestic and care workers, such as the Philippines, Indonesia, Sri Lanka and several East African states, prioritize stronger international labour protections, wider ratification of ILO Convention No. 189 and bilateral labour agreements that protect their nationals

abroad, since remittances from this workforce are a significant part of their external accounts. Major receiving states and territories, concentrated in the Gulf, parts of East Asia and Southern Europe, care more about a stable and flexible supply of care labour. They are often wary of protections that could raise recruitment costs or reduce labour-market flexibility. A fifth, cross-cutting group of socially conservative states, found across several regions, tends to support recognizing care work's economic value but resists language that frames redistribution as state intervention in family or gender roles. These states prefer wording centred on family support over gender-transformative policy.

Non-state actors shape the debate on both the technical and the normative side. UN Women and the ILO provide the main expertise on measurement methodology and labour standards respectively, and both have supported the spread of satellite accounts to more member states. The OECD and the World Bank contribute comparative data and financing instruments, though neither operates a dedicated care-infrastructure fund comparable to existing climate or health financing facilities. International trade union federations push for the reward and representation pillars of the 5R framework, particularly ratification of Convention No. 189 and formal collective-bargaining rights for domestic and care workers. Employer associations in several member states worry about the cost of expanded care-related labour protections, especially for small and informal-sector employers, who account for a large share of domestic-work employment in many developing economies. Feminist-economy research networks and civil society coalitions have been active at every recent CSW session, including the Beijing+30 negotiations in 2025. They have consistently pushed for stronger and more specific economic-empowerment language than final political declarations contain. The gap between

civil-society ambition and the compromise wording that consensus-based inter-governmental text demands has persisted.

The main line of division runs through all of these groups. No bloc now contests outright that care work should be recognized. They differ on two questions: whether recognition should lead to binding international standards or stay a voluntary national policy choice, and whether the costs of building the necessary statistical and institutional infrastructure should fall mainly on individual states or be shared through a dedicated international support mechanism.

Table 9. Main stakeholder blocs and their positions

Bloc	Examples	Main position	Key demand
Early-adopter middle-income states	Uruguay, Mexico, Colombia, Costa Rica	Want their models recognized as international reference points	International technical and financial support; no heavier reporting than they already do at home
Nordic and wider Western European group	Nordic and Western European states	Mature public care infrastructure; favour ambitious, even binding, benchmarks	Binding international benchmarks
Fiscally constrained developing states	Sub-Saharan Africa, South Asia, parts of the Pacific	Endorse the 5R principles; resist new binding reporting duties	Dedicated financing and technical assistance (common but differentiated responsibilities)
Sending states of migrant care workers	Philippines, Indonesia, Sri Lanka, several East African states	Prioritize protection of nationals abroad; remittances matter to external accounts	Wider ratification of ILO Convention No. 189; bilateral labour agreements
Receiving states and territories	Gulf, parts of East Asia, Southern Europe	Want a stable, flexible supply of care labour; wary of higher recruitment costs	Limits on protections that raise costs or reduce flexibility
Socially conservative states	Several regions	Support recognizing care's economic value; resist framing redistribution as state intervention in family or gender roles	Family-support wording instead of gender-transformative language
Non-state actors	UN Women, ILO, OECD, World Bank; trade unions; employer associations; feminist-economy networks	Technical expertise (UN agencies, OECD, World Bank); unions push reward and representation; employers worry about cost	Ratification of No. 189, collective bargaining; cost containment; stronger economic-empowerment text

Conclusion

This report has followed one argument across four chapters. Unpaid care work is a vast and growing part of the global economy. Its absence from the indicators that define sustainable development distorts public investment away from the infrastructure that would ease and redistribute it. And the tools needed to correct this, from satellite accounts to the 5R policy framework, already exist and have been tested successfully in a few states, although they have not been assembled into a shared international standard. The demographic pressure behind this agenda item is not speculative. The global population aged 65 and older is projected to more than double by 2050, so the cost of treating care work as statistically invisible will only rise. The Commission cannot defer the question. It will have to revisit it, with more urgency, at future sessions whatever the outcome is here.

The Commission should consider four recommendations. First, member states should be encouraged, with technical support from UN Women, the ILO and the UN Statistics Division, to adopt a standardized, replacement-cost-based satellite account methodology, so that national data, where it exists, can be compared across countries instead of staying fragmented. Second, the recognition pillar of the 5R framework should be formally linked to the Voluntary National Review process under the High-Level Political Forum. This would give states that invest in care-economy measurement a visible international platform for that work, in place of a disconnected national exercise. Third, the Commission should call for expanded, predictable technical and financial assistance, channelled through existing UN Women and ILO programming rather than a new institution. It should target the states with the fastest-growing care deficits and the lowest statistical and institutional capacity, so that new reporting expectations do not reproduce existing global inequalities in a more visible form. Fourth, the Commission should encourage

wider ratification of ILO Conventions No. 156 and No. 189, the most direct binding instruments now available for the reduction, redistribution and reward pillars. Ratification alone is not enough, as the varied experience of signatory states shows, without the domestic capacity to implement it.

Table 10. Summary of the recommended actions

#	Recommendation	Lead / channel	Gap addressed
1	Adopt a standardized, replacement-cost-based satellite account methodology	Member states, with UN Women, the ILO and the UN Statistics Division	Fragmented, non-comparable national data
2	Link the recognition pillar of the 5R framework to the Voluntary National Review process	High-Level Political Forum	No international platform or incentive for states that invest in measuring care
3	Expand predictable technical and financial assistance, targeted at states with the fastest-growing care deficits and the lowest capacity	Existing UN Women and ILO programming (no new institution)	Capacity gap that new reporting expectations could widen
4	Encourage wider ratification of ILO Conventions No. 156 and No. 189	ILO member states	Low ratification (45 of 187 members for No. 156); needs domestic capacity to implement

None of these steps requires reopening the question of whether care work matters to sustainable development. The Beijing Platform, SDG target 5.4 and three decades of CSW Agreed Conclusions have settled that in principle. What remains open, and what this Commission is positioned to move forward, is practical: how recognition becomes measurement and then comparable international criteria, and how those criteria can be built without leaving the states under the greatest care pressure further behind the states already equipped to respond.

Annex. Statistical data by country and indicator

Country / Region	Indicator	Value	Year	Source
World	Unpaid care work as share of global GDP	9% (USD 11 trillion, PPP 2011)	2018 (data)	ILO, *Care Work and Care Jobs*
World	Daily hours spent on unpaid care work	16.4 billion hours/ day	2018 (data)	ILO, 64-country time-use data
World	Share of unpaid care work performed by women	76.2%	2018 (data)	ILO
World	Population aged 65+	761 million → 1.6 billion (2050 projection)	2021 / 2050 (proj.)	UN DESA, *World Social Report 2023*
World	International migrant domestic workers	11.5 million (17.2% of 67.1 million domestic workers)	~2013 (data)	ILO, *Domestic Workers Across the World*
Mexico	Unpaid domestic/ care work as share of GDP	26.3%	2023	INEGI, *CSTNRHM*
Mexico	Women's share of unpaid work's economic value	71.5%	2023	INEGI, *CSTNRHM*
Uruguay	Unpaid care work as share of GDP	23.8%	2022	Instituto Nacional de Estadística, Uruguay
Uruguay	Long-term care centres accredited under SNIC	343	Mar. 2020	Uruguay National Care Secretariat
Latin America & Caribbean (avg.)	Unpaid care work as share of GDP	~21.4%–24.2%	2020s (data compiled)	UNDP regional analysis
OECD (avg.)	Unpaid work as share of GDP (replacement-cost)	~15%	—	OECD estimates
European Union	Unpaid family care work as share of GDP	17%–31.6% (methodology-dependent)	—	EU-level estimates
India	Combined public spending on care-related policy as share of GDP	<0.5%	~2018 (data)	ILO, *Care Work and Care Jobs*
ILO member states	Ratification of Convention No. 156	45 of 187	2024	ILO

Note: delegations should compile detailed, fully disaggregated national time-use and satellite-account data for additional member states from national statistical office publications and the ILOSTAT and UNSD databases before committee sessions.

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Glossary

Care economy: the full range of paid and unpaid activities that meet the physical, developmental and emotional needs of children, older people, people with illness or disability, and other household members.

Unpaid care work: care and domestic labour done within households and communities without direct payment and excluded from standard national accounts.

5R framework: the policy framework calling for care work to be recognized, reduced, redistributed and rewarded, and for carers to be represented in relevant social dialogue. It builds on the language of CSW61's 2017 Agreed Conclusions.

Satellite account: a supplementary statistical account, recognized under the UN System of National Accounts, that estimates the monetary value of unpaid household production without changing headline GDP.

Replacement-cost valuation: a method that values unpaid care time at the market wage of a professional who provides an equivalent paid service.

Opportunity-cost valuation: a method that values unpaid care time at the wage the person doing it could have earned in the paid labour market instead.

Global care chain: the transnational pattern in which migrant women provide paid care abroad while other people, often lower-paid relatives or hired workers, take over their care responsibilities at home.

Time-use survey: a statistical survey that records how individuals divide their time among paid work, unpaid work and other activities. It underpins SDG indicator 5.4.1.

SDG indicator 5.4.1: the official Sustainable Development Goal indicator for the proportion of time individuals spend on unpaid domestic and care work, disaggregated by sex, age and location.

Care deficit: the gap between the demand for care, driven by demographic and social change, and the supply available through family, formal services or the market.

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