WeProsper

GLOBAL COALITION FOR
WOMEN'S ECONOMIC EMPOWERMENT

Global Assessment of Care Services: Current Status, Impact, and Policy Recommendations

WeProsper's Research and Policy Publication Series on Women's Economic Empowerment

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About WeProsper

WeProsper is a global coalition that promotes women's economic empowerment (WEE) by engaging in strategic advocacy to advance gender equality, address structural barriers, and foster women's and girls' voice and power as economic actors. Together, we work to build and utilize the global evidence-base on women's economic empowerment using a feminist and intersectional approach to meaningfully inform global policy, increase funding for WEE, and support prosperity for women and girls in all their diversity.

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List of Abbreviations

ADB	Asian Development Bank
CAP	Common African Position
ECCE	early childhood care and education
ECE	early childhood education
G7	Group of Seven
GDP	gross domestic product
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IDRC	International Development Research Centre
IFIs	international financial institutions
ILO	International Labour Organization
LCTI	long-term care insurance
LMIC	low- and middle- income countries
LTC	long-term care
MDB	multilateral development banks
NGO	non-governmental organization
ODA	official development assistance
OECD	Organisation for Economic Co-operation and Development
RCT	randomized controlled trial
SDG	Sustainable Development Goal
UN	United Nations
WEE	women's economic empowerment
WHO	World Health Organization

Executive Summary

The impacts of the COVID-19 pandemic highlight long-standing gender inequities in both unpaid and paid care work—and have brought care to the forefront of social and economic policy dialogues. WeProsper, a global coalition for women's economic empowerment, developed this report to synthesize evidence to inform advocacy campaigns and policy recommendations. Given this evidence, WeProsper herein makes the case for policymakers to take action on and invest in care, as they weigh the full range of COVID-19 recovery measures and other competing investment priorities.

This report, the first in a two-part series, synthesizes a wide range of existing research and evidence on one aspect of care policies—care services—with a focus on low- and middle- income countries (LMICs). This includes the evaluation of existing policies and programs on childcare and long-term care (LTC), which encompasses eldercare and care for those with disabilities, with respect to women's economic empowerment (WEE) outcomes; the broader economic costs and benefits; current levels of investment and financing; and policy considerations.

The Economic Case for Care Service Investments

Care service investments are strategic economic policy investments in social infrastructure, generating greater employment, particularly for women, as well as greater poverty and gender wage gap reduction than traditional infrastructure investments.

Key findings from the evidence synthesis include:

- A simulation for the Kyrgyz Republic found that the same investment in early childhood care and education (ECCE) would yield 30 percent more jobs than in construction, with the majority of those jobs going to women.[1]
- A simulation for Turkey found that investments to fill gaps in ECCE would yield 2.5 times more jobs than the same investment in construction. This would create more jobs for women and the unemployed, and more decent jobs, while leading to greater reductions in the poverty rate, and higher rates of self-financing through tax revenues.[2]

Childcare

Though data is limited on childcare in low-income countries, what is clear from the available data is that affordable and quality childcare is limited and greatly needed, and it has only been compounded by COVID-19.[3]

Key findings from the evidence synthesis include:

Providing quality and affordable childcare is a highly effective way to support WEE.

- There is robust evidence on the positive impact of subsidized or free childcare provision on women's labor force participation across a wide range of programs and policies.
- Recent global research indicates that the provision of high-quality childcare would reduce the gender pay gap by 8.6 percent globally, the equivalent of $527 billion.[4]

Financing for childcare is low in LMICs, and official development assistance (ODA), but is becoming an increasing priority in international financial institutions (IFIs).

- On average, LMIC countries spend 0.08 percent of gross domestic product (GDP) on pre-primary education, around 25 percent of the estimated need to provide universal pre-primary education in line with United Nations Sustainable Development Goal (SDG) targets.[5]
- 2019 data for the Group of Seven (G7) countries indicates that only 0.7 percent ($172 million) of ODA went to early childhood education (ECE).[6]

Significant expenditures are required to fill childcare provision gaps, but these investments would generate substantial employment, particularly for women, and be offset by tax revenues.

- Country studies have found financing needed to fill childcare gaps ranges from a 1.1 percent of GDP in some, particularly high-income countries, to a high of 14 percent of GDP in the United Republic of Tanzania.[7,8]
- Women would see up to 90 percent of employment gains due to the gendered occupational segregation of care service sector jobs.[9]
- Tax revenues which would offset the expenditure are estimated to range from 10.5 percent to 77 percent of the cost of the investment.[10,11]

Long-term Care

The second half of the report delves into the financing and provision of LTC services, which are critical, given the rapid growth of the population of those 65 and older, particularly in Eastern and Southeastern Asia and Africa, and that 80 percent of those with disabilities are located in LMICs.[12,13]

Key findings from the evidence synthesis include:

Research is scarce when assessing impacts of LTC programs on WEE outcomes, but unpaid LTC responsibilities pose significant constraints for WEE.

- Women are the principal caregivers to the elderly in 67 to 89 percent of households in urban China, Mexico, Nigeria, and Peru.[14]
- In sub-Saharan Africa, the substantial unpaid LTC burden perpetuates and deepens household poverty and hinders efforts to expand education, employment, and economic opportunities to the region's women and girls.[15]

Financing for LTC is very low in many LMICs. More research is needed on financing in ODA and IFIs to assess the funding landscape and inform policy recommendations.

- For Africa, the Arab States, and lower-income Asian countries, LTC financing is close to zero.[16]
- Organisation for Economic Co-operation and Development (OECD) ODA for projects that featured eldercare, as a component, amounted to less than 0.05 percent in Nigeria.[17] Care for those with disabilities totaled less than one percent of total OECD ODA in Bangladesh and less than 0.1 percent in Kenya and Nigeria.[18,19,20]

Investments in LTC would generate high levels of employment, particularly for women, narrowing the gender employment gap.

A study of 82 countries found investment in LTC of 2.45 percent of GDP could create 184 million jobs, with women benefiting from as much as 78 percent of this employment increase, reducing the gender employment gap by 7.4 percentage points.[21]

Policy Considerations and Enabling Environment Policies

The report lays out key considerations for policymakers in program design, quality, affordability, and accessibility to ensure that care services are supportive of WEE. The report closes with an overview of some specific policies that create a gender-responsive enabling environment for care services, including paid maternity leave, paternity leave, flexible workplace policies, decent work for care workers, non-contributory pensions, migration policies, social norms change, and data collection.

Conclusion

In summary, given the robust evidence on the need for and benefits of care service investments in LMICs, there is a strong case for greater prioritization with available domestic resources, and governments have a central role in supporting quality, affordable, and accessible provision. Where there are fiscal constraints, the evidence indicates donor governments and IFIs can place a greater priority on financing for care services to support WEE and a broad range of development objectives. It is a critical time for policymakers to interrogate these priorities and recognize care services as strategic and effective investments for sustainable and inclusive economies.

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Introduction

The impacts of COVID-19 have brought care work to the center of global policy conversations regarding how to support worker's rights, women's economic empowerment, health and well-being, and economic development and recovery. Governments and donors have responded with new commitments and investments on care, such as the United States' commitment to "strengthen global care infrastructure," Canada's commitment to invest USD$100 million in global care programming, the World Bank's launch of an incentive fund for childcare to which the United States (U.S.) has pledged $50 million, and Germany's focus on care throughout its G7 presidency (including a collective commitment of $79 million to the incentive fund for childcare).[22,23,24,25] As policymakers evaluate how to invest in care and balance investments amid competing priorities and fiscal constraints, thoroughly assessing existing evidence is key to inform policy recommendations.

The spectrum of unpaid to paid care spans a wide range of policy issues. A holistic approach to address these issues integrates the "5 Rs" of care—recognizing, redistributing, and reducing unpaid care work and rewarding and representing paid care work.[26] To bring more specificity to the global conversation and inform more effective policy, this report synthesizes a wide range of research and evidence on one component of care policies - investments in care services. These services include childcare and long-term care (LTC), which encompasses eldercare and care for those with disabilities. This synthesis evaluates the connection between these services and women's economic empowerment (WEE) and the broader economic costs and benefits, with a focus on low- and middle-income countries (LMICs). This report assesses the current levels of investment and financing, reviews studies on costing and returns, and evaluates evidence on existing policies and programs. The goals of this synthesis are to provide compelling evidence for advocates to use in campaigning and crafting policy recommendations, and to provide justification for policymakers to make additional and more effective investments in care services, which foster WEE and sustainable and inclusive economies overall.

Principles for Care Service Provision

The following four core principles established by the International Labour Organization (ILO) frame the central elements of creating transformative care policies:

1. grounded in gender-responsiveness and human rights;
2. universality, adequacy, and equity;
3. overall and primary responsibility of the State; and
4. social dialogue and representation.[27]

The central role of governments, as outlined by these principles, is to provide universal, free or low-cost, gender-responsive, and quality care services—with a focus on equity and the rights of caregivers and care recipients. Currently, such provision exists in very few countries. This reflects that care service investments are not prioritized compared to other types of expenditures. LMICs, in particular, face resource constraints.

The "care diamond" framework lays out the "institutional architecture" through which care is provided in varying amounts in different contexts by the household, market, state, and not-for-profit sector to meet care needs.[28] When state provision is low, the burden of providing care is shifted to the other aspects of the diamond, largely falling on unpaid care within the household, disproportionately provided by women and girls. In order to reduce this unpaid care work, the state needs to invest more resources, thus redistributing care work from households to the state.

The ILO's principles are central to WEE, not only to reduce and redistribute the unpaid care work of women and girls, but also as global evidence shows that most paid care workers are women, often migrant women, women of color, or women from historically marginalized groups.[29] This work is largely informal, with poor working conditions and low wages. The paid LTC sector relies extensively on women workers, who are typically middle-aged, foreign-born, and in increasingly precarious forms of employment.[30] The accelerated privatization and deregulation of the sector in many countries is associated with weakened labor protections and worsening work conditions for caregivers, which in turn impacts the quality of services provided.[31] The needs, quality of employment, and rights of care workers are critical components of ensuring that investments in care services support women's economic empowerment, justice, and rights.

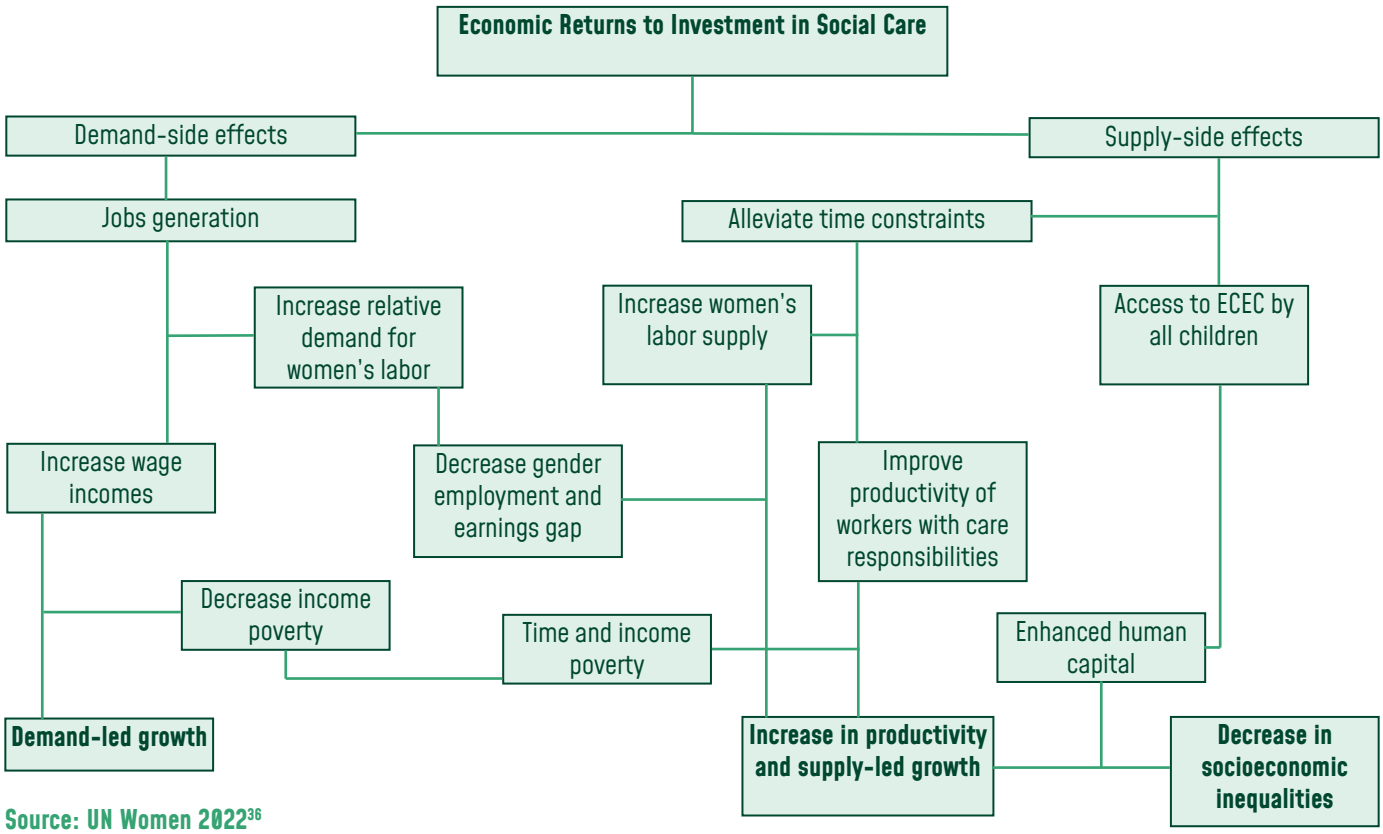
The Economic Case for Care Investments

As countries contemplate fiscal policy, both in the context of COVID-19 response and recovery, and more generally, it is not just the amount but also the composition of expenditures that impacts economic and social returns and outcomes.[32] Research has increasingly expanded the narrative on care investments from an avenue for policymakers to support gender equality to a strategic economic policy decision, as will be explored in this report.[33] This research has increasingly challenged austerity-based policies for macroeconomic growth and stability, and conceptions of investment expenditures that exclude education, care, and health. A robust alternative case has been made that considers investments in care services as a form of *social infrastructure*, generative of productivity and growth.[34] Figure 1, from UN Women, maps the supply- and demand-side channels through which investments in care services yield economic returns.[35]

Care service investments have been shown to be key pieces of fiscal policy that should be prioritized, as they impact the economy in different ways than traditional infrastructure—generating greater employment, particularly for women, as well as greater poverty and gender wage gap reduction.[37,38] A simulation for the Kyrgyz Republic found that the same investment in early childhood care and education (ECCE) would yield 30 percent more jobs than in construction, with the majority of those jobs going to women.[39] A simulation for Turkey found that investments to fill gaps in ECCE would yield 2.5 times more jobs than the same investment in construction, with 73 percent of those jobs going to women, creating more jobs for women and the unemployed, and more decent jobs.[40] This investment is also estimated to lead to a greater reduction in the poverty rate, while also being self-financed through tax revenues at a higher rate—77 percent compared to 52 percent.

Care service investments are also critical as markets will not provide these services in ways that meet the needs of the most vulnerable, exacerbating inequalities.[41] This research illustrates how these investments are central to inclusive and sustainable growth and meeting the vital care needs of the population, while also supporting WEE, reducing poverty, and generating employment.

Figure 1: Supply and Demand-side Channels of Economic Returns from Care Investments.



Source: UN Women 2022[36]

Childcare

The Need for Childcare in LMICs

Even before the onset of the COVID-19 pandemic in 2020, experts were pointing to a "global childcare crisis."[42] The World Bank estimates that around 40 percent of children under primary school age, or approximately 350 million children worldwide, lack access to needed care, 8 out of 10 of which are in LMICs.[43] Data to assess childcare needs in low-income countries is limited but indicates that affordable and quality childcare provisions are low and greatly needed, especially for informal workers, low-income families, and in informal settlements.[44] Organized childcare was only utilized by four percent of employed mothers in a survey of 31 developing countries, and children in low-income countries are almost five times less likely to have childcare access.[45]

This burden is disproportionately placed on women. In LMICs, 75 percent of care work is done by women, impacting their health, well-being, and economic opportunities by diminishing their ability to participate in paid labor.[46,47,48] In 2018, over 600 million working-age women were unable to participate in the labor force citing childcare duties as the main reason, compared to only 41 million men citing the same.[49,50] Research shows that women with children under the age of five suffer a "motherhood employment penalty," accounting for the lowest employment rates across all regions.[51, 52] The pressure of trying to balance work with childcare can also lead women to take lower-quality jobs, often in the informal sector.[53]

The COVID-19 pandemic amplified the severity of the childcare crisis, in particular, affecting women in their roles as both unpaid childcare providers and paid childcare workers.[54] For LMICs, around 615 billion hours of unpaid childcare were needed due to COVID-19 school closures. When children were sent home, the need for childcare increased, and household members had to provide it, resulting in the burden primarily falling on mothers, grandmothers, and adolescent girls.[55] Increased demand for childcare and other unpaid domestic care caused women to leave the labor force in far greater numbers than men.[56]

Costs and Benefits of Investing In Childcare

A range of research has evaluated the necessary expenditures to fill childcare provision gaps and assessed economic returns in terms of employment and wage effects, macroeconomic growth and productivity, poverty reduction, reduced income inequality, and return on investment. A review of this research indicates that significant resource outlays are required to fill childcare provision gaps.

Photo: Paula Bronstein/Getty Images/Images of Empowerment

Investments in childcare creates jobs, which generates both short-term and long-term fiscal returns, including tax revenues—which finances part of the investment. The structure of taxation systems influences how much investments in care services—including childcare—end up financing themselves through tax revenues.[57]

Notable research along these lines includes both country-level and global analyses of gaps in care coverage and calculations of costs to fill these gaps for early childhood care and education (ECCE), while considering decent work for qualified childcare workers and calculating employment effects and fiscal returns. The most recent and relevant studies are summarized in **Table 2** (see Appendix). These studies indicate a wide range of resource outlays necessary to fill childcare gaps, ranging from a low of 1.1 percent of GDP in some, particularly high-income countries to a high of 14 percent of GDP in the United Republic of Tanzania. These expenditures would be accompanied by significant employment generation, particularly for women, as women would see up to 90 percent of employment gains due to the gendered occupational segregation of care service sector jobs. These investments would also generate tax revenues, which would offset the expenditure, estimated to range from 10.5 percent to 77 percent of the cost of the investment. Government investment to fulfill childcare gaps are not possible in all contexts, but these estimations give a sense of scope, as well as the potential benefits to be realized in undertaking these investments on a smaller scale.

UN Women and ILO (2021) have created a policy tool that breaks down step-by-step how to conduct costing and returns analysis in any given context for different types of care services. This is a valuable contribution for researchers, advocates, and policymakers to make context-specific recommendations and policies that are grounded in a rigorous evaluation of costs and benefits.

In addition to the employment effects estimated from the costing studies, there is an abundance of evidence across a wide range of research methodologies at the macro and micro level that confirms an overall robust, positive causal relationship of subsidized or free childcare for women's labor force participation.[58,59,60] This positive relationship has generally held across countries of vastly different income and development levels, economic structures, and women's labor force participation rates, though there is great variation in the magnitude of these effects depending on these factors and the design of the childcare programs, such as the hours of operation (see section *Policy Considerations for Care Services*).[61,62,63] Review of several programs found the positive relationship with women's labor force participation to be weaker for preschool than daycare, likely due to the more limited hours of childcare provision in preschool.[64] One review of 13 studies in LMICs found that women's employment increased by six percentage points on average, with a 30 percent increase in daycare utilization.[65] Some researchers have pointed to a skepticism that childcare provision is important for WEE in Africa, given the high degree of agricultural and informal labor, but evidence supports the positive impacts of subsidized childcare on WEE.[66] For example, in Nigeria, the labor force participation of primary caregivers would increase by 20 percent if affordable childcare was available.[67]

An assessment of childcare service provision's impact on women's economic empowerment must go beyond labor force participation, including evaluating impacts on pay, employment opportunities, quality of employment, unpaid care time, and overall agency. The majority of research limits its scope to labor force participation, but the research that is available indicates positive outcomes.

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Recent global research indicates that the provision of high-quality childcare would reduce the gender pay gap by 8.6 percent globally, the equivalent of $527 billion.[68] Research from Vietnam found positive impacts in terms of reductions in poverty, women's income, and household income.[69] Research from Kenya, Brazil, and Ecuador found positive impacts of daycare on women's income and overall household income.[70] Evaluations of free childcare programs in Brazil, Indonesia, Argentina, and Chile showed that full-time daycare, pre-primary school education, and after-school programs can increase hours worked and employment opportunities, in addition to labor force participation, especially when the program provides care for more than one child or the youngest children.[71] Research from a program in Mexico that provides childcare subsidies, found that mothers were more empowered, had a higher number of hours worked per month, and had increased short-term employment opportunities compared to mothers who had children on a waitlist for childcare.[72,73] More research is needed on the impacts of different types of childcare provision on the quality of employment, unpaid care time, and agency in LMIC contexts.

Financing for Childcare Services

Domestic Financing

Research points to a consensus among experts that one percent of GDP is the minimum threshold for quality provision of ECCE.[74] More data is needed on government childcare expenditures, particularly for LMICs. The data that is available indicates that on average, LMIC countries spend 0.08 percent of GDP on pre-primary education, around 25 percent of the estimated need to provide universal pre-primary education in line with Target 4.2 of the United Nations' 2030 Sustainable Development Goals (SDGs).[75] Data from 2017 for Organisation for Economic Co-operation and Development (OECD) countries' ECCE shows there is a range within the band of 0.3 percent (Turkey) to 1.8 percent (Iceland) of GDP, averaging 0.7 percent of GDP. There is a general trend of increasing funding for pre-primary education, especially relative to other care services in LMICs.[76,77] However, only 15 percent of low-income countries provide free pre-primary education.[78] In the absence of state investment and provision, the non-state sector (including both nonprofit and for-profit providers) has been an essential piece in filling childcare needs, but immense gaps remain, especially for the lowest income and most vulnerable in LMIC countries, necessitating increased investment.[79]

The difference in levels of state financing impacts costs for parents. For OECD countries, the average expenditure for families in 2021 was 10 percent of household income, but this ranges from zero percent for countries with full public financing (e.g., Estonia, Italy, Malta, Germany) to around 30 percent (e.g., New Zealand, United Kingdom, Czech Republic, Cyprus).[80] Here again, research from LMICs is limited, but what is available indicates costs are a significant constraint and affordable options are lacking. Research from Kenya estimates childcare costs comprised 12 percent of household income on average, and in Mexico, the fees of a federal daycare program make up 22 percent of the monthly minimum wage.[81] As LMICs evaluate financing childcare investments in the face of fiscal constraints, research emphasizes the importance of prioritizing meeting the needs of the lowest income and most vulnerable groups through free and low-cost options.[82]

Foreign Policy and Donor Financing

Foreign aid for childcare is remarkedly low, despite the abundance of evidence on the role of childcare in supporting women's economic empowerment, human capital, poverty reduction, and other development priorities. From 2012 to 2014, OECD official development assistance (ODA) to early childhood education (ECE) more than doubled (from $50 to $106 million), but this comprised only 1-2 percent of overall aid to education. Of this, ECE aid to sub-Saharan Africa was particularly low relative to its gross enrollment rates.[83] 2019 data for the Group of Seven (G7) countries indicates that only 0.7 percent ($172 million) of ODA went to ECE. Only five percent ($9 million) of that assistance had gender equality or women's empowerment as the principal objective of the project.[84] Analysis of OECD ODA spending in Kenya, Nigeria, and Bangladesh from 2015 to 2019 found that international donors focused on childcare mainly through ECE, such as preschool programs, but that funding was low (0.07 percent of total ODA for Kenya), and funding specific to childcare services appeared to be a gap in all three countries.[85,86,87]

According to research by Oxfam Canada, over one-third of international donor-funded work on care focused on quality and affordable childcare provision, such as initiatives to address gaps in childcare services for informal workers and campaigns for better quality government and employer-supported childcare.[88] Several initiatives highlighted by this donor program review (such as WIEGO's Childcare Campaign and the International Development Research Centre (IDRC)-led Growth and Economic Opportunities for Women program) demonstrate the importance of incorporating a social norm change component to childcare programming and going beyond approaches that focus only on service delivery itself in order to effectively redistribute unpaid care responsibilities.[89]

However, it is evident that donor-funded priorities for childcare are aimed at addressing gaps where governments and the private sector have failed to ensure the provision of quality and affordable childcare services.

International financial institutions (IFIs) also have an important role to play in financing childcare in LMIC contexts. There has been increasing attention in these institutions for essential childcare investments across a number of development goals. The International Development Association's (IDA) 2021 replenishment (IDA20) featured a childcare commitment for the first time, and the World Bank recently launched an incentive fund for childcare, the Invest in Childcare initiative, which matches funds (these can be IDA, International Bank for Reconstruction and Development (IBRD), domestic, or other) spent on childcare up to $10 million per country over the next five years.[90,91] As of April 2022, $180 million has been invested in this fund, which is a start, but significantly more resources will be necessary to fill the childcare financing gaps previously outlined, particularly as these countries face limited resources, debt overhangs, and widespread social and economic impacts due to COVID.

A 2000-2021 analysis by the Center for Global Development for eight multilateral development banks (MDBs) of spending on childcare found that 348 projects totaling $32.2 billion included childcare, but the majority featured childcare as a subcomponent of a project with broader goals, rather than dedicated childcare projects.[92] Dedicated childcare projects totaled $2.1 billion, with over 50 percent of those in Latin America. The Islamic Development Bank stands out in terms of the number of dedicated projects to childcare, while the World Bank has by far the greatest overall expenditures on all types of projects that include childcare. Though there has been an increase in MDB projects with a childcare component over time, particularly in the last five years, there is not a consistent trend in projects dedicated to childcare. Evidence indicates that both types of projects are key to supporting childcare provision, but standalone programming is essential to create substantive change in provision gaps.

Evidence on Childcare Policies Supportive of WEE

Research to understand the most effective universal care model found that a model with paid parental leave policies, incentives for fathers to participate in caregiving, and high perception of affordability and availability would produce the most gender-equitable and transformative childcare approach.[93] However, LMICs are far from implementing a universal childcare model due to lack of prioritizing within available resources and the fiscal constraints they face in relation to the costs documented above. Informal, home-, and community-based models are common in most LMICs due to the lack of formal childcare services in many areas. Home-based childcare services offer a more affordable, and sometimes more accessible, alternative to formal childcare facilities. However, informal childcare models are also unregulated, which can result in reduced quality of care and working conditions for caregivers.[94]

There are myriad policy approaches for governments to increase available childcare. The World Bank sorts these into the following four categories: direct provision by the government, financial support for families (such as vouchers or tax breaks), incentives for non-state provision (such as subsidies, tax incentives, or providing staff), and mandated or incentivized employer-sponsored childcare.[95] Table 1 reviews examples of programs and policies that include aspects of WEE in their impact evaluations, in order to highlight evidence-based interventions policymakers can implement to fill childcare gaps while supporting WEE. It also highlights examples where non-state provision has filled care gaps either through NGOs or social enterprise.

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Table 1: Examples of Childcare Policies and Programs Evaluating WEE Outcomes

Category of Intervention	Policy/ Program	Example(s)	Features	Impacts
Financial Assistance	Means-tested subsidies	Mexico: Programa de Estancias Infantiles para Apoyar a Madres Trabajadoras[96]	Government subsidies for children with disabilities, directly to the childcare worker. Subsidies were offered to women for setting up home-based or community childcare services.	–Employment of 40,000 women childcare workers –More empowered women –Higher number of hours worked per month –Increased short-term employment opportunities
	Vouchers	Korogocho, Nairobi, Kenya[97]	Mothers were given 12 monthly vouchers for all of their children ages 1-3, for use at a daycare center in a randomized controlled trial (RCT).	–25 percentage point increase in daycare use compared to control group –8.5 percentage points more likely to be employed –No difference in working hours, but incomes were higher (24% than baseline) –No difference in autonomy index
	Subsidized daycare	Nicaragua: Programa Urbano[98]	Provides half a day early childhood education and care, five days a week for children ages 1 to 4, serving the most disadvantaged communities	–Significant impact on maternal labor force participation –Substantially more cost effective than similar programs across the world
Direct Provision by Government	Preschool / ECE	Indonesia[99]	Public preschools for every 1,000 children v. private preschools.	-Only public preschools increased mother's labor force participation; no increases for private preschools
	Daycare	Rio de Janeiro, Brazil[100]	Full-time daycare for low-income children, ages 0-3.	-Increased mother's labor force participation by 10%, nearly doubling for mothers who were not working prior to enrollment
	After school program	Chile: 4-7 Program[101]	Government funded free after school childcare provision at public schools for children 6 to 13. Specifically funded to support women's labor force participation	–7% increase in mother's labor force participation and 5% increase in employment –For mothers with children under six who were not previously in the labor force, participation increase of 19% –12% increase in utilization of any type of childcare
Non-government Provision	NGO	India: Seva Mandir[102]	Works in rural villages to address infrastructure, education, and health needs, including running Balwadis and assisting with government Anganwadis in order to address early childhood education and development needs.	-Currently, 160 Balwadis serving 4,000 children and 25,000 mothers, allowing them to do household and income-generating work while their children are in safe environments
		India: Mobile Crèches[103,104]	Provide childcare services to migrant workers at construction sites and informal settlements in Delhi for children up to 12 years of age.	–1000 daycare centers – provided care to 867,000 children since inception – trained 6,500 women as daycare workers
	Social enterprise	Kenya: Kidogo Early Childhood Learning Centres[105]	Training for "mamapreneurs" to formalize existing childcare centers or start new ones.Social franchising model which establishes quality standards and ongoing monitoring.	–Over 400 women trained –Provision for approximately 11,000 children in informal settlements

Long-term Care

The ILO defines long-term care (LTC) as "the provision of services for persons of all ages who have long-term functional dependency."[106] LTC encompasses care for the elderly and those with disabilities or additional needs at all ages. Service provision is differentiated between institutional, residential, and community-based settings, where community-based includes any type of care not necessitating permanent, full-time care in an institution, such as in-home care, daycare facilities, or community centers.[107] As the global population ages and care needs become more acute, the implementation of well-developed and properly managed LTC systems and policies that center the well-being of care recipients and caregivers alike can provide employment, reduce costs, increase women's labor force participation, and reinforce economic development.

LTC needs highlight the necessity of a continuum of care over the lifecycle, one that supports the wellbeing and care needs of populations from birth to death. The World Health Organization (WHO) has identified six general principles that should apply to long-term care solutions, including that LTC be accessible, affordable, and centered on human rights and the individual needs of patients.[108] The WHO also determined that national governments should be responsible for the provision and functioning of LTC solutions. However, the extent of funding and coverage varies widely globally.

The Need for Long-term Care Services in LMICs

Long-term care is predominantly unpaid and provided by women in the household. Women are the principal caregivers to the elderly in 67 to 89 percent of households in urban China, Mexico, Nigeria, and Peru. They account for more than 90 percent of unpaid caregivers in Argentina and more than 80 percent in Chile, Cuba, and Uruguay.[109,100,111] Unpaid LTC is associated with wage loss, financial strain, and work-related impacts, such as arriving late or leaving early to accommodate caregiving.[112,113] Relying on unpaid LTC has been associated with adverse health and well-being outcomes, as well as higher long-term costs for caregivers.[114]

In sub-Saharan Africa, the substantial unpaid LTC burden perpetuates and deepens household poverty and hinders efforts to expand education, employment, and economic opportunities to the region's women and girls.[115]

Eldercare

As the number of persons aged 65 years and older is projected to reach 1.5 billion by 2050, the provision of long-term care (LTC) is increasingly urgent—both in high-income, aged economies, where systems are under pressure by increasing demand and workforce shortages, and in many LMICs.[116] Eastern and Southeastern Asia and Africa, in particular, are grappling with rapid growth in the population of persons 65 years and older, weak or non-existent LTC services and social security protections, and rising care needs for elderly people.[117,118,119] The WHO has estimated that the percentage of people between the ages of 65 and 75 who require some assistance with daily activities is 50 percent in Ghana and 35 percent in South Africa, but less than five percent in Switzerland.[120] At the same time, less than one-fourth of adults above the statutory retirement age in Sub-Saharan Africa are covered by a pension.[121]

Care for Those with Disabilities and Additional Needs

An estimated one billion people—about 15 percent of the global population—experience some form of disability, around 80 percent of which live in LMICs and are predominantly older than 60 years of age.[122,123,124] The effective coverage of persons with severe disabilities receiving benefits globally was only about 27.8 percent in 2015, with significant regional disparities.[125] Disability is significantly associated with multidimensional poverty and adverse socioeconomic outcomes in terms of education, health, and employment.[126] Given that an estimated 110-190 million people with disabilities could require assistance throughout their lives, strengthening disability integration in LTC systems is key to promoting better health, financial, and social inclusion outcomes. A recent review of 43 studies among caregivers of adults with a physical and/or mental illness in LMICs concluded that there is considerable physical, psychological, social, time, and financial burden on these caregivers.[127,128]

Women living with disabilities are not only recipients of care but are often care providers themselves. However, the value of the unpaid care and domestic work that disabled women provide has not been adequately estimated.

A study of LMICs found that in seven of eight countries in the sample, women with a disability are more likely to be engaged in unpaid work than women without a disability.[129] Older women, who are more likely to be living with a disability, spend more than four hours a day on unpaid work (more than double the time spent by older men) across 30 countries.[130, 131]

Costs and Benefits of Investing in Long-term Care

As with the provision of childcare services, studies have been conducted evaluating the costs of fulfilling LTC service needs in different contexts, though there has been significantly less research on LTC services than for childcare services. A study of 82 countries found that, in order to fulfill LTC needs and guarantee free provision while also providing decent work to care providers, annual spending of approximately three percent of GDP by 2035 is required, totaling $3.9 trillion, 81 percent of which would be new funding.[132] There is significant country and regional diversity in both the amounts of funding needed and how much of that would be additional investment. High-income countries in Europe, Asia, and the Americas would average three percent or more of GDP by 2035 to fill care gaps, while Africa and lower-income Asian countries would average between 2.4 and 2.61 percent of GDP.

LTC expenditures are not always viewed as investments in the same way as childcare, as they are not building the skills and capabilities—often referred to as human capital—of the next generation. However, the impacts are the same on unpaid caregivers, yielding great potential benefit from the supply side, as well as being crucial for the well-being of LTC recipients. Investments in LTC are projected to generate significant employment, in addition to tax revenues which partially finance these investments (see **Table 2,** Appendix, for a summary). An investment in LTC of 2.45 percent of GDP could create 184 million jobs, with women benefiting from as much as 78 percent of this employment increase, reducing the gender employment gap by 7.4 percentage points.[133] Research indicates there is a need for more evidence on the channels through which LTC investments can generate economic returns, especially as there is an interplay between strain on health care systems, health costs, and LTC needs, which generate significant economic impacts.[134] However, given growing aging populations and the large share of those with disabilities in LMICs, it is clear there is a high cost of inaction by not investing in LTC services, for WEE and more broadly.

Financing for Long-term Care

Domestic Financing

There are different models of financing long-term care, and the extent of financing depends on who is being covered, what services will be covered, and which recipients are expected to pay out-of-pocket. Most LTC systems rely on tax contributions and social insurance systems to some extent, with different compositions of financing in different countries.[135,136] A review of financing for LTC in OECD countries points to the importance of a dedicated stream of public investments financed by a reliable source, given population aging and the increase in women's labor force participation decreasing the amount of unpaid care available.[137] The lessons from financing care in these contexts can inform the development of LTC systems in LMICs. Evidence suggests many LMICs start with narrow, means-tested public financing to protect the most vulnerable given limited resources and competing priorities.[138] However, there is evidence that changes in tax policy can create greater fiscal space to fund LTC even in low-income countries, such as more progressive tax structures, financial transactions taxes, or increasing the effectiveness of tax collection.[139]

Data on LTC spending indicates a wide range of current government spending levels, depending both on the needs of the population and on the extent to which they are providing services. For Africa, the Arab States, and lower-income Asian countries, their baseline spending is close to zero, indicating the need for significant additional annual spending, as a percentage of GDP, to meet LTC needs.[140] Data from 46 countries between 2006-2010 found LTC spending averaged less than one percent of GDP.[141] Data from 2018 indicates that OECD countries spend an average of 1.5 percent of GDP on LTC services, ranging from a high of almost four percent for the Netherlands to a low of 0.2 percent for Chile.[142] A review of financing for developing member countries by the Asian Development Bank (ADB) found that levels of public investment in LTC were very low for all countries, and where present, is usually channeled to state-run institutional care which fulfills basic needs for elderly residents. As LTC needs are not being met by governments, the burden is shifted to care recipients and their families. These needs are then met by out-of-pocket expenditures for home-based or institutional care, utilizing domestic workers and/or volunteer and unpaid care. To date, there has been no systematic evaluation of what these costs are for care recipients and their families.[143]

Foreign Policy and Donor Financing

Research indicates that donor programs for LTC services are more limited than for childcare services.[144] According to assessments, the donor community needs to be focusing more on eldercare, given the care gaps and lack of domestic investment.[145] Within these limited programs, gender and WEE considerations are largely absent, indicating missed opportunities to support WEE outcomes, while filling LTC gaps. The ADB has identified the demographic changes and lack of investment in LTC services as a barrier to growth in the region and, in 2019, responded with a six-country technical assistance program. This program compiles data and evidence on needs and existing systems, identifies the most effective areas for investment, and builds capacity and fosters knowledge exchange between different stakeholders to effectively fill care gaps. The needs of unpaid caregivers and impacts on WEE outcomes, however, have not been integrated to date.[146] The Better Care for Older People in Africa program ran in Ethiopia, Mozambique, Tanzania, and Zimbabwe between 2014 and 2017, with funding from the United Kingdom's Department for International Development.[147] While the project was successful in increasing health-seeking behaviors—delivering results at the health system level, and providing highly valued home and community-based support—gender considerations did not go beyond disaggregation of data and were not mainstreamed in terms of design and delivery.[148]

The limited data available on donor financing is another sign that donors are paying insufficient attention to LTC needs. Research on OECD official development assistance (ODA) in Kenya, Nigeria, and Bangladesh found that eldercare was funded as part of larger health projects targeting multiple demographics, with no dedicated projects focused on the unique needs of the elderly. The extent of funding for eldercare is thus impossible to pinpoint, but even totaling all projects that featured eldercare as a component amounted to less than 0.05 percent of total OECD ODA in Nigeria.[149] For care for those with disabilities, the totals are also low, with less than one percent of total OECD ODA in Bangladesh and less than 0.1 percent in Kenya and Nigeria.[150,151,152] Larger analyses of donor funding are needed to assess funding levels and types of programs systematically across more countries. There is a clear need for donor financing and programs to supplement low levels of domestic financing and support a range of development goals, including women's economic empowerment, poverty reduction, and economic growth through creating jobs in LTC service sectors.

Photo: Paula Bronstein/Getty Images/Images of Empowerment

Evidence on Long-term Care Policies Supportive of WEE

Domestic Policies

Despite the trends of aging in LMICs, policy responses by governments have generally been slow or lacking.[153] Family care models are often relied on in LMICs for LTC solutions but are ultimately unsustainable, as populations live longer and more LTC is needed for elder populations and people with disabilities. This approach also relies largely on unpaid care by women and girls, which has negative consequences on economic status and overall wellbeing. With women's labor force participation continuing to rise in many countries, reliance on unpaid family care is unsustainable.

LTC is beginning to get more policy attention in some areas of the world. For example, in 2017, the African Union's Executive Council adopted the Common African Position (CAP) on LTC systems. The CAP model is a framework for LTC, designed to be used and adapted by countries across Africa to address national and local needs for eldercare.[154] Across Asia, countries have implemented national programs for addressing LTC. In 2016, China began piloting long-term care insurance (LTCI), which, by the end of 2017, had reached 44 million residents, and insurance paid for 70 percent or more of the cost of care.[155]

Disability care in LMICs is scarcer than childcare or LTC for elders, despite the majority of persons living with disabilities living in LMICs. However, some LMICs have made significant strides in working towards universal or near-universal care for persons with disabilities, including Armenia, Azerbaijan, Brazil, Chile, Georgia, Israel, Kazakhstan, Mongolia, and Uruguay.[156] Tax-financed schemes, in particular, have helped increase coverage in LMIC countries, such as in South Africa, India, and Brazil.[157] Other programmatic solutions that countries have adopted include developing and enhancing training for care workers of individuals with disabilities, investing in care facilities and home-based care solutions, and investing in early intervention strategies.[158]

However, research is significantly scarcer when it comes to evaluating LTC policies and programs with respect to impacts on unpaid caregivers and women's economic empowerment as compared to those focused on childcare, particularly across the wide range of methodologies featured in the childcare literature. More research is required in this area.

Two eldercare programs, in the Republic of Korea and in South Africa, evaluated WEE outcomes, and illustrate the benefits on unpaid care time and employment. In 2008, the Republic of Korea introduced a LTCI system to ensure security for the aging population and reduce the burden of care from families. Their LTCI provides both institutional and home-based care for elders, as well as cash benefits in exceptional cases, such as when the beneficiary lives in an area without access to institutional care or home-care providers.[159] Research found that in the first two-years of this policy, there was a 15 percent decrease in the share of unpaid care family members, predominantly women, were providing for elders.[160] The South African government implemented the Old-Age Pension Grant, which provides monthly incomes for citizens, refugees, and permanent residents who are ages 60 and above and have no other form of income. According to the ILO, this grant program has been instrumental in reducing the incidence of poverty among older people, with a corresponding drop in the poverty rate from 55.6 percent in 2006 to 36.2 percent in 2011. An evaluation of the program found that women between the ages of 20 and 30 living in households with pensioners were 15 percent more likely to be employed than those who did not.[161]

This evidence, though limited, points to an area ripe for research to maximize benefits for care recipients, caregivers, and economies, and the high importance of addressing LTC needs for WEE outcomes.

Policy Considerations for Care Services

There are a few key factors that should be considered in the development and implementation of care services in all contexts.[162]

Program Design and Evaluation

The needs of caregivers, and particularly women, are not often considered in the design or evaluation of care service programs, despite the disproportionate burden of caregiving. A review of 478 Early Childhood Development (ECD) studies found that only four percent analyzed maternal labor market outcomes.[163] This is particularly crucial for women in LMICs, as failure to analyze impacts and invest in programs that support their well-being and economic empowerment risks further exacerbating inequalities. Intersectional analyses are also largely absent, though evaluating the needs of different groups of women is integral to ensuring that those who face the greatest socioeconomic exclusion can access care services.

Policy Considerations:

- **Needs assessments:** integrate gender-responsive assessments of the needs of parents and caregivers into the programs designed for ECD, childcare, eldercare, and care for those with disabilities. Utilize an intersectional lens where possible.
- **Impact assessments:** evaluate a range of outcome indicators regarding women's economic empowerment, including time use-data to assess impacts on unpaid care time.

Accessibility

Both location and hours of operation affect the ability of parents and caregivers to use available care services.[164] This is especially difficult for women working in informal sectors, as their workplaces are less equipped to offer childcare services and hours are often unpredictable, leaving women workers more vulnerable to greater income loss.[165] Parents may have children of different ages, which impacts the potential effect of any one type of childcare service on their economic empowerment if there is not sufficient coverage of all of their childcare needs. Research from Chile found that after-school programs increased enrollment in preschool programs.[166]

Policy Considerations:

- **Proximity:** locate care facilities to minimize distance from either homes or employers, including in informal settlements and rural areas.[167]
- **Hours of operation:** align childcare hours or daycare hours for LTC recipients with working days to support labor force participation and potential opportunities for full-time, better quality, and paying jobs.
- **Coordination:** coordinate different types of childcare provision to provide coverage for children across different age groups and the greatest number of hours.

Quality

The quality of childcare and LTC impacts the decision to use care services when accessible. Caregivers need to be able to trust the care providers that are caring for their loved ones, or they face difficult decisions between ensuring the care recipient is well cared for and ensuring their own and their family's income security and financial well-being.[168] Quality regulations for LTC services are limited in LMIC contexts, leading to low-quality care and include high rates of abuse.[169,170,171]

Policy Considerations:

- **Pay for care service workers:** support decent wages for care workers, including through minimum wages, as quality of service has been linked to remuneration of care workers.[172,173]
- **Quality regulations:** implement oversight mechanisms, staff-to-child ratios, maximum group size, periodic training requirements, required inspections and reporting, and penalties for noncompliance.[174] Allocate resources for monitoring and enforcement of developed standards for them to be effective.[175]

Affordability

When care services are accessible and of quality, the key factor in decisions to use such services is cost.[176,177,178] For low-income women, especially those in the informal sector who experience more irregularity in their earnings, the high cost of care services act as a deterrent to utilize those services.[179,180,181]

Policy Considerations:

- **Financial support:** enact policies to make care services more affordable for consumers, such as direct free or low-cost public provision, subsidies, cash-transfers, vouchers, allowances, one-time grants, and tax benefits.

Enabling Environment Policies for Care Services

There are numerous policies that enable access to affordable and quality care services to ultimately support reductions in unpaid care time and women's economic empowerment goals. The following policies are supported by evidence:

Paid Maternity Leave

Maternity leave of at least 14 weeks, with cash benefits equivalent to a minimum of two-thirds of the mother's previous earnings, and provided through social insurance or public funds, are the ILO standards.[183] These are deemed a human right, and critical to support health, safety, and gender equitable economic outcomes. In 2021, 649 million women had inadequate maternity protection, as only 98 out of 185 countries met these standards.

Paternity Leave

To support the redistribution of unpaid care work from women to men, as well as men's right to care, paternity leave is integral. In 2021, 1.26 billion, or two-thirds, of potential fathers did not have entitlements to paternity leave.[184]

Paid Parental, Family, and Medical Leave

These policies support caregivers' mental health, labor force attachment, and wellbeing as they navigate family care needs.[185] There is large regional variation, but only 29 percent of 186 countries surveyed in 2014 provided workers leave to care for elderly parents.[186]

Family-friendly/flexible Workplace Policies

These policies include part-time work, flexible working hours and locations, telework, pro-rata benefits and entitlements, and offering reduced hours, which are important for both formal and informal workers to balance providing care with paid employment.[187,188]

Labor Protections

Anti-discrimination policies and ILO Conventions such as 102 (Social Security), 111 (Discrimination in Employment and Occupation), 156 (Workers with Family Responsibilities), 183 (Maternity Protection). 189 (Domestic Workers), and 190 (Violence and Harassment in the World of Work), as well as ILO Recommendations 165 (Workers with Family Responsibilities) and 204 (Transition from the Informal to the Formal Economy), are critical to ensuring unpaid care providers and paid care workers, who are often in informal and/or domestic work in LMICs, have protections.[189]

The Care Policy Scorecard is a comprehensive tracking tool for evaluating country progress in creating a gender-responsive enabling environment for care across the continuum of unpaid to paid care, including care services and social protections.[182]

Decent Work for Care Workers

Care services will remain an important source of employment for women across the globe. Decent work, including pay and working conditions, leads to better quality of service for recipients and WEE outcomes as women, and particularly migrant women and women of color, are disproportionately represented in care service sectors.

Non-contributory Pensions

Non-contributory pension systems are key to achieving the SDGs and protecting the elderly from poverty, particularly women that are more likely to have lower levels of labor force participation (including due to unpaid care) and face gender wage gaps that influence contributions.[190]

Migration

Meeting the demand for care service workers in many high-income economies has already necessitated an influx of migrant workers, particularly for LTC. This trend is likely to intensify, which also risks exacerbating care service needs in LMIC countries that are a source of migrant labor supply.[191] Policies to provide targeted labor migration, and training and rights for migrant care workers, are key to meeting LTC workforce needs and supporting decent work.[192]

Data Collection

More data is needed to better understand the needs of both care recipients and caregivers. Data is also needed on the impacts of care provision on a range of outcomes related to women's economic empowerment, including time-use assessments of women's unpaid care time, particularly in LMIC contexts.

Social Norms

Gender-equitable and gender-transformative policies, which contest societal gender norms and encourage men to engage in care responsibilities, improve women's labor force participation and close gender gaps in paid and unpaid care.[193,194]

Conclusion

The international community has laid out collective goals through the UN Sustainable Development Goals, goals which will not be met without addressing care service needs in LMICs. This synthesis of evidence provides a compelling case for use in advocacy campaigns and for policymakers to take action on and invest in care services to meet these goals. In addition to being key investments from a human rights and WEE angle, this report has illustrated how care services are strategic economically through a multitude of channels and benefits, including employment and fiscal returns.

Though more data is needed for LMICs, the data that does exist, indicates little to no domestic financing in many contexts, particularly for long-term care (LTC) services. Greater prioritization of available domestic resources is necessary to fill care gaps, and governments have a central role in supporting quality, affordable, and accessible provision. Levels of donor financing were also found to be low for childcare, and particularly, LTC. Where there are fiscal constraints, the evidence indicates donor governments and IFIs can also place a greater priority on financing for care services to support WEE and a broad range of development objectives. Though there are promising recent developments from some donor governments, multilateral development banks, and international financial institutions, they will need to go much further to supplement domestic financing to meet care needs—particularly in the current global economic climate. It is a critical time for policymakers to interrogate these priorities and recognize care services as strategic and effective investments for sustainable and inclusive economies.

Photo: CanvaPro/BillyCM/Pixabay/Untitled

Appendix

Table 2: Summary of Costing and Returns Studies

Author	Scope	Geographic Area	Costs	Employment Effects (direct and indirect jobs)	Fiscal Returns from Tax Revenues	Net Investment (costs - fiscal returns)
Childcare						
UN Women (2019) [195]	Free ECCE at universal and medium enrollment rates, different child/staff ratios and pay levels	South Africa (2017)	7.3% GDP for universal ECCE at high pay and standards for child/staff ratios	–3.1 million jobs –12 percentage point increase in women's employment rate	43% self-funded	4.2% GDP net investment
			3.2% GDP for universal ECCE at medium pay and standards for child/staff ratios	–2.3 million jobs –10 percentage point increase in women's employment rate	35% self-funded	2.1% GDP net investment
		Turkey (2014)	3.7% GDP for universal ECCE at higher pay	–2.1 million jobs –69% women –5.7 percentage point increase in women's employment	47% self-funded	2% GDP net investment
		Uruguay (2017)	2.8% GDP for universal ECCE at high pay and ideal child/staff ratio	–80,369 jobs –5.3 percentage point increase in women's employment rate	51% self-funded	1.4% GDP net investment
UN Women (2019) [196]	ECCE for SDG-based and regional best enrollment and quality scenarios	Kyrgyz Republic	4% of GDP for the SDG-based scenario	–120,493 jobs –72.4% women –4.2 percentage point increase in women's employment rate –Decrease gender employment gap by 2.5 percentage point	26% self-funded	3% GDP net investment
UN Women (2020) [197]	ECCE at SDG enrollment rates at current and high-quality scenarios, and a universal high-quality scenario	Republic of North Macedonia	2.3% of GDP for the SDG-high scenario	–40,725 jobs –75% women –4.4 percentage point increase in women's employment rate –3.1 percentage point decrease in gender employment gap	49% self-funded	1.2% GDP net investment

Table 2: Summary of Costing and Returns Studies, cont.

Author	Scope	Geographic Area	Costs	Employment Effects (direct and indirect jobs)	Fiscal Returns from Tax Revenues	Net Investment (costs - fiscal returns)
Childcare						
UN Women [2021] [198]	Universal, free ECCE at "current" and "improved" pay and child/ staff ratio scenarios	Côte d'Ivoire	9% of GDP for "improved" scenario	–657,686 jobs –90% women –11 percentage point increase in women's employment rate	43% self-funded	6.6% GDP net investment
		Nigeria	8% of GDP for "improved" scenario	–5,427,858 jobs –79% women –18 percentage point increase in women's employment rate	35% self-funded	5.1% GDP net investment
		Rwanda	11% of GDP for "improved" scenario	–345,486 jobs –81% women –22 percentage point increase in women's employment rate	47% self-funded	9% GDP net investment
		Senegal	10% of GDP for "improved" scenario	–422,599 jobs –75% women –16 percentage point increase in women's employment rate	51% self-funded	6.2% GDP net investment
		United Republic of Tanzania	14% of GDP for "improved" scenario	–1,550,973 jobs –76% women –23 percentage point increase in women's employment rate	26% self-funded	7.3% GDP net investment
ILO (2022) [199]	Universal provision of free, high-quality childcare	82 countries	–1.5% of 2035 GDP –Ranges from 1.1% of GDP in Europe to 4.2% in Africa	–114 million jobs by 2035 –78% of the jobs would go to women (ECCE and LTC combined)	27% self-funded by 2035 (ECCE and LTC combined)	N/A
Long-term Care						
ILO (2019) [200]	LTC for meeting SDG goals compared to current baseline	45 countries	2.3% of GDP	–64.8 million jobs –54% of jobs would go to women	17.9% (both health and LTC services)	N/A
ILO (2022) [201]	Universal provision of LTC services	82 countries	- 2.4% of 2035 GDP –Ranges from 1.9% of GDP in Europe to 2.8% in upper-middle and high-income Asia Pacific countries	- 184.3 million jobs by 2035 - About 78% of these jobs would go to women (ECCE and LTC combined)	27% by 2035 (ECCE and LTC combined)	N/A

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