



# A Measure of Care

How countries strive to move beyond GDP and capture the value of invisible work

IISD REPORT



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### **A Measure of Care: How countries strive to move beyond GDP and capture the value of invisible work**

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## 1.0 Introduction

Concern is growing around the use of conventional economic indicators, notably GDP, to assess national development in the face of environmental degradation, economic and social inequality, mounting debt, conflict, polarization, and other challenges. Notably, the United Nations Secretary-General has described overreliance on GDP as a “glaring blind spot in how we measure economic prosperity and progress” (UN, 2023, p. 4). In response to his concern, the outcome document of the 2024 UN Summit of the Future calls for the development of “a framework on measures of progress on sustainable development to complement and go beyond gross domestic product” (UN, 2024, p. 34). A High-Level Expert Group has been formed to consider options for such a framework based on available research and feedback based on submissions made during a multistakeholder consultation (UN, n.d.).

Relying exclusively on GDP as an indicator of progress misses critical considerations. It overlooks environmental contributions and impacts, the value of ecosystem services, and the negative consequences of economic growth, such as pollution and climate change. Equally neglected are the essential roles of social capital, volunteering, community engagement, and household activities. These sustain the fabric of society and the functioning of the economy while providing a critical input for the production and maintenance of human capabilities.

The escalating challenges of climate change, intensifying environmental degradation, and human well-being underscore the urgency of adopting alternative measures of progress that prioritize societal welfare and the preservation of natural resources. Various approaches have been proposed to address GDP’s limitations and introduce complementary metrics, such as those that measure the quality of life, environmental sustainability, inequality, labour, health, and social protection metrics. These frameworks attempt to capture dimensions that GDP ignores, including inequality, access to health care and education, natural capital, and governance. Yet even these systems often fail to fully recognize contributions that are vital to society, particularly those disproportionately carried out by women. The impact of these omissions is further amplified by the intersectionality of gender, socio-economic status, and ethnicity. Crucially, the care gaps between women of different social strata or ethnic backgrounds are often wider than the gender gap observed within high-income groups, highlighting how systemic invisibility reinforces deep-seated structural inequalities among women themselves.

While the scope of the beyond-GDP agenda is broad, touching upon a range of aspects that GDP overlooks, the focus of this paper is primarily on the care economy and opportunities for its integration into efforts to move beyond GDP. The challenge lies in ensuring that new frameworks recognize care as a fundamental investment in a country’s economy and include the formation of human capital. This paper aims to summarize current approaches to measuring the contribution of care work using examples from different parts of the world and examining the level of integration of care work and its role in integrating human capital into alternative metrics. It also offers recommendations for meaningful opportunities to measure the care economy’s contributions within beyond-GDP frameworks.



## 2.0 Understanding the Care Economy

The care economy constitutes all essential social, health, and well-being support services provided to individuals of all ages, abilities, and diverse backgrounds. It acknowledges the lived experiences of caregivers while highlighting both the challenges and benefits of caregiving for individuals, communities, and broader society (Blackberry et al., 2025). As such, the care economy encompasses all forms of care work delivered formally and informally through households, communities, the state, the private sector, and civil society (Government of Canada, 2023). Beyond a mere set of activities, care is best understood as a complex service—comparable to public education—that often lacks a market price despite its significant production costs (Folbre, 2001; Ironmonger, 1996). Recognizing care as a complex service shifts the analytical focus from isolated tasks to the systemic investment required to sustain human life and productivity.

Within the care ecosystem, households are the primary spaces providing the vast majority of the care work that society requires to function. From this perspective, households operate as “production units of care,” where unpaid work is combined with monetized goods and services (including paid care) and infrastructure to produce a service that enables the production and accumulation of human capabilities.

In effect, human capabilities are produced, maintained, and repaired within a collaborative web. As Folbre (2012, p. 282) notes, “human capital is co-produced by a number of different agents who collaborate in its development: parents, grandparents, other family members, the community, schools, social services, society as a whole, and the person who embodies that human capital.”

Care work can be direct or indirect, paid or unpaid. Direct care involves personal and relational activities, such as feeding a baby or nursing an ill partner, whereas indirect care activities refer to domestic work, such as cooking and cleaning. While nurses, elderly care assistants, community health workers, and early childhood educators are paid for their time and services, domestic work is frequently excluded from monetary valuation. Unpaid care work is the informal caregiving performed without compensation, whereas paid care work involves direct care or domestic tasks done for payment or profit, often within the informal sector. These categories are deeply interconnected, as nurturing a person in care requires the constant interaction of both paid and unpaid efforts across institutional and domestic boundaries.

It is important to emphasize that there is a significant gender divide in the care economy. Women and girls most often provide care at home and in their communities, which leads to an unequal burden and higher workloads for them. Even if care work is paid, it can often be conducted by women from vulnerable and disadvantaged situations or migrants who sometimes face wage inequalities and poor working conditions. Hence, the way care work is set up and culturally rooted, it is frequently laden with disparities that disproportionately impact women and perpetuate gender stereotypes. These disparities are known to be overly high, and overall, women contribute to care more significantly than men (see Table 1). In addition, these gender disparities are also different across races, ethnic groups, and cultures



(UN Women, 2022). Around the world, women and girls provide more than three quarters of unpaid care work, with the highest contribution by women living in poverty with limited availability of public services, including social protection, single-parent households, and those living in rural areas (UN, 2024). In addition, forecasting efforts indicate that by 2050, women globally will still be spending 2.3 more hours per day on unpaid care work than men (UN Women, 2023). The beyond-GDP framework must therefore address the intersectionalities of gender, class, and race to account for how care work—particularly, child-rearing—plays a pivotal role in the intergenerational transmission of social disadvantages.

**Table 1.** Examples of the allocation of care work between genders

Country	Allocation of care services
Canada	In 2022, 52% of women and 42% of men provided care for children and care-dependent adults (Statistics Canada, n.d.-a).
Georgia	In 2022, women spent five times more time on unpaid care work than men (UN Women, 2022).
Ghana	Women perform 76.2% of unpaid care work, which is three times more than men (Dery et al., 2025).
European Union (EU)	Based on the time-use survey data collected from all EU member states, 42% of women and 38% of men are involved in unpaid caregiving activities, such as caring for children, older family members, or people with disabilities (European Institute on Gender Equality, 2023).
Sub-Saharan Africa	Studies show that women in sub-Saharan Africa spend as much as 3–3.1 times more on unpaid care work than men and boys. This is often due to traditional gender roles that assign women as primary caregivers and homemakers (UN Women, 2024).
United States	Across the whole population, women spent 16.6 weekly hours on childcare and household work, and men spent 7.5 weekly hours (Gender Equity Policy Institute, 2022).
Australia	The <i>Status of Women Report Card 2025</i> shows that, on average, women do 32 hours of unpaid work and care per week, which is 9 hours more than men. Aboriginal women spend about 11.5 hours per day taking care of others or in support of the cultural heritage (Australian Government, 2025).
Japan	In Japan, estimates show that women perform unpaid labour more than two times more than men. This means that, on average, men spend 41 minutes a day on “unpaid labour”—childcare, housework, shopping, etc.—and women spend 3.75 hours (Jones, 2024).
Bhutan	Estimates based on time-use survey data show that women spend 2.5 times more time (218 minutes) than men (87 minutes) on unpaid work (National Commission for Women and Children, 2019).
Italy	In the European context, Italy has one of the highest gender gaps in time spent on unpaid care work, with women spending over 5 hours a day and men under 2 hours (Istituto Nazionale di Statistica, 2019).



Country	Allocation of care services
Mexico	The World Bank estimates that the proportion of time spent on unpaid domestic and care work by women is 27.8% of a 24-hour day (or 6.672 hours) and by men is 11.1% (or 2.664 hours) (Maquera Sardón & Buitrago-Hernández, 2025).
Argentina	Women spend nearly double their time on unpaid care work (6.4 hours per day) compared to men (3.2 hours) (Instituto Nacional de Estadística y Censos, 2024).
Brazil	In 2022, women devoted 21.3 hours per week to household chores and care, while men devoted only 11.7 hours (Instituto Brasileiro de Geografia e Estatística, 2023).
Uruguay	In 2022, women spent an average of 34.4 hours per week on unpaid work, while men spent 20 hours (Ministerio de Desarrollo Social, 2023).

Source: Compiled by authors.

Across various countries and economic groups, women take on the bulk of care work. It is also important to consider that women often multitask by, for example, carrying out unpaid care work while also working a job. This further raises the importance of the unequal mental burden and workload that women take on to support their families and communities. Women’s care work at home and in their communities enables the economy, markets, and society; however, the burden of care work adds up and is borne by women themselves. There is no country in the world where men and women equally share household work.

The role of care work during the COVID-19 pandemic really highlighted the cracks in the status quo. A rapid assessment conducted by UN Women noted significant increases in time spent on household chores in Asia (Seedat, 2021). Similarly, in Latin America, reports from the Comisión Económica para América Latina y el Caribe (2021) indicate that the pandemic caused a “care crisis” where women’s unpaid work hours increased by over 25%, particularly in households with children, functioning as a buffer for the lack of public services during lockdowns.

Overall, it is estimated that women perform over 16 billion hours of unpaid care work every day through cooking, cleaning, household chores, and attending to the needs of children, the elderly, or sick relatives (UN Women, 2025). Though billions of hours equal critical contributions to households, communities, and society at large, unpaid care work is not accounted for in national statistics. Even though women do more than half of the world’s work, nearly half of that is not assigned a monetary value (International Labour Organization [ILO], 2018).



## 3.0 Why Care Work Matters for Societal Well-Being and Progress

To understand the importance of care work and its contribution to society, it is important to view the concept through various dimensions. Care varies across different contexts; however, it is often a combination of unpaid care, with families playing the primary role in providing care, and other types of paid care provided by diverse institutions, such as states, community organizations and the private sector (Helvetas, 2017). As it stands, care work is largely unpaid, invisible, and carried out by women. The burden of care, especially if left unrecognized, will create a greater disparities in the division of labour, with demands and pressure on care systems increasing as society ages.

The importance of care work is also recognized as part of the 2030 Agenda and Sustainable Development Goal (SDG) 5 on gender equality and women's empowerment, with a specific focus on SDG 5.4.1 on unpaid care and domestic work. It stresses the importance of adopting nationally appropriate policies and investments (UN, 2019).

Due to the persistent inequalities in the care sector, the application of a rights-based lens to the care economy and beyond-GDP metrics has come to the forefront. Rights-based approaches must be at the core of discussions on the economic contributions of care, ensuring that care workers have access to quality jobs and full recognition of their rights at work. The care workforce is highly diverse: while some workers are highly skilled and well-paid, many—such as migrant and domestic workers—conduct care work as part of the informal economy, earning low wages and often excluded from social and labour protections. Additional barriers to decent work include persistent ethnic, racial, and gender-based occupational segregation, as well as the systemic undervaluation of care work (Fabiani et al., 2024). Ultimately, the precarious conditions under which these individuals provide care are a direct expression of society's failure to recognize caregivers' valuable contributions to society (Folbre, 1994, 2008). National economies and employment structures that uphold and implement fundamental principles and rights at work are therefore essential to advancing fairness and dignity for care workers (ILO, 2024b).

The care economy's contributions can be broadly classified at the macroeconomic, microeconomic, and household levels. With potential contributions at all three levels, accounting for caregiving activities will equip policy-makers and decision-makers with a more comprehensive picture to inform decisions about social and economic programs.

Research demonstrates that at the macroeconomic level, care work is a vital driver of national productivity, contributing directly to GDP growth, labour force participation, job creation, and wage outcomes. The paid care economy spans sectors such as health care, education, and social services, while unpaid care—often undertaken by women—represents a major source of economic value.

At the microeconomic level, care-related responsibilities significantly shape women's capacity to engage in the labour market, pursue careers in business, or establish small and medium-sized enterprises. In 2023, approximately 748 million individuals aged 15 and above were



excluded from the global workforce due to caregiving duties—accounting for one third of all working-age people outside the labour market (ILO, 2024b). Targeted investment in the care economy has the potential to generate nearly 300 million jobs by 2035—almost triple the employment impact of equivalent investment in construction. Furthermore, each dollar directed toward care yields two to three times more jobs than other sectors and increases tax revenues, thereby offsetting associated costs (ILO, 2022).

At the household level, the care economy constitutes work done by individuals in support of the home and family. The majority of unpaid care work consists of household work (81.8%), followed by direct personal care (13%) and volunteer work (5.2%). If unpaid care work were valued at market rates, it would amount to 9% of global GDP (ILO, 2018). While examples of activities carried out at the household level include cooking, cleaning, laundry, and caring for children or the elderly, there are several common cross-cutting traits of domestic care work: it is primarily performed by women and girls, it remains invisible and unpaid, and it enables other adult members of the household to participate in the labour market.

While it is important to measure the invisible work of women, it is also important to consider the impact of providing unpaid care and household work. The increasing load of caring for children, the elderly, or an ill relative, along with attending to other domestic responsibilities, can mean that women's participation in the labour force is limited. This also means that financial independence and economic empowerment are limited and that women can encounter time poverty, which may also increase women's vulnerability to violence and adversely impact their health and well-being. Additionally, there is an opportunity cost of unpaid work in cases where women may have to forgo educational or professional opportunities to attend to caregiving duties. Other negative impacts on women's health, stress, and mental well-being have also been documented (Seedat, 2021). Furthermore, to effectively drive the development of human capabilities, care work must be strategically combined with monetized goods, services, and infrastructure. When the investments households make to caregiving remain invisible, one of the most critical mechanisms contributing to the intergenerational transmission of poverty is also obscured. In households where financial resources and infrastructure are scarce, the lack of monetized inputs places an unsustainable burden on unpaid work and reinforces a cycle of deprivation that spans generations.

The care economy is increasingly acknowledged as a fundamental pillar of sustainable development. Investment in care not only generates employment but also advances gender and social equality while strengthening social cohesion. By 2035, it has the potential to create 299 million jobs and deliver a global GDP return of USD 3.76 for every dollar invested (ILO, 2025). To ensure effective policy development and recognition of the care economy's contributions to national economic performance, it is essential to establish measurement systems that capture the diverse forms of value created and address the specific needs of care workers in this sector.



## 4.0 Integrating the Care Economy Into Beyond-GDP Frameworks

Around the world, women bear the brunt of unpaid care work, which is often unaccounted for, undervalued, and unrecognized. The need for well-rounded systems that collect data and measure and offer insights to care work is garnering increased attention on national policy agendas as countries address the challenges of gender-based inequalities, labour market participation, decent work, and post-COVID-19 pandemic-related issues. Hand in hand with this emerging call to measure care work is the consideration of statistical standards for the measurement of care work.

This growing demand for care statistics has revealed the limitations of existing statistical practices, which vary across countries due to the absence of internationally agreed standards. These limitations, in turn, affect the international comparability of data and the utility of data for monitoring change over time. Challenges in designing indicators to capture the care economy arise because care work takes place in different settings (paid, unpaid, formal, informal, etc.), meaning data collection relies on a mix of techniques (e.g., labour force surveys and time-use surveys) that often result in gaps in data availability and usability. Hence, the need for a consistent definition of care work that can retain meaning and analytical coherence when applied to different situations and contexts has become the need of the day (ILO, 2024a).

In reality, unpaid labour is only one of the resources needed in care activities (Nussbaum, 2011; Tronto, 1993). Reducing care to the hours involved often frames it as a burden that takes time away from women—potentially replaceable by market services—rather than recognizing it as the foundational investment upon which the entire economy and society depend (Carrasco, 2013; Folbre, 2008).

As a result, the ILO received a mandate from the 21st International Conference of Labour Statisticians (ICLS) in October 2023 to launch a statistical standard-setting process on the topic of care work statistics that will cater to the intensifying demand for more and better data on care work and the care economy. The ILO is to support the development of internationally agreed-upon statistical standards as the basis for the collection of detailed, comparable, and harmonized data on the care economy, considering all relevant unpaid and paid care work, for discussion at the 22nd ICLS in 2028 (ILO, 2024a, 2024b, pp. 6–7, para. 5c).

A growing number of frameworks are being developed to address the limitations of GDP by introducing more inclusive and sustainable measures of growth and national progress. Several of these approaches are grounded in robust methodologies that establish indicators and indexes while analyzing trends that complement GDP. For example, comprehensive or inclusive wealth frameworks assess a nation's wealth across five forms of capital (UN Environment Programme [UNEP], 2023; World Bank, 2024). Similarly, the doughnut economics model incorporates a revised set of 35 indicators designed to track social deprivation and ecological overshoot (Raworth, 2012). The UN Economic Commission for Europe (UNECE) has also issued guidelines identifying 10 key dimensions for measuring



well-being beyond GDP. These guidelines build on the Organisation for Economic Co-operation and Development’s (OECD’s) How’s Life? Well-being Dashboard, and Eurostat’s Quality of Life (QoL) database, encompassing areas such as subjective well-being, material living conditions, work and leisure, housing, health, knowledge and skills, physical safety, social connections, civic engagement, and environmental quality (UNECE, 2025). Other notable indexes include the Human Development Index (UN Development Programme [UNDP], 2025a), the Genuine Progress Indicator (previously known as the Indicator of Sustainable Economic Welfare [ISEW]) (Berik & Gaddis, 2011), the Global Multidimensional Poverty Index (UNDP, 2025b), the Happy Planet Index (Abdallah et al., 2024), and the Social Progress Index (Social Progress Imperative & AlTi Tiedemann Global, 2025). As an example of an index taking into account care work activities, the Levy Institute Measure of Time and Consumption Poverty recognizes that a household’s adequacy of resources depends not only on income but also on the time required to meet unpaid care needs. By establishing “unpaid care work requirements” for a minimum standard of living, this measure reveals the “hidden” poverty of time that disproportionately affects women, who often must substitute market services with their own labour to keep the household above the poverty line (Zacharias et al., 2014)

The approaches designed to complement GDP address a wide range of its shortcomings, including changes in natural capital, pollution, access to and quality of education and healthcare, and civic engagement (Table 2). It is crucial to recognize that these impacts are not distributed equally across gender, rural and urban populations, or income groups.

**Table 2.** Indicators and indices to address GDP shortcomings and their focus on gender and the care economy

Name	Gender	Care economy	Examples of indicators on gender and care
Human Development Index (UNDP, 2025a)	Yes	No	Gender Development Index, Gender Inequality Index, health status, education, and participation by gender
Doughnut Economy (Raworth, 2025)	Yes	No	Employment, income, and participation by gender
Gross Happiness Index (Ura et al., 2012)	Yes	Yes	Time allocated to work, including unpaid care
GPI (Berik & Gaddis, 2011; Van der Slycken & Bleys, 2023)	Yes	Yes	Household labour (time spent on unpaid work per person), value of household labour (unpaid work value per capita)
Comprehensive wealth (World Bank, 2024)	Yes	No	Health care, education, employment, and the pay gap by gender



Name	Gender	Care economy	Examples of indicators on gender and care
Global Multidimensional Poverty Index (UNDP, 2025b)	No	No	Women, gender, and care work are not mentioned
Happy Planet Index (Abdallah et al., 2024)	No	No	Women, gender, and care work are not mentioned
Social Progress Index (Social Progress Imperative & ALTi Tiedemann Global, 2025)	Yes	No	Health care, health (women's health), income by gender
How's Life (OECD, 2024) <sup>1</sup>	Yes	Yes	Health status and time for personal care, time allocated to leisure and personal care, income by gender, and unpaid care
Inclusive Wealth (UNEP, 2023)	Yes	No	Access to health care, human capital, and wealth inequalities by gender
World Inequality (World Inequality Lab, 2025)	Yes	No	Health care and income by gender
Measurement of well-being (UNECE, 2025)	Yes	Yes	Income, education, material well-being by gender; informal care and household work—share of time spent on unpaid domestic chores and care work

Source: Compiled by authors.

With a specific focus on gender and the care economy, many of the indicators highlight disparities in income and unequal access to health care and education by gender. Additional measures capture broader aspects of gender inequality, such as differences in employment levels between men and women and variations in time available for personal care. These indicators are often indirectly linked to care work, as women's lower employment rates are frequently tied to caregiving responsibilities, which in turn contribute to reduced income and limited personal time (ILO, 2024a).

Direct measures of care work remain scarce. Some of the approaches—for example, Comprehensive Wealth—specifically recognize that their methodology focuses on market labour earnings, but, for example, human capital does not capture non-market household services, such as childcare, food preparation, and home repair (World Bank, 2024). At present, only two frameworks explicitly incorporate care and household work: the GPI/ISEW, which

<sup>1</sup> Unpaid care is not included in the report (OECD, 2024), but it is included in the underlying data set within their data explorer online tool, <https://data-explorer.oecd.org/>



accounts for the value of household labour (Berik & Gaddis, 2011; Van der Slycken & Bleys, 2023) and the UNECE's Measurement of Well-being (2025), which includes the share of time devoted to informal care and household work. Given the significant role of care work in national economies and development, integrating care economy indicators into beyond-GDP efforts is essential. However, such practices remain limited, underscoring the need to explore additional types of indicators proposed by the care community.



## 5.0 Approaches to Measuring the Care Economy

Although existing frameworks and guidelines provide a strong foundation for measuring aspects of the care economy, countries worldwide are exploring diverse approaches to capture its contribution at the national level. The care economy and the systems that sustain care work vary significantly across local, regional, and national contexts. A challenge within the care economy infrastructure is the lack of a consistent definition and the varied contexts within which caregivers work. This variability makes measuring the care economy even more complex; however, countries like Canada are working to overcome this. Canada has proposed a conceptual framework that aims to consistently and cohesively measure Canada's care economy. It is based on reviews of existing research in Canada and internationally, consultations with key stakeholders and experts, and the inclusion of exploratory data based on the conceptual framework collected in the Canadian Social Survey (Wave 6) in 2022 (Wray et al., 2023). Hence, the framework has helped set a defined scope and boundaries for the care economy that would help implement integrating care economy metrics into conventional economic measures.

Researchers and practitioners have developed multiple methods to track and assess care work. The following section reviews proposed approaches for measuring the care economy, illustrates them on specific case study examples, and examines their relevance to beyond-GDP initiatives.

### 5.1 Time-Use Surveys

Time-use surveys systematically collect data and information that record how people spend their time on day-to-day activities. Among the various metrics discussed in this paper, time-use surveys hold a primary hierarchical position; they are the cornerstone of care measurement, providing the foundational data required for almost all other methodologies, including economic valuation and household satellite accounts. These surveys account for all types of productive work performed as formal employment and/or in unpaid non-market services within a short period (UN Economic and Social Commission for Western Asia, n.d.). Respondents keep a time diary of their activities over one or more days over a given period. The information collected from the time diary is then re-coded into descriptive categories, so that a 24-hour period (or 1,440 minutes) can be “split” into a sequence of “primary” activities that the respondents undertake in a day. Activities and tasks can vary between primary and secondary activities, but because these would vary across households and countries, time-use data for primary activities is grouped into six broad categories: work-related activities, unpaid work, care work, personal care concerns, leisure, and unspecified time (OECD, 2016).

In gender statistics, the time-use surveys investigate how women and men divide their time between paid work, housework, study, personal care, family tasks, and leisure activities. Hence, time-use surveys highlight the roles and conditions of women and men in family and social life (UNECE, 2025).



Time-use surveys are employed by several OECD countries to track how time is allocated, particularly for unpaid care work. According to the most recent data, 25 OECD countries have conducted such surveys. In addition, the ILO carried out a comprehensive review in 2019, examining how countries utilize time-use surveys to monitor unpaid care work. This study compiled findings from 77 countries, primarily covering the period between 2000 and 2016. The review included data from sub-Saharan Africa (10 countries), Eastern and Southern Asia (8 countries), Central and Western Asia (5 countries), and Latin America (12 countries), with some countries conducting multiple rounds of surveys (ILO, 2019). Finally, the time-use survey is the indicator suggested under SDG 5.4.1. It is defined as the proportion of time spent on unpaid domestic and care work by sex, age, and location (SDG indicator 5.4.1), summarizing data from diverse surveys in countries in the SDG Indicators database.<sup>2</sup>

### Case Study 1: Timing Bangladesh's unpaid care work

The Bangladeshi government has announced that from the 2025/2026 fiscal year onward, women's unpaid care and domestic work will formally be accounted for in the country's GDP. This is considered a watershed moment for the country in achieving inclusive economic growth and gender equality.

The Country Director of ActionAid Bangladesh explains this historic policy shift in an article titled, "Counting the Invisible: Why Recognising Women's Unpaid Work is a Game-changer for Bangladesh" (Fabir, 2026). The academic, nonprofit, and policy circles have been building toward this policy shift for several years, since before the COVID-19 pandemic. The value of women's unpaid domestic work was calculated to be 76.8%–87.2% of Bangladesh's GDP in fiscal year 2013/2014 (Khatun et al., 2020). Since 2013, ActionAid Bangladesh has relied on tools such as a time diary, where women across Bangladesh log their daily activities over 24 hours. The data collected were then used to start evidence-based conversations within households (Action Aid Bangladesh, 2025). In 2021, UN Women's Women Count program and the Bangladesh Bureau of Statistics conducted the first-ever time-use survey, which collected insights into how gender roles shape the division of labour between women and men according to various demographic criteria beyond sex, such as geographical location, age, marital status, education, and employment (UN Women, n.d.). This work was pivotal in laying the foundation for formally counting unpaid care work in the economy and was a big win for social and gender equality.

## 5.2 Economic Valuation of Care Work

Economic valuation, as it relates to care, is a method that assigns a monetary value to care. Approaches to the valuation of unpaid care work include opportunity cost and replacement cost approaches. The opportunity cost approach assumes the cost of what caregivers forgo when performing unpaid household activities—for example, lost earnings or missed career advancement opportunities. The replacement cost approach factors in the cost of replacing

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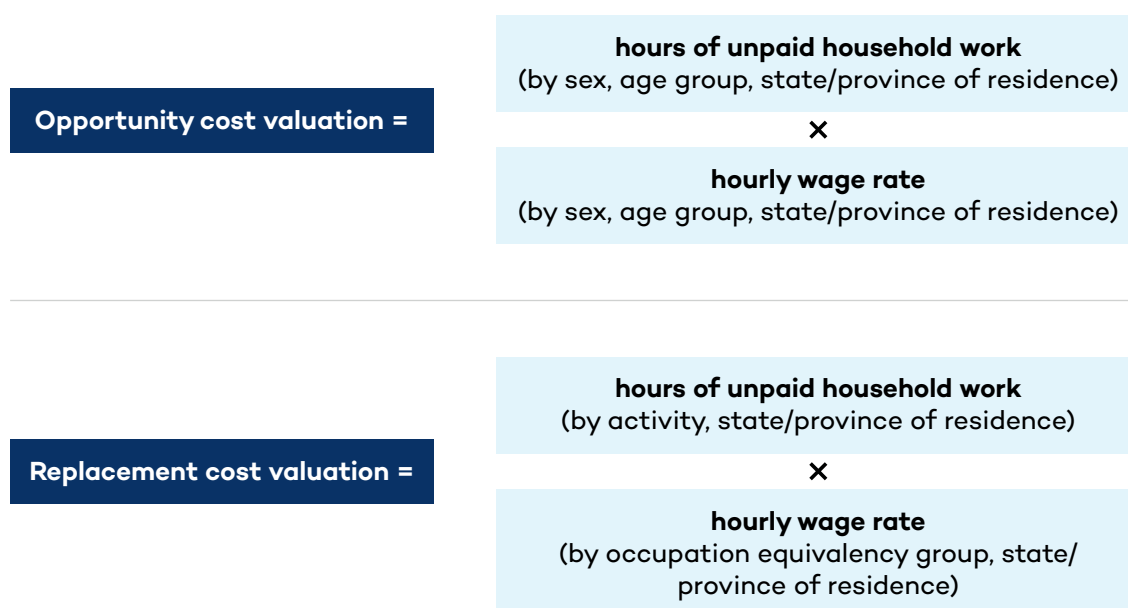
<sup>2</sup> You can find the UN's SDG Indicators database here: <https://unstats.un.org/sdgs/dataportal>



unpaid work with paid support, such as hiring a cooking or cleaning service (Sinclair & Besporstov, 2022).

The valuation of unpaid care seeks to assign a monetary worth to the time devoted to household tasks, chores, and caregiving activities (Figure 1). This economic assessment relies on time-use surveys that capture how individuals allocate hours to different types of care work. Each hour of unpaid household labour is then valued either at the wage rate of the person performing the activity (opportunity cost) or at the wage of a professional who could be hired to carry out the same task (replacement cost).

**Figure 1.** Estimation of the value of care work



Source: Adapted from Statistics Canada, 2022.

However, the imputation of monetary value to care work has faced significant criticism within feminist economics. Critics argue that forcing care into market categories may fail to appreciate what makes domestic contributions distinctive, particularly the “caring” and “self-fulfilling” aspects that are inseparable from the person performing the work (England, 2005; Nelson, 1999). By reducing care to a commodity-like activity, we risk making invisible the affective and relational dimensions that make it irreducible to other forms of labour (Held, 2006).

Furthermore, relying solely on market-based imputation can mask the differential role of care across various social strata. In the context of poverty, the opportunity cost of unpaid care is often very low—reflecting low potential market wages—even though this work is indispensable for extending the reach of scarce goods and services (Esquivel, 2011). If opportunity cost alone is used for price imputation, the care work of poor women would erroneously appear less valuable than that of wealthy women, fundamentally misrepresenting the critical social value of their contributions (Benería, 2003; Folbre, 2008).



Despite these documented critiques, integrating the contribution of care into efforts to complement GDP is very important. This process could include assigning a price to care activities to record care's contribution to the economy in its own terms. Much like public education—a complete service that operates without a market price—care costs must be imputed based on their production inputs. In the field of education, society accepts the use of teacher salaries as a proxy to measure the cost of providing the service. Similarly, care could be valued by imputing the price of working hours through opportunity or replacement cost methodologies. While estimating production costs (inputs) through opportunity or replacement methodologies is an essential first step, it is equally important to explore strategies to estimate the monetary value of the generated capacity (output). Capturing the economic value created by care in terms of output remains a key strategic goal for the medium term.

Specifically, several countries use economic valuation of household work, chores, child care, and other care activities. In Canada (see Case Study 2), the estimates are developed by the country's statistical agency; in Türkiye, they are collected in collaboration with the Ministry of Family and Social Services (Aran & Aktakke, 2026) and in Vietnam, they are analyzed in a report by CARE International (2021). The Australian Bureau of Statistics is working to improve the data availability on the amount (hours) and estimated monetary value of unpaid care through an expansion to its Department of Statistics' Labour Account (Australian Bureau of Statistics, 2024). The United Kingdom's Office for National Statistics placed a value of GBP 1.7 trillion, or 61% of GDP, on unpaid household service in 2023 (Office for National Statistics, 2025).

### **Case Study 2: Canada's estimates for the economic valuation of unpaid care work**

Statistics Canada estimated that unpaid household work—including both direct and indirect care—accounted for between 25% and 37% of Canada's GDP in 2021, and paid care work was valued at 12.6% of GDP (Sinclair & Besporstov, 2022). Monetizing the contribution of care is complex due to the highly gendered nature of care work; the character of the employment, which tends to be low paid and uncertain; and differences across the country.

Despite these complexities, Statistics Canada has attempted to estimate the economic value of unpaid household work in Canada for 2015 to 2019 (Government of Canada, 2022). Statistics Canada uses the input-based valuation method, which assigns a monetary value to the labour inputs directly (e.g., time spent doing unpaid household activities is valued using market-based wage rates). Additionally, this study considered two types of valuations: 1) the opportunity cost and 2) the replacement cost, deriving data from the *General Social Survey: Time Use and Labour Force Survey* (Statistics Canada, n.d.-b). The cost estimates of the household unpaid care provide a monetary contribution toward GDP and society.



**Table 3.** Estimated value of unpaid household work in Canada between 2015 and 2019

Valuation method	Total value of unpaid household work (2015)	Average annual value per person	Description
Gross opportunity cost	CAD 778.2 billion	CAD 31,100	Represents the foregone income of society and individuals doing unpaid household work instead of paid work.
Net opportunity cost	CAD 682.8 billion	CAD 27,280	Represents the foregone income with adjustments for time spent on the unpaid work.
Replacement cost	CAD 516.9 billion	CAD 20,650	Represents the cost of having unpaid household activities done by paid replacements in the market.

Source: Sinclair & Besporstov, 2022.

Note: In many cases, the fact that gross opportunity cost is higher than replacement costs indicates a systemic inefficiency: society is losing professional talent due to a lack of care infrastructure.

### 5.3 The Care Economy: Policy indices and scorecards

In addition to direct estimates of activities, time, and the value of care work, there are also indirect methods that rely on proxies to capture its diverse dimensions. These proxy measures often include indicators such as policy support, investment allocations, and coordination efforts. By using such indices, it becomes easier and faster to generate a snapshot of issues relevant to the care economy—for example, actions that highlight the role of care in policy, program, and strategic planning, or specific financial commitments to support various care activities and improve coordination to address sectoral challenges. In this sense, policy indices and scorecards can be conceptualized as indicators of the social investment debt in nurturing and carrying activities. They do not merely track the presence or absence of a policy; they measure the availability of the infrastructure required for delivering diverse care activities. Compared to direct measurement, proxy indices, indicators, or scorecards are less resource intensive, as they require limited data collection and can therefore provide timely estimates. However, a technical caution is necessary: while proxies are faster to generate, the mere existence of a law or a budget line may say very little about the actual effectiveness or the territorial reach of the investment.

A range of indexes, indicators, and scorecards help illustrate the current state of care-related measures, including the recognition, support, and redistribution of care work in Africa, while



also highlighting the need for a stronger commitment to the care agenda. Conducting in-depth, country-specific research can deepen our understanding of diverse care needs, reveal underlying gender inequalities, and inform more effective policy-making and decision making. Examples of such tools include the Africa Care Economy Index (ACEI), which tracks social recognition (through legislation) and state support for care work in Africa; the Care Policy Scorecard, applied in Canada, the Philippines, and other countries, to evaluate government policies on paid and unpaid care, including budgeting and implementation efforts (Butt et al., 2021; Oxfam, 2023); and the Feminist Policy Scorecard, developed by Oxfam Canada, which assesses progress on 12 indices, including care economy commitments across areas such as health care, child care, elder care, and domestic work (Oxfam Canada, 2024).

### Case Study 3: Africa Care Economy Index

The ACEI seeks to measure social recognition (in the form of legislation) and state support (in the form of government spending) (Valiani, 2022a). Developed by the African Women's Development and Communication Network, the ACEI measures social recognition and state support in the African context. The index is built around 10 indicators (Table 4). This index has developed a scoring mechanism in which a country can score a maximum of 30 points, with 18 points considered a passing grade. All 54 African countries were measured against this index (Valiani, 2022b). From a human capabilities perspective, a low score in metrics such as "socialized child care" does not merely indicate a policy gap; it represents a systematic social disinvestment in the early stages of human capital formation. It was found that all countries scored extremely low in the ACEI, and no country made it to the passing mark. Table 4 tallies up the scores, with only six countries scoring more than five points: Burkina Faso (7.25), Ethiopia (6.3), Zimbabwe (5.95), South Africa (5.7), Kenya (5.65), and Ghana (5.5) (Kolovich, 2024).

**Table 4.** Summary of results for the Africa Care Economy Index

#### ACEI Scorecard (total 30 points)

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Metric 1: Maternity and parental leave

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Metric 2: Socialized child care

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Metric 3: Socialized care for the elderly

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Metric 4: Socialized care for people living with disability

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Metric 5: Socialized health care

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Metric 6: Socialized food production

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Metric 7: COVID care measures

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Metric 8: Domestic worker protection

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Metric 9: Care grants and subsidies

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Metric 10: Family care leave

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> 5 points	=5 – 5.9 points	=4 – 4.9points	< 4 points
Burkina Faso, Ethiopia	Zimbabwe, South Africa, Kenya, Ghana	Botswana, Malawi, Mali, Equatorial Guinea, Senegal, Algeria, Gabon, Cabo Verde, Zambia, Mauritius, Mozambique, Cameroon	The rest of the 35 African countries

Source: Kolovich, 2024.

## 5.4 Quality-of-Life Metrics

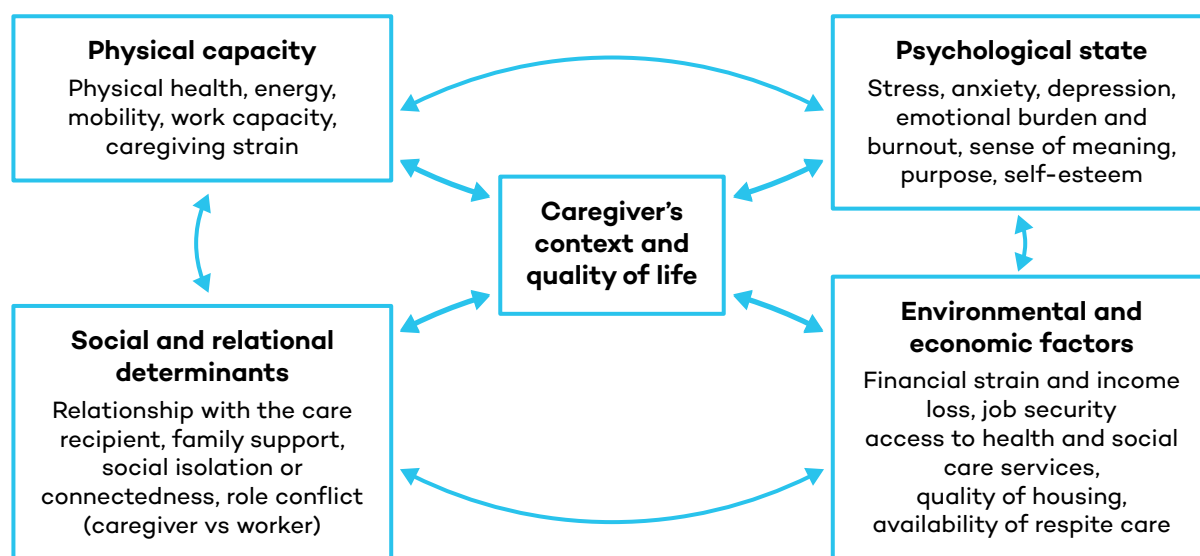
QoL is a comprehensive concept designed to reflect the overall well-being of individuals or populations, encompassing both positive and negative dimensions of their lived experience at a given point in time (McDonald & Shaw, 2019). Within this broad perspective, several frameworks have been developed to measure and interpret QoL, such as Canada’s Quality of Life Framework, the OECD Better Life Index, and Eurostat’s QoL indicators. It is important to note, however, that not all of these frameworks incorporate elements of the care economy. Many rely on time-use surveys to capture how individuals allocate time to caregiving and to evaluate their satisfaction with that time—for instance, Canada’s Quality of Life Framework (Statistics Canada, n.d.-a). More specifically, care work as a dimension of QoL can be understood in terms of its impact on caregivers, considering the conditions under which care is provided, caregivers’ physical capacity, psychological well-being, and the quality of their social relationships (Figure 2). In this sense, the QoL dimension serves as a thermometer for the sustainability of the human capability production system. If care constitutes an overwhelming burden for caregivers, it indicates that society is failing to recognize and cover the production costs of care.

From this point of view, the term “caregiver burden” becomes increasingly important: “the extent to which caregivers perceive that caregiving has had an adverse effect on their emotional, social, financial, physical, and spiritual functioning” (Zarit, 1980, as cited in Martin et al., 2021). This definition is the core construct of the “Zarit Burden” interview and has become one of the most widely used measures of a caregiver’s quality of life (Zarit, 1980, as cited in Martin et al., 2021). The Zarit Burden interview was published in the 1980s, and since then, at least 100 distinct measures of caregiver experience have been developed, including the Caregiver Strain Index and the Burden Scale for Family Caregivers. An assessment of the caregiver’s quality of life is an important consideration of measuring care and inclusion in economic valuation; however, the plethora of metrics and indices makes selection a complex process. Research efforts are trying to measure the relative performance of different types of QoL measures with carers, including the Carer Experience Scale, CarerQoL-7D, and Adult Social Care Outcomes Toolkit for Carers. Conceptually, “caregiver burden” should be understood as a symptom of the unjust



distribution of caring duties among families, the state, and the market. When caring is perceived as a burden, it is because society is transferring a disproportionate share of the production costs of capabilities to families—and specifically to women. Thus, the “caregiver burden” acts as a systemic stress indicator that alerts society to the unsustainability of the current human capability production system. Just as GDP accounts for the depletion of natural resources, a comprehensive framework must measure the depletion of caregivers’ well-being as a depletion of the nation’s human capital stock.

**Figure 2.** Caregiver quality of life conceptual framework



Source: Modified from the QoL framework proposed by the World Health Organization in Johnson et al., 2021.

### Case Study 4: The Australian caregiver’s burden

The Zarit Burden interview uses self-reporting measure to assess the caregiver’s burden and is used in various health care and caregiving settings across various disease contexts, including depression, anxiety, cancer, dementia, and disabilities. In Australia, the Carer Wellbeing Survey of 2021 was the first of its kind to map out the quality of life of carers and the challenges faced by them. The Caregiver Burden Scale (University of Canberra, 2021), which was part of the survey, included multiple questions about different types of burdens a carer may experience and rate them on a five-point scale. It then calculated the total score for each type of burden. Additionally, it offers insights into the various types of burdens experienced by carers. Among the most common burdens reported by carers, the highest was fear for the future of the people they cared for (66.5% of carers) and not having sufficient time for themselves (64.0%). Less commonly, carers reported a sense of anger and embarrassment (University of Canberra, 2021).



## 5.5 Household Satellite Accounts

As an extension of national accounts, household satellite accounts (HSAs) capture elements of household care work that are otherwise not captured in formal GDP calculations. Unlike national statistical accounts that focus on capturing market-related activities, HSAs aim to account for the unpaid care work at the household level, such as cooking, cleaning, child and elderly care, etc. These accounts can help bridge data gaps and provide supplementary information. Using a market costs or opportunity costs method, household work is given a monetary value, and this calculates how much money it would cost if the unpaid work were carried out by paid workers (Federal Statistical Office, Switzerland, n.d.). Furthermore, HSAs can help measure income inequalities between household groups and assess the overall economic disparity in society, hence providing a more macro view of the economic situation of the society.

The 2025 revision of the System of National Accounts (SNA) introduced a set of categories primarily aimed at capturing intrahousehold care activities and the role of HSAs in collecting data on activities such as unpaid care work (UN Department of Economic and Social Affairs [DESA], 2025). The integrated national accounts framework outlined in this revision can be adapted and expanded to organize data related to the environmental and social dimensions of material well-being and sustainability. Accounting-based approaches within this framework address areas such as environmental stocks and flows, unpaid household services, health care expenditures, and investments in education and training. It is important to note, however, that because most unpaid care work takes place within households, it is excluded from GDP measurement. Nevertheless, the SNA (UN DESA, 2025) explicitly encourages the development of extended accounts including HSAs to capture unpaid household service work.

HSAs are employed to assess the economic well-being of household groups, including the role of unpaid care work within a given country. These accounts are typically compiled on a multiannual basis. Several countries have implemented HSAs to capture care work, among them Australia, Canada, Finland, Italy, Mexico, Switzerland, the United Kingdom, and the United States (UNECE, 2017).

In this sense, HSAs serve as an essential toolkit for making the human capability production system visible. This is not merely a matter of scale—considering that the real economy is often double what GDP reports—but a qualitative imperative: without these accounts, GDP remains blind to practically all social investment in human capabilities.

The macroeconomic perspective of HSAs was originally designed to provide a top-down valuation of the household sector's contribution to the national economy. While this aggregate approach is essential for overall visibility, a methodology centred on the internal production dynamics of households enables a definition and perspective of care that was not previously necessary to make visible within the broader HSA framework. By utilizing the statistical matching of time-use and expenditure surveys—as seen in the Social Investment in Upbringing methodology developed by the Fundación Centro de Implementación de Políticas Públicas para la Equidad y el Crecimiento (CIPPEC) with the support of International Development Research Centre (iDRC) (D'Alessandre & Caro Sachetti, forthcoming)—it becomes possible to observe care not just as a sum of tasks, but as a complex service where



the total value differs substantively from the market price of its individual inputs. In this sense, care is revealed as the primary investment flow in a foundational pillar of the economy and is crucial to society.

Additionally, without this micro-distributional lens, a national average in an HSA would not capture the fact that the same “service” of human capability production carries a significantly higher “time tax” for the most precarious sectors of society. Consequently, methodologies like the Social Investment in Upbringing complement the HSA by adding a dynamic perspective to what is essentially a static data point. It allows for an analysis of how unpaid care work and monetary resources are strategically combined—or strained—according to specific household attributes, such as income level, family structure, or gender composition. This transition from a purely accounting-oriented view to a distributional analysis is what ultimately enables beyond-GDP frameworks to address not just the volume of the care economy, but also its profound implications for social justice and equity.

### **Case Study 5: HSAs in the United Kingdom and care work**

HSAs in the United Kingdom aim to account for and value-update activities such as child care, adult care, household services, unpaid nutrition, transport, laundry and volunteering services. These activities play an important role in people’s lives, yet remain largely absent from GDP calculations. The United Kingdom’s Office for National Statistics considers the “Extended GDP” (e-GDP)—GDP plus unpaid household service work. The e-GDP grew annually by 3.3% in 2016, compared with 3.9% for GDP. Additionally, in 2016, the value of the United Kingdom’s unpaid household service work was estimated at GBP 1.24 trillion—larger than the United Kingdom’s non-financial corporation sector. Overall, unpaid household service work was equivalent to 63.1% of GDP (Office for National Statistics, 2018).

Valuing unpaid production in the United Kingdom has been vital, as it provides a more complete picture of the activities that affect people’s well-being and allows users to analyze the reciprocal relationship between unpaid work and the economic choices people make.

Measuring HSAs in the United Kingdom helped to track change between 2005 and 2016 and contributed to its national program on well-being.



## 6.0 Embedding the Calculation of Care Work into Beyond-GDP Efforts

A variety of approaches exist to capture the contributions of the care economy to society, GDP, and caregivers themselves. These range from monetary methods that assign a financial value to care work to measures that assess its impact on well-being, as well as analyses of the time devoted to care activities in relation to other tasks. Each of these measurement approaches carries distinct strengths and limitations, and their relevance is particularly significant in the context of beyond-GDP initiatives (Table 5).

The evaluation of existing approaches to measure the contributions of the care economy and their relevance to beyond-GDP initiatives continue to be constrained by the limited availability of high-quality, timely data, as well as the absence of well-established and internationally agreed-upon definitions and methodologies. These challenges are particularly significant when considering the integration of care work into the SNA and, by extension, GDP (Van de Ven et al., 2018). Nevertheless, promising practices have already been implemented in several countries, including those in the Global South, and can be incorporated into indicator dashboards to complement GDP. Among these, time-use surveys stand out as a widely applied tool across many countries. They serve as a cornerstone for measuring care work and are essential for the economic valuation of care activities and the development of HSAs.

Other initiatives to measure the contribution of the care economy, such as scorecards and care policy indexes, offer relatively simple and straightforward assessments, as they do not rely on extensive on-the-ground data collection or surveys. These tools can provide a useful baseline for shaping policy efforts. While valuable in guiding investments and strategies to address care work challenges within a country, they should be integrated into broader beyond-GDP policy frameworks. In doing so, they can complement efforts to tackle other critical issues, including natural capital development, as well as access to and the quality of education and health care.

Finally, it is important to emphasize that all efforts to measure care work are best undertaken on a multiyear basis, rather than following the quarterly or annual cycles typical of GDP assessments. This longer time frame offers a distinct advantage for evaluating the care economy, as it enables capacity building and fosters continuous learning, allowing practitioners to strengthen skills and expand knowledge between assessment periods.

Beyond these considerations, the upcoming 22nd ICLS in 2028 represents a pivotal opportunity—not merely to identify the “best” individual tool, but to integrate these diverse methodologies into a cohesive framework. The objective must be to foster a comprehensive perspective that conceptualizes care as a structural pillar of development (Folbre, 2023).

This shift is essential for making women’s full economic contribution visible—a contribution traditionally obscured by GDP and conventional statistics. Furthermore, it is crucial for revealing the role of care in the production, maintenance, and repair of human capabilities. In this sense, the beyond-GDP agenda, supported by high-level statistical forums, offers a privileged space to integrate these metrics and data-production strategies around this transformative narrative.



**Table 5.** Overview of reviewed approaches to measure the care economy contribution in the context of beyond-GDP efforts

Measurement of care work	Strength	Weaknesses	Relation to beyond GDP
Time-use surveys	Captures care activities within the broader context of other tasks, drawing on established methodologies. More than 50 countries have already carried out at least one survey.	Conducted on a multiyear basis, these surveys do not estimate the monetary value of care work and require significant capacity to be implemented effectively.	Relevant for inclusion in indicator dashboards, as they capture unpaid care work and other activities through the allocation of time.
Economic valuation of care work	Provides a detailed monetary valuation of care work, taking into account variations within the country and across different types of caregivers.	Not widely adopted across countries, with significant methodological challenges in assigning monetary values to unpaid care due to the diversity of actors, contexts, and beneficiaries involved.	The monetary value of care work can be compared with other components of GDP.
Care economy and policy indices and scorecards	Reflects an overview of the efforts undertaken primarily by governments to address care work challenges through policy measures and targeted investments.	Does not directly capture the contributions of the care economy or the circumstances of caregivers. Serves as a policy assessment tool rather than a measurement approach.	Offers valuable insights into policy needs and gaps, serving as a complement to beyond-GDP indicator assessments.
QoL metrics	Highlights key dimensions of caregivers' well-being. Builds upon established methods, such as time-use surveys.	Primarily assessed within OECD countries, these approaches may face challenges when scaled for broad implementation across diverse national contexts. They are often designed to build upon and complement other existing indices.	Relevant to beyond-GDP initiatives, while also drawing on established approaches such as time-use surveys.



Measurement of care work	Strength	Weaknesses	Relation to beyond GDP
HSAs	<p>High-quality datasets designed to capture intra-household activities are comprehensive and transferable across countries.</p> <p>They are best monitored on a multiyear basis and hold strong relevance for national policy development and planning.</p>	<p>Not widely adopted by care-focused communities and currently monitored or developed only in a limited number of countries.</p> <p>Standardized methodological gaps still remain.</p>	<p>It is recommended that countries incorporate household accounts to capture intra-household activities, including unpaid care work.</p> <p>When complemented by statistical matching—as in the Social Investment in Upbringing methodology—HSAs evolve from aggregate reports into dynamic tools. This integration provides a micro-distributional lens, essential for analyzing social justice and equity within beyond-GDP frameworks.</p>

Source: Summary by authors.



## 7.0 Recommendations: A future direction

Several countries provide noteworthy examples of integrating unpaid, informal, and often invisible aspects of the care economy into their frameworks for economic policy and decision making. Approaches designed to measure the value of care work can play a crucial role in advancing beyond-GDP initiatives, helping to better capture its contribution to both economic performance and societal well-being. Nonetheless, the coexistence of multiple metrics, methodologies, and approaches introduces significant complexity. To address these challenges, this paper offers the following set of recommendations as guidance for future directions.

**Beyond-GDP approaches must incorporate unpaid care work** and recognize its vital contribution to both the economy and society. As highlighted in this paper, the limitations of GDP underscore the need to better address the impacts of economic development on the environment and human well-being. Yet, these approaches often fail to adequately capture unpaid care work. The UN Working Group on Beyond GDP offers a significant opportunity to emphasize the importance of care work and integrate it into broader, well-established efforts that move beyond GDP as the sole measure of progress. This integration will facilitate the formal recognition of women's actual contributions to the economy and highlight the role of care as a fundamental investment in the development of human capabilities.

**A wide range of approaches to measuring unpaid care work have been developed** and applied across different countries, including those in the Global South, as well as by international organizations and other actors. The diverse experiences of practitioners and statisticians provide valuable feedback on the methods already implemented. Such insights enrich research by highlighting the practical implications, benefits, and challenges associated with different measurement techniques. Bridging the gap between academic research and real-world application requires promoting accessible data-production techniques—like the triangulation of existing surveys—that allow for the immediate visibility of the value of care. This visibility, in turn, urges governments to integrate care into their regular statistical production systems, ensuring it is recognized as a permanent and standardized economic indicator.

**Continuous learning and capacity-building mechanisms are critical.** As the dynamics of care and new economy approaches develop in an increasingly changing world, practitioners, statisticians, economists, social workers, policy-makers, and researchers need to keep up with these developments. In the long term, policy-makers, alongside development, finance, economics, and statistics offices, need to have staff in place with the analytical ability to holistically view elements of a care economy as part of the greater beyond-GDP agenda.

**International efforts on statistical standard setting and care work statistics need to be consistent.** The 22nd ICLS in 2028 is taking up the discussion of developing internationally agreed-upon statistical standards as the basis for the collection of detailed, comparable, and harmonized data on the care economy, taking into account all relevant unpaid and paid care work. The ILO has outlined broad priority areas for standard setting in care work as conceptual considerations (that define the boundaries, terminology, and categories of care work), measurement considerations (that define measurement criteria, develop indicator frameworks, define sub-groups for disaggregation at activity/unit/geographical/personal level),



and data availability (mapping the compatibility of existing and forthcoming data sources with the diverse forms of care work). All efforts of the UN High-Level Expert Group on Beyond GDP need to be consistent with the existing standard-setting processes, including the lead-up to the 2028 conference.

**Consider multiple approaches or complementary frameworks with certain methods,** such as time-use surveys, serving as cornerstones of measurement systems. These surveys are currently the most widely applied in the QoL frameworks, SDG 5.4. indicators, and other approaches, directly capturing care activities and providing a foundation for estimating their economic value or developing an HSA. They have already been implemented in many countries and remain relevant across diverse regional and national contexts. Such methods can be further strengthened by integrating monetary valuations and policy scorecards to reflect policy efforts and investment needs.

While established tools like time-use surveys—currently central to SDG 5.4 and QoL frameworks—serve as the cornerstone for capturing care activities, they should not be viewed in isolation. Instead, as the 22nd ICLS highlights, the current challenge is to move beyond selecting individual tools and toward building a cohesive, integrated system for measuring care. By consolidating methodologies such as monetary valuations and policy scorecards into a unified framework, we can transition from fragmented data points to a comprehensive perspective that conceptualizes care as a structural pillar of development. This systemic integration is essential for translating diverse regional experiences into a robust, standardized narrative that informs both investment needs and long-term sustainable policy.



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## Appendix A. Examples of Frameworks, Models, and Tools on the Care Economy

In the realm of the care economy, several conceptual models, frameworks, and tools have been developed with the attempt to address the diverse and complex aspects of the care ecosystem and its measurement. Cumulatively, these frameworks aim to capture the value of invisible, unaccounted, gendered work and highlight its critical role in the functioning of societies and economies (Table A1).

**Table A1.** Examples of various conceptual frameworks, models, and tools on the care economy

Frameworks or tools for the care economy	Description
The Global Roadmap for Action on the Care Economy (GRAC)	<p>GRAC supports the mapping out of the global care landscape and its opportunities. It highlights existing data and gaps in measurement and supports the coordination of efforts, ultimately feeding into future advocacy, research, policy action, and financing. It suggests guiding principles around</p> <ol style="list-style-type: none"> <li>1. investing in a sustainable care economy,</li> <li>2. enhancing an integrated approach through effective coordination and advocacy,</li> <li>3. accelerating policy change across the care economy, and</li> <li>4. strengthening the evidence base, data collection, and dissemination (Harris et al., 2024).</li> </ol>
3R and 5R approaches	<p>The 3Rs cover “recognition, reduction, and redistribution,” and the 5Rs cover “recognition, reduction, redistribution, rewarding, and representation.” The 3R and 5R approaches aim to address unevenly shared unpaid care work through the 3Rs. The 5R framework expands on 3R and integrates elements of decent work to reward and promote their representation (UN Women, 2022).</p>
The 7-4-7 framework for realizing the 3R approach for unpaid care work	<p>The 7-4-7 framework helps to operationalize the 3R approach (recognize, reduce, and redistribute the unpaid work agenda) by setting out a three-tier policy action: (1) seven foundational care normative principles, (2) typology of four care-sensitive policy categories, and (3) seven levers of change to guide implementation (Chopra &amp; Krishnan, 2022).</p>



Frameworks or tools for the care economy	Description
Purple Economy (Care Economy+)	<p>The Purple Economy focuses on the care economy by addressing inequalities of reliance on women’s unpaid and underpaid labour and under-investment in the care sector. Two central themes of the Purple Economy include gender inequality, where women’s and girls’ care work comes at the cost of foregone wages and opportunities, and the fact that traditional economics treats unpaid care as an externality that is not accounted for in policies and national accounts. The Purple Economy calls for a shift by considering</p> <ol style="list-style-type: none"> <li>1. care as a public good, not a commodity, that benefits society at large and into the future;</li> <li>2. societies taking on the costs of care instead of “freeriding” on women’s unpaid and underpaid labour; and</li> <li>3. care workers enjoying equal pay for equal work and being recognized for their social contributions (United Nations Economist Network, n.d.).</li> </ol>
Association of Southeast Asian Nations (ASEAN) Comprehensive Framework on Care Economy	<p>The ASEAN Comprehensive Framework on Care Economy guides ASEAN’s development of the care economy in the context of complex crises, changing demographics, and climate change by outlining six priority areas:</p> <ol style="list-style-type: none"> <li>1. promoting healthy ageing and leveraging opportunities in ageing societies in Southeast Asia,</li> <li>2. enhancing the role of the care economy in building a disaster resilient ASEAN,</li> <li>3. accelerating technology innovations and digital transformation of the care economy in ASEAN,</li> <li>4. building stronger, resilient families as the foundation of the care economy,</li> <li>5. enhancing social protection/leaving no one behind, and</li> <li>6. resilience and care for the environment (ASEAN, 2022).</li> </ol>
Care Policy Scorecard	<p>The Care Policy Scorecard acts as a tool for assessing a country’s progress toward an enabling policy environment on care. This scorecard is a practical tool to gauge and track the extent to which government policies related to care are adopted, budgeted for, and implemented, as well as the extent to which they have a transformative effect on care (Oxfam, 2021).</p>
Economic Commission for Latin America and the Caribbean Framework on the care society	<p>The care society framework aims to build a care society through a collective, multidimensional effort and to recognize the right to care as a fundamental human right. This is the responsibility of men, women, families, and households and by communities, businesses, and the state. Aside from co-responsibility, the framework also assumes that a care society is one that considers human dependence on nature and human interdependence (Economic Commission for Latin America and the Caribbean, 2025).</p>

Source: Compiled by the authors.



## Appendix B. Major Beyond-GDP Systems Considered<sup>3</sup>

### **The Genuine Progress Indicator (GPI) (formerly called the Indicator of Sustainable Economic Welfare [ISEW])**

The GPI and its predecessor, the ISEW, were created in the early 1990s by researchers at Redefining Progress, a now defunct San Francisco-based think tank. The GPI builds on an earlier measure introduced by Herman Daly and John B. Cobb Jr., known as the Index of Sustainable Economic Welfare. Findings from these metrics indicate that GDP significantly overstates national well-being. A 2006 Redefining Progress study reported that while the U.S. GPI rose until the early 1970s, it then plateaued, even as GDP continued to grow strongly throughout the period examined (Talberth et al., 2006).

### **Human Development Index (HDI)**

The HDI, created by the UN Development Programme in the 1990s, was designed to shift attention from GDP toward broader measures of national progress. It brings together life expectancy, educational attainment, and GDP per capita into a single, easy to interpret metric (UN Development Programme, 2025a).

### **Gross National Happiness (GNH)**

GNH, created by the Kingdom of Bhutan, is a comprehensive framework that identifies nine key domains considered fundamental to achieving happiness—the country's central development goal. These domains include psychological well being, health, education, time use, cultural diversity and resilience, good governance, community vitality, ecological diversity and resilience, and living standards. The framework applies 38 sub indexes, 72 indicators, and 151 variables to evaluate the well being of Bhutan's population, which are then combined into a single GNH index (Ura et al., 2012).

### **Doughnut Economy**

The Doughnut of Social and Planetary Boundaries offers a way to imagine economic development that stays within ecological limits while guaranteeing a fair level of well-being for everyone. It outlines a social foundation made up of 15 indicators across 11 dimensions and an ecological ceiling defined by 12 indicators across 10 domains, together forming a balanced framework for sustainable prosperity. (Raworth, 2025).

### **Global Multi-Development Poverty Index (Global MPI)**

The Global MPI, developed by researchers at Oxford University, measures poverty across more than 100 developing countries. It is released by the UNDP alongside the *Human Development Report*, where the HDI also appears, serving as a complementary indicator of well-being (UNDP, 2025b).

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<sup>3</sup> For more details on the beyond-GDP systems please see: <https://www.iisd.org/projects/learning-beyond-gdp>



## How's Life?

How's Life? is an Organisation for Economic Co-operation and Development indicator framework designed to assess both current well-being and the conditions that shape well-being in the future. Current well-being is captured through 50 indicators organized into 11 domains—including housing, income and wealth, jobs and earnings, social connections, education and skills, environmental quality, civic engagement and governance, health status, subjective well-being, personal security, and work-life balance. Future well-being is evaluated using 23 indicators grouped into four types of capital: natural, human, economic, and social (Organisation for Economic Co-operation and Development, 2024).

## Happy Planet Index and Social Progress Index

These indices draw on three measures to illustrate how effectively a country uses environmental resources to support long, fulfilling lives. Well-being reflects how satisfied people report feeling with their lives, based on Gallup World Poll data scored from 0 to 10. Life expectancy captures the average number of years a person can expect to live (Social Progress Imperative & AlTi Tiedemann Global, 2025).

## Comprehensive Wealth (CW) or Inclusive Wealth (IW)

CW/IW refers to the full range of a nation's assets, including human, natural, social, produced, and financial capital. These assets—such as healthy ecosystems, cohesive communities, educated populations, efficient infrastructure, and stable financial resources—form the foundation for sustaining well-being now and for generations to come (UN Environment Programme, 2023; World Bank, 2024).

## World Inequality Indicators

A summary of the indicators is presented in the *World Inequality Report* produced by the World Inequality Lab in Paris. The report offers a dashboard of indicators that track different dimensions of inequality—such as produced, financial, and natural capital—across countries and regions. These indicators are displayed side by side rather than combined into a single aggregated measure (World Inequality Lab, 2025).

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