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Future demand for care in Indonesia, the Philippines & Vietnam



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Executive summary

This report explores the future demand for care in Southeast Asia, focusing on Indonesia, the Philippines, and Vietnam.

Led by **The Global Institute for Women's Leadership (GIWL)** at the Australian National University, in partnership with **Investing in Women** (an initiative of the Australian Government), and local research partners, the study addresses knowledge and policy gaps around care systems, with a strong emphasis on promoting gender equality and inclusive economic development.

With rapid demographic transitions in the coming decades, including ageing populations, growing childcare needs, and increasing demand for disability support, together with women's continued disproportionate share of unpaid care responsibilities, Southeast Asia stands at a pivotal moment to shape the future of care. Addressing these challenges equitably not only advances gender equality but also drives macroeconomic growth.

With the aim of understanding future care demand, this research applies an intersectional feminist lens across three domains of care, including **childcare, care for older people, and care for persons with disabilities**. Building on an earlier landscape analysis, a mixed-methods approach was applied with qualitative and quantitative data collected between October 2024 and August 2025, including 335 participants across interviews, focus groups, and validation workshops. Data was triangulated with secondary data using national and international statistics and policy documents.

Central to the analysis is a gender-transformative approach framed by six principles: recognition of care work, reduction of unpaid care burdens, redistribution of responsibilities, reward for paid care work, representation of care workers, and resilience of care systems to ensure that future care strategies are sustainable, equitable, and responsive to evolving needs.

This study was structured around a set of

core research questions designed to explore how future care demand will evolve and what this means for care systems in Indonesia, the Philippines, and Vietnam. The analysis first examined the **key demographic, social, and economic transitions** and how they may influence or reinforce existing gender inequalities, particularly in terms of women's economic participation. **Societal attitudes towards care** were also examined by looking at the potential for redistributing care responsibilities, the role of the formal care economy in supporting or limiting women's workforce engagement, and how care recipients experience and perceive formal care systems. Particular attention was given to the perspectives of working-age populations, including how they assess the quality, accessibility, and future use of care services.

Building on these perspectives, **expectations placed on employers and governments** were explored alongside current institutional responses to highlight key barriers, enablers, and innovative practices emerging across the three countries. Changes in care demand were then analysed through an intersectional lens, recognising how factors such as **class, location, disability, and ethnicity** shape women's economic equality and their access to care.

Together, these insights inform practical recommendations for government and private sector stakeholders to respond to evolving care needs through gender-responsive policies and investments that build inclusive and sustainable care systems.

Key findings of this report include four aspects:

1. The future care landscape in Indonesia, the Philippines, and Vietnam is shaped by rapid and complex demographic, social, and economic transitions

Ageing populations and declining fertility rates threaten traditional family-based care systems, while increasing disability prevalence and

changing household structures amplify the need for long-term and specialised care. Migration and middle-class growth are intensifying demand for higher-quality paid care as well. Despite rising education and labour force participation, women continue to bear a disproportionate burden of unpaid care work, particularly in the absence of accessible, professional services. Climate change further exacerbates vulnerabilities and disrupts care networks, especially in disaster-prone areas. Inadequate planning for future care can constrain economic development and undermine community well-being despite government growth ambitions.

2. Caregiving remains primarily informal and family-based, shaped by economic necessity, cultural expectations, and limited state support

Childcare is heavily gendered, with women predominantly responsible and often exiting the workforce due to insufficient formal services. Care for older people is largely familial, pressured by economic migration and ageing populations, though Vietnam shows the most openness to formal aged care. Disability care is also mostly family-based, particularly reliant on women, amid inadequate public support. Across all care types, demand for accessible, affordable, and professional services is growing, especially among younger generations, yet formal systems remain underdeveloped.

3. Institutional responses to rising care demand remain uneven but show promising developments

Governments increasingly recognise the care economy's importance, implementing initiatives and strengthening policy frameworks. Employment-related policies, including statutory leave and flexible work, have expanded but often exclude informal and low-income workers. Formal care provision remains fragmented and underfunded, while most people continue to rely on informal and family-based systems. Innovative models are emerging, such as Vietnam's intergenerational self-help clubs and Indonesia's collective care arrangements.

Training and professionalisation of care workers are improving through government and non-governmental organisation (NGO) initiatives but still lack coordination and scale. Enabling factors include ASEAN-level policy cooperation, growing attention to women's labour participation, and emerging digital care solutions. Persistent barriers include limited fiscal capacity, policy fragmentation, entrenched gender norms, and weak data systems.

4. Meeting future care demands requires coordinated action from governments, the private sector, and communities, supported by clear policy frameworks and targeted investment

Governments need to strengthen national care economy frameworks within fiscal constraints, allocate resources efficiently, and foster cross-sector partnerships to expand coverage and improve quality. The private sector plays a critical role in service delivery and innovation through flexible, home-based, and community-based care models, supported by incentives and regulations. Investing in workforce professionalisation and improving working conditions is essential to raise standards and recognise caregiving as a profession. Enhanced data collection, monitoring, and gender-responsive policy evaluation are crucial to aligning care policies with economic growth and social well-being. Transforming care systems also requires shifting gender norms, valuing unpaid and paid care work equally, and embedding equality and resilience across policy, business, and community initiatives.

In conclusion, this report underscores the urgent need for governments and the private sector to plan for future care demands through a gender-transformative lens. Ultimately, transforming care from an undervalued domestic burden into a recognised pillar of economic and social infrastructure will be essential for fostering resilience, productivity, and equality across Indonesia, the Philippines, and Vietnam.

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Introduction

About the research

Understanding future care demand is crucial for guiding strategic investments in the care economy.

In Southeast Asia – an important player in the global care workforce – countries face unique care challenges and contribute significantly to meeting global care needs. Yet, critical gaps in knowledge and policy exist relating to key drivers behind future demand for care, current and potential roles of the private sector, and enablers and barriers to developing a more inclusive and sustainable care ecosystem. These gaps were identified in an earlier landscape analysis of the care economy in Indonesia, the Philippines, and Vietnam by the Global Institute for Women's Leadership (GIWL) in 2023.¹ Helping address these gaps, this report explores how future demand for care is likely to shift over the next 25 years. It explores how public and private investments can transform care systems in ways that promote gender equality rather than reinforce existing inequalities, with insights relevant locally and globally.

The research is timely, practical, and relevant, with social and economic factors continuing to evolve and demands for childcare, care for older people, and care for persons with disability intensifying. Identifying and analysing driving factors behind likely changes through a gender lens – recognising how care challenges affect different genders – enables governments, the private sector, non-governmental organisations (NGOs), and development partners to anticipate needs, allocate resources effectively, and ensure that care infrastructure and services remain

responsive and resilient. Such research offers a chance to rethink how care responsibilities are shared and, importantly, to examine the gendered nature of this distribution. A transformative approach recognises care as everyone's responsibility and is key to building equitable and sustainable care systems that value care work, support all caregivers, and ensure universal access – while avoiding solutions that reinforce gender norms, such as care being undervalued or considered women's work.

Planning for future care demand through a gender lens supports women's economic equality. Globally, unpaid care work keeps approximately 708 million women out of the labour market,² with women doing two and a half times more unpaid care work than men.³ Equitably sharing caregiving responsibilities reduces this burden, boosting women's workforce participation and fostering a more inclusive society. Increasing women's economic participation also delivers significant macroeconomic benefits.

“

Globally, unpaid care work keeps approximately 708 million women out of the labour market

1 Elise Stephenson et al., *The Care Economy in Vietnam, the Philippines & Indonesia* (Global Institute for Women's Leadership (GIWL) & Investing in Women (IW), 2023), 74.

2 ILO, *Unpaid Care Work Prevents 708 Million Women from Participating in the Labour Market*, October 29, 2024, <https://www.ilo.org/resource/news/unpaid-care-work-prevents-708-million-women-participating-labour-market>.

3 UN Women, *Redistribute Unpaid Work*, n.d., accessed August 18, 2025, <https://www.unwomen.org/en/news/in-focus/csw61/redistribute-unpaid-work>.

Raising women's labour force participation rate by just 5.9 percentage points could boost GDP by up to 8% in emerging and developing economies.⁴ Moreover, closing care policy gaps and expanding care services, while ensuring decent work for care workers, could generate nearly 300 million jobs by 2035.⁵ Approximately 70 to 90% of these jobs would benefit women,⁶ helping to reduce gender inequalities in employment and delivering substantial economic and social returns.

About the researchers

This research was led by **The Global Institute for Women's Leadership** (GIWL) at the Australian National University in partnership with **Investing in Women**, an initiative of the Australian Government, to support evidence-based planning and policy development in the care economy across the three countries.

GIWL headed a research consortium of local partners: the **SMERU Research Institute** in Indonesia (SMERU), the **Philippine Institute for Development Studies** (PIDS), and the **Mekong Development Research Institute** (MDRI) in Vietnam. Through close collaboration with these organisations, GIWL ensured a consistent research framework across countries while allowing for flexibility to reflect each country's specific social and policy context.

This co-design approach strengthens the relevance and quality of the research and enhances its potential to inform future stakeholder engagement and policy development at the national level.

4 Antoinette M. Sayeh et al., "Countries That Close Gender Gaps See Substantial Growth Returns," IMF, September 27, 2023, <https://www.imf.org/en/Blogs/Articles/2023/09/27/countries-that-close-gender-gaps-see-substantial-growth-returns>.

5 International Labour Organization, *Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work* (International Labour Office, n.d.).

6 UN Women, *Investing in Free Universal Childcare in Sub-Saharan Africa: Côte D'Ivoire, Nigeria, Rwanda, Senegal and The United Republic of Tanzania: Estimating Spending Requirements, Gendered Employment Effects and Fiscal Revenue* (United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), 2021).

Research design & methodology

This study aimed to identify key factors that affect the future demand for care in Indonesia, the Philippines, and Vietnam, applying an intersectional feminist approach and gender lens to analysis.

This research focused on three forms of care: **childcare, care for older people, and care for persons with disability**. It examined the implications of shifts in care demand for public policy, as well as for private and community sector engagement, to formulate actionable recommendations that strengthen and improve the responsiveness of gender equal care systems.

We build on the framework established in our initial landscape analysis of the care economy, adopting a comprehensive definition of care that includes both paid and unpaid activities essential for the care and well-being of different individuals across the life course.⁷ Our definition aligns with the International Labour Organisation's (ILO) definition of the care economy as encompassing "care work, both paid and unpaid, and direct and indirect care, its provision within and outside the household, as well as the people who provide and receive care and the employers and institutions that offer care."⁸

In considering the future demands affecting care in the region, we draw on the Future Generations Policy framework⁹ which advocates for one generation as the minimum meaningful horizon for future policy planning, with 25 years the frame for analysis used in this study.

Our methodology was co-designed through collaborative sessions with our research partners to reconcile the approaches and needs of all partners. These sessions were held regularly across the research period (2024-2025) to determine key aspects of the research design, conceptual frameworks used, data collection sought, and analysis applied.

Research questions

This study was guided by the following research questions, which shape the structure of this report:

1. Demographic, social, and economic transitions (Section 3)

- What key demographic, social, and economic transitions are expected to influence the demand for care? Which factors are likely to keep care demand relatively stable?
- How do these shifts interact to shape future care needs and influence women's economic empowerment? What elements of care demand are expected to remain unchanged?

2. Views on care and links to transitions (Section 4)

- How do the working-age population perceive the potential for redistributing care responsibilities to support women's workforce participation? How might these perceptions differ by gender?
- How does the formal care economy influence women's participation in the workforce?

⁷ Stephenson et al., The Care Economy in Vietnam, the Philippines & Indonesia.

⁸ International Labour Organization, Resolution Concerning Decent Work and the Care Economy (International Labour Organization, 2024).

⁹ Taylor Hawkins et al., Future Generations Policy, Leadership and Governance: Ending "Policrastination" (Palgrave Macmillan, forthcoming).

- From the perspective of care recipients, how are their needs recognised and addressed within the formal care system?
- What factors shape these views? Are these factors likely to evolve in line with anticipated demographic, social, or economic changes?

3. Demand for care and its links to transitions (Section 4)

- What factors influence the working-age population's demand for care, including the nature and quality of care, and both intended and actual use of care services?
- How are these factors expected to shift in response to key demographic, social, and economic transitions?

4. Expectations from institutions on care support (Section 4)

- What are the working-age population's expectations—regarding employer and government support for care? How do these expectations differ by gender?
- What are the expectations of care recipients regarding institutional (employer and government) support?
- What factors shape these expectations?
- What are the expectations around the nature and quality of care provided by institutions and expected by those needing care?

5. Institutional response to demand for care support (Section 5)

- How are governments and the private sector currently responding to care needs, and how are they preparing for future demand?
- What are the enablers, barriers, incentives, and disincentives affecting their ability or willingness to respond?
- What relevant or innovative approaches in the target countries are addressing the shifting care demands identified in this study?

6. Changing demand for care and women's economic equality (Section 6)

- How will shifts in care demand affect women's economic empowerment?
- What intersectional factors (e.g., class, ethnicity, disability, location) influence this impact?

7. Implications for government and private sector (Section 7)

- What are the policy and resourcing implications and opportunities for governments and the private sector in response to emerging trends and projected care demands?
- What are the key recommendations for the government and private sector to better respond to the changing demand for care?

Conceptual approach

This project followed a locally led but collaborative approach to research, with each partner research organisation proposing a conceptual framework tailored to their country context. These frameworks were shared and workshopped with GIWL over several months to create complementary and adaptable approaches to this study.

Across all countries, we applied an intersectional gender lens, examining how factors like race, ethnicity, sexuality, and class intersect with gender and shape each other, rather than treating them as separate hierarchies.¹⁰ Our feminist approach seeks to be emancipatory and transformative. Drawing from the UN Women toolkit and supplementary approaches,¹¹ we focused on inequalities in care work through attention to six 'R's:

10 Patricia Hill Collins, "It's All In the Family: Intersections of Gender, Race, and Nation," *Hypatia* 13, no. 3 (1998): 62–82, <https://doi.org/10.1111/j.1527-2001.1998.tb01370.x>; Kimberle Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," *Stanford Law Review* 43, no. 6 (1991): 1241, <https://doi.org/10.2307/1229039>.

11 UN Women, "A Toolkit on Paid and Unpaid Care Work: From 3rs to 5rs," 2022.

1. **Recognition** aims to make unpaid care work visible and valued as a significant contributor to the economy and society.
2. **Reduction** focuses on lessening the burden and time-consuming nature of unpaid care tasks, primarily shouldered by women.
3. **Redistribution** involves the equitable sharing of care responsibilities between women and men, between households and the state, and between public and private sectors.
4. **Reward** addresses paid care work, advocating for decent wages, fair working conditions, and social protection to reflect the sector's value.
5. **Representation** ensures that care workers have a voice in shaping their profession through, for example, formalisation, collective bargaining, and freedom of association.
6. **Resilience** is about building care systems that can adapt to and withstand major crises, such as pandemics or climate change.

These themes are incorporated throughout.

Methodology

This study comprised a mixed methods qualitative and quantitative project with data drawn from both primary and secondary sources, including:

- Primary data: key informant interviews, focus group discussions and validation workshops
- Secondary data: desktop reviews and secondary data analyses.

Primary data collection sources

Primary data collection was conducted between October 2024 and August 2025. Data collection involved 78 key informant interview participants, 197 focus group discussion participants, and 60 validation workshop participants

Table 1. Number of participants in qualitative data collection

	Key informant interview participants (N)	Focus group discussions participants (N)	Validation workshop participants (N)
SMERU Research Institute in Indonesia (SMERU)	43	101	22
Philippine Institute for Development Studies (PIDS)	11	60	25
Mekong Development Research Institute (MDRI)	24	36	13
Total	78	197	60

across all three countries – bringing the total number of participants to 335, as shown in Table 1.

The full list of stakeholders involved in qualitative data collection across all three countries is provided in the Annex.

Thematic coding was applied to qualitative data using both predefined and emerging themes. Whilst exact codes and themes varied across each country, each research team developed their own codebook structured around the study's central research questions, focusing on the future demand for and provision of care. Themes were organised into broad categories such as care needs, provision, and accessibility; dynamics and distribution of care provision; future of care provision and redistribution; policy implementation, gaps, and future directions; and socio-cultural norms and gendered expectations. These categories also served as a foundation for coding the data across different stakeholder groups.

Secondary data collection sources

Qualitative findings were triangulated with insights from secondary sources to ensure robustness and depth of analysis. Secondary data was sourced from each country's relevant statistical agencies and ministries, as well as comparable cross-country statistics from international organisations.¹² Data was used to understand insights on themes including household spending, demographic patterns, disability prevalence, and care service provisions across the three countries. Additionally, documents analysed included policy documents, such as laws and regulations, journal articles, research reports, press releases, and news articles discussing care-relevant issues.

Ethics

All research teams involved in this research project underwent specific ethics training led by GIWL to ensure researchers understood relevant ethical issues and processes relating to this project. We adopted a coordinated approach to prioritise the ethical conduct of research across diverse circumstances and participant groups, including ensuring each research partner shared their own local knowledge and approach to ethical issues. Ethics approval was granted for all aspects of this research that required clearance. This was coordinated by the ANU – ANU Human Research Ethics Committee (Protocol 2024/0505).

In addition, both SMERU and MDRI sought additional ethics approval as required. In Vietnam, local ethical review in Vietnam was approved by the Ethics Council of the Hanoi University of Public Health (No. 11/2025/YTCC-HD3). In Indonesia, SMERU gained Ethical Clearance No. 979/KE.01/SK/12/2024 from the Ethics Commission of the Social Humanities Research of the National Research and Innovation Agency of the Republic of Indonesia (BRIN).

All research teams paid attention to ensuring that a diversity of participants took part in the research, including across family type, gender, sexuality, urban/regional location, age, caring responsibilities, sector, and role. These demographic details are included in the Annex.

¹² Where possible, we use comparable cross-country statistics from international organisations over more recent data from national statistical agencies to ensure methodological consistency.

Key demographic, social, & economic transitions

A range of demographic, economic, and social factors shape both current and future demand for care.

Several key trends consistently emerged across the three target countries. These trends reflect both structural shifts, such as changing population structures, and evolving societal expectations around care responsibilities. Additionally, events such as climate-induced disasters and pandemics are likely to exacerbate these trends, complicating the picture of future

demand for care. As such, this summary should not be taken as exhaustive, but rather as instructional for key trends that may be complemented with emerging analyses over time.

Together, the identified trends point to a growing and increasingly complex demand for care services that existing systems may be unprepared to meet. Trends consistently point to changes in future demands for care around **quantity, quality, and complexity**.

Changing population structure

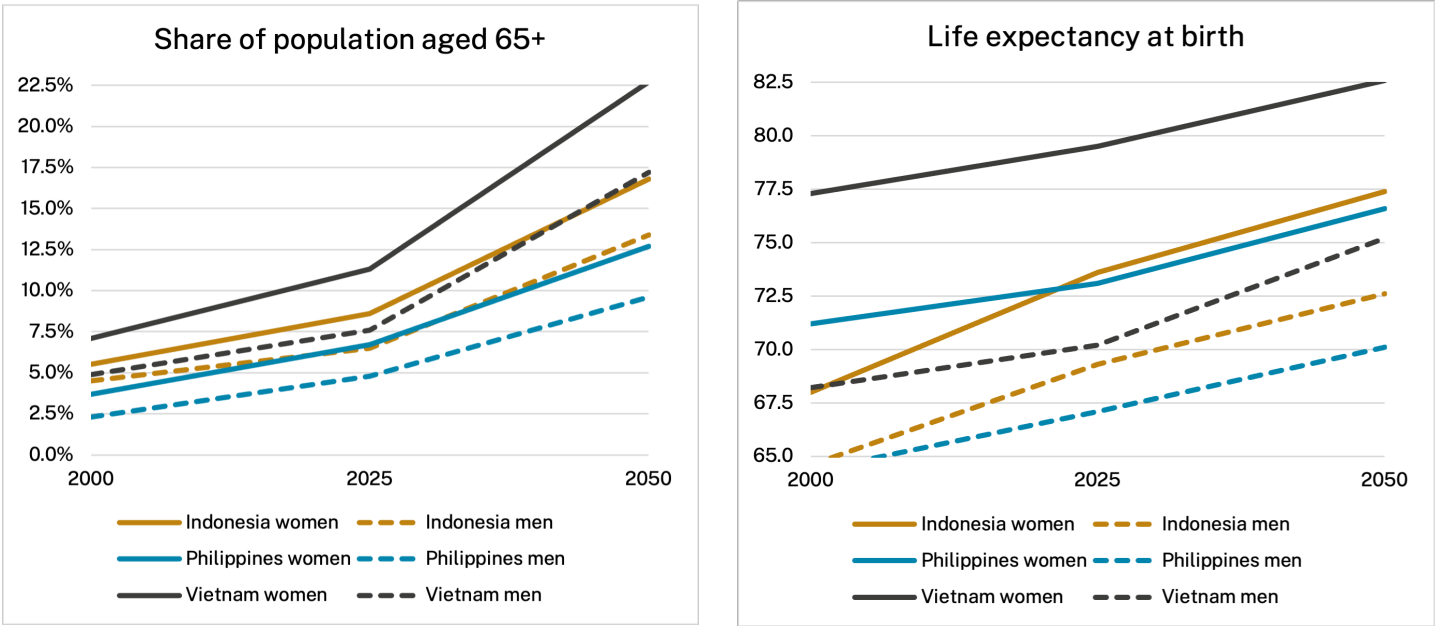
All three countries – Indonesia, the Philippines, and Vietnam – are undergoing demographic transitions, though the pace and pattern vary. A common trend across these countries is the feminisation of ageing, driven by women's longer life expectancy compared to men. Fertility rates are also declining rapidly in all three countries, and by 2050, each is projected to fall below the replacement rate of two children per woman, accelerating these countries' transition into ageing societies.

Among the three countries, Vietnam is ageing the fastest, with projections indicating that one in five people will be aged 65 or older by 2050. However, Indonesia's sheer population size – currently around 280 million, more than double that of the Philippines or Vietnam – means it will have the largest absolute number of older adults. By 2050, Indonesia is expected to have 49 million people aged 65 and over, compared to 22 million in Vietnam and 15 million in the Philippines.

These demographic shifts are expected to substantially increase future demand for care – particularly long-term care for older adults. As people age, they become more vulnerable to illness, with rising rates of non-communicable diseases among older populations already evident. When non-communicable diseases go undetected or untreated in earlier life stages, they often lead to more complex health needs later in life, increasing the demand for long-term and specialised care services.

These demands will place growing pressure on traditional family-based care, which currently functions as the primary model of care for older people. As fertility rates decline and family sizes shrink, fewer family members will be available to take on caregiving responsibilities, creating an urgent need to develop alternative sustainable care systems.

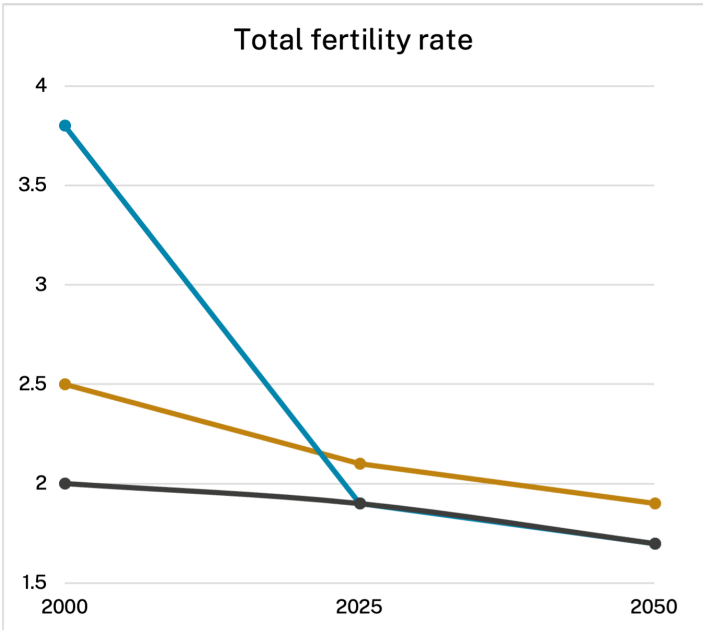
Figure 1. Indicators related to changing population structure (2000-2050)



Source: Compilation based on data from the UN Data portal population division.

Regional ageing trends within each country are also likely to drive the geographic distribution of this rising demand. In Vietnam, the Mekong River Delta and Red River Delta are ageing most rapidly.¹³ In Indonesia, the Special Region of Yogyakarta Province leads this demographic shift.¹⁴ Meanwhile, in the Philippines, the three regions of Region IV-A, Region III, and the National Capital Region already have double-digit shares of older people residents.¹⁵

These geographic trends will impact the quantity of services provided, with some regions requiring more service capacity. However, regions with smaller populations requiring care may face other challenges; care provision in these contexts may need to be more sophisticated to overcome challenges such as geographic isolation, distance from services, and potential climate vulnerabilities –key considerations for those living on remote islands, for instance.



13 Thanh Long Giang, “VIỆT NAM TRONG ‘KỶ NGUYÊN VƯỜN MÌNH’: NHÌN TỪ GÓC ĐỘ DÂN SỐ,” Presentation, Hội thảo thường kỳ của Trung tâm Nghiên cứu Chính sách và Phát triển (DEPOCEN), Hà Nội, March 2, 2025. Thanh Long Giang, “VIỆT NAM TRONG ‘KỶ NGUYÊN VƯỜN MÌNH’: NHÌN TỪ GÓC ĐỘ DÂN SỐ,” Presentation, Hội thảo thường kỳ của Trung tâm Nghiên cứu Chính sách và Phát triển (DEPOCEN), Hà Nội, March 2, 2025.

14 Statistics Indonesia, Statistik Penduduk Lanjut Usia 2023 (Jakarta, 2023), 326.

15 Philippine Statistics Authority (PSA), Census on Population and Housing (CPH) 2020 (PSA, 2020).

Increasing disability prevalence

An ageing population is closely linked to rising disability prevalence, as the likelihood of disability increases with age. This relationship is evident in Table 2, where disability rates rise sharply among those aged 65 and over. This contrast is particularly stark in Vietnam, where 28% of those aged 65 and above report having a disability. Due to the feminisation of ageing, disability prevalence is also consistently higher among women than men.

Table 2. Percentage of persons with disability aged 15 and above

	Indonesia (2019)	Philippines (2020)	Vietnam (2019)
All persons with disability			
Women	1.7%	1.9%	5.1%
Men	1.4%	1.6%	3.9%
Aged 65+	8.1%	8.7%	28.3%
Visual disabilities			
Women	0.5%	0.9%	1.5%
Men	0.3%	0.6%	1.1%
Hearing disabilities			
Women	0.5%	0.4%	1.4%
Men	0.4%	0.4%	1.1%
Mobility disabilities			
Women	1.0%	0.7%	2.3%
Men	0.7%	0.6%	1.7%
Communication disabilities			
Women	0.4%	0.3%	1.2%
Men	0.4%	0.3%	1.0%
Self-care disabilities			
Women	NA	0.4%	1.5%
Men	NA	0.3%	1.2%
Cognitive disabilities			
Women	NA	0.4%	1.7%
Men	NA	0.3%	1.3%

Source: Compilation based on data from the World Bank Disability Data Hub.

Note: Figures represent the proportion of persons aged 15 and above who reported a lot of difficulty or were unable to do in any of the six domains (seeing, hearing, mobility, communication, self-care, and cognition). For Indonesia, self-care and cognitive disabilities are not reported by gender at the source. All figures are based on adjusted series to account for demographic differences and enable cross-country comparison.

Disaggregating disability rates by the six functional domains – seeing, hearing, mobility, communication, self-care, and cognition – highlights the diversity of disability types and the differing care needs associated with each. Across all three countries, mobility-related disabilities are among the most commonly reported, which has significant implications for the design of care services and the development of inclusive public infrastructure.

Evidence of growing demand for specialised care services tailored to persons with disability was also reflected in stakeholder interviews, shown through rising participation in government-run vocational and rehabilitation centres which offer skills training for persons with disability. In addition, increased parental awareness and improved early diagnosis of developmental and learning disabilities have contributed to a rise in reported cases of children with special needs. This was particularly evident in the Philippines, where interviews highlighted a growing number of children with special needs enrolled in early childhood care and development programs run by local governments.

Despite these developments, comparable cross-country data on children with disability remains unavailable. National statistics are often limited, either reporting only aggregated figures or collecting data infrequently, making it difficult to assess the scale of need and plan for appropriate early interventions. Without reliable data, it is challenging for governments to provide timely and effective support for children with disability.

Stigma, limited support services, and educational barriers further compound these challenges. Educational attainment among persons with disability is significantly lower than among those without disabilities, as shown in Table 3. This gap is even more pronounced for women with disability – adding another layer of intersectionality – except in the Philippines, where the gender gap is smaller. As a result of limited access to educational opportunities, employment rates among persons with disability remain low. The employment rates for women with disability are less than half those of men in both countries, highlighting deep gender and disability disparities in labour market inclusion.

Table 3. Educational attainment and employment rate of persons with disability

	Indonesia (2019)	Philippines (2020)	Vietnam (2019)
Has at least primary education			
Women	34.4%	64.7%	23.2%
Men	50.8%	64.8%	46.7%
Has at least secondary education			
Women	7.3%	34.6%	7.0%
Men	16.5%	37.6%	17.1%
Employed			
Women	8.0%	NA	5.8%
Men	18.3%	NA	10.9%

Source: Compilation based on data from the World Bank Disability Data Hub.

Note: Figures were reported as the proportion of persons aged 15 and above who reported at least a lot of functional difficulty in any of the six domains (seeing, hearing, mobility, communication, self-care, and cognition). For the Philippines, the employment rates are not reported by gender at the source. All figures are based on adjusted series to account for demographic differences and enable cross-country comparison.

As disability prevalence increases with an ageing population, the need for long-term and specialised care services, assistive technologies, and a skilled care workforce will grow substantially. Parallel to this, increasing rates of early identification of developmental and learning disabilities in children underscore the urgency of investing in early intervention, inclusive education, and family-based supports, as well as pathways to rehabilitation and employment –all of which will foster empowerment and reduce dependence on informal care.

Migration

Internal migration, whether from rural to urban areas or across regions, has a profound impact on the future demand for care in all three countries. As people move away from their places of origin, they often become separated from immediate family members, extended relatives, and traditional support networks. This shift weakens informal caregiving arrangements upon which families have historically relied.

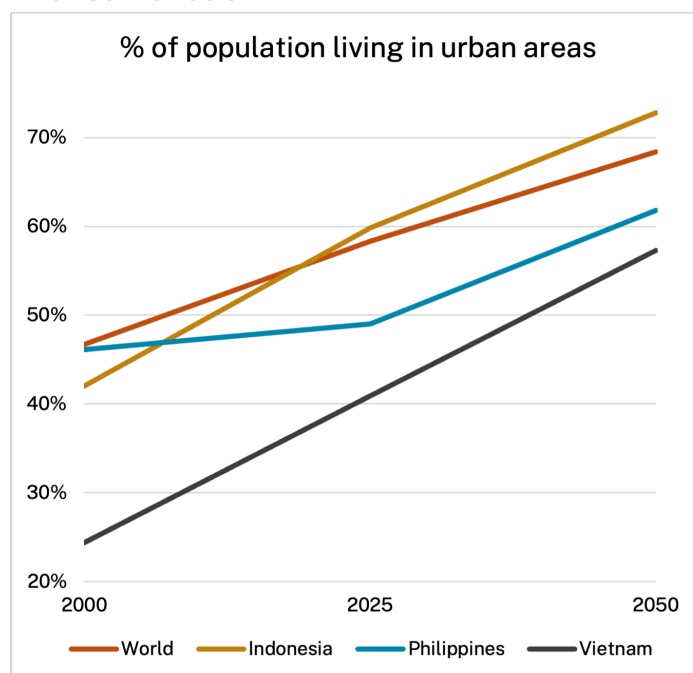
Urbanisation is steadily increasing across the three countries, with a growing and dominating share of the population expected to reside in urban areas by 2050, as shown

in Figure 2. While the pace of urbanisation varies, this trend marks a major demographic shift reshaping household structures towards smaller, nuclear family units. This, in turn, is likely to increase reliance on paid care services, intensifying overall demand for care.

Indeed, data from the 2023 Family Income and Expenditure Survey in the Philippines indicates that smaller-sized households tend to spend more on paid domestic services compared to larger-sized households. Moreover, urban centres, particularly the National Capital Region, show substantially higher demand for paid domestic and care services than non-urban areas.¹⁶ However, similarly detailed statistics are currently lacking for Indonesia and Vietnam.

Younger cohorts are increasingly migrating to urban areas in pursuit of economic opportunities, often leaving behind a growing number of older adults in rural regions. This demographic shift has contributed to a rising proportion of older people living alone, raising concerns around social isolation and economic vulnerability. In the Philippines, the share of older people living alone rose from 10.7% in 1980 to 17.63% in 2020.¹⁷ In 2019, the proportion of older people in Vietnam living alone or only with their spouse had reached 14.1%.¹⁸ Similar patterns are evident in Indonesia: in 2010, census data showed that 1.7 million older people

Figure 2. Percentage of population residing in urban areas



Source: Compilation based on data from World Urbanisation

¹⁶ Philippine Statistics Authority (PSA), Family Income and Expenditure Survey (FIES) 2023 (PSA, 2023).

¹⁷ Marife Ballesteros et al., Demographic Trends and Housing Patterns in the Philippines (Philippine Institute for Development Studies, 2024), <https://doi.org/10.62986/dp2024.26>.

¹⁸ UNFPA, Older Persons in Viet Nam: An Analysis of The Population Change and Family Planning Survey 2021.

–representing 9.8% of the older people population –were living alone, with older women more likely than men to do so.¹⁹ These trends underscore the urgent need for policies and services that support the growing number of older people living independently, particularly in rural areas, and address gaps in traditional family-based care.

The duration and geographical patterns of migration also vary by country. Qualitative interviews in Vietnam revealed that many rural-to-urban migrants viewed their urban stay as only temporary. Even among long-term migrants, there was a strong stated intention to eventually return home. This mindset is shaped by three key factors: the enduring cultural importance of family ties; significant structural barriers to permanent urban settlement, such as limited qualifications and intense job competition; and the financial pressures of high living costs in urban areas. Meanwhile, in the Philippines, migration tends to be more permanent,²⁰ while in Indonesia, metropolitan regions such as Greater Jakarta (Jabodetabek) facilitate a unique form of internal migration, with large numbers of people commuting daily across provinces. These varying migration patterns have different implications for care demands, particularly for family members left behind who may require care support and assistance.

Among the three countries studied, international migration was studied in greater depth in the Philippines, due to the country's position as a key supplier of the global care workforce. Overseas employment is heavily concentrated in care-related and domestic roles, which are predominantly filled by women. This has important implications for family care dynamics as

when mothers migrate for work, caregiving responsibilities often shift to the remaining parent, typically the father. Cultural norms, however, may limit men's engagement in tasks traditionally associated with women, prompting families to rely on extended kin networks –especially women relatives –to fill the care gap.²¹ Furthermore, the strong and growing global demand for domestic and care workers from the Philippines suggests that it may be increasingly difficult to recruit such workers locally, particularly those with training and certification, due to their relatively higher reservation wages.

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Cultural norms...
may limit men's
engagement in
tasks traditionally
associated with
women

19 Sri Moertiningsih Adioetomo and Ghazy Mujahid, Indonesia on the Threshold of Population Ageing, UNFPA Indonesia Monograph Series: No.1 (UNFPA Indonesia, 2014).

20 Philippine Statistics Authority and University of the Philippines Population Institute, 2018 National Migration Survey (Philippine Statistics Authority, 2019), <https://www.uppi.upd.edu.ph/sites/default/files/pdf/2018%20NMS%20Final%20Report.pdf>.

21 Ginbert P. Cuaton and Jeany Rose Teguihanon, “Who Cares for the Children and Families Left Behind? A Study on the Costs and Benefits of Maternal Migration,” *International Journal of Caring Sciences* (Nicosia) 12, no. 3 (2019): 1850–56.

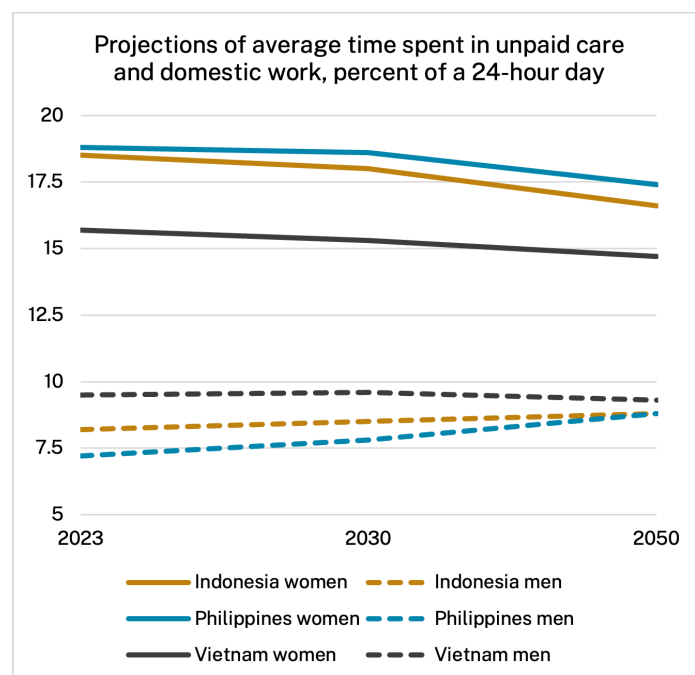
Gender norms around care

Women continue to shoulder a disproportionate share of unpaid care and domestic work compared to men. However, as shown in Table 6, UN projections suggest a gradual shift: in the future women will spend relatively less time than they used to, while men will take on more of these responsibilities.²²

Despite this, the numbers remain far from parity. In Vietnam, change is projected to remain particularly limited with only a 1% decrease in women's time spent on unpaid care and domestic work between 2023 and 2050. This minimal decrease is accounted for partly by the fact that women in Vietnam already spend fewer hours on unpaid care and domestic work than women in Indonesia and the Philippines, reflecting their higher labour market participation. This lower starting point also makes further reductions more difficult. Additionally, Vietnamese men are even projected to spend slightly less – not more – of their time on unpaid care work over the next two decades. The percentage of time is projected to decline from 9.5% (2.3 hours) in 2023 to 9.3% (2.2 hours) in 2050, suggesting that gender norms remain deeply entrenched in Vietnam.

Across all countries, caregiving practices are strongly shaped by cultural norms and expectations. Family-based care remains the preferred arrangement, particularly when it comes to supporting ageing parents. For example, in the Philippines, caring for ageing parents is seen as an expression of *utang na*

Figure 3. Projections of average time spent in unpaid care and domestic work, percent of a 24-hour day



Source: Compilation based on data from Hanna et al. (2023).

Note: Forecasts are based on projected trends in unpaid care and domestic work, derived from anticipated trajectories of women's labour force participation and demographic shifts.

loob – a debt of gratitude in reciprocal family obligations. Similar notions of filial piety are also present in Indonesia and Vietnam. In Indonesia and the Philippines, these caregiving expectations for older parents are further reinforced by religious values.

Nevertheless, there are emerging signs of change, particularly among younger generations. Our qualitative interviews, along with a companion study on gender norms conducted by GIWL and Investing in Women among urban respondents aged 18–40, revealed a shift in attitudes and behaviours, with more than half of participants reporting sharing childcare and dependent adult care equally with their partners.²³ Some participants also noted that in their households men take on an even greater share than women.²⁴

22 Taylor Hanna et al., *Forecasting Time Spent in Unpaid Care and Domestic Work* (UN Women, 2023), <https://data.unwomen.org/publications/forecasting-time-spent-unpaid-care-and-domestic-work>.

23 Nurina Merdikawati, Elise Stephenson, Gosia Mikolajczak, Michelle K. Ryan, Lulu Qonita, Samantha Lau, Yuan-Hsi Liao, Minh Phuong Vu, Lucaya Rich, Isabella Vacaflores 2025, *Social Norms, Attitudes and Practices Survey (SNAPS IV)*.

24 The Global Institute for Women's Leadership, *Social Norms, Attitudes, and Practices Survey (SNAPS IV)* (The Global Institute for Women's Leadership, 2025).

However, even when unpaid care responsibilities and domestic work are more evenly shared between partners, this arrangement often still relies on extended family networks. In many cases, support comes from women relatives – typically mothers and mothers-in-law – who assist with childcare and household tasks. This reinforces the gendered burden of care placed on women, particularly older women, who face their own challenges related to ageing and declining functional ability.

Furthermore, when it comes to caring for older parents, daughters and daughters-in-law are often expected to take on the role of primary carer. It is customary for families to share caregiving responsibilities, with older parents typically living with one of their children. Even when an older parent is capable of living independently, it is common for adult children or relatives to reside nearby to provide support when needed.

These insights suggest that although gender norms are shifting, the path towards more equitable distribution of care is not linear nor guaranteed. While individual attitudes and behaviours among younger generations seem to be shifting, the collective perception of this change appears to be limited, as individuals tend to assume that people around them have heavily gendered beliefs around who should perform care roles. Furthermore, pushback and backlash against gender equality is visible in many contexts globally; these trends were also identified in the case countries through validation workshops and interviews associated with GIWL-Investing in Women's gender norms research.²⁵ Whilst more equitable distribution of caring responsibilities supports women's increased workforce participation and drives social and economic benefits for

the three countries, normative shifts are hard to predict and reinforce the need for dedicated, gender-responsive policymaking to support individual and societal outcomes.

Labour market trends and policies

Across all three countries, women are achieving higher levels of education over time, with gender parity – or even a slight advantage for women – in post-secondary educational attainment. As these economies continue to transition toward high-end service and manufacturing sectors, the demand for a well-educated workforce is rising.

In Indonesia, for example, women's labour market trajectories differ significantly based on their level of education. Those with post-secondary education tend to have stronger and more sustained attachment to the labour market, including during their childbearing years.²⁶ This suggests they are better positioned to access caregiving support and face higher opportunity costs if they exit the workforce due to their skills, earning potential, and greater access to professional opportunities. While some women rely on informal support such as grandparents or extended family, many – especially in urban areas – are turning to paid childcare, including domestic workers and institutional services. This is also likely to be the case in the Philippines, where the country is closing the gender gap in managerial, professional, and technical occupations.²⁷

25 The Global Institute for Women's Leadership, Social Norms, Attitudes, and Practices Survey (SNAPS IV).

26 Sarah Xue Dong and Nurina Merdikawati, "New Opportunities and Old Constraints: Gender Equality in the Post-Suharto Era from an Economic Perspective," in *Gender Equality and Diversity in Indonesia* (ISEAS–Yusof Ishak Institute Singapore, 2023), <https://doi.org/10.1355/9789815104561-013>.

27 Sarah Xue Dong and Nurina Merdikawati, "New Opportunities and Old Constraints: Gender Equality in the Post-Suharto Era from an Economic Perspective," in *Gender Equality and Diversity in Indonesia* (ISEAS–Yusof Ishak Institute Singapore, 2023), <https://doi.org/10.1355/9789815104561-013>.

In Vietnam, most women remain in the workforce even during their childbearing years, indicating a stronger labour market attachment across all educational backgrounds and a greater normalisation of women's economic participation.

This economic shift increases the opportunity cost for women who are unable to participate in the labour market due to caregiving responsibilities. Countries also risk failing to capitalise on the educational investments made in half of their population. Consequently, there is likely to be a growing demand for paid care services, particularly childcare, to support women's economic participation and ensure that their educational gains are translated into economic opportunities.

As Indonesia and the Philippines set ambitious policy targets to boost women's economic participation – Indonesia aiming for a 70% women's labour force participation under its Golden Indonesia 2045 vision, and the Philippines targeting 59% by 2034 through its 10-year master plan for job creation and workforce development (Trabaho Para Sa Bayan / TPB Plan) – Vietnam is focusing on increasing women's representation in leadership roles according to the Resolution No. 28/NQ-CP to promulgate the National Strategy on Gender Equality for 2021-2030. Across all three countries, these goals are expected to drive up demand for paid care services. Additionally, many urban families interviewed noted rising living costs as another major factor necessitating dual-income households. This economic pressure is likely to bring more women into the labour force.

Greater access to affordable, reliable, and quality care will also be essential to enable women to delegate caregiving responsibilities and avoid the “double burden” of paid and unpaid work. If

expectations persist for women to remain primary caregivers without a corresponding expansion of paid care options, women may increasingly turn to non-standard forms of employment. This includes part-time, contract, or informal sector work that allows them to balance caregiving responsibilities – often at the cost of job security, benefits, and career advancement. This trend is already evident in Vietnam, where despite boasting the highest labour force participation rate amongst the three countries – 69% in 2023 compared to Indonesia's 53% and the Philippines' 50%²⁸ – informal and precarious employment is widespread among working women.²⁹

Relying on informal or low-paid care work to meet rising demands may also shift the caregiving burden onto women of lower socioeconomic status. Domestic workers, who are typically women, provide much of the paid care across these countries, reinforcing existing gender norms and economic inequalities. Without deliberate

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Greater access to affordable, reliable, and quality care will also be essential to enable women to delegate caregiving responsibilities and avoid the ‘double burden’ of paid and unpaid work

28 Figures for women's labour force participation are based on the percentage of the female population ages 15+ from modelled ILO estimates. They are from the World Bank, <https://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS>.

29 Institute of Labour Science (ILSSA) and Social Affairs, Research Report: Informal Employment in Viet Nam through a Gender Lens (ILO, 2024).

investment in professionalising care and providing accessible, high-quality care services, the caregiving economy risks deepening, not alleviating, gender disparities in both paid and unpaid work.

Growing middle class

With all three countries reporting over 5% annual GDP growth in 2024³⁰ – Indonesia at 5%, the Philippines at 6%, and Vietnam at 7% – a growing share of each country’s population is entering the middle class or aspiring to do so. As household incomes rise, more families will be able to afford paid care services, leading to increased care demand for children, older people, and persons with disability.

Although the definition of “middle class” is contested, the size of this group is undeniably substantial in each of the three countries. The World Bank has previously used the term to refer to economically secure individuals with a low risk of falling into poverty, typically using consumption-based measures adjusted by context.³¹ One in five people in Indonesia is considered middle class, representing approximately 52 million Indonesians.^{32, 33} In the Philippines,

the middle class accounted for about 40% of the population in 2021, up significantly from 29% in 1991.^{34, 35} In Vietnam, the expansion of the middle class has also been notable; the share of middle class households grew from below 50% in 2010 to 70% by 2016, with around 1.5 million individuals joining the middle class annually since 2014.^{36, 37}

All three countries are pursuing middle-class-oriented development strategies, focusing on sustained economic growth and poverty reduction. As these aspirations materialise, demand for high-quality, paid care services will continue to grow, driven by both affordability and rising expectations around care standards. A growing middle class and increased disposable income available to be spent on care may encourage greater acceptance and utilisation of outsourced modes of care.

Climate change

Climate change has significant implications for the care economy, and particularly in all three case countries which are increasingly exposed to climate-related risks. The Philippines in particular is ranked as the world’s most disaster-prone country due to its high vulnerability and limited capacity to

30 Figures for annual GDP growth are from the World Bank, <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG>.

31 World Bank, *Aspiring Indonesia - Expanding the Middle Class* (World Bank, 2019).

32 World Bank, *Aspiring Indonesia - Expanding the Middle Class*.

33 World Bank (2019) defined the middle class in Indonesia as economically secure individuals, with a low risk of falling into poverty or vulnerability. This group is characterised by monthly consumption per capita of between 1.2 million and 6 million Rupiah per month (equivalent to US\$7.75–38 per person per day in 2016 PPP-adjusted terms).

34 According to Albert (2024), a middle-income class household with five members in the Philippines would have a monthly income ranging from approximately 25,000 to 145,000 pesos.

35 Jose Ramon G. Albert, *The Middle Class in the Philippines: Growing but Vulnerable*, ISEAS Perspective no. 102 (2024), https://www.iseas.edu.sg/wp-content/uploads/2024/11/ISEAS_Perspective_2024_102.pdf.

36 World Bank (2018) defined the middle class in Vietnam as those with a daily per capita consumption of at least \$5.5 in 2011 PPP terms. In comparison, the global middle class is defined as having a daily per capita consumption of at least \$15 in 2011 PPP terms.

37 World Bank, *Climbing the Ladder: Poverty Reduction and Shared Prosperity in Vietnam* (2018), <https://openknowledge.worldbank.org/server/api/core/bitstreams/e75a80be-06b8-5784-a062-6116466b6492/content>.

adapt and respond to disasters.³⁸

Over the long term, the intensifying climate crisis is likely to increase the overall demand for care while simultaneously disrupting existing care networks. Climate change heightens the health risks faced by older persons and persons with disabilities who are already more vulnerable to injury and illness, increasing care needs. Climate-related disasters such as floods, cyclones, and extreme heat frequently damage physical care infrastructure and disrupt essential care services, disproportionately affecting those who require care most and placing greater strain on the care system. Additionally, these disaster events can lead to school closures, heightening the demand for childcare at home.

In the event of displacement due to climate-related disasters, older people and persons with disabilities are also disproportionately vulnerable due to inaccessible infrastructure during evacuation and resettlement procedures. Current crisis and disaster response frameworks are not built to support persons with disabilities, with many unable to evacuate safely, access emergency information, or maintain their health and income during floods and heatwave.³⁹ In addition, climate shocks frequently force households to redirect spending toward immediate recovery needs, placing further strain on disposable income that might otherwise be used for care-related expenses. Women, who already shoulder a disproportionate share of unpaid care work, face even greater responsibilities during and after such events.

Although overall investment in climate adaptation has increased, very little has been allocated to services that directly

support the care economy.⁴⁰ To address these challenges, care systems must be integrated into national climate adaptation and disaster risk reduction strategies. Investments in climate resilience centring on intersectional approaches are essential to prevent existing inequalities from being deepened and to safeguard care services in the climate-affected communities. Long-term and contingency planning is therefore critical under such circumstances. Such trends are relevant not only for climate change, but also unforeseen, multifaceted shocks – such as economic crises or the COVID-19 pandemic, when healthcare systems were strained and much of formal care provision had to shift online, creating further challenges due to the digital divide.

Government aspirations for growth

Across the countries studied, all governments display aspirations for social and economic growth. These strategies that press for population and/or economic growth belie a need to future-proof and ensure adequate care is available should these aspirations be realised.

For instance, Vietnam remains committed to attaining high-income status by 2045, requiring sustained high levels of economic growth to meet such ambitions. The Philippine Development Plan (PDP) 2023-2028⁴¹ reinforces the Philippines' economic growth goals, whilst Indonesia is poised to become one of the world's five largest

38 World Economic Forum, The Global Risks Report 2023 (World Economic Forum, 2023).

39 Kien Nguyen-Trung et al., "Vulnerabilities of People with Different Types of Disabilities in Disasters: A Rapid Evidence Review and Qualitative Research," *Disasters* 49, no. 3 (2025): e12686, <https://doi.org/10.1111/disa.12686>.

40 Grown, Caren, "Climate Finance and Care Services: Why Public Investment Is Necessary," *The Conversation*, January 29, 2025, <https://theconversation.com/climate-finance-and-care-services-why-public-investment-is-necessary-243387>.

41 Philippine Government, Philippine Development Plan 2023-2028 (Philippine Government, n.d.), <https://pdp.depdev.gov.ph/wp-content/uploads/2023/09/Philippine-Development-Plan-2023-2028.pdf>.

economies by 2050,⁴² raising questions amongst some commentators – “will it get rich before it gets old?”⁴³ Such trends contrast with demographic shifts, specifically the acceleration of ageing and decline of birthrates.

Government aspirations for growth, at present, have not adequately accounted for the care responsibilities and needs of care recipients and workers that will be relied on over time to produce this economic growth. Without dedicated planning, each of the three countries risks failing to support this workforce. They also risk being unable to provide quality care that allows their populations to reach their full potential, with Indonesian children, for instance, likely to only reach half their productivity potential as adults.⁴⁴ Similarly, governments may be overlooking the care economy as a source of economic growth, which could be better harnessed by harmonising productivity, growth, and care agendas.

Interaction across different factors

The factors discussed above are by no means exhaustive, but they are among the most prominently observed across the three countries. These shifts interact with and reinforce one another, often straining traditional family-based caregiving arrangements. For example, population ageing, combined with the rise of non-communicable diseases, is closely associated with rising rates of disability, compounding the demand for care for both older people and persons with disability. In another case, declining fertility may reduce the overall demand for childcare, yet the rising cost of living necessitates dual-income households, which in turn increases the labour market participation of increasingly educated women and ultimately drives up demand for childcare services.

These overlapping pressures are increasing the overall demand for care while the traditional pool of family caregivers shrinks. Many older caregivers are themselves ageing or facing health challenges, contributing to a growing care deficit.

Under the current status quo, women’s economic equality remains un- or under-supported, as unpaid care burdens continue to disproportionately fall on women. The effects of this burden are seen in stagnating women’s labour force participation rates in Indonesia and the Philippines. While Vietnam’s women’s labour force participation is relatively high, women remain overrepresented in lower-quality jobs and underrepresented in leadership, due to the double burden of paid work and caregiving.

42 Jan Hatzius et al., *The Path to 2075 - The Positive Story of Global Aging* (Goldman Sachs, 2025).

43 Maria Monica Wihardja, “Fast Forward 50 Years: Will Indonesia Live up to Expectations?,” Perth US-Asia Centre, <https://perthusasia.edu.au/research-and-insights/fast-forward-50-years-will-indonesia-live-up-to-expectations/>.

44 World Bank, *Human Capital Country Brief - Indonesia* (World Bank, 2022).

Views and demand for care and their links to transitions

Across the three countries, the redistribution of care responsibilities within households, whether through men's increased involvement or outsourcing, is often driven more by economic necessity than by a deliberate effort to advance women's economic participation.

For instance, in dual-income households, rising living costs frequently compel both partners to work, necessitating a reallocation of care duties. However, even when care

is outsourced beyond the immediate household, it typically remains informal and family-based, often relying on extended family members—particularly women—rather than shifting toward paid or formal care services. This arrangement reflects both the limited structural support for care provision and the persistent gendered nature of unpaid care work. Nevertheless, there are nuanced differences across various types of care related to people's views, current and anticipated future demand, and expectations.

Childcare

Across all three countries, women are overwhelmingly expected to take on childcare responsibilities, reflecting the persistence of strong gender norms. With limited access to childcare services, many women exit the labour force after having children, particularly in Indonesia and the Philippines. In contrast, Vietnam stands out with one of the highest women's labour force participation rates in the region at 69%.

Table 4. Net enrolment rate in pre-primary education

	Earliest year data reported at the source	Percentage (%)	Latest year data reported at the source	Percentage (%)
Indonesia	2006	25.2	2023	46.6
Philippines	2001	21.8	2023	73.9
Vietnam	1999	42.4	2023	93.9

Source: Compilation based on data from UNESCO's UIS Data browser, <https://databrowser.uis.unesco.org/>.

Note: Figures indicate the number of pupils who are of the official age group for pre-primary education expressed as a percentage of the population of the official age group for pre-primary education.



Across all three countries, women are overwhelmingly expected to take on childcare responsibilities, reflecting the persistence of strong gender norms

Vietnam offers more supportive structural conditions for working mothers. It provides the longest paid maternity leave—six months—compared to slightly more than three months in the Philippines and three months in Indonesia (extendable by another three months only under specific conditions). Additionally, Vietnam has a more established pre-primary education system, with enrolment rates exceeding 90%, as shown in Table 4. Kindergarten education is universal and mandatory in Vietnam and the Philippines, but not in Indonesia. This difference helps explain why in both Indonesia and the Philippines, women's labour force participation rates typically decline during women's childbearing years and rise again in their 40s, presumably once children are old enough to attend school.

All three countries have recently increased investments in early childhood education. Typically, children enter formal pre-primary education at age five. However, in 2019,

Vietnam's Education Law formally extended early childhood education to include children aged three years, classified as junior kindergarten or nurseries. Vietnam's public kindergartens for children aged three to six years usually operate from 7:30 a.m. to 4:30 p.m., and some are open on Saturdays or have extended hours.⁴⁵ In Indonesia and the Philippines, however, services remain limited in duration. In Indonesia, preschool programs for children aged four to six years typically run for only three hours per day.⁴⁶ Similarly, in the Philippines, public early childhood education programs provided by Child Development Centres for children aged three to four years operate for 2.5 to 3 hours daily.⁴⁷

In Indonesia, the limited duration of early childhood education services combined with its non-mandatory nature have resulted only in modest increases in maternal employment, mainly driven by unpaid family work, with no effect on women's earnings or hours worked.⁴⁸ In contrast, Vietnam's provision of full-day early childhood education services has enabled many women to shift from self-employment to wage employment and increase their earnings.⁴⁹ To our knowledge, there is no empirical evaluation of the impact of the expansion of early education services in the Philippines on its women's labour force participation.

Although investment in early childhood education services for older children has expanded, low investment in childcare services for children under three continues to limit women's labour force participation. In Vietnam, although enrolment has increased among two-year-olds—from 14.6% in 2010 to 19.8% in 2016—growth has been much slower for children under the age of two.⁵⁰

45 Hai-Anh H. Dang et al., "Childcare and Maternal Employment: Evidence from Vietnam," *World Development* 159 (November 2022): 106022, <https://doi.org/10.1016/j.worlddev.2022.106022>.

46 Daniel Halim et al., "Preschool Availability and Women's Employment: Evidence from Indonesia," *Economic Development and Cultural Change* 71, no. 1 (2022): 39–61, <https://doi.org/10.1086/714439>.

47 World Bank, *Strengthening Early Childhood Education in the Philippines* (World Bank, 2023), <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099040424131015078>.

48 Halim et al., "Preschool Availability and Women's Employment."

49 Dang et al., "Childcare and Maternal Employment."

50 Dang et al., "Childcare and Maternal Employment."

This suggests continued reluctance among families to place very young children in institutional care.

As a result, childcare for children under three currently remains primarily home-based. If mothers are not engaged in paid employment, they usually provide this care themselves. Where care is outsourced, it is typically entrusted to extended family members, and particularly grandmothers. In families with greater financial means, care may be provided by a paid caregiver who is typically a woman domestic worker. However, these workers are often untrained and lack employment protection, highlighting broader concerns around the informal and undervalued nature of caregiving labour. In Indonesia and the Philippines, hiring domestic workers is often viewed as a more practical and affordable alternative, especially for families with multiple young children or where providers only offer short daily hours.

Across all three countries, the lack of accessible, affordable, and quality childcare, especially for children under three, remains a significant barrier to women's participation in the workforce. In households without extended family support or the financial capacity to hire caregivers, and where there is general reluctance to entrust their children's care to strangers, many women opt to leave the labour force entirely. Reluctance to place children—regardless of age—in institutional childcare remains strong in both Indonesia and the Philippines.⁵¹

That said, a generational shift appears to be emerging in Indonesia. According to our interviews, younger generations are increasingly open to using childcare services, provided they are both affordable and of high quality. Insights from the World Bank's Household Caregiver Survey in Indonesia reveal that, from parents' perspectives, the top three priorities for

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Younger generations are increasingly open to using childcare services, provided they are both affordable and of high quality

improving childcare services are: (1) activities that support children's developmental needs, (2) affordability, and (3) extended operating hours or days.⁵²

In Vietnam, expectations around childcare are also evolving. Parents are now seeking services that go beyond basic caregiving to offer more holistic support for their children's development. In urban and industrial areas, rising demand for childcare services during nonstandard hours is outpacing existing supply, highlighting a growing gap between parental needs and available childcare options, as raised during our qualitative data collection.

In the Philippines, qualitative interviews revealed that public early childhood education services, particularly those provided by Child Development Centres, are appreciated by parents for developing children's social and emotional skills as well as early literacy skills (e.g., learning to hold a pencil and write). Among our interviews in Indonesia, only one parent had enrolled her child in a full-day early childhood education program. She acknowledged the important role of early childhood education in supporting cognitive development, while also noting her personal need for time to

51 World Bank, *The Care Economy in Indonesia: A Pathway for Women's Economic Participation and Social Well-Being* (Washington, DC: World Bank, 2024), <https://doi.org/10.1596/42038>; World Bank, *Overcoming Barriers to Women's Economic Empowerment in the Philippines*.

52 World Bank, *The Care Economy in Indonesia*.

pursue a higher degree. Even in this case, availability was constrained by the limited vacancies in affordable and quality full-time early childhood education services.

As women attain higher levels of education and labour market opportunities expand, demand for formal childcare and early childhood education services is expected to grow. However, services must be of high quality to ensure that both the developmental needs of children and the practical needs of working mothers are met. Affordability will remain a critical factor – not only for low-income households but increasingly for middle-class families as cost-of-living pressures require dual incomes. Additionally, reliance on extended family support is becoming more constrained due to changing family structures and urban migration.

To improve uptake of available childcare and early childhood education services, it is essential to raise public awareness of the long-term benefits of early childhood education. Quality early learning lays a critical foundation for cognitive development, socioemotional skills, and lifelong learning – key factors in enhancing school readiness and, ultimately, in developing a skilled and productive workforce that contributes to economic growth and social prosperity.⁵³

Our qualitative interviews in Indonesia revealed a strong call for the government to subsidise childcare more broadly and adopt policies to support working mothers, particularly those from middle- and lower-income communities. In the Philippines, parents and unpaid caregivers mainly called for government support to expand early childhood care and development facilities, especially in under-served areas, and to also improve the capacity of teachers. Similar expectations for government support were also observed in Vietnam, especially for

non-public and private childcare for children under three, as raised in our interview with a private childcare association. Proposed support included subsidies and regulatory incentives to encourage private operators to enter the under-three childcare market, alongside initiatives from the government, private sector, and communities to promote childcare worker training. Labour union leaders also called for holistic settlement support for migrant workers in industrial areas, including access to affordable childcare and kindergartens close to their workplaces. Among the broader population we interviewed, concerns centred on cost and accessibility. While they did not necessarily expect the government to provide childcare directly, they emphasised the importance of being able to afford childcare even when offered by the private sector.

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Services must be of high quality to ensure that both the developmental needs of children and the practical needs of working mothers are met

53 World Bank, Strengthening Early Childhood Education in the Philippines.

Care for older people

Across all three case countries, family-based care remains the most preferred option for supporting older people. These caregiving responsibilities for older family members continue to fall primarily on women, who are expected to care for their ageing husbands, parents, and in-laws. Our interviews showed that these gendered expectations persist even in matrilineal societies, such as the Minangkabau in Padang, Indonesia. However, our GIWL and Investing in Women study on gender norms among people aged 18-40 years old in urban areas also showed that, across all three countries, couples are more likely to share the responsibility of caring for dependent adults than they are to share childcare duties.⁵⁴ This more balanced approach may be influenced by cultural values such as filial piety, where men more actively care for their ageing parents as a meaningful expression of love, respect, and devotion in their roles as sons and sons-in-law.

However, structural economic shifts, particularly the growth of employment opportunities in urban areas, combined with rising rates of migration, are increasing pressure on traditional family-based older people care systems. As younger generations relocate for work, they often leave their ageing parents behind. In countries like Indonesia and the Philippines, where old-age social security remains limited, this dynamic has contributed to a growing incidence of older people abandonment, as revealed in both primary and secondary data collection during our research. In the Philippines, the proportion of older people living alone has grown from 11% in 1980 to 18% in 2020.⁵⁵ Even in Vietnam, where a state-

funded social pension is available for those aged 75 and above, cases of older adult abandonment were observed. Our interviews also highlighted instances of internalised isolation, where older adults experience loneliness and a sense of coerced aloneness, even when co-residing with their children.

Despite this, in all three countries, the demand for institutional residential aged care remains low. This is largely attributed to strong cultural norms that emphasise family responsibility, with children expected to care for their ageing parents. Religious values – particularly Islamic teachings in Indonesia – further reinforce the preference for family-based care, while economic constraints limit access to alternative care options. In Vietnam, the Law on the Elderly (Law No. 39/2009/QH12) stipulates that children and grandchildren are obligated to care for and provide financial support to older family members.

According to the 2018 Longitudinal Study of Ageing and Health in Vietnam, 44.4% of respondents identified their children as their primary caregivers, and 88.8% expressed a preference for receiving care from spouses or children, while only 0.3% preferred nursing homes.⁵⁶ Thus, institutional aged care is often stigmatised and viewed as a



Couples are more likely to share the responsibility of caring for dependent adults than they are to share childcare duties.

⁵⁴ The Global Institute for Women's Leadership, Social Norms, Attitudes, and Practices Survey (SNAPS IV).

⁵⁵ Ballesteros et al., Demographic Trends and Housing Patterns in the Philippines.

⁵⁶ Minagawa, Yuka et al., "Social Issues in Viet Nam's Ageing Society", in Kimura, F. et al (eds.), Viet Nam 2045: Development Issues and Challenges, Jakarta: ERIA (2023), pp. 577-601.

form of familial neglect or abandonment, rather than a practical delegation of care to trained professionals. As one care worker in Vietnam shared during our interviews, many older adults admitted to residential facilities struggle to adjust, holding on to expectations that their children should have cared for them at home.

There is growing interest in institutional care options, as indicated during our interviews. According to interviews with Insan Medika, a leading home care provider in Indonesia, the COVID-19 pandemic marked a significant turning point in public awareness of institutional care. As families recognised the importance of high-quality, professional care for older relatives, demand for home-based services increased, particularly among urban populations.

However, while both public and private sectors offer residential aged care in these countries, private facilities largely cater to the upper-middle class due to high costs. Alternative options, such as home-based paid care provided by trained caregivers (e.g., *pramurukti* in Indonesia) or nurses, are generally more expensive than employing untrained domestic workers and often perceived as a tertiary need rather than a necessity. In the Philippines, for example, demand for aged care remains very low with the majority of household spending on elder care going towards outpatient long-term care services rather than residential care arrangements.⁵⁷

At the same time, stigma around institutional aged care is gradually declining in Vietnam, driven by several interrelated factors, as highlighted in our interviews with a private sector aged care facility that has been operating for over 20 years: (1)

rising work and economic pressures on both women and men have made exclusive family caregiving for older adults less feasible; (2) increasing reports of loneliness among older adults living at home highlight the need for settings that offer companionship and social interaction; (3) greater recognition of the value of professional care, particularly for older people with chronic or complex health needs, has reinforced the importance of individualised, expert-led support available in residential aged care facilities.

In Vietnam, developing models of care for older people has emerged as a central focus of researchers and policy makers. Care for older people is provided through a range of facilities that can be broadly categorised into publicly funded and private services.⁵⁸ Public care includes centres for people with meritorious services, which are managed by the state and dedicated to individuals who have made significant contributions to the country. Social protection centres offer shelter and long-term care for older people who are poor, without family support, or otherwise vulnerable. On the private side, various fee-based services have emerged, including private nursing homes that offer full-time residential care. There are also short-term care centres providing temporary stays, and day care centres where the older people receive support and return home in the evening. Beyond institutional care, paid in-home caregivers is also an option to assist older family members with daily activities, personal care, and companionship.

However, aged care services in Vietnam remain largely underdeveloped with a limited supply of professional caregivers.⁵⁹ Although the government introduced professional standards for social work in 2015 and over

57 Philippine Statistics Authority (PSA), Family Income and Expenditure Survey (FIES) 2023.

58 UNICEF and the Ministry of Labour, Invalids and Social Affairs (MOLISA). Social Work for Older Persons in Vietnam: A Practical Guide for Community-Level Social Workers Training Manual (TÀI LIỆU HƯỚNG DẪN THỰC HÀNH –Dành cho cán bộ xã hội cấp cơ sở) (2017).

59 United Nations Population Fund (UNFPA) and the Vietnam Chamber of Commerce and Industry –Ho Chi Minh Branch (VCCI-HCM) The Report on Market Outlook for Elderly Care Service in Vietnam. (2021).

13,000 individuals had received training by 2017, the pace of development remains slow compared to the growing needs of the ageing population. Vietnam continues to face a serious shortage of nurses and professional caregivers, particularly those trained in geriatric care. While some formal training programs for geriatric nursing exist, a portion of them is aimed at preparing caregivers for overseas export in developed countries like Japan and Germany. The healthcare system also suffers from an imbalanced doctor-to-nurse ratio, and in many hospitals, family members are left to care for older patients. Within families, the burden of care largely falls on women. In urban areas, there is a growing reliance on unskilled caregivers or domestic helpers who often lack formal training, resulting in high costs and low-quality care.

Additionally, many older adults increasingly perceive themselves as a “burden” on their families. Aware of the competing demands on their children and grandchildren, they may choose institutional care voluntarily to avoid “bothering” loved ones—reflecting a cultural and psychological shift in how care decisions are made. However, our interviews also revealed strong aspirations amongst older adults to remain employed beyond retirement age. Many perceived themselves as “valuable resources” to society and expressed a desire to continue being productive and engaged, challenging traditional notions of ageing and dependency.

By contrast, in Indonesia, interviews indicated that aged care remains stigmatised and is perceived as a place where neglected older people live. During these interviews, an informant who managed a daycare for older people, as well as older people themselves, expressed the opinion that older people should live with their children and not in institutionalised care, and that adult children have a duty to take their parents in and care for them. Given these

attitudes, countries in the region continue to grapple with the challenge of providing affordable and accessible care for ageing populations.

The views of older people in the Philippines on their own care were not captured in interviews. However, many older people view ageing positively and often rate their health as average despite chronic conditions, largely due to strong familial support.⁶⁰

Persons with disability care

There is a strong intersection between disability care and the previous sections on childcare and older people care, as both children and older people may live with disabilities. The nature, type, and severity of disabilities vary widely, requiring diverse forms and levels of support. Yet, policy frameworks in the case countries often lag behind in ensuring accessible, inclusive, and adequate care services for persons with disability. As a result—as with other forms of care—the responsibility for caring for persons with disability is typically placed on family members, most often women, further reinforcing the gendered burden of unpaid care.

Persons with disability are still widely stigmatised and frequently viewed as passive care recipients, rather than as active contributors to their households, communities, and society at large. Existing care practices tend to reinforce dependence and disempowerment over promoting autonomy and inclusion. However, our interviews revealed a strong desire among persons with disability to live independently and remain economically active.

This sentiment was echoed in other interviews and validation workshops with caregivers and companions of people with

60 Grace T. Cruz et al., eds., *Ageing and Health in the Philippines* (Economic Research Institute for ASEAN and East Asia (ERIA), 2019).

disabilities. These participants advocated for a shift in mindset that recognises persons with disability can live independently when provided with appropriate support and social recognition. They stressed that receiving care should be considered “normal and acceptable” while still preserving one’s autonomy. Without this normative and practical shift, current practices risk further entrenching dependence, with the caregiving burden then falling disproportionately on families and especially on women.

There exists strong public expectation for greater government support for persons with disabilities. While public interventions exist, these tend to focus narrowly on physical infrastructure improvements, such as ramps or the provision of assistive devices. Furthermore, these interventions may not actually meet the needs of those for whom they are designed. For instance, Indonesia’s Social Security Agency for Health provides assistive technologies through national health insurance schemes, such as hearing aids valued at around IDR 1 million. However, participants from our validation workshops said these devices were often uncomfortable and ineffective. Such insights reinforce the need to ensure interventions are truly effective for persons with disabilities.

Identification of persons with disability is also seen as essential to enable access to public services such as healthcare, transportation, legal aid, and social allowances. This support exists in Vietnam, where individuals with disability can obtain a disability certificate for this purpose. However, these benefits are typically limited to those classified as having severe or extremely severe disabilities. In Indonesia and the Philippines, a similar kind of support is provided through identification cards.

Insights from our qualitative interviews and validation workshops also revealed shifting preferences for modes of care and care delivery. Respondents from the Philippines

highlighted a growing interest in technology-enabled care models that offer flexible, needs-based services aligned with holistic care principles. Rather than depending on full-time, live-in care – which can raise concerns related to trust and past negative experiences – many individuals expressed a preference for on-demand or hourly support delivered by trained professionals. In Indonesia, validation workshops also indicated that many parents of children with disability now favour home-based therapy centres over hospital-based therapy, as this mode of care is more accessible and convenient.

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Current practices risk further entrenching dependence, with the caregiving burden then falling disproportionately on families and especially on women

Institutional response to demand for care support

Governments and the private sector in all three countries are responding to complex care needs driven by their populations' demands and expectations, as well as the demographic, social, and economic shifts underlying these demands.

While there is a clear identified need for all actors to do more to prepare for future demand for care, there is also evidence of current and growing responses in the form of policy frameworks, employer-related care policies, service provision, care training provision, and the development of innovative services.

Government policy frameworks on the care economy

Having an integrated roadmap or national framework for the care economy is essential to support the development of a sustainable, equitable and inclusive care ecosystem.

Indonesia stands out among the three countries studied as the only one with both a care economy roadmap and an accompanying action plan – the 2025–2045 Roadmap and National Action Plan on the Care Economy for a Transformative, Gender-Equal, and Just World of Work. These are aligned with each phase of the national five-year Medium-Term Development Plans (RPJMN), as part of the broader Long-Term Development Plan (RPJPN 2025–2045) in support of a vision of Golden Indonesia 2045. The roadmap recognises the complex, cross-sectoral nature of care-related policies and spans multiple ministries. It identifies childcare, care for older people, and persons with disability as the top three strategic priorities.⁶¹ The Ministry of Women's Empowerment and Child Protection (MoWECP) led this initiative in close coordination with the Ministry of National Development Planning (Bappenas), the Ministry of Labour, and 15 other ministries, and received technical support from ILO. The roadmap was officially launched in March 2024.

In the Philippines, the Philippine Commission on Women (PCW) leads the development of a National Care Economy Policy Framework (NCEPF) in partnership with Oxfam Pilipinas. As of August 2025, the framework is still pending finalisation and approval by the current

⁶¹ The focus on persons with disability is often grouped with other vulnerable populations, including individuals living with HIV/AIDS, children in orphanages, children affected by disasters or who lost parents due to the COVID-19 pandemic, as well as children and persons with disability who have experienced sexual or other forms of violence.

administration. Based on stakeholder interviews, NCPEPF has no accompanying action plan in place yet.

In contrast, Vietnam does not currently have an integrated care economy framework. Instead, the Vietnam Government has developed separate action plans targeting specific population groups. For instance, the National Program of Action on Older Persons, launched in 2021, outlines the roles and responsibilities of relevant line ministries as well as the Vietnam Association of the Elderly for two implementation phases: 2022–2025 and 2026–2030. Most recently, the Prime Minister approved the National Strategy for protection, care and improvement of the people's health by 2030 with a vision towards 2045, which aims to improve the accessibility, quality, and equity of healthcare services across the country. Similarly, the government has also released the National Action Program to Support Persons with Disability 2021–2030.

Investing in care requires a long-term, coordinated strategy that involves multiple ministries and government agencies to effectively implement the 6Rs framework (see page 10). For example, care-related services such as childcare are not only the responsibility of the primary agencies overseeing service delivery – such as the Ministry of Women's Empowerment and Child Protection in Indonesia, the Early Childhood Care and Development Council in the Philippines, or the Ministry of Education and Training (MOET) in Vietnam – but also require collaboration with a broader set of institutions. These include labour ministries or agencies, which are responsible for regulating wages, working conditions, and legal protection for care workers, as well as agencies tasked with setting and maintaining competency standards and training systems for care workers to ensure quality care provision. In addition, social service ministries or agencies often play a key role in delivering care for the

population group at risk. The design and implementation of public incentives, such as tax relief or subsidies to support care provision and affordability, also necessitates the involvement of finance and planning ministries or agencies. This level of cross-sectoral coordination underscores the importance of a comprehensive and forward-looking national framework that can align the efforts of all relevant institutions to meet current and future care needs effectively.

While individual laws and mandates on care may already exist in these countries, their impact is often limited by a lack of cross-sectoral coordination. Without a unified framework, efforts can become fragmented, reducing their effectiveness and limiting potential for systemic change. In contrast, an integrated care economy framework helps to clarify institutional roles and responsibilities, promote greater policy coherence, and enhance the efficiency, effectiveness, and equity of care-related investments in the long term.

Even in Indonesia, which has taken a significant step by establishing a national care economy road map and action plan, it remains too early to assess the effectiveness of these efforts. Ultimately, much will depend on the quality and consistency of implementation. However, findings from our interviews raise some concerns. The framework is yet to be effectively communicated to local governments as it remains a form of “soft policy” which communicates political commitments to action but does not stipulate legal requirements or obligations for actors in the care economy. Such regulations are expected to be passed in 2027.⁶² In the meantime, however, there remain questions about whether the government has the capacity to carry out the activities outlined in the action plan – particularly in light of significant budget cuts that may undermine its execution.⁶³

62 Amurwani Dwi Lestariningsih, *Sudah Adilakah Rumah Kita? Mewujudkan Ekonomi Perawatan Yang Inklusif* (Ministry of Women's Empowerment and Child Protection (MoWECP), 2025).

63 For instance, the 2025 budget cut reduced the Ministry of Women's Empowerment and Child Protection's budget by 49%.

Employment-related care policies

Statutory leave provision

Despite lacking an integrated care economy framework, Vietnam leads in employment-related care policies regarding statutory leave provisions. As shown in Table 5, the country offers the longest duration of paid maternity leave among the three countries studied – six months, funded through social insurance, and in place since 2013. In contrast, in Indonesia, maternity leave remains employer-funded, which may create disincentives for employers to hire women. Indonesia’s care economy roadmap and action plan acknowledges this issue and includes a proposal to shift maternity leave funding into the social protection system, with a pilot model planned during 2040–2045.⁶⁴

Paternity leave, on the other hand, remains limited across all three countries, reflecting persistent gender norms that designate women as primary caregivers. The Philippines allows for the transfer of a portion of maternity leave to fathers, enabling an additional seven days for a total of 14 days of paternity leave, if requested.

Vietnam provides the most generous carer’s leave provisions, although data on uptake rates remains limited, and it is unclear whether such leave is predominantly accessed by women, which may reinforce gendered divisions of care.

Table 5. Maternity leave policies

	Indonesia	Philippines	Vietnam
Duration of maternity leave in national legislation	3 months; additional 3 months under exceptional circumstances	105 days; additional 15 days for solo parents	6 months
Amount of maternity leave cash benefits (% of previous earnings)	100 for first 4 months, 75 for 5th and 6th months	100 for 105 days	100
Source of funding for maternity leave cash benefits	Employer liability	Social insurance	Social insurance
Transfer of maternity leave period to fathers	No	Yes (7 days); exceptional circumstances (all)	Exceptional circumstances

from the planned allocation – posing serious challenges to the ministry’s ability to carry out its responsibilities under the care economy roadmap.

64 Ministry of Women’s Empowerment and Child Protection (MoWECP), Road Map on Care Economy in Indonesia (Ministry of Women’s Empowerment and Child Protection (MoWECP), n.d.).

Table 6. Paternity leave policies

	Indonesia	Philippines	Vietnam
Duration of paternity leave in national legislation	2 days; additional 3 days by agreement	7 days	5 days for normal delivery; 7 days for surgical delivery; 10-14 days for twin births
Amount of paternity leave cash benefits (% of previous earnings)	100	100	100
Source of funding for paternity leave cash benefits	Employer liability	Employer liability	Social insurance
Transfer of maternity leave period to fathers	No	Yes (7 days); exceptional circumstances (all)	Exceptional circumstances

Table 7. Carer's leave policies

	Indonesia	Philippines	Vietnam
Duration of carer's leave	Up to 11 days, with specific number of days depending on family circumstance ⁶⁵	None	Up to 20 days if a child is under three years old, or 15 days if a child is between three to five years old (at 75% of pay)
Source of funding for carer's leave	Employer liability	-	Social insurance

Source: Compilation based on the 2022 ILO's Care at Work report⁶⁶ with updates where new regulations have been introduced.

Even when employment-related care policies are funded through the country's social insurance system, they are typically accessible only to formal sector or wage workers, where clear mechanisms exist for contributions from both employees and employers. However, in all three countries, the majority of workers are employed in the informal sector –reaching as high as 67.5% in Indonesia –and women are disproportionately

⁶⁵ Workers in Indonesia are entitled to 2 days of personal leave for marriage of worker's child; 2 days for son's circumcision; 2 days for child's baptism; 2 days for death of worker's spouse, child, child-in-law, parents or parents-in-law; 1 day for death of worker's other household members; 2 days for wife giving birth or having a miscarriage for male employees.

⁶⁶ International Labour Organization, Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work.

represented in this group.⁶⁷ In the Philippines, informal sector workers can access maternity leave benefits through the Social Security System (SSS) via voluntary contributions. Nonetheless, uptake remains relatively limited due to low awareness of the policy and the reliance on informal and often incomplete or inaccurate information channels among informal sector workers.⁶⁸ In Vietnam, an amendment to the Social Insurance Law to extend mandatory social insurance coverage to previously excluded groups, such as household business owners and part-time workers, was only introduced in 2024.⁶⁹ The amendment also extends maternity allowances to participants in the voluntary social insurance scheme contributed by informal sector workers, including women employees who give birth and men employees whose wives give birth. Although this represents progress in the right direction, its impact will depend on effective implementation.

Additionally, as countries embark on developing more gender-responsive care ecosystems, it is likely such leave provisions shift to more generic parental leave provisions that normalise care as the responsibility of all parents. This would be in alignment with other countries globally who are attempting to destigmatise maternity and paternity leave and increase parental leave uptake among men.

Flexible work arrangements

Employer-supported flexible work arrangements also hold significant potential to help workers balance their work and care responsibilities. An expanded definition of flexible work arrangements should

encompass a broad range of options, including changes in (1) hours of work (e.g., reduced working hours, flexible start and finish times); (2) patterns of work (e.g., job sharing, split shifts); and (3) location of work (e.g., working from home or other off-site locations). However, in all three countries, labour codes tend to lack details on flexible work arrangements as mainstream policies, and their implementation often depends on employer discretion.

In Vietnam's Labour Code, employers are encouraged to widely apply flexible working hours, part-time work, or remote work for both men and women employees.⁷⁰ However, since this arrangement is encouraged rather than required, this may reduce the likelihood of workers requesting such arrangements and employers granting them.

In the Philippines, flexible work arrangement provisions appear in the Solo Parents' Welfare Act, which grants single parents the right to flexible working hours or varied arrival and departure times. The Philippines also introduced the Telecommuting Act in 2018 which institutionalises telecommuting as an alternative work arrangement for private sector employees. The Act defines telecommuting as work performed from an alternative workplace using telecommunication and computer technologies and includes provisions to protect telecommuters' rights. Additionally, the Philippines' newly launched Trabaho Para Sa Bayan (TPB) Plan 2025–2034 will extend these benefits to government employees. However, as with all recent legislative efforts, actual impact will depend on implementation and uptake. There is also a potential risk that women will be the primary adopters of telecommuting, which

67 International Labour Organization, *Women and Men in the Informal Economy: A Statistical Picture* (International Labour Organization, 2018).

68 Victoria R Raquiza et al., "Are Female Workers in the Informal Sector Benefiting from the Expanded Maternity Leave Law?: A Preliminary Investigation," *Philippine Journal of Public Policy: Interdisciplinary Development Perspectives*, 2024, 39–89.

69 International Labour Organization, *Viet Nam's Amended Social Insurance Law: A Step towards Universal Coverage*, July 1, 2024, <https://www.ilo.org/resource/article/viet-nams-amended-social-insurance-law-step-towards-universal-coverage>.

70 Nurina Merdikawati et al., *Comparative Study on Gender-Inclusive Part-Time Work Policies: Advancing Equity and Empowerment in the Philippines' Labour Market* (The Global Institute for Women's Leadership, 2024).

could reinforce traditional gender norms around caregiving.

Indonesia has gradually formalised flexible work arrangements for government employees through a series of regulations since 2021, which have allowed for more flexible working times and locations. The most recent Ministerial Regulation No.4 in 2025 provides an operational framework which defines flexible work as a method to meet performance goals through adaptable time and location arrangements. At present, no government regulation on flexible work arrangements exists for private sector employees; it remains at the discretion of companies and organisations to adopt flexible policies.

Care service provisions

Childcare

In all three countries, children generally enter formal pre-primary education at age five, in kindergarten. In Vietnam and the Philippines, kindergarten education is universal and mandatory. Vietnam has recently committed to universalising pre-primary education for children aged three to five years,⁷¹ a move expected to significantly increase access to early childhood education. Even prior to this commitment, the public sector was the dominant provider of senior kindergarten (ages three to six

years), while independent kindergartens⁷² – mostly privately funded – also offered services.

In Indonesia, the government is set to make one year of early childhood education mandatory, alongside twelve years of schooling, as part of the forthcoming 13-Year Compulsory Education Program under the 2025-2029 National Medium-Term Development Plan. This program signals a major policy shift towards encouraging greater access to early childhood education.⁷³ However, pre-primary education – preschool (Kelompok Bermain, KB) for ages three to four years and kindergarten (Taman Kanak-kanak, TK) for ages five to six years – remains mostly privately funded.

In the Philippines, the expansion of early childhood education led to the growth of public Child Development Centres to 62,791 facilities in 2023.⁷⁴ However, this still falls short by 33,000 facilities from the estimated 96,000 Child Development Centres needed to meet full demand.⁷⁵

Public provision makes early childhood education more affordable, as families often do not pay monthly tuition, and improves access for marginalised groups including ethnic minorities and children with disability. In Vietnam, childcare is set to become more affordable with tuition fees for public childcare to be fully waived and private childcare to receive government subsidies from 1 September 2025, under the Resolution No 217/2025/QH15 approved by the national Assembly Chairman.

71 “Public School Students Will Officially Enjoy Free Tuition from the next School Year,” Viet Nam News, July 4, 2025, <https://vietnamnews.vn/society/1720838/public-school-students-will-officially-enjoy-free-tuition-from-the-next-school-year.html>.

72 Independent kindergartens operate on a smaller scale and face fewer infrastructure and technical requirements than formal kindergartens.

73 Tim Dikdasmen, “Wajib Belajar 13 Tahun Yang Mencakup Satu Tahun PAUD Akan Masuk UU Sisdiknas,” Ministry of Primary and Secondary Education, June 20, 2025, <https://www.kemendikdasmen.go.id/berita/13063-wajib-belajar-13-tahun-yang-mencakup-satu-tahun-paud-akan-ma> and Coordinating Ministry for Human Development and Cultural Affairs, “Kemenko PMK Dorong Percepatan Program Wajib Belajar 13 Tahun,” Coordinating Ministry for Human Development and Cultural Affairs, March 19, 2025, <https://www.kemenkopmk.go.id/kemenko-pmk-dorong-percepatan-program-wajib-belajar-13-tahun>.

74 Based on Ulep et al (2024), as reported in the ECCD-Information System data and the 2023 NCDC Enrolment Tracking and Information System data.

75 Valerie Gilbert Ulep et al., Behind the Slow Start: An Assessment of Early Childhood Care and Development in the Philippines (Philippine Institute for Development Studies, 2024), <https://doi.org/10.62986/dp2024.04>.

However, public and private investment in early childhood education for children under age three remains limited. In Indonesia, for example, there were only 2,202 registered childcare centres providing full-day care (Taman Penitipan Anak, TPA) in 2022 – just 29 (2%) of which were publicly funded, while 2,173 were privately operated.⁷⁶ The actual number of childcare centres may be higher, as unregistered providers are not included due to the often cumbersome formal registration process. In Vietnam, the availability of childcare services for children below three years old is significantly lower than for those aged three to six years. This younger age group accounts for only 14% of total enrolment in early childhood education and pre-primary institutions for children below six years. Among the 613,752 children under three years old enrolled in early childhood education, 71% attend public rather than private institutions.⁷⁷ In the Philippines, most early childhood education facilities for three-to four-year-olds are similarly provided by the public sector, primarily through Child Development Centres, while private provision accounts for less than 1% of facilities.

Under Indonesia's Roadmap and National Action Plan on the Care Economy, the government has announced plans to develop models of early childhood education centres for children aged zero to six years, including pilot projects in 10 provinces between 2025-2034.⁷⁸ The plan also highlights increasing public education on the benefits of childcare for enabling women's economic participation, as well as measures to protect care workers and strengthen their skills and competencies. The roadmap

does not mention which age groups it will prioritise, though it is likely to continue focusing on children aged four to six rather than younger age groups. In addition, the roadmap lacks discussion of leveraging the existing preschool network for four-to six-year-olds to offer longer hours, which could further support women's participation in the workforce.

In the Philippines, based on interviews with local governments, there are emerging plans for an Infant-Toddler Early Development (ITED), a centre-based program for children aged zero to two years old. However, its implementation remains limited in scope and is yet to be institutionalised (World Bank 2023). Furthermore, ITED is not a drop-off service but rather a weekly structured parent-child session, typically lasting about an hour and facilitated by trained teachers. As such, the program primarily provides support for parents rather than serving as a full childcare arrangement.⁷⁹

In Vietnam, the government has also set a target to enrol 38% of nursery-aged children in early childhood education programs by 2030,⁸⁰ alongside its efforts to universalise access to early childhood education for children aged three to five years.

Employer-supported childcare initiatives

Across all three countries, both the government and the private sector have introduced initiatives for employer-provided childcare, though the extent of these efforts varies. In the Philippines, public workplace childcare is delivered through childminding

76 Ministry of Women's Empowerment and Child Protection (MoWECPP), Road Map on Care Economy in Indonesia.

77 Calculations based on statistics from the Ministry of Education and Training portal: <https://moet.gov.vn/thong-ke/Pages/thong-ke-giao-duc-mam-non.aspx>.

78 Ministry of Women's Empowerment and Child Protection (MoWECPP), Road Map on Care Economy in Indonesia.

79 Early Childhood Care and Development Council, Mission, Vision and Mandate (Early Childhood Care and Development Council, 2024), <https://eccdcouncil.gov.ph/wp-content/uploads/2024/10/Mission-Vision-Mandate.pdf>.

80 VUFO-NGO Resource Centre, Vietnam Education Sector Aims to Meet Asia's Advanced Standards in Five Years, January 6, 2025, <https://ngocentre.org.vn/mediahighlights/vietnam-education-sector-aims-to-meet-asias-advanced-standards-in-five-years/>.

centres, of which there are currently 28.⁸¹ In Indonesia, only a limited number of government ministries and agencies currently offer on-site childcare facilities. A notable example is the Ministry of Finance, which provides such facilities not only at its central office in Jakarta but also at regional offices, such as in West Sumatra. In Vietnam, government agencies generally do not offer employer-supported childcare, as publicly funded early childhood education services are more widely accessible.

In the private sector, employer-supported childcare initiatives are growing, though they remain limited and are either developed locally to meet employee needs or supported by international programs. For instance, the Indonesia Business Coalition for Women's Empowerment, Investing in Women, and the Australia–Indonesia Partnership for Economic Development (Prospera) have jointly developed a guide to employer-supported childcare.⁸² This guide assists employers with processes such as establishing or contracting out childcare services, offering indirect support such as allowances or subsidies, or providing flexible arrangements enabling parents to care for children when needed. It also outlines how to ensure facilities meet Indonesian legal standards. This work aligns with the newly enacted 2024 Mother and Child Welfare Law, which requires employers to provide appropriate facilities that support the well-being of mothers and children, including childcare services. However, in our interviews, Indonesia's Employers Association (APINDO) noted that the process of implementing regulations remains unclear, particularly regarding standardisation, and that many employers face resource and capacity constraints in establishing childcare facilities. APINDO

advocated for public-private collaboration to develop clear operational guidelines that ensure quality childcare provision, emphasising that the responsibility should not rest solely on employers.

In interviews conducted in the Philippines, concerns were raised that on-site employer-supported childcare might have low uptake if workers live far from their workplaces, as it is often impractical or uncomfortable for them to bring their children on long commutes. Under Vietnam's Labour Code, employers are encouraged to assist in the construction of childcare facilities or to cover part of workers' childcare expenses, particularly in areas with a high concentration of women workers. However, compliance remains limited.⁸³ The provision of employer-supported childcare in industrial zones is especially important, particularly those offering atypical hours to accommodate shift workers. While some companies have implemented such initiatives, coverage remains insufficient.⁸⁴ To address these shortcomings, the Prime Minister recently approved the Master Plan for supporting early childhood education for the 2025–2030 period, with a Vision to 2045 (Decision No. 1705/QĐ-TTg), in alignment with Resolution No. 29-NQ/TW. Implemented by the Ministry of Education and Training (MOET) with technical support from the World Bank, this policy aims to improve access to early education for children under 36 months of age in industrial zones, export processing zones, and densely populated urban areas.

Care for older people

In all three countries, government-provided formal care services for older people mainly serve vulnerable or disadvantaged

81 Based on Ulep et al (2024), as reported in the ECCD-Information System data and the 2023 NCDC Enrolment Tracking and Information System data.

82 Prospera et al., A Guide to Employer-Supported Care (Jakarta, Indonesia, 2024).

83 International Finance Corporation, Tackling Childcare: The Business Case for Employer-Supported Childcare in Vietnam - A Summary (International Finance Corporation World Bank Group, 2020).

84 International Finance Corporation, Tackling Childcare: The Business Case for Employer-Supported Childcare in Vietnam - A Summary.

individuals without family support. These services, typically offered as residential facilities or nursing homes, are often managed by ministries responsible for social policy, such as the Ministry of Social Affairs in Indonesia, the Department of Social Welfare and Development in the Philippines, or (formerly) the Ministry of Labour, Invalids and Social Affairs in Vietnam. Coverage is generally limited, and service quality can be difficult to maintain. For instance, interviews in the Philippines revealed that high staff turnover is a persistent challenge.

In Vietnam, there were approximately 400 nursing homes in 2025, according to a survey conducted by the Vietnam Association of Realtors (VARs), with the majority being charitable or publicly funded facilities.⁸⁵ High fees make these facilities inaccessible to most households. Some charity-run nursing homes, often managed by religious organisations, offer free care but typically only to homeless older people or those in extremely disadvantaged situations without other sources of support. In the Philippines, data from the 2018 Census of Philippine Business and Industry recorded only seven private residential nursing care facilities while in 2025 the Department of Social Welfare and Development recorded only five public centres catering to older people. In Indonesia, there are 279 residential homes (panti) providing services to 3,620 older people with care needs. While some of these facilities are operated by central and local governments, the majority are privately owned.⁸⁶

With Vietnam's population ageing more rapidly than in Indonesia and the Philippines, the country has built a larger network of

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These existing services in all three countries... are not sufficient to meet the needs of their growing ageing populations

services and support for older people. Recognising the strong preference for family- and community-based care, Vietnam has introduced several initiatives to promote self-care and home-based social care. One prominent example is the Intergenerational Self-Help Clubs model, launched in 2006 by HelpAge International. These clubs promote health, active ageing, income security, and social participation, while also providing volunteer-based home care for housebound or bedridden older adults. Some pilots have also introduced paid caregivers. Currently, there are 6,335 Intergenerational Self-Help Clubs operating across Vietnam's 63 former provinces, and the model has been adopted as national policy for replication across the country.⁸⁷ The Ministry of Health has also implemented family- and individual-care support through health counselling and peer caregiving models, in which healthy older adults volunteer to provide advice and care to their peers.⁸⁸ The Vietnam Association of the Elderly reported that there were 8,432 Intergenerational Self-Help Clubs (ISHCs) established across the country, with over 484,000 members by the end of 2024.⁸⁹

85 Vietnam Association of Realtors. Real Estate Market Bulletin, Week 1 of June 2025 – Potential for the Development of Housing for the Elderly.

86 Asian Development Bank, Country Diagnostic Study on Long-Term Care in Indonesia, 0 ed. (Asian Development Bank, 2021), <https://doi.org/10.22617/TCS210416-2>.

87 HelpAge International, “Vietnam's Intergenerational Self-Help Clubs,” HelpAge International, <https://www.helpage.org/helpage-at-40/vietnams-intergenerational-self-help-clubs/>.

88 ADB, Long-Term Care for Older People in Viet Nam: The Current Scenario, and Next Steps Toward a Healthy, Aging Population, Policy brief no. 218, ADB Briefs (ADB, 2022).

89 HelpAge International, “Intergenerational Self-Help Clubs: A Sustainable Solution to Population Ageing,” HelpAge

While Indonesia does not yet have specific policies regarding older people care, its Ministry of Women's Empowerment and Child Protection has begun developing a roadmap for such initiatives. One of the key challenges identified is the collection of data and research on older populations. The Social Security Agency for Health has also introduced universal healthcare coverage for older people with chronic illnesses in Indonesia.⁹⁰ However, these services remain limited and short-term, and they do not comprehensively address all aspects of care.

These existing services in all three countries –whether public, private, or community-based—are not sufficient to meet the needs of their growing ageing populations. As highlighted in Table 2 in Section 3, it is projected that by 2050 one in five people in Vietnam will be aged 65 or older, while the share will exceed one in ten in both Indonesia and the Philippines –and greater investment in care for older people will be essential to address the resulting increase in care demand.

Persons with disability care

Care support for children with disability

For children with disabilities, providing effective childcare requires trained personnel who can attend to their special needs –a resource that is often lacking. Despite legal mandates requiring city, district, and provincial governments in Indonesia to establish Disability Service Units, inclusive support for children with

disabilities in early childhood education remains limited. The formerly titled Ministry of Education, Culture, Research and Technology mandated that each inclusive school employed at least one inclusive education teacher. However, only about 11% of inclusive early childhood education institutions have at least one teacher trained in inclusive education.⁹¹

Meanwhile, recent amendments to the Early Childhood Care and Development Act in the Philippines now explicitly guarantee access to early childhood education for children with disability.⁹² However, the implementation of these provisions is still pending, and training for staff to properly care for children with special needs remains crucial. Similarly, Vietnam has developed a long-term education plan for persons with disability through 2050, aimed at improving both the availability and quality of specialised educational facilities and ensuring equal access to learning opportunities for children with disabilities across all levels.⁹³ These policy shifts respond to multiple factors, including a rising prevalence of childhood disabilities and growing public awareness of the importance of early intervention.

Vietnam's public provision of long-day nurseries and kindergartens as part of early childhood education is also likely to increase the accessibility and affordability of childcare for children with disabilities. In the 2021/2022 academic year, 4,646 children with disability aged 3 to 6 years old attended kindergarten, with 92% enrolled in public institutions.⁹⁴

International.

90 Herawati et al., Universal Health Coverage: Tracking Indonesia's Progress (PRAKARSA, 2020), <https://theprakarsa.org/wp-content/uploads/2020/04/UHC-Tracking-Indonesias-Progress-2020.pdf>.

91 Anna Hata et al., Inclusive Early Childhood Education for Children with Disabilities in Indonesia (The World Bank, 2023).

92 Save the Children, Big Win for Children with Disabilities in New ECCD Law (2025), https://reliefweb.int/attachments/e8d642c8-46d9-4c4c-b4cf-baff42a12e50/PR_250416%20Big%20Win%20for%20Children%20with%20Disabilities%20in%20New%20ECCD%20Law%20.pdf.

93 VUFO-NGO Resource Centre, Vietnam Approves Education Plan for Disabled People Through 2050, March 3, 2025, <https://ngocentre.org.vn/mediahighlights/vietnam-approves-education-plan-for-disabled-people-through-2050/>.

94 Statistics from the Ministry of Education and Training portal: <https://moet.gov.vn/thong-ke/Pages/thong-ke-giao-duc-mam-non.aspx>.

However, our research was limited in uncovering detailed information on the support systems within the education sector for children with disability. Despite universal primary education policies in the three countries, educational attainment among persons with disability remains low: approximately 50% completed primary school in Indonesia and Vietnam, and 65% in the Philippines. These figures drop significantly at the secondary education level (see Table 4, Section 3). This educational gap hampers employment opportunities for persons with disability and increases their dependence on family and public support for long-term care.

Overall care support for persons with disability

Public institutional care facilities dedicated to persons with disability exist in all three countries, but, similar to those for older persons, they mainly serve individuals who have been abandoned, displaced, or are otherwise without family support. In the Philippines, there are two such facilities operated by local government units and five managed directly by the Department of Social Welfare and Development.⁹⁵ These facilities provide interventions such as temporary shelter, psychosocial support, livelihood training, and healthcare services, with the goal of fostering rehabilitation, empowerment, and reintegration into society.

Public and private sectors also provide rehabilitation services as part of the healthcare system, though data on private sector provision remains limited across all three countries. In the public sector, Vietnam's community-based rehabilitation policy aims for 90% provincial coverage by 2030, a workforce density of at least 0.5 staff per 10,000 population, and nationwide service availability by 2050. By 2024, however, staffing levels will remain at about 0.25 per 10,000 –half the World

Health Organisation guideline –covering only around 20% of persons with disability at the community level.⁹⁶ Challenges include shortages of specialised personnel, especially in rural areas; insufficient funding, as this is heavily dependent on local budgets and projects; low health insurance coverage for rehabilitation aids; inadequate facilities and equipment; limited digital infrastructure; and underdeveloped intersectoral collaboration between health, education, and social services.

In the Philippines, Area Vocational Rehabilitation Centres (AVRCs) are managed by the Department of Social Welfare and Development and offer skills training and social rehabilitation as non-residential services. However, there is only one AVRC in each major island group –Region I in Luzon, Region VII in the Visayas, and Region IX in Mindanao –and one National Vocational Rehabilitation Centre in the National Capital Region. This limited distribution severely restricts access to services, especially for persons with disability in remote or under-served areas. In Indonesia, the Ministry of

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[The] educational gap for persons with disability hampers [their] employment opportunities and increases their dependence on family and public support for long-term care

⁹⁵ Based on the authors' compilation of DSWD data for 2025.

⁹⁶ Hanoi Rehabilitation Hospital, “30 Triệu Dân Việt Nam Cần Phục Hồi Chức Năng (30 million Vietnamese People Need Rehabilitation),” June 21, 2024, <http://bv-phuchoichucnanghanoi.vn/30-trieu-dan-viet-nam-can-phuc-hoi-chuc-nang/>.

Social Affairs runs the Social Rehabilitation Assistance Program (ATENSI - Asistensi Rehabilitasi Sosial). However, this program is framed as a form of social aid with limited coverage and primarily targets low-income communities.

Across all three countries, the availability of personal support assistants for persons with disability who provide assistance and companionship to navigate daily life also remains limited. In most cases, this role is fulfilled by unpaid family members.

Even where government programs provide vocational training and employment assistance, limited access to inclusive education and the lack of personal support workers hinder both educational attainment and employment opportunities for persons with disability. Hence, it is not surprising that, despite legal mandates in all three countries requiring a certain percentage of jobs be filled by persons with disability,⁹⁷ implementation remains weak, and many employers struggle to meet these targets.

Paid home-based care services

Given strong preferences for home-based care, private sector providers play a leading role in delivering these services. Many operate through digital platforms that connect families with trained caregivers, making it easier to arrange and access quality care. These models not only create new employment opportunities for caregivers but also help reduce the unpaid care burden within households. Notable examples include Lovicare, Insan Medika, and MyNurz in Indonesia; bTasker, JupViec, and Letmecare in Vietnam; and Kazam and

AIDE in the Philippines. Whilst it is likely that uptake of these services will grow, there are substantial regulatory hurdles to overcome that will require further development over time. This will include ensuring quality and trustworthiness of services, as well as the professionalisation in the face of the growing complexity of care needs. This warrants further investigation in future studies.

Care training provision

Provision of training and certification programs for the care workforce is key to enhancing the care economy. Among the three countries, the Philippines stands out for its global reputation as a major exporter of care workers. The Technical Education and Skills Development Authority (TESDA) serves as the lead agency for setting policies, programs, and standards to ensure the quality of technical education and skills development nationwide. The training courses are delivered through Technical Vocational Institutions,⁹⁸ including the Caregiving National Certificate II program, which defines the core competencies for delivering comprehensive care services to infants, toddlers, children, older persons, and persons with disability.

Caregiving training in the Philippines is predominantly offered by private institutions. As of December 2024, the data from the TESDA show that of all institutions offering caregiving courses, 363 are private while only seven are public. These providers are unevenly distributed, with Region IV-A

⁹⁷ Indonesia's 2016 Law on People with Disability requires at least 2% of the public sector workforce and 1% of the private sector workforce to be persons with disability. Vietnam has a quota law requiring businesses to employ at least 3% of their workforce to be persons with disability. The Philippines requires at least 1% of positions in all government agencies to be reserved for persons with disability and encourages private corporations with more than 100 employees to meet the same 1% threshold.

⁹⁸ TVIs refer to institutions – whether public or private – that offer Technical and Vocational Education and Training (TVET) programs. This includes TESDA Technology Institutions, public and private technical-vocational schools, higher education institutions, state universities and colleges, local colleges and universities, training centres, and enterprises that provide TVET programs.

hosting the largest number of private caregiving institutions, followed by the National Capital Region and Region III.⁹⁹

The systems for building caregiving competencies and providing related training are less extensive in Indonesia and Vietnam, though there are still efforts in this area. For instance, Indonesia's care economy roadmap and action plan identifies "recognition, protection, and decent work for care workers" as one of seven key policy directions. Within this framework, there are plans to classify care workers as a distinct occupational category, with clearly defined skills and competencies. One initiative includes developing national competency standards (SKKNI) for childcare workers. Led by the Ministry of Primary and Secondary Education and the Ministry of Manpower, this effort integrates relevant curricula into vocational high schools (SMKs), vocational training centres (BLKs), community BLKs, professional organisations, and other training providers. The roadmap also encourages independent training programs initiated by communities, industry stakeholders, and local or village governments. However, similarly detailed measures have not been explicitly outlined for other categories of care workers, such as support workers for persons with disability or caregivers for older persons.¹⁰⁰ This is possibly due to ongoing efforts by the Ministry of Health and other related ministries to develop caregiver training guidelines, which define the required levels of education and competence for caregivers.¹⁰¹

Specialised caregiving training in Indonesia also remains limited. Himpunan Wanita

Disabilitas Indonesia (HWDI), a civil society organisation, has taken the initiative to deliver disability-focused caregiving training. This is particularly important given the wide spectrum of disabilities and the need for caregivers to go beyond basic assistance, supporting independent living. As discussed during our validation workshop in Indonesia, it is also crucial that caregivers are trained in the use of supportive facilities and technologies, as they play a central role in utilising and optimising these tools for those under their care.

In Vietnam, training for workers in long-hour nurseries and kindergartens for children aged three months to six years – most of which are government-run but with almost 6,000 independent facilities in 2022¹⁰² – is often provided by non-government initiatives. OneSky is one such initiative which focuses on improving care and education quality in independent childcare centres serving children of industrial zone workers. OneSky, in collaboration with the Ministry of Education and Training, is implementing a 2023–2026 project to strengthen early childhood care and education in these areas.¹⁰³

Training for older people care is largely driven by private sector initiatives and typically offered by aged care providers themselves for their own staff. In Vietnam, for example, interviews identified that the provider Nhân Ái conducts such training, while in Indonesia, Living Well Senior Communities has partnered with Binawan University in East Jakarta to prepare nursing graduates through high-quality aged care training aligned with Australian-accredited standards.¹⁰⁴ In Vietnam, community-based

99 Technical Education and Skills Development Authority (TESDA), Number of TVET Institutions Offering Caregiving Courses 2024 (TESDA, 2024).

100 Ministry of Women's Empowerment and Child Protection (MoWECPP), Road Map on Care Economy in Indonesia.

101 Asian Development Bank, Country Diagnostic Study on Long-Term Care in Indonesia.

102 Based on statistics from the Ministry of Education and Training portal: <https://moet.gov.vn/thong-ke/Pages/thong-ke-giao-duc-mam-non.aspx>.

103 "Vice Minister Nguyen Thi Kim Chi Meets with OneSky Organization," OneSky, April 29, 2025, <https://onesky.org/vice-minister-nguyen-thi-kim-chi-meets-with-onesky-organization/>.

104 "Professionalising Indonesia's Aged Care Workforce," Indonesia-Australia Comprehensive Economic Partnership

care models such as Intergenerational Self-Help Clubs also train their own volunteers, who typically receive 20 hours of organised training.¹⁰⁵

Across all three countries, a strong preference for home-based care is driving growth in private-sector care worker services who often train their own workers to care for children, older people, and persons with disability, or to serve as domestic workers. Because trained caregivers typically command higher wages, many households choose to hire domestic workers instead – often through personal networks, although some are recruited via private agencies that claim to provide training. While the Philippines and Vietnam have enacted laws protecting domestic workers’ rights, Indonesia has yet to pass such legislation. The Domestic Worker Protection Bill, first proposed in 2004, remains stalled in parliament.¹⁰⁶ Legal frameworks are crucial for establishing minimum standards on wages, working hours, rest days, and benefits; however, even where such laws exist, enforcement and implementation often remain weak.



Across all three countries, a strong preference for home-based care is driving growth in private-sector care worker services

The Philippines has a relatively more developed system for professionalising care work, but in Indonesia and Vietnam, progress is slower, limiting recognition, protection, and decent work opportunities for care workers. Even in the Philippines, many trained care workers prefer overseas employment due to higher wages, leaving domestic demand for skilled caregivers unmet.

Other innovative care-related services

Start-up companies are increasingly introducing innovative services in areas that were previously under-served. In Indonesia, for instance, Parakerja operates as both a consultant and service provider, supporting public- and private-sector organisations in recruiting persons with disability. It is also the first and largest platform for learning Indonesian Sign Language (BISINDO) and provides access to Sign Language Interpreters (JBI) for a wide range of online and offline activities, thereby offering critical services within the broader care ecosystem. TamTam Therapy is an additional initiative under Parakerja which provides therapy for children with special needs, including those with autism and ADHD, at an affordable rate to lower-income households.

Other start-ups focus on empowering caregivers directly. For example, Tentang Anak supports parents by providing free, evidence-based parenting tips through its platform. The initiative sustains its operations through the sale of related parenting products, such as children’s books, combining accessible caregiving guidance

Agreement, August 7, 2024, <https://iacepa-katalis.org/en/press-release/professionalising-indonesia-s-aged-care-workforce>.

105 ADB, Long-Term Care for Older People in Viet Nam: The Current Scenario, and Next Steps Toward a Healthy, Aging Population.

106 Negar Mohtashami Khojasteh, “Indonesian Domestic Workers’ Long Wait for Reform,” Human Rights Watch, November 27, 2024, <https://www.hrw.org/news/2024/11/27/indonesian-domestic-workers-long-wait-reform>.

with a sustainable business model.

Similar innovation is also emerging in care for older people. In Vietnam, Hasu – a for-profit start-up described as “Vietnam’s app for older people” – offers services to support physical, mental, and emotional well-being. Its platform brings together resources on nursing, nutrition, games, and exercises, benefiting both older adults and their caregivers. By doing so, Hasu not only helps redistribute and reduce care work within households but also promotes digital literacy and technology adoption among older people.

Government and academic institutions are also deploying digital solutions to streamline access to care services and reduce administrative burdens for caregivers. For instance, in the Philippines, the government has created an eGovPH app that unifies all government services into a single platform and provides older adults with a senior digital ID, helping to streamline access to care services.¹⁰⁷ Similarly, in Vietnam, efforts are being made to digitalise public health records, thereby facilitating easier ongoing access to care services and reducing administrative burdens.

Enablers and barriers affecting institutional response to care demand

Building on the above insights into institutional responses to key demographic, social and economic shifts, public views, and

demand for care, this section outlines the main enablers and barriers that influence the ability and willingness of these actors to meet evolving care needs.

Enablers

The care economy has emerged as a key policy priority

ASEAN’s Comprehensive Framework on the Care Economy, launched in 2021, plays a central role in highlighting investment in the care economy as a policy priority across the case countries. This is an important enabler for increased institutional responses to shifting care demands. Its scope extends beyond paid and unpaid care work to include interconnected areas such as reskilling and upskilling for employment in essential care-related sectors; adopting new technologies for lifelong learning; developing hospitality, tourism, and creative industries; fostering social entrepreneurship; and building smart cities and homes.¹⁰⁸ This broader approach recognises the strong links between investing in the care economy and creating inclusive, resilient, and sustainable communities.¹⁰⁹

In both Indonesia and Vietnam, there is also momentum toward long-term national goals for 2045 – a year of symbolic significance, marking 100 years of independence for each country. Both aspire to achieve high-income status by then, alongside ambitious social objectives for a more inclusive society, which necessitates greater investment in care. For example, Indonesia has set a target to raise its women’s labour force participation from 53% to 70% by 2045 and the Philippines from 50% to 59% in 2034 – changes that will require significant care economy reforms and transformations to support women’s entry into and retention in the workforce.

¹⁰⁷ Jose Cielito Reganit, “PBBM: eGovPH to Make It Easier for Filipinos to Access Gov’t Services,” Philippine News Agency, August 7, 2025, <https://www.pna.gov.ph/articles/1256104>. (Note: This source is from media coverage).

¹⁰⁸ Association of Southeast Asian Nations, ASEAN Comprehensive Framework on Care Economy (Association of Southeast Asian Nations, 2022), <https://asean.org/wp-content/uploads/2022/12/ASEAN-Comprehensive-Framework-on-Care-Economy-EPUB-23-Dec-2022.pdf>.

¹⁰⁹ Stephenson et al., The Care Economy in Vietnam, the Philippines & Indonesia.

The Philippines has similar ambitions to improve its economic status by 2040, as outlined in the country's 25-year long-term vision, *Ambisyon Natin 2040* ("Our Ambition 2040"), which was released in 2017. The document states that by 2040, the Philippines will be "a prosperous middle class society where no one is poor" and where citizens will "live long and healthy lives."¹¹⁰ The Philippines' goals of economic progress and improved health for the population will similarly require greater investments in care.

Vietnam's bureaucratic restructuring has the potential to improve care services

Vietnam's most extensive bureaucratic reforms since the *Doi Moi* reforms of 1986 were intended to create a leaner, more agile state apparatus, enabling faster decision-making and addressing the common bottlenecks in service delivery caused by complex bureaucracy. Theoretically, these reforms hold great promise as an enabler for institutional responses to meet changing demands for care. Recent changes have reduced ministry-level agencies from 22 to 17, consolidated 63 provinces into 34, and eliminated the district level of government –allowing provinces to take greater responsibility for strategic planning, while the commune focuses on delivering and implementing the public services.¹¹¹ A leaner government structure may also help simplify licensing procedures for care services.

Specific reforms may also enable care responses. Resolution 68, issued in May 2025, positions the private sector as a key driver of economic growth. One of its policy measures is to ensure access to resources, including land –potentially a game-changer for care providers in Vietnam.¹¹² Land is



Rapidly rising care demand enables opportunities for innovative responses

managed by the State on behalf of its citizens, with no private ownership; only land use rights can be granted to individuals or organisations. This makes land use rights a critical factor in establishing private care institutions. Qualitative insights from our study revealed that high land costs are among the biggest investment barriers for private care providers. Thus, these reforms may reduce this barrier and encourage greater care provision by the private sector. As these reforms were introduced only earlier this year, their full impact will take time to materialise. If implemented effectively, however, they could bring significant benefits to the provision of care services in the future.

Rapidly rising care demand is prompting government and private sector action

Rapidly rising care demand enables opportunities for innovative responses. Even under existing conditions, a sustained preference for home-based care has driven growth in private care provision. In the past, this was primarily facilitated through care worker agencies, often connecting households with domestic workers. However, as interviews in Indonesia revealed, the rise of the middle class and shifts triggered by COVID-19 have fuelled growing demand for trained caregivers, especially for care of older people.

¹¹⁰ National Economic and Development Authority, *Ambisyon Natin 2040* (National Economic and Development Authority, 2017), <https://www.adb.org/sites/default/files/linked-documents/cobp-phi-2021-2023-ld-03.pdf>.

¹¹¹ Xuan Dung Phan, *Vietnam Goes Big in Its Sprint to 2030* (East Asian Forum, 2025), <https://doi.org/10.59425/eabc.1745402400>.

¹¹² Vu Nguyen Hanh, "Vietnam Redefines Private Sector's Role: Highlights from Resolution 68," *Vietnam Briefing*, May 8, 2025, <https://www.vietnam-briefing.com/news/vietnam-redefines-private-sectors-role-key-highlights-from-resolution-68.html/>.

In response, home-care agencies are expanding their offerings – providing specialised care for different population groups, flexible service models such as live-in, live-out, or one-time care, and using digital platforms to promote services via websites and social media. These innovations have improved caregiver-client matching and enabled care workers to secure higher, premium rates for their services. The private sector has also rapidly adopted technology, including AI in diagnostics and telehealth – trends that have also been accelerated by the COVID-19 pandemic.

At the same time, government use of technology is expanding to support more integrated care services. For example, in Vietnam, Directive No. 07/CT-TTg, issued by the Vietnamese Prime Minister in March 2025, has mandated the universal implementation of electronic medical records in all hospitals by September 2025. This move towards digitisation of public care services has the potential to streamline care service delivery and improve data sharing across providers.

Community-based care solutions are growing with increasing government support

There is evidence of a proactive, solutions-focused community response to help meet some care demands. One such example of a community-based care solution is the Intergenerational Self-Help Clubs model in Vietnam, which provides care support for the country's growing ageing population through an extensive network of trained volunteers. Initially established by HelpAge Older People's Association in 2006 with 60 clubs, the Intergenerational Self-Help Clubs model has since gained broad support from multiple stakeholders, including government ministries and agencies, and local socio-political organisations such as Vietnam

Association of the Elderly, and international organisations.

As a result, the Intergenerational Self-Help Club model was included as a key target in the national program on ageing for 2012–2020. In 2025, Deputy Prime Minister Le Thanh Long further approved the project aimed at expanding this model through Decision No. 1648/QĐ-TTg, with the target of establishing 12,000 clubs by 2035.¹¹³ As of now, there are 6,335 Intergenerational Self-Help Clubs operating across all of Vietnam's former 63 provinces.¹¹⁴ Despite this significant growth, the network remains insufficient to meet the rising demand and requires further expansion.

In Indonesia and the Philippines, numerous private sector and community-driven initiatives are addressing growing care needs, often with support from international organisations. However, a key challenge remains scalability – specifically, how governments can actively partner with these initiatives to expand care access cost-effectively, including through public policy incentives.

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[The] move towards digitisation of public care services has the potential to streamline care service delivery and improve data sharing across providers

¹¹³ HelpAge International, “New chapter for ageing in Vietnam: thousands of community clubs to be set up nationwide,” HelpAge International.

¹¹⁴ HelpAge International, “Vietnam's Intergenerational Self-Help Clubs.” HelpAge International.

Barriers

Cultural reliance on family-based caregiving limits the formal care market

Cultural norms remain a core barrier to more effective institutional responses to care. Affordability and trust are often the two main barriers to accessing paid care, and these factors are closely linked. Trust is influenced by the quality of care, which requires trained caregivers, who often command higher fees. Existing social security payments – for example, for older people or persons with disability – are typically insufficient to cover the cost of paid caregivers, resulting in continued reliance on family care. Low awareness of the long-term benefits of quality institutional care, such as extended childcare services in Indonesia and the Philippines, also reinforces reliance on family-based care, reducing demand for formal care and curtailing investment in this sector.

Challenges in cross-ministry coordination hinder effective care

Siloed government activity and the need for cross-ministry coordination add to institutional response barriers. Building a comprehensive care economy requires



Across all countries studied, finance remains a central barrier to more holistic and responsive action on care needs

collaborative strategic planning and implementation – both horizontally across agencies and vertically down to local governments with multiple administrative layers – which is highly complex to coordinate. Moreover, relatively short political cycles for executive appointees, especially in Indonesia and the Philippines, can impede policies that deliver long-term benefits.

Government budget constraints limit care investment and policy prioritisation

Across all countries studied, finance remains a central barrier to more holistic and responsive action on care needs. As of 2022, Indonesia's tax-to-GDP ratio stood at 12.1%, the Philippines' at 18.4%, and Vietnam's at 19% – all below the Asia-Pacific average of 19.3%.¹¹⁵ When set in contrast with other countries like Australia, which has a tax-to-GDP ratio of 29.5%, these figures reflect the case countries' limited ability to publicly fund care services for children, older people, and persons with disability.

Furthermore, government budget cuts such as those made in Indonesia in early 2025 risk undermining ministries' capacity to advance their roles in the care economy roadmap and action plan. Specifically, this 2025 budget cut reduced the Ministry of Women Empowerment and Child Protection's allocation by 49%, posing serious challenges for its ability to implement childcare initiatives and other responsibilities under the care economy framework.¹¹⁶

Exporting of care workers overseas diverts resources away from addressing domestic care needs

All three countries rely heavily on domestic workers for care provision yet place comparatively less focus on strengthening the domestic care system, given their

¹¹⁵ Tax-to-GDP ratio is from <https://www.compareyourcountry.org/tax-revenues-asia>.

¹¹⁶ Anita Permata Dewi, "Efisiensi, Anggaran KemenPPA Turun 48,86 Persen," ANTARA, February 13, 2025, <https://www.antaranews.com/berita/4647521/efisiensi-anggaran-kemenppa-turun-4886-persen>. (Note: This source is from media coverage since the original data are not accessible).

large contributions of international care workers to the global care economy. This is a barrier particularly impactful in these nations – although also experienced by other nations with similar care migration patterns. Despite having some legal frameworks intended to protect domestic care workers in the Philippines and Vietnam, enforcement remains weak. This ongoing dependence on low-paid women domestic workers perpetuates gendered norms and presents a barrier to building a sustainable and care economy.

Concentration of economic growth and opportunities in urban areas limits care provision in rural regions

A barrier to effective institutional responses is rural-regional disparities in support offered. These disparities leave rural communities even more reliant on family-based caregiving. The gap between urban and rural care services is especially pronounced in archipelagic countries like Indonesia and the Philippines, where geographic dispersion further constrains care service delivery. Often, care provision in these areas is not profitable enough to attract private sector investment, making government intervention, social enterprises, or community-based solutions essential.

Comprehensive data to map the demand and supply of existing care services is lacking

Complicating the aforementioned barriers, there is insufficient data, research, and analysis on care needs and services.

Even where data is available, such as in the Philippines, it often lacks detail and granularity and may be unreliable, inhibiting effective institutional responses to changing care needs. Current data systems fall short in capturing the full spectrum and scale of care needs across various demographics, making it difficult to accurately monitor the quality and impact of care services across the population or to anticipate future demand. A lack of forecasting, and limitations in terms of forecasting rigour, can also complicate the ability to plan. Without such insights, policymakers face challenges in allocating resources efficiently and ensuring equitable access to care – not just today, but for future generations.



This ongoing dependence on low-paid women domestic workers perpetuates gendered norms and presents a barrier to building a sustainable and care economy

Changing demand for care and women's economic equality

As explored in this report, it is clear that care demands are shifting in Indonesia, the Philippines, and Vietnam – reflecting changes in expectations around informal and formal care; the availability and quality of care infrastructure; and the affordability, accessibility, and the complexity of care needs.

These shifts present both challenges and opportunities for women's economic equality. Rising care needs, especially for older people and persons with disability, tend to limit women's participation in paid work when traditional norms assign them primary caregiving roles. However, trends such as increased acceptance of institutional care and the professionalisation of care work can create new opportunities for women's economic equality, especially if supported by gender-responsive investments.

At the core of shifting care demands is the persistent unequal distribution of unpaid care work, which is reinforced by social, political, and legal structures that expect women to be primary carers. This remains a key barrier to women's full workforce participation and career advancement, limiting their economic equality. **Emerging trends may either worsen or ease this burden, depending on whether social norms and policies actively work to reduce women's caregiving responsibilities.**

Across all three countries studied, a clear double burden exists: women are increasingly expected to participate in paid work while continuing to bear primary responsibility for unpaid care. In Vietnam, this is especially evident among low-income nuclear families, where both parents work full-time but care duties still fall mainly to women, as well as among single women caring for dependents. In the Philippines, care responsibilities often extend to women relatives or domestic workers – highlighting that even when care is outsourced, it remains feminised. While Vietnam shows some shift in gender norms, particularly among younger urban men who assist with housework, this support is rarely driven by intrinsic motivation. Moreover, despite growing economic power, many women continue to internalise traditional gender roles and resist men's involvement in caregiving.

Meeting changing care demands requires a redistribution of both paid and unpaid care responsibilities. This involves increasing men's participation in care and challenging the expectation that women are the default carers – changes that carry significant social and economic benefits at both individual and national levels. Effective redistribution depends on supportive legislation and workplace policies, such as paid parental and carer leave and flexible work arrangements for all genders. Crucially, the uptake of these policies by both women and men must be actively promoted to

shift entrenched gender norms and ensure women's economic empowerment is supported.

When it comes to care for older persons and persons with disability, rising demand for care may constrain women's labour force participation particularly in formal employment due to continued gendered expectations around care, time poverty, and unpaid care burdens. The strain on women is likely to intensify unless care systems are meaningfully transformed, both in terms of social norms as well as systems including policies, programs, practices, and infrastructure. Although acceptance for institutional aged care is increasing in Vietnam, for instance, overcoming resistance to disability care and vocational training requires a comprehensive strategy that addresses public perceptions and improves overall care quality. Additionally, institutional care remains stigmatised as well as financially inaccessible in Indonesia and the Philippines, meaning that fewer external care options may be available to families that can lessen the gender burden within the home and support women's labour force participation.

On the other hand, the increasing demand for such care services may provide an opportunity for women's economic equality. For instance, the expansion of the paid care sector presents further employment opportunities for women. However, this must be paired with fair wages, legal protections, and recognition of care as skilled work. Professionalisation of care work is necessary both to improve the quality of care and to provide a recognised framework for accreditation that can help combat the persistent under-recognition and undervaluation of care work. For instance, in Indonesia, domestic workers in particular shoulder the bulk of day-to-day care duties yet often operate outside of protective labour frameworks, and care workers frequently face low wages, job insecurity, and limited access to social protection. Additionally, it is important that men are also included in paid care work opportunities to help shift perceptions of care from being only women's

work to being the responsibility of – and an opportunity for – all genders.

Although declining birth rates may suggest a reduced need for childcare, the reality is more complex. Many countries in the region already face a care deficit, with insufficient childcare services. As such, expanding childcare provision remains essential, even as the number of children declines. Government efforts to boost population growth also highlight the need to future-proof childcare infrastructure. Additionally, rising disability prevalence and growing expectations around care quality point to increasing complexity and demand. To support women's workforce participation, greater investment in accessible, affordable, and high-quality care services is needed. This needs to happen alongside legislative, policy and community efforts to shift gender norms and redistribute paid and unpaid care responsibilities amongst all genders.

Further intersectional considerations influence the impact of changing care demands on women's economic equality. For instance, low-income and rural women often face compounded barriers either because they cannot afford existing paid care services, or because they are the ones providing care solutions for higher-income households, often in low-paid and informal roles with limited legal and social protections. Women with disability, or those caring for persons with disability, face unique challenges in balancing caregiving with economic participation due to limited availability of quality disability care services and a prevailing approach that emphasises dependence over independence. Migrant women also face greater challenges in accessing care support, as they often lack nearby informal family networks, may be unfamiliar with available formal care services, or face barriers to accessing quality care services in their destination areas. Additionally, cross-cutting issues like climate change and climate-induced disasters are likely to intensify gendered care patterns, including primary care responsibilities during and post-disaster.

Implications for government, the private sector, and communities

There are many policy and resourcing implications and opportunities for governments and the private sector to respond to the emerging trends and projected care demands covered. In this section we present 12 key recommendations that emerged from our analysis. These are to...

1. Develop and strengthen national care economy frameworks
2. Allocate limited fiscal resources strategically
3. Leverage the role of the private sector in care provision
4. Invest in care alternatives, including flexible, home-based, and community-based care
5. Develop and strengthen workforce policies relating to care
6. Recognise, value, and invest in care work professionalisation
7. Improve data collection, monitoring, and evaluation
8. Promote equitable care norms
9. Promote economic productivity growth that is responsive to care needs
10. Increase agency and equality-based approaches to care
11. Invest in further research on gender-responsive care
12. Develop care contingency plans for unforeseen and high-impact events

Each recommendation is accompanied by detailed policy and resourcing implications, offering nuanced guidance to inform and support action.

Develop and strengthen national care economy frameworks

Having a roadmap and action plan for the care economy signals a strong government commitment to care, which can encourage broader engagement from the private sector and other stakeholders. However, effective implementation across the myriad levels of government and domains of policymaking is key. It is also not enough to have a care economy strategy if it is also not gender-responsive nor developed collaboratively.

Effective collaboration among relevant government ministries and agencies requires a long-term, strategic framework with clearly defined objectives and responsibilities. Indonesia's 2025–2045 policy direction and priority programs for the care economy offer a model for designating lead and supporting ministries and agencies for each initiative. However, although each task under the framework's policy directions and targets is assigned to a specific lead ministry, there remains a need for one overarching entity to track progress across the board. Given that the roadmap was issued by the Ministry of Women's Empowerment and Child Protection, it may be inferred that the ministry is responsible for monitoring overall implementation. Yet, experience suggests that coordination among ministries of equal standing often results in limited progress. This indicates the potential need for an innovative governance structure to ensure effective coordination.

Vietnam is yet to develop an integrated framework to manage and operate a nationwide care economy; instead, different aspects of care are governed under different sectoral systems. However, given the overlaps across the fields of care, as well as along one's life course, these should be unified under an overarching

framework to enable seamless and efficient coordination. An overarching care economy framework is especially essential for the life course vision of Vietnam's government regarding social care, as it will provide a platform to identify causes and problems for future demand for care, and solutions to meet this rising demand.

Similarly, in the Philippines, a comprehensive care framework should also be developed. Currently, the National Care Economy Policy Framework is being finalised by the current administration and it is vital that it has a clear scope and boundaries, contains implementable strategies—with funding—and aligns with national development objectives. Once adopted, the framework represents a significant step toward integrating care work, both paid and unpaid, into the development agenda of the Philippines.



Effective collaboration among relevant government ministries and agencies requires a long-term, strategic framework with clearly defined objectives and responsibilities

Policy and resourcing implication/opportunity

Legislative and policy actions

- Review and revise existing laws to reflect the evolving roles of men and women in caregiving (e.g., Indonesia's Marriage Law).
- Consolidate and/or ensure consistency across disparate regulation that engages with the care economy, streamlining policy implementation and monitoring.
- Formulate and pass (Vietnam and the Philippines) or strengthen (Indonesia) comprehensive care economy care frameworks, ensuring they are implementable and adequately funded.
- Ensure care-based policy and legislation is gender-responsive by mainstreaming gender and intersectionality in all care policy design, ensuring no group is overlooked.
- Ensure care policies address diverse needs (children, older adults, persons with disability, and those living in poverty) and are adaptable to emerging cross-cutting issues such as climate change and technological change.

Institutional and financial support mechanisms

- Advocate for targeted financial support for key ministries (e.g., Ministry of Women Empowerment and Child Protection in Indonesia) to enable sustained implementation of care economy strategies.
- Provide legal clarity and incentives for private sector engagement to facilitate investment and innovation in service delivery.
- Invest in targeted support for lower socioeconomic families and those with heavy care burdens, including targeted subsidies, tax relief, and emergency respite services.

Stakeholder engagement and capacity-building

- Create platforms for regular dialogue and joint planning, ensuring alignment across care initiatives in the public, private, and community sectors.
- Invest in tailored mechanisms to strengthen the capacity of public, private, and community stakeholders to implement national care strategies.
- Provide technical support to care workers in the informal sector.
- Recognise the role of grassroots advocacy and civil society in building public awareness and monitoring care policy implementation.
- Improve access to information about care provision, disabilities, and available support.

Allocate limited fiscal resources strategically

Given limited resources, countries must adopt more strategic approaches to allocating fiscal resources that not only meet immediate care needs but also support long-term infrastructure and social norms transformation. Strategic reallocation of existing budgets, alongside the development of new funding pipelines, is essential to sustain and grow the care economy.

In contexts like the Philippines, mandated allocations such as the Gender and Development Fund,¹¹⁷ Special Education Fund,¹¹⁸ and Local Development Fund¹¹⁹ offer

untapped potential for financing local care initiatives. By leveraging these resources more effectively, local governments can expand access to care programs and facilities, ensuring that fiscal strategies align with both immediate needs and future demands.

Interagency collaboration can also provide practical workarounds for structural constraints. An example of successful collaboration is the Philippines' Department of Education's deployment of teachers to care centers through the Memoranda of Agreement which helped to address the structural issue of staffing shortages.

In Indonesia, similar fiscal constraints belie the need for creativity and strategic thought. In 2020, Indonesia designated only 0.03% of its GDP to Early Childhood Education, with a mere 1% of that earmarked for childcare services (TPA). In contrast, OECD countries allocated an average of 0.7% of GDP to early childhood education in 2017, highlighting

Policy and resourcing implication/opportunity

Developing robust financing frameworks

- Develop a robust way to allocate limited financial resources and build financial reserves over time to invest in adequately addressing future demands for care. This may include redirecting and prioritising existing budgets toward urgent, critical care services—especially for vulnerable and low-income households—whilst balancing this with non-urgent but important long-term investments in infrastructure and norms change.

Strategic use of existing funds

- Use existing funds strategically and develop new funding pipelines for the care economy. In the Philippines, for instance, existing mandated allocations like Gender and Development fund, Special Education Fund, and Local Development Fund can be used more strategically to raise funds for local government investment in care programs and facilities.

¹¹⁷ The Gender and Development Fund refers to a mandatory allocation of at least five of a government agency's or local government unit's (LGU) budget towards initiatives that advance gender equality and empower women.

¹¹⁸ The Special Education Fund refers to a dedicated fund at the local government level specifically allocated to support public basic education, which is primarily sourced from an additional one percent tax on the assessed value of real property.

¹¹⁹ The Local Development Fund is a mandatory fund of at least 20 percent of a LGU's annual Internal Revenue Allotment (IRA), specifically allocated for development projects. The use of the LDF, whether willfully or through negligence, for disallowed expenditure items can subject LGU officials and personnel to penalties under existing laws.

a substantial gap in investment.¹²⁰ In light of fiscal constraints, the Indonesian government places substantial expectations on private and community-based actors to meet current and future care needs.

Yet, overreliance on community-based and private care may unintentionally leave behind those who cannot afford these services and reinforce the gendered burden of care on women – which in turn may contribute to the devaluation of care.

Leverage the role of the private sector in care provision

Leveraging the role of the private sector to support care provision is key given limited fiscal resources across all three countries. Increasing private sector involvement requires improvements in the overall regulatory environment, along with targeted policies to stimulate investment in the care sector.

Delivering high-quality care at scale requires significant upfront investment as well as ongoing operational funding that governments with constrained capacity may not be able to sustain alone. This underscores the potential role of the private sector in complementing public efforts.

In all three countries, the private sector is already playing a role in care provision, particularly by catering to the needs of the middle class. As this demographic group expands and more educated women enter formal employment, earning salaries that strengthen their bargaining power within households, demand for outsourced childcare services is expected to grow. The

private sector is well placed to fill this gap, with small-to large-scale operators already providing such services across the three countries.

Despite financial constraints, governments have key levers at their disposal to encourage private sector participation in the care economy, such as tax incentives; subsidising land acquisition; and simplifying licensing, permit, and zoning requirements. Land-related support was particularly emphasised during our validation workshop as being a significant barrier to expanding older adult care services in Vietnam and represents a key opportunity for reform. Governments can also provide clear guidelines to care providers for how to access available incentives, ensuring transparency and reducing administrative barriers. These policy measures can facilitate an enabling environment for the private sector to deliver high-quality care services that are affordable to all and not only the most affluent households.

Beyond providing care directly, the private sector also plays a critical role in driving innovation in the care system. Entrepreneurs in each of the three countries have developed novel solutions to meet rising care demand, such as through start-ups which range from apps delivering in-home services to platforms that provide parents with caregiving resources and support.

¹²⁰ Ministry of Women's Empowerment and Child Protection, Peta Jalan dan Rencana Aksi Nasional Ekonomi Perawatan untuk Dunia Kerja yang Transformatif Setara dan Adil Gender (Jakarta, 2024), 102.

Policy and resourcing implication/opportunity

Regulatory reform and market incentives

- Strengthen regulatory frameworks to facilitate private sector involvement, while ensuring service quality, affordability, and equity.
- Reform the regulatory environment for private and social providers to close the affordability gap and encourage innovation. This includes:
 - Clear, transparent, and accessible incentives (e.g. land use preferences, tax credits, streamlined licensing).
 - Structuring incentives to promote affordable care for low- and middle-income groups.

Technology and digital access

- Support the development of accessible and user-friendly care platforms, including telemedicine and scheduling apps, while addressing digital access gaps among older or low-income users.
- Support trustworthy technological solutions in the private sector, with attention to health data privacy and ethical AI use.
- Encourage short-term, on-demand, and flexible care services via easy-to-use technology, including virtual consultations and temporary in-person care, especially for emergencies.

Service delivery models

- Invest in mobile care services and in-home visit services to expand reach and flexibility.
- Ensure assisted living facilities cater to diverse groups, including across gender, sexuality, ethnicity, religion, and background.
- Promote a range of care models, from accommodation-only to socialisation-focused and individualised care for serious health concerns.

Multi-stakeholder collaboration

- Establish multi-stakeholder partnerships that bring together national and local governments, private sector actors, non-governmental organisations, and international organisations.
- Establish multi-stakeholder partnerships involving:
 - National and local governments
 - Private sector actors
 - NGOs
 - International organisations

Invest in care alternatives, including flexible, home-based, and community-based care

Given the existing stigma and preference against institutional care across all types of care, it is crucial to support and invest in alternative care models, such as home-based and community-based services.

In all three countries, at-home paid care is heavily relied upon as an alternative to institutional care. However, the domestic workers who deliver this care are frequently undertrained and lack formal recognition as care professionals, leading to poor working conditions and unregulated care practices.

Government action is needed to protect and invest in these workers, thereby ensuring their working rights and improving the quality and safety of home-based services. In other countries, similar arrangements for at-home paid care have been more systematically regulated to ensure high-quality childcare provision, while also supporting women's economic equality. For example, in the province of Quebec, Canada, government-authorised Home Childcare Coordinating offices oversee and inspect home childcare providers – 13,000 of which deliver more than 90,000 childcare spaces across the province.¹²¹ These offices also offer administrative and pedagogical

support and help connect providers with families seeking subsidised childcare services.¹²² Similarly, in France, Maisons d'assistantes maternelles (MAM) are small-scale, home-based childcare services where up to four licensed caregivers provide care in their own homes.¹²³ These examples highlight the importance of establishing minimum standards to ensure the safety and well-being of children – an area where government involvement is essential.

Regarding community-based care alternatives, our qualitative interviews and validation workshops pointed to an unmet demand for these services. In Indonesia, our validation workshops indicated increasing potential for collective care arrangements – an example of a community-based care initiative that offers a promising approach to older people's care. Early signs of this shift are emerging in the property market, where groups of friends are beginning to plan co-housing arrangements to support one another in old age – moving beyond traditional husband-wife home purchases. Likewise, the upcoming PEKKA community-based childcare pilot in rural Indonesia may offer valuable insights to inform future replication and scale-up efforts both domestically and internationally.¹²⁴

In Vietnam, Intergenerational Self-Help Clubs (ISHC) are another example of a community-based care model for older people's care that could be adapted to other national contexts. However, this model faces certain shortcomings that must be addressed, including high establishment costs for volunteer training which reduced the scalability of the model, as well as an insufficient focus on meaningful intergenerational resource mobilisation – with older people mostly being supported

121 Québec Ministère de la Famille, "Opening of a Home Childcare Service," Gouvernement Du Québec, September 7, 2018, <https://www.mfa.gouv.qc.ca/en/services-de-garde/rsg/ouverture-service-de-garde/Pages/ouverture-service-de-garde.aspx>.

122 Québec Ministère de la Famille, "Role of the Coordinating Office," Gouvernement Du Québec, November 29, 2018, <https://www.mfa.gouv.qc.ca/en/services-de-garde/rsg/role-bureau-coordonnateur/Pages/role-bureau-coordonnateur.aspx>.

123 Québec Ministère de la Famille, "Role of the Coordinating Office," Gouvernement Du Québec, November 29, 2018, <https://www.mfa.gouv.qc.ca/en/services-de-garde/rsg/role-bureau-coordonnateur/Pages/role-bureau-coordonnateur.aspx>.

124 Concept Environmental and Social Review Summary Concept Stage (ESRS Concept Stage) (World Bank, 2023), <https://documents1.worldbank.org/curated/en/099050124065537600/pdf/P181007-62c2da7a-7a35-440f-ab69-ebecdbecbc57.pdf>.

by each other. Given the momentum of the existing ISHC model in its first phase, which ended in 2025, the next phase should consider expanding operation approach and scope to promote intergenerational circular care support locally in a low-cost manner. To ensure these community-based initiatives can thrive and expand, sustained support from governments, international organisations, and other funding sources is essential.

Other initiatives that support home-based alternatives to institutional care

also represent a valuable opportunity for private sector innovation and investment. For instance, digital solutions such as telehealth and app-based home care services are increasingly supporting caregivers in managing their responsibilities more efficiently, as well as offering greater accessibility and convenience to households. These innovative solutions are particularly significant in helping to bridge care gaps and increase accessibility for underserved populations.

Policy and resourcing implication/opportunity

Community-led and localised care models

- Promote locally led care initiatives, such as neighbourhood older care cooperatives or inclusive childcare centres.
- Recognise cultural preferences for ageing in place and allocate public funding to scale up proven community-based models (e.g. Intergenerational Self-Help Clubs), and pilot new models such as:
 - Local care cooperatives
 - “Older persons caring for older persons” initiatives

Outreach and emergency support services

- Establish mobile outreach units and home-visit services for:
 - Housebound older adults
 - Individuals with severe disability
 - Temporary assistance post-disaster (e.g. climate-induced emergencies)

Infrastructure and geographic equity

- Expand care infrastructure with equitable geographic coverage, focusing on:
 - Underserved regions
 - Areas impacted by social/environmental trends (e.g., migration, climate change, rural and low-income communities)

Specialised health and disability services

- Invest in specialised health services and professionals for:
 - Ageing and disability care

- Complex childcare needs (e.g., increasing prevalence of autism spectrum disorder)
- Support for severe cases (e.g., social pensions)
- Address gaps in training for non-medical caregiving roles
 - Target middle-aged workers for career transition opportunities into non-medical caregiving.
 - Develop short-term training programs in collaboration with hospitals, elderly care centres, and vocational schools to enhance employment prospects upon completion .

Digital inclusion and literacy

- Promote digital literacy and accessible care technology, especially for older people, through:
 - Training and reskilling programs
 - Increased access to telehealth
 - Technologies that support daily life

Develop and strengthen workplace policies relating to care

Workplace policies hold significant potential for redistributing caregiving responsibilities in ways that support women's participation in the workforce and more equitable distribution of care.

Validation workshops across all three countries surfaced suggestions including offering flexible work hours and care leave options beyond standard annual leave. Both government and private sector actors have begun implementing flexible work options and inclusive practices such as focusing on deliverables-based work instead of rigid clock-in/clock-out systems or allowing employees to start at later times and work into the evening. In some cases, employer-supported childcare is also provided to help

employees manage care duties. However, such initiatives remain exceptions rather than the norm. There is strong potential to scale these practices and make them mainstream, thereby strengthening women's economic participation.

For workplace policies to truly contribute to a more equitable distribution of care responsibilities, however, they must also be taken up by men. Currently, limited data exists on whether men face barriers or are enabled in using these policies. Further research and targeted initiatives are needed to understand the impact of workplace support measures on men's engagement in caregiving.

Alongside these policies, retirement age requirements should be revisited. For instance, in the Philippines, mandatory retirement at age 65 places significant constraints on otherwise healthy and capable people from being gainfully employed. Revising these requirements would provide older adults the opportunity to remain in the workforce longer, helping to reduce caregiving burdens associated

with ageing populations and retain social, physical, and economic benefits for older individuals. For women who typically earn less than men over their lifetime, this can also be important in supporting financial security, particularly for those in unstable partnerships or undergoing partnership breakdowns. More broadly, revising retirement age requirements would increase productivity and deliver significant economic benefits.

Policy and resourcing implication/opportunity

Workplace policies for informal carers

- Introduce or overhaul workplace policies to support informal carers through their paid employment, including:
 - Ensuring family caregivers have access to leave benefits (e.g. carers leave).
 - Ensuring all genders have equal access to parental leave provisions.
 - Increasing parental leave provisions and encouraging their uptake among fathers.

Flexible working arrangements (FWAs)

- Ensure workplaces provide flexible work arrangements (FWA) that reflect the diverse realities of care providers – not only by types of care (e.g., childcare, older people's care, disability care), but also across socioeconomic groups and household structures. Policies should include flexible paid leave, part-time work with protections, and caregiving allowances.
- Invest in efforts to engage men in caregiving roles and in care infrastructure at or near workplaces and residential areas.

Employment and retirement reform

- Revise mandatory retirement ages that prevent older but otherwise healthy and capable individuals from being gainfully employed.
- Explore innovative work arrangements to support persons with disability or older people, such as part-time work-and job-sharing arrangements, while still receiving a proportionate pension at the same time (e.g. subject to income and asset tests).

Recognise, value, and invest in care work professionalisation

Across all three countries, greater efforts are needed to recognise, value, and invest in care workers to sustain the care economy and better meet domestic care demands.

A lack of proper training and recognition of care workers leads to many issues for the care economy. Not only does it contribute to a cycle of low pay, poor working conditions, and limited career development for paid care workers, but it also increases reluctance from families to entrust these workers with the care of children, older people, or persons with disability. In both cases, women are disproportionately affected –either as the care workers who suffer poor working conditions or as the family members who take on the resulting unpaid burden of care.

To mitigate these issues, governments must first formally recognise care workers. In many cases, care workers are not formally recognised within occupational classifications –an issue raised during validation workshops across all three countries. For instance, while healthcare nurses are typically recognised, older people care companions are often excluded. Lack of formal recognition denies care workers essential working rights, which in turn affects retention and hampers the scaling of care services.

In Indonesia, formal recognition of care workers has been included as a policy priority in its care economy roadmap and action plan, which identifies a wide range of care workers including childcare workers, older people care workers, community and village-based care workers, domestic workers, digital-based care workers, and migrant workers performing both care and domestic tasks. The roadmap also outlines provisions to ensure these workers can access existing social protection schemes, form or join professional associations and unions, and benefit from clearly defined wage standards and labour protections.¹²⁵

However, Indonesia is also the only country among the Philippines and Vietnam without a national law safeguarding domestic workers' rights. Finalising and passing the long-pending Domestic Workers Bill is therefore a critical step toward ensuring fair treatment, decent working conditions, and legal recognition for one of the largest segments of the care workforce.

As care work gains recognition as a profession, it is expected to attract a larger and more diverse workforce, including both women and men. The concurrent priority is to **ensure that care workers are equipped with the skills** needed to deliver high-quality care. While all sectors have made efforts to develop competency guidelines for care workers, enforcement remains limited. There is significant potential to broaden training pathways and make them more accessible and inclusive. For instance, in Indonesia, the Law on the Protection of Migrant Workers mandates training for Indonesian care workers before going abroad, with the Ministry of Labour developing modules for these care workers; similar training protocols and resources should be

¹²⁵ Ministry of Women's Empowerment and Child Protection (MoWECP), Road Map on Care Economy in Indonesia.

afforded to domestic workers who remain in the country.¹²⁶ The Philippines has also been a leader in developing and implementing caregiving competency standards, reflecting its role as a major global source of care workers, and provides further examples for Vietnam and Indonesia to draw upon.

Cross-country learning on caregiving standards can be further strengthened through international exchanges and existing bilateral programs. For example, as highlighted during our validation workshop in Indonesia, the IA-CEPA ECP Katalis initiative is facilitating the deployment of Indonesian caregivers to Australia for skills development and professional exchange.¹²⁷ Indonesia's Ministry of Women's Empowerment and Child Protection is also spearheading a pilot project that focuses on modelling policies for decent care work, including training and placement of care workers in Singapore.¹²⁸

Nevertheless, as seen in the case of the Philippines, scaling caregiving training and services relies heavily on the **involvement of the private sector**, which already plays a significant role and holds further potential. Government efforts, while essential, often struggle to keep pace with evolving care needs. For example, the Technical Education and Skills Development Authority in the Philippines does not currently offer specific dementia care modules. Such specialised training is typically limited to academic institutions, medical professionals, or advocacy groups – and even then, only occasionally.¹²⁹

contributed to improving caregiving standards. For instance, the World Health Organisation selected the Philippines to pilot its dementia toolkit for community workers in low- and middle-income countries.¹³⁰ To scale such efforts effectively, stronger collaboration between governments, the private sector, and civil society is essential.

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As care work gains recognition as a profession, it is expected to attract a larger and more diverse workforce, including both women and men

International organisations have also

126 SMERU Research Institute, Posisi PRT Dalam Ekonomi Perawatan Di Indonesia - Penunjang Produktivitas Yang Tidak Diakui (SMERU Research Institute, n.d.), https://smeru.or.id/sites/default/files/events/valentina.y.d._utari_smeru_posisi_prt_dalam_ekonomi_perawatan_di_indonesia_penunjang_produkktivitas_yang_tidak_diakui.pdf.

127 Indonesia-Australia Comprehensive Economic Partnership Agreement, “Professionalising Indonesia's Aged Care Workforce.”

128 Lestariningsih, Sudah Adilkah Rumah Kita? Mewujudkan Ekonomi Perawatan Yang Inklusif.

129 Shelly de la Vega et al., “The Philippine Health and Care Workforce in an Ageing World,” in *Coping with Rapid Population Ageing in Asia* (Economic Research Institute for ASEAN and East Asia (ERIA), 2021).

130 de la Vega et al., “The Philippine Health and Care Workforce in an Ageing World.”

Policy and resourcing implication/opportunity

Workplace development and professionalisation

- Invest in workforce development through sustained training and certification programs for carers, including:
 - National training and certification to professionalise caregiving roles
 - Tiered training and certification open to both formal and informal workers (e.g., Vietnam's National Occupation Codes)
- Provide career mobility opportunities by upgrading competencies (e.g., inclusive care provision for people with disabilities and special needs).
- Improve access to information about the care economy labour market –for both care providers and care recipients.
- Invest in initiatives to recognise the economic and social contributions of domestic workers and guarantee their social and workplace protections (e.g., passage of the Domestic Workers Protection Bill in Indonesia).

Support for informal caregivers

- Extend psychological support services, especially for informal caregivers, through integrated health and community programs.
- Adopt an intersectional, life-course approach to social protection by expanding on existing parental leave provisions to include long-term care insurance, caregiver allowances, paid family leave, and income support for informal providers –particularly in multigenerational households.
- Besides efforts to increase formal care workforce development, tailored skill training, access to social insurance, and other supports should also be available to informal care workers.

Inclusion and recognition

- Invest in initiatives to recognise the economic and social contributions of domestic workers and guarantee their social and workplace protections (e.g., passage of the Domestic Workers Protection Bill in Indonesia).
- Recognise and support care workers with disabilities –not only as recipients but also as contributors –by ensuring inclusive infrastructure, training, and protections.
- Improve access to information about the care economy labour market –both supporting those who provide care professionally and those who need care professionally.
- In Vietnam, prioritise the development and implementation of official National Occupation Codes for various caregiving roles, accompanied by investment in national, tiered training and certification open to both formal and informal workers.

Improve data collection, monitoring, and evaluation

Comprehensive and high-quality data is essential to capture the full scope of care work and needs and to enable evidence-based resource allocation in the care system.

To capture the complexity of care, governments should support the continuous collection of both quantitative and qualitative data, from household surveys to in-depth interviews with care workers and recipients. Integrating care-related questions, both relating to paid and unpaid care, into national surveys can illuminate the

often-invisible labour that sustains families and communities. Community-based data initiatives should also complement national data collection to map care needs at local and district levels, ensuring that planning reflects the realities of both urban and rural populations.

The countries' studies also identified a need and desire to establish a centralised and publicly accessible platform for regularly updated care data that would enhance transparency and enable evidence-based resource allocation. Strengthening collaboration between government, civil society, and academic institutions will ensure diverse perspectives inform policy design and evaluation, ultimately leading to more responsive and inclusive care systems.

Improving data collection, monitoring and evaluation activities can also help to direct research where it is most needed, reducing the potential for duplication of studies.

Policy and resourcing implication/opportunity

Improving existing data mechanisms

- Integrate care-related questions into national surveys and add modules on types of care work performed.
- Support community-based data initiatives to map care needs at local and district levels, and across urban and rural areas.
- Strengthen collaboration between government, civil society, and academic institutions to ensure diverse inputs and robust policy evaluation.

Investing in new initiatives

- Maintain centralised and regularly updated care data shared publicly (e.g., through a platform or regular data releases) to inform planning and resource allocation.
- Encourage the continuous collection of quantitative and qualitative data, from household surveys to in-depth interviews with care workers and recipients.

Promote equitable care norms

To foster a more just and sustainable care ecosystem, policies and practices must actively reshape societal expectations of caregiving. This includes addressing entrenched norms that caring is primarily the responsibility of women or that is an individual – rather than collective – burden.

Investment from public, private, and community sectors is essential to promote shifts in care norms and elevate the status of care work. At the same time, data showing that attitudes and behaviours are becoming more gender-equal can signal to policymakers that there is momentum for change, which can in turn encourage further policy efforts.

Nationwide awareness campaigns should challenge entrenched gender norms by

promoting current examples of caregiving responsibilities being shared and celebrating the contributions of both informal and professional carers including domestic workers and early childhood educators. Community-based programs that engage men in caregiving, not merely through financial incentives but by cultivating empathy and identity, can help dismantle the notion that care is “women’s work.” Expanding workforce opportunities for male carers could further reinforce this cultural shift.

As demographic changes including population ageing and youth migration reduce reliance on familial care, individuals must be supported to plan for their own ageing, including early retirement savings. Vietnam’s revised Law on Social Insurance (2024) marks progress in expanding coverage, but further reforms are needed to ensure parental benefits are equitably distributed. Additionally, public campaigns should work to destigmatise formal aged care, reframing it as a proactive and empowering choice that enhances quality of life, to support acceptance of outsourced modes of care.

Policy and resourcing implication/opportunity

Campaigns and initiatives

- Emphasise and invest in initiatives that communicate that care is not just a private burden, but a shared societal responsibility that demands adequate investment from public, private, and community actors.
- Launch nationwide public awareness campaigns that emphasise current examples of shared caregiving responsibilities between genders and highlight the value of care work –including informal carers, as well as professional carers, domestic workers, and early childhood educators.
- Develop community-based programs that encourage men’s participation in caregiving, going beyond financial incentives to focus on identity, empathy, and shared responsibility.
- Develop workforce opportunities for carers who are men, to help confront

gender norms that care work is “women’s work”.

- Invest in campaigns to reduce the cultural stigma associated with using formal aged care services, reframing it as a positive choice for enhancing well-being.

Planning and empowerment

- Support individuals to save and invest in their retirement early, recognising families have fewer children to rely on for aged care provision and shifting social norms may mean fewer children are prepared to provide this care informally.

Legal and policy reform

- Expand benefits relating to maternity benefits in Vietnam in alignment with the revised Law on Social Insurance 2024, which provided additional benefits for voluntary contributors and expanded beneficiaries for both compulsory and voluntary schemes.

Promote economic productivity growth that is responsive to care needs

Efforts to boost national productivity and increase women's workforce participation must be grounded in a recognition of the essential role care plays in enabling economic engagement.

Governments must embed care considerations into economic planning. Productivity strategies that ignore the gendered pattern of current caregiving practices risk reinforcing inequality and undermining long-term growth. By aligning productivity growth with inclusive care strategies, economies can unlock the full potential of their labour force while fostering a more equitable and resilient society.

In the private sector in the Philippines, some actors are already aligning productivity and care needs. For instance, the information technology and business process management (IT-BPM) sector has pioneered hybrid work setups that allow employees to spend more time with their families without

reducing productivity, while also providing mental health programs as part of broader care initiatives. Some companies have taken further steps to address the unequal burden of childcare by offering gender-neutral parental leave, allowing fathers or alternative caregivers, not just mothers, to take paid leave. This approach ensures that the responsibility of caring for a child does not fall solely on one parent, helping to balance caregiving roles and reduce career setbacks traditionally faced by women. Such initiatives remain sporadic and ad hoc without dedicated, governmental-level planning – representing an opportunity for systemic intervention.

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Productivity strategies that ignore the gendered pattern of current caregiving practices risk reinforcing inequality and undermining long-term growth

Policy and resourcing implication/opportunity

Enhancing synergies between productivity and care

- Take care needs and current gendered implications into account in plans to increase national productivity and women's workforce participation.
- Emphasise and invest in initiatives that support the concept that care is not a private burden, but a shared societal responsibility that demands adequate investment from public, private, and community actors.

Increase agency and equality-based approaches to care

Increasing equality within care systems requires embracing models that prioritise autonomy, dignity, and inclusion and seek to empower care recipients as active agents and decision-makers in their lives.

Strengthening existing movements that centre care-recipient empowerment is essential, as is expanding awareness and education campaigns that foster societal inclusion from early childhood through adulthood. To support this transformation, targeted investments in capacity-building and specialised training for educators and carers are critical. Equipping teachers with inclusive pedagogical skills ensures that students with disability are not only accommodated but genuinely supported to thrive. By embedding equality-based principles into care and education systems, care is not just provided but co-created with those who receive it.

Policy and resourcing implication/opportunity

Campaigns and initiatives

- Strengthen awareness and education campaigns to foster inclusion of persons with disability at all educational levels and within society at large.
- Develop education and awareness campaigns to promote agency among care recipients, including older individuals and those with disabilities, so they can better understand and advocate for their rights.

Education and training

- Increase investments in capacity building and specialised training for educators to equip them with the skills and teaching methods necessary to effectively teach and support students with disability.



By embedding equality-based principles into care and education systems, care is not just provided but co-created with those who receive it

Invest in further research on gender-responsive care

A robust evidence base, generated through investments in gender-responsive research, is essential for making sound policy and investment decisions that advance gender equity in the care economy.

Governments across all three countries, as well as intergovernmental organisations and other care stakeholders, should support ongoing research that advances gender-responsive care economy development. Investments in research could prioritise

projects exploring how incentives can effectively attract private sector engagement in the care economy, while also identifying and addressing regulatory barriers – such as restrictive tax incentive frameworks – that limit participation, as seen in contexts like the Philippines. Targeted studies should guide the design of direct interventions for at-risk groups, including low-income families and individuals facing multiple or severe care burdens, ensuring that support reaches those most in need.

Crucially, research must interrogate the social norms and practices surrounding unpaid care to avoid perpetuating gender inequalities and instead develop strategies that promote shared responsibility. Investigating flexible work arrangements and inclusive workplace policies can further illuminate pathways to balance unpaid care between women and men.

Policy and resourcing implication/opportunity

Research priorities

- Investigate the design of government incentives to attract private investments in the care sector.
- Review existing regulatory bottlenecks that deter the private sector from investing in the care sector.
- Investigate the design of direct government interventions to inform the design of direct government interventions to address unmet care needs for at-risk groups (low-income families, those with multiple care burdens, those with severe cases).
- Analyse norms and practices surrounding unpaid care to develop targeted support strategies that do not reinforce gender inequalities.
- Examine flexible work arrangements and other workplace policies/practices that can help equalise unpaid care work between women and men.

Develop care contingency plans for unforeseen and high-impact events

Developing contingency plans for unforeseen “black swan” events – events that are largely unpredictable, improbable, and significant – is essential to minimise shocks to the care system.

Whilst it is difficult to accurately predict or forecast black swan events, governments should take their potential into account and develop contingency measures accordingly. These measures may include the designation of flexible and emergency budgets to deal with care deficits or disruptions, as well as uplifting the capability of care workers and policymakers to deal with particularly challenging scenarios. Governments should also embed Future Generations Policymaking¹³¹ and intergenerational policymaking approaches that enable them to forecast and plan over long horizons whilst still being adaptive to emerging crises.

Policy and resourcing implication/opportunity

Legislative and policy actions

- Invest in Future Generations Policy or intergenerational policymaking approaches to care.
- Ensure care legislation is future-focused and that policymaking embeds foresight methods (like scenario planning and long-term audits) to help align policies with future needs.

Institutional and financial support mechanisms

- Develop contingency care measures, including the use of flexible and emergency budgets to deal with emergency care deficits or disruptions.
- Clearly define a pool of human resources to draw from in the event of emergencies.

Education and training

- Equip experts charged with future generations policymaking with care expertise, to support policymakers with long-term care policy that balances current, living generations' needs with the needs of future and unborn generations' care needs.
- Uplift care worker and policymaker capabilities to deal with challenging, unpredictable, and high impact scenarios (e.g., pandemics, financial crisis, climate disaster).

Community engagement and capacity-building

- Invest in collaborative, intergenerational and lived-experience-led approaches to care policymaking and debate. Such intergenerational and lived-experience leadership should bring together diverse sectors of the population to build shared responsibility and inclusive dialogues around care.

¹³¹ Hawkins et al., Future Generations Policy, Leadership and Governance: Ending “Policrastination.”

Limitations

There are several limitations in our study. The relatively short research period, running from October 2024 to August 2025, limited the scope of this investigation. Furthermore, while this report covers a broad spectrum of care types – childcare, care for older people, and care for persons with disability – its cross-country comparative approach limited the depth of insights into each category within individual countries. Consequently, more data was available than could be fully synthesised, highlighting opportunities for future country-specific studies.

Following our earlier Landscape Study, this study focused mainly on future demand for non-medical, non-educational care, excluding healthcare and education services as a result. Formal paid care, particularly institutional care, is still limited in these countries. Limited access to users of institutional care restricted our understanding of service quality. Challenges engaging private-sector stakeholders, particularly in the Philippines, also limited insights into their future care plans. Since paid care is a key focus, discussions on social security and government care for low-income groups were also limited.

In countries like Indonesia, the care economy roadmap and action plans were only recently launched. While we gathered information on long-term government planning and foresight from these documents, it is too early to assess the progress of implementation. In the Philippines, a national care economy framework has yet to be introduced, and Vietnam is still undergoing extensive governmental and bureaucratic reforms. This makes it difficult to assess how these changes will affect institutional responses to shifting care demands.

This research aimed to be intersectional, examining care trends across diverse demographic groups. However, further study is needed to understand the experiences of specific groups – such as LGBTIQ+ families, non-nuclear or non-heteronormative households, remote populations, and others not fully covered. We have noted these gaps to encourage future research.

Concluding remarks

Demand for care is shifting across Indonesia, the Philippines, and Vietnam, both mirroring broader global trends whilst also presenting unique challenges and opportunities.

By mapping future demands for care over the next 25 years, including the primary factors that will influence changes in care quantity, quality and complexity requirements, this evidence-rich report has sought to provide valuable research evidence and policy directions. Through collaboration across Investing in Women, funded by the Australian Government, GIWL, SMERU, PIDS and MDRI, this report has sought to provide much-needed analysis guiding public, private, and community sectors in gender-responsive care.

This report identifies key demographic, social, and economic factors driving the future demand for care. For example, shifting population structures, such as an ageing population, rising disability rates, and lower birth rates, are likely to create complex challenges for nations. These include increased demand for care infrastructure and the need for technology solutions and more rigorous professional approaches to ease care burdens. A more professionalised approach to care will also require tailored training, certification, and adherence to minimum standards.

Migration patterns, both internal and across borders, highlight the need for geographically equitable care infrastructure. Climate change-induced disasters, like coastal inundation and typhoons, demand the development of more mobile,

adaptive, and flexible care solutions. These innovations can also benefit countries not directly affected by climate change, improving access to rural communities and diversifying care options. These challenges emphasise the importance of long-term and adaptable planning that can respond to local needs while remaining prepared for future demands.

Shifting social norms, driven by a growing middle class, cost-of-living pressures, labour market trends, and government growth goals, are further reshaping care services. There is increasing focus on the quality, not just quantity, of care, with some providers already recognising care recipients as active participants in their own care. This shift is expected to grow, aligning with calls for more holistic care that integrates social, emotional, and medical support. While traditionally care has been seen as a private and often women-dominated responsibility, these norms are evolving. There is growing social acceptance of outsourced and institutional care, especially as households shrink and rely less on family support. The professionalisation of care is reshaping its societal value and trustworthiness, particularly in regions where filial piety and family care obligations remain strong.

Existing care systems often perpetuate gender norms and inequalities, hindering both national progress and individual well-being. As care needs intensify in quantity, quality, and complexity across the three countries, and with governments focused on social and economic growth, it is essential that care solutions are gender-responsive. This entails actively addressing gender norms and power dynamics to ensure equal

access to resources, opportunities, and responsibilities in care. While governments push for greater women's workforce participation and individuals take on paid work to meet financial needs, these goals often conflict with the ongoing expectation that women bear the primary caregiving burden. Younger generations, especially in urban areas, are shifting towards more equitable care roles, but these changes require support through workplace policies and community campaigns.

There are significant implications for governments, the private sector, and communities in addressing the care economy. While actors like governments, businesses, and international organisations are increasingly involved, major gaps remain. Indonesia is advancing a national care economy framework, while the Philippines and Vietnam are still developing their own. Coordinated care strategies can offer major benefits, such as resource coordination and long-term planning, but successful implementation requires continuous monitoring, evaluation, and gender-responsive policies from the outset. While such strategies can help strategically allocate limited fiscal resources across Indonesia, the Philippines, and Vietnam, balancing urgent care needs with long-term development plans is crucial for addressing future challenges. In this constrained fiscal environment, the private and community sectors play key roles. Government

incentives, tax reforms, minimum standards, and regulations are necessary to foster growth in these sectors and ensure care quality. This is vital for building trust in care systems, which, in turn, support not only caregiving but also broader benefits like productive workplaces and societal well-being. In this context, investment in diverse care alternatives is essential to meet a wide range of needs and community preferences. This includes developing both institutional and community-based care options, alongside mobile and adaptable services.

Workplaces also play a crucial role in advancing the care economy. Parental leave provisions must be equitably extended across genders, promoting greater involvement of men in caregiving and shifting the expectation that care is primarily women's responsibility. Flexible work arrangements should become standard, with part-time opportunities benefiting both caregivers, persons with disability, and older individuals who wish to remain in the workforce. By offering an optional retirement age, older workers can stay employed longer, improving their financial security, enhancing social connections, reducing pension burdens, and boosting productivity.

Reforms are needed too for care workers, whose work remains under-recognised, undervalued and underinvested in. "Professional training and certification can increase value, quality, and sector respect, whilst providing greater job stability, wages, and career progression for carers who are primarily women.

Activities like improving data collection, monitoring, and evaluation further support care infrastructure that is able to respond to emerging needs in the future. Centralising data collection and publication can also help private and community sectors anticipate challenges and identify opportunities to better respond to local needs.

Normative and policy changes that promote equitable care norms and promote economic growth responsive to care are also essential. Actions should include investment in social

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Addressing future
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campaigns and initiatives that help transform expectations around care. Additionally, government aspirations regarding productivity and social and economic growth must take into consideration care needs, and the ways in which current systems replicate gender inequalities that can ultimately hamper such aspirations.

Changes are afoot within the care economy, with more providers recognising and respecting care recipients' agency and role in deciding on their own care needs, and demand for such agency and equality-based approaches to care is likely to increase. This further reinforces the need for quality, adaptive, and inclusive care training and practices across a spectrum of roles, from education to health.

Progress across all these dimensions can be supported by further investment in research on care, particularly where it is gender-responsive and recognises the critical role women currently play, the need for more gender equal care expectations and responsibilities, and the hampering effect inequality has socially and economically for nations.

The future demand for care in Indonesia, the Philippines, and Vietnam is complex, non-linear, and uncertain. Various social, environmental, economic, and political factors will influence these trends, either amplifying or mitigating their effects. Rare, unpredictable, and highly impactful events could exacerbate these trends, making it crucial to incorporate contingency measures such as flexible budgets, capability development, forecasting, and adaptive policymaking. Ultimately, addressing future care demand requires a future-focused policy approach that balances both current and future care needs.

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Annex

Indonesia (SMERU Research Institute)

Primary data collection sites: Jakarta, Yogyakarta, and Padang

Type of qualitative data collection	Number of participants	Category of participants
Key informant interview	43	National and local-level policymakers Ministries and agencies formulating and implementing policies and programs on childcare, older people care, and care for per-sons with disability Private sector care providers Companies and professionals providing care services Academics, non-governmental organisations, and international organisations Experts in the field of policies and programs related to care Community leaders Providers of community-based care services Community members Participants representing four different cohorts who are cur-rent and/or future caregivers and/or care recipients: the Baby Boomers (born in 1946-1964), Generation X (born 1965-1979), Generation Y (born 1980-1994), and Generation Z (born 1995-2009)
Focus group discussion	101	Community members Participants representing younger cohorts of Generation X, Y, and Z who are current and/or future caregivers and/or care recipients
Validation workshop	22	National policymakers Ministries and agencies formulating and implementing policies and programs on childcare, older people care, and care for persons with disability Private sector care providers Companies and professionals providing care services Academics, non-governmental organisations, and international organisations Experts in the field of policies and programs related to care

Vietnam (MDRI)

Primary data collection sites: Ha Noi, Ho Chi Minh City, and Bac Ninh Province

Type of qualitative data collection	Number of participants	Category of participants
Key informant interview	24	National and local-level policymakers Ministries and agencies formulating and implementing policies and programs on childcare, older people care, and care for per-sons with disability Private sector care providers Companies and professionals providing care services Charity-based care providers Care services provided by charity organisations Local non-governmental organisations and international organisations Experts in the field of policies and programs related to care Older people Current and/or future care recipients and/or caregivers Working-age individuals Current and/or future caregivers and/or care recipients Paid caregivers in the formal and informal sectors Care workers providing paid care services in the formal and informal sectors
Focus group discussion	36	Older people Current and/or future care recipients and/or caregivers Working-age individuals Current and/or future caregivers and/or care recipients
Validation workshop	13	National policymakers Ministries and agencies formulating and implementing policies and programs on childcare, older people care, and care for persons with disability Non-governmental organisations and international organisations Experts in the field of policies and programs related to care

Philippines (PIDS)

Primary data collection sites: Manila, Mabalacat City, Taguig City, Cebu City, and Zamboanga City

Type of qualitative data collection	Number of participants	Category of participants
Key informant interview	11	National and local-level policymakers Ministries and agencies formulating and implementing policies and programs on childcare, older people care, and care for persons with disability Private sector care providers Companies and professionals providing care services Academics, non-governmental organisations, and international organisations Experts in the field of policies and programs related to care Private stakeholders Private sector organisations providing advocacy, training, and capacity-building services to promote fair labour practices, workforce development, and gender equality in the workplace Civil society organisation Civil society organisation providing advocacy and community support to improve care services
Focus group discussion	60	Paid care workers Paid care workers in public care facilities Unpaid care workers Household members providing unpaid care for children, older people, and persons with disability
Validation workshop	25	National policymakers Ministries and agencies formulating and implementing policies and programs on childcare, older people care, and care for persons with disability Academics, non-governmental organisations, and international organisations Experts in the field of policies and programs related to care



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