



BUILDING FOR RESILIENCE, INNOVATION, COOPERATION AND SUSTAINABILITY

BRICS WBA

The Care Dividend

Investing in Care as Economic Infrastructure for Inclusive Growth

A BRICS Approach to Strengthening Care Systems,
Participation and Prosperity

2026

Knowledge Partner



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FOREWORD

FOREWORD

The care economy is an integral part of every economy, underpinning the well-being of families and communities while enabling people to participate fully in work, enterprise and economic life. Across BRICS economies, unequal care responsibilities continue to influence women's participation in employment, entrepreneurship, career advancement and economic decision-making. Where affordable and reliable care services are unavailable, much of this responsibility is absorbed within households, disproportionately by women.

The BRICS Care Economy Report recognises care as essential economic infrastructure. It examines the scale and value of unpaid care, the growing demand for childcare and eldercare, the conditions of paid care workers, and the financing, skills, access, data and institutional coordination needed to strengthen care systems.

Investment in care can expand women's economic participation while creating employment and enterprise opportunities across childcare, eldercare, nursing, home-based care and care technology. Stronger care systems can also contribute to productivity, household resilience and more inclusive growth.

The report presents the BRICS VALUES Framework, centred on six priorities: Value care; Amplify investment in care infrastructure; Legalise and protect care work; Universalise access to care; Establish care entitlements; and Standards and skilling. The Framework provides a shared architecture for consideration and national adaptation, recognising the diverse demographic, fiscal, legislative and institutional contexts of BRICS economies. The recommendations presented in this report are intended to support policy dialogue, knowledge sharing and national consideration. They do not constitute commitments formally agreed by BRICS member states or adopted BRICS positions. Rather, they offer perspectives and approaches that countries may consider and adapt in accordance with their national priorities, circumstances and institutional frameworks.

This publication brings together experiences and perspectives to encourage cross-country learning and practical cooperation. The BRICS Roundtable on the Care Economy further enriched this dialogue by bringing together country perspectives, priorities and opportunities for collaboration.

For the BRICS Women's Business Alliance, advancing the care economy is integral to strengthening women's economic participation, entrepreneurship and leadership. Addressing care-related barriers can expand women's opportunities, while the care sector itself can create pathways for women as workers, entrepreneurs, service providers and business leaders.

I would like to acknowledge Grant Thornton, the Knowledge Partner to this publication, for its valuable contribution and for bringing rigorous research, analysis and insights to this study.

I extend my appreciation to the Chair, Co-Chair and Members of the BRICS Inclusive Economy Working Group, as well as to all BRICS members, experts and contributors, for their support in the development of this report.

May this publication contribute to greater recognition of care as essential economic infrastructure and encourage continued dialogue and collaboration towards care systems that support both caregivers and care recipients, while advancing inclusive and sustainable growth across BRICS.

Avarna Jain

Global Chairperson

BRICS Women's Business Alliance 2026





FOREWORD

Care rarely features prominently in conversations about productivity, labour markets or economic growth. It should.

Across BRICS economies, millions of women make decisions about being employed and career progression around the care responsibilities they carry. When reliable childcare, eldercare or other care support is unavailable, those responsibilities do not disappear. Families absorb them, and women shoulder a disproportionate share. This has consequences not only for women, but for labour-force participation, household incomes and economic growth.

We see the same dynamic in other areas of women's economic participation. Access on its own is rarely enough. Finance has to lead to economic activity. Skills have to connect to opportunity. Technology has to translate into better livelihoods.

India provides some useful examples. The Lakhpati Didi initiative, which aims to enable women in self-help groups to earn a sustainable annual household income of at least INR 1 lakh, is helping women strengthen their livelihoods through skilling, access to finance and income-generating opportunities. More than 3.46 crore women have already crossed this income threshold.¹ Namo Drone Didi, which provides women's self-help groups with drones and trains women to use them for agricultural services such as spraying fertilisers and pesticides, points to another shift by opening up access to new technologies and higher-value economic roles for women through targeted skilling and support.²

The care economy deserves the same focus on opportunity. This report brings together evidence and perspectives from across the BRICS economies to examine care not simply as a household or social issue but as economic infrastructure. It considers the pressures facing care systems, from demographic change and growing demand for services to informality, skills gaps, financing

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1. Ministry of Rural Development, Government of India, *Action Plan under Lakhpati Didi Initiative*, 28 July 2026, Press Information Bureau (PIB)
 2. Ministry of Rural Development, Government of India, *The 'Namo Drone Didi' Scheme Will Provide New Opportunities and Empowerment to Rural Women*, 24 March 2026, Press Information Bureau (PIB)

constraints and unequal access. It also sets out the proposed BRICS VALUES Framework, bringing these issues together across six areas: valuing care, investing in infrastructure, protecting care workers, expanding access, strengthening care-related entitlements, and building skills and professional standards.

There is no single care model that will work across BRICS. The economies are too different in their demographics, labour markets, institutions and fiscal capacities. The value of the Framework lies instead in providing a common structure through which countries can learn from one another while adapting approaches to their own circumstances.

The economic opportunity is significant. Stronger care systems can enable more women to enter and remain in paid work. They can also create jobs and enterprises in childcare, eldercare, nursing, home care and care technology, while building a more skilled and professional workforce.

The next step is to turn that opportunity into workable models: better measurement, stronger institutions, sustained investment, professional skills, and greater collaboration with government, business, financial institutions, and communities.

Care is already part of the economy. The next step is to recognise care as part of the economic infrastructure, invest in it accordingly and build systems that work for both those who need care and those who provide it. That is the conversation this report seeks to advance.

Kunal Sood

Partner and Inclusion Ecosystem Leader
Grant Thornton Bharat



1. EXECUTIVE SUMMARY



1. EXECUTIVE SUMMARY

Care work includes the activities and relationships involved in meeting people's physical, psychological and emotional needs. It includes **direct care**, such as childcare, eldercare, nursing, and support for people who are ill or have disabilities, as well as **indirect care**, such as cooking, cleaning, and other household work.

Care work may be unpaid, most often carried out by family members, or paid, through occupations and services such as nursing, childcare, eldercare, domestic work and other forms of professional care.

Paid and unpaid care are closely connected. Where affordable and reliable care services are limited, households take on more unpaid care, with women carrying a disproportionate share. This can reduce the time and flexibility women have for paid employment, keeping them out of the labour force.

The economic scale of unpaid care and its impact on women's participation in paid work is substantial. Internationally, **708 million working-age women** are outside the labour force because of unpaid care responsibilities, compared with **40 million men**.³ Expanding access to childcare, eldercare and disability care can therefore support women's participation in the labour force.

Even within paid care, the majority of care workers are women. The International Labour Organization (ILO) estimates that women perform more than **three-quarters of unpaid care work** globally and account for around **two-thirds of paid care workers**. But many paid care workers, particularly domestic and personal care workers, remain in low-paid or informal employment with limited access to social protection.⁴

Investment in stronger care systems can address both challenges. Better access to childcare, eldercare, and other services can support women's participation in paid employment, while expanding the care sector can create new jobs across childcare, eldercare, nursing, home care, and care technology. Investment in childcare and long-term care alone could create close to **300 million jobs worldwide by 2035**.⁵

Despite its economic significance, care work is undervalued, poorly captured in national accounts, and often not prioritised in public budgets or economic planning. This raises an important policy question: **what frameworks and investments are needed to strengthen care systems and better recognise their contribution to economic and social development?**

Drawing on Working Group discussions and evidence from across BRICS economies and internationally, this report examines that question through the lens of care as economic infrastructure.

The report presents the proposed **BRICS VALUES Framework**, a six-pillar structure covering **measurement, investment, workforce protections, access to services, care-related entitlements, and workforce development**. The Framework outlines a set of shared principles that member states may adapt.

3. International Labour Organization (ILO), *The Impact of Care Responsibilities on Women's Labour Force Participation*, Statistical Brief, October 2024, ILO

4. International Labour Organization (ILO), *Decent Work and the Care Economy*, 4 April 2024, ILO

5. International Labour Organization (ILO), *Costs and Benefits of Investing in Transformative Care Policy Packages: A Macrosimulation Study in 82 Countries*, ILO Working Paper 55, 9 March 2022, ILO

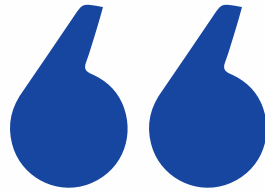
The report examines some of the main challenges facing the care economy, including data gaps, financing constraints, fragmented governance, informal employment, and uneven access to services. It considers policy and institutional responses to these challenges, drawing on perspectives from across BRICS and inputs from the **BRICS roundtable on the care economy held on 14 August 2026**.

It also sets out areas for further discussion, including investment, workforce development and protection, institutional arrangements and cross-country learning, with a focus on how both paid and unpaid care can be better recognised and supported within economic and social policy across BRICS countries.

Disclaimer

The proposals presented in this report are recommendations for consideration and national adaptation. They do not constitute commitments formally agreed by BRICS member states. References to what the Framework proposes or what countries should do are intended as policy recommendations rather than adopted BRICS positions.





Care cannot be absent outside the economic conversation. If we want women to participate fully in work, enterprise and leadership, we also have to address the care responsibilities that shape those choices.

Sudha Shivkumar,

Chair, Inclusive Economy Working Group



2. REFRAMING CARE AS ECONOMIC INFRASTRUCTURE



2. REFRAMING CARE AS ECONOMIC INFRASTRUCTURE

BRICS economies account for around **49.5% of the world's population and 40% of global Gross Domestic Product (GDP)**, making the organisation of care an economic issue of considerable scale.⁶

Care is often treated primarily as a household or social-welfare responsibility. But it performs a function similar to other forms of economic infrastructure. The presence of care infrastructure allows people to participate in economic life. For instance, childcare allows parents to work; eldercare and disability support reduce the amount of care families must provide themselves; health and community care services help people remain productive; and reliable care systems support the development and well-being of future generations.

Understanding care in this way also broadens the definition of care infrastructure. It is not limited to physical facilities such as childcare centres and eldercare homes. It includes community-based services and, critically, the workforce that delivers care, including nurses, childcare and eldercare workers, domestic workers and home-care workers. Increasingly, this infrastructure has a digital dimension as well, through telehealth, remote monitoring, care platforms and technologies that connect people with services and caregivers.

The distinction between paid and unpaid care is equally important. Much unpaid care is provided within households and is therefore absent from conventional GDP, even though it supports the functioning of the wider economy. Paid care is part of the market economy, but many care workers, particularly those in domestic, personal and home-based care, work in low-paid or informal employment with limited social protection and few opportunities for progression.

Weak care systems, therefore, create an economic bottleneck. When affordable and reliable services are unavailable, households must provide more care themselves. Women tend to absorb a disproportionate share of this responsibility, which can limit their participation in paid employment, entrepreneurship and leadership.

On the other hand, inadequate investment in the paid care workforce can result in shortages of trained workers, uneven service quality and an inability to meet growing demand. Demographic and social change are making this infrastructure more important. Population ageing, urbanisation, migration, smaller households and changing family structures are increasing demand for childcare, eldercare, disability support and other forms of care. Traditional family-based arrangements alone are unlikely to meet this demand in many economies.

The economic case for investment is therefore not limited to reducing unpaid care. Expanding care services can increase the capacity of people with caregiving responsibilities to participate in paid work, while also creating employment and enterprise opportunities within childcare, eldercare, nursing, home care and care technology.

The proposed **BRICS VALUES Framework** reflects this broader understanding of care. It seeks greater recognition of **paid and unpaid care** in statistical and policy frameworks, investment in physical and digital care infrastructure, stronger protection and professionalisation of the care workforce, and wider access to care services. The aim is to move care from the margins of social policy into economic and development planning.

6. Government of India, BRICS India 2026: About Us (2026)



The scale of care already being provided illustrates why this matters. Globally, people spend an estimated **16.4 billion hours each day on unpaid care work**, equivalent to roughly **2 billion people working eight hours per day without pay**.⁷ Valued at an hourly minimum wage, unpaid care work has been estimated at around **9% of global GDP**.⁸ This unpaid care keeps working-age women outside the labour force.

The pressure on care systems is also expected to grow. **Around 2.3 billion people** are projected to need care by 2030, compared with 2.1 billion in 2015.⁹ Investment in care will therefore benefit both sides of the labour market. It will allow more people to take up paid employment by reducing care constraints, while creating jobs in the care economy itself.

ILO modelling suggests that closing gaps in childcare and long-term-care services could generate up to **280 million jobs by 2030 and 299 million by 2035**.¹⁰ Other international estimates suggest that investment in care can generate **two to three times as many jobs as an equivalent** investment in construction.¹¹

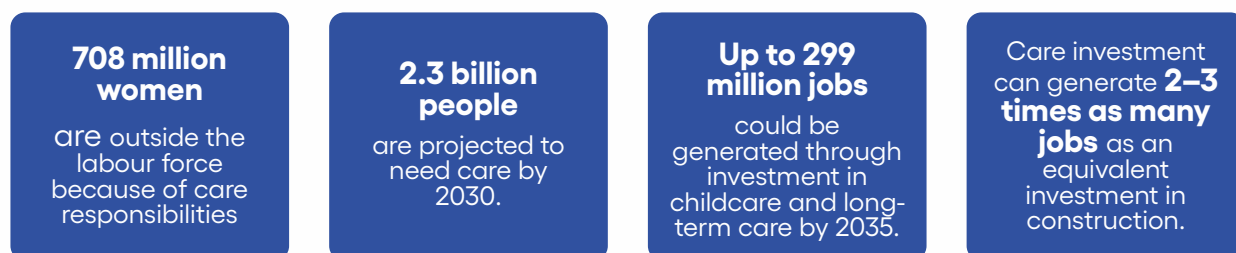
Treating care as infrastructure changes the policy question. Instead of asking how families should manage care responsibilities, it asks what systems, services, workers, and investments an economy needs to meet its care requirements. It also shifts care spending from being viewed solely as a social cost towards being understood as an investment that can support labour-force participation, employment creation, human development and economic resilience.

This is the central premise of the proposed BRICS approach: care is not separate from the productive economy. It is one of the systems that makes productive economic activity possible.

Investing in the care economy can unlock women's economic participation, create quality jobs and strengthen productivity — turning care from a social expenditure into an engine of inclusive growth across BRICS.

the care economy in numbers

The scale of unmet care needs and the economic opportunity it represents



7. International Labour Organization, Care Work and Care Jobs for the Future of Decent Work (Geneva: ILO, 2018)

8. World Economic Forum, "Gender Equality Is Smart Economics. It's Time to Invest Accordingly" (16 March 2026); see also International Labour Organization, Care Work and Care Jobs for the Future of Decent Work (Geneva: ILO, 2018)

9. UN Women, "Five Reasons Why the Care Economy Is One of the Most Transformative Investments of Our Time" (24 June 2026)

10. International Labour Organization, Employment-Intensive Investments for Advancing Decent Work in the Care Economy (Geneva: ILO, 2025)

11. UN Women, "Five Reasons Why the Care Economy Is One of the Most Transformative Investments of Our Time" (24 June 2026)





3. CARE, WOMEN'S ECONOMIC PARTICIPATION & EMPLOYMENT



3. CARE, WOMEN'S ECONOMIC PARTICIPATION & EMPLOYMENT

The care economy is also a growing source of employment, with rising demand for childcare, eldercare, disability support and community-based services creating new jobs across skill levels.

India: The scale of the challenge and the opportunity

India is a good example of how these pressures converge, as families remain central to caregiving. Demand for care services in India is set to increase. NITI Aayog, the Government of India's public policy think tank, projects that the population aged 60 and over will rise from **149 million in 2022 to 347 million by 2050**, reaching **20.8%** of the total population.

This population shift increases the need for affordable, high-quality eldercare and other care services. NITI Aayog also forecasts the care services market will grow from **USD 29.62 billion in 2023 to USD 72.31 billion by 2030, with a CAGR of 13.76%**.

However, India's caregiving system remains nascent and fragmented. NITI Aayog highlights the need for a skilled, professional care workforce, which can be achieved through standardised training, certification, accreditation, and quality assurance. It also recommends greater professional recognition for caregivers, enhanced social protection, the establishment of a National Caregiver Council, and a national registry to connect trained caregivers with those in need.

Developing this workforce offers benefits beyond meeting domestic demand. NITI Aayog notes opportunities for trained Indian caregivers in ageing economies facing worker shortages and suggests international cooperation, mutual recognition of qualifications, and safeguards to support care worker mobility.

India, therefore, faces a double opportunity. Expanding formal care services can offer families alternatives to unpaid care, supporting women who wish to participate in paid work. Additionally, growth in the care sector can generate significant employment opportunities, provided the resulting workforce is well-trained, well-protected, and professionalised.¹²

This link between care infrastructure and women's economic participation was also highlighted at the **BRICS Roundtable on the Care Economy on 14 August 2026**. Participants identified childcare as a practical way to help women enter and remain in paid work, noting that increased female employment can also strengthen household incomes and financial resilience.

Different care pressures across BRICS

The relationship between care and economic participation is visible across BRICS, though it takes different forms. Some countries face large unpaid-care burdens that affect women's participation in paid employment. Others confront rapid population ageing and rising demand for formal care workers and services. Some use childcare provision as part of broader efforts to increase women's participation in the workforce. The examples below are illustrative rather than exhaustive.

When more women can participate in the workforce, the benefits go beyond GDP. They strengthen household incomes and resilience, particularly at a time of rising living costs and economic uncertainty.

Sudha Shivkumar

Chair, Inclusive Economy Working Group

12. NITI Aayog, Reimagining Care: Strategies for Empowering Caregivers in Viksit Bharat@2047 (Government of India, August 2026)

Different care pressures across BRICS

Illustrative examples of how care and women's economic participation intersect

Brazil 31.1% of women outside the labour force cite care responsibilities as the reason.	China 220 million people aged 65+; silver economy projected to reach RMB 30 trillion by 2035.	Saudi Arabia Female labour-force participation rose from 22.8% (2016) to ~36% (2024).
Egypt Women spend 5.4 hrs/day on unpaid care, vs 0.6 hrs for men.	Ethiopia 93% of women take part in unpaid domestic work, vs 56% of men.	Iran Women spend 22.5% of their time on unpaid care, vs 4.5% for men.
South Africa Unpaid household production valued at ~27% of GDP (2010 Time Use Survey).	Russia Long-term care was piloted in 6 regions from 2018, with WHO-backed coordination.	UAE Workplace nurseries have been mandated for qualifying employers since 2006.

Brazil has begun to address care through national policy. It enacted a **National Care Policy** in 2024, following the establishment of an **Interministerial Working Group in 2023** to develop the policy and a **National Care Plan**. The policy addresses both paid care work and the recognition and support of unpaid caregivers.¹³

The scale of the challenge remains substantial. In the second quarter of 2025, **31.1%** of Brazilian women outside the labour force cited household responsibilities or caring for children or relatives as the reason, compared with **3.8%** of men. The figures underline the importance of translating care policy into services and support that can reduce barriers to women's participation in paid work.¹⁴

China faces a different pressure. Rapid population ageing is increasing demand for eldercare and other services. At the end of 2024, **220.23 million people** were aged 65 and above, representing **15.6%** of the population. This demographic shift is also creating a large economic sector around the needs of older people. An industry estimate cited by Chinese government sources projects the country's silver economy could reach **RMB 30 trillion** by 2035.¹⁵

China is responding by expanding eldercare infrastructure and developing a three-tier county, township and village service network. Its experience demonstrates another side of the care economy: demographic change can create significant demand for services, infrastructure, trained workers and new businesses.¹⁶

Saudi Arabia illustrates the connection between care provision and women's participation in the workforce. Saudi Arabia's female labour force participation increased from **22.8% in 2016** to around **36% in 2024**, surpassing the original Vision 2030 target of 30%.¹⁷

13. Government of Brazil, Law No. 15,069 of 23 December 2024; Government of Brazil, Decree No. 11,460 of 30 March 2023

14. Ipea's Carta de Conjuntura, No. 68, Q3 2025, using IBGE PNAD Contínua microdata for Q2 2025

15. China Daily, "Development of new markets to cater to growing silver economy," published on the State Council of the People's Republic of China website, 3 April 2025

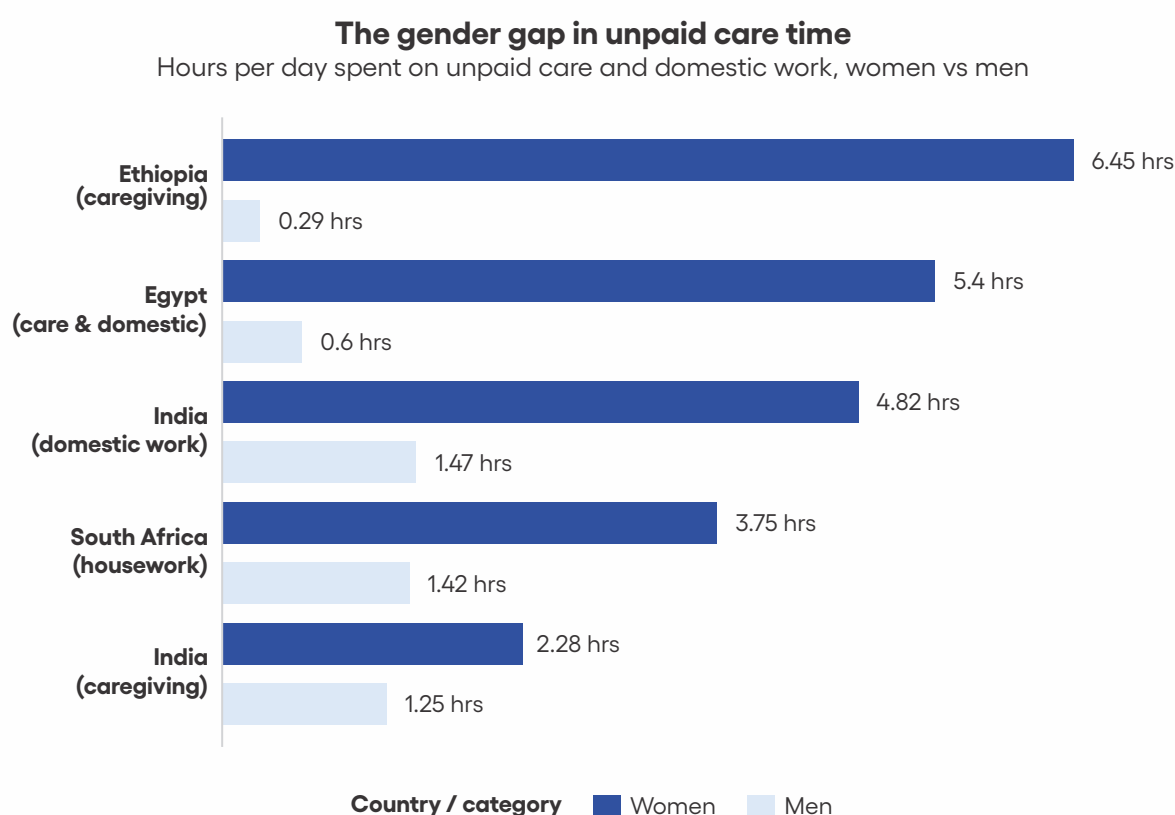
16. State Council of the People's Republic of China, China Accelerates Elderly Care Reforms as Population Ages, 10 January 2025, Government of China; State Council of the People's Republic of China, Guideline Aims at Improving Elderly Services, 10 January 2025, Government of China

17. General Authority for Statistics (GASTAT), Saudi Arabia, "Labor force participation rate of Saudi females reaches 36.2%" 31 December 2024

Childcare has formed part of the policy response. The Qurrah programme subsidises childcare for working women, while a May 2026 Cabinet directive called for an expansion of workplace nurseries across large government and private-sector employers. Such measures can reduce one of the practical barriers women face when entering or remaining in paid employment.¹⁸

Across **Egypt, Ethiopia and Iran**, time-use evidence points to substantial gender gaps in unpaid care, although their labour markets differ considerably. In Egypt, women spend around **5.4 hours a day** on unpaid care and domestic work, compared with **0.6 hours** for men. In Ethiopia, **93%** of women participate in unpaid domestic work compared with **56%** of men. In Iran, women and girls aged 15 and above spend **22.5%** of their time on unpaid care and domestic work, compared with **4.5%** for men.¹⁹

These differences matter because care does not affect women's employment in the same way everywhere. Labour-market conditions, household structures, income levels and access to public services all shape the choices available to women. What remains consistent is the highly unequal distribution of unpaid care.



Sources: India Time Use Survey 2024; Statistics South Africa; OECD; UN Women East and Southern Africa

South Africa shows a similar gender imbalance. The country's 2025 SDG Country Report notes that women spend around twice as much time as men on unpaid domestic work and approximately seven times as much time on unpaid care work.²⁰

The care economy is also already a significant source of employment. It is estimated to account for around **2 million jobs, or 13.8% of total employment** in South Africa. Around 558,000 care-economy jobs are held by young people aged 18–34.

18. Vision 2030, 'Female Employment in Saudi Arabia'; Vision 2030, 'Qurrah: Saudi Arabia 2026 Explained'; Saudi Gazette, 'Saudi Arabia moves to expand workplace nurseries'

19. OECD, Women's Economic Empowerment in Egypt; Business & Human Rights Resource Centre, on Egypt childcare and the workforce; Includovate, 'Beyond Boundaries: Unpaid Care Work' (Ethiopia); Statista, Iran unpaid domestic work by gender; The Global Economy, Iran female labour force participation.

20. Statistics South Africa, Sustainable Development Goals: Country Report 2025, 2025, Statistics South Africa

South Africa's contribution to the BRICS care discussions has also emphasised the care economy's potential to support employment generation, enterprise creation, and inclusive growth, rather than treating care solely as a social policy issue.

Russia faces growing demand for formal long-term care as its population ages. It began piloting structured home- and community-based long-term care services in six regions in 2018 and established a long-term care coordination working group with WHO support in 2019.²¹ Its experience shows how ageing can require a gradual shift from predominantly family-based arrangements towards more organised systems of care.

The **United Arab Emirates** offers another model, focused in part on workplace support. Qualifying government departments and public institutions have been required to provide workplace nurseries since 2006, including where they employ more than 50 Emirati women or where women employees collectively have more than 20 children aged between zero and four. Such measures bring care provision closer to the workplace and can make employment easier to combine with family responsibilities.²²

Across these different examples, there is no single BRICS care challenge. Countries differ in demographic pressures, labour-market structures, fiscal capacity and existing care systems. But the economic links are similar: inadequate care can restrict participation in paid work; growing care needs create demand for workers and services; and investment in better care systems can create both employment and wider economic benefits.

The care economy matters to inclusive growth in three connected ways. It enables economic participation by reducing time constraints imposed by unpaid caregiving. It creates employment and enterprise through expanding paid care services. It supports households and human capital by ensuring children, older people, and others who need assistance receive reliable care.

Recognising these effects is different from measuring the economic value of unpaid care itself. Much of that work remains outside conventional national accounts despite its contribution to households and the wider economy. The next chapter examines how unpaid care can be measured and valued, including developments in India and evidence from other economies.



The care economy should be recognised not only as a social priority, but as an economic sector with the potential to create jobs, enterprises and more inclusive growth.



HRH Lebogang Zulu

Chairperson, BRICS WBA South Africa Chapter

21. WHO/Europe, “Long-Term Care Services in Focus in the Russian Federation” 26 December 2019

22. UAE Government, “Early Childhood Development and Care” Government of the United Arab Emirates





4. VALUING UNPAID CARE WORK: LEGAL RECOGNITION & ECONOMIC CONTRIBUTION



4. VALUING UNPAID CARE WORK: LEGAL RECOGNITION & ECONOMIC CONTRIBUTION

In focus

In June 2026, the Supreme Court of India introduced an INR 30,000 monthly benchmark for "loss of domestic care" in motor-accident compensation cases involving the death of a homemaker.

Unpaid care work supports households and the economy, but because it is generally not exchanged in markets, much of its economic contribution is not captured in conventional GDP. Measuring unpaid care can make this contribution visible and show the scale of work that households, predominantly women, provide without pay.

Valuation usually begins with time-use data, which records how much time people spend on activities such as cooking, cleaning, childcare, and caring for older people or family members who need support. A monetary value is then assigned using different methods. The replacement-cost approach estimates the cost of purchasing equivalent services in the market, while the opportunity-cost approach estimates the income a caregiver could have earned.

India provides a recent example of how these approaches can be applied. The **2024 Time Use Survey** found that among people engaged in unpaid domestic services, women spent an average of **289 minutes per day**, compared with **88 minutes for men**. Among those participating in unpaid caregiving activities, women spent **137 minutes a day**, compared with **75 minutes for men**.²³

Using 2024 time-use data and a hybrid replacement-cost approach, a 2026 study by India's National Statistical Office estimated the value of unpaid own-use production of services at **INR 56 trillion, equivalent to around 18% of nominal GDP**. Women accounted for **78.2% of the estimated value**.²⁴

These estimates do not mean that unpaid care should be added to conventional GDP. Rather, they demonstrate that a substantial amount of economically valuable work takes place outside market transactions and is largely invisible in standard national accounts. The economic value of this work is also beginning to be recognised beyond statistical measures.

In June 2026, the **Supreme Court of India** considered the value of domestic and caregiving work in a motor-accident compensation case involving the death of a homemaker. The Court created a separate head of compensation called **"loss of domestic care"** and used **INR 30,000 per month** as a basic minimum stand-in income where the homemaker had no conventional monetary earnings. The benchmark is to be revised cumulatively by 10% every three years.²⁵

The judgment did not establish a general salary for homemakers. Its significance lies in recognising that the loss of domestic management, caregiving, and family support has economic value that can be considered when calculating compensation.

This principle extends beyond India. Studies using different valuation methods have consistently found that unpaid household and care work represent a significant share of economic activity.

23. Ministry of Statistics and Programme Implementation, Government of India, Time Use Survey (TUS), January–December 2024 (New Delhi: NSO, 2025)

24. Ministry of Statistics and Programme Implementation, Government of India; Dipankar Mitra and Rajeev Kumar, "Valuing Own-Use Production Work of Services: The Indian Context," Working Paper 9, UNECE Conference of European Statisticians, Group of Experts on National Accounts, Geneva, 4–6 May 2026

25. Shishu Pal @ Shish Ram & Ors. v. Surjeet & Ors., 2026 INSC 634 (Supreme Court of India, 11 June 2026)

Estimated value of unpaid household and care work as a share of GDP

While estimates vary by methodology (replacement-cost or opportunity-cost approach), findings from global, regional, and national studies highlight the significant scale of the care economy's contribution.

The scope of activities also varies across studies, so estimates should be treated as illustrative rather than directly comparable.²⁶

Geography/estimate	Unpaid care as % of GDP
Global average (ILO, minimum-wage valuation)	9%
G7 countries (OECD analysis)	15–26% using replacement-cost methods; 44–69% using opportunity-cost methods
Latin America (10 countries, latest available national valuations)	18.8%–26.8%
Colombia / Chile (national estimates)	19.6% / 25.6%
South Africa (2010 Time Use Survey, replacement wage)	27%
India (Government estimate)	18%

For the BRICS economies, the policy value of measurement lies less in producing a single headline GDP figure than in making care visible in economic decision-making. Regular time-use surveys, satellite accounts and other statistical tools can help governments understand who provides care, how much time it requires and how care responsibilities affect participation in paid employment.

The proposed **BRICS VALUES Framework**, therefore, includes greater recognition of paid and unpaid care in national statistics and policy frameworks. A proposed **BRICS Care Statistics Working Group** could also provide a platform for countries to exchange methodologies and improve the comparability of care-related data, while allowing national approaches to reflect different statistical systems and capacities.

This would turn measurement into a practical policy tool: helping countries identify care gaps, understand their distribution between women and men, and make more informed decisions on care services, infrastructure and workforce development.

26. International Labour Organization, *Care Work and Care Jobs for the Future of Decent Work* (Geneva: ILO, 2018); Organisation for Economic Co-operation and Development, *Gender Equality in a Changing World* (Paris: OECD, 2025); ECLAC, *Repository on Time Use in Latin America and the Caribbean*, November 2025; UN Women, “In Latin America, We’re Not Just Recognizing Care Work” (June 2025); Wits University SCIS, “Women Hold Up Half the Sky”; Ministry of Statistics and Programme Implementation, Government of India; Dipankar Mitra and Rajeev Kumar, “Valuing Own-Use Production Work of Services: The Indian Context,” Working Paper 9, UNECE Conference of European Statisticians, Group of Experts on National Accounts, Geneva, 4–6 May 2026



5. KEY CHALLENGES IN STRENGTHENING THE CARE ECONOMY



5. KEY CHALLENGES IN STRENGTHENING THE CARE ECONOMY

Building a stronger care economy requires more than expanding services. Across BRICS countries, care systems face interconnected challenges in data, institutional coordination, financing, workforce conditions, skills, access, and social norms. These constraints affect unpaid care within households and the development of reliable, professional paid care services.

Weak and inconsistent data

Care is difficult to plan and finance because important parts of the care economy are poorly captured in conventional statistics. Unpaid care is largely outside national accounts, while informal paid care work is also difficult to measure with standard labour market data.

Although time-use surveys provide valuable information on unpaid work, methodologies, definitions, and the frequency of data collection differ across countries. Comparable data on the size, composition, employment conditions and skills of the paid care workforce are also uneven. These gaps make it harder to assess care needs, estimate workforce requirements, allocate resources and compare progress across countries.

Fragmented institutional responsibility

Care cuts across several areas of government, including health, labour, women and child development, social protection, finance, education, urban development and local government. Responsibility can therefore be dispersed across multiple ministries, agencies and levels of administration.

This fragmentation can lead to overlapping mandates, policy gaps and unclear accountability. It can also make it difficult to connect childcare, eldercare, disability support, workforce policy and social protection into a coherent care system. These coordination challenges can be particularly acute at the local level, where implementation capacity and resources vary considerably.

Financing constraints

Building and maintaining care systems requires sustained investment in services, infrastructure and the workforce that delivers them. However, care must compete with other public priorities for limited fiscal resources, particularly in countries where social-protection systems and public services are already under pressure.

Financing challenges extend beyond the construction of facilities. Care systems also require recurring expenditure on staffing, training, wages, quality assurance, technology and social protection. Moving from fragmented programmes to more comprehensive systems, therefore, requires financing models that can remain viable over time.

Informal and insecure paid care work

A significant share of paid care work takes place under informal or insecure employment arrangements. Domestic workers, home-care workers and other caregivers may work without formal contracts, predictable wages, social-security coverage or effective occupational protections.

The location of care work can make protection harder. Workers in private households may fall between labour, social-security, and informal-sector regulations. Platform-based and other new forms of care employment raise more questions about employment status and responsibility.

Low pay and insecure working conditions affect the sustainability of care systems. When care work offers limited economic security or advancement, attracting and retaining workers is harder.



Workforce shortages and skills gaps

Growing demand for childcare, eldercare, disability support, nursing, and home-based care will require a larger, better-trained care workforce. Yet access to recognised training, certification and professional development remains uneven.

Many informal caregivers have substantial practical experience but few opportunities to convert those skills into recognised qualifications or formal employment. Weak career pathways also make care occupations less attractive, contributing to staff shortages and turnover.

These pressures are likely to become more significant as populations age and demand for organised care services expands. Professionalisation, therefore, involves not only training new workers but also creating pathways through which existing workers can build skills, gain recognition and progress into more specialised roles.

Uneven access, affordability and quality

The availability of care services varies considerably within and across countries. Formal childcare, eldercare and disability services may be concentrated in urban areas, linked to formal employment or beyond the financial reach of lower-income households. Rural and peri-urban communities, informal-sector workers and households without employer-supported care may have fewer options.

The affordability of care is as important as its physical availability. While services exist, they may be inaccessible if households cannot afford them or if access is difficult.

Quality can also vary when standards, training, accreditation, and monitoring are weak. Poor or unreliable services can discourage families from using formal care even when facilities are available. This shifts responsibility back to households. Uneven service quality and weak monitoring, therefore, remain significant constraints.

Limited economic participation in the care value chain

Beyond employment, women are often excluded from ownership, financing, procurement, and participation in enterprises within care economy value chains. Care-related businesses, from crèche operators to home-care platforms, frequently find it harder to access capital, win public contracts, or scale as formal enterprises, even when they are majority-owned by women.

This constrains the care economy's potential as an engine of enterprise creation, not only as a source of employment. Addressing it requires deliberate attention to procurement policy, MSME finance and incubation support, and mechanisms that recognise and reward care-responsive business practice.

Cultural perceptions of care

Perhaps the deepest challenge is the continuing perception of care as primarily a private family responsibility and, within families, predominantly a woman's responsibility.

These expectations shape how unpaid care is distributed and can influence women's decisions about employment, working hours, entrepreneurship and career progression. They can also affect attitudes towards greater participation by men in caregiving and towards the use of formal childcare or eldercare services.

The undervaluation of unpaid care and the low status attached to many paid care occupations are closely related. When caregiving is regarded as something women are naturally expected to provide rather than as economically valuable work requiring time and skill, both unpaid and paid care can remain undervalued.

Addressing these challenges requires a combination of better measurement, sustained investment, stronger institutions, improved access, a skilled and protected workforce and a more equitable distribution of care responsibilities.

The proposed BRICS VALUES Framework brings these different areas together within a common structure that member countries can consider and adapt to their national circumstances.





6. THE BRICS VALUES FRAMEWORK



6. THE BRICS VALUES FRAMEWORK

The proposed **BRICS VALUES Framework** outlines a **six-pillar architecture** for BRICS care economy transformation, positioning the care economy as both a social and economic development sector, with significant potential for employment generation, enterprise creation, and inclusive growth. It aims to bring care into mainstream economic and development planning by recognising its economic contribution, strengthening infrastructure and investment, improving legal protection, expanding access and entitlements, and professionalising care work.

There is a global effort to acknowledge and support care. In 2024, the International Labour Conference adopted a resolution concerning decent work and the care economy, which the ILO describes as the first international tripartite agreement on the care economy. According to the ILO's 5R Framework, unpaid care work should be **recognised, reduced, and redistributed**, and paid care workers should be **rewarded and given representation**.²⁷

The proposed **VALUES Framework** also draws on earlier BRICS work on the care economy, including the Russia-led BRICS Care Economy White Paper and a care-economy statistics report previously produced by China.

The BRICS VALUES Framework

A six-pillar architecture for BRICS care economy transformation, positioning care as both a social and economic development sector

V 1	A 2	L 3	U 4	E 5	S 6
Value care	Amplify investment	Legalise & protect	Universalise access	Establish entitlements	Standards & skilling
Recognise paid and unpaid care in national statistics and budgets.	Build physical and digital care infrastructure at scale.	Bring paid care workers under minimum-wage protections, formal contracts and social security.	Make childcare, eldercare and disability care universally available.	Guarantee paid leave and job protection for workers with care duties.	Professionalise care work through accreditation and career pathways.

V - Value care

The first pillar seeks to **give care greater visibility in national statistics, budgets, and economic planning, particularly for unpaid** and informal paid care. It proposes integrating care work into national time-use surveys and GDP satellite accounts, using common valuation approaches, including replacement-cost and opportunity-cost methods, alongside **biennial National Care Reports** and a **BRICS Care Statistics Working Group** to improve comparability across countries.

A - Amplify investment in care infrastructure

The second pillar focuses on the physical and digital infrastructure needed to deliver care at scale, including crèches, community eldercare centres, telehealth, remote monitoring, AI-assisted home care

27. International Labour Organization, "Resolution concerning decent work and the care economy," adopted by the International Labour Conference at its 112th Session, June 2024. The ILO describes it as the first international tripartite agreement on the care economy

and digital marketplaces that connect households with verified caregivers. It also recognises cooperatives and self-help groups as potential delivery models that can expand services and reduce the care burden currently borne by households.

Building on this, the Framework also proposes a phased implementation roadmap with short-, medium-, and long-term actions, indicators, and institutional responsibilities, supported by a methodological annex that references international evidence and good practice. It calls for common BRICS indicators, periodic reporting, comparability measures, accountability arrangements and an independent peer-review process, alongside targeted support for family caregivers, including financial assistance, training, respite care and caregiver support mechanisms and a stronger gender-transformative approach that addresses labour-market incentives, wage structures, the unequal distribution of unpaid care work and prevailing social norms.

L - Legalise and protect care work

The third pillar addresses the informality and insecurity of paid care work. It proposes minimum wages, formal contracts, social protection and occupational safeguards, including health insurance, pensions and accident cover. The Framework also proposes stronger occupational-health protections and identifies international labour standards for domestic workers as an area for national consideration.

U - Universalise access to care

The fourth pillar seeks to expand access to childcare, eldercare, disability care and primary health services irrespective of income, geography or employment status. It proposes integrating care into local planning and expanding neighbourhood-level access. The Framework also proposes that member states set progressive national targets for public investment in care infrastructure, expressed as a share of GDP and/or public expenditure. Member states could progressively increase investment through a combination of public expenditure, development finance institutions, private-sector participation, blended finance and other innovative financing models, with public-private partnerships encouraged to accelerate the development, accessibility and sustainability of care infrastructure.

E - Establish care entitlements

The fifth pillar focuses on enabling people to combine employment with caregiving responsibilities. The Framework proposes paid maternity, paternity and carer leave, together with protection against dismissal or career disadvantage. It calls for member states to progressively expand access to adequate paid maternity protection, including for workers currently outside formal employment, in accordance with national legislation and financing capacity, and to introduce a minimum period of paid, non-transferable paternity or partner leave, in accordance with national legislation, to help redistribute care from day one. It also proposes dedicated leave for workers caring for dependent older adults or people with disabilities, envisaged as up to 10 paid carer leave days per year, plus one additional day per week. A statutory job-protection guarantee against dismissal or demotion would apply during care leave and for 12 months afterwards, alongside paid leave for eldercare and the introduction of entrepreneurship and enterprise-management modules within care-sector training to support the growth of women-owned care businesses.

S - Standards and skilling

The final pillar focuses on professionalising care work through national accreditation, tiered qualifications and recognised career pathways across childcare, eldercare, nursing and disability care. It envisages a three-tier certification structure — entry, intermediate, and advanced — with credentials that are portable across BRICS countries. It encourages accreditation bodies to draw on private-sector certification capacity alongside public systems. It proposes subsidised reskilling for informal caregivers seeking to enter the formal workforce and promotes care literacy, shared parenting and greater participation by men in caregiving.



Valuation creates visibility; infrastructure expands capacity; legal protection improves the quality of work; universal access broadens participation; entitlements redistribute responsibility; and standards and skilling professionalise the sector.

The VALUES Framework therefore offers a common proposed structure for strengthening care systems while allowing member countries to adapt its elements to their national circumstances.

***The recommendations presented in this Framework are intended to support policy dialogue, knowledge sharing, and national consideration. They do not constitute commitments formally agreed by BRICS member states or adopted BRICS positions. Rather, they are intended to provide a menu of perspectives and approaches that countries may consider and adapt in accordance with their national priorities, circumstances, and institutional frameworks.**



The VALUES Framework is not intended to prescribe one model for every BRICS country. It provides a common structure that countries can adapt to their own social, legislative and institutional realities. Looking ahead, each country will need to establish its own priorities and targets while working within a common framework. A step-up methodology could allow countries to adopt the broader VALUES Framework and progressively deepen implementation.



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Partner, Grant Thornton Bharat

Opportunities BRICS can capture

The VALUES Framework can translate into economic and entrepreneurial gains by supporting care entrepreneurship, women-led cooperatives and MSME development. The care economy should be recognised as a source of enterprise creation, employment and women's economic participation.

These opportunities could be advanced through the following measures:

- MSME Care Rating: Introduce a public rating based on crèche access, paid leave, and care worker pay. Linking it to public procurement preferences and ESG disclosures could make care-responsive practices a competitive advantage.
- BRICS Nursing Corps: Standardise nursing and caregiver curricula, supported by cross-border partnerships, portable certification and migration protocols, to supply qualified workers to member states facing shortages.
- Care entrepreneurship: Support care-technology start-ups, women-led crèche cooperatives, eldercare franchises and home-care platforms through targeted MSME credit and incubation.
- Demographic dividend: Invest in care to expand women's economic participation, create quality jobs and strengthen productivity, turning care from a social expenditure into an engine of inclusive growth.



7. BUILDING CARE INFRASTRUCTURE & SERVICE DELIVERY



7. BUILDING CARE INFRASTRUCTURE AND SERVICE DELIVERY

The BRICS VALUES Framework supports investment in the physical, community-based and digital infrastructure needed to expand access to care. This includes childcare and eldercare facilities, workplace-supported services, community and cooperative models, telehealth, care technologies and trusted digital platforms. The emphasis is not only on creating infrastructure but also on developing delivery models that are accessible, scalable, and responsive to different national and local contexts.

Priority areas for care investment

Financing, however, is only one part of the equation. Investment must translate into accessible services and infrastructure that respond to the care needs of households and workers. The VALUES Framework identifies several priority areas.

Childcare infrastructure

Affordable, reliable childcare can make it much easier for parents, especially women, to stay in paid work. The Framework proposes expanding crèche facilities in workplaces, industrial areas, and public institutions, recommending their provision in industrial parks, public buildings, special economic zones, and workplaces employing 30 or more women. These can make daily work and caregiving easier to manage, while community childcare can support families outside the formal workforce or those without access to employer-provided facilities.

Eldercare and community-based services

The Framework also calls for the development of community eldercare hubs and day-care centres at the local level, citing institutions such as panchayats in India as potential delivery points. Such decentralised models are particularly important as demand for eldercare grows and families require alternatives to full-time unpaid care within the household.

Community-based services can also serve as a bridge between institutional and home-based care. Local centres can support daytime care, basic health monitoring, respite services and referrals, while allowing older people and persons requiring care to remain within their communities.

Workplace-supported care

Employers have an important role in expanding care infrastructure. The Framework recommends that the private sector provide on-site or subsidised childcare and eldercare, caregiving leave and support for care-related services. It also encourages businesses to co-finance care infrastructure and invest in care technology, insurance, training and skilling.

Workplace-supported services can be especially relevant in large employment clusters such as industrial parks, business districts and major public institutions, where shared facilities may serve workers across multiple organisations.



Community and cooperative models

The Framework recognises that governments and employers cannot provide all care services alone. Cooperatives, self-help groups, and community organisations offer scalable delivery models. Civil society organisations and communities can run local childcare and eldercare hubs, train care workers, and build trust in services at the grassroots level. These models are particularly valuable in areas where dispersed populations or low demand make large institutional facilities financially unsustainable.

Digital and technology-enabled delivery

Physical infrastructure can be complemented by digital services that extend the reach of care. The Framework identifies telehealth, remote monitoring, AI-assisted home care, and digital care marketplaces as areas for expansion, particularly where geographic barriers or service shortages limit access to services. This includes digital infrastructure such as care platforms with verified caregivers, rating systems and video consultations, along with links to national identity programmes, such as Aadhaar in India, to support trust and accountability.

Adapting delivery to local contexts

Care delivery needs to reflect differences between urban, peri-urban and rural areas. The Framework supports integrating care into local planning so that services can respond to differences in population density, infrastructure, workforce availability and community needs.

Delivery models can therefore vary across locations, from workplace and neighbourhood childcare in urban centres to community-based and decentralised services in areas with more dispersed populations.

Financing long-term care: lessons from global models

Expanding these services at scale will require sustainable financing. Countries with established long-term care systems have adopted different approaches, offering useful reference points for the financing choices available to BRICS economies.



Illustrative approaches to financing and organising long-term care

Model	Key features and trade-offs
Social insurance (e.g. Germany, Japan, South Korea)	Mandatory contributions finance a dedicated long-term care scheme, providing broad and relatively predictable coverage. The model creates a distinct funding pool for care but depends on a sufficiently broad and sustainable base of contributions.
Universal tax-funded (e.g. Denmark, Finland, Sweden)	Long-term care is financed largely through general or local taxation and provided as a broadly accessible public service. This supports wide coverage and risk pooling but requires sustained public expenditure and fiscal capacity.
Means-tested / safety-net (e.g. England, United States)	Public support is targeted according to income and/or assets, concentrating resources on those least able to pay. This can limit public expenditure but provides narrower protection and can leave households responsible for a significant share of care costs.
Hybrid / mixed (e.g. France)	Public funding combines different mechanisms, such as taxation, social contributions, universal benefits and means-tested support. This allows systems to spread costs across multiple sources but can complicate financing and eligibility.
Private insurance / supplementary financing (e.g. United States, France, Germany)	Voluntary private insurance can supplement public provision and increase individual choice. However, coverage remains limited in most countries due to affordability constraints, risk selection, and low take-up, making it more suitable as a complement than as a primary financing model.

***These categories are illustrative and not mutually exclusive. Many countries combine multiple financing, eligibility and service-delivery mechanisms.**

For BRICS economies, these models offer different approaches rather than a single template. Countries may combine public financing, social insurance, employer participation, private provision and family- or community-based care according to their demographic needs, labour-market structures and fiscal capacity. Financing mechanisms can be introduced or expanded progressively, allowing countries to adapt the mix to national circumstances while working towards shared principles of accessibility, sustainability and quality.



8. PROTECTING & PROFESSIONALISING CARE WORK



8. PROTECTING AND PROFESSIONALISING CARE WORK

Improvements in the quality and security of care employment must accompany the expansion of the care economy. Across many economies, care workers are concentrated in informal employment, often without written contracts, predictable wages, social security or clear opportunities for career progression. The BRICS VALUES Framework, therefore, places dignity, legal protection and professionalisation at the centre of efforts to strengthen the sector.

Recognition and fair compensation

The first step is to recognise care work as skilled and economically valuable labour. The Framework calls for paid care workers to be brought out of the underpaid informal economy through statutory minimum wages, formal contracts and social protection.

It recommends sector-specific minimum wages for care workers, indexed to inflation and broader wage trends, so that growing demand for care does not result in the expansion of a low-paid workforce. Setting and reviewing these wages depend on regularly collected wage data for the care sector, which is often missing in contexts where care work remains informal.

Fair compensation is important for the sustainability of care systems. Low wages and insecure employment can contribute to high turnover and make it difficult to attract and retain trained workers.

Formal contracts and social protection

Many care workers operate outside conventional employment relationships and consequently lack access to benefits available to workers in the formal economy. The Framework proposes extending health insurance, pensions and accident protection to paid care workers, including through public-private financing arrangements. It also calls for occupational health safeguards, regular health screening, and mental health support for caregivers.

Legal protection is particularly important for domestic and home-based caregivers, whose workplaces are private households and who may therefore fall between labour, social-security and informal-sector regulations. The Framework also identifies **ILO Convention 189** on domestic workers as a relevant reference point. Ratification and implementation of the Convention vary across BRICS members, reflecting differences in national labour and domestic-work frameworks, and remain matters for national governments.

Training, certification and career pathways

The Framework proposes national accreditation and tiered certification systems for childcare, eldercare, nursing and disability care, alongside training and reskilling opportunities for informal caregivers entering the formal workforce. It also envisages portable qualifications that could support recognition of care skills across BRICS economies.

The Framework also proposes a BRICS Nursing Corps, building on this approach through standardised training and certification, and exploring responsible workforce mobility in countries facing care worker shortages.

Recognition must be matched by fair pay; formalisation by social protection; and growing demand by training, accreditation and opportunities for advancement.

9. CARE INNOVATION AND TECHNOLOGY



9. CARE INNOVATION AND TECHNOLOGY

Technology can complement physical care infrastructure by extending the reach of services, connecting households with providers and supporting care delivery where skilled workers or facilities are limited.

The proposed BRICS VALUES Framework identifies telehealth, remote monitoring, AI-assisted eldercare, and digital care platforms as potential areas for innovation and cross-country learning.

Testing innovation before scale

The BRICS Innovation and Care-Tech Sandbox could provide a mechanism for participating countries to test new technologies and service models before wider adoption. Some pilot projects could include telehealth, digital platforms that connect households with caregivers, remote monitoring, and technology-based eldercare.

These pilot projects would be reviewed for their effectiveness, their impact on care quality, costs, and staffing, and their ease of access. Testing in various national contexts would help determine which models are ready for broader adoption and which require further adaptation.

Regulatory, data and trust

Innovation in care also raises questions that need to be addressed before technologies are deployed at scale. These include data privacy, interoperability, liability, safety and financial sustainability, particularly where technologies involve sensitive health or personal information.

Digital systems may also need to interact across different providers and jurisdictions. Where care records, professional credentials or platform information are expected to move across borders, compatible standards and appropriate safeguards become increasingly important.

The value of a Sandbox approach is therefore not simply that it allows new technologies to be tested. It can also provide a controlled setting in which countries examine the regulatory, workforce and trust issues surrounding their use before considering wider adoption.

Mapping AI applications across BRICS

Artificial intelligence emerged as a particular area of interest during the BRICS Roundtable on the Care Economy. Participants discussed mapping how member countries are already using AI across healthcare, childcare, eldercare, and other care services to identify practical applications, implementation models, and lessons that could be shared or adapted across countries.

One proposal was to identify 10–12 scalable AI applications, including telemedicine, remote health monitoring, diagnostics, care coordination and tools that support frontline care workers. Rather than developing a single BRICS model, such an exercise could create a shared evidence base that shows where AI is already working, under what conditions, and with what safeguards.





Technology can reduce the burden on overstretched care systems and expand access to services across geographies. If deployed responsibly and inclusively, AI can become an important equaliser in the care economy, with successful models that can be adapted and shared across countries.

We can map and assess how different countries are already using AI in the care economy, identifying specific use cases, implementation models and lessons that could be adapted across BRICS countries.



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From pilots to practical adoption

The potential of technology lies in its ability to complement, rather than replace, human care. Telehealth and remote monitoring can extend access where services are geographically distant; digital platforms can improve connections between households and care workers; and AI tools can support diagnosis, coordination and frontline decision-making.

The appropriate applications will differ across countries and care settings. Testing, evaluating and sharing evidence across BRICS could help member countries identify technologies that expand access and improve delivery while protecting the rights, safety and privacy of the people who provide and receive care.





10. SHARED RESPONSIBILITY FOR THE CARE ECONOMY



10. SHARED RESPONSIBILITY FOR THE CARE ECONOMY

Building an effective care economy requires that responsibility be shared across government, business, financial institutions, communities, and civil society. Public policy, private investment, employer practices and community-based delivery need to work together if care services are to expand while remaining accessible, affordable and of consistent quality.

Who does what: Shared responsibility

Governments	Employers	Civil society & communities
• Anchor a National Care Strategy across ministries • Set progressive national investment targets for care infrastructure • Legislate protections for paid care workers • Embed care in urban planning and industrial codes	• Provide on-site or subsidised childcare and eldercare • Offer caregiving leave for employees • Invest in care-tech, insurance, training and skilling • Integrate care metrics into ESG and diversity reporting	• Run cooperative and community-based care models • Lead local childcare and eldercare hubs • Train and certify care workers at the grassroots level • Hold public actors accountable; drive the cultural shift

Government: Creating the enabling architecture

Governments have the primary responsibility for establishing the policy, regulatory and financing foundations of the care economy. The Framework proposes National Care Strategies that coordinate action across ministries, set progressive national investment targets for care infrastructure and provide for legislative protections for paid care workers. It also recommends embedding care considerations within urban planning, industrial codes and local government systems.

Public authorities also have an important role in expanding access to childcare, eldercare, disability care and primary health services. The Framework proposes integrating care services into municipal and local planning. It includes a proposal for member states to set progressive national investment targets for care infrastructure, expressed as a share of GDP and/or public expenditure. This requires not only central funding but effective implementation through sub-national and local institutions.

The government also has a regulatory role in protecting the care workforce. Minimum wages, formal contracts, social security, occupational protections and accreditation systems all depend on clear legal and institutional frameworks.

Employers: Making workplaces care-responsive

The Framework proposes that employers provide on-site or subsidised childcare and eldercare, caregiving leave and workplace support for employees with care responsibilities. It also recommends integrating care-related indicators into ESG and diversity reporting.

Such measures can help employees remain in the workforce during periods of significant caregiving responsibility and can contribute to a more equitable distribution of care between women and men. Employer-supported care can also complement public provision, particularly in large workplaces, industrial zones and business districts where shared facilities may be viable.

Financial institutions and private capital

Care infrastructure will require financing beyond public budgets. The Framework therefore points to private and tripartite financing involving workers, employers and the state.

Financial institutions can support care infrastructure and enterprises in childcare, eldercare, home care and care technology, including women-led cooperatives and care-tech businesses. Targeted MSME finance and incubation could help these models scale.

Civil society and communities: delivering care close to people

Civil society and community organisations can strengthen last-mile care delivery through local childcare and eldercare services, care hubs and grassroots training. Self-help groups and cooperatives can also connect informal caregivers with training, certification and support.

They can further contribute by building trust, shifting attitudes around shared caregiving and strengthening accountability for care commitments.





11. BRICS COOPERATION & KNOWLEDGE EXCHANGE



11. BRICS COOPERATION AND KNOWLEDGE EXCHANGE

BRICS cooperation on care is moving towards a more structured model of cross-country learning, policy adaptation and shared implementation. The 2026 Inclusive Economy Working Group stresses collaboration to strengthen institutions, share policy experience and support evidence-based decision-making.

The aim is not a uniform BRICS care model, but shared principles with national flexibility. Countries can adapt the Framework to their own demographic, fiscal, legislative and institutional contexts, reflecting a principle of sovereignty with solidarity.

A structured system for cross-country learning

The BRICS care-economy roundtable provides a mechanism for member countries to share their current position, two to three best practices, future priorities, success measures and illustrative care-economy examples.

This would support comparative learning by helping countries identify what works, under what conditions, and what may be adapted elsewhere. Implementation would remain nationally determined, reflecting different cultural, legislative and administrative contexts.

At the 14 August roundtable, participants also discussed how the BRICS platform could support not only the exchange of national experience but also bilateral collaboration, corporate partnerships, and joint initiatives among member countries. Early childhood development and childcare were identified as areas with particular potential for cooperation.



Strengthening childcare systems can reduce pressure on women, giving them greater freedom to participate in the workforce, pursue education and skills training, and invest in their own lives and aspirations. There may also be opportunities to learn from and collaborate with countries such as Russia in this area.



HRH Lebogang Zulu

Chairperson, BRICS WBA South Africa Chapter

Common policy principles with national adaptation

The BRICS Care Economy Policy Principles and Frameworks initiative envisages a common document setting out principles and practical strategies that member countries can adapt to their national contexts.

This flexibility is important across diverse BRICS economies. Russia has noted that issues such as ratification of ILO Convention 189 and fixed budget allocation targets fall within governments' competence, while the UAE has emphasised that countries should adopt Framework elements appropriate to their own policy contexts.



Sharing skills, standards and professional knowledge

The Framework proposes a Knowledge and Skills Exchange Platform to share curricula, training approaches, and certification practices. Related proposals include portable credentials and a BRICS Nursing Corps to support workforce mobility. This platform is envisaged as part of the emerging BRICS Women digital platform, currently under development, which would provide it with a shared technical home alongside other BRICS Women's Business Alliance digital initiatives.



BRICS already has a growing body of knowledge on the care economy. The next step is to make that knowledge easier to share, access and apply across member countries.



Natalia Strigunova

Russia, Head of the Department of International Cooperation, Public Relations and Scientific Coordination, Diplomatic Academy of the Ministry of Foreign Affairs of Russia

Continuity across BRICS presidencies

South Africa emphasised the importance of sustaining Inclusive Economy priorities across successive BRICS presidencies. The Working Group also viewed the VALUES Framework as an evolving architecture for continued cooperation and knowledge sharing, allowing it to develop progressively over time.

The value of BRICS cooperation lies not in creating a uniform care system, but in building a shared learning architecture.



The strength of a BRICS framework lies in giving countries ideas and approaches they can adapt to their own policy context, rather than requiring identical solutions.



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UAE, Co-Chair, Inclusive Economy Working Group; Assistant Undersecretary, Support Services Sector, Ministry of Economy, UAE





12. COUNTRY INPUTS



12. COUNTRY INPUTS

This section summarises inputs received through the BRICS care economy roundtable process, including each participating country's current position, key challenges, practices, priorities, success measures and illustrative examples.

South Africa

South Africa, represented by BRICS WBA South Africa under Chair Zulu, has submitted formal comments and recommendations on the proposed BRICS VALUES Framework for consideration by the Chair, Co-Chair and member countries.

Current position

South Africa broadly supports the proposed VALUES Framework and considers it a strong foundation for future BRICS cooperation on care. It has sought to strengthen the linkages within the Framework between care systems, women's economic participation, enterprise development, community-based economic models and sustainable financing mechanisms.

Key recommendations

- Explicitly recognise the care economy as both a social and economic development sector with significant potential for employment generation, enterprise creation and inclusive growth.
- Integrate care work into national time-use surveys and GDP satellite accounts, using replacement-cost and opportunity-cost methods.
- Establish a BRICS Care Statistics Working Group to harmonise measurement methods across member states.
- Publish biennial National Care Reports with data disaggregated by gender, age and region.
- Allocate dedicated budget lines for care within central and sub-national budgets.
- Ensure that frameworks, white papers and recommendations are accompanied by implementation pathways, financing mechanisms, partnerships and scalable initiatives capable of delivering tangible socio-economic impact.

South Africa has also proposed linking the inclusive-economy agenda to a wider BRICS Skills Development, Employment and Industrial Mobility Initiative, connected to BRICS Connect, with India and South Africa suggested as initial pilot countries.

Supporting national evidence

National research provides South Africa's submission with a strong evidentiary basis. Based on South Africa's 2010 Time Use Survey, household production, including housework and caregiving, was valued at R749.9 billion, equivalent to approximately 27.3% of GDP using a specialist replacement-wage method.²⁸

Women contribute 73.8% of the value of household production and spend an average of 225 minutes a day on housework, compared with 85 minutes for men.²⁹ This disparity reinforces the case for integrating care into time-use surveys and GDP satellite accounts.

28. Morné Oosthuizen, Counting Women's Work in South Africa: Incorporating Unpaid Work into Estimates of the Economic Lifecycle in 2010 (Cape Town: Development Policy Research Unit, University of Cape Town, 2018), p. 12

29. Morné Oosthuizen, Counting Women's Work in South Africa: Incorporating Unpaid Work into Estimates of the Economic Lifecycle in 2010 (Development Policy Research Unit, University of Cape Town, 2018); Wits University Southern Centre for Inequality Studies, "Women Hold Up Half the Sky: The Unseen Work of Care" (13 August 2026), drawing on Statistics South Africa time-use data

India

While India's full roundtable submission is pending, the evidence below is drawn from national research on caregiving in India and has informed several arguments throughout this report. It is presented here as supporting country evidence rather than as a formal country submission.³⁰

Indicator	Value
Elderly population (2022 → 2031 → 2050)	149 million → 194 million → 347 million (20.8% of population by 2050)
Indian care services market (2023 → 2030)	USD 29.62 billion → USD 72.31 billion (13.76% CAGR)
Daily unpaid domestic work - women vs men (2024)	289 minutes vs 88 minutes
Daily unpaid caregiving work - women vs men (2024)	137 minutes vs 75 minutes
Value of unpaid own-use production of services (NSO, 2024 data)	INR 56.0 trillion (~18% of GDP); women 78.2% of total
Caregivers certified by NISD (2018–25) / placed in employment	4,201 certified / 3,501 placed
Candidates certified under PM-Special training (FY2023–24)	36,684

India's caregiving ecosystem is fragmented, with gaps in regulation, standardised training, certification, social security, affordable services, respite care and protection mechanisms. National research proposes a National Policy on Caregiving and a National Caregiver Council to regulate the sector, standardise qualifications, and coordinate institutions; a National Caregiver Registry and digital portal; specialised training in geriatric, dementia, and palliative care; and formal support for family and community caregivers. India is also positioned to become a global caregiving talent hub through internationally aligned training, language skills, ethical recruitment and bilateral mobility agreements.

Workforce participation and workplace childcare

India's female labour force participation rose from 23.3% in 2017–18 to 41.7% in 2023–24, underscoring the need to ensure that care infrastructure keeps pace with women's rising participation. The roundtable also cited a state-level example of crèches across industrial parks that offer childcare, nutrition, and developmental support through a technology-enabled monitoring system.³¹

Other country contributions

Additional perspectives emerged through Working Group discussions.

Russia proposed incorporating the BRICS Care Economy White Paper into the knowledge-and-skills exchange section of the emerging BRICS Women digital platform to strengthen access to existing BRICS knowledge and experience in care. Russia also emphasised that issues such as the ratification of ILO Convention 189 and specific budget allocation targets remain matters for national governments.

The **United Arab Emirates** emphasised that elements of the proposed Framework should be adapted to each country's own policy and institutional context, reinforcing the wider principle of national flexibility within a shared BRICS approach.

30. NITI Aayog, Reimagining Care: Strategies for Empowering Caregivers in Viksit Bharat@2047 (Government of India, August 2026)

31. Press Information Bureau, Government of India, "Building Inclusive Workplaces," 13 October 2025



13. ILLUSTRATIVE NEXT STEPS PROPOSED UNDER THE FRAMEWORK



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The BRICS VALUES Framework sets out a common architecture that member states may adapt to national circumstances. Several proposed mechanisms could support its implementation.

Establish the institutional architecture

The Framework identifies a number of institutional mechanisms that could support implementation, subject to further discussion, national priorities and agreement among participating member states.

The Framework outlines the following institutional mechanisms:

A **BRICS ministerial forum on care** convenes ministries responsible for women, labour, finance and health annually to establish joint priorities and review progress.

A **Care statistics working group**, serving as a technical body to harmonise time-use surveys, definitions and indicators across member states and support the production of comparable evidence.

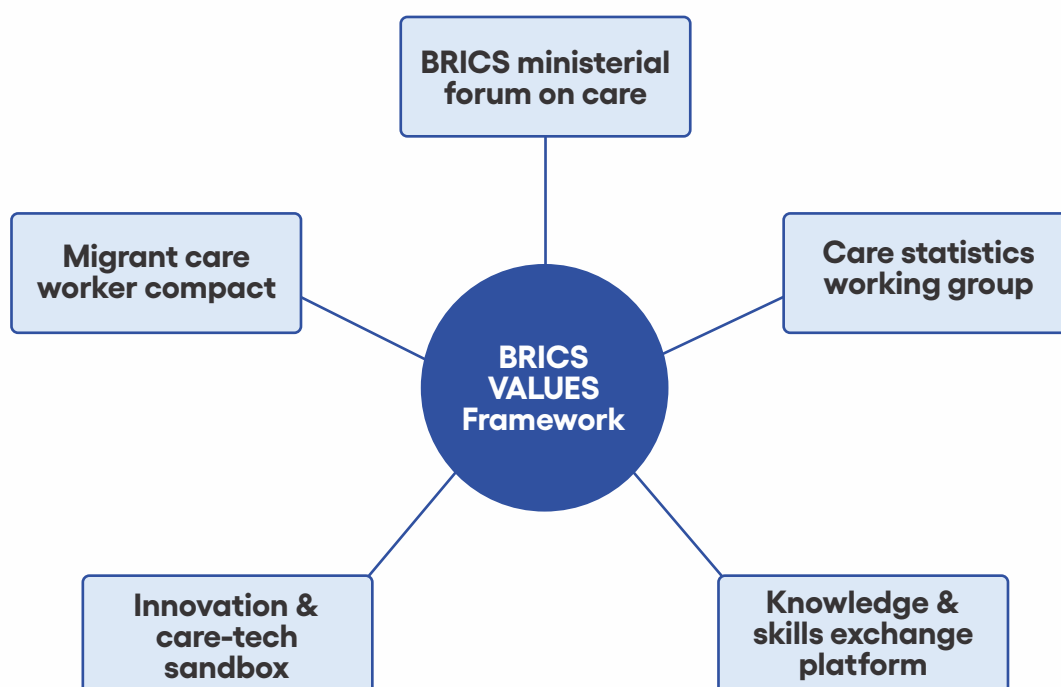
A **knowledge and skills exchange platform**, potentially housed within the BRICS women digital platform, to share curricula, training programmes, certification practices and other good practices in care-workforce development.

An **innovation and care-tech sandbox**, providing a controlled mechanism for cross-border pilots in telehealth, AI-assisted eldercare and digital care marketplaces.

A **migrant care worker compact**, establishing a bilateral and multilateral framework to safeguard the rights, wages and social protection of care workers moving across BRICS borders.

Proposed institutional architecture

Mechanisms proposed to support implementation of the BRICS VALUES Framework



Proposed next steps for consideration

- Complete country submissions to the roundtable process, following the structure and template used in Section 12, so the full VALUES Framework can be benchmarked against real country experience. India's formal country submission remains pending.
- Publish the first BRICS Care Economy Policy Principles and Frameworks document, adaptable by member states to national circumstances.

Conclusion

Care is fundamental to the functioning of households, labour markets and economies. However, much unpaid care remains economically invisible, while many paid care workers continue to face low pay, informality and limited social protection.

Demographic change and rising demand for childcare, eldercare and other services are making stronger care systems increasingly important. The proposed BRICS VALUES Framework brings these issues together within a common architecture: valuing care, investing in infrastructure, protecting paid care workers, expanding access and entitlements, and strengthening skills and professional standards. Its purpose is not to create a uniform model across BRICS, but to provide a set of principles and approaches that member countries can adapt to their own demographic, fiscal, legislative and institutional circumstances.

The next challenge is implementation. Progress will depend on stronger measurement, sustained investment, professionalisation of the care workforce, effective local delivery and cooperation across government, business, financial institutions and civil society. It will also require continued exchange of experience across BRICS so that countries can learn from approaches that work while adapting them to national contexts.

The opportunity, therefore, extends beyond recognising care as a social need. Treating care as economic infrastructure can support women's economic participation, create quality employment, strengthen households and build more inclusive and resilient economies. The value of BRICS cooperation lies in turning that recognition into practical action, progressively and in ways that reflect the diversity of its member countries. The Working Group's own framing treats stronger care systems, expanded infrastructure, quality employment and women's economic participation as mutually reinforcing objectives.



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