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Briefing Paper

Where next for feminist foreign policy on a transformative care agenda?

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Key messages

Care is increasingly recognised to be in crisis. Needs are rising, driven in part by population ageing, while care services are often limited and unaffordable. Millions of people are left without adequate care and support, and rely on unpaid care, largely provided by women. Paid care workers often face precarious conditions including low pay, insecurity, and increased risk of violence and abuse.

The crisis of care is exacerbated by global inequalities and challenges. The climate crisis, conflict, neocolonial patterns of trade, indebtedness and growing economic precarity all increase care needs while limiting the resources available for support services. Feminist foreign policies and international gender equality policies (FFP+) have great potential to catalyse action on these global challenges, including through action on climate change, conflict prevention, indebtedness and economic inequality.

Investing in care strengthens societies and economies. Stronger care systems can improve social and economic well-being, redress gender inequalities, and enhance resilience, peace and security. Focused action is needed to expand access to quality care, improve conditions and rights for care workers, support unpaid carers, redistributing workloads where needed and mobilise sustainable finance for care systems in diverse international settings.

Truly transformative care agendas are context- and culturally-specific. Effective care policies respond to the needs and priorities of diverse caregivers and care recipients, rather than applying one-size-fits-all approaches. Transforming FFP+ commitments into meaningful action requires support for locally defined priorities, alongside dedicated budgets and institutional arrangements that enable implementation.

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About this publication

This brief outlines evolving international policy agendas on care, examining how states that have feminist foreign policies (FFPs) or are inspired by feminist ambitions and committed to gender equality (together referred to as FFP+ in this brief) can advance a transformative care agenda. This agenda sees care as valuable in and of itself, and it pursues policies that address the structural factors driving inequitable patterns of care giving and receiving, and that seek to enhance the quality and availability of care.

Because of their explicitly holistic ambitions, FFPs have great potential to advance a transformative care agenda. The brief suggests concrete actions that governments with FFPs can take to support progress. Many other issues are important too, therefore the topics covered in this brief are intended as a starting point for discussion.

The approaches discussed draw on a review of literature on FFP and on evolving international care policy agendas, together with new insights gathered from an ODI Global closed-door convening. This roundtable, *Where next for feminist foreign policy on a transformative care agenda?,* took place online in July 2026. The brief builds on other publications in ODI Global's Where next for feminist foreign policy? series.

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Contents

Acknowledgements / 1

Display items / 3

Abbreviations and acronyms / 4

Glossary / 4

1 **Introduction** / 6

2 **The evolving international care policy agenda** / 9
Growing international policy focus on care / 9
Unpaid care as a barrier and burden / 10
Caring societies: care as a right and a foundation of a good society / 12
Commitments to care agendas in FFPs / 13

3 **Create an enabling environment for caring societies** / 15
Recommendations for FFP+ governments / 16

4 **Finance comprehensive care systems** / 18
Recommendations for FFP+ governments / 19

5 **Strengthen the rights and protection of migrant care workers** / 20
Recommendations for FFP+ governments / 21

6 **Boost a transformative care agenda through international cooperation** / 23
Recommendations for FFP+ governments / 24

7 **Conclusion** / 26

References / 28

Appendix 1 Roundtable participants / 37

Display items

Boxes

Box 1 Recent international initiatives foregrounding care / 9
Box 2 How are FFPs promoting action on care? / 14

Tables

Table 1 Dimensions of a global crisis of care / 7

Abbreviations and acronyms

FFP	feminist foreign policy
ILO	International Labour Organization
ODA	official development assistance
SDGs	Sustainable Development Goals
UN	United Nations

Glossary

Care: 'Everything we do to maintain, continue and repair our "world" so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment' (Tronto and Fisher, 1990: 40).

Care work: 'Activities and relations that pursue sustainability and quality of life; nurture human capabilities; foster agency, autonomy and dignity; develop the opportunities and resilience of those who provide and receive care; address the diverse needs of individuals across different life stages; and meet the physical, psychological, cognitive, mental health and developmental needs for care and support of people including children, adolescents, youth, adults, older persons, persons with disabilities and all caregivers' (ILO, 2024a: para. 9).

Direct care work: 'Personal activities that require face-to-face interaction between caregivers and those in need of support. Examples are feeding a baby, accompanying an older person to medical appointments, playing with a child, or providing assistance to a person with a disability to carry out activities of daily living' (Harris et al., 2024: 27).

Indirect care work: 'Activities that enable well-being in the absence of direct personal contact, such as cleaning and cooking' (ILO, 2024a: para. 11).

Care society/caring society:[1] A caring society 'is centred on the sustainability of life and recognizes the synergistic interdependence among people, the environment, and economic and social development' (ECLAC, 2025a: 17).

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1 Writings from or about Latin American frameworks on care tend to use the formulation 'care society'. This brief uses 'care society' (a direct translation from the Spanish *sociedad del/cuidado*) when quoting these sources specifically; otherwise, it refers to a 'caring society'.

Care agendas: 'Normative stands defining who should provide care for whom, and bearing which costs, and the institutions, economic structures, gender norms and public policies that make them concrete in different contexts … Care agendas frame care policies' (Esquivel and Kaufmann, 2017: 9).

Care policies: 'Public policies that assign resources to care in the form of money (including income, transfers and subsidies), services and time. They range from payments and subsidies to caregivers or to people who need care and the direct provision of care services and regulations to complementary service provision, such as transportation, water and sanitation. They also include labour regulations, such as maternity protection and paternity leave and the regulation of paid working times, which assign time to care. Care policies therefore … serve different objectives, including poverty reduction, enhanced labour force participation, employment creation and expansion of future generations' human capabilities' (ibid. 4–5).

Care systems: Systems that 'encompass the following components: legal and policy frameworks, services, financing, social and physical infrastructure, programmes, standards and training, governance and administration, and social norms. A comprehensive care system involves these components working in an integrated and deliberate way' (UN, 2024a: 5).

Feminist foreign policy (FFP): 'Feminist foreign policy is the policy of a state that defines its interactions with other states, as well as movements and other non-state actors, in a manner that prioritizes peace, gender equality and environmental integrity; enshrines, promotes and protects the human rights of all; seeks to disrupt colonial, racist, patriarchal and male-dominated power structures; and allocates significant resources, including research, to achieve that vision' (Thompson et al., 2020 in Whipkey et al., 2025: 4).

Feminist foreign policy+ (FFP+): In this brief, FFP+ is used to refer to governments with a formal feminist foreign or development policy, or with commitments to promoting gender equality as part of their multilateral engagement. It does not refer to the United Nations (UN) member states' FFP+ group, which brings together countries that have adopted, or are considering adopting, FFPs (UN Women, 2023a).

Transformative care agenda: 'Challenges the notion that care work is intrinsically female and that it is of less importance than work seen as "productive"; adopts a human-rights based framework both for caregivers and receivers; and embraces a coordinated approach to multiple policy areas (and actors) including public services, infrastructure, social protection, labour markets, decent work for care workers, and macroeconomic policies' (Ilkkaracan, 2025: 956–957, based on Esquivel, 2014).

1 Introduction

> 'Care is fundamental to the well-being and prosperity of individuals, societies, economies and ecosystems … Everyone requires care in their lifetime, meaning comprehensive care systems are fundamental for all persons, in all their diversity, to participate equally in society and enjoy the fulfilment of their rights. At the same time, care for the environment enables nations and peoples to enjoy a quality of life without compromising that of future generations'(UN, 2024a: 4).

The polycrisis – multiple intersecting challenges occurring together – such as inequality and precarity, the accelerating climate crisis, and widespread conflict occurring simultaneously – is multiplying unpaid care workloads and responsibilities, and limiting resources for investment in care services and infrastructure. People continue to care for one another in this strained environment, but often at considerable personal cost to their physical and mental health and economic wellbeing (Rai et al., 2014). The most marginalised people (usually women) often bear the heaviest load (Ilkkaracan, 2016).

This situation of overburdened caregivers and inadequate care services is sometimes referred to as a 'crisis of care' (see Table 1 for key dimensions). The urgency of this crisis is all the more acute – and the focus of increasing policy attention – given projected rising care needs stemming from rapid demographic transition in much of the world.[2] The Covid-19 pandemic drew attention to the scale of gender inequalities in unpaid care and the precarious conditions of the paid care workforce; it also galvanised greater attention to care needs and ways to meet them.

Not only is the scale of the care crisis increasingly recognised, so too is the potential of investment in care services to advance human development, create jobs, boost economic wellbeing and enhance gender equality. For example, the International Labour Organization (ILO) has projected that investments in the care economy to meet the Sustainable Development Goal (SDG) targets would lead to 117 million new jobs (Addati et al., 2018). Investments in care systems are also seen as underpinning peacebuilding, social cohesion and resilience to climate change (MacGregor et al., 2022; UN Women, 2023b, 2025a; Climate & Care Initiative, 2026).

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2 For example, the number of people aged 65 years or older is expected to double by 2050, with the speed of demographic transition increasing care challenges most rapidly in low- and middle-income countries (UN, 2024a).

Table 1 Dimensions of a global crisis of care

Aspect of care crisis	Key dimensions
Insufficient care for people with care needs	**Rising numbers due to population growth and ageing** • By 2030, the number of people requiring childcare, long-term care and other care and support services, including for independent living, is projected to reach 2.3 billion globally (ILO, 2018, in ILO, 2025). • The World Bank estimates that 350 million children under 6 years would benefit from early education and care services (Devercelli and Beaton-Day, 2020). **Poor quality and/or absence of care** Dimensions include: • Young children left home alone or supervised by other children (under 10 years) (Sultana et al., 2024; Ruiz-Casares et al., 2025). • Financially squeezed parents who are unable to provide the care for their children that they aspire to (Equimundo, 2026). • One in six people over the age of 60 worldwide experiences elder abuse (including neglect) (WHO, 2022). • Around one-fifth of people with dementia and other functional disabilities receive no care (Lin et al., 2025).[i]
Skewed distribution of unpaid care work	• Globally, women and girls undertake three-quarters of unpaid care work, with low-income women in rural areas of the Global South often shouldering the heaviest load (UN, 2024a), though patterns vary considerably by region. • Skewed distributions of unpaid care work can limit full social participation (e.g., in education, paid work or civic participation), and can contribute to physical and mental ill-health (Chopra and Krishnan, 2022).
Precarious conditions of the paid care workforce	• Much paid care work involves precarious conditions with limited employment rights and social security protection, low wages, elevated risks of violence and harassment, and low levels of unionisation, (UN, 2024a; Tungohan, 2026). • These risks are often amplified for migrant care workers, whose migration status may prevent them accessing protection services; many also face long periods of separation from their families (Paz Ramirez in Women in Migration Network, 2026).

Note: i) Based on a study in China, England and 18 European countries covered by the Survey of Health, Ageing and Retirement in Europe (SHARE, 2013–2017), Israel and the United States.

The crisis of care is often seen largely as a matter of domestic policy. But many underlying factors are associated with global inequalities, and are exacerbated by foreign policy actions (e.g., allowing arms deals that fuel particular conflicts) or inaction (e.g., the absence of sufficient environmental or social safeguards in trade deals). Bold feminist foreign and development policies that take action on these factors as well as paying explicit attention to care policy, could support more and better care for care recipients, and fairer conditions for caregivers.

However, fulfilling this potential will require considerably enhanced coherence across different areas of foreign policy and between foreign and domestic policies. Without this, emerging commitments to care risk being undermined or forming empty promises.[3] Through their explicitly holistic scope, FFPs have the potential to galvanise action on the underlying drivers of the crisis of care and also to facilitate international cooperation around more effective care policies and systems at regional, bilateral and sub-national levels. This brief outlines how FFP+ governments can contribute to this endeavour.[4] This brief acknowledges and complements recent policy frameworks on care (listed in Box 1) and focuses on how international action can create an enabling environment to implement their recommendations. Section 2 outlines key international thinking and policy approaches on care; Sections 3 to 6 discuss specific areas of action and recommendations for FFP+ governments.

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3 This has led some analysts to consider FFPs as essentially a branding exercise. Studies that point out specific areas of hypocrisy include: Bergman Rosamond et al., 2024; Whipkey et al., 2025; Beltrán et al., 2026; Zhukova, 2026.

4 Issues such as the financialisation of care services and coordination of actions to regulate the role of private equity finance, and measures to promote human rights and the rule of law (which provide an enabling environment for care policies) are beyond the scope of this brief.

2 The evolving international care policy agenda

This section outlines the evolution of care policy agendas on the international stage and how FFPs have sought to advance care agendas.

Growing international policy focus on care

A wealth of international initiatives have sprung up in recent years that seek to increase understanding of care and strengthen commitments (Box 1). Though the Covid-19 pandemic focused attention both on the unequal distribution of unpaid care and the precarious position of much of the (largely female) paid care workforce, the expanding policy focus builds on decades of feminist thinking and action. Recent analysis identifies two key strands or framings: 1) instrumental – focusing on care as a barrier to gender equality and/or economic efficiency, and 2) rights-based – approaching care as a right and as the foundation of a good society (Esquivel and Kaufmann, 2017; Ilkkaracan, 2025; Staab, 2025; De Silva and Hernandez Pepe, 2026). In practice these strands intersect, and some agendas and policy implications cut across both; however, they are sufficiently distinct in ambition and scope to discuss separately.

Box 1 Recent international initiatives foregrounding care

Policy papers and roadmaps:

- Transforming care systems (UN, 2024a)
- Addressing care to accelerate equality (Ahmed et al., 2023)
- The future of the care economy (WEF, 2024)
- The global roadmap for action on the care economy (Harris et al., 2024)
- Addressing care in times of conflict and crisis (UN Women, 2025)
- The care society: a horizon for sustainable recovery with gender equality (ECLAC, 2022)

Regional strategies:

- Latin America: Buenos Aires Commitment (ECLAC, 2023) and associated policy papers; Tlatelolco Commitment (ECLAC and UN Women, 2025)
- Europe: European Care Strategy (European Commission, 2022)
- Asia: Comprehensive Framework on the Care Economy (ASEAN, 2021)
- Africa: Common African Position on Care Work (in progress at time of writing)

Box 1 Recent international initiatives foregrounding care (continued)

New structures and cooperation frameworks:

- The Global Alliance for Care was set up in 2021 to coordinate multistakeholder dialogue and resource sharing on care.
- In 2025, the European Union (EU) and Latin America and the Caribbean (EU–LAC) bi-regional pact for cooperation on care issues came into force (EU-LAC, 2026).

Resolutions:

- Human Rights Council resolution on the Centrality of Care and Support from a Human Rights Perspective' (UN Doc. A/HRC/RES/54/6)
- ILO resolution on Decent Work and the Care Economy (ILO 112/V) (ILO, 2024a)
- UN Economic and Social Council resolution on Promoting Care and Support Systems for Social Development (UN Doc. E/RES/2024/4)
- UN General Assembly resolution on the International Day of Care and Support (UN Doc. A/RES/77/317) (29 October each year) (Papworth, 2026)
- UN General Assembly resolution on 'Contribution of the care economy to sustainable development' (UN document A/RES/80/152)

Legal judgements: The Inter American Court of Human Rights (IACHR) Advisory Opinion 31 on the Content and Scope of Care as a Human Right and its Interrelationship with Other Rights (IACHR, 2025) established the right to give and receive care, and to self-care. This Opinion strengthens arguments for inclusion of care within rights-based approaches to foreign policy and development cooperation.

Unpaid care as a barrier and burden

Inspired by concerns for both gender justice and economic efficiency, this framing focuses on the unequal gendered distribution of unpaid care work as a systematic source of gender inequality. It identifies unpaid care work – both direct relational care and indirect care activities such as cooking, cleaning or obtaining fuel or water – as the key barrier preventing higher levels of labour-force participation among women, and as a significant contributing factor to gendered lifetime economic inequalities (see, for example, Ahmed et al., 2023).[5]

Policy discourse often discusses unpaid care in aggregate and somewhat essentialising terms as a critical barrier for *all* women, and thus fails to take intersectional differences into account. In practice, however, it is often women from low-income backgrounds who cannot outsource such work (among whom racialised groups and migrants are often over-represented), who are particularly affected (Ilkkaracan, 2016; UN, 2024a).

5 Studies also identify care responsibilities as a barrier to women's civic and political participation.

The policy implications of this framing became known as the 3Rs: 1) *recognising* care activities as work,[6] 2) *reducing* this work and 3) *redistributing* it (Ilkkaracan, 2025). This has led to some investment in infrastructure to reduce 'drudgery' (Loureiro and Ajayi, 2025). Yet most emphasis has been on the reduction and redistribution of relational care by boosting public or private provision of care services (e.g., nurseries for young children or elder care) or within households (e.g., encouraging greater involvement of men by extending paternity or parental leave and fatherhood workshops).

The 3Rs framing has put care on policy agendas and it continues to exert considerable influence, for example in the EU's Care Strategy (De Silva and Hernandez Pepe, 2026) and among multilateral development banks (Ilkkaracan, 2025). However, several limitations reduce its transformative potential, as follows:

- **Fundamentally, this framing values care largely in terms of its contribution to economic productivity rather than its intrinsic worth**. This leads to a unidimensional view of care that fails to properly recognise the joy care can bring as well as its sometimes depleting nature (Chung et al., 2019; Hoque, 2024; Ferree, 2026). It is based on a view of unpaid care as unproductive and a poor use of time compared with paid work (Beier, 2025), and thereby reinforces the pervasive undervaluing of unpaid care. This can lead to care being valued only when it adds to gross domestic product (i.e., when undertaken by paid workers).
- **It typically negates unpaid care work as a choice**, leading to an emphasis on how care can be redistributed, rather than on how people who want to care for family, friends or community members can be supported financially and logistically to do so.[7] It homogenises families (tending to assume a nuclear heterosexual couple with children) and pays little attention to their values (seen as outdated social norms), needs and preferences for how caregiving should be organised.
- **It pays little attention to the perspectives and agency of care recipients**, such as older people or people with disabilities, and it draws attention away from how care could be enhanced.
- **It can depoliticise care, casting it as a technical policy area, delinked from the broader context of global inequalities**. This limits attention to the factors that underlie insufficient care, unequal distributions of care responsibility or the conditions or training of the paid care workforce, for example.

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6 SDG Target 5.4 reflects this focus on unpaid care, calling on member states to 'Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate' (UN, n.d.).

7 For example, research in South Africa found that social protection grants enabled single mothers to choose to reduce their paid work and increase their time spent on caregiving (Ahmed, 2025).

Caring societies: care as a right and a foundation of a good society

The concept of caring societies places care at the centre of alternative visions for social and economic development. This responds to a long-standing critique of the ways that contemporary capitalism harms the planet and leaves millions of people without high-quality care, while simultaneously relying on unpaid and underpaid labour, mostly by women (ECLAC, 2022; Villegas Plá, 2025).[8] It draws on moral and philosophical traditions in which care holds a central place. These include strands in Western feminist thinking (e.g., Tronto and Fisher, 1990) and, importantly, collectivist conceptions of wellbeing, derived from indigenous Latin American philosophies such as *Buen Vivir* ('living well') (Villegas Plá, 2025) and the pan-African concept of *ubuntu* ('interconnectedness and shared humanity') (Phalatse et al., 2024).

Caring-societies thinking has been strongly influenced by feminist research, advocacy, and policy and practice innovations[9] in care systems in Latin America.[10] Within this, the Economic Commission for Latin America and the Caribbean (ECLAC) has played an important role in systematising and disseminating thinking and experiences (Esquivel, 2025; Staab, 2025; Villegas Plá, 2025). Caring-societies frameworks continue to highlight the inequitable distribution of unpaid care work, advocating for shared responsibility for this work across households (and within them between genders), the state, the market and communities. They emphasise the role of stronger care systems and social norm change to enable shared responsibility.

Other key advances associated with this agenda include:

- **Emphasis on holistic models of social and economic organisation that include care for the planet as well as humans**.[11] For example, the UN's *Transforming care systems* paper calls for a 'paradigm shift towards a society that prioritizes the sustainability of life and care for the planet' (UN, 2024a: 7). Influenced by indigenous Latin American thinking, ECLAC's 'care-society' vision similarly places care of the planet as an equal priority alongside care for those who need it, care for caregivers and self-care (ECLAC, 2022).
- **Greater emphasis on rights-based approaches**. The UN's *Transforming care systems* paper argues that care systems should be grounded in human rights and embrace progressive universalism, prioritising the most disadvantaged first. The IACHR's Advisory Opinion 31, which establishes care as a right, represents another concrete step in this direction.

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8 This critique shares much in common with writings on wellbeing economies (such as Kabeer and Plomien, 2026), new eco-social contracts (UNRISD, 2022), and care and degrowth (such as Dengler and Lang, 2022).

9 Such as Uruguay's national care system and municipal care systems in Bogotá, Mexico City and a growing number of other cities across the region (Villegas Plá, 2025; Papworth, 2026; Piscopo, 2026).

10 In other world regions care-related advocacy has been framed in terms of poverty reduction, social security or children's rights objectives (Esquivel and Kaufmann, 2017; Rao, 2018).

11 For example, the UN Women/Government of Mexico document in advance of the Mexico FFP conference highlights the opportunity to 'advanc[e] care societies based on sustainability of life and the planet' (UN Women et al., 2024: 16), while the ILO resolution on Decent Work and the Care Economy (ILC 112/V) declares that 'care is central to human, social, economic and environmental well-being, and sustainable development' (ILO, 2024a: 1).

- **Stronger emphasis on equitable conditions for the paid workforce as well as unpaid carers**, as seen in the shift from 3Rs to 5Rs (to include *rewarding* paid care workers, and ensuring their *representation* in policy dialogues and collective bargaining (ILO, 2024a).
- **A focus on *resourcing* integrated care systems (as a sixth 'R') to meet people's needs across the lifecycle in a joined-up manner**. This helps move the care agenda beyond a gender equality framing to a call for a caring economic and social order that supports all members of society in a coordinated and systematic way (Ilkkaracan, 2025). This framing can help garner support for a transformative care agenda, particularly in contexts of backlash against gender equality (Roundtable participants).
- **Growing recognition of the rights and wellbeing of care recipients as well as caregivers**, as seen in the emphasis in the IACHR's Advisory Opinion 31 on the rights of care recipients as well as caregivers, and in calls for 'representation and meaningful participation of care recipients and their organizations' in the newest iteration of the 5R framework (UN, 2024a:19; Ilkkaracan, 2025). However, this element is often given lower priority in practice.

These moves to establish stronger care policies and build caring societies are taking place against a backdrop of rising anti-gender equality politics. Where far-right governments come to power, agendas to limit public expenditure, hand-in-hand with ideologies viewing care as a private responsibility of households (and particularly women), may lead to care policies being rolled back. Examples include defunding of various care policies and institutions in Argentina after the election of Javier Milei (Prieto, 2025), cuts to the National Integrated Care System in Uruguay after the election of a centre-right government in 2019, and archiving of the proposed care law in Peru (Esquivel, 2025). That said, because care policies enable economic participation, particularly of women, many right-wing governments continue to support some care policies such as parental leave (Hieda, 2026). However, the rightward turn in some countries that have championed care agendas and/or FFPs (e.g., Colombia and Chile) may lead to deprioritisation of these agendas at global and regional levels.

Commitments to care agendas in FFPs

Some of the most extensive thinking and international action to promote caring societies has been spearheaded by countries with FFPs – particularly Mexico, Spain and Chile (see Box 2) – that are making explicit linkages between domestic and foreign policy. Mexico and Spain have catalysed resolutions within the broad FFP+ community to advance care policies and caring societies, and in sponsoring resolutions on care in various UN fora (Box 1). Other members of the broader FFP+ community have also actively promoted care issues. For example, Canada, which has retained its Feminist International Assistance Policy after rescinding its FFP, has supported substantial research and action programmes on care (Global Affairs Canada, 2026). While the process of FFP development has often been delinked from the priorities of feminist civil society, global and regional commitments on care provide a tool for civil society to boost domestic policy attention to the issue (Mahon, 2024; Papworth, 2026).

Box 2 How are FFPs promoting action on care?

Declarations of FFP annual ministerial conferences

Mexico City (2024): Foreign policies designed to promote 'comprehensive global policies and approaches based on human rights in favour of decent work, the care economy, access to education and gender equality' (Gobierno de Mexico, 2024) – 19 signatories.

Paris (2025): A focus on unpaid care and transforming masculinities to promote more equal sharing of care roles as a route to gender equality (Republique Française, 2025) – 31 signatories.

Madrid (2026): Commitment to: 'i) advance a transformative vision of development … recognising care as an essential component for the realisation of human rights, a public good and a cornerstone of a renewed social contract; ii) promote comprehensive, universal, accessible … and quality care and support systems; iii) recognise, reduce and redistribute unpaid care and domestic work, while ensuring decent work and rights for care workers; and iv) strengthen public policies and funding, international cooperation and investment aligned with this objective' (Gobierno de España, 2026: 8) – 28 signatories.

Individual countries

Mexico: Mexico's FFP highlights the recognition and redistribution of unpaid care work as one of seven cross-cutting axes to achieve gender equality (Secretaria de Relaciones Exteriores, 2026). On the international stage, Mexico has co-sponsored three UN resolutions on care, hosted a regional conference on care societies and the Global Alliance for Care, and supported learning exchanges within the region (Whipkey et al., 2025; Papworth, 2026).

Chile: Chile's FFP references regional commitments to building a caring society, and the country's aims to address care at the bilateral, multilateral and regional levels, as well as to promote co-parenting within the Ministry of Foreign Affairs (Papworth, 2025). It has supported bilateral cooperation around care, within the region and beyond (Whipkey et al., 2025). However, in April 2026, the newly elected President Kast dismissed the officials charged with FFP implementation (EU SEE, 2026).

Spain: Spain's current foreign affairs strategy states the country will support recognition of the role of care in development and promote equal sharing of care responsibilities between women and men (Gobierno de España, 2025: 32). Past activities include helping facilitate the development of the Global Digital Community on Care and co-leadership around the UN resolution that established the International Day of Care and Support (Whipkey et al., 2025).

3 Create an enabling environment for caring societies

Section 1 notes that many intersecting challenges are exacerbating the care crisis and creating a challenging environment for caring societies. While a comprehensive discussion is beyond the scope of this brief, this section considers precarity, climate change, conflict and insecurity, and underregulated digital technology.

Holistic analyses of the crisis of care emphasise the role of contemporary forms of capitalism in creating and exacerbating poverty and precarity, which are intertwined with care in multiple ways. Where unpaid care responsibilities form a barrier to paid work, they contribute to trapping caregivers in poverty. Indeed, in 2024, ILO estimated that 708 million women and 40 million men globally were unable to take up paid work because of care responsibilities (ILO, 2024b). At the same time, multidimensional poverty – affecting 1.1 billion people globally (UNDP, 2025) – prevents people from fulfilling their care responsibilities. Limited, unreliable and unaffordable infrastructure, for example, increase the time and energy needed for indirect care work; in the absence of affordable support, workers in precarious low-paid jobs may have to leave children or elderly relatives without care for extended periods (Sultana et al., 2024; Ruiz-Casares et al., 2025).

Further, care-sector jobs are overwhelmingly low paid. This reflects the undervaluation of care as an activity and the skills it requires, as well as an attitude that care work is an extension of 'natural' female roles rather than being skilled work (WHO, 2024). Unlike their wealthier counterparts, people living in poverty can rarely afford to outsource care work and thus bear the heaviest workloads of combined paid and unpaid work; for women, this is often compounded by norms expecting them to take full responsibility for household work and discouraging them from paying for help (Abraham et al., 2025). FFP+ governments could helpfully bring greater focus to the intersection between poverty and care work, and apply this lens to both domestic and international economic policy-making.

Household livelihoods are then strained by conflict and insecurity and climate-related disasters, which can simultaneously increase care needs as people face immediate challenges of finding shelter and of reuniting with missing family and friends. Much time and effort are often required to meet basic needs too, for instance accessing food, clean water and energy.[12] In these contexts, formal care services and informal care networks are put under pressure or collapse. Conflict and climate disasters create new needs as well, due to injuries, newly acquired disabilities,

12 A large body of evidence demonstrates how climate change and environmental degradation lead to increased care needs. Recent examples include MacGregor et al. (2022); Floro et al. (2023); Jones-Renaud et al. (2025); and Climate & Care Initiative (2026).

acute illness, chronic health conditions or grief and psychological trauma that often increase demands on women and girls as default caregivers. New psychological and physical care needs may emerge, as in cases of children born of war or rape and survivors of gender-based violence (UN Women, 2025). Increasingly, collective care is being recognised as a vital area for investment for climate resilience and adaptation, for strengthening the social fabric and for building more peaceful societies (MacGregor et al., 2022; Alemany et al., 2025; UN Women, 2025).

Meanwhile, the un(der) regulation of digital technology is widely associated with social polarisation and violence, which represent the opposite of a caring, inclusive society. Linked to this, a digital ecosystem that is owned by gender-restrictive and authoritarian-leaning oligarchs, and that is based on algorithms rewarding rage and 'othering' of people rather than caring values, has aided the rise of influencers and content creators who oppose gender equality and shared responsibility for care, such as some 'manfluencers' and 'tradwives' (Coyne, 2026).[13] The extent of the threat this represents to transformative care agendas through its influence on political priorities and social norms should not be underestimated.

Recommendations for FFP+ governments

Review all policy commitments for coherence with a transformative care agenda. End and avoid supporting policies that contribute to environmental degradation, fuel conflict or increase poverty and inequality. As well as the intrinsic value of promoting a safer, cleaner, more equal world, policy coherence of this kind will have the co-benefit of not increasing care workloads among the most marginalised communities.

Implement and advocate for policies that reduce poverty and economic inequality. Undertake and promote social and environmental impact analyses of trade agreements and other economic policies. Prioritise actions that reduce poverty and inequality and thereby ease pressures on carers and care recipients. This could involve enhancing decent work opportunities, strengthening social protection and building climate-resilient livelihoods, for example. Consider joining the International Panel on Inequality to boost the community of governments committed to reducing the economic and social inequalities that undermine peaceful, caring societies.

Implement existing commitments such as the Pact for the Future, recognising its importance in strengthening multilateralism; in upholding preventative diplomacy, dispute resolution and peacebuilding disarmament obligations and commitments; and in protecting civilians in armed conflict (UN, 2024b). Champion the development and implementation of Women,

13 'Manfluencers' refers to male social media influencers who typically promote misogynistic gender norms (Renström and Bäck, 2024); 'tradwives' refers to women who promote an idealised vision of family life and gender roles, with a division of labour based on male breadwinning and female home-making (Beaufils et al., 2025).

Peace and Security National Action Plans, advocating for dedicated budgets, monitoring of implementation and substantive security analysis, and alignment with FFPs to promote coherence between foreign and domestic policies (Ignacio et al., 2026).

Uphold and implement commitments under the Paris Agreement (UN, 2024a) and push for the implementation and resourcing of international frameworks for gender-responsive climate action, such as the Belém Action Plan. This should be coupled with actions to promote more gender-responsive and care-focused climate finance. Adopting a holistic view of care to include care for the environment can help strengthen consistency between climate action and care commitments.

Support increased climate resilience in care provision through investments in: safe water provision; architecture that is resilient to heat waves, drought and flooding; renewable energy; and sustainable foods systems (Alwi et al., 2022; Floro et al., 2023; Nusche et al., 2024).

Strengthen regulation of digital technology. Work towards global agreement and implementation of measures to enhance the accountability of technology companies and social media platforms. This should include safety-by-design principles such as ending addictive design features like automatic, continuous content recommendations. These principles change the underlying technology infrastructure before a technology is released, and thereby help prevent the dissemination of polarising material (di Meco, 2023; Reset Tech and Equimundo, 2026).

4 Finance comprehensive care systems

Public investment in care systems is increasingly recognised as critical for the provision of rights-based, universal, transformative policies.[14] To this end, the 2025 communiqué of the Women20 engagement group of the G20 (the W20) calls on leaders to:

> 'increase investment in comprehensive care and support systems to 10% of national income by 2030, integrating education, healthcare, and social services. This should be done by increasing public investment, optimising macroeconomic policy tools to mobilise fiscal resources, leveraging public-private models, and adopting innovative technological solutions.' (W20, 2025: 2)

However, limited revenue generation and severe indebtedness – themselves legacies of colonial exploitation and extractive neocolonial trade relationships – present significant challenges for public social investment. For example, in 2023, 38% of developing countries spent over 10% of their government revenues on interest payments, rising to 14% for least developed countries. Over two-thirds of low-income countries are now either in debt distress or at high risk of it (UN Secretary General's Expert Group on Debt, 2025), and more than 3 billion people live in countries that spend more money paying interest on national debts than on education or healthcare (Jones-Renaud et al., 2025).

Slowing global growth and falling commodity prices are likely to exacerbate debt burdens, at a time when official development assistance (ODA) has fallen sharply (including among several FFP+ countries) and the proportion dedicated to debt reduction has also dropped (UN Secretary General's Expert Group on Debt, 2025). In this context, austerity policies that reduce social and infrastructure spending often have the effect of increasing women's unpaid care workloads (Oduro, 2026).

Feminist foreign and development policies have often been relatively silent on concrete action to redress global economic inequalities, such as debt burdens that severely constrain social investment or the continued imposition of austerity policies by international financial institutions (Maloba and Makamure, 2024). Likewise, countries from the Global North – including some with FFPs and signatories to international gender equality commitments – have consistently opposed financial reparations for colonialism (Pankhania and Russell, 2026) and they have been slow to deliver on, or have reneged on, climate finance commitments (CARE, 2025). However, some of the most active countries with FFPs, particularly from Latin America, have advocated for development financing, tax and debt justice, and financing for care systems (Global Alliance for Care, 2025); other FFP+ countries have advocated for the inclusion of gender equality commitments in the UN Framework Convention on Tax (Ignacio et al., 2026).

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14 For example, the Buenos Aires Commitment lays out comprehensive measures to boost funding for care systems in the Latin America and Caribbean region (ECLAC, 2022).

Recommendations for FFP+ governments

Push for and contribute to resource mobilisation to finance comprehensive care systems through initiatives arising from the Sevilla Conference on Financing for Development, such as Investing in Care for Equality and Prosperity. Approaches could include innovative financing instruments – such as debt-for-care swaps – that link debt relief to nationally determined public investment programmes in care systems (Woroniuk, 2026). Other promising actions include eliminating fossil fuel subsidies and redirecting parts of defence budgets towards human security, including to care systems and climate resilience (Floro et al., 2023; Burns, 2026; Ignacio et al., 2026).

Strengthen transparency, close tax loopholes and reduce illicit financial flows to increase resources for care service provision, alongside other key services. Advocate for gender impact assessments of the UN Tax Convention's proposals, including their care implications; for promotion of progressive tax systems that invest revenue in gender-responsive public services (including care and social protection) (Ignacio et al., 2026; Wahono, 2025); and for the adoption of this Convention, once finalised.

Push for climate finance to recognise investment in care systems as an investment in adaptation and climate resilience; recognise increased care workloads as a form of loss and damage; and care as a route to recovery that can promote healing, reconstruction and community resilience, and thus should be considered 'strategic resilience infrastructure' (Alemany et al., 2025: 2). In particular, push for the Adaptation Fund to expand funding to cover care following precedents set by the Green Climate Fund and Global Environmental Facility (Climate & Care Initiative, 2026).

Commit to, and encourage others to commit to, specific debt reduction and cancellation initiatives. These include actions outlined by the UN Secretary General's Expert Group on Debt (2025) and the Bridgetown Initiative (n.d.). Support implementation of reparatory justice frameworks, which include debt cancellation, among other actions, such as that outlined by the Caribbean Community (CARICOM, 2026).

Stem the decline in ODA, in the proportion allocated to gender equality (Cesca et al., 2026) and in allocations to the poorest countries (OECD, 2026). FFP+ countries that are donors should work towards the UN's target of spending 0.7% of their national gross domestic product on ODA.

5 Strengthen the rights and protection of migrant care workers

Strengthening the rights and protection of migrant care workers is a specific area where FFP+ governments can ensure consistency between foreign and domestic agendas. Care work is often low paid, insecure, and exposes care workers to an elevated risk of abuse, particularly when home-visiting or employed as live-in carers and domestic workers (UN, 2024a; Tungohan, 2026). Relevant ILO Conventions (such as No. 189 on domestic workers, No. 97 on migration for employment and No. 190 on violence and harassment in the world of work) that would provide better protection remain under-ratified and -implemented (Ignacio et al., 2026).[15]

ILO (2024c) estimates that paid care work represents 381 million jobs worldwide – about 11.5% of all employment.[16] As of 2022, 18.9% of migrant workers worldwide were employed in the care workforce, a figure rising to 28.8% of female migrant workers (ILO, 2024d). Around 17.2% of the 67 million domestic workers worldwide have migrated internationally to do so; 73.4% (8.5 million) are women, with the Asia-Pacific region, Europe and Arab states hosting the largest numbers of migrant domestic workers (UN, 2017).

Global demand for care work sustains transnational care chains in which migrant women from low- or middle-income countries fill care deficits in their destinations. Meanwhile, family members at home – often other women or girls – take on greater care workloads to fill the gap left by their absence. The necessity to migrate without other family members in part reflects the restrictions many high-income countries have enacted on visas for care workers' dependents, or on their access to schools, healthcare and other services.[17] This includes some countries with FFPs that emphasise the security and protection needs of migrant women, thereby indicating poor harmonisation between domestic and foreign policy and fuelling the view that FFPs are largely performative (Whipkey et al., 2025).

Migrant workers often experience multiple and intersecting forms of discrimination based on their nationality, ethnicity, migration status, competence in the host-country language and gender. International human rights commitments such as the International Convention on the Elimination of All Forms of Racial Discrimination (UN, 1965), which almost all states have ratified,

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15 Some analysts argue that the non-binding Global Compact on Migration has displaced attention from relevant ILO Conventions, and they urge the global community to prioritise ratification and implementation (Barton, 2026, in Women in Migration Network, 2026).

16 The definition of care work here includes healthcare and education staff, as well as people engaged in personal and social care.

17 Such restrictions are also counterproductive for high-income FFP states' efforts to strengthen their own care systems, since they contribute to overall labour shortages in the care workforce (Kumar et al., 2022).

create obligations to counter racism. FFP+ governments could lead in tackling the pervasive racism and xenophobia[18] in many countries and thereby strengthen coherence between foreign and domestic policies. As well as facing discrimination, migrant domestic workers are at greater risk of violence and abuse because they are particularly likely to be employed informally (Paz Ramirez, 2026, in Women in Migration Network, 2026).

Given the focus of this paper on FFPs, the recommendations below focus largely on migrant care workers. These should be complemented with a more extensive set of actions to enhance the opportunities and wellbeing of the entire care workforce, regardless of origin.

Recommendations for FFP+ governments

Ensure care-worker migration pathways are mutually beneficial for countries of origin and host countries. International recruitment of care workers should follow the provisions of the World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel (WHO, 2010). Ensuring mutual benefit could include financial and technical assistance to support health and care systems in low-income countries of origin (Kumar et al., 2022).

Establish and extend safe, regular pathways for care workers to migrate through both general migration pathways and initiatives designed specifically for care workers. Outlaw arrangements tying workers to one employer and establish simple, affordable and flexible regularisation mechanisms. Guarantee migrant care workers' rights to the use of public services, social protection and participation in civic life, as well as access to relevant training and qualifications on the same basis as their national counterparts (Kumar et al., 2022; Women in Migration Network, 2026).

Ensure care-worker visas include family accompaniment. Migrant care workers should not be expected to leave their families at home, especially if they are on long-term or permanent visas. Grant children (and adult dependents) of care workers full access to health and education services and extend secure administrative status to parents of all genders (Kumar et al., 2022; Women in Migration Network, 2026).

Ratify and implement key ILO Conventions, and support others to do so too. Prioritise ratification of key ILO Conventions, especially No. 189 (domestic workers) and No. 97 (migrant workers), which remain critically under-ratified. Align policies with the provisions of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (UN, 1990). Pair ratification with national implementation plans, budget allocations and enforcement mechanisms. These should include – where needed – efforts to strengthen

18 A study by the UN Educational, Social and Cultural Organization (UNESCO, 2024) of online abuse found racism to be the most frequent form of abuse, followed by sex- and gender-based abuse.

monitoring of home-based working conditions and to establish reporting mechanisms for abuses, including gender-based violence, that can be used safely by formal and informal migrants without risking deportation (Ignacio et al., 2026; Women in Migration Network, 2026).

Lead in promoting positive narratives about migration, recognising the contribution of migrants to their host societies and featuring care workers, who are often considered low-skill workers who add little value to host societies. Through community integration initiatives and communication campaigns, make sustained efforts to counter increasingly hostile social norms that fuel racism, xenophobia and abuse of migrants (Global Forum for Migration and Development, 2020; Dennison, 2026).

6 Boost a transformative care agenda through international cooperation

The burgeoning policy attention to care in recent years has led to the various comprehensive frameworks and roadmaps to strengthen care systems outlined in Box 1. FFP+ governments have played an important role here. But care is also mentioned in many global policy frameworks and declarations in a superficial way: largely by observing that specific policies or situations increase women's unpaid care work. Though these mentions represent progress compared with silence on care issues, much work is needed to translate them into practical, funded action.

Furthermore, analysis of care challenges and solutions – particularly at the global level – is often overgeneralised. As discussed in Section 2, there is often still an assumption that unpaid care is a 'burden' that women must be relieved of, with little focus on how care can be a source of pride, joy or status, and how people can be enabled to combine paid work and unpaid care according to their priorities and preferences.[19] Discussions of the redistribution of unpaid care within the household often assume that it is largely social norms that prevent men undertaking care work, and pay insufficient attention to economic pressures, such as long working hours in low-paid jobs, or migration for work.

FFP+ governments could helpfully address the lack of cultural sensitivity, context-specificity and attention to intersectional difference in much care-economy analysis and policy. Some Latin American governments have sought to address this by developing place-based, intercultural and intersectional care policies (ECLAC, 2025b). Discussions on the depleting effects of long unpaid hours undertaking care work are also rarely reported by social class, despite wealthier people's ability to outsource both relational care and housework, and thus to reduce these workloads.

Neither caregivers nor care recipients have historically been consulted meaningfully in the development of care policies. This leads to one-size-fits-all solutions, such as the promotion of childcare in contexts where a higher priority would be reducing the drudgery of domestic work (Kumari, 2024), or the provision of training or leisure opportunities for caregivers who would prefer their time to be freed up for self-defined priorities (Papworth, 2026).

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19 A small, but growing literature is starting to show the coloniality of this assumption. Some key studies include: Raghuram (2012); Chung et al. (2019); Chopra and Krishnan (2022); Nayak (2023); Kotiswaran (2025), among others.

FFP+ governments can therefore lead on reframing the core objective of care policy as enhancing the quality and availability of care and ensuring it is provided equitably – which would open the door to a wider set of care models. For example, this could include enabling combinations of paid professional and family care that best serve the interests of children under age three, or of different types of paid professional services (centre-based versus home-based) and unpaid family care to more effectively meet the diverse care and support needs of different groups of people with disabilities, and older people (Ilkkaracan, 2025).

Recommendations for FFP+ governments

Champion care agendas in multilateral spaces and institutions, going beyond resolutions to concrete commitments and budgets. For example, use 'seats at the table', such as Executive Directorships of multilateral development banks to champion investment in care systems, and raise care issues in fora that are not ostensibly care related, such as climate and migration policy negotiations. Advocate for broader targets on care in the post-SDG agenda that emphasise the rights and wellbeing of care recipients, and of paid as well as unpaid carers (Roundtable participants).

Build alliances with countries open to collaboration on care agendas. Work with the Global Alliance for Care to build multi-stakeholder alliances, consensus and commitments around investment in care systems, with targets and action plans. Platforms include UN committees; G7, G20 and G77 meetings and presidencies; and those of regional bodies such as the Association of South East Asian Nations (ASEAN), the European Union and the African Union.

Make use of informal groupings or timebound initiatives to build more permanent platforms for dialogue, experience sharing and strategy. Explicitly include engagement with coalitions of municipal policy-makers, such as the C40 Cities mayors' network, who often have greater space for innovation in implementation than their national counterparts (Papworth, 2026). Monitor political positioning around investment in care systems to understand where and how the political terrain may be changing, including the emergence of overtly hostile agendas.

> 'Coalitions of the willing on care – like the EU-LAC bi-regional pact – help build permanent platforms for dialogue, exchange and strategising.' (Roundtable participant)

Frame arguments and proposals for greatest resonance in different contexts. Some analysts suggest care can be a common ground for governments and other stakeholders from diverse political positioning (Roundtable participants). Relevant arguments could include: investment in care systems is a public good that benefits societies as well as individuals; investment in care generates economic multipliers rather than constituting a fiscal burden; investment in care can enhance resilience to climate change; and investment in care can help build peaceful societies (Harris et al., 2024; UN, 2024a; UN Women, 2025). Invest in and

disseminate relevant evidence, for example, on the economic multipliers associated with care-system investment, as outlined in ECLAC (2022), Vincensini and Martin (2025), Onaram and Oyat (2025) and ILO (n.d.), among other sources.

Invest in strengthening data and evidence, ensuring that studies reflect intersectional diversity. Support evidence generation to properly understand the reasons for care crises in different economic, social and cultural contexts, and to ensure policies are responding to these reasons rather than to transplanted narratives or universalised solutions. Invest in understanding priority gaps (what works, time-use surveys, etc.) to provide a foundation for well-designed and contextually relevant policies. Investigate whether, and in what ways, foreign policy decisions are contributing to caring societies or reproducing care inequalities.

Support the meaningful inclusion of people with lived experience of giving and receiving care in policy dialogues, planning and governance arrangements. Specifically:

- recognise and ensure representation of the diversity of stakeholders from different backgrounds (class, ethnic, nationality), and of care recipients as well as carers (e.g., paid/unpaid, full/part-time, centre- or home-based, etc)
- ensure that such representation is compensated so that insights are not skewed to better-off participants
- create enabling conditions for caregivers to participate in consultations, e.g., provide a creche, pay for transport costs
- alongside feminist organisations, ensure that other rights-focused civil society representatives – for example, from disability rights, older persons' or youth organisations – are included, to build coalitions of support for care agendas and help shift the perception that it is largely a 'women's issue'.

Expand the global care agenda to maximise its social impact. This could include discussions on: how to centre and enhance care; how to re-organise paid work and social protection to enable men and women to better balance care and paid work and meet their care and work aspirations; how issues such as violence prevention (including gender-based violence), mental health support and environmental care and protection can be more centrally integrated into caring-societies agendas (Ilkkaracan, 2025); and other ideas emerging from dialogues and consultative processes.

Support mutual learning on care initiatives within and between world regions, and elevate emerging insights. This could include supporting exchanges between municipalities as has taken place in Latin America (Papworth, 2026), around national care systems (Whipkey et al., 2025) or between different types of stakeholders (e.g., the elder-care workforce). These steps would embed active listening and equal exchange into foreign policy practice, thereby developing policies that reflect diverse global experiences in building caring societies (De Silva and Hernandez Pepe, 2026).

7 Conclusion

> 'The greatest risk is treating care as rhetoric while maintaining foreign policies that reproduce care inequalities through restrictive migration policies, underinvestment in social protection, inadequate financing for care systems, or insufficient climate action. FFPs should model policy coherence by aligning development cooperation, trade, migration, labour, climate and economic policies with care commitments.' (Roundtable participant)

The 'crisis of care' requires a much more substantial response than is currently the case – one that FFP+ governments are well-placed to advance through multilateral, regional and bilateral action, as well as domestic policy. Real progress on this agenda will require a two-pronged approach to:

1. directly champion care as a social and economic priority within diverse international fora, while also supporting policies that respond to the priorities of diverse care recipients and caregivers in different contexts
2. create an enabling environment for care policies through action to mitigate the global drivers of the care crisis, including poverty and inequality, conflict, climate change and forces fomenting social polarisation and hatred, such as under-regulated digital technology.

Championing the care agenda is an important action in and of itself. It is too often seen as a luxury rather than a critical investment in economic and social wellbeing, peace and security. Governments with FFPs and related policies should play a more active role in making the case for care in diverse international settings and in bringing on board new stakeholders from government, civil society and the private sector. In a context of increasingly organised and widespread backlash against gender equality and the rights of minorities, care agendas need vocal champions.

Equally important is what is prioritised, why and how. Truly transformative care agendas are context- and culturally specific. They respond to the needs and priorities articulated by diverse groups of caregivers and care recipients. They are based on disaggregated evidence of the situations of specific groups and the intersecting factors underlying care crises in different contexts, rather than generalised narratives and one-size-fits-all policy approaches. FFP+ governments could help shift international care policy from global visions and principles to locally defined and relevant plans. Not doing so risks designing policies that are irrelevant to the needs of the people they are intended to serve.

Part of the potential of FFPs and related policies lies in their ability to build synergies between action on different issues. These synergies are particularly important for effective action on care. As this brief has shown, the reasons for care crises extend far beyond (the lack of) adequate care policies. With a remit spanning diplomacy and development policies, FFPs and

related frameworks provide a mandate to advance commitments and action on poverty and inequality, on the climate crisis and on conflict prevention and resolution, and to mobilise investment in care systems.

Through their access to varied international policy spaces and agenda- and budget-setting mechanisms, FFP+ governments have the power to take and influence action in support of a transformative care agenda. This brief has outlined a variety of ways to do so. The next step is to build on the political will that has led to the strongest-yet FFP commitments and to transform those commitments into action.

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Appendix 1 Roundtable participants

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Bridget Burns	Women's Environment and Development Organisation
Helen Dempster	Centre for Global Development
Monika de Silva	University of Gothenburg
Aapta Gaag	International Centre for Research on Women
Caren Grown	Brookings Institution
Jaqueline Leduc	Global Alliance for Care
Foteini Papagioti	International Centre for Research on Women
Carolina Robino	International Development Research Centre
Jennifer Rodriguez Bruno	MenEngage
Silke Staab	UN Women

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