



Caregivers in the policy framework for older persons and persons with disabilities

A call for recognition and action



Economic and Social Commission for Western Asia

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Key messages

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- *Policy measures that address the needs and rights of older persons and persons with disabilities can also support the well-being of their caregivers.*
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- *Policies focused on these population groups offer a meaningful opportunity to consider the specific needs and rights of caregivers in a systematic and coherent manner.*
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- *Governments are encouraged to engage both care recipients and caregivers in policy development processes, ensuring that the perspectives and priorities of both groups are reflected and respected.*
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Introduction

Over the past two centuries, the world has witnessed profound demographic transformations, particularly in the context of ageing. Increased longevity, driven by medical and technological advancements, has resulted in significant gains in life expectancy, a clear indicator of global development.

By 2050, global life expectancy at birth is projected to reach 76 years. The number of older persons, defined as individuals aged 60 and above, is expected to surpass 2 billion. In developing countries, this demographic shift will be especially significant, with the older population anticipated to quadruple between 2000 and 2050.¹

Although the Arab region remains relatively young, it is undergoing a rapid demographic transition. The number of persons aged 65 and above rose from 4.5 million in 1970 to 20.8 million in 2020. By 2050, older persons are projected to comprise approximately 11 per cent of the total population, up from less than 5 per cent in 2020 – albeit at varying rates across countries.²

Countries such as Algeria, Lebanon, Morocco and Tunisia are experiencing rapid ageing, with older persons already constituting over 7 per cent of the population. In contrast, Egypt, Iraq, Jordan, Kuwait, Oman, Saudi Arabia, the State of Palestine and the Syrian Arab Republic

are experiencing moderate ageing and are expected to enter the ageing transition before 2050. Yemen and the Sudan are projected to undergo this transition after 2050, and are thus considered to be experiencing slow ageing.

While the pace and timing of ageing transitions differ across the Arab region, the average transition period is projected to be 36 years, a markedly faster rate compared to Europe, where the transition spanned between 50 and 150 years.³

Ageing in the Arab region is also expected to be accompanied by a rise in the number of persons with disabilities, due to increased life expectancy and the impacts of armed conflict across several countries, which contribute to higher rates of injury and long-term disability.

Older persons and persons with disabilities are among the principal recipients of care, which encompasses both direct assistance and broader support. The provision of care to these groups holds immense social value, preserving their dignity and well-being, and recognizing their past and ongoing contributions to family, community and national development.

Care provision for older persons, persons with disabilities and persons with chronic illnesses, whether paid or unpaid, is predominantly carried out by women. Globally, women perform more than two thirds of all unpaid care work. In the Arab

1. United Nations, [Political Declaration and Madrid International Plan of Action on Ageing](#) (2002).

2. Economic and Social Commission for Western Asia (ESCWA), [Ageing in ESCWA Member States: Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing](#), [E/ESCWA/MIPAA/2022/Report](#) (2022).

3. Ibid.

region, this share ranges from 80 to 90 per cent.⁴ This uneven distribution of care responsibilities reinforces gender-based inequality and places women in disproportionately vulnerable social and economic positions.

Women's extensive involvement in unpaid care work is a major barrier to their economic participation in the Arab region, where women's labour force participation has remained stagnant between 15 and 20 per cent for the past three decades.⁵

Projected demographic shifts, including population ageing and rising rates of disability,

will increase the demand for care provision in the Arab region. In response, inclusive care policies are urgently needed, not only to ensure the evolving needs of older persons and persons with disabilities are met, but also to recognize support and empower caregivers.

This paper examines the intersection of ageing, disability and care provision. It concludes with a call to action, urging Governments to develop holistic national policy frameworks that promote the rights, dignity and well-being of both care recipients and caregivers, and to implement comprehensive and inclusive policy recommendations.

4. Jonathan Woetzel and others, *The power of parity: How advancing women's equality can add \$12 trillion to global growth* (McKinsey Global Institute, 2015), 29.

5. International Labour Organization Modelled Estimates (ILOEST) database, ILOSTAT, "Labour force participation rate by sex and age" accessed 2025. <https://ilostat.ilo.org/data/>.

1. Care at the intersection of dignity and equality

A. Care for older persons and persons with disabilities

The [Madrid International Plan of Action on Ageing \(MIPAA\)](#) iterates the aim “to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights”.

In line with this objective, care and dignity are recognized by the [United Nations Principles for Older Persons](#) and should be incorporated in national strategies. MIPAA puts care at the core of ageing policies. It acknowledges the contributions of older persons to their families, communities and societies; the centrality of care for the dignity of older persons; and support for caregivers.

Similarly, persons with disabilities should be recognized for their active role and valuable contributions to their societies.

To uphold the rights of persons with disabilities, it is essential to adopt a rights-based approach that shifts from viewing persons with disabilities as unable to work or contribute to society, to recognizing them as active, empowered participants entitled to full inclusion and equal opportunity.

Care is a key component of policies and programmes targeting persons with disabilities.

Many aspects of this care overlap with support provided to other groups of recipients, such as children, older persons and migrants with disabilities. That is why integrated and inclusive care systems are required.

The [Convention on the Rights of Persons with Disabilities \(CRPD\)](#) reaffirms “the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination”. These rights include the right to education, healthcare and work, and being able to live in dignity, respect, well-being and autonomy.

Article 16 of CRPD iterates that “States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers”.

The [2030 Agenda for Sustainable Development](#) has inclusiveness at its core, pledging to leave no one behind. The Sustainable Development Goals (SDGs), CRPD and MIPAA recognize the importance of the inclusion of older persons and persons with disabilities for the achievement of gender equality, poverty eradication and sustainable development for all.

Box 1. Care and support

In line with the United Nations approach, care is understood as a multidimensional concept that encompasses caring for oneself, for others and for the planet. It includes the provision of physical, emotional and social support to individuals who require assistance, while also reflecting broader societal values of interdependence, solidarity and sustainability.

Within this framework, support refers to the act of enabling individuals to carry out daily activities and participate fully in society. It emphasizes autonomy and agency, moving beyond a narrow focus on meeting basic needs toward fostering dignity, empowerment and inclusion.

Source: United Nations, *Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda*, United Nations system policy paper (2024).

B. Care and gender equality

1. Women caregivers

Gender inequality remains a defining feature of the care economy, with women bearing a disproportionate share of unpaid care responsibilities. Across the Arab region and beyond, women continue to invest significantly more time than men in caregiving tasks, whether caring for children, older persons, persons with disabilities or individuals with chronic illnesses, while also managing household duties and domestic chores. This unequal burden has a direct and detrimental impact on women's participation in the labour market. In 2024, the Arab region recorded one of the lowest rates of women's labour force participation globally, at just 19 per cent.⁶

The limited engagement of women in the formal economy restricts their career development and hinders their full participation in public and

political life. The time and energy spent on unpaid care work not only affect women's economic opportunities but also diminish their productivity, well-being and long-term financial security.

Globally, women make up about 67 per cent of paid health and social care workers – such as doctors, nurses, teachers, home-health aides, nannies, and domestic workers.⁷ Care-related roles account for 19.3 per cent of women's employment worldwide, compared to just 6.6 per cent for men.⁸

In the Arab region, care work remains the dominant source of female employment, with over **50 per cent** of employed women working in sectors related to the care economy.⁹

This concentration of women in both paid and unpaid care roles has shaped a “feminized” care sector,¹⁰ characterized by lower wages, longer hours and widespread informality – restricting access to social protection and raising their risk of poverty.

6. International Labour Organization Modelled Estimates (ILOEST) database, ILOSTAT, “Labour force participation rate by sex and age” accessed 2025. <https://ilostat.ilo.org/data/>.

7. International Labour Organization (ILO), *Where women work: female-dominated occupations and sectors*, ILOSTAT Blog (2023).

8. International Labour Organization (ILO), *Care Work and Care Jobs for the Future of Decent Work* (2018).

9. Ibid.

10. UN WOMEN, *The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States* (Amman) (2020).

2. Women care recipients

Gender inequality in care provision also contributes to inequalities faced by women as care recipients. Due to their longer life expectancy, women constitute the majority of the older population, a demographic trend often referred to as the feminization of ageing. Many of these women enter old age without independent income or social insurance coverage, as their lifetime involvement in unpaid care work has often excluded them

from formal employment and contributory pension schemes.

According to the International Labour Organization, 59 per cent of Arab women remain outside the labour force due to care responsibilities.¹¹ As they age, many of these women are left behind, relying on financial and physical support from family members or external care providers. This reliance reinforces their economic insecurity and social vulnerability in later life.

11. International Labour Organization (ILO), [Statistical Brief: The Impact of Care Responsibilities on Women's Labour Force Participation](#) (2024).

2. Breaking the cycle: integrating caregivers in national policy frameworks

To break the cycle of care-related gender inequality, women must be economically empowered and fully able to participate in the labour force. As caregiving responsibilities remain a major barrier to women's paid employment, they must be recognized, reduced, and more equitably redistributed. At the same time, decent working conditions must be ensured in paid care employment. More broadly, caregivers' rights and needs, on par with those of care recipients, should be explicitly recognized in national policies and strategies, including those related to older persons and persons with disabilities.

Most Arab countries have developed national strategies or action plans for older persons, in line with MIPAA, and have committed to the inclusion of persons with disabilities. The majority have signed, ratified or acceded to CRPD, with at least 18 countries enacting disability-specific laws. Many also include constitutional references to persons with disabilities and maintain dedicated national strategies or action plans.

A review of national strategies for older persons and persons with disabilities in Arab countries was undertaken to assess how these policies address care recipients and whether they explicitly recognize caregivers. While caregivers are often mentioned indirectly, typically through references to family support, the growing global attention to care, particularly in the aftermath of COVID-19 and

ongoing regional crises, there is a need for a more explicit and systematic integration of unpaid caregivers into national policy frameworks.

It is crucial to seize this momentum to ensure caregivers are systematically included in national strategies, with dedicated measures that support their economic and social participation, protect their well-being, and promote mental health. It should be noted that the analysis in this paper is limited to the national strategies reviewed; additional policies that may address caregivers more explicitly may exist but were not included in this review (table 1 and table 2).

Building on this analysis, there is a pressing need for legal and policy frameworks for older persons and persons with disabilities in the Arab region to incorporate specific measures that support, protect and respond to the needs of caregivers. These frameworks should also foster conditions that reduce the future vulnerability of older persons and persons with disabilities, particularly women, especially in terms of economic and financial security. Relevant measures fall under five key policy areas, based on the 5R framework for decent care work and gender equality. These include: the recognition, reduction and redistribution of unpaid care work; and the reward and representation of paid care workers.¹² All measures should reflect the diverse experiences and needs of older persons and persons with disabilities.

12. International Labour Organization (ILO), *Care Work and Care Jobs for the Future of Decent Work* (2018).

Table 1. Mention of policies targeting caregivers for older persons in national strategies of Arab countries

Pillar	Unpaid caregivers	Paid caregivers
Providing training to caregivers	Iraq; Lebanon; Saudi Arabia; State of Palestine; Syrian Arab Republic; Sudan; Yemen	Bahrain; Iraq; Jordan; Lebanon; Saudi Arabia; State of Palestine; Syrian Arab Republic; Sudan; Yemen
Providing caregivers with some kind of support (financial, in-kind, social protection, additional financial incentives, scholarships)	Bahrain; Lebanon; Saudi Arabia; State of Palestine; Syrian Arab Republic; Sudan; Yemen	Iraq; Syrian Arab Republic
Encouraging youth volunteering in care provision to older persons	Jordan; State of Palestine; Yemen	
Raising awareness on issues related to older persons	Bahrain; Yemen	
Allowing flexible work arrangements for employees to facilitate undertaking care responsibilities	Lebanon	

Source: Based on a revision of the national strategies for older persons in the different Arab countries.

Table 2. Mention of policies targeting caregivers for persons with disabilities in national strategies of Arab countries

Pillars	Unpaid caregivers	Paid caregivers
Providing training to caregivers providing both paid and unpaid care work	Egypt; United Arab Emirates	Bahrain; Djibouti
Providing some type of support to caregivers (cash, in-kind, through a specific tax system)	Egypt; State of Palestine	

Source: Based on a revision of national strategies for persons with disabilities in Arab countries.

Box 2. Recognizing the heterogeneity of care needs

Older persons and persons with disabilities are not homogeneous groups. Their needs vary widely based on age, capacity, and the type or severity of disability.

Older persons, typically aged 60 and above, can be grouped as follows:^a

- Fully independent.
- With some care needs.
- With complex care needs.

Disabilities fall into six categories: seeing, hearing, mobility, cognition, self-care and communication, with varying degrees of difficulty.^b

Recognizing this diversity is essential for developing responsive, inclusive care policies that respect individual autonomy and support caregivers effectively.

^a Shereen Hussein (2022, June 1–2). [Conference session]. ESCWA Fourth Review of the Madrid International Plan of Action on Ageing in the Arab region (Regional review conference).

^b Washington Group Short Set (WGSS).

3. Older persons and persons with disabilities policy frameworks: mutual benefits for caregivers

Policies targeting older persons and persons with disabilities aim to preserve their dignity, autonomy and well-being while promoting their development. These policies also generate mutual benefits for caregivers. The examination of the relevance and impact of selected policy measures from the dual perspectives of care recipients and caregivers offers insights on how these measures can be designed to support both groups (table 3).

The findings emphasize the importance of maintaining and expanding such policies, particularly in light of growing care needs. They also highlight considerations for promoting gender equality when developing frameworks for older persons and persons with disabilities, and point to examples of good practices across the region.

Inclusive policies that support care recipients can reduce the burden of unpaid care work, relieving non-professional caregivers from responsibilities they may not be equipped to handle. The effectiveness of such policies, however, relies on the availability, affordability, quality and social acceptance of paid care services.

A. Main policy areas

The policy areas detailed in this section and presented in table 3 identify critical avenues

through which interventions targeting care recipients can produce indirect benefits for caregivers. By reducing the intensity and time burden of unpaid care work, such measures contribute to improved caregiver well-being and support their integration into the labour force. This section offers a regional overview of implementation trends across the Arab region, providing policymakers with insights into current practices.

- Lifelong learning programmes: beneficial for independent older persons and those with moderate care needs, enhancing their productivity and autonomy. Implemented in 15 Arab countries, these programmes are especially vital for older women and women with disabilities with low literacy rates, who face dual discrimination.
- Social protection measures: include cash transfers, in-kind support and tax benefits. They reduce poverty and support all groups. While widely available, the provisions, especially for persons with disabilities, often fall short of covering actual care and health costs.
- Labour policies: include flexible retirement, reduced work hours, telecommuting and employment quotas for persons with disabilities. While quotas exist in most Arab countries, enforcement is weak. Promoting self-employment is also crucial for economic participation.

Box 3. Highlight: addressing gaps in social protection and early childhood disability services

Social security systems in the region remain closely tied to formal employment, leaving many women excluded due to precarious and informal work or unpaid care work. As a result, pension schemes often fail to adequately protect women, reinforcing gender disparities in coverage and retirement security.

The absence of early intervention services for children with disabilities, particularly from birth to 5 years, places additional pressure on families, especially mothers. Introducing free, family-based early intervention services within primary healthcare centres is essential to support caregivers and promote the inclusion and development of children with disabilities.

- Healthcare policies: primary health care is available in most countries, but access, affordability and specialized services for older persons and assistive devices remain limited. Although persons with disabilities often have legal access to free care, availability and quality vary.
- Infrastructure policies: implemented in several countries, these include accessible housing, transportation and public spaces. Such infrastructure is critical for inclusion and independence.
- Care centres: day centres and residential institutions serve different needs from independent older persons to those requiring continuous care. Daycare centres allow for in-home living with professional support. Cost remains a barrier, highlighting the need for partnerships across sectors. Cultural norms in the Arab region often favour home-based elder care.
- Home-based care services: these range from paid professional care to unpaid family and community support. Services are essential for those with significant physical or cognitive limitations and help reduce the burden on informal caregivers.

B. Mutual benefits and systemic challenges in care provision

Most policies targeting older persons and persons with disabilities generate indirect benefits for caregivers. By promoting independent living and inclusion, these policies reduce reliance on unpaid caregivers, freeing their time and enabling greater participation in the labour market. Enhancing the financial autonomy of care recipients also alleviates economic pressures traditionally borne by caregivers.

Reducing caregiving burdens is not only an economic issue – it also addresses caregivers' well-being. Many experience stress, fatigue and mental exhaustion; thus, lessening care responsibilities can significantly mitigate caregiver burnout.

Transferring care provision to trained professionals further supports unpaid caregivers, particularly in cases where they lack the necessary skills or capacity to provide adequate support.¹³

However, several challenges hinder the expansion and accessibility of care

13. Economic and Social Commission for Western Asia (ESCWA), Empowering Women in the Arab Region – Advancing the Care Economy Case Study: Case Study on the Economy of Care to Older Persons in Morocco, [E/ESCWA/CL2.GPID/2022/TP.19](https://escwa.org/publications/E/ESCWA/CL2.GPID/2022/TP.19) (2023).

services. These include limited affordability, gaps between actual and articulated demand, sociocultural norms, variability in service quality, and shortages of

skilled professionals in the care sector. Among these, financial barriers remain the most significant constraint to improving and scaling care provision.¹⁴

Table 3. Policies for older persons and persons with disabilities can mutually benefit caregivers

Policies for care recipients	Benefits for caregivers
Lifelong learning programmes; social protection measures; labour policies; healthcare policies; infrastructure policies; care centres	Freeing up caregivers' time and potentially allowing them for engagement in paid employment by reducing unpaid care responsibilities through: <ul style="list-style-type: none"> • Enhancing care recipients' access to paid care services (social protection and assistance policies, lifelong learning policies). • Increasing the autonomy of care recipients (infrastructure policies). • Providing accessible care services (social protection and assistance policies, health policies, care centers). • Redistributing care responsibilities (labour policies).
Lifelong learning programmes; social protection measures; infrastructure policies	Reducing caregivers' financial responsibilities by allowing care recipients to be financially autonomous.
Lifelong learning programmes; social protection measures; labour policies; healthcare policies; infrastructure policies; care centres	Reducing the risk of caregivers' physical burnout and emotional and mental exhaustion.

14. Economic and Social Commission for Western Asia (ESCWA), Women's Economic Empowerment in the Arab Region: Guidelines to Advance Care Policies, [E/ESCWA/CL2.GPID/2022/GUIDE.1](#) (2022).

4. The way forward: focus on caregivers in policy frameworks

A. Rights and needs of paid and unpaid caregivers: integration into existing policy frameworks

Inclusive policy measures targeting care recipients can also benefit caregivers. However, these measures alone are not sufficient to recognize and respond to caregivers' rights and needs. To ensure meaningful support, caregivers must be explicitly, systematically and comprehensively addressed

within policy frameworks for older persons and persons with disabilities.

Proposals are outlined on how the rights and needs of paid and unpaid caregivers can be integrated into existing policy frameworks for older persons and persons with disabilities. These proposals aim to strengthen caregiver support through more inclusive, systematic and comprehensive policy approaches (table 4).

Table 4. Targeted policies for paid and unpaid caregivers

Pillar	Targeted group	Measures
Participation and involvement in policymaking	Paid and unpaid caregivers	<ul style="list-style-type: none"> Encouraging active participation of both paid and unpaid caregivers, as well as care recipients, especially women, in policymaking, to ensure their rights, needs and well-being are addressed. Engaging with grassroots organizations focused on gender equality, women's empowerment, older persons and persons with disabilities.
Acknowledgement of caregivers' role and contribution	Unpaid caregivers	<ul style="list-style-type: none"> Explicitly acknowledging and valuing unpaid care across all policy frameworks and strategies, as essential labour that benefits society, even if it's not remunerated or economically monetarized within national accounts.
Capacity development	Paid and unpaid caregivers	<ul style="list-style-type: none"> Recognizing the importance of equipping paid aid care providers with skills, expertise and certification within policy frameworks, to improve their wages, work conditions and overall well-being, while also enhancing the quality of care for recipients. Recognizing the importance of training unpaid caregivers within policy frameworks, to enhance their skills, ease their responsibilities when dealing with older persons and persons with disabilities, and improve the well-being of both caregivers and care recipients through better quality care. Introducing and institutionalizing the role of personal assistants as a recognized profession, with national standards for training, certification, supervision and monitoring. Ensuring proper education and accreditation for personal assistants will improve their working conditions, enhance care quality and strengthen the overall care system.
Care benefits	Unpaid caregivers	<ul style="list-style-type: none"> Integrating care benefits in policy frameworks and strategies to recognize the value of unpaid care work. These benefits could include non-contributory health coverage, adapted contributory social protection schemes, pension contribution credits to offset work interruption due to caregiving, cash transfers, access to services, and tax incentives. Carefully designing policies to avoid reinforcing or exacerbating gender inequalities.

Pillar	Targeted group	Measures
Legal framework for domestic workers and unstructured informal home-based care	Paid caregivers	<ul style="list-style-type: none"> Recognizing the importance of upholding the rights of domestic workers, including migrant workers, who are usually more vulnerable to poor working conditions. Revising and improving the recruitment process to ensure that domestic workers are informed of the assigned care responsibilities, and are selected based on their skills and consent. It is essential to distinguish between care and domestic workers, given the nature of the care tasks and duties. Establishing cooperatives for domestic workers to ensure they receive formal contracts with fair wages, full compensation and fair working conditions, such as set hours. Training could be an important component of the cooperative's responsibilities.
Flexibility and family leaves	Unpaid caregivers	<ul style="list-style-type: none"> Establishing family-friendly and gender-sensitive measures allowing caregivers to reconcile work and care responsibilities. These include flexible work arrangements and care leave options that enable caregivers to be economically productive, while also being able to provide the needed care for their dependents. Developing labour policies that support women caregivers enables them to continue providing care while participating in paid employment. These policies promote an equal distribution of caregiving responsibilities among family members of different genders, improve work-life balance for all, help reduce and redistribute unpaid care duties between men and women, economically empower women, and advance gender equality. Common leave policies cover childcare, including maternity, paternity and parental leave. It is important to encourage paid leave to care for an older person, persons with disabilities or ill persons.
Gender-inclusive care sectors	Paid caregivers	<ul style="list-style-type: none"> Promoting gender-diverse care economies to avoid the paradigm of women being perceived as caregivers, which had led to the feminization of care jobs – ranging from childcare and education to social care and specific roles in healthcare. Improving working conditions in the paid care sector is an important factor in paving the way towards more gender equality in care work and in the labour market.
Psychosocial support	Unpaid caregivers	<ul style="list-style-type: none"> Offering psychological and emotional support for caregivers, especially that they are prone to burnout.
Regularizing the paid care sector	Paid caregivers	<ul style="list-style-type: none"> Regularizing the paid care sector, which includes a high proportion of informal work often marked by low status, low wages, limited social protection and poor working conditions – conditions that primarily affect women. Investing in care infrastructure and care services can help transition from informal to formal employment. Establishing cooperatives is key to improving caregivers' wages and providing benefits often lacking in the care sector, such as health insurance, set working hours and retirement plans. These improvements contribute to higher employee retention, a persistent challenge in the sector. Cooperatives also support the formalization of care work by offering contracts, negotiating better conditions, and providing training, helping workers secure their rights. These measures also benefit care recipients, as better working conditions for health workers lead to improved patient outcomes.
Gender mainstreaming	Paid and unpaid caregivers	<ul style="list-style-type: none"> Implementing care policies in conjunction with other gender equality policies and ensuring that gender is mainstreamed in policies related to caregivers and care recipients.

B. Good practices from the region

To develop inclusive and effective policy frameworks for older persons and persons with disabilities, it is essential to recognize, assess and integrate the rights and needs of caregivers, particularly women, into the foundational stages of policy development. This begins with incorporating a gender- and care-sensitive lens in the situation analysis and rationale that inform such frameworks. Systematic

identification and analysis of caregivers' roles, challenges and contributions are critical to mainstreaming their concerns and priorities within broader ageing and disability strategies. There is also a need for dedicated policies that directly address caregivers' rights, protection and support mechanisms. Table 5 highlights good practices from the Arab region that illustrate how some countries have begun to embed caregiver considerations into national policy responses.

Table 5. Promising practices in the Arab Region

Practices targeting older persons	Practices targeting persons with disabilities
<p>Egypt “Elderly Companion” initiative</p> <p>Launched in 2019 by the Ministry of Social Solidarity with the aim of maintaining family unity through the provision of affordable home-based care for older persons within the family environment as a substitute for institutionalized care. In 2021, ministerial decision number 533 established regulations associated with the companion of the elderly service. A total of 51 young people from different regions were trained by professionals on elderly healthcare, natural remedies, physical activity, nutrition, social and psychological care, communication and crisis management. Job opportunities were provided to 40 per cent of the trainees.^a</p>	<p>Maternity leaves in the case of children with disabilities</p> <ul style="list-style-type: none"> • In Saudi Arabia, female employees are entitled to a minimum of 10 weeks of fully paid maternity leave. Employees who give birth to a child with special needs or sickness requiring ongoing care are eligible for an additional month of paid leave, and may extend their leave by one more month without pay.^b • In the United Arab Emirates, private sector female workers are entitled to 60 days of maternity leave – 45 days fully paid and 15 days at half pay. If the newborn has a medical condition or disability, they receive an additional 30 days of fully paid leave, which can be extended by another 30 days without pay. In the federal Government, female employees are entitled to 90 days of fully paid maternity leave. In the government sector in Dubai, mothers of children with special needs can take additional childcare leave from the end of maternity leave until their child turns one.^{c,d}
<p>Alternative families^e</p> <ul style="list-style-type: none"> • In several Arab countries – including Algeria, Morocco, Oman, and Tunisia – promising practices have been introduced to support older persons without family care by placing them with alternative or host families. • In Algeria, this practice began in 2020, with host families volunteering to accommodate older persons in their homes. • In Tunisia, it dates back to 1996. The programme offers older persons without family ties a residence with an alternative family, which receives a monthly grant in exchange. 	

^a National Report on the Fourth Regional Review of the Madrid International Plan of Action on Ageing – Egypt.

^b Human Resources and Social Development Fund (HRSD), Saudi Arabia, “Knowledge Centre Articles”.

^c Government of the United Arab Emirates, “Types of Leaves and Entitlements in the Private Sector: Maternity Leave”.

^d Government of the United Arab Emirates, “Maternity and Paternity Leave in the Government Sector”.

^e Economic and Social Commission for Western Asia (ESCWA), Ageing in ESCWA Member States: Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing, E/ESCWA/MIPAA/2022/Report (2022).

This paper examines the potential for strengthening policy frameworks related to older persons and persons with disabilities in the Arab region, with a focus on enhancing outcomes for caregivers. While existing strategies primarily address the health, economic security and social participation of care recipients, they also emphasize family support, intergenerational solidarity, inclusive environments and protection from violence. These policy areas offer a solid foundation for further development but often fall short in acknowledging the critical role of caregivers — particularly women, who disproportionately shoulder care responsibilities — and the support they require.

Expanding these frameworks to explicitly recognize and safeguard the rights and well-being of caregivers represents a key opportunity for policy advancement. Caregivers are frequently overlooked in national strategies, despite bearing significant responsibility that exposes them to economic vulnerability and social exclusion. Integrating caregiver needs into ageing and disability policies through a rights-based, gender-sensitive approach would not only enhance the effectiveness of care systems but also contribute meaningfully to gender equality.

