



# POLICY BRIEF

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## Women's economic empowerment and the care economy in the ECE region: The impact of economic and social policies during the COVID-19 response and recovery<sup>1</sup>

### Summary

Care comprises all activities that enhance people's physical and emotional health and wellbeing. Care is essential for sustaining human life and for the reproduction of the workforce and societies. The care economy thus represents a fundamental contribution to economic production and sustainable development.

Care work, both paid and unpaid, is currently mostly done by women. Despite its importance, care work continues to lack visibility. It is underestimated and disregarded in the design of economic and social policies, including in the ECE region.

The COVID-19 pandemic has reinforced the centrality of care and has highlighted how the care economy and economic and social inequalities are deeply intertwined. Women dedicate a larger amount of time to unpaid work, and the closure of care and education institutions during the pandemic has increased that amount. While women's paid care work has been considered 'essential work' in the fight against the pandemic, its monetary recognition and working conditions have not changed for the better. These challenging working conditions and the low pay in care professions remain key obstacles in the recruitment and retention of personnel. They are predicted to impact the post-pandemic recovery.

Comprehensive care policies are fundamental for women's economic empowerment and gender equality. Care policies must become a key element in economic and social policies for recovery. The care economy creates jobs both directly and indirectly and enables other sectors of the economy to function adequately.

The document analyzes economic and social policies of ECE member states in response to COVID-19 and to support the recovery from the pandemic. Policies are grouped along the lines of an analytical framework adapted from the 5-R-framework for Decent Work and Care (International Labour Organization 2018a): This implies the *recognition* of the care economy as constitutive element of the economy requires economic and social policies that recognize all forms of care work and acknowledges their economic value, while securing investment into the care economy; the *reduction* of certain forms of care work and the *redistribution* of care responsibilities between women and men, and between families, the State and the private sector are key components of care-sensitive economic and social policies. Policies can also impact the *rewarding system* for paid care workers and promote their *representation*, as well as that of care recipients and the unpaid care providers. Promising examples in ECE member states' pandemic response in all these areas are highlighted.

This document substantiates the importance of care work for societies. It describes the impacts caused by the COVID-19 crisis on women's work and the care economy. It analyzes the policy measures that have been implemented in various countries in the region to address the crisis along the 5-R-framework. The document concludes with a series of policy recommendations to strengthen the care dimension in economic and social policies developed as a way out of the COVID-19 crisis.

ECE supports governments in the region to strengthen their COVID-19 response by fully integrating a concern for care and gender equality in economic and social policies responding to COVID-19. It is hoped that the promising policy examples discussed in this document can stimulate an exchange of experiences and mutual learning between ECE Member States.

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<sup>1</sup> This policy brief is part of the United Nations Development Account tranche 13 project: Strengthening Social Protection for Pandemic Response, in particular its workstream on strengthening care policies with a gender lens with the participation of UN regional commissions and cooperating partners, including UN Women regional offices. It is prepared by Silke Steinhilber, a consultant to the UN Economic Commission for Europe (ECE) for this project workstream under the guidance of Malinka Koparanova, Senior Social Affairs Officer in UNECE.

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## 1. Introduction

The COVID-19 pandemic that has unfolded since the beginning of 2020 has affected people across the globe and has prompted swift and radical responses, including economic and social policies. In early April, more than 3.2 billion people (or almost half of the world's population) was living in a partial or total lockdown. The International Labour Organization (ILO) estimated that 2.7 billion workers were being affected by these measures, representing around 81 per cent of the world's workforce. In the first quarter of 2020, the estimated loss in working hours because of the pandemic was equivalent to 130 million full-time jobs. Europe and Central Asia experienced a reduction in hours in the first quarter of 2020 of 3.4 per cent, or 11 million full-time employment (FTE) equivalent jobs, with the largest losses occurring in Southern Europe (5.3 per cent) and Western Europe (4 per cent). During the second quarter of 2020, the hours worked in Europe and Central Asia are estimated to have declined by 13.9 per cent, or 45 million FTE jobs. The largest loss in this region is estimated to have occurred in Southern Europe (18.0 per cent), followed by Northern Europe (15.3 per cent), Western Europe (14.3 per cent), Central and Western Asia (13.6 per cent) and Eastern Europe (11.6 per cent).<sup>2</sup>

The economic and social crises associated with COVID-19 are accentuating pre-existing inequalities, including those based on gender (United Nations 2020). Existing and intersecting forms of exclusion, marginalization, and poverty have been reinforced, and new ones produced. Over the course of the year 2020, it has become clear that low-paid, part-time, young, and ethnic minority workers were most vulnerable to the consequences of the pandemic, and that women are disproportionately hit. While the impact of the pandemic is felt across all different dimensions of women's lives, including income, health, and safety, the pandemic is revealing the central role of women's care work for the well-being of economies and societies, while illustrating the close connections between unpaid care work - paid work - paid care work. The amount of care and domestic work – either unpaid or paid – that is done at workplaces, in homes, and in communities has increased during the COVID-19 pandemic (UN Women 2020b; United Nations 2020). Pandemic response policies in turn have often taken for granted that women will take over the vast amount of care work. Thus, there is a risk that the pandemic and gender-blind policy responses to it will endanger some of the gains toward gender equality made in recent decades (UN Women 2020c; Wenham et al. 2020).

Women represent nearly 70 per cent of healthcare workers globally, including those on the frontline of the COVID-19 response. The care sector is very feminized in the ECE region: 76.8 per cent of the care workforce in Europe and Central Asia is female (UN ECE 2020). Women health care workers have been particularly at risk of contracting the virus. In April 2020, early in the pandemic, levels of COVID-19 transmission were particularly high among healthcare workers, with data indicating a nine per cent infection rate in Italy, and a 14 per cent rate in Spain (UN News 2020).

Globally, the economic contribution of unpaid care work – overwhelmingly done by women - has been estimated at USD 11 trillion (purchasing power parity 2011) (International Labour Organization 2018a). The persistent gender division of unpaid and paid care work, and the lack of recognition and undervaluation of care work as “women's work”, continues to be a key structural factor limiting women's economic empowerment. Twenty-five years after the UN World Conference on Women in Beijing in 1995, women in Europe still do more than double the number of hours of unpaid care work (daily about four hours) than men.<sup>3</sup> This unequal division of unpaid care work has been further exacerbated during the COVID-19 pandemic.

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<sup>2</sup> Loss in working hours occurred in different ways – at least in the initial stages of the COVID-19 crisis – mainly as a result of the labour market institutions in place and the political decisions made. In particular, the difference between inactivity and unemployment has been blurred by the crisis, since searching for a job and being available to take on a new job – both criteria that must be met to qualify as unemployed – are often prevented by lockdown measures (International Labour Organization 2020c).

<sup>3</sup> United Nations Statistics Division Time use data portal ([unstats.un.org/unsd/gender/timeuse/index.html](https://unstats.un.org/unsd/gender/timeuse/index.html)).

In addition to the inequitable gender distribution, care and domestic work is often delegated to persons who are less privileged and given little status or compensation, such as domestic workers and informal childcare providers (Oxfam, Promundo-US, and MenCare 2020). For years, formal and informal “care chains” across the ECE region have supplied paid and unpaid care work, often as a significant contribution to more privileged women’s economic empowerment (Kováts 2020).

The impacts of the economic crisis caused by the pandemic on women versus men differ from those of previous economic crises. In the 2008 crisis, for example, job losses were much higher for men than for women. It appears to be reversed this time. The COVID-19 crisis with policy measures such as lockdowns, social distancing, and the closure of national borders, has a particularly big impact on occupations with high female employment shares, such as service occupations in restaurants and hospitality, as well as care occupations in general (Alon et al. 2020). Because of their lower employment rates, lower wages and pensions, and greater dependence on social assistance as compared to men, women in Kyrgyzstan, for example, have been particularly vulnerable in the pandemic (United Nations Kyrgyz Republic 2020).

The pandemic illustrates, once more, the importance of care and domestic work for economic and social well-being, as recognized in the Sustainable Development Goals (SDGs). The SDGs highlight the importance of public services, infrastructure, and social protection policies, as well as shared responsibility within the household (Target 5.4). It is therefore essential that countries take care needs and the specific needs of girls and women into consideration when pandemic response and recovery measures are decided. If measures are not taken to address both the immediate and longer-term impacts of COVID-19 on women and girls, progress made on gender equality prior to the pandemic will not be sustained.

During the first wave of the pandemic (which is largely the time period covered in this analysis), a majority of ECE member states included measures addressing paid and unpaid work in the pandemic response policy packages. Economic and social policy responses entailed employment and income protections; measures addressing pay and working conditions in the paid care sector; reductions in working time; expanded access to paid family leave and paid sick leave, including for self-employed workers; and childcare for essential workers. As governments move from mitigating the harshest impacts of the crisis, to recovery and the longer-term imperative to ‘build back better’, it will be critical to build on the lessons emerging from the immediate policy responses to the pandemic. Placing care at the heart of the recovery will be essential to ‘build back better’ after the pandemic (UN Women 2020b).

A sustainable and transformational approach to the recovery will require a care-oriented shift in the approach to the economy and social provisioning. Six months into the pandemic in 2020, it was already clear that the expansion of care services would be an essential element of the economic recovery. Such an expansion would be necessary in order to facilitate women’s return to the paid work, add millions of jobs to the economy, support children’s development, and provide significant returns to the economy. Without attention to the central role of the care economy as a whole, and the leverage of care services for women’s economic empowerment, the economic recovery will be impeded (Sultana and Ravanera 2020).

This document uses an adaptation of the ILO’s 5-R framework for Decent Care Work to group policy measures of ECE member states in response to the pandemic (International Labour Organization 2018a). The framework establishes five key recommendations for a care-responsive economic and social policy environment: Policy action should *recognize* and measure all forms of care work and ensure investment in care policies. It should *reduce* and *redistribute* unpaid care work. Paid care workers should be *rewarded* as appropriately so that more and decent work is ensured. Care workers, paid and unpaid, should be guaranteed *representation*, as well as social dialogue and collective bargaining for paid care workers.

## 2. Gendered impacts of the pandemic

It is too early, in the fall of 2020, to attempt a complete assessment of COVID-19's impact on economies and societies. However, thus far there is growing evidence about the relevance of gender dimensions in the experience of the pandemic as well the responses to it. This section of the policy brief highlights key arguments and preliminary evidence regarding the gendered impacts of the pandemic. It prepares the subsequent care-focused analysis of governmental responses to the pandemic and recovery measures.

### **Key arguments from early findings about the pandemic**

1. Women constitute a greater share of workers who have been considered 'essential' in the response to the pandemic. Women's paid care work constitutes a large part of essential work in the ECE region.
2. Women provide a disproportionate amount of unpaid care work. Their burden has increased with the pandemic and the responses to it. Particularly the closure of schools and childcare services have increased the amount of unpaid care work done by women.
3. Labour market structures in the ECE region are profoundly gendered, assigning differential positions and economic opportunities to women and men. Understanding the intersections of unpaid care and employment is key for the development of transformative COVID-19 response policies.

While this policy brief focuses on the care economy and women's economic empowerment, there were numerous other gender-differentiated consequences of the COVID crisis in the ECE region that should be recognized. For example, women and girls have been found to be more exposed to the risks of domestic violence, harassment, and unwanted pregnancies (United Nations 2020). There have been new or increased obstacles to women's access to basic services, including health services, especially reproductive health (UN Women 2020c). Children have been particularly negatively affected by the measures introduced to fight the pandemic, including the closure of childcare services and schools and social distancing requirements. In lower-middle income and low-income countries, particularly in the countries in Eastern Europe and Central Asia subregion, there is a risk that school closures in the COVID-19 pandemic may bolster gender gaps in education and endanger progress toward girls' empowerment (Burzynska and Contreras 2020).

Any regional analysis must take into consideration the vast differences between countries in the region and within countries. Not all women (or men) have been affected equally or are equally vulnerable to the negative consequence of the pandemic and related response measures. On the one hand, there are enormous differences between ECE member states in the experience of the pandemic itself, both in terms of the economic consequences and their labour market and social policy preconditions, as well as in the fiscal space for policy responses. In addition, the pandemic has exacerbated prior patterns of social inequality globally. Different groups of women and girls have been affected differently depending on factors such as employment status, age, education, race, ethnic or social origin, or family situation, as well as social patterns and cultural norms regarding the division of care work within families. For example, the situation of a fully employed single mother in an urban environment is significantly different once schools and childcare institutions close, compared to a homemaker in a multigenerational rural household.

### 2.1. Women as 'essential workers'

With the fight against the pandemic, there has been an increased recognition of the role and importance of paid care work, often at the frontlines of the fight against COVID-19 infections. Frontline and other 'essential workers' often face problematic employment and working conditions, sometimes

even without health insurance, as well as low average wages. This is particularly true in paid care professions. Attention to the specific employment situation of care workers and other essential workers has increased with the pandemic.<sup>4</sup>

For years, ECE countries have had very high or medium-to-high levels of employment in the care sector, and particularly high levels of female employment in care work (International Labour Organization 2018a).<sup>5</sup> In Europe and Central Asia, 76.8 per cent of the care workforce is female. In the EU, women are 76 per cent of healthcare workers, on average. 83 per cent of home-based elderly or disabled care workers, 93 per cent of childcare workers and teaching assistants, 93 per cent of domestic cleaners and helpers are women (European Institute for Gender Equality EIGE 2020b). Women also dominate employment in many other essential jobs, such as the food industry, the service sectors, and part of the agricultural sector (Ladd and Bortolotti 2020; UN ECE 2020).

Often, essential workers are also parents and therefore face particular pressures during the pandemic. In Germany, 3 million employed parents work in jobs that are “relevant for the system”, mostly in the health sector and in parts of the public administration. Fifty-two per cent of all working mothers work in jobs that are considered essential, compared to 34 per cent of all fathers (Bundesinstitut für Bevölkerungsforschung 2020). In the US, one in three jobs held by women at the onset of the pandemic were designated as essential according to a New York Times analysis of census data crossed with the federal government’s essential worker guidelines (Borroni and Cenerelli 2020).

It is often women from marginalized racial and ethnic backgrounds as well as migrant women who work in jobs that are considered ‘essential’ during the pandemic (Wenham 2020). In the US, non-white women were more likely than anyone else to be in essential jobs (Borroni and Cenerelli 2020). Having no option to work from home during the pandemic, essential jobs often imply a heightened level of stress and tension. In the United Kingdom, work-related anxiety for those working outside the home during the lockdown was highest among Black and Minority Ethnic (BAME) people surveyed, with 65.1 per cent of BAME women and 73.8 per cent of BAME men reporting anxiety as a result of having to go out to work during the coronavirus pandemic (Women’s Budget Group et al. 2020).

The care sector, while feminized as a whole, is also very segregated by gender and ethnicity, both horizontally and vertically. In most ECE countries, men predominate among the better qualified and better paid physicians, while women aggregate among nurses and home care providers: around 90 per cent of nurses are women (ILO WESO database, 2015). In the United Kingdom, survey data showed that people from ethnic minority backgrounds, particularly Indian, Black African and Black Caribbean people are over-represented as key workers jobs at a lower levels in occupational hierarchies, especially frontline health and social care roles, compared to white people (Women’s Budget Group et al. 2020).

It has often been argued that wages in essential sectors of the economy, particularly in paid care work, do not reflect the social value of the work (International Labour Organization 2018a). This contradiction has become strikingly visible with the measures introduced to curb the spread of the coronavirus. Very often, jobs considered essential in the fight against the pandemic, a majority of them being held by women, are badly remunerated, not protected, and involve working conditions that pose particular challenges in times of a pandemic (Weber and Nevala 2011).<sup>6</sup>

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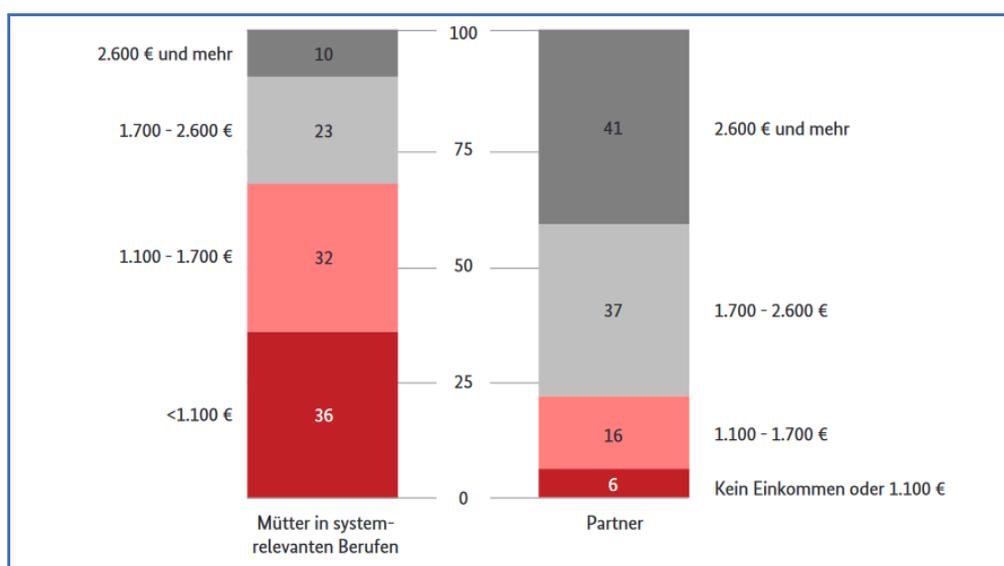
<sup>4</sup>There is no internationally valid encompassing definition for ‘essential jobs’. Broadly speaking, the notion of essential jobs during the COVID-19 pandemic included all those positions that continued at full performance once countries went into lockdown to reduce the spread of the virus. Everywhere, the category entailed at least health and other care workers, as well as other important sectors of the economy such as food, retail and transportation or public infrastructure such as energy or sanitation.

<sup>5</sup> The ILO report includes data on care workers in education, health, and domestic environments (employed by households), as well as non-care workers in care sectors (ILO page 194)

<sup>6</sup> An important exception to this situation in the ECE region are Scandinavian countries (International Labour Organization 2018a).

The low income of many essential workers has been the cause of economic difficulties for affected households during the pandemic, even in high-income countries in the region. In Germany, for example, many families faced a severe loss of income during the first half of 2020 when lockdown measures were implemented. Very often, the parent who worked in a job considered 'relevant for the system', and who therefore continued to go out to work, was not the parent with the higher income. Two thirds of mothers in system-relevant jobs have a lower income than their partner. Around 36 per cent of mothers in system-relevant jobs have an income of less than €1.100 after taxes, only 10 per cent make €2.600 or more. This is partly a consequence of the widespread part-time work in care jobs. It is also a consequence of the low wages in the sector (Bundesinstitut für Bevölkerungsforschung 2020) (see Figure 1).

**Figure 1. Net income in essential jobs of mothers with children below 12 years of age**



Source: Bundesinstitut für Bevölkerungsforschung 2020

Essential care jobs during the pandemic have often come with an increased risk of infection for workers and increased work-related stress. The rate of infections of frontline health workers with the SARS-COV-2 virus has been particularly high throughout the ECE region at the beginning of the pandemic, affecting women in far higher numbers than men: In Spain, 75.5 per cent of infected health care workers were women, in Italy 69 per cent, and in the US 73 per cent (UN Women 2020a). The European Center for Disease Control estimated a 3.4-fold higher risk of infection with COVID-19 for frontline health workers than for the general population. In Uzbekistan, frontline healthcare workers (82 percent of whom are women) have reported their work-related pressures in a UNFPA-supported survey: Half of the female healthcare workers reported suffering from anxiety, burn-out and depression (United Nations Uzbekistan 2020).

In addition – contributing to the high rates of infection among care workers - not enough personal protective equipment and testing was available during the first months of 2020. In the United Kingdom, as elsewhere in the ECE region, women healthcare workers struggled with the limited availability of adequate personal protective equipment (PPE) and testing. The Government's relaxation of social care standards in response to the emergency has become a concern for many elderly and disabled women (Women's Budget Group 2020).

### Domestic workers as essential workers

Domestic work is also an important sector of women's essential care work in the ECE region, especially in Southern Europe. However, it has been at the margins of attention in debates about essential jobs during the pandemic. Domestic workers, often migrant workers from within the ECE

region, provide direct care for children or frail older persons, but often work at in precarious conditions, or even outside the formal labour market.

Domestic workers have therefore often not been able to isolate because of their unprotected employment status. Those who provide care work without legal residence status may not have been able to access health services for testing, thereby even contributing to the spread of the pandemic (Linde 2020). However, undocumented migrants were able to access COVID-19 related emergency health services free of charge in 9 EU member states (Belgium, Estonia, Greece, Finland, Lithuania, Luxembourg, Spain, Poland and Slovakia), as well as in Israel and Switzerland. Several governments took additional measures to mitigate the impact of loss of income, reduced hours and job loss on people's ability to meet conditions of residence and work permits and family reunification. Measures included, for example, enabling workers to change employer and renewing permits normally dependent on work regardless of employment status (PICUM 2020).

The interruption of the freedom of movement within the European Union has also meant an interruption of international care chains, affecting several thousands of most Eastern European women very strongly. Many went home at the beginning of the lockdown to their countries of origin, Slovakia, Romania, Poland, Bulgaria, Ukraine, or Republic of Moldova and remained without an income for several weeks because they could not return to their workplaces. Returning migrants are typically not entitled to an income subsidy in their home countries and the absence of remittances, which they would usually transfer home, further increased the loss of income of their dependents in their countries of origin.

## 2.2. The greater unpaid care burden of women

The measures that were implemented to slow the spread of the pandemic have increased the overall amount of unpaid care work. They have, at the same time, led to increased attention for the volume and recognition of the importance of unpaid care work in public and political discourses. The pandemic response led to a redistribution of care work, from institutions to private households, i.e. from paid to unpaid care work. It is open for further investigation to what extent there has been a redistribution of unpaid care work between women and men, but most of the increase appears to have been shouldered by women.

With the lockdown measures that were mandated in many countries in the ECE region during the first wave of the pandemic, as elsewhere across the world, the ability to continue working – and to be paid – has often become dependent on being able to work from home. This has negatively affected those groups of the population unable to do so, including informal workers. In Europe and Central Asia, the relative poverty rates of informal workers are expected to rise from 34 per cent to 80 per cent (estimations from the first months of the pandemic) (International Labour Organization 2020b).

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