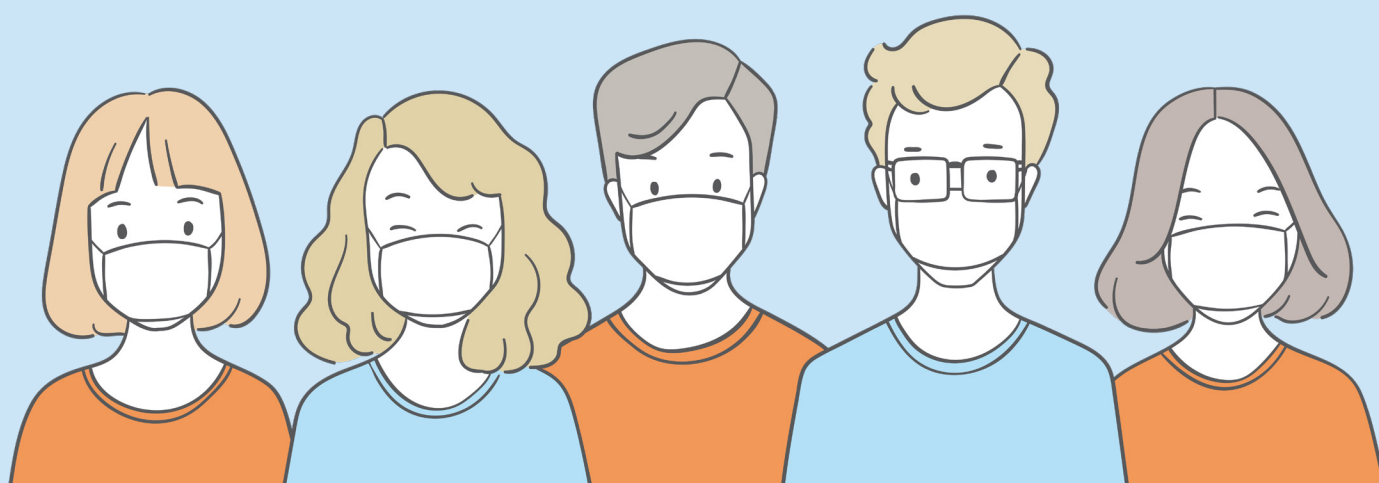
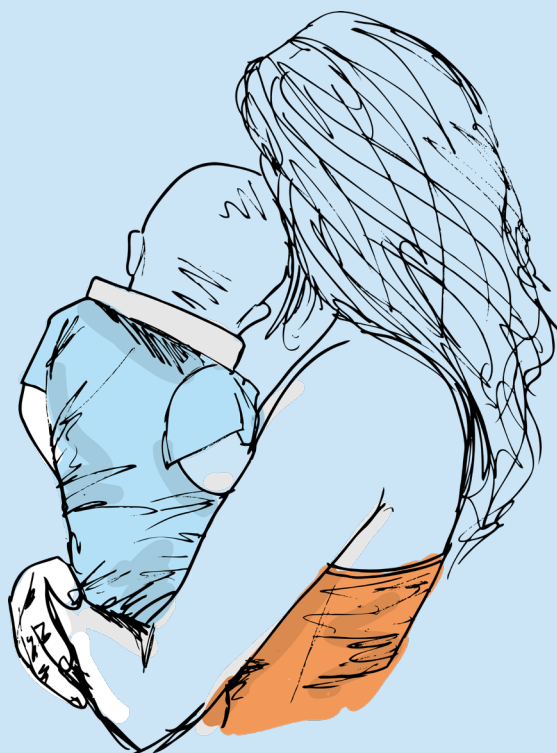
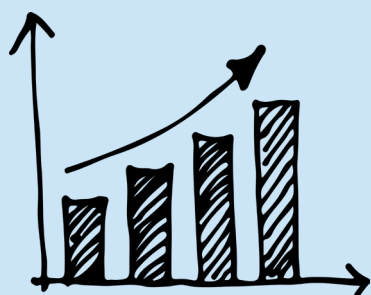


# **Guideline for Placing Gender Equality and Care in the Center of National Economic Policies in Response to COVID-19**



# A Toolkit for Placing Gender Equality and Care in the Center of National Economic Policies in Response to COVID-19

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The Guideline 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. Peer comments have been received by Sara Cantillon, Ipek Ilkkaracan, Sarah Wilner, Mamadou Bobo Diallo. Research assistance was provided by Gea Meijers and Roxana Calderon, language editing was done by Anita Grace.

## Introduction to the Toolkit

The COVID-19 crisis has illustrated, in stronger ways than ever before, that it is the care economy, the sum of paid and unpaid care work, that keeps households and countries afloat. Care and the economy are closely intertwined. Moreover, the care economy is deeply gendered. Caregiving is disproportionately done by women: Women are the majority of paid care workers, in hospitals, childcare, long-term and elderly care and wherever else paid care takes place. They attend to the sick and recovering and protect the vulnerable.

COVID-19 has illustrated the gendered structures of the care economy and has shed light on the weaknesses and inadequacies of our care systems. The pandemic has caused a fall in economic activity, a reorganization of work and private life and a temporary closure of many care services that individuals and families rely on for the organization of their daily life. The provision of care has been shifted radically from the realm of institutions and market-based interactions to private homes, thus massively increasing the amount of unpaid care work. Given the patterns of care distribution, women have shouldered most of the increase in unpaid work caused by the pandemic and response policies and coping mechanisms for a care economy that has come completely out of balance rely to a large extent on women's work.

Currently, policies are being developed across the globe, including in member States of the UN Economic Commission for Europe (UNECE), that reconfigure the post-COVID-19 political and economic environment and shape the economic and social realities worldwide for years to come. There is a risk that, as in previous crises, care and gender equality are moved to the back burner. Yet, placing care and gender equality at the heart of policies that shape the economic and social recovery from the pandemic-related crisis while upholding longstanding commitments to sustainable development is a must.

To support national efforts toward developing and implementing care-responsive and gender-transformative response and recovery policies, the UN Economic Commission for Europe (ECE) has engaged in a global project with UN regional commissions and cooperating partners.<sup>1</sup> The toolkit "Placing Gender Equality and Care in the Center of National Economic Policies in Response to COVID-19" has been produced as part of this global project.

The Toolkit responds to member States' demand for support of national policy efforts through practical and adaptable instruments. The purpose of the toolkit, thus, is to support governments and national stakeholders in incorporating a strategic focus on care and gender equality into COVID-19 response and recovery action. The Toolkit recognizes that each member State is unique. Therefore, the importance of country ownership of the process cannot be stressed enough. The Toolkit does not prescribe a 'one-size-fits-all' solution. Instead, it suggests a step-by-step approach and shares examples that can be adapted to specific country contexts, taking into account economic preconditions, institutional structures, as well as traditions and cultures that profoundly shape the provision of care.

The Toolkit is primarily intended as a tool for government institutions and their offices, task forces and focal points responsible for the development, coordination and monitoring of COVID-19 response policies. Given the interconnectedness of COVID-19 responses in various policy areas (such as fiscal policies, employment, social protection etc.), and the interest to promote a participatory and inclusive policymaking process, the Toolkit also can be useful for a diverse audience from different expert backgrounds. It is hoped that stakeholders such as experts and officials from line ministries and government agencies at the national and subnational levels, social partners, civil society organizations, academia, think tanks, and representatives from the private sector also make use of the Toolkit and may be inspired to contribute to ongoing policy debates and decisionmaking processes. The various instruments of the Toolkit invite policy makers and stakeholders to join a dialogue and planning process with the goal of gender justice and care-centered transformation for the post-pandemic period.

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<sup>1</sup> 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. The toolkit was 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.

The Toolkit consists of the following parts:

- **Part I. A Guideline for Placing Gender Equality and Care in the Center of National Economic Policies in Response to COVID-19.** The guideline focuses on essential areas of policymaking in response to the COVID-19 pandemic that are key for bringing about a care-centered recovery. These areas include interventions in the macroeconomic framework that can, for example, enhance the fiscal space for investment in care or incentivize a greater recognition and redistribution of care. Employment policies, policies on unpaid care work, and policies on child and long-term care services are addressed in the Guideline to illustrate the potential of measures in these fields to contribute to a sustainable recovery from the pandemic. Entrepreneurship support for women is included in the Guideline as a key policy area for women's economic independence with great potential to contribute to the recovery. Yet for the full development of this potential, it will be necessary to pay greater and more explicit attention to inequalities in care and gender relations.
- The guideline suggests key questions in all the above policy areas that should be addressed in national policy analysis and policy development so that gender equality and the care economy are more fully recognized and supported through response and recovery policies.
- The Guideline contains numerous country examples as illustration and for inspiration in efforts to find adaptive solutions: Examples address tax measures in support of families, family-related statutory payments, care leave entitlements during the pandemic as well as measures reducing working time, and measures addressed at the employment of care workers and in support of care enterprises. The examples differ in their substantive focus, but also with respect to the time horizon (short-term versus medium/ longer-term) and with respect to institutional and budgetary implications. It is hoped that the examples, which are all reflecting measures in UN ECE member States, can serve to illustrate how wide the scope is for meaningful interventions that address the specific conditions at national and local level.
- The Guideline contains a Glossary of key terms used in policy discourses around care-responsive and gender-transformative response and recovery efforts.
- **Part II. A Plan and Instructions for capacity development workshops** with policymakers and national stakeholders. The capacity development workshops are designed to guide a concrete engagement with national policy actors, providing concrete step-by-step proposals for activities at national level. Based on the template, participatory policy dialogue can be organized.
- The Plan is complemented by a **list of references / further reading** to guide interested readers to current research and up-to-date sources about the care and gender-specific impacts of the COVID-19 pandemic, as well as national, regional, and global policy efforts on the response and recovery.

# Part I: A Guideline for Placing Gender Equality and Care in the Center of National Economic Policies in Response to COVID-19

## 1. Introduction

### 1.1. Developing a care-centered and gender transformative COVID-19 response and recovery

The COVID-19 crisis has illustrated, in stronger ways than ever before, that it is the care economy, the sum of paid and unpaid care work, that keeps households and countries afloat in a crisis. The pandemic has also shown, yet again, that economic crises have gendered impacts since the burden of caregiving has been disproportionately borne by women, along with other factors, such as the economic impacts in sectors where women dominate. In recognition of the profound embeddedness of the care economy in social and economic life, placing care and gender equality at the heart of policies that shape the economic and social recovery from the pandemic-related crisis is a must.

Despite evidence of the essential contributions of care during the pandemic and its aftermath, and despite accumulating evidence of unequal gendered impacts of the crisis, gender and care are not being prioritized in current regional response and recovery debates. Instead, as in previous crises around the globe, care and gender equality have been moved to the back burner, while crisis response have continued practices and trends visible before the crisis (for European experiences, see<sup>2</sup>).

Currently, policies are being developed that determine the post-COVID-19 political and economic environment and shape the economic and social realities worldwide for years to come, including in the member States of the UN Economic Commission for Europe (UNECE). Previous patterns of neglecting care and gender in such policies must be undone in order to assure recovery for all. In the interest of a just and sustainable future, transformative inclusive policies are needed that move the care economy and gender equality to the heart of COVID-19 response and recovery efforts.

This guideline focuses on essential areas of policymaking in response to the COVID-19 pandemic that are key for bringing about a care-centered recovery. The guideline suggests key questions that should be addressed in national policy analysis and policy development so that gender equality and the care economy are more fully recognized and supported through response and recovery policies. The guideline invites policy makers and stakeholders to join a dialogue and planning process with the goal of gender justice and care-centered transformation for the post-pandemic period.

### 1.2. Who is the guideline for and how does it work?

This guideline is designed to support policy dialogue on gender-transformative and care-centered policy responses to post-pandemic recovery in UNECE member States. Accordingly, national institutions and policy actors that can potentially benefit from the guideline include executive political leadership and senior managers from gender equality institutions, line ministries, national statistical offices, as well as parliamentarians and members of local deliberative bodies (e.g., councils, assemblies), caucuses on gender equality, as well as representatives of political parties, civil society organisations, including trade unions, the private sector and women's organisations, interested academics, and other stakeholders.

The guideline is intended to contribute to a long-term change in policy-planning and decision-making, as well as short-term interventions arising from the COVID-19 pandemic. It is based on a recognition that policy change is often incremental and involves a sequence of steps, but also inspired by the belief that moments of crises and recovery are opportunities for change. This is not a one-size fits all recipe book for policy development. It is designed to be adapted to different institutional structures and to different national contexts on the basis of locally relevant evidence and with respect to the dynamics of policymaking processes. Questions for discussion may need to be expanded and the suggested list of indicators may need to be more, or less, extensive, or may have to include other indicators that better reflect national conditions. Such adjustments will help ensure context-appropriate responses that address local needs and realities.

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<sup>2</sup> Kantola and Lombardo (2017).

To support such a process of adaptation to a specific situation, this guideline forms part of a toolkit which has been prepared for stakeholders in UNECE member States. The toolkit consists of this guideline, a suggested capacity development programme for stakeholders that can be adapted to national priorities and needs, a glossary of key concepts and a list of publications for further reading and learning on the topic. This guideline draws on various knowledge products published during earlier phases of the UN Development Account project for the UNECE region<sup>3</sup>. As a result of the prior work on women's economic empowerment and the care economy in the UNECE region and the country studies, key policy areas have emerged as critical to the COVID response. These areas are elaborated in the guideline.

The guideline focuses on five main policy areas:

- 1) Interventions into the macroeconomic frameworks;
- 2) Labour market and employment;
- 3) Frameworks for the provision of unpaid care work;
- 4) Frameworks for the provision of paid care work for children and persons needing long-term care, and
- 5) Entrepreneurship support for women.

For each policy area, the same order of steps is suggested to develop economic policy that addresses gender differentiated impacts of policies and integrates the relevance of care through coherent measures, while establishing a national policy dialogue on the role of care and gender equality for women's economic empowerment:

- A. Situation analysis and identification of gaps; this guideline provides a checklist of questions and indicators
- B. Definition of care-centered and gender-transformative policy options for the respective context, including both short-term and longer-term measures
- C. Identification of bottlenecks, and guidance for the elaboration of context-specific implementation plans, including monitoring, review, and evaluation mechanisms

Throughout this guideline, gender is understood as an intersectional social category. This means that the impacts of gender are addressed as intersecting with and compounded by other social categories (economic position, social or national origin, migration status, level of education etc.). These categories need to be understood as interconnected, often as mutually reinforcing, and as factors that shape privileges and power relations.

## 2. Impacts of the COVID-19 pandemic and policy responses in 2020/2021

Women have been greatly affected by the economic impacts of the pandemic, globally as well as in the UNECE region<sup>4</sup>. This is due to the compounding effect of multiple factors:

- The pandemic and measures taken to slow the spread of the virus have caused a massive loss in jobs. Because of the gendered structures of employment, women have been disproportionately impacted. Globally, 4.2 per cent of women's employment was lost as a result of the pandemic (representing a drop of 54 million jobs), compared to 3 per cent of men's employment (representing 60 million jobs). In 2021, there were still 13 million fewer women in employment compared to 2019, while men's employment recovered to 2019 levels<sup>5</sup>. In Europe and Central Asia, the employment rate for women in 2021 was projected to stand at 46.0 per cent, compared to 60.8 per cent for men<sup>6</sup>.
- Women's job losses were partly caused by the fact that the sectors highly affected by the pandemic and related lockdowns were those that employ many women (such as accommodation and food services, tourism, and retail trade). In Austria, for example, 85 per cent of the newly unemployed during the pandemic were women<sup>7</sup>. In the UK, a higher share of young women under the age of 25, relative to their male peers, worked in sectors that were shut down as a result of the social distancing measures in the spring of 2020 (36 per cent

<sup>3</sup> Cantillon (2021); Cantillon and Teasdale (2021); Steinhilber (2020a, 2020b, 2021).

<sup>4</sup> EIGE (2021a); United Nations (2020) For a situation analysis and policy mapping, see previous products of the UN DA project (Steinhilber (2020a, 2020b, 2021)). See also United Nations (2020), UN Women (2021b), Madgavkar et al. (2020).

<sup>5</sup> ILO (2021a).

<sup>6</sup> ILO (2021b).

<sup>7</sup> ÖGB (2020).

of young women compared to 25 per cent of young men)<sup>8</sup>. Women in informal employment were heavily affected<sup>9</sup>, as were migrant workers.<sup>10</sup>

- Women-led enterprises were heavily impacted by the pandemic: They are statistically more likely to operate within the sectors that were most adversely affected by the pandemic (e.g. wholesale/retail, personal services) and they are less likely to have reserves of capital on which they could depend<sup>11</sup>.
- The pandemic has particularly impacted self-employed women. In Europe and Central Asia, 25 per cent of self-employed women lost their jobs (compared to 21 per cent of self-employed men) and another 49 per cent faced reduced working hours (versus 53 per cent among men)<sup>12</sup>.
- Women care workers comprise a large share of essential workers in the fight against the pandemic. 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 UNECE region: 76.8 per cent of the care workforce in Europe and Central Asia is female<sup>13</sup>. In the EU, the share of women (in the total workforce) ranges from 72 per cent in the education sector to 89 per cent in domestic work, compared with 46 per cent in total employment<sup>14</sup>:79). Women care workers, including migrant domestic care workers, were at a high risk of infection and of physical and mental distress. In Spain, for example, 56.6 per cent of health workers presented symptoms of posttraumatic stress disorder, 58.6 per cent of anxiety disorder, 46 per cent of depressive disorder, and 41.1 per cent felt emotionally drained<sup>15</sup>.
- Fewer women than men have benefitted from employment-related social protection benefits and health entitlements associated with formal employment because they are less likely to hold employment contracts that ensure full social security coverage. In some countries, specific groups of women such as women with low levels of education are more likely than men to be informally employed, particularly in informal care work. Also, women with vulnerable positions on the labour market, for example women with disabilities, often could not benefit from social protection. Lockdown measures placed informal care workers at financial risk as well as at risk of COVID-19 infection. Also, many domestic workers have lost their jobs or seen a dramatic reduction in working hours and correspondingly lower wages<sup>16</sup>.
- Another reason for women's disadvantages with respect to support during the pandemic is the reproduction of the gender wage gap. Even in so-called "system-relevant jobs" in Germany, for example, two thirds of mothers have lower incomes than their partners. 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, as well as a consequence of the low wages in the care sector<sup>17</sup>.
- Women's load of unpaid care work has increased immensely due to stay-at-home requirements and the temporary closure of schools and care provision facilities, as well as the reduced availability of non-COVID related health services<sup>18</sup>. According to UN Women surveys in 47 countries, 56 per cent of women and 51 per cent of men reported they have experienced an increase in the amount of time spent on unpaid care work (UN Women 2020b). While men's time spent in unpaid care work has increased during the pandemic, women still do most of the work<sup>19</sup>. The protracted recovery of care services after initial lockdowns ended has continued to limit economic opportunities of women, both as users and providers of care services.
- UNECE member States, like all affected countries around the world, took measures to slow down the spread of the virus and to support enterprises, households and groups of the population affected by the pandemic. Countries in the UNECE region have adopted measures of unprecedented scale in response to the COVID-19

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<sup>8</sup> Joyce and Xu (2020).

<sup>9</sup> WIEGO (2021).

<sup>10</sup> [https://ec.europa.eu/migrant-integration/news/covid-19s-impact-migrant-communities-20\\_en](https://ec.europa.eu/migrant-integration/news/covid-19s-impact-migrant-communities-20_en)

<sup>11</sup> EU Business School (2021); UN Women (2021c).

<sup>12</sup> UN Women (2020a).

<sup>13</sup> UN ECE (2020).

<sup>14</sup> EIGE (2021b).

<sup>15</sup> Luceño-Moreno et al. (2020).

<sup>16</sup> ILO (2021a). Those particularly at risk included migrant care workers (both workers migrating within the UNECE region from east to west, as well as those migrating into the UNECE region from elsewhere).

<sup>17</sup> Bundesinstitut für Bevölkerungsforschung (2020).

<sup>18</sup> UN Women (2020b).

<sup>19</sup> Dugarova (2020).

crisis, providing support to affected households and businesses<sup>20</sup>. Many of the measures impacted the care economy indirectly, including both paid and unpaid care work, but most did not address care work directly. A global overview of policy responses to COVID-19 ("COVID-19 Gender Response Tracker") showed that only 7% (226 out of 3,099) of all social protection and labour market measures address rising unpaid care demands<sup>21</sup>. In the UNECE region, most response policies – including social protection, labour market, fiscal, and macroeconomic measures – have been designed without a gender transformative and care sensitive perspective<sup>22</sup>. Policies that did have a specific focus on care mainly addressed health care, while childcare and long-term care received less, if any, policy attention<sup>23</sup>. Globally, as well as in the UNECE region, only few countries are recognizing the potential of investments in the care sector as a key lever for economic recovery with the potential to generate jobs, build human capital and support women's economic security<sup>24</sup>.

- An urgent need for more focused innovative policymaking in the entire UNECE region has become visible. Stimulating women's employment, promoting gender justice in wages and working conditions, and addressing care deficits as well as gender inequalities in unpaid work are among the key policy priorities<sup>25</sup>. In the context of COVID-19 in the UNECE region, policy measures with a direct focus on unpaid care work, however, were more common in high-income countries, or accessible only for some categories of white-collar work. Where implemented, such measures included an expansion of parental leave, flexibilization of working time, and regulations for working from home for those with care responsibilities, among other interventions. Take-up of these benefits was highest among women. The potential of policies to contribute to a shift in care responsibilities was not realized in the crisis.
- The fact that the care economy is not considered as central for the economic recovery after COVID-19 poses significant risks. A main concern is that countries and international advisory actors will return to previous austerity policies, which would result in cuts to social and health services<sup>26</sup>. As national debts have increased during the pandemic response, and fiscal space is limited, it is essential that countries work toward an evidence-based policy consensus about the positive impacts of care-centered and gender-transformative policies for a sustainable recovery<sup>27</sup>. To uphold commitments to sustainable development, it is important to highlight evidence demonstrating the spill-over effects of investments in care and shows that well targeted public investments that reduce inequality can be self-sustaining, generating jobs and raising the productive capacity of the economy<sup>28</sup>.

### 3. Identifying Policy Options for a Care-Centered and Gender-Transformative Recovery in the UNECE Region

#### 3.1. Key elements of a care-centered and gender-transformative recovery

The COVID-19 pandemic has highlighted the urgency of first, recognizing the importance of the care economy for economic and social well-being and second, acknowledging the close links between care, gender, and economic and social life in policy planning, implementation, and budgeting. The current phase of country-level developments of post-COVID economic frameworks is a window of opportunity to develop a gender-transformative and care-responsive policy framework for a sustainable future.

This guideline advocates for a change of the gendered practices and assumptions that govern all decision-making

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