POLICY BRIEF NO. 16

COVID-19 RESPONSE

UN WOMEN

COVID-19 AND THE CARE ECONOMY: IMMEDIATE ACTION AND STRUCTURAL TRANSFORMATION FOR A GENDER-RESPONSIVE RECOVERY

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Summary

This brief presents emerging evidence on the impact of the COVID-19 global pandemic on the care economy. Complementing a separate UN Women brief, "Addressing the Economic Fallout of COVID-19", this brief highlights key measures needed to address the increase in unpaid care work as a result of the pandemic, ensure adequate compensation and decent working conditions for paid care workers and enable the participation of paid and unpaid caregivers in the policy decisions that affect them. It makes recommendations to be considered by all stakeholders, from governments to international organizations and the private sector, with examples of actions already taken. In addition to considering the immediate impacts of the pandemic on care systems, it shines a light on the opportunity to 'build back better' through sustained investments in gender-responsive social protection and care systems.

How is the world changing due to COVID-19?

The number of confirmed COVID-19 cases has reached more than 8.9 million as of 23 June 2020, according to the World Health Organization (WHO).[1] The pandemic is straining health and care systems, widening socio-economic divides and changing priorities. In the short term, these dynamics challenge the equitable and effective distribution of health care and the protection of health-care workers, restrict mobility, deepen inequalities and shift the priorities of public and private sector institutions, including the allocation of funding. Women and girls are disproportionately affected, particularly those who also experience disadvantage on the basis of income, age, race, geographic location, migration status, disability, sexual orientation and health status. Feminist leadership is needed to ensure that the economic and social rights of women and girls are prioritized in the immediate response as well as in recovery and resilience measures. UN Women has synthesized the latest research and data on the gender impacts of COVID-19, and formulated comprehensive recommendations for 'building back better', in the following additional briefs:

- Addressing the Economic Fallout of COVID-19: Pathways and Policy Options for a Gender-Responsive Recovery
- COVID-19 and Violence against Women and Girls: Addressing the Shadow Pandemic
- COVID-19 and Women's Leadership: From an Effective Response to Building Back Better
- An Urgent COVID-19 Response: Women's Meaningful Participation in Ceasefires and Peace Processes

Care systems are under immense strain

Unpaid care and domestic work sustains families and communities on a day-to-day basis and from one generation to the next and makes a significant contribution to economic development by nurturing people who are fit, productive and capable of learning and creativity.Yet, it remains invisible, undervalued and neglected in economic and social policymaking, and its distribution is grossly imbalanced: Globally, women do three times as much unpaid care and domestic work as men.[2]

Rising demand for care in the context of the COVID-19 crisis and response will likely deepen already existing inequalities in the gender division of labour, placing a disproportionate burden on women and girls. So far, attention has rightly focused on the health system and women's over-representation among paid health-care workers. However, other less visible parts of the care economy are coming under increasing strain and are largely being neglected.

The vast amount of unpaid and poorly paid care and domestic work that women have always done in homes and communities serves as the backbone of the COVID-19 response. Emerging evidence from UN Women's rapid assessment surveys in Bangladesh, Maldives, Pakistan and the Philippines[3] shows that unpaid care and domestic work has increased among both women and men, with women being responsible for fewer but more time-consuming tasks than men, such as cleaning, cooking and physical care for children.

In most countries, women already work longer hours than men when both unpaid care and paid market work are combined.[4] When crises put stress on household livelihoods and public services, women often make up for goods that their families can no longer afford to buy in the market and for public services that are no longer available by increasing time spent on unpaid care and domestic work. But women's time is not infinitely elastic.[5] Without adequate support, breaking points will be reached with long-term consequences for women's health and well-being and that of their families.

Women and girls shoulder the bulk of paid and unpaid care

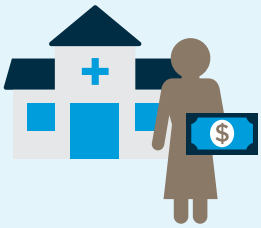
While the COVID-19 crisis has drawn significant attention to women's role as paid workers in formal health-care systems, a large share of the work that goes into maintaining the health and well-being of children, older persons and other family members is provided on an unpaid basis, even in normal times. This work is particularly time-consuming and cumbersome for women in low-income contexts where housing is crowded and often unsafe, basic infrastructure such as running water and electricity is lacking and formal health systems are already overburdened.[6] Recent data also show that adolescent girls spend significantly more hours on domestic work compared to adolescent boys,[7] which can have negative implications for their educational attainment.

Although rarely accounted for in calculations of gross domestic product (GDP), unpaid care and domestic work has enormous economic value. Trying to 'value the invaluable', researchers have estimated that women's unpaid contributions to health care equate to 2.35 per cent of global GDP or the equivalent of US$1.488 trillion (Figure 1).[8] This includes health promotion and prevention activities, care for persons with disabilities and chronic diseases and assistance to older persons in activities of

FIGURE 1

The immense value of women's unpaid care and domestic work

Women on average spend
4.1 hours/day
on unpaid care and domestic work, compared to
1.7 hours/day
for men



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When women´s contribution to all types of care (not just health care) is considered, this figure rises to
US$11 trillion

Source: United Nations 2020.

daily living. When women's contribution to all types of care (not just health care) is considered, this figure rises to a staggering US$11 trillion or 9 per cent of global GDP.[9]

Women are at the frontlines of health care–paid and unpaid

Evidence from previous epidemics illustrates that women and girls take on the bulk of unpaid or poorly paid care work in families and communities when formal health systems are unable to cope with the rising tide of infections.[10] In the Dominican Republic, a study carried out in the context of the Zika crisis found that in 79 per cent of cases, women were solely responsible for caring for sick family members, and only 1 per cent of respondents noted that men bore the burden of caring for children and older persons in their families.[11] During the Ebola response in Liberia as well, it was women who monitored the health of family and other community members.[12] Emerging evidence from UN Women's rapid assessment surveys suggests that with families confined to their homes men are doing more, but women continue to do the lion's share of unpaid care and domestic work.

Women also make up 70 per cent of the paid global health-care workforce.[13] Among this workforce, community health workers (CHWs) are a neglected group at the forefront of the health response, particularly in developing countries. In sub-Saharan Africa, nearly 70 per cent of CHWs are women (Figure 2).[14] Yet most receive little or no compensation and often spend their own income to perform their professional caregiving responsibilities.[15] Moreover, not all government projections for personal protective wequipment (PPE) currently take CHWs into account. As a result, they perform vital health services, including contact tracing, at high risk to their own health.[16]

Domestic workers are another group of workers that often provides direct care for children or frail older persons. With COVID-19, many of these workers have been dismissed with no compensation or access to social protection. Those who continue to work report difficulties commuting to workplaces in contexts of lockdown, heavier workloads and limited protection from infection.[17] At least 11 million of the world's 67 million domestic workers are migrants, who may face particular barriers in accessing social protection, public services and travel documents.[18]

FIGURE 2:

In sub-Saharan Africa, 7 in 10 comumunity health workers are women

Source: Cattaneo et al. 2019.

Childcare is facing massive disruptions

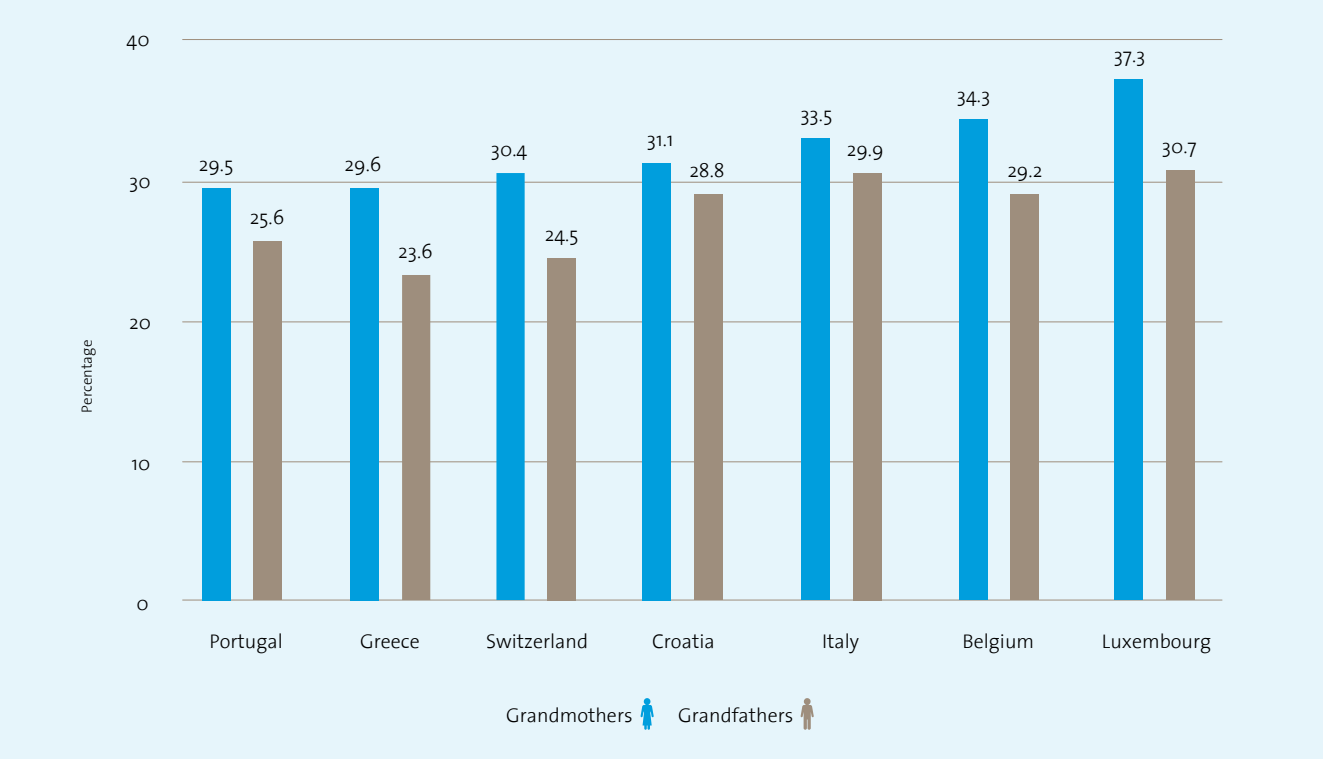
School closures and household isolation across the globe are moving the work of caring for children from the paid economy—schools, day-care centres and babysitters—to the unpaid economy. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), 1.27 billion students (72.4 per cent) across 177 countries have been affected by school closures.[19] Informal childcare arrangements are also facing disruptions. This includes care by grandparents, who may be at heightened risk of infection and health complications due to COVID-19. In countries such as Belgium, Croatia, Greece, Italy, Luxembourg, Portugal and Switzerland, between 30 and 37 per cent of grandmothers and between 24 and 31 per cent of grandfathers care for grandchildren on a weekly basis (Figure 3).[20] However, such arrangements are now discouraged or prevented by stay-at-home orders to slow down the spread of the virus.

As access to formal and informal childcare alternatives declines, the rise in demand for unpaid childcare provision is likely to fall more heavily on women, not only because of the existing structure of the workforce but also because of social norms. This will constrain their ability to engage in paid work. Where remote working is possible, multitasking will likely increase, placing further burdens on women's physical and mental well-being. Even basic care tasks, such as procuring food to prepare a family meal, become more difficult in the context of massive livelihood disruptions, constrained access to public spaces and rising food shortages.

The lack of childcare support is particularly problematic for essential workers, including those in the health sector, who have care responsibilities. Evidence for the United States shows that women not only hold 78 per cent of all hospital jobs but also 70 per cent of pharmacy jobs and 51 per cent of grocery store roles.[21] The crucial nature of these sectors in the current context has heightened the need for access to safe and free or affordable care for children and older persons for workers and their dependents.

FIGURE 3:

Grandparents aged 65 and older who provided childcare in the past 12 months, selected European countries, 2014

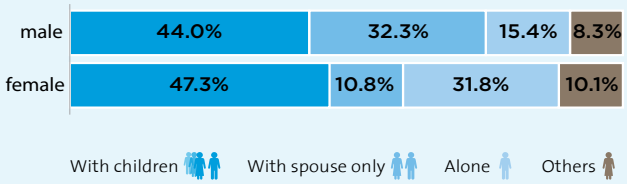


Source: UN Women 2019a.

Women are over-represented among older persons as well as those who care for them

Older persons and those with chronic diseases are particularly vulnerable to COVID-19. They also rely heavily on others to assist them with the activities of daily life. Such care arrangements were already fragile and fraught with socio-economic inequalities before the pandemic and are likely to face huge challenges now, with women disproportionately affected. Across countries, women are over-represented among older persons, representing 57 per cent of those aged 70 years and older and 62 per cent of those above age 80.[22] Women are also more likely to report disabilities and difficulties with self-care than men due to greater longevity and the steep rise in disability after the ages of 70–75. While initial data suggest that men are more likely than women to experience serious symptoms and die from COVID-19, they are also more likely to count on co-residing family members, including spouses, for care. Globally, more than three quarters of men aged 80 years and over live with their spouses or other family members, compared to a little over two thirds of women in the same age group. As a corollary, older women are three times more likely than older men to be living on their own[23] and hence more likely to depend on external care (Figure 4). Personal aides or domestic workers who provide home-based care for older persons may find it difficult to circulate under lockdown and may fear putting themselves or the people in their care at risk.

FIGURE 4:
Percentage of persons aged 80 or over, by household living arrangement and sex, global, circa 2010



Source: UNDESA, Population Division 2017.

How to transform care systems now and for the future

The immediate response to COVID-19 must be centred on curbing the spread of the virus and addressing urgent needs. At the same time, the pandemic has thrown into sharp relief the critical need for structural and transformative change that includes building comprehensive care and social protection systems accompanied by supportive macroeconomic policy reforms (see the UN Women Policy Brief, "The Economic Fallout of COVID-19"). These changes must prioritize the reduction of socio-economic inequalities in access to and provision of care within families and communities and also within and between countries.

The need for immediate support

With the onset and deepening of the COVID-19 pandemic, immediate crisis response measures must maintain the continuity of care for children, older persons and persons with disabilities as well as those who fall sick with COVID-19—while also reducing the burden on women and girls.

1. **Recognize care workers—paid and unpaid—as essential workers and ensure their safety at work.** Care workers perform essential labour. Policies are needed to ensure that care arrangements can continue safely by exempting caregivers from stringent freedom of movement restrictions and providing them with information, equipment and additional income support in return for their contributions. Countries such as Argentina, Colombia and El Salvador have granted those who provide paid or unpaid care for children, older persons, persons with disabilities and the sick with permission to circulate between homes and/or workplaces.[24] In Argentina, non-cohabiting parents have been granted special permission to transit between parental homes.

2. **Expand social protection for those with care responsibilities.** Social protection can play an important role in responding to the increased demand for unpaid care. For non-essential workers with care responsibilities, flexible working arrangements and reductions in working time are critical to reduce double burdens and maintain an adequate standard of living. Countries such as Canada, Germany and Italy have introduced measures ranging from paid reductions in working time and work-sharing arrangements to expanded access to paid family leave and paid sick leave, including for self-employed workers.[25]

   As of 1 May 2020, 87 countries had expanded the coverage of non-contributory cash transfers, including El Salvador and the Philippines where coverage is expected to quadruple.[26] Thirty-four countries, including Egypt, South Africa and Turkey, have increased the benefit levels of pre-existing cash transfer programmes. While non-contributory cash transfers are not necessarily intended to pay for care, many are directed to women and families with children and thus provide a lifeline for unpaid caregivers in the current context. Conditionalities

that require women to report on school and health clinic attendance in order to receive the transfer should be waived for the duration of the crisis.

Greater efforts are also needed to extend these transfers to informal workers, including those in feminized occupations such as domestic service, who often fall between the cracks of contributory social insurance for formal workers and non-contributory social assistance programmes targeted to the poor. In Argentina, a new cash transfer programme—the Ingreso Familiar de Emergencia—is expected to reach 3.6 million families of informal, self-employed and domestic workers.[27]

3. **Provide a minimum level of childcare services, particularly for the children of essential workers.** Several countries have taken measures to facilitate a minimum level of childcare provision while day-care centres are closed. Austria, France, Germany and the Netherlands, for example, are providing emergency childcare services for essential workers by keeping some facilities open.[28] Others have introduced childcare vouchers for health sector workers (e.g., Italy) or increased child allowances in acknowledgement of the shift from centre to home-based care (e.g., Poland, South Korea). Support for small businesses providing care for children and older persons should also be a key component of economic stimulus plans to ensure that they can survive prolonged periods of closure and retain their workers.

1. **Prioritize access to food and basic services.** Adapting basic public services for continued operation in the context of lockdowns is critical not only to contain the spread of the virus but also to reduce the unpaid care and domestic work burden on women. The continuation of school feeding programmes even while schools are closed is vital to prevent hunger and malnutrition, while also relieving stress among women who are often responsible for meeting household food needs. More than 20 countries have found alternative ways of providing school meals, including through take-home rations distributed at schools or other collection points (e.g., Chile, Costa Rica, Liberia)[29] or delivery, as in Kerala (India) where workers of the Integrated Child Development Scheme now pack ingredients for mid-day meals and send them to beneficiary households.[30] Other countries, such as Argentina and Colombia, have expanded food voucher schemes. In Senegal, the Government is delivering basic food baskets to vulnerable households, sourcing products from women's cooperatives. Access to water, sanitation and hygiene has never been more critical and should be scaled up quickly, including in rural areas, informal settlements and refugee camps. Where running water is unavailable, efforts should focus on increasing the frequency of water deliveries (e.g., through tankers) as in South Africa, installing additional water storage and hand-washing facilities and distributing free soap and sanitation products. More than ever before, affordability should not be a barrier to accessing basic services during this crisis. Several Governments, including those of El Salvador, Lebanon and Spain, have recognized this through measures including deferred payments and suspension of water and electricity cut-offs in case of non-payment.[31]

2. **Encourage greater sharing of unpaid care and domestic work.** Advocacy and media campaigns to encourage more fathers to do their fair share of childcare, especially in households where mothers continue to work either through telecommuting or outside the home, can be a useful tool to raise awareness and potentially promote longer-lasting change post-crisis.[32] In Latin America, at least eight countries have launched social media campaigns calling for an equal sharing of domestic responsibilities during lockdown.[33]

Investing in the care economy for long-term recovery and resilience

Prioritizing investment in robust health and social protection systems is vital to ensure long-term recovery and resilience. The care crisis has been steadily growing over many years, but the COVID-19 pandemic has pushed it to a breaking point. We have the transformative opportunity to build back better by making sustained investments in the care economy and redressing long-standing gender inequalities by valuing, supporting and equally sharing care work. Investments in social protection and care services can drive economic recovery by stimulating aggregate demand, creating employment in people-centred sectors and opening up training and employment opportunities for women (and men) who have lost their jobs as a result of the crisis. Medium- and long-term action should focus on four key priorities:

1. **Create robust, resilient and gender-responsive care systems.** The post-crisis context will likely see important efforts to strengthen health-care systems to ensure better preparedness when the next crisis hits. However, as this policy brief has shown, women's unpaid care and domestic work subsidizes formal health systems—and ensures that the routine needs of children, older persons and persons with disabilities are met. Governments should prioritize the creation of integrated care systems that cover care needs across the life course and rely less on unpaid work and more on collective and solidarity-based solutions.

   The 5Rs approach—*recognizing*, *reducing* and *redistributing* unpaid care,[34] ensuring adequate *reward* systems for paid care workers and prioritizing *representation*[35] of caregivers and

care recipients from policy design to evaluation—can provide overall guidance. Social protection systems, for example, can support family caregivers with paid leave and pension credits (recognition); the expansion of affordable quality care services for children, older persons and persons with disabilities can shift the responsibility from individuals and households to more collective forms of provision (redistribution); and investments in sustainable water, electricity and transport infrastructure can decrease unnecessary drudgery and time intensity of care (reduction).

Where care is provided for pay, decent working conditions and equal pay for work of equal value are needed to protect a largely female workforce in public institutions and private households (reward). This must include paid domestic workers, many of whom are migrant women, who often lack basic labour rights and protections. To be effective, priorities and policy options must be defined with the participation of key stakeholders, including paid and unpaid caregivers, care recipients and their respective organizations (representation). With its Integrated National Care System (Sistema Nacional Integrado de Cuidados), Uruguay has spearheaded such an approach, inspiring other Latin American countries to follow suit.[36]

2. **Invest in accessible basic infrastructure and time-saving technology.** Household-level access to time-saving infrastructure and technologies, including water, sanitation, electricity, food grinders and fuel-efficient cookstoves, has a direct impact on women's time and the drudgery of their labour.[37] Indeed, women and men in poor communities often identify access to fuel and water as an important precondition for reducing challenges associated with unpaid care and domestic work.[38] Yet, significant gaps and access barriers remain, including in rural areas and urban slums that require urgent upgrading. Investments in these areas should hence be Well designed, such interventions can reduce women's time and income poverty, promote health and well-being and enhance the preparedness of poor communities for future shocks and crises.

3. **Transform labour markets to enable reconciliation of paid employment and unpaid care.** Persistent gender inequalities in the labour market, including gender wage gaps,[40] create economic disincentives for a fairer distribution of unpaid care and domestic work at the household level. In this context, the International Labour Organization (ILO), together with UN Women and the Organisation for Economic Cooperation and Development (OECD), established the Equal Pay International Coalition (EPIC), an initiative to accelerate the closing of the gender pay gap across the world. Legislation that prohibits pay discrimination against women and promotes gender pay transparency by requiring employers to examine and disclose their remuneration practices can play an important role here.[41] Minimum wages regulations have also been shown to contribute to closing gender pay gaps. These will be critical for paid care workers, including domestic workers, who tend to be located at the bottom of the earnings pyramid and in some cases remain exempt from minimum wage legislation. Family-friendly employment policies are also needed to make it easier for workers to combine paid work and unpaid care. These should include parental leave for both women and men, family leave to care for sick dependents as well as flexible work arrangements and investments in care services (see above).

4. **Reorient macroeconomic policies to enable the care economy to thrive.** Macroeconomic policies that recognize the economic contributions of the care economy and its dynamic linkages with other sectors are fundamental in ensuring the sustainability of recovery efforts. Alongside investments in universal health care, fiscal policies should be used to boost the expansion of care services for children and older persons.