Paid care work is recognized as essential, but health risks and economic penalties persist

Globally, women are 70% of health workers and, in most regions, upwards of 80% of nurses and social care workers.

Across 11 countries with sex-disaggregated data, women account for 71% of confirmed COVID-19 cases among health care workers.

In the United States, essential workers in care services earned 18% less than other workers that were defined as essential during the pandemic.

Countries across sub-Saharan Africa rely on over 900,000 community health workers to support their fragile health systems.

Over two thirds of these frontline workers are women.

86% are unpaid.

Even before the pandemic, having children reduced women’s labour force participation rate (LFPR) and earnings, while the opposite is true for men.

Based on data from 16 countries women have done 29% more childcare per week than men, during the pandemic.

In Germany, mothers were significantly more likely than fathers to cut back on paid working hours due to childcare constraints in the early days of the pandemic. Women in lower-income households faced the deepest cuts.

Support for the care sector has been inadequate and often gender-blind

Only 1 in 10 countries mention gender in their guidelines on the protection of healthcare workers.

Globally, out of 1,700 social protection and labour market measures taken in response to the pandemic:

- 11% address unpaid care
- 13% prioritize women’s economic security
- 86% are gender-blind

In South Africa

- 99% of childcare providers stopped receiving fees from parents from the start of the lockdown
- 83% had not been able to pay the full salaries of staff by April 2020
- 68% were worried that they would not be able to reopen