

FEMINIST IDEAS FOR A POST-COVID-19 WORLD

The social protection response to COVID-19 has failed women: Towards universal gender-responsive social protection systems

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The UN Women Feminist Ideas for a Post–Covid–19 World series features short think pieces by leading researchers on social and economic policy issues to inform the recovery from the COVID–19 pandemic. The think pieces were commissioned to inform a UN Women project, Beyond COVID–19: A feminist Plan for Sustainability and Social Justice, led by the Research and Data team.

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COVID-19: THE GREAT REVEALER

The COVID-19 pandemic, which started as a major public health challenge, quickly morphed into a protracted socio-economic crisis with which countries are still grappling. The crisis, as many have argued, has been a great revealer, laying bare pre-existing structural inequalities of class, gender, race and migration status, while exposing yawning gaps in social protection systems. This time, unlike the 2008 global financial crisis, it has also provided a seemingly massive, though so far mostly temporary and uneven, push for social protection measures. In spite of this push, many countries have still struggled to mount a proportionate social protection and stimulus response to contain the adverse impacts of disruptions in labour markets and public services. Given their more tenuous links to the labour market and role as default care providers, women are at risk of losing some of the ground they gained over the past decades.

Over the past year, the world has experienced a pandemic of unprecedented proportions, with socio-economic fall-outs that have been equally unparalleled. COVID-19 hit the world at a time when many countries had not yet recovered from the 2008 global financial crisis and were reeling from a decade of austerity and under-investment in social protection and public services.

Based on the latest International Labour
Organization (ILO) estimates, only 30.6 per cent
of the global population is covered by
comprehensive social protection systems that
include the full range of benefits, from child and
family benefits to old-age pensions, with women's
coverage lagging behind men's by a whopping
8 percentage points (see Table 1). This means that
the large majority—69.4 per cent, or 5.41 billion
people—were not protected, or only partially
protected, when the crisis hit.

Women's more limited access to social protection is all the more concerning given the disproportionate impacts the crisis has had on them—both as workers in the paid economy and as unpaid providers of care for their families.

The state-imposed lockdowns around the globe resulted in marked and abrupt disruptions to labour markets, livelihoods and global supply chains. Millions of workers in temporary, part-time or self-employment and/or in the informal economy, among whom women predominate,

TABLE 1Proportion of population with comprehensive legal social protection coverage

Region	Total	Male	Female
World	30.6%	34.3%	26.5%
Africa	7.3%	10.8%	3.9%
Americas	42.1%	45.3%	37.7%
Arab States	24.2%	36.1%	8.6%
Asia and the Pacific	29.0%	32.9%	24.7%
Europe and Central Asia	52.7%	55.0%	49.7%

Source: ILO 2021/forthcoming.

lost their jobs and livelihoods, with little recourse to income protection measures. Reports from around the world indicate that women have experienced disproportionate impacts in two areas. First, approximately 40 per cent of all women workers, compared to 36.6 per cent of all employed men, work in sectors that were hardest hit by the crisis, including hotel and food services, wholesale and retail trade, arts and entertainment, business services and labour-intensive manufacturing,¹

and have thus experienced severe job losses.

Second, women's over-representation in frontline jobs deemed essential—making up more than 70 per cent of workers in health care and social services—put them at the greatest risk of exposure to the virus. The heightened income insecurity and health risks came on top of growing tensions within the home. Disruptions in schools, childcare and long-term care services shifted much of the care work into the home, with increased hours falling disproportionately on women's shoulders.²

If there is a silver lining to this crisis, it is the way it has underlined the critical role of universal social protection systems in giving people a cushion to fall back on. Countries that had comprehensive social protection systems in place prior to the crisis could quickly mobilize the needed support through automatic stabilizers and scale up and adapt their operations. This was especially visible in the areas of sickness benefits and unemployment protection as well as social assistance. In the absence of standing social protection systems, other countries had to urgently fill the gaps by introducing new measures. As of January 2021, close to 1,600 social protection measures were introduced around the world, three-quarters of them comprising noncontributory responses.3

Yet, social protection responses have remained surprisingly blind to the gender-specific risks and vulnerabilities that were exacerbated by the crisis. Only about 13 per cent of the social protection and labour market measures adopted in response to the pandemic have addressed women's economic security and only 11 per cent have addressed unpaid care through provisions such as paid family leave, shorter/flexible work time arrangements, emergency childcare services or support for long-term care facilities.⁴

The difficulties of improvising in the midst of a pandemic seem to have generated some political momentum for building a permanent social protection floor to guarantee at least a basic level of social security for everyone. This makes it paramount that the temporary measures introduced are used as building blocks for rights-based universal systems, and that such systems are designed and delivered with gender-specific risks and vulnerabilities in mind. Building such systems is urgent not only to close the stark gaps in coverage that were so painfully exposed by COVID-19 but also in view of the existential threats posed by future crises, notably climate change.

MAKING SOCIAL PROTECTION SYSTEMS GENDER-RESPONSIVE

Social protection policies, working in tandem with employment and fiscal policies, hold significant promise to enhance gender equality. Delivering on this promise is possible only if policies are explicitly designed to do so: by addressing women's more limited access to employment and economic resources; their disproportionate responsibilities for the unpaid provision of care; and their gender-specific risks (from costly health

conditions to domestic violence) and vulnerabilities (from constrained access to information and administrative structures to traditional gender norms that limit their mobility). Yet, in practice, social protection policies have not always had such design features, thereby falling short of their potential as an enabler and equalizer. If COVID-19 is to be a transformational moment, what are the key policy vectors for accelerating change?

Extending social protection coverage to all workers

One of the most formidable challenges holding back the extension of social protection coverage is the persistently high levels of labour market informality, especially in developing countries. In recent decades, economic transformations have entailed the growth of temporary and atypical forms of employment, incentivized self-employment as well as greater recourse to complex subcontracting arrangements, including work mediated by digital platforms. Many of these arrangements lack adequate social protection. Self-employed and own-account workers in particular, among whose ranks women predominate, are significantly less likely to contribute to social insurance.⁵ This weakens the reach of both paid leave provisions and coverage for other contingencies such as sickness and old age.

Successful examples of the extension of social protection coverage to workers in the informal economy have focused on two complementary policy approaches: first, extending the coverage of social insurance and other contributory mechanisms; and second, extending social protection through tax-financed schemes. The former approach is particularly relevant for workers with some contributory capacity who require adaptation in the design of contributory schemes by, for example, taking into account the seasonality of their incomes in the case of workers in the rural economy or providing simplified tax and contribution collection mechanisms for micro enterprises. Women tend to be under-represented among these groups, while they make up a higher proportion of contributing family workers in family firms or on family farms, as well as home-based workers who tend to have lower contributory capacity.

The second approach, the extension of noncontributory schemes such as social pensions or family-related transfers, has been effective in closing gender coverage gaps. However, the benefit levels in these schemes tend to be low, sometimes access to them is cumbersome and they are not always anchored in legislation to guarantee continuity of provision. Nor are such benefits subject to regular and adequate indexation to guarantee protection over time, which is of particular concern to women, who tend to live longer than men. It is thus concerning if women remain reliant on non-contributory transfers alone without adapting the design of contributory schemes to given them a stronger foothold therein.

More efforts are also necessary for a coordinated policy response to ensure that social protection mechanisms are well adapted to the circumstances and needs of workers and that coverage and adequacy gaps are closed. At the same time, the impact of such measures also depends on the effectiveness of overall labour market regulation, particularly with respect to minimum wages and working conditions. These labour market policies are of particular concern to women given the pervasiveness of gender-based wage gaps, which reduce women's life-long earnings and stymie the benefits they are likely to accumulate through contributory schemes.

Creating synergies between transfers and services

In many countries, social protection focuses on enhancing people's income security by providing financial transfers, including pensions and child/family benefits, with little regard to the availability, accessibility and quality of care services. This may be in part a legacy of the male breadwinner model, which assumed a full-time unpaid caregiver in the family delivering services for the up-keep of the worker and the family. Childcare services for the 0-3-year-olds, which are not, for the most part, under the jurisdiction of ministries of education, and long-term care services, which in many countries fall outside the purview of health services, are of particular significance for gender equality.

Indeed, the most effective policy to enable mothers in general, and mothers with low levels of education in particular, to remain in paid work (thereby reducing household poverty and gaining more generous contributory benefits), is the provision of affordable and quality care services for children under 3 years. Public investment in childcare services would thus constitute an important complement to universal child benefits, especially from a gender equality perspective.

Long-term care services, likewise, can play a particularly important role in addressing gender inequality. Women are over-represented among the older population in all countries, especially among the very old. They are also more likely to report disabilities and difficulties with self-care than men due to their greater longevity and the steep rise in disability after ages 70–75. Lack of coverage for long-term care services often results in family members, particularly women, having to care for older relatives, with limited support or respite, which can adversely affect their participation in paid work and their income security throughout their lives.

In most cases, the effective provision of quality long-term care services without financial hardship requires strong coordination between income support and health-care schemes as well as high levels of integration between health and social care. Insufficient investments in both areas and institutional fragmentation, even in countries where long-term care is recognized as a life contingency in its own right, produced tragic results during the COVID-19 pandemic.⁶

Boosting public investment and preventing privatization

The well-known coverage and adequacy gaps are associated with significant underinvestment in social protection, particularly in developing countries. Countries spend on average 12.9 per cent of their gross domestic product (GDP) on social protection (excluding health), but this figure masks staggering variations.

High-income countries spend on average 16.4 per cent, which is twice as much as upper-middle-income (8 per cent), six times more than lower-middle (2.5 per cent) and 15 times more than low-income countries (1.1 per cent).⁷

Building solid social protection systems demands a range of capacities from political to administrative and, not least, financial. Focusing only on the social protection floor, the latest ILO estimates show that low-income countries would need to invest an additional US\$77.9 billion,or 15.9 per cent of their GDP, to close the annual financing gap for achieving Sustainable Development Goals (SDGs) 1.3 and 3.8 on universal social protection and universal health coverage in 2020.8

Since the 1970s, however, public under-investment in social protection and social services has gone hand-in-hand with several waves of privatization, buttressed by praise and advice from international organizations depicting private sector provision to be more efficient and innovative compared to public sector alternatives. From a human rights perspective, private sector provision would be acceptable as long as States are able to regulate the quality of services offered and ensure access for those with modest means.

In practice, private pension schemes, for example, have exacerbated gender inequalities, both because benefit levels are directly based on past contributions and because the benefit formula usually considers the number of years during which the person is expected to collect benefits, penalizing women for earlier retirement and, in some cases, their greater average longevity through the use of gender-specific actuarial tables.¹⁰ Low-income women also face significant barriers in accessing fee-based services, thereby leaving such services out of their reach and/or pushing their provision back into the family with women as the default care-providers. 11 Women are also often adversely affected as front-line workers delivering services in under-regulated markets, whether as health-care, childcare or long-term care workers.12

If low-income countries lack the capacity to finance and deliver services, it seems far-fetched to assume that they are able to regulate and subsidize private providers, put in place other pro-poor adjustments and ensure private sector accountability to service users and service providers alike. The COVID-19 crisis has made it clear that States are capable of acting in the public interest and that they are the only actor that can mobilize resources on the scale needed and coordinate other actors.

ACTORS AND ALLIANCES TO GENERATE PROGRESSIVE CHANGE

If the COVID-19 pandemic has sent the world one message, it is the inherent vulnerability not just of the very poor but also of those who seem to be getting by relatively well. Many of these are workers in the informal economy, who are not affiliated with contributory schemes or considered "poor enough" to qualify for narrowly targeted "safety nets"—for this reason, they are sometimes referred to as the "missing middle". The above section underlined the imperative of extending social protection to informal workers, especially women workers who are clustered at the bottom of the hierarchy, such as contributing family workers in family firms and farms, homebased workers and domestic workers with limited contributory capacity. The COVID-19 crisis has further underlined that these workers are not marginal to the economy. Many, in fact, are essential workers "who today are responsible for ensuring food security, collecting our waste and recyclables, and providing care work".13

Crises, whether epidemiological or otherwise, often underscore the need to expand social protection, not only to combat poverty and inequality but to hold societies together. After all, it is no coincidence that the Social Protection Floors Recommendation was born on the heels of the 2008 global financial crisis. It was adopted thanks to multi-layered policy advocacy and alliance—building with a range of national and international actors that rallied behind the idea of putting a

social protection floor under the global economy.¹⁴ What kind of alliances are needed today to push the agenda of universal social protection forward by extending coverage to the billions of workers in the informal economy and making sure that social protection provisions are gender-responsive?

During the crisis, organizations of informal women workers have been very active in helping people access social protection entitlements, raising awareness of their rights and connecting people to state provisions. The crisis seems to have created new spaces for their participation, for example, in Argentina. However, these organizations do not always have a secure place at the table when social protection policies are being discussed.

Strong alliances between trade unions, organizations of informal workers and women's rights organizations can constitute a countervailing force to ensure that crisis-response measures do not fail women and are used as a policy window to close protection gaps and build gender-responsive social protection systems that guarantee at least a basic level of social security to everyone across the life cycle. Without such concerted political action, countries are likely to fall back on their pre-existing fragmented social protection systems that were one of the reasons why they were so ill-prepared to face this protracted crisis and why the economic toll on women has been so heavy.

It would be naïve, however, to ignore the external factors that are also likely to weigh in on the trajectory taken by different countries. In an increasingly interconnected and globalized world, what developing countries are able to do will also likely hinge on the evolving global economic and financial architecture. A burning question, explored by other papers in this series, is whether developing countries will be able to sustain increasing levels of social spending without being penalized by financial markets, credit rating agencies and international financial institutions (IFIs). Or alternatively, will they have to initiate a new round of fiscal consolidation, just as they did in 2010, to contain capital flight and meet the IFIs' policy conditionalities?

The limited fiscal space of developing countries has been evident in a yawning stimulus gap, whereby lower-middle-income countries mustered only a tiny fraction of the stimulus measures put in place in high-income countries, out of sync with the scale of labour market disruptions they have experienced. The International Monetary

Fund (IMF) has on the one hand been advising countries to spend as much as is takes to stimulate growth, yet on the other requiring countries to reduce their budget deficits as early as the first quarter of 2021. IMF lending has come with advice that could result in deep cuts to public healthcare systems and pension schemes, wage freezes and cuts for public sector workers as well as to unemployment benefits.¹⁶

It is encouraging, however, that the UN system has been rallying around a number of proposals that aim to create a more enabling financial architecture to prevent a rush into fiscal consolidation. It remains to be seen whether developed countries will back some of these proposals, not only in solidarity with developing countries but also out of enlightened self-interest. This would mean recognizing that "no one is safe until everyone is safe and that a healthy world economy is not possible without recovery in its poorer parts".¹⁷

ENDNOTES

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