

# LESSONS FROM COVID-19: THE CARE ECONOMY IN CRISIS MODE

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

Globally, **women are**



**of health workers** and, in most regions, upwards of



of nurses and social care workers.

Across 11 countries with sex-disaggregated data, women account for



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.



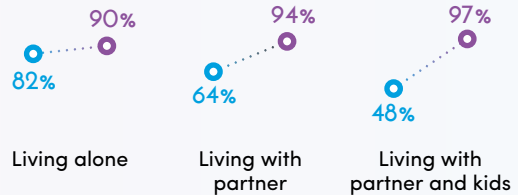
Over two thirds of these frontline workers are women.



Unpaid care is critical but neglected, and women pay the price

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

LFPR by living arrangement

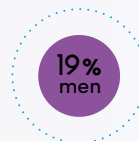


Based on data from 16 countries women have done

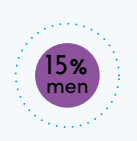
29% more

childcare per week than men, during the pandemic.

Lower-income households



Higher-income households



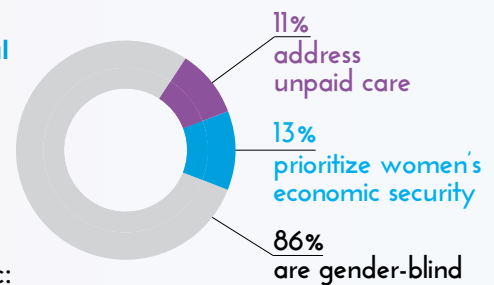
In Germany, mothers were significantly more likely than fathers to cut back on paid working hours due to childcare constraints in the early days of the pandemic. **Women in lower-income households faced the deepest cuts.**

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:



In South Africa

