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UPHOLDING AMERICA'S COMMITMENT TO CARE AT HOME AND ABROAD

AN ISSUE BRIEF FROM:



INTRODUCTION

As an advocacy coalition working to advance women's economic empowerment and equality as a foreign policy priority of the U.S. government and multilateral development institutions, the Coalition for Women's Economic Empowerment and Equality (CWEEE) sees the burden of unpaid and underpaid care work disproportionately shouldered by women as a key barrier to women's economic empowerment and equality globally. The United States is poised to address the issue domestically through efforts such as the American Families Plan, but must also address the issues of unpaid and underpaid care work on the global stage through its foreign policy and assistance. This brief seeks to outline an approach to care that the Biden-Harris Administration can advance through its multilateral and bilateral efforts, complementing and extending the impact of its considerable domestic emphasis on this issue. To date, the U.S.'s response to the global COVID-19 pandemic has not incorporated the same gendered lens and focus on care that its domestic efforts have; this paper outlines a few areas in which the Biden-Harris Administration can address this gap as well.

BACKGROUND

The COVID-19 pandemic highlighted the critical nature of care work as a building block for economies, a critical component of gender equality, and a necessity for nations to have healthy and well-educated populations.^{1,2} Care work—which encompasses many aspects of life; can be paid, underpaid, or unpaid; and can be part of the formal or informal economy—is disproportionately performed by women and girls, and must be invested in for inclusive growth and for global development. The uneven gender distribution of unpaid care work is one of the principal causes of the economic marginalization for women. Pre-COVID-19 research showed that due to care responsibilities, 42% of women of working age were outside the paid labor force, compared with 6%

of men.³ COVID-19 has further increased gender disparities in unpaid care work. Lockdowns spikes meant spikes in childcare, elderly care, and household chores, on top of care for ill family members, which has been largely performed by women and girls.^{4,5} The net result is that globally in 2020, women in formal employment lost a minimum of \$800 billion in income due to care responsibilities and occupational segregation in the hardest hit sectors.^{6,7} This does not include income lost by the millions of women in the informal economy.⁸

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Public investments in paid care are necessary to reduce the burden on women and girls who perform 76% of unpaid care work.^{9,10} When combined with work for pay, women work longer days on average than men in every region of the world.¹¹ If unpaid care work was paid at an hourly minimum wage it would account for about 9% of global GDP.¹² Investments in care are not only a necessity for women’s economic empowerment but also an opportunity for inclusive economic growth. Prior to COVID-19, an estimated 2.1 billion people lacked the care they needed, but with comprehensive investment to address the growing care needs, 269 million new jobs could be created by 2030, most of which would likely go to women.¹³ Furthermore, investments in care improve quality of life for those who need it and lead to improved livelihood outcomes for children; for example, in the U.S., studies show that early childhood education can boost children’s earnings later in life. Long-term analyses suggest that early childhood education can increase earnings in adulthood by 1.3% to 3.5%.¹⁴

Labor rights are integral to reducing care burdens and gender inequality, and need to be holistically included in care initiatives. Care work is socially devalued, resulting in discrimination against care workers, low wages, and poverty. Due to the face-to-face nature of caretaking, care workers are also more vulnerable to harassment and abuse. This particularly affects domestic workers who perform work in or for households. Additionally, many care workers are in the informal sector, which means they lack legal and social protections afforded to many workers in the formal sector. Care workers, and particularly domestic workers, are also more likely to be migrant workers with less rights and protections.^{15,16} These layers of risk and marginalization make it critical for all care initiatives and investments to incorporate labor rights as key components of their efforts.

CARE WORK DEFINED

Care work can be either unpaid work performed within households or communities or paid (often underpaid) work performed within markets. CWEE supports the broad definition of care work as:

“the work of caring for others, including unpaid care for family members and friends, as well as paid care for others. Caring work includes taking care of children, the elderly, the sick, and the disabled, as well as doing domestic work such as cleaning and cooking.”¹⁷

Paid care work is defined as “occupations in which workers are supposed to provide a face-to-face service that develops the human capabilities of the recipient,” where human capabilities are aspects of health, well-being, skills, and aptitudes.¹⁸ Paid care workers encompass a wide range of service providers, such as domestic workers, teachers, nurses, doctors, social workers, and child care workers. Many care occupations are undervalued and underpaid compared to the skill requirements and necessary

qualifications, in part because they provide services that women and girls frequently provide as unpaid care.^{19,20} Underpaid care sectors disproportionately employ women, with the lowest paying occupations with the least social protections dominated by racial and ethnic minority and migrant women.²¹

Care work is necessary across the lifecycle and therefore requires a continuum of care provision that includes childcare needs and long-term care needs for the sick, elderly and people with disabilities. This should be reflected in the “care infrastructure” more broadly. Care infrastructure includes policies, resources, and services to address care needs across the continuum of care through people’s full lifecycle, including the needs of care workers and recipients.²²

COVID-19 AND CARE GLOBALLY

The COVID-19 pandemic exacerbated the need for care while dramatically increasing the amount of unpaid care work taken up by women and girls. From the 3.5 million semi-formal and informal health workers that work at the “last mile” of service delivery globally and of whom at least 70% are women and many unpaid^{23,24} to the women leaving the formal workforce because of increased care burdens as a result of the pandemic, the notion of care infrastructure as a public good has never been so clear.²⁵



Of the 3.5 million semi-formal and informal health workers globally, **at least 70% are women** and many are underpaid.^{23,24}

As we exit the COVID-19 crisis and transition to recovery efforts, there are already signs that rather than investing in the care economy as a route to inclusive growth, international financial institutions may instead be pushing for cuts to public healthcare systems and wage freezes for public sector workers such as doctors, nurses, and teachers.²⁶ Efforts by the U.S. government to support inclusive economic growth and advance women’s economic empowerment globally in the post-COVID-19 era will fail unless it ensures that countries have adequate financing to provide affordable and equitable access to services and infrastructure that reduces women’s unpaid care work and supports their labor force participation.^{27,28}

CARE AND FOREIGN ASSISTANCE

Despite the evidence that additional investment in the care economy can create jobs, particularly formal sector jobs for women²⁹—and that addressing disproportionate unpaid care work is essential for women’s economic empowerment (WEE)—development finance, climate finance and Official Development Assistance (ODA) investment in care has been very low.^{30,31,32} However, moving forward, the United States’ foreign assistance has multiple opportunities to invest in care infrastructure/economy across all types of foreign assistance, including as part of the COVID-19 response and recovery, grant and contract based humanitarian and development assistance, development finance, climate finance, and multilateral engagement. The major U.S. assistance agencies should work together to increase available financing for care to support legal, regulatory, and social norms changes. This will help ensure that care workers receive fair wages and decent work, care consumers have equitable access to affordable and quality care, and there is more equal sharing of care responsibilities within households. These efforts should also address the disproportionate burdens of care work on women and their intersecting identities—race, ethnicity, religion, sexual orientation, gender identity, ability status, age, etc.—that may further disproportionately impact them. Foreign assistance for care should also be transparently and clearly reported on to provide additional clarity on funding levels and enable benchmarking to plan and measure proposed increases over time.

RECOMMENDATIONS

To address the care burdens that have been highlighted and increased as a result of the COVID-19 pandemic, the U.S. must include key care considerations in all of its foreign assistance. This includes as part of its **COVID-19 response and recovery, development and humanitarian aid, climate finance, development finance, and multilateral engagement**. Below is a collection of commitments and key actions the U.S. can take to build care into foreign assistance.



1. Increase the Financial Investment in Care across all Foreign Assistance:

The increase in investments in care projects should be done across all foreign assistance tools, including via integrating care considerations and assessing the impacts of investments and aid on care, and be reported on transparently. More specifically:

- **Invest an additional 2% of Official Development Assistance (ODA) in principal gender equality funding for care work** that includes stand-alone programming for care. Within that, fund ODA projects that:
 - ▷ Aim to transform discriminatory social norms that lead to disproportionate unpaid care work for women and girls and devalue paid care work; encourage men and boys to take up more care work at home and in the community.
 - ▷ Support decent work measures for care workers in the formal and informal economy, including decent wages, social protections, working conditions, and rights to organize and unionize.
 - ▷ Create affordable, reliable, high-quality, and gender-intentional care services to support the needs of care recipients and the reduction of unpaid care work.
 - ▷ Collect data that is disaggregated by sex, age, and other key demographic information to assess unpaid care disparities, care needs, and program impacts.
- **Ensure Climate Finance is gender-responsive and invests in climate change-resilient infrastructure**, such as transportation, housing, electricity, sanitation, and piped water, to reduce unpaid care work and mitigate the impacts of climate-change on increasing care work for women and girls.
- **Increase stand-alone investments in care projects at the Development Finance Corporation by 2%**, and build care components into non-care focused projects, including as part of labor rights considerations within deals and environmental and social risk mitigation plans.



2. Incorporate Care Considerations as part of Labor Rights:

As part of cross cutting efforts to support care around the world, all U.S.'s foreign assistance tools should incorporate care-specific challenges throughout all agencies and foreign assistance mechanisms labor standards, including Environmental and Social Standards.^{33,34,35} This should include protections for domestic workers, migrants, and workers in the informal economy. Additionally, all foreign assistance efforts should:

- Implement and internationally advocate for implementation of ILO Convention C189,³⁶ which protects the rights of domestic workers, and ILO Convention C190,³⁷ which protects workers against violence and harassment, including gender-based violence and harassment.
- Support unionization efforts, formalization, and labor organizing for domestic and care workers.



3. Integrate Care in U.S. COVID-19 Response and Recovery:

It is critical that care infrastructure is incorporated into the U.S.'s global COVID-19 response and long-term recovery plans, including investing funds in care infrastructure, and that all COVID-19 response and recovery foreign assistance incorporate findings from gender analyses to support these efforts. This should include:

- U.S. funded efforts and new investment required to support equitable vaccine delivery must **ensure frontline health workers**, including community health workers—70 percent of whom are women—**are all paid in line with WHO guidelines**.³⁸ Women health workers contribute \$3 trillion annually to the global economy, but half of this work is unpaid and unrecognized. By ensuring health workers are paid, the U.S. can help build health systems that stop exploiting the labor of women, and largely women of color while also improving long-term health outcomes as better trained and paid workers provide higher quality services.³⁹
 - ▷ CARE estimates that for every \$1 a country or donor government invests in COVID-19 vaccine doses, they need to invest \$5 in delivering the vaccine. Half of this \$5 delivery cost should go towards paying, training, and supporting frontline health workers, including providing support for childcare costs.⁴⁰
- **Ensuring women, especially women frontline health workers, are meaningfully included in leadership roles** and shape vaccine roll out, policies and programs at all levels. Though 70% of global health care workers are women, only 25% of leadership positions in healthcare are held by women. This means the service providers often most connected to communities and knowledgeable of the frontlines are shut out of developing solutions for the communities they serve. There should also be long-term investments to recruit, retain, and promote women into leadership roles in the healthcare sector that build off initial efforts to include more women and female frontline health workers into leadership roles.⁴¹
- **Advocating against austerity measures within global financial bodies**, and instead pushing for adequate financing for public provision of social safety net provisions and investment in care infrastructure as the most economically sustainable approach to building back from COVID-19.



4. Care and Multilateral Engagement:

U.S. participation and leadership in global spaces focused on care has the potential to encourage increased engagement by others globally and is critical to ensure cohesion with global efforts. U.S. leadership in multilateral spaces in advocating for policies to support care where it is not currently on the agenda is critical to advancing the widespread goals and benefits of investments in care. As initial steps supporting care in multilateral spaces the U.S. should:

- **Join the Global Alliance for Care** started by the government of Mexico's National Institute for Women (INMUJERES) in partnership with UN Women to support global evidence collection, informed policy, and advocacy around both unpaid and paid care at a global level. As part of this, make both domestic and foreign assistance commitments regarding care at the Generation Equality Forum in June 2021, in line with the recommendations of this brief, and those outlined regarding care and decent work under the Economic Justice and Rights Action Coalition.⁴²
- **Advocate for care as an essential and cross-cutting component in IDA20 negotiations**, including policy commitments on investments in care infrastructure and care-services; recognizing, reducing, and redistributing unpaid care; supporting social protection of workers in the care-sector; and engaging care workers in stakeholder consultations.

Endnotes

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The **Coalition for Women's Economic Empowerment and Equality (CWEEE)** is an advocacy coalition that seeks to advance women's economic empowerment and equality as a foreign policy priority of the U.S. government and multilateral development institutions. Our members are technical experts, implementing NGOs, advocacy-focused NGOs, and research organizations.

