



POLICY BRIEF

UNECE Policy Brief on Gender No 1, December 2020

Women's economic empowerment and the care economy in the ECE region: The impact of economic and social policies during the COVID-19 response and recovery¹

Summary

Care comprises all activities that enhance people's physical and emotional health and wellbeing. Care is essential for sustaining human life and for the reproduction of the workforce and societies. The care economy thus represents a fundamental contribution to economic production and sustainable development.

Care work, both paid and unpaid, is currently mostly done by women. Despite its importance, care work continues to lack visibility. It is underestimated and disregarded in the design of economic and social policies, including in the ECE region.

The COVID-19 pandemic has reinforced the centrality of care and has highlighted how the care economy and economic and social inequalities are deeply intertwined. Women dedicate a larger amount of time to unpaid work, and the closure of care and education institutions during the pandemic has increased that amount. While women's paid care work has been considered 'essential work' in the fight against the pandemic, its monetary recognition and working conditions have not changed for the better. These challenging working conditions and the low pay in care professions remain key obstacles in the recruitment and retention of personnel. They are predicted to impact the post-pandemic recovery.

Comprehensive care policies are fundamental for women's economic empowerment and gender equality. Care policies must become a key element in economic and social policies for recovery. The care economy creates jobs both directly and indirectly and enables other sectors of the economy to function adequately.

The document analyzes economic and social policies of ECE member states in response to COVID-19 and to support the recovery from the pandemic. Policies are grouped along the lines of an analytical framework adapted from the 5-R-framework for Decent Work and Care (International Labour Organization 2018a): This implies the *recognition* of the care economy as constitutive element of the economy requires economic and social policies that recognize all forms of care work and acknowledges their economic value, while securing investment into the care economy; the *reduction* of certain forms of care work and the *redistribution* of care responsibilities between women and men, and between families, the State and the private sector are key components of care-sensitive economic and social policies. Policies can also impact the *rewarding system* for paid care workers and promote their *representation*, as well as that of care recipients and the unpaid care providers. Promising examples in ECE member states' pandemic response in all these areas are highlighted.

This document substantiates the importance of care work for societies. It describes the impacts caused by the COVID-19 crisis on women's work and the care economy. It analyzes the policy measures that have been implemented in various countries in the region to address the crisis along the 5-R-framework. The document concludes with a series of policy recommendations to strengthen the care dimension in economic and social policies developed as a way out of the COVID-19 crisis.

ECE supports governments in the region to strengthen their COVID-19 response by fully integrating a concern for care and gender equality in economic and social policies responding to COVID-19. It is hoped that the promising policy examples discussed in this document can stimulate an exchange of experiences and mutual learning between ECE Member States.

¹ This policy brief is part of the United Nations Development Account tranche 13 project: Strengthening Social Protection for Pandemic Response, in particular its workstream on strengthening care policies with a gender lens with the participation of UN regional commissions and cooperating partners, including UN Women regional offices. It is prepared by Silke Steinhilber, a consultant to the UN Economic Commission for Europe (ECE) for this project workstream under the guidance of Malinka Koparanova, Senior Social Affairs Officer in UNECE.

Contents

1. Introduction.....	3
2. Gendered impacts of the pandemic.....	5
2.1. Women as ‘essential workers’	5
2.2. The greater unpaid care burden of women	8
2.3. Gendered economies and labour markets - gendered vulnerabilities.....	11
3. Mitigating the socioeconomic impact of the pandemic on care.....	14
3.1. Integrating care into economic and social policies	14
3.2. Responses to COVID-19 in the ECE region: applying the 5R framework.....	15
4. Recommendations: Promising actions for care during the pandemic and recovery.	27

1. Introduction

The COVID-19 pandemic that has unfolded since the beginning of 2020 has affected people across the globe and has prompted swift and radical responses, including economic and social policies. In early April, more than 3.2 billion people (or almost half of the world's population) was living in a partial or total lockdown. The International Labour Organization (ILO) estimated that 2.7 billion workers were being affected by these measures, representing around 81 per cent of the world's workforce. In the first quarter of 2020, the estimated loss in working hours because of the pandemic was equivalent to 130 million full-time jobs. Europe and Central Asia experienced a reduction in hours in the first quarter of 2020 of 3.4 per cent, or 11 million full-time employment (FTE) equivalent jobs, with the largest losses occurring in Southern Europe (5.3 per cent) and Western Europe (4 per cent). During the second quarter of 2020, the hours worked in Europe and Central Asia are estimated to have declined by 13.9 per cent, or 45 million FTE jobs. The largest loss in this region is estimated to have occurred in Southern Europe (18.0 per cent), followed by Northern Europe (15.3 per cent), Western Europe (14.3 per cent), Central and Western Asia (13.6 per cent) and Eastern Europe (11.6 per cent).²

The economic and social crises associated with COVID-19 are accentuating pre-existing inequalities, including those based on gender (United Nations 2020). Existing and intersecting forms of exclusion, marginalization, and poverty have been reinforced, and new ones produced. Over the course of the year 2020, it has become clear that low-paid, part-time, young, and ethnic minority workers were most vulnerable to the consequences of the pandemic, and that women are disproportionately hit. While the impact of the pandemic is felt across all different dimensions of women's lives, including income, health, and safety, the pandemic is revealing the central role of women's care work for the well-being of economies and societies, while illustrating the close connections between unpaid care work - paid work - paid care work. The amount of care and domestic work – either unpaid or paid – that is done at workplaces, in homes, and in communities has increased during the COVID-19 pandemic (UN Women 2020b; United Nations 2020). Pandemic response policies in turn have often taken for granted that women will take over the vast amount of care work. Thus, there is a risk that the pandemic and gender-blind policy responses to it will endanger some of the gains toward gender equality made in recent decades (UN Women 2020c; Wenham et al. 2020).

Women represent nearly 70 per cent of healthcare workers globally, including those on the frontline of the COVID-19 response. The care sector is very feminized in the ECE region: 76.8 per cent of the care workforce in Europe and Central Asia is female (UN ECE 2020). Women health care workers have been particularly at risk of contracting the virus. In April 2020, early in the pandemic, levels of COVID-19 transmission were particularly high among healthcare workers, with data indicating a nine per cent infection rate in Italy, and a 14 per cent rate in Spain (UN News 2020).

Globally, the economic contribution of unpaid care work – overwhelmingly done by women - has been estimated at USD 11 trillion (purchasing power parity 2011) (International Labour Organization 2018a). The persistent gender division of unpaid and paid care work, and the lack of recognition and undervaluation of care work as “women's work”, continues to be a key structural factor limiting women's economic empowerment. Twenty-five years after the UN World Conference on Women in Beijing in 1995, women in Europe still do more than double the number of hours of unpaid care work (daily about four hours) than men.³ This unequal division of unpaid care work has been further exacerbated during the COVID-19 pandemic.

² Loss in working hours occurred in different ways – at least in the initial stages of the COVID-19 crisis – mainly as a result of the labour market institutions in place and the political decisions made. In particular, the difference between inactivity and unemployment has been blurred by the crisis, since searching for a job and being available to take on a new job – both criteria that must be met to qualify as unemployed – are often prevented by lockdown measures (International Labour Organization 2020c).

³ United Nations Statistics Division Time use data portal (unstats.un.org/unsd/gender/timeuse/index.html).

In addition to the inequitable gender distribution, care and domestic work is often delegated to persons who are less privileged and given little status or compensation, such as domestic workers and informal childcare providers (Oxfam, Promundo-US, and MenCare 2020). For years, formal and informal “care chains” across the ECE region have supplied paid and unpaid care work, often as a significant contribution to more privileged women’s economic empowerment (Kováts 2020).

The impacts of the economic crisis caused by the pandemic on women versus men differ from those of previous economic crises. In the 2008 crisis, for example, job losses were much higher for men than for women. It appears to be reversed this time. The COVID-19 crisis with policy measures such as lockdowns, social distancing, and the closure of national borders, has a particularly big impact on occupations with high female employment shares, such as service occupations in restaurants and hospitality, as well as care occupations in general (Alon et al. 2020). Because of their lower employment rates, lower wages and pensions, and greater dependence on social assistance as compared to men, women in Kyrgyzstan, for example, have been particularly vulnerable in the pandemic (United Nations Kyrgyz Republic 2020).

The pandemic illustrates, once more, the importance of care and domestic work for economic and social well-being, as recognized in the Sustainable Development Goals (SDGs). The SDGs highlight the importance of public services, infrastructure, and social protection policies, as well as shared responsibility within the household (Target 5.4). It is therefore essential that countries take care needs and the specific needs of girls and women into consideration when pandemic response and recovery measures are decided. If measures are not taken to address both the immediate and longer-term impacts of COVID-19 on women and girls, progress made on gender equality prior to the pandemic will not be sustained.

During the first wave of the pandemic (which is largely the time period covered in this analysis), a majority of ECE member states included measures addressing paid and unpaid work in the pandemic response policy packages. Economic and social policy responses entailed employment and income protections; measures addressing pay and working conditions in the paid care sector; reductions in working time; expanded access to paid family leave and paid sick leave, including for self-employed workers; and childcare for essential workers. As governments move from mitigating the harshest impacts of the crisis, to recovery and the longer-term imperative to ‘build back better’, it will be critical to build on the lessons emerging from the immediate policy responses to the pandemic. Placing care at the heart of the recovery will be essential to ‘build back better’ after the pandemic (UN Women 2020b).

A sustainable and transformational approach to the recovery will require a care-oriented shift in the approach to the economy and social provisioning. Six months into the pandemic in 2020, it was already clear that the expansion of care services would be an essential element of the economic recovery. Such an expansion would be necessary in order to facilitate women’s return to the paid work, add millions of jobs to the economy, support children’s development, and provide significant returns to the economy. Without attention to the central role of the care economy as a whole, and the leverage of care services for women’s economic empowerment, the economic recovery will be impeded (Sultana and Ravanera 2020).

This document uses an adaptation of the ILO’s 5-R framework for Decent Care Work to group policy measures of ECE member states in response to the pandemic (International Labour Organization 2018a). The framework establishes five key recommendations for a care-responsive economic and social policy environment: Policy action should *recognize* and measure all forms of care work and ensure investment in care policies. It should *reduce* and *redistribute* unpaid care work. Paid care workers should be *rewarded* as appropriately so that more and decent work is ensured. Care workers, paid and unpaid, should be guaranteed *representation*, as well as social dialogue and collective bargaining for paid care workers.

2. Gendered impacts of the pandemic

It is too early, in the fall of 2020, to attempt a complete assessment of COVID-19's impact on economies and societies. However, thus far there is growing evidence about the relevance of gender dimensions in the experience of the pandemic as well the responses to it. This section of the policy brief highlights key arguments and preliminary evidence regarding the gendered impacts of the pandemic. It prepares the subsequent care-focused analysis of governmental responses to the pandemic and recovery measures.

Key arguments from early findings about the pandemic

1. Women constitute a greater share of workers who have been considered 'essential' in the response to the pandemic. Women's paid care work constitutes a large part of essential work in the ECE region.
2. Women provide a disproportionate amount of unpaid care work. Their burden has increased with the pandemic and the responses to it. Particularly the closure of schools and childcare services have increased the amount of unpaid care work done by women.
3. Labour market structures in the ECE region are profoundly gendered, assigning differential positions and economic opportunities to women and men. Understanding the intersections of unpaid care and employment is key for the development of transformative COVID-19 response policies.

While this policy brief focuses on the care economy and women's economic empowerment, there were numerous other gender-differentiated consequences of the COVID crisis in the ECE region that should be recognized. For example, women and girls have been found to be more exposed to the risks of domestic violence, harassment, and unwanted pregnancies (United Nations 2020). There have been new or increased obstacles to women's access to basic services, including health services, especially reproductive health (UN Women 2020c). Children have been particularly negatively affected by the measures introduced to fight the pandemic, including the closure of childcare services and schools and social distancing requirements. In lower-middle income and low-income countries, particularly in the countries in Eastern Europe and Central Asia subregion, there is a risk that school closures in the COVID-19 pandemic may bolster gender gaps in education and endanger progress toward girls' empowerment (Burzynska and Contreras 2020).

Any regional analysis must take into consideration the vast differences between countries in the region and within countries. Not all women (or men) have been affected equally or are equally vulnerable to the negative consequence of the pandemic and related response measures. On the one hand, there are enormous differences between ECE member states in the experience of the pandemic itself, both in terms of the economic consequences and their labour market and social policy preconditions, as well as in the fiscal space for policy responses. In addition, the pandemic has exacerbated prior patterns of social inequality globally. Different groups of women and girls have been affected differently depending on factors such as employment status, age, education, race, ethnic or social origin, or family situation, as well as social patterns and cultural norms regarding the division of care work within families. For example, the situation of a fully employed single mother in an urban environment is significantly different once schools and childcare institutions close, compared to a homemaker in a multigenerational rural household.

2.1. Women as 'essential workers'

With the fight against the pandemic, there has been an increased recognition of the role and importance of paid care work, often at the frontlines of the fight against COVID-19 infections. Frontline and other 'essential workers' often face problematic employment and working conditions, sometimes

even without health insurance, as well as low average wages. This is particularly true in paid care professions. Attention to the specific employment situation of care workers and other essential workers has increased with the pandemic.⁴

For years, ECE countries have had very high or medium-to-high levels of employment in the care sector, and particularly high levels of female employment in care work (International Labour Organization 2018a).⁵ In Europe and Central Asia, 76.8 per cent of the care workforce is female. In the EU, women are 76 per cent of healthcare workers, on average. 83 per cent of home-based elderly or disabled care workers, 93 per cent of childcare workers and teaching assistants, 93 per cent of domestic cleaners and helpers are women (European Institute for Gender Equality EIGE 2020b). Women also dominate employment in many other essential jobs, such as the food industry, the service sectors, and part of the agricultural sector (Ladd and Bortolotti 2020; UN ECE 2020).

Often, essential workers are also parents and therefore face particular pressures during the pandemic. In Germany, 3 million employed parents work in jobs that are “relevant for the system”, mostly in the health sector and in parts of the public administration. Fifty-two per cent of all working mothers work in jobs that are considered essential, compared to 34 per cent of all fathers (Bundesinstitut für Bevölkerungsforschung 2020). In the US, one in three jobs held by women at the onset of the pandemic were designated as essential according to a New York Times analysis of census data crossed with the federal government’s essential worker guidelines (Borrioni and Cenerelli 2020).

It is often women from marginalized racial and ethnic backgrounds as well as migrant women who work in jobs that are considered ‘essential’ during the pandemic (Wenham 2020). In the US, non-white women were more likely than anyone else to be in essential jobs (Borrioni and Cenerelli 2020). Having no option to work from home during the pandemic, essential jobs often imply a heightened level of stress and tension. In the United Kingdom, work-related anxiety for those working outside the home during the lockdown was highest among Black and Minority Ethnic (BAME) people surveyed, with 65.1 per cent of BAME women and 73.8 per cent of BAME men reporting anxiety as a result of having to go out to work during the coronavirus pandemic (Women’s Budget Group et al. 2020).

The care sector, while feminized as a whole, is also very segregated by gender and ethnicity, both horizontally and vertically. In most ECE countries, men predominate among the better qualified and better paid physicians, while women aggregate among nurses and home care providers: around 90 per cent of nurses are women (ILO WESO database, 2015). In the United Kingdom, survey data showed that people from ethnic minority backgrounds, particularly Indian, Black African and Black Caribbean people are over-represented as key workers jobs at a lower levels in occupational hierarchies, especially frontline health and social care roles, compared to white people (Women’s Budget Group et al. 2020).

It has often been argued that wages in essential sectors of the economy, particularly in paid care work, do not reflect the social value of the work (International Labour Organization 2018a). This contradiction has become strikingly visible with the measures introduced to curb the spread of the coronavirus. Very often, jobs considered essential in the fight against the pandemic, a majority of them being held by women, are badly remunerated, not protected, and involve working conditions that pose particular challenges in times of a pandemic (Weber and Nevala 2011).⁶

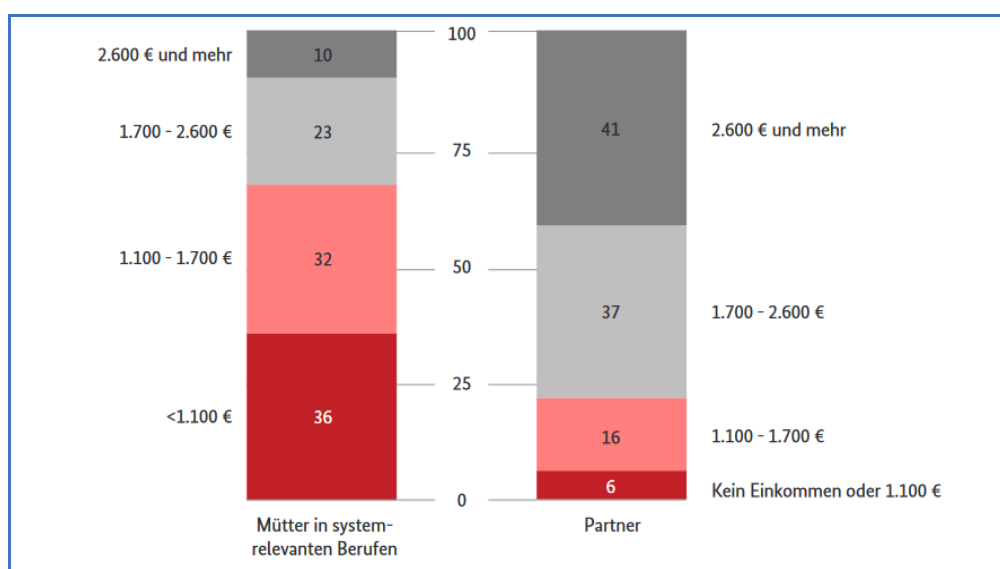
⁴There is no internationally valid encompassing definition for ‘essential jobs’. Broadly speaking, the notion of essential jobs during the COVID-19 pandemic included all those positions that continued at full performance once countries went into lockdown to reduce the spread of the virus. Everywhere, the category entailed at least health and other care workers, as well as other important sectors of the economy such as food, retail and transportation or public infrastructure such as energy or sanitation.

⁵ The ILO report includes data on care workers in education, health, and domestic environments (employed by households), as well as non-care workers in care sectors (ILO page 194)

⁶ An important exception to this situation in the ECE region are Scandinavian countries (International Labour Organization 2018a).

The low income of many essential workers has been the cause of economic difficulties for affected households during the pandemic, even in high-income countries in the region. In Germany, for example, many families faced a severe loss of income during the first half of 2020 when lockdown measures were implemented. Very often, the parent who worked in a job considered 'relevant for the system', and who therefore continued to go out to work, was not the parent with the higher income. Two thirds of mothers in system-relevant jobs have a lower income than their partner. Around 36 per cent of mothers in system-relevant jobs have an income of less than €1.100 after taxes, only 10 per cent make €2.600 or more. This is partly a consequence of the widespread part-time work in care jobs. It is also a consequence of the low wages in the sector (Bundesinstitut für Bevölkerungsforschung 2020) (see Figure 1).

Figure 1. Net income in essential jobs of mothers with children below 12 years of age



Source: Bundesinstitut für Bevölkerungsforschung 2020

Essential care jobs during the pandemic have often come with an increased risk of infection for workers and increased work-related stress. The rate of infections of frontline health workers with the SARS-COV-2 virus has been particularly high throughout the ECE region at the beginning of the pandemic, affecting women in far higher numbers than men: In Spain, 75.5 per cent of infected health care workers were women, in Italy 69 per cent, and in the US 73 per cent (UN Women 2020a). The European Center for Disease Control estimated a 3.4-fold higher risk of infection with COVID-19 for frontline health workers than for the general population. In Uzbekistan, frontline healthcare workers (82 percent of whom are women) have reported their work-related pressures in a UNFPA-supported survey: Half of the female healthcare workers reported suffering from anxiety, burn-out and depression (United Nations Uzbekistan 2020).

In addition – contributing to the high rates of infection among care workers - not enough personal protective equipment and testing was available during the first months of 2020. In the United Kingdom, as elsewhere in the ECE region, women healthcare workers struggled with the limited availability of adequate personal protective equipment (PPE) and testing. The Government's relaxation of social care standards in response to the emergency has become a concern for many elderly and disabled women (Women's Budget Group 2020).

Domestic workers as essential workers

Domestic work is also an important sector of women's essential care work in the ECE region, especially in Southern Europe. However, it has been at the margins of attention in debates about essential jobs during the pandemic. Domestic workers, often migrant workers from within the ECE

region, provide direct care for children or frail older persons, but often work at in precarious conditions, or even outside the formal labour market.

Domestic workers have therefore often not been able to isolate because of their unprotected employment status. Those who provide care work without legal residence status may not have been able to access health services for testing, thereby even contributing to the spread of the pandemic (Linde 2020). However, undocumented migrants were able to access COVID-19 related emergency health services free of charge in 9 EU member states (Belgium, Estonia, Greece, Finland, Lithuania, Luxembourg, Spain, Poland and Slovakia), as well as in Israel and Switzerland. Several governments took additional measures to mitigate the impact of loss of income, reduced hours and job loss on people's ability to meet conditions of residence and work permits and family reunification. Measures included, for example, enabling workers to change employer and renewing permits normally dependent on work regardless of employment status (PICUM 2020).

The interruption of the freedom of movement within the European Union has also meant an interruption of international care chains, affecting several thousands of most Eastern European women very strongly. Many went home at the beginning of the lockdown to their countries of origin, Slovakia, Romania, Poland, Bulgaria, Ukraine, or Republic of Moldova and remained without an income for several weeks because they could not return to their workplaces. Returning migrants are typically not entitled to an income subsidy in their home countries and the absence of remittances, which they would usually transfer home, further increased the loss of income of their dependents in their countries of origin.

2.2. The greater unpaid care burden of women

The measures that were implemented to slow the spread of the pandemic have increased the overall amount of unpaid care work. They have, at the same time, led to increased attention for the volume and recognition of the importance of unpaid care work in public and political discourses. The pandemic response led to a redistribution of care work, from institutions to private households, i.e. from paid to unpaid care work. It is open for further investigation to what extent there has been a redistribution of unpaid care work between women and men, but most of the increase appears to have been shouldered by women.

With the lockdown measures that were mandated in many countries in the ECE region during the first wave of the pandemic, as elsewhere across the world, the ability to continue working – and to be paid – has often become dependent on being able to work from home. This has negatively affected those groups of the population unable to do so, including informal workers. In Europe and Central Asia, the relative poverty rates of informal workers are expected to rise from 34 per cent to 80 per cent (estimations from the first months of the pandemic) (International Labour Organization 2020b).

It was found that in high-income countries, the ability to work from home during the pandemic was correlated with first, higher education of the worker; second, holder a higher income job; third, being a “white collar” worker; fourth, being older than 35 years of age, and fifth, being male. In the United Kingdom, in April 2020, almost three white collars out of four were working from home, but only one blue collar in four. Although blue collars were more likely to work in their usual workplace, half of them stopped working, as opposed to only 14 per cent among the white collars. (Foucault and Galasso 2020).

When schools and kindergarten closed to stop the spread of the pandemic, care work was also pushed back into the domestic sphere. Women took on a larger share of the increasing amount of unpaid care work. It was mostly mothers who took on the homeschooling and childcare, often in addition to their own paid work. When the elderly was told to not go out for shopping, it was mostly women and girls, their daughters, granddaughters or daughters in law, as well as neighbors or friends, who took on the responsibility to provide them with food and other necessities. Women also have

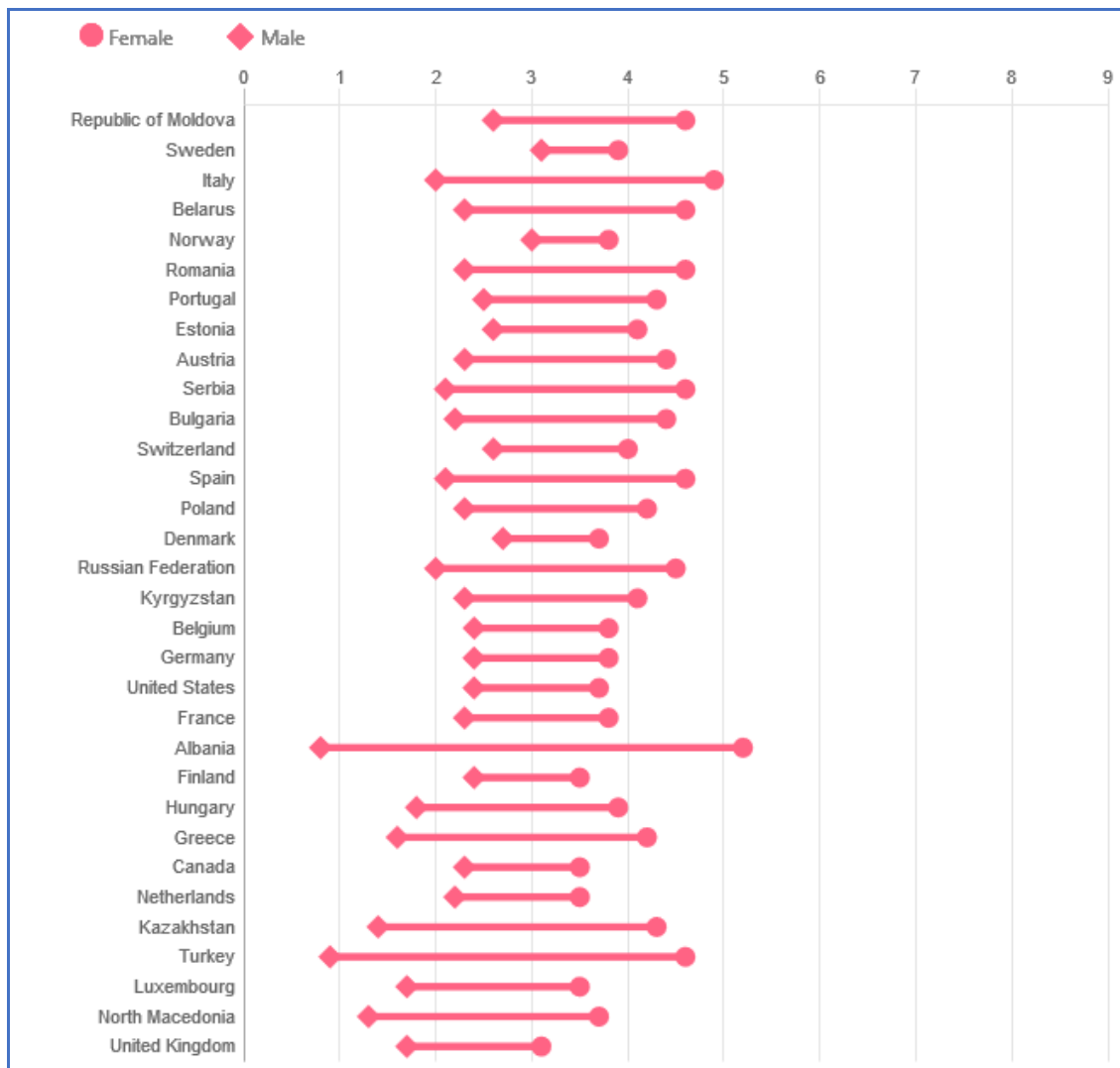
stepped up to care for the sick at home, often with considerable risks to their own health. Due to heavy caregiving burdens and difficulties to reconcile unpaid care work with paid work, many women have quit their paid work during the pandemic. There is only limited evidence that men in some countries have taken over more unpaid care work (Oxfam International 2020; Oxfam, Promundo-US, and MenCare 2020).

Working from home also meant having to balance paid employment and care responsibilities. With the closure of childcare facilities and schools, the amount of unpaid care work, as well as the involvement of adults to support home schooling of children increased significantly across the region. Activities including childcare, homeschooling and medical assistance to the sick— sometimes combined with increased or undefined working hours in paid work from home—caused a greater unpaid workload and psychological stress (United Nations 2020).

Social distancing requirements and protective measures for the elderly population who may be at heightened risk of infection and health complications due to COVID-19 have also disrupted patterns of care within families. In the ECE region, it is quite common that grandparents help mothers to care for children in the family. In 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 for some hours every week (UN Women 2020b).

With the closing of care institutions and necessary changes in family-related care patterns (because of social distancing and the need to protect elderly family members), the pandemic further increased the overall amount of unpaid care and domestic work. This burden is overwhelmingly carried by women. Before the pandemic, the value of unpaid care work, globally, has been estimated at \$11 trillion USD purchasing power parity in 2011. Thus, the value of women's unpaid care work represents 6.6 per cent of global GDP, or USD 8 trillion. Conversely, men's contribution accounts for 2.4 per cent, or USD 3 trillion (International Labour Organization 2018a). In the ECE region, women spend on average 13 hours per week more than men on unpaid care work (UN Women 2020c). According to UNECE data collected for the monitoring of SDG 5 on gender equality, women in Albania and Italy spend most hours in the region doing domestic and care work. In contrast, men in Albania, Turkey and North Macedonia spend the fewest time doing unpaid domestic and care work (see Figure 2). At the same time, men, who are more likely than women to experience serious symptoms and even die from COVID-19, are also more likely to rely on the care of co-residing female family members, including spouses, when they fall ill (European Institute for Gender Equality EIGE 2020a)(European Institute for Gender Equality EIGE 2020a) (UN Women 2020b).

Figure 2. Time spent on unpaid domestic and care work, (all ages), hours, latest available year



Source: UNECE Statistical Database

The overall increase in unpaid and domestic work was not evenly divided between women and men, and groups of the population. In Canada, according to a recent study, 4 in 10 respondents reported an increase in hours spent on domestic work during the pandemic. Women are more likely than men to report spending their largest share of time preparing meals and cleaning. Men reported spending the bulk of their time in paid work, leisure, and household management. Indigenous and Black respondents were more likely than White respondents to report experiencing challenges due to increased care burdens, including needing to give up looking for paid work. 71 per cent of Canadian women feel more anxious, depressed, isolated, overworked or ill because of increased unpaid care work caused by COVID-19 (Oxfam International 2020).

In Turkey, survey results showed that the lockdown increased the unpaid workload for men and women. However, women still shouldered more of this burden, doing nearly four times as much unpaid work as men. This has resulted in an overall increase in working hours. For women who continue to work at the workplace (as ‘most essential’ workers), the total work time is longer than 10 hours per day (UNDP 2020b). For women from vulnerable groups, the assessment showed a disproportionate increase in their workload (United Nations Kyrgyz Republic 2020).

The overall increase in unpaid care work may be contributing to a closing of the gender gap in unpaid care work, at least under some conditions. In Germany, the amount of time for unpaid care

and domestic work increased significantly with the pandemic. For mothers, it increased on average from 6.6 to 7.9 hours per day, for fathers from 3.3. to 5.6. A disproportionate increase in male unpaid domestic work is found particularly with men whose working time was reduced due to COVID-19: During the lockdown, these men spent on average 8.1 hours with unpaid family work – which is almost the same amount of time as mothers (Bundesinstitut für Bevölkerungsforschung 2020). However, such a trend of a closing of the gap has not been reported from other countries where data is available (Oxfam International 2020; UN Women Turkey 2020; UN Women Ukraine 2020; UN Women Moldova 2020).

While the increased pressures on women due to the closure of childcare facilities and schools has been noted across the region, other care deficits have also been reported: Socially and economically marginalized groups, including people with disabilities, children and adolescents living in institutions, people living with HIV, or people who use drugs, have experienced the impact of the lockdown measures disproportionately, both from a health perspective as well as socio-economically (United Nations Uzbekistan 2020). Single-headed households, most of them headed by single mothers, have experienced higher pressures than households where several adults could share the burden of unpaid care work.

Care needs of the elderly population during the pandemic have also increased with social distancing requirements, for example with respect to practical support with shopping, but also regarding emotional needs because of the cancellation of social events and interaction. Elderly women are both care providers in their communities as well as care recipients. Across countries, women are overrepresented among older persons, representing 57 per cent of those aged 70 years and older and 62 per cent of those above age 80. 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 (UN Women 2020b).

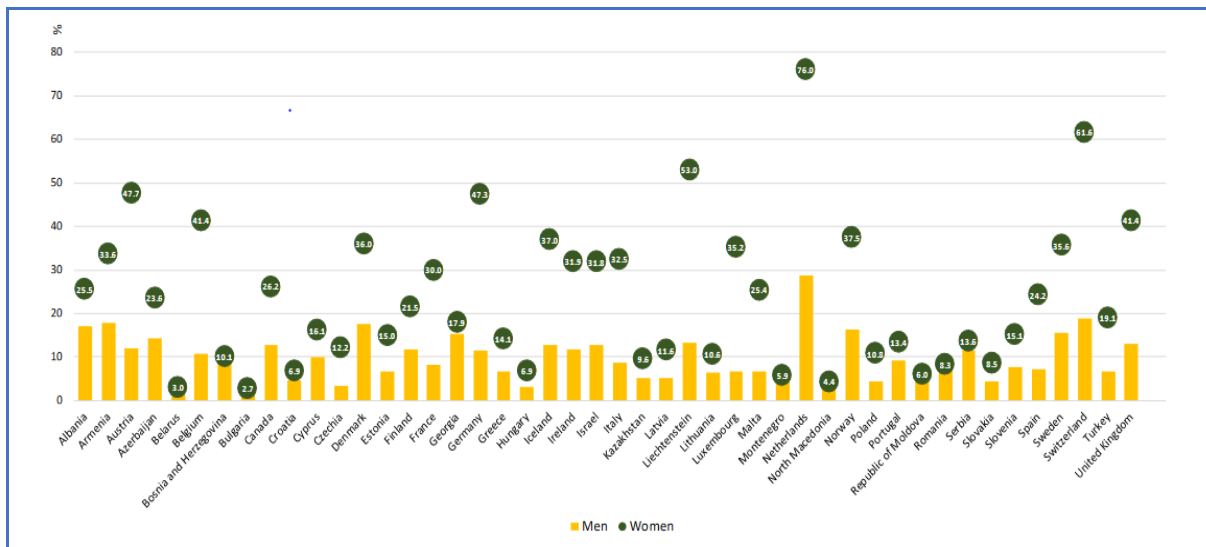
2.3. Gendered economies and labour markets - gendered vulnerabilities

Gendered labour market structures characterize all ECE member states in different ways, causing specific vulnerabilities in the COVID-19 pandemic and policy reactions. The labour market repercussions of the crisis are intertwined with the care economy in multiple ways, both with respect to paid care work, as well as unpaid care work.

Women's increased vulnerability to the consequences of the pandemic is one of the consequences of the persistent labour market structures in the ECE region. Women are more likely than men to be employed in part-time, casual, poorly paid and insecure employment, as well as in the informal sector. Women's economic empowerment is blocked by unpaid care responsibilities and the undervaluing of paid care work, which is based on the stereotypical assumption that it is women's work.

Across the world, including the ECE region, care workers in health and social work are often employed in non-standard forms of employment that include fixed-term work, temporary work, temporary agency work, dependent self-employment and part-time work (ILO CARE: 177). Women have much higher rates of part-time employment than men across the ECE region, with the highest gaps in several EU member states, and the lowest gaps in Eastern and South-Eastern Europe and Central Asian countries (see Figure 3).

Figure 3. Proportion of women and men working part-time in the ECE region, 2017



Source: UNECE Statistical Database.

Feminized sectors of the economy, including child-care work, have been quickly affected by the COVID-19-induced economic downturn and subsequent loss of employment. In many countries, the first round of layoffs has been particularly acute in the services sector, including retail, hospitality, and tourism, where women are overrepresented. In Austria, 85 per cent of the new unemployed during the pandemic were women (ÖGB). In the United Kingdom, low earners were seven times as likely as high earners, and women were one third more likely than men, to work in shutdown sectors: one in six (17 per cent) female employees were in such sectors, compared to one in seven (13 per cent) male employees. A higher share of young women under the age of 25 than young men worked in sectors that were shut down as a result of the social distancing measures in the spring of 2020 (36 per cent of young women, 25 per cent of young men worked in these sectors) (Joyce and Xu 2020; ÖGB).

Part-time and temporary workers, the majority of whom are also women, have often suffered job losses due to COVID-19 impacts. Often these marginal workers lack access to job preservation schemes such as short-term work or job sharing and unemployment benefits, even in developed countries (UN Women 2020a). Women who worked part-time before the pandemic also gave up their jobs “voluntarily” once faced with increased amounts of unpaid care work due to the close of childcare institutions and schools (ÖGB; Venugopal Ramaswamy 2020).

The social distancing measures, closure of education facilities has led to the loss of income, or even lay-off of pre-school workers and teachers in several countries, contributing to the increase in unemployment rates. Childcare and elderly care services, often provided by informally employed young women, had to be discontinued. In the United States, during the first eight months of 2020, one in four childcare providers have lost their jobs. It has been estimated that as many as half of all child care slots could be lost with centers closing (Jessen-Howard and Workman 2020; Venugopal Ramaswamy 2020; Crerar 2020).

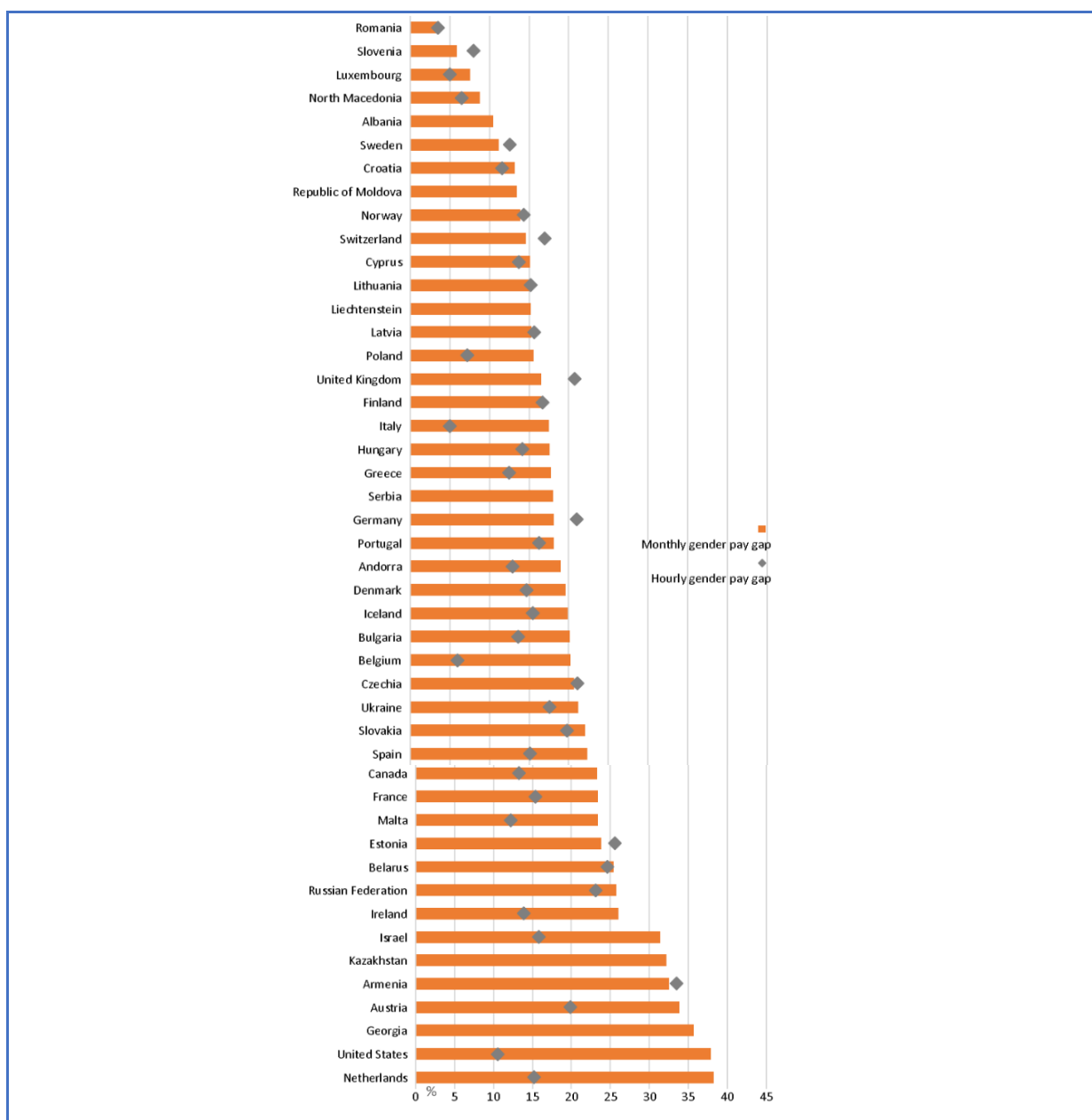
Gender pay gaps and the consequences of the pandemic

The gender pay gap is another reason for women’s vulnerability to the COVID_19 induced economic crisis. It is a consequence of direct gender discrimination, horizontal gender segregation in occupations (women dominating lower paid sectors and occupations, including in paid care work), and women’s unpaid care responsibilities (that, in the absence of care services, often lead to part-time work of women). There are large differences between ECE countries with respect to the monthly gender wage gap, reaching from under 5 per cent in Romania to about 38 per cent in the Netherlands.

Differences are also wide with respect to the hourly wage gap, reaching from under 5 per cent in Romania to 33 per cent in Armenia (see Figure 4).

The consequences of the pay gap were immediate in those contexts where cash benefits could be provided. Especially where financial support measures in the crisis were linked to previous income, women received lower benefits. Moreover, because of their contractual status as marginal workers, women were more likely than men not to receive any income support that was introduced to buffer the effects of the crisis. The European Union recognized the importance of the gender wage gap for women’s economic vulnerability and committed to actively close the gap (as well as coordinate decisive action against domestic violence as a consequence of the pandemic) (European Commission 2020).

Figure 4. Hourly and monthly gender pay gap, 2017 (or most recent data)



Source: UNECE Statistical Database, data retrieved on 28 February 2020.

Note: Hourly gender pay gap data missing for Georgia, Kazakhstan, Serbia, Liechtenstein, Republic of Moldova, and Albania.

Women's (care) enterprises

Previous research has shown that women's enterprises are particularly susceptible to economic shocks (International Labour Organization 2018b). At the same time, we know that women's enterprises are often service sector and care enterprises and tend to be small and medium-sized. It must be assumed that this comes to bear in the pandemic as well – but not enough is known about the impact of the pandemic response on women's enterprises. In addition to structural factors such as a limited financial basis, COVID-19 border closures and restricted mobility have disrupted markets and supply chains. Women-owned enterprises are overrepresented in hard-hit sectors such as services, including care services, education, tourism, hospitality, and retail as well as agri- and horticulture and the textile and garment industries.

While many enterprises are negatively affected by the measures to curb the spread of the pandemics, the social economy has provided particularly important contributions to address the social needs arising from the pandemic and has thus helped mitigating the negative effects of the crisis. Social economy organizations and businesses have provided crucial health and social services. In the United Kingdom, during the crisis, over 30 per cent of all National Health Services community nursing and other services were provided by social enterprises (Social Enterprise UK 2020).

The impact of COVID-19-related measures on private sector care enterprises and care-related social enterprises, many of them owned and managed by women, and employing large numbers of women, appears to be a blind spot in available research and policy debates so far (OECD 2020b). As women-owned businesses tend to be more reliant on self-financing, there is an increasing risk they must close after extended periods of significantly reduced or no revenue. COVID-19 response and recovery measures to support businesses risk overlooking women's small and medium-sized enterprises (SMEs) and social enterprises, with the credit essential for their survival remaining beyond their reach. (UN Women 2020a). However, women-owned care enterprises, especially in childcare and long-term care, could play a key role in the economic recovery if effectively included in recovery packages.

3. Mitigating the socioeconomic impact of the pandemic on care

3.1. Integrating care into economic and social policies

To analyze the possible impact of COVID19 response and recovery measures on the care economy, and to envision economic and social policies in response to the pandemic, it is suggested to use the 5R Framework for Decent Care Work as frame of reference (International Labour Organization 2018a). Here, care work is regarded "essential to the healthy and prosperous existence of human beings as well as to the sustainability of economies and societies." (International Labour Organization 2018a: 289).

The 5-R framework is particularly valuable for jointly considering paid and unpaid care work. To integrate care into economic and social policies and simultaneously mainstream a concern for gender equality, five approaches are recommended: First, the general importance of the care economy for the economic and social wellbeing and sustainable development is recognized. Second, the overall amount of unpaid work is reduced, including through, third, the redistribution of unpaid work between women and men, and between families, communities and the state. Fourth, care work is rewarded adequately. Fifth, care workers (paid and unpaid) are represented in relevant decision-making, and social dialogue and collective bargaining for paid care workers is ensured.

The framework adds suggested policy measures to each of the above policy recommendations (see Table 1).

Table 1. The 5-R Framework for Integrating Care into Economic and Social Policies⁷

Policy recommendations	Policy measures
Recognition of the importance of the care economy (data and investment)	<ul style="list-style-type: none"> - measure all forms of care work and take care work into account in decision-making - invest in quality care services, care policies and care-relevant infrastructure
Reduction of unpaid care work (and protection of women's employment in the crisis)	<ul style="list-style-type: none"> - promote active labour market policies that support the attachment, reintegration, and progress of unpaid carers into the labour market - enact and implement family-friendly working arrangements for all workers
Redistribution of unpaid care work	<ul style="list-style-type: none"> - implement gender responsive and publicly funded leave policies for all women and men, with special incentives to promote male responsibility for unpaid care work - guarantee the right to universal access to quality care services - ensure care-friendly and gender-responsive social protection systems, including social protection floors - promote information and education for more gender-equal households, workplaces, and societies
Rewarding of care work: more and decent work for care workers	<ul style="list-style-type: none"> - regulate and implement decent terms and conditions of employment and achieve equal pay for work of equal value for all care workers - ensure a safe, attractive, and stimulating work environment for both women and men care workers - enact laws and implement measures to protect migrant care workers
Representation of care workers, social dialogue and collective bargaining for paid care workers	<ul style="list-style-type: none"> - ensure women's/ care workers full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life - promote freedom of association for care workers and employers - promote social dialogue and strengthen the right to collective bargaining in care sectors - promote the building of alliances between trade unions representing care workers and civil society organizations representing care recipients and unpaid care providers

3.2. Responses to COVID-19 in the ECE region: applying the 5R framework⁸

As of 23 June 2020, at least 152 countries around the world had put in place response packages to COVID-19, adding up to roughly USD 10.3 trillion. All ECE member states have implemented some form of health-related prevention and/or response measures and measures to deal with the global economic consequences of the pandemic. An initial review of the packages indicates however that few, if any, were designed with a gender lens. Moreover, only a handful of response packages contain measures specifically targeting women, and those mostly focus on responses to gender-based violence (UN Women and UNDP 2020).

Numerous ECE member states, however, have included measures directly addressing the care economy, i.e. both paid and unpaid care work, into the pandemic response packages developed over the course of 2020. While the measures do not target women directly or do not mention gender as a relevant factor, they tend to have important gender impacts because of the skewed division of care work in all ECE societies.

The following section elaborates on these COVID19-related policy measures in ECE member states that directly impact the care economy. The 5-R Framework is used to structure the analysis.⁹

⁷ Adaptation of the framework that was initially developed by the ILO. In the original framework, the recommendation on recognition of care work did not explicitly include paid care work International Labour Organization 2018a.

⁸ Country-specific information included in this document was gathered in an extensive mapping exercise drawing on information from multiple international and national sources.

⁹ For measures by individual countries, see mapping document and overview table.

The extent and type of measures as well as their focus and priorities have been diverse in the region. A regional approach to analyzing policy choices can, therefore, provide useful examples and stimulate mutual learning in the interest of a more effective pandemic response within a framework of sustainable development and gender justice.

Several qualifiers regarding the specificities of the ECE region should be highlighted beforehand:

1. The situation of ECE countries differed notably with respect to the development of the pandemic itself and the timing of decision-making. From a care-focused point of view, it is important to highlight that during the first wave of the pandemic in early 2020, childcare institutions and schools were completely closed, at least for some time, in most ECE member states. They were reopened partially in many countries during the summer, depending on the numbers of infections. While the complete closure had been considered an effective measure to stop the spread of the pandemic early on, more narrowly targeted measures were implemented later in 2020, to avoid the complete closure of education institutions. These decisions have impacted the care load of parents significantly.
2. Available fiscal space for financing measures to mitigate the pandemic impact – both in immediate and short term - between ECE member states is very different. Expectedly, in high-income countries, emergency packages were larger on the whole. There was a wider use of tax measures and financial support for labour market interventions so that businesses (Ladd and Bortolotti 2020) could retain (or furlough) employees, and more extensive funds were made available for the expansion of the health system capacity (Ladd and Bortolotti 2020). With more fiscal space, it was easier to extend paid leave for parents during school and childcare closure, for example. Given the important differences in terms of financial possibilities, it is even more important to reflect on the effectiveness and efficiency of specific measures.
3. The existing institutional and regulatory frameworks on care policies and gender equality are notably different in ECE member states (e.g. work-family reconciliation policies such as leave entitlements, working time policies, decision-making autonomy of social partners, etc.). There is a high degree of path dependency of measures in response to the pandemic, as emergency response measures have typically been built on existing provisions rather than introducing new measures. At the same time, existing commitments to gender mainstreaming in policymaking processes have exerted some influence on decision-making, but have often been disregarded (UN Women 2020d).
4. Social norms, such as assumptions and practices about the division of unpaid care work between women and men, and the social value assigned to care work, strongly impact care policies (UN Women 2019). More or less tacitly, they have shaped decisions in response to the pandemic, most notably with respect to the assumption that mothers would fill the care gap created by the closure of care and education institutions during the first wave of the pandemic. Further research will be necessary to assess differences in family realities, caring practices and gender role assignments across the ECE region – and to trace which observations, research and public debates contributed to the decisions to keep schools and childcare institutions open as long as possible during the second wave of the pandemic.

Recognizing care work: measuring trends and investing in care

Measuring all forms of care work (paid and unpaid) and taking unpaid care work into account is a key precondition for transformative policymaking (International Labour Organization 2018a). Gender-responsive and care sensitive pandemic response policies must be based on data about the changing volume of care work and gender differences in the distribution of increased amounts of care work.

It has been recognized that in the context of the COVID-19 pandemic, there has been a shift in the care burden from paid to unpaid care, and from care services toward families. This has been mainly a consequence of the closure of childcare and education services, and the reduction of social contacts because of social distancing requirements. The increase in unpaid care work has been mainly shouldered by women (see Section 2). Data on the distribution of unpaid work, and additional unpaid work, as well as data on the take-up of pandemic-related leave provisions would be an essential component of gender-just policymaking. It is necessary that available data is not only disaggregated by sex, but also by other intersecting social factors such as ethnicity, age, origin etc. So far, a number of countries have initiated progress toward further expansion as well as further disaggregation of data (UNECE). Additional steps are crucial for a full assessment of the situation and for the development of gender-responsive and transformative evidence-based policy solutions.

Time-use surveys and other sources for recognizing unpaid care work

With support from UN Women, several ECE member states have conducted rapid gender assessments of the social situation that included questions on time use, to measure the impact of school and kindergarten closures, especially on the increase in unpaid care work (Albania; Azerbaijan; Bosnia and Herzegovina; Georgia; Kazakhstan; Kosovo (under UNSCR 1244); Kyrgyzstan; Moldova, Republic of; North Macedonia; Turkey) (UN Women 2020c).

The e-survey on living and working with COVID-19 conducted by the European Foundation for the Improvement of Living and Working Conditions in **EU member states** in July 2020 included questions on time spent caring for children and grandchildren, and on doing household work. While variations between countries were wide, the survey confirmed women's significantly greater time investment in these activities (Ahrendt et al. 2020). Female single parents with children under 12 spent the longest hours of all groups with childcare and housework, 77 hours per week (p.24).

Data on unpaid care can also be gained through other representative surveys: In **Germany**, the National Education Panel provided representative data on unpaid care in families during the pandemic-related closure of schools and childcare services. The survey showed that women spent a higher amount of time than men with home schooling of children and reduced their paid working time to a greater extent than men (Zoch et al. 2020).

In the area of paid care work, emerging evidence documents the working that the workload and work intensity of paid care workers have increased with the pandemic (International Labour Organization 2020a). In several countries, the working hours of health care personnel and long-term care personnel have increased with the outbreak of the pandemic. In the EU, despite EU regulations and safety standards, there is considerable anecdotal evidence suggesting healthcare workers were working beyond their hours to deal with the volume of patients presenting in healthcare facilities with COVID symptoms and requiring treatment.

The pandemic-induced pressures and concerns compounded pre-existing challenges faced by care workers and entire health systems and will have to be monitored closely. This includes awareness on the situation of paid care workers who simultaneously have private care responsibilities. During the first months of 2020, there were reports of health workers not returning home for extended periods of time or avoiding other family members out of fear to endanger their families (Grey Ellis 2020; Parker 2020).

In **France**, monitoring of the working conditions of nurses by the national professional organization produced important information: Two thirds of nurses consulted declared that their working conditions deteriorated since the onset of the pandemic. 43 per cent are not sure if they will continue in their profession in five years (Ordre National Infirmiers 2020).

Research from **Spain** showed that 56.6 per cent of health workers presented symptoms of posttraumatic stress disorder, 58.6 per cent of anxiety disorder, 46 per cent of depressive disorder and 41.1 per cent felt emotionally drained. The data illustrate the need for an improvement of preventive measures for occupational health of workers (Luceño-Moreno et al. 2020).

Investment in quality care services, care policies and care-relevant infrastructure have long been recognized as key measures to alleviate the burden of unpaid care work on women (International Labour Organization 2018a; Women's Budget Group 2017). Alongside the public care infrastructure that has been shown as necessary part of the care economy, care enterprises in the private sector are also important employers of women and contribute to alleviating families' (de facto mostly women's) unpaid care work. Extrapolating from past research on the investment in care, it seems reasonable that investment in public and private care services and support for care enterprises affected by the pandemic will be central levers to deal with the care-related consequences of the COVID-19 pandemic.

Most countries have introduced some form of business support schemes or tax measures to alleviate the economic impact of the pandemic on most affected private enterprises. More data on the situation of care enterprises and self-employed care workers would be needed, however. There is only limited evidence to confirm how care enterprises have been impacted by the lockdown measures, and if they are benefitting from stimulus packages, subsidies, tax measures or moratoria related to social security contributions or rental payments. In addition, data on self-employed care workers is scarce, for example regarding their access to support schemes made available to deal with the negative consequences of lockdown measures.

Among the care enterprises that benefited from employment protection measures and wage subsidies were hospitals, childcare institutions and after school programs, service providers of various kinds (e.g. home care services), social services, family therapy providers etc. To date, however, disaggregated data is limited on the relative distribution of funds between various subsectors and enterprises focusing on care. Available data does not allow, at this stage, to assess to what extent social services had access to the emergency funds available, or if private care enterprises and self-employed care providers have benefited from these emergency funds. In Germany, for example, 92 per cent of enterprises benefitting from short-term work benefits were in hospitality, 44 per cent metal, electro and steel industry, and 43 per cent services and private households, followed by 38 per cent trade and automobile services, as well as 38 per cent other services (Schäfer 2020, updated 2020). If there is no support for care enterprises, the impact is considerable. A recent survey of licensed child care centers in Canada found that "70 per cent laid off all or part of their workforce and more than one-third of the centers across Canada are uncertain about reopening" (Time for Child Care 2020; Oxfam Canada 2020).

In **Armenia**, preschools and childcare service providers were explicitly included in the government-sponsored emergency business support program.¹⁰

Direct financial support to enterprises providing childcare services was included in the pandemic response packages for enterprises affected by the lockdown measures in **Norway, Slovakia, Switzerland** and some states in the **United States** (OECD 2020c; UNDP 2020a).

In **Italy**, under the Cura Italia programme, a childcare voucher of up to €600 was made available to individual families to acquire childcare services for children below the age of 12 (Gentilini et al. 2020). No data is available so far how the subsidized spending has been distributed between public and private care enterprises.

Extraordinary public spending for care, mainly health care, was budgeted in numerous ECE member states during the first half of 2020. Much of the spending was addressed at the purchase of equipment for intensive hospital care, as well as protective equipment for health care workers. To a more limited extent, an increase in other care-related spending is reported, for example investment in childcare, state spending for the improvement of working conditions of care workers, as well as the expansion of state-funded care services provided.

In **Kyrgyzstan**¹¹, the **Russian Federation** and **Spain**, the number of publicly funded social workers were increased to ensure and, where necessary, expand the provision of assistance to the population, for example home care for elderly, dependent or disabled people affected by the closure of day centers or social centers in response to social distancing requirements (UNDP 2020a).

In **Belarus, Denmark**, and **Spain**, social services were provided directly to vulnerable groups of the population, thus alleviating the care burden of other members of the family or community (UNDP 2020a).

Protecting women's employment and reducing unpaid care work

Active labour market policies that support the attachment, reintegration and progress of unpaid carers into the labour market can be another key element for the reduction of unpaid care work, as outlined in the 5-R framework. Employment protection measures such as short-term work schemes or wage subsidies that help keeping women in employment are also included here.

Short-term work schemes, wage guarantee funds, or similar job retention schemes support enterprises are common types of employment protection measures applied in the ECE region to deal with the economic consequences of the pandemic (Giupponi and Landais 2020). During the first wave of the pandemic, they have been widely used by countries in the ECE region to ensure that the working time of employees could be reduced but employees were not laid off. Public funds were made available to cover (part of) the difference between an employees' regular salary and the salary based on fewer hours. In many cases, social security contributions were also subsidized. In the summer of 2020, short-term work schemes were in place in Austria, Belgium, Bulgaria, Germany, Denmark, Spain, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Netherlands, Norway, Poland, Portugal, Romania, Sweden, Slovenia, and the United Kingdom (ETUC European Trade Union Congress 2020). Most such schemes already existed prior to the pandemic, but were expanded temporarily in 2020 (Austria, Belgium, Germany, Denmark, Spain, France, Ireland, Netherlands, Norway, Poland, Portugal,

¹⁰ [https://covid19.gov.am/en/business_and_coronavirus \(action 3\)](https://covid19.gov.am/en/business_and_coronavirus(action%203))

¹¹ <http://www.kenesh.kg/ru/article/show/6647/ot-1-aprelya-2020-goda-3659-vi-o-merah-po-sokrashteniyu-negativnih-sotsialno-ekonomicheskikh-posledstviy-v-svyazi-s-valyutnoy-inflyatsiyey-i-rasprostraneniemy-koronavirusnoy-infektsii-covid-19>

Romania, Sweden). Some countries introduced new short-term work/ wage subsidies in response to COVID-19 (Slovenia, the United Kingdom).

The importance of active labour market policies to support the attachment, reintegration, and progress of unpaid carers into the labour market during the pandemic and the recovery is becoming more and more evident. Global data indicates that women are giving up paid work because of increased unpaid care responsibilities during the pandemic (UN Women 2020e). Early evidence from individual countries shows that an absence of measures to support labour force attachment, and of reliable care services, can have a negative impact on women's labour force attachment, especially in low wage groups. In the United States, in September 2020, data from the National Bureau of Statistics showed that four times as many women as men dropped out of the labor force, meaning they are no longer working or looking for work. Of the nearly 1.1 million workers ages 20 and over who dropped out of the workforce in that month, 865,000 were women, including 324,000 Latinas and 58,000 Black women, compared to 216,000 men (Venugopal Ramaswamy 2020).

Some ECE member states are implementing measures addressed specifically at employees in precarious labour market positions, for example workers with temporary contracts or on-call workers.

In **Switzerland**, employees with precarious employment contracts (e.g. employees in fixed-term employment, persons working for a temporary work agency, workers on call) have been included in the short-term work program to protect employees from lay-offs (they were not included previously) (OECD 2020c).

In **France**, eligibility for the short-term work program was extended to workers on a temporary contract. This is important for workers with unpaid care responsibilities – mainly women - as they constitute a large share among workers with such precarious employment contracts (OECD 2020c).

Short-term work and wage guarantee funds, or similar employment retention programs, have included care-sector employees in public and private enterprises in unknown numbers, depending on national conditions.¹² Yet, apart from special recruitment programs for social workers and other care personnel that were introduced in some countries, few specific labour market measures addressed at paid care workers have been reported so far. To the contrary, because of social distancing requirements, several active labour market programs, such as retraining programs for care assistants, have been temporarily suspended during the first wave of the pandemic in 2020. The UNDP and UN Women Gender Policy Response Tracker warns that “the low number of labour market, fiscal and economic measures aimed at strengthening women's economic security or support sectors that employ them signals a major gap in the response so far. Stronger action is needed to ensure that women can keep their jobs or re-enter the labour market if they have become unemployed as a result of the pandemic.” (UN Women and UNDP 2020).

¹² It might be necessary to explore if wage subsidies were more commonly used in the care sector to support enterprises, as productivity could not be reduced.

In **Slovakia**, a targeted subsidy for childcare workers was developed. Approximately 21 million Euros from the OP Human Resources were dedicated to maintaining the capacities of kindergartens. The state contributed 80 per cent of employees' average wages for April, May and June 2020. The measure ensured that employees did not have to be laid off. Thanks to these resources, childcare could be provided again as soon as social isolation measures were relaxed and the child care institutions reopened, so that mothers had a place for their children when they returned to the labour market (UN Women and UNDP 2020).

In the **United Kingdom**, subsidies for care workers were agreed early on in 2020, initially for a three month period: Employers can apply for a grant to cover 80 per cent of workers' wages (up to a sum of £2,500 per month) in cases where they are unable to attend work due to service disruption or isolation (TUC 2020).

Family-friendly working arrangements, especially working from home

Family-friendly working arrangements are a key component of care-sensitive policies. They can contribute to the reduction and redistribution of unpaid care work and support the labour market attachment of those with care responsibilities. Flexibility in working time and the possibility to work from home have long been discussed as possible measures to increase the family-friendliness of working arrangements, but implementation has been slow. The pandemic has changed this reality drastically. With social distancing requirements and the closure of education and childcare institutions, as well as long-term care institutions, there was an unprecedented push for a flexibilization of working arrangements, especially for working from home, across the ECE region.

Working from home became a reality, at least temporarily, for a large share of the ECE working population over the course of 2020. Early estimates from Eurofound suggested that close to 40% of those currently working in the EU began to telework full-time as a result of the pandemic (EU Science Hub 2020). Because care facilities were closed and informal care arrangements, through neighbours, friends or grandparents, discouraged, many families took advantage of arrangements to facilitate working from home as a matter of necessity rather than choice. Yet, working from home was often only a possibility for white-collar and high-skilled occupations, mostly in urban settings. Moreover, the required digital infrastructure was not everywhere available, and inadequate digital skills created practical obstacles to working from home.

Governments encouraged working from home wherever possible, some went further and introduced a time-bound entitlement to work from home where possible. Often, a governmental call to introduce or expand the possibility to work from home was combined with moves to relax existing restrictions about working conditions or occupational safety and health requirements in the home-office, at least temporarily. In the absence of state regulations on home working during the emergency, in some instances concrete new agreements were negotiated at the level of individual companies, or even as individual agreements between employers and employees. In the post-pandemic future, it will be necessary to respond to the changed reality and the growing demand of employees to work from home by developing more solid and expansive regulatory frameworks.

Governments in most **EU member states**, in **Bosnia and Herzegovina, Kyrgyzstan** and **Ukraine** issued calls to encourage employers to facilitate working from home for their employees whenever possible to slow the spread of the coronavirus and respond to the closure of childcare facilities and schools (OECD 2020c).

In the **Russian Federation**, the city of Moscow issues a call to work from home specifically addressed at women and their employers, linking it to women's responsibilities for childcare.¹³ Time-bound legal entitlements to work from home during the social distancing and lockdown measures against the spread of the SARS-COV-2 virus were introduced in **Italy, North Macedonia** and **Spain** (OECD 2020c; UNDP 2020a).

A draft law in **Germany** foresaw the introduction of a right to work from home (after SARS-COV-2 emergency measures are finished) for a limited number of days per year. After intense debates, the proposal was withdrawn. A right to home working continues to be under discussion as an element of work-family reconciliation policies and flexible adaptation of workplaces to social and economic realities. (Bundesministerium fuer Arbeit und Soziales 2020)

Tax incentives for enterprises to support the expansion of teleworking were made available in **Belgium**.¹⁴

Care services during the pandemic

Despite the widespread closure of care services as an element of the lockdown and social distancing measures in many ECE countries during the first wave of the pandemic, some care services remained open under specific circumstances. Emergency childcare was available, for example, for essential workers. Sometimes, emergency childcare services could be accessed if both parents were essential workers, sometimes one parent had to hold an essential job. The entitlement to emergency care services could also be extended to single parents.

Emergency childcare services for essential workers remained open during the lockdown measures of the first wave of the pandemic in **Austria, Denmark, France, Germany, Latvia, the Netherlands** and the **United Kingdom**. Under specific circumstances, emergency care services were made available to single parents who did not hold essential jobs, or children with special needs (OECD 2020c; UNDP 2020a).

As research confirmed the negative impact of the closure of childcare services on children, especially on vulnerable children, and on parents, especially on mothers in paid work, the closure was intensely discussed (Human Rights Watch 2020). This had an impact on the interpretation of COVID-19 incidence levels during the second wave of the pandemic in the fall of 2020, and childcare services remained open, even at higher incidence rates, in many countries and regions than during the first wave.

With the closure of schools and childcare institutions, many parents came under serious pressure having to reconcile their paid work with family responsibilities. Based on previously available data, one would expect women to be experiencing greater pressures than men. Indeed, it appears that the increase in numbers of employees working from home did not radically shift the prevalent gender division of labour in households. Instead, women's amount of time in unpaid care work increased significantly with lockdowns and increases in working from home. In Turkey, the lockdown increased the unpaid workload for men and women, but women do nearly four times as much unpaid work as men. For women who continue their paid work as essential workers, their total work time is

¹³ <https://www.sobyanin.ru/koronavirus-rabota-iz-doma>

¹⁴ <https://www.info-coronavirus.be/en>

longer than 10 hours per day (UNDP 2020b). In Kyrgyzstan, women have been spending more time on cooking and serving meals since the outbreak of the pandemic, while men have been spending more time on home maintenance, cleaning and shopping. More men have increased time spent for pet care than for time spent with their children (United Nations Kyrgyz Republic 2020). The workload of women from vulnerable groups has increased even more compared to that of women from the main group of respondents (United Nations Kyrgyz Republic 2020)). In this context, in-kind support was another option to lessen the burden of unpaid care work.

In-kind support and services (e.g. assistance with shopping) to deal with the burden of care work was provided in some countries, such as **Serbia, Turkey**, and the **United States**. In **France**, subnational school-feeding programs continued despite the school closure (UNDP 2020a; OECD 2020c).

In **Albania, Kazakhstan** and **Kyrgyzstan**, a food basket and hygiene products were distributed to households in need (UNDP 2020a).

In the **Russian Federation**, food and medicine for the elderly was distributed with the help of civil society organizations (UNDP 2020a).

Redistributing and facilitating unpaid care work through leave policies

Policies introducing or expanding leave for parents were a very common measure in many countries to reduce the burden of unpaid care work during the time when childcare services and schools were closed. Some form of leave was available in most ECE member states during the peak of the first wave of the pandemic. It either extended pre-existing leave provisions, such as parental leave or maternity leave, or it was introduced as a new leave entitlement in response to the emerging leaves linked to the pandemic.

The situation of the self-employed with care responsibilities has gained attention in numerous countries during the lockdown. They are often not covered by existing parental leave schemes. Yet they faced the same challenges as employed parents in the face of closed childcare institutions and schools. A limited number of ECE member states thus addressed the special situation of self-employed parents by including them in existing schemes or introducing new pandemic-related leave and benefit schemes for self-employed parents (see Table 2).

Table 2. Childcare leave provisions available to parents during the COVID-19 pandemic¹⁵

Extension of numbers of days of childcare leave (based on pre-existing leave schemes)	<ul style="list-style-type: none"> - Germany, Czech Republic, France (reduced benefit) Italy, Liechtenstein, Norway, Poland (sharing leave between parents is explicitly allowed), Portugal (income replacement at 2/3 wage), San Marino, Slovenia Greece (time bank) - Protection against dismissal of parents who are absent for care responsibilities: Slovakia, Spain, Turkey - Leave and benefit available for self-employed: France, Portugal, Switzerland
Childcare leave for the self-employed	<ul style="list-style-type: none"> - Extension of pre-existing scheme: France, Portugal, Switzerland - New leave scheme: Czech Republic, United Kingdom, United States
New childcare leave provisions introduced	<ul style="list-style-type: none"> - Belgium (part-time), Cyprus, Greece, Luxembourg, Malta, Romania, Spain, Sweden, Switzerland, United Kingdom, United States, Uzbekistan

¹⁵ Source: UNDP 2020a; OECD 2020c.

Extension of maternity leave (based on pre-existing schemes)	- Hungary, North Macedonia, Kazakhstan
Extension of paternity leave (based on pre-existing schemes)	- North Macedonia
Prolongation of parental leave for parents currently on leave	- Hungary, Latvia
Extension of sick-child leave (extension of pre-existing schemes to include child quarantine and hospitalization)	- Finland, Poland, Portugal (including grandchild), Slovakia, Uzbekistan
Leave for other care responsibilities (other family members)	- Czech Republic, Turkey (unpaid)
Subsidies for employers / employees who are absent for childcare reasons	- Subsidy for employees: Montenegro, Slovakia - Subsidy for employers: Austria, Croatia, Portugal, Slovenia

The benefit levels for expanded and new parental leave entitlements will have to be compared to pre-pandemic benefits, of course, for a full assessment of the emergency measures. Anecdotal evidence shows that income replacement levels of additional leave provisions during the pandemic can be lower than during regular parental leave. Moreover, the prevalent gender wage gap, and the presumption that the additional COVID-19-related leave is taken mostly by women may have important impacts: If benefits are based on prior wages, women will, on average, receive significantly lower economic support during the leave which they are taking to make up for closed care institutions. No reports exist so far of new approaches to support parents working in agriculture or those working informally through parental leave schemes.

The cost of parental leave and benefits can be prohibitive in countries with limited fiscal space for care-related measures. Solutions with more limited fiscal implications have therefore been implemented in some countries:

Slovakia, Spain, Turkey and Uzbekistan have chosen, or added, measures in support of parents that have significantly smaller fiscal implications than more costly leave schemes: Low-budget measures included, for example, the legal protection from dismissal for parents with childcare responsibilities who are affected by the closure of childcare services and schools (OECD 2020c; UNDP 2020a).

Leave entitlements are also essential for parents whose children are either ill with COVID-19 or placed in quarantine as contact persons. While child illness, even hospitalization, might be covered through existing entitlements, that is often not be the case for a healthy child placed in quarantine.

Paid leave is available for parents in **Finland, Poland, Portugal** (leave can be used by a grandparent), **Slovakia** and **Uzbekistan** if a child is not sick but placed in quarantine as contact person of someone infected with COVID-19 (UNDP 2020a; OECD 2020c).

It is prohibited to dismiss parents or guardians taking care of a child during quarantine because of COVID-19 in **Uzbekistan** (UNDP 2020a).

Care-friendly and gender responsive social protection systems

Care-friendly and gender responsive social protection systems are another central component in the reduction and redistribution of care work. Usually, measures geared at social protection systems have an extended time horizon and often require lengthy decision-making processes. However, the pandemic response in a number of countries also included measures affecting social security and social protection: Importantly, short-term work and wage subsidy programs often included either

subsidies for the payment of social security contributions or a deferral of contributions, for the employer and/or the employee.

The potential long-term gender impacts of such measures will have to be monitored. In the case of deferral of contributions, it remains to be seen, for example, to what extent there will be a negative impact on the accumulation of pension entitlements. If so, gender-differentiated impacts are to be expected: Women with lower wages, those more likely to be affected by the deferral of social security contributions and those withdrawing from the labour market, will suffer from lower pension entitlements in the future. Conversely, subsidies to social security contributions may avoid such negative consequences and women potentially also benefit as new groups of workers, for example precarious workers, are included in social security schemes.

In **Belgium**, self-employed who reduce their working time because of they face care responsibilities can defer their social security contributions (OECD 2020c).

In **Slovenia**, social security contributions of essential workers are subsidized during the pandemic (OECD 2020c).

Precarious workers, many of whom are women, were included in the social security scheme (specifically, unemployment insurance) in Republic of **Moldova** and **Spain** (here, the measure was explicitly addressed at domestic workers) (OECD 2020c).

Rewarding care work: more and decent work for care workers

The regulation and the implementation of decent terms and conditions of employment, as well as the achievement of equal pay for work of equal value for all care workers are key components of transformative care policies focused on paid care workers (International Labour Organization 2018a). They are key concerns as well in the fight against the SARS-COV-2 virus and will also be important challenges in the post-pandemic recovery.

So far, it appears that there was more public debate and policy attention in the COVID-19 response packages to the health care sector than to other paid care work, e.g. elderly care, long-term care, childcare, or social work. Only few countries have implemented measures specifically addressed at these areas of care work.

There are few common patterns in the ECE region with respect to the pay and working conditions of care workers in the health system. Bonus payments for paid care workers was the most common measure. Many countries paid one-time bonus payments for health care workers (Albania, Belarus, Bulgaria, Greece, Iceland, Kazakhstan, Kyrgyzstan, Republic of Moldova, Netherlands, North Macedonia, Romania, Russia, Tajikistan, Ukraine, Uzbekistan), in some cases only for those workers dealing with COVID-19 patients (OECD 2020c).

In a few countries, bonus payments were paid to long-term care workers, or all essential workers. In some cases, health workers received support with accommodation needs, if they could not return to their families for fear of contagion.

In Ukraine, a top-up of 300 per cent of the salary was paid to medical personnel working with COVID-19 patients (personal income tax was withheld but the state compensated the full amount of the tax).¹⁶

In Romania, health workers could apply for accommodation support when providing services to patients with COVID-19 (OECD 2020c).

¹⁶ <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#U>

Bonus payments for long-term care workers were paid in Germany, Slovenia (for all essential workers) and Tajikistan (OECD 2020c).

While bonus payments can be an important short-term measure, there is acute awareness of the constraints that low wages in the care sector pose for the recruitment and retainment of employees. Regular wage increases have been agreed in few countries in the context of COVID-19. The increases apply mostly to selected groups of workers in the health sector, such as those employed in the public sector. The possibility and scope of any wage increase is of course limited by the extent to which government is involved in wage setting in the private sector, as opposed to collective negotiation.

In **Serbia**, a 10 per cent wage increase for public health care sector employees was implemented with the first response package.¹⁷

In **Georgia**, a pay raise for teachers and medical personnel in mountainous regions was included in the response packages to the pandemic.¹⁸

Direct cash support to top up the salaries or replace lost salaries of domestic workers was paid in **Italy** and **Spain** (OECD 2020c).

The pandemic increased public attention to the lack of protection of those working informally or with precarious employment contracts, for example women working informally as care providers to the elderly or as domestic workers (Caregivers Action Centre 2020). Lack of benefit entitlements, the absence of support, and the prohibition of income generation during the lock-down reduced the ability of vulnerable care workers to comply with the lock-down and with possible quarantine requirements.

Workers with precarious employment contracts received special legal protection in **Spain** and **Turkey** during the emergency period. This has benefited specific groups of paid care workers: Women domestic workers and employees of home-based care services on the basis of precarious employment contracts were among the beneficiaries (OECD 2020c).

While there was much public attention and demonstrated public support for care workers in the frontline against the pandemic during the early phase of the pandemic, their working conditions came under severe pressure over the course of the year. When hospitals faced large numbers of patients with COVID-19, legal regulations of working conditions suffered. In some ECE countries, holiday entitlements of care workers were cancelled or postponed. Overtime restrictions were lifted and working time regulation was made more flexible, allowing for more overtime and less time for mandatory recess. In France, for example, the cap on overtime for health care professionals in hospitals was removed, therefore allowing for more than 15 hours of overtime per month (i.e., 180 hours per year). The use of temporary and short-term contracts for care workers or hiring procedures from temporary agencies were also relaxed. Care workers in many ECE member states expressed their concern about the lack of effective measures to improve their working conditions.

¹⁷ https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19?fbclid=IwAR1kw-bhrbuPvsfcPSB0swdCjkX3K5losZQUZko_wuhP7lclKYY2U9sZt-M#S

¹⁸ https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19?fbclid=IwAR1kw-bhrbuPvsfcPSB0swdCjkX3K5losZQUZko_wuhP7lclKYY2U9sZt-M#G

Ensuring a safe and attractive work environment

There have been many reports about the working conditions and pressures experienced by paid care workers – a majority of them women – during the COVID-19 pandemic, illustrating the need for short-term interventions as well as longer-term initiatives to improve care workers' conditions.

The provision of adequate and enough personal protective equipment (PPE) was a big challenge during the first wave of the pandemic. While the lack of PPE was noted especially for health care workers, other care workers were also affected, such as long-term care workers. Safety and hygiene protocols for care institutions had to be updated or newly developed, and legislation on work-related illnesses and accidents had to be adapted to cover COVID-related events.

Legal provisions regarding occupational illnesses and accidents at work were adapted in **Spain** and **Ukraine** to cover COVID-related illness and consequences (OECD 2020c). The adjustments are important given the high number of care workers who became ill with COVID-19 during the first wave of the pandemic. The majority of health care workers benefitting from the change are women.

Denmark, France, and the **United Kingdom** established confidential support hotlines and counselling provisions for health care workers to offer assistance dealing with personal and work-related difficulties as a result of COVID-19 and associated violence against healthcare workers (International Labour Organization 2020c).

Representation and participation of paid and unpaid care workers in care-related decision-making

The commitment to ensure care workers', specifically women's, full and effective participation and equal opportunities for leadership is the final core element of the 5-R framework. There have been numerous criticisms of the low representation of women and of gender experts in COVID-19 related decision-making, such as emergency governmental commissions or expert advisory bodies to decision-makers (UN Women 2020d; van Daalen et al. 2020; Deutscher Frauenrat 7/9/2020). The limited focus on the care economy during the crisis response and the development of recovery packages has been partly attributed to the lack of diversity of decision-making bodies.

A representation of women of more than 50 per cent in pandemic expert and/or decision-making bodies was reached in only a small number of ECE member states: **Albania, Canada, Finland,** the **Netherlands, Portugal and Sweden** (van Daalen et al. 2020).

There has been social dialogue on COVID-19 measures and the needs of the paid care sector between the **European Public Service Union** and the **European Federation of Social Employers**, focusing specifically on long-term care services (European Public Service Union / Federation of European Social Employers 3/25/2020). The German Service Sector Union Ver.di initiated a petition in support of an extension and raise of short-term work benefits during the pandemic which received 50.000 signatures.

4. Recommendations: Promising actions for care during the pandemic and recovery

The COVID-19 pandemic has brought care policies prominently to public attention, both in regard to countries' direct response to the virus, for example in the healthcare system, as well as with respect to the repercussions of policy measures that affect care as a form of social interaction. The pandemic has also triggered an increasing recognition of the links between care work and gender inequality. The distribution of care work (paid and unpaid) between women and men, and social norms associated with care, are powerful drivers of gender inequality in societies. The pandemic thus

reconfirms the importance assigned to transformative care policies in the 2030 Agenda for Sustainable Development.

This policy brief provides a preliminary analysis of ECE member states' policies directly addressing paid and unpaid care in response to SARS-COV-2. While countries are still in the midst of the pandemic, several promising policy actions can be taken as recommendations for further discussion and impact evaluation (see Box below). A reflection about promising actions needs to carefully consider their viability in the respective context both with respect to the specific economic environment and the state of development of the pandemic. Any proposals need to be further developed, and different measures combined, depending on the specific institutional arrangement of care policies and services in a country. A process of exchange and dialogue, building on the monitoring and evaluation of experiences gathered during the pandemic, can support national efforts to design and implement policies for the recovery from Covid-19 and increase resilience while incorporating the care economy.

Investment in care and transforming economic and social policies that incorporate gender justice as an objective is crucial, now and in the future (ActionAid International 2020; OECD 2020a; Oxfam International 2020). The care economy and the needs and interests of carers must be brought into deliberations about the pandemic response and recovery from the beginning, while considering short-, medium- and long-term implications of different measures. The time horizon for the measures analyzed in this policy brief was mostly the short and medium term.

The so-called post-pandemic “new normal” will have to incorporate country-level experiences, while monitoring of the impact of the measures in individual settings and comparatively across the region continues. International cooperation has already played an important role in the crisis in 2020, supporting governments to address urgent economic and social needs arising from the pandemic. International cooperation has the potential to also support and guide a sustainable recovery.

A few general considerations can be helpful points of departure for present decision-making. The fiscal space for care policies differs significantly between countries. However, the financial implications of various policy measures are also quite different, so that options exist for a prioritization of investments according to budget restrictions, established pressing needs, as well as institutional traditions and implementation capacities – if political commitment to gender sensitive and transformative care policies exists.

A shift in the approach to care policies is necessary, as has been argued already before the pandemic: With the massive fiscal consequence of the pandemic looming, it will be even more necessary than before to move away from an understanding of care policies as public consumption. Care, and care policies need to be seen as *investments* in a more just and sustainable future (UNRISD 2016; International Labour Organization 2018a). It is essential that the post-pandemic “new normal” incorporates care policies fully into the macroeconomic context, recognizing their contributions to employment and their impact on long-term growth (UNRISD 2016). Care policies have to be protected from eventual austerity efforts after the pandemic because of their importance for social well-being and their contributions to the economic recovery.

This understanding of care work and the care economy has to be encompassing, both with respect to paid and unpaid care work as well as the types of care and recipients (International Labour Organization 2018a). Care for children has been an important focus in the analysis here, and in debates about the response to the pandemic throughout the ECE region. So far, research about the experiences of 2020 have recognized challenges to long-term care, especially care for the elderly and persons with disabilities, to a lesser degree. To “build back better”, it will be necessary to broaden care-focused research and debates to fully recognize the encompassing nature of all kinds of care relations and further develop care policies in the diverse arenas.

The 5-R framework for the inclusion of care into social and economic policies can be a useful analytical tool as well as guidance for the development of policy recommendations (see Table 1). All its aspects come to bear in the continued development and implementation of responses to COVID-19 in the ECE region. First, the recognition of the care economy as constitutive element of the economy requires economic and social policies that recognize all forms of care work and acknowledge their economic value, while securing investment into the care economy. Second, the reduction of unpaid care work and protection of women's employment, as well as, third, the redistribution of care responsibilities between women and men, and between families, the State and the private sector are key components of care-sensitive economic and social policies. Fourth, policies are needed to ensure the rewarding of care work in terms of pay and working conditions. Last, the representation of care workers, as well as that of care recipients and unpaid care providers, in relevant decision-making must be facilitated.

In the short and medium term of the pandemic response, the analysis in this policy brief has shown that a few policy actions in support of the care economy are particularly helpful. These include:

Recognizing the importance of the care economy:

- Measure the contribution of care work in the fight against the COVID-19 pandemic and for the economic recovery
- Secure safe, accessible, affordable care services during the pandemic (if infection prevalence permits that care services are open).
- Secure care services for essential workers during lockdown and for others deemed in need (e.g. single-headed households, especially vulnerable households)
- Ensure care enterprises and self-employed care providers benefit from pandemic-related business support.

Reduction of unpaid care work and protection of women's employment

- Ensure employment protection on account of childcare responsibilities and care for dependents during the pandemic.
- Include workers in atypical, informal, and precarious forms of employment into pandemic-related employment protection programs, leave and benefit schemes, including migrant workers and domestic workers.
- Promote flexibility of working time and place (home working) in response to the pandemic and after.
- Ensure care leave and income replacement/ cash benefit during leave and reduced working time (on account of childcare responsibilities); include child quarantine among the causes for leave entitlements.
- Improve the reconciliation of paid work and private/family life especially for paid care workers in the frontlines of the pandemic response

Redistribution of care work

- Promote and incentivize the redistribution of care responsibilities between women and men, so that men take over a greater share of unpaid care work.

Rewarding care work

- Ensure decent pay and working conditions in the paid care sector, close the gender pay gap and vertical segregation in paid care work
- Provide adequate personal protective equipment for all care providers (paid and unpaid)

Representation of care workers

- Ensure representation of workers with care responsibilities in pandemic-related decision-making that directly impacts the care economy
- Ensure the representation of women in relevant decision-making bodies at workplace level

Publication bibliography

ActionAid International (2020): Who cares for the future: Finance Gender Responsive Public Services. Action Aid. Johannesburg. Available online at <https://actionaid.org/sites/default/files/publications/final%20who%20cares%20report.pdf>, checked on 10/20/2020.

Ahrendt, Daphne; Cabrita, Jorge; Clerici, Eleonora; Hurley, John; Leončikas, Tadas; Mascherini, Massimiliano et al. (2020): Living, working and COVID-19. Eurofound (Research Report). Available online at <https://www.eurofound.europa.eu/publications/report/2020/living-working-and-covid-19>.

Alon, Titan; Doepke, Matthias; Olmstead-Rumsey, Jane; Tertilt, Michèle (2020): The Impact of COVID-19 on Gender Equality. Cambridge, MA.

Borroni, Andrea; Cenerelli, Alessandro (2020): COVID-19 and working mothers in Russia, the Caucasus and Central Asia. International Association of Constitutional Law, Research Group (Observatory on COVID-19 effects on gender equality). Available online at <https://drive.google.com/file/d/1hdk1DdzC4m1ZU6-ouHMLaU5pa5aDm1vE/view>.

Bundesinstitut für Bevölkerungsforschung (2020): Eltern während der Corona-Krise. Zur Improvisation gezwungen. Bundesinstitut für Bevölkerungsforschung. Wiesbaden. Available online at https://www.bib.bund.de/Publikation/2020/pdf/Eltern-waehrend-der-Corona-Krise.pdf?__blob=publicationFile&v=7, checked on 7/30/2020.

Bundesministerium fuer Arbeit und Soziales (2020): Verbreitung und Auswirkungen von mobiler Arbeit und Homeoffice. Kurzexpertise (Forschungsbericht, 549). Available online at https://www.bmas.de/SharedDocs/Downloads/DE/PDF-Publikationen/Forschungsberichte/fb-549-pdf-verbreitung-auswirkung-mobiles-arbeiten.pdf?__blob=publicationFile&v=1, checked on 11/24/2020.

Burzynska, Katarzyna; Contreras, Gabriela (2020): Gendered effects of school closures during the COVID-19 pandemic. In *The Lancet* 395 (10242), p. 1968. DOI: 10.1016/S0140-6736(20)31377-5.

Caregivers Action Centre (2020): Behind Closed Doors. Exposing Migrant Care Worker Exploitation During COVID-19. Available online at https://migrantrights.ca/wp-content/uploads/2020/10/Behind-Closed-Doors_Exposing-Migrant-Care-Worker-Exploitation-During-COVID19.pdf, checked on 11/2/2020.

Crerar, Pippa (2020): Unions warn childcare needs urgent cash boost to help mums get back to work. In *Daily Mirror*, 9/2/2020. Available online at https://www.mirror.co.uk/news/politics/unions-warn-childcare-needs-urgent-22619978?utm_source=twitter.com&utm_medium=social&utm_campaign=sharebar.

ETUC European Trade Union Congress (2020): Short Time Work Measures Across Europe (COVID-19 WATCH. ETUC Briefing Note Short-time work). Available online at https://www.etuc.org/sites/default/files/publication/file/2020-03/Covid_19%20-%20Briefing%20Short%20Time%20Work%20Measures%20.pdf.

EU Science Hub (2020): Telework in the EU before and after the COVID-19: where we were, where we head to. European Union. Available online at https://ec.europa.eu/jrc/sites/jrcsh/files/jrc120945_policy_brief_-_covid_and_telework_final.pdf, checked on 10/20/2020.

European Commission (2020): Europe's moment: Repair and Prepare for the Next Generation. Communication from the Commission to the European Parliament, the European Council, the Council, the European Economic and Social Committee and the Committee of the Region. COM(2020) 456 final. Available online at <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0456&from=DE>, checked on 10/29/2020.

European Institute for Gender Equality EIGE (2020a): Gender equality and long-term care at home. Available online at <https://eige.europa.eu/publications/gender-equality-and-long-term-care-home>.

European Institute for Gender Equality EIGE (2020b): Frontline Workers. Available online at <https://eige.europa.eu/covid-19-and-gender-equality/frontline-workers>, updated on 10/29/2020.

European Public Service Union / Federation of European Social Employers (3/25/2020): Joint EPSU/Social Employers Statement on COVID-19 outbreak: the impact on social services and needed support measures. Available online at https://www.etuc.org/sites/default/files/page/file/2020-04/22-04%20Joint%20Statement_Social_Employers_EPSU.pdf, checked on 10/8/2020.

Foucault, Martial; Galasso, Vincenzo (2020): Working after COVID-19: Cross-country Evidence from Real-Time Survey Data (Note on Attitudes towards COVID-19 -A comparative study, SciencesPo CEVIPOF, note 9). Available online at https://www.sciencespo.fr/cevipof/sites/sciencespo.fr.cevipof/files/Note9_FOUCAULT_GALASSO_ENG.pdf, checked on 10/29/2020.

Gentilini, Ugo; Almenfi, Mohamed; Dale, Pamela (2020): Gentilini, U., M. Almenfi and P. Dale. Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures. Available online at <http://documents1.worldbank.org/curated/en/448321588971503966/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-May-8-2020.pdf>.

Giupponi, Giulia; Landais, Camille (2020): Building effective short-time work schemes for the COVID-19 crisis. VOX EU CEPR. Available online at <https://voxeu.org/article/building-effective-short-time-work-schemes-covid-19-crisis>, checked on 11/1/2020.

Grey Ellis, Emma (2020): How Health Care Workers Avoid Bringing Covid-19 Home What do frontline workers do when they finish their shifts? Some have to isolate from their families to keep them safe. In *Wired*, 4/14/2020. Available online at <https://www.wired.com/story/coronavirus-covid-19-health-care-workers-families/>.

Human Rights Watch (2020): COVID-19 and Children's Rights. Available online at <https://www.hrw.org/news/2020/04/09/covid-19-and-childrens-rights>, checked on 11/1/2020.

International Labour Organization (2018a): Care Work and Care Jobs for the Future of Decent Work. International Labour Office. Geneva.

International Labour Organization (2018b): Entrepreneurship Development Interventions for Women Entrepreneurs: An update on what works (Issue Brief, 7). Available online at https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---ifp_seed/documents/briefingnote/wcms_616805.pdf, checked on 10/30/2020.

International Labour Organization (2020a): COVID-19 and the health sector. International Labour Organization (ILO Sectoral Brief). Available online at https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/briefingnote/wcms_741655.pdf, checked on 10/20/2020.

International Labour Organization (2020b): ILO Monitor: COVID-19 and the world of work. Third edition Updated estimates and analysis. Available online at

https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_743146.pdf, checked on 10/29/2020.

International Labour Organization (2020c): The COVID-19 response: Getting gender equality right for a better future for women at work (ILO brief). Available online at https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_744374.pdf, checked on 9/13/2020.

Jessen-Howard, Steven; Workman, Simon (2020): Coronavirus Pandemic Could Lead to Permanent Loss of Nearly 4.5 Million Child Care Slots, 4/24/2020. Available online at <https://www.americanprogress.org/issues/early-childhood/news/2020/04/24/483817/coronavirus-pandemic-lead-permanent-loss-nearly-4-5-million-child-care-slots/>, checked on 8/2/2020.

Joyce, Robert; Xu, Xiaowei (2020): Sector shutdowns during the coronavirus crisis: which workers are most exposed? The Institute for Fiscal Studies (IFS Briefing Note BN278). Available online at <https://www.ifs.org.uk/uploads/BN278-Sector-Shutdowns.pdf>, checked on 10/31/2020.

Kováts, Eszter (2020): Pandemie // Ost-West-Ungleichheiten in westeuropäischen Pflegeregimes. Available online at <https://www.gender-blog.de/beitrag/pandemie-ost-west-ungleichheiten>, checked on 10/26/2020.

Ladd, Paul; Bortolotti, Eva (2020): Protecting and Supporting Vulnerable Groups Through the Covid-19 Crisis. UNRISD. Available online at [http://www.unrisd.org/80256B3C005BCCF9/httpNetITFramePDF?ReadForm&parentunid=0AC8BC84CFBB2D488025859F001EB3C3&parentdoctype=book&netitpath=80256B3C005BCCF9/\(httpAuxPages\)/0AC8BC84CFBB2D488025859F001EB3C3/\\$file/UNRISD---Vulnerable-Groups-Covid-19-Crisis.pdf](http://www.unrisd.org/80256B3C005BCCF9/httpNetITFramePDF?ReadForm&parentunid=0AC8BC84CFBB2D488025859F001EB3C3&parentdoctype=book&netitpath=80256B3C005BCCF9/(httpAuxPages)/0AC8BC84CFBB2D488025859F001EB3C3/$file/UNRISD---Vulnerable-Groups-Covid-19-Crisis.pdf).

Linde, Pablo (2020): In Spain, undocumented migrants face red tape to get tested for Covid-19. In *El Pais*, 9/28/2020. Available online at https://english.elpais.com/spanish_news/2020-09-28/in-spain-undocumented-migrants-face-red-tape-to-get-tested-for-covid-19.html, checked on 10/31/2020.

Luceño-Moreno, Lourdes; Talavera-Velasco, Beatriz; García-Albuérne, Yolanda; Martín-García, Jesús (2020): Symptoms of Posttraumatic Stress, Anxiety, Depression, Levels of Resilience and Burnout in Spanish Health Personnel during the COVID-19 Pandemic. In *International Journal of Environmental Research and Public Health* 17 (15), p. 5514. DOI: 10.3390/ijerph17155514.

OECD (2020a): Response, recovery and prevention in the coronavirus (COVID-19) pandemic in developing countries: Women and girls on the frontlines. Available online at <http://www.oecd.org/coronavirus/policy-responses/response-recovery-and-prevention-in-the-coronavirus-covid-19-pandemic-in-developing-countries-women-and-girls-on-the-frontlines-23d645da/>, checked on 10/30/2020.

OECD (2020b): Social economy and the COVID-19 crisis: current and future roles. Available online at <http://www.oecd.org/coronavirus/policy-responses/social-economy-and-the-covid-19-crisis-current-and-future-roles-f904b89f/#boxsection-d1e320>, checked on 10/30/2020.

OECD (2020c): Tackling Coronavirus (COVID-19): Contributing to a Global Effort. Available online at <https://oecd.github.io/OECD-covid-action-map/>, updated on 8/30/2020.

ÖGB: ÖGB-Schumann: 85 Prozent aller Corona-Arbeitslosen sind Frauen. Available online at https://www.ots.at/presseaussendung/OTS_20200714_OT50032/oegb-schumann-85-prozent-aller-corona-arbeitslosen-sind-frauen, checked on 10/29/2020.

Ordre National Infirmiers (2020): COVID19 : L'Ordre National des Infirmiers alerte sur la situation des 700 000 infirmiers de France alors que l'épidémie s'accélère à nouveau Résultats d'une consultation

à laquelle près de 60 000 infirmiers ont répondu, sur l'impact de la crise sanitaire sur leurs conditions de travail. Available online at <https://www.ordre-infirmiers.fr/actualites-presse/articles/covid19-alerte-situation-infirmiere.html>, checked on 10/20/2020.

Oxfam Canada (2020): Investing in a Feminist Green COVID-19 Recovery, Oxfam Canada's Recommendations for Budget 2020 (Briefing Note). Available online at <https://42kgab3z3i7s3rm1xf48rq44-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/Oxfam-Budget-Brief-October-2020.pdf>, checked on 10/27/2020.

Oxfam International (2020): Care in the time of coronavirus. Why care work needs to be at the centre of a post-COVID-19 feminist future. Oxfam International. Available online at <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621009/bp-care-crisis-time-for-global-reevaluation-care-250620-en.pdf>.

Oxfam, Promundo-US, and MenCare (2020): Caring Under COVID-19: How the Pandemic Is – and Is Not – Changing Unpaid Care and Domestic Work Responsibilities. authors: Brian Heilman, María Rosario Castro Bernardini, Kimberly Pfeifer. Oxfam, Promundo-US, and MenCare. Boston. Available online at https://men-care.org/wp-content/uploads/sites/3/2020/06/BLS20186_PRO_HowICare_CovidCare_template_002_V2.pdf, checked on 10/2/2020.

Parker, Ceri (2020): 'Every ventilator becomes like gold' - doctors give emotional warnings from Italy's Coronavirus outbreak, 3/10/2020. Available online at <https://www.weforum.org/agenda/2020/03/suddenly-the-er-is-collapsing-a-doctors-stark-warning-from-italys-coronavirus-epicentre/>, checked on 11/1/2020.

PICUM (2020): Non-exhaustive overview of European government measures impacting undocumented migrants taken in the context of COVID-19. Available online at <https://picum.org/wp-content/uploads/2020/10/Non-exhaustive-overview-of-European-government-measures-impacting-undocumented-migrants-taken-in-the-context-of-COVID-19.pdf>, checked on 10/31/2020.

Schäfer, Kristina Antonia (2020, updated 2020): 10 Millionen Deutsche in Kurzarbeit: Wer betroffen ist. Wirtschaftswoche. Available online at <https://www.wiwo.de/blick-hinter-die-zahlen/blick-hinter-die-zahlen-14-kurzarbeit-10-millionen-deutsche-in-kurzarbeit-wer-betroffen-ist/25776426.html>, checked on 8/29/2020.

Social Enterprise UK (2020): Social Enterprise and COVID-19. Available online at <https://www.socialenterprise.org.uk/wp-content/uploads/2020/05/Social-Enterprise-COVID-19-research-report-2020.pdf>, checked on 10/31/2020.

Sultana, Anjum; Ravanera, Carmina (2020): A Feminist Economic Recovery Plan for Canada: Making the Economy work for Everyone. Institute for Gender and the Economy (GATE); YWCA Canada. Available online at <https://static1.squarespace.com/static/5f0cd2090f50a31a91b37ff7/t/5f205a15b1b7191d12282bf5/1595955746613/Feminist+Economy+Recovery+Plan+for+Canada.pdf>, checked on 7/30/2020.

Time for Child Care (2020): A Strategy for Recovery: Making Affordable Child Care for ALL a Reality. Available online at <https://timeforchildcare.ca/a-strategy-for-recovery-making-affordable-child-care-for-all-a-reality/>, checked on 10/29/2020.

TUC (2020): COVID-19 Coronavirus. Guidance to Unions. Available online at <https://www.tuc.org.uk/sites/default/files/2020-04/COVID-19%20Guide%20for%20Reps%20edits%2016%20April.pdf>, checked on 11/20/2020.

UN ECE: Covid-19 and official statistics. Available online at <https://statswiki.unece.org/display/COV/Home>, checked on 11/1/2020.

UN ECE: Indicator 5.4.1 Time spent on unpaid domestic and care work. Available online at <https://w3.unece.org/SDG/en/Indicator?id=146>.

UN ECE (2020): Gender equality in ageing societies. UNECE Policy Brief on Ageing No. 23. Geneva (Policy Brief, 23). Available online at http://www.unece.org/fileadmin/DAM/pau/age/Policy_briefs/ECE_WG-1_34.pdf.

UN News (2020): COVID-19 highlights nurses' vulnerability as backbone to health services worldwide. In *UN News*, 4/7/2020. Available online at <https://news.un.org/en/story/2020/04/1061232>.

UN Women (2019): Progress of the World's Women 2019-2020. Families in a Changing World. UN Women. New York. Available online at <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2019/progress-of-the-worlds-women-2019-2020-en.pdf>, checked on 10/20/2020.

UN Women (2020a): Addressing the Economic Fallout of COVID-19: Pathways and Policy Options for a Gender-Responsive Recovery. UN Women. New York (Policy Brief, 15). Available online at <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-addressing-the-economic-fallout-of-covid-19-en.pdf?la=en&vs=406>.

UN Women (2020b): COVID-19 and the Care Economy: Immediate Action and Structural Transformation for a Gender-Responsive Recovery. UN Women. New York (Policy Brief, 16). Available online at <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-covid-19-and-the-care-economy-en.pdf?la=en&vs=407>.

UN Women (2020c): The Impact of COVID-19 on Women's and Men's Lives and Livelihoods in Europe and Central Asia: Preliminary Results from a Rapid Gender Assessment. Istanbul (UN WOMEN SERIES Women at the forefront of COVID-19 response in Europe and Central Asia). Available online at <https://www2.unwomen.org/-/media/field%20office%20eca/attachments/publications/2020/07/the%20impact%20of%20covid19%20on%20womens%20and%20mens%20lives%20and%20livelihoods%20in%20europe%20and%20central%20asia.pdf?la=en&vs=5703>.

UN Women (2020d): Voices of gender equality mechanisms on COVID-19 (UN WOMEN SERIES: Women at the forefront of COVID-19 response in Europe and Central Asia). Available online at <https://www2.unwomen.org/-/media/field%20office%20eca/attachments/publications/2020/06/voices%20of%20gender%20equality%20mechanisms%20on%20covid-19.pdf?la=en&vs=3525>.

UN Women (2020e): Whose Time to Care? Unpaid Care and Domestic Work During COVID-19. Available online at https://data.unwomen.org/sites/default/files/inline-files/Whose-time-to-care-brief_0.pdf, checked on 11/23/2020.

UN Women; UNDP (2020): COVID-19 Global Gender Response Tracker. Factsheet: Europe, Northern America, Australia, New Zealand. UN Women; UNDP. Available online at <https://data.undp.org/gendert Tracker/>.

UN Women Moldova (2020): Assessment of COVID-19 impact on gender roles. UN Women. Chisinau. Available online at <https://www2.unwomen.org/-/media/field%20office%20moldova/attachments/publications/2020/un%20woman%20en%20240820.pdf?la=en&vs=38>, checked on 9/4/2020.

UN Women Turkey (2020): *The economic and social impact of COVID-19 on women and men. Rapid Gender Assessment of the situation and needs of women in the context of COVID-19 in Turkey.* Available online at <https://www2.unwomen.org/-/media/field%20office%20eca/attachments/publications/2020/06/rapid%20gender%20assessment%20report%20turkey.pdf?la=en&vs=438>.

UN Women Ukraine (2020): *Rapid Gender Assessment of the situation and needs of women in the context of COVID-19 in Ukraine.* UN Women Ukraine. Kiev. Available online at https://www2.unwomen.org/-/media/field%20office%20eca/attachments/publications/2020/06/rapid%20gender%20assessment_eng-min.pdf?la=en&vs=3646.

UNDP (2020a): *COVID-19 Global Gender Response Tracker.* Available online at <https://data.undp.org/gendertracker/>, updated on 11/20/2020.

UNDP (2020b): *Gender Gaps in the Care Economy during the COVID-19 Pandemic in Turkey.* UNDP. Available online at <https://www.tr.undp.org/content/turkey/en/home/library/corporatereports/COVID-gender-survey-report.html>, updated on 10/7/2020, checked on 10/7/2020.

United Nations (2020): *The Impact of COVID-19 on Women. Policy Brief.* Available online at <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>.

United Nations Kyrgyz Republic (2020): *COVID-19 Impacts on Livelihoods of Women and Men in the Kyrgyz Republic. Gender Rapid Assessment as of 15 May 2020.* Bishkek. Available online at https://kyrgyzstan.un.org/sites/default/files/2020-07/ENG_Gender%20Rapid%20Assessment%20of%20COVID-19%20impact_June%202020_final.pdf.

United Nations Uzbekistan (2020): *UZBEKISTAN: Consolidated Multilateral COVID-19 Socio-Economic Response & Recovery Offer.* United Nations. Tashkent. Available online at http://un.uz/files/Publication/FINAL%20socio-economic%20response%20offer_ENG.19.05.2020.pdf.

UNRISD (2016): *Care Policies: Realizing their Transformative Potential (Chapter 3).* UNRISD Flagship Report 2016: *Policy Innovations for Transformative Change.* UNRISD. Geneva. Available online at [https://www.unrisd.org/80256B42004CCC77/\(httpInfoFiles\)/EBOE216C0205C299C125804F0033294A/\\$file/Flagship2016_Ch3.pdf](https://www.unrisd.org/80256B42004CCC77/(httpInfoFiles)/EBOE216C0205C299C125804F0033294A/$file/Flagship2016_Ch3.pdf).

Venugopal Ramaswamy, Swapna (2020): *Go to work or care for your child: Pandemic has forced women to drop out of the workforce, 10/20/2020.* Available online at <https://eu.lohud.com/story/news/2020/10/20/coronavirus-child-care-women-workforce-wage-gap/5897235002/>, checked on 10/20/2020.

Weber, Tina; Nevala, Anne-Mari (2011): *Employment and industrial relations in the health care sector.* European Foundation for the Improvement of Living and Working Conditions. Available online at https://www.eurofound.europa.eu/sites/default/files/ef_files/docs/eiro/tn1008022s/tn1008022s.pdf.

Wenham, Clare (2020): *The gendered impact of the COVID-19 crisis and post-crisis period*. Study. Requested by the FEMM committee. Edited by European Parliament. Policy Department for Citizens' Rights and Constitutional Affairs Directorate-General for Internal Policies. Available online at [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU\(2020\)658227_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf), checked on 11/5/2020.

Wenham, Clare; Smith, Julia; Morgan, Rosemary (2020): *COVID-19: the gendered impacts of the outbreak*. In *The Lancet* 395 (10227), pp. 846–848. DOI: 10.1016/S0140-6736(20)30526-2.

Women's Budget Group (2017): *Investing in the Care Economy*. A report by WBG for the International Trade Union Confederation (ITUC) and UN Women. Available online at https://www.ituc-csi.org/IMG/pdf/care_economy_2_en_web.pdf, checked on 10/31/2020.

Women's Budget Group (2020): *Women and Covid-19 Crises Collide: Women and Covid-19. Examining gender and other equality issues during the Coronavirus outbreak*. Women's Budget Group. Available online at <https://wbg.org.uk/wp-content/uploads/2020/04/FINAL.pdf>.

Women's Budget Group; LSE Department of Health Policy; Queen Mary University of London; Fawcett Society (2020): *BAME women and Covid-19 –Research evidence*. Available online at <https://wbg.org.uk/wp-content/uploads/2020/06/BAME-women-and-Covid-FINAL.pdf>, checked on 10/31/2020.

Zoch, Gundula; Bächmann, Ann-Christin; Vicari, Basha (2020): *Care-Arrangements and Parental Well-Being During the COVID-19 Pandemic in Germany*. Leibniz Institute for Educational Trajectories. Bamberg (LifBi Working Paper, 91). Available online at https://www.lifbi.de/Portals/13/LifBi%20Working%20Papers/WP_XCI.pdf?ver=F_ScLAqoGOy02uP_aDb7yw%3d%3d, checked on 10/15/2020.