



## ► Policy Brief

May 2020

# The COVID-19 response: Getting gender equality right for a better future for women at work

This policy brief provides information on how the COVID-19 pandemic affects women and men differently in the world of work and highlights the specific challenges facing women. It provides an overview of the various measures that countries have taken to address the immediate needs of different categories of women workers, and suggests short- and long-term actions that governments can take to advance gender equality for more resilient, inclusive and sustainable economies and societies.

## ► COVID-19 economic downturn likely to hit women hardest

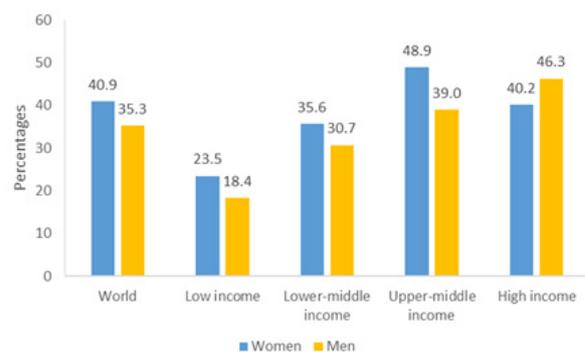
### Higher-risk sectors for enterprises and women's employment

Before the COVID-19 crisis, 1.3 billion, or 44.3 per cent, of women worldwide were in employment, compared to 2 billion, or 70 per cent, of men.<sup>1</sup> Economic downturns usually affect men more than women because men tend to work in industries that are closely tied to economic cycles (e.g. construction and manufacturing) while women dominate in industries less susceptible to such cycles (e.g. health care and education), especially in high-income countries.<sup>2</sup> After the Great Recession of 2008–2009, however, significant cuts were made in public funding for health care and education, curtailing women's employment and working conditions, including wages, in those sectors. The COVID-19 economic downturn is different from previous crises as sectors overexposed to the collapse in economic activity absorb a sizeable share of female employment.

The ILO has rated four sectors as being at high risk of severe COVID-19 impact in terms of job losses and a decline in working hours: accommodation and food services; real estate, business and administrative activities; manufacturing; and the wholesale/retail trade.<sup>3</sup> In 2020, 527 million women, representing 41 per cent of total female employment, are employed in

these sectors, compared to 35 per cent of total male employment. This suggests that women's employment is likely to be hit more severely than men's by the current crisis. However, when comparing countries based on national income level, the picture is more nuanced (Figure 1). The highest share of women employed in high-risk sectors is found in high-income and upper-middle-income countries, with almost 50 per cent and 40 per cent of women, respectively, concentrated in such sectors. In low-income countries and lower-middle-income countries, there is a risk that many manufacturing jobs, especially in the garment industry, which absorb large numbers of women, particularly in the lower rungs, will disappear, while the absence of stronger systems of social protection jeopardizes the health and incomes of these workers as well as the viability of businesses.

**Figure 1. Share of employment currently at high risk\* of reduction in working hours, cuts to wages and layoffs, by sex, 2020**



\* Accommodation and food services; real estate, business and administrative activities; manufacturing and wholesale/retail trade.

Source: ILO calculations based on ILO (endnote 12) and ILOSTAT (endnote 1).

Many women in high-risk sectors are self-employed or owners of micro or small-sized enterprises. Available evidence shows that women operate businesses with lower levels of capitalization and are more reliant on self-financing. This is especially true for women in the informal economy, who cannot easily get access to credit and are therefore more likely to have to close their businesses for extended periods with substantially reduced or no revenues.<sup>4</sup> The risk of bankruptcy for female-headed firms is also heightened by the higher barriers women entrepreneurs face in obtaining credit and receiving loans with fair interest rates.<sup>5</sup> This explains why, across the world, only 5.3 per cent of women entrepreneurs, compared to 8 per cent of men, borrow money to start or expand a farm or business.<sup>6</sup>

In response to COVID-19, a number of countries have adopted far-reaching measures to contain losses in jobs and income, and many, for the first time, have expanded coverage to the self-employed, temporary workers and domestic workers, among whom women are over-represented.

### Mitigating employment and income losses: responses of particular relevance to women

- ▶ In **France and Italy**, self-employed workers benefit from one-off allowances of €1,500 and 600 respectively.<sup>7</sup> In the **United Kingdom**, the allowance for self-employed workers covers 80 per cent of their average monthly profits from the past 3 months, up to £2,500.<sup>8</sup>
- ▶ **Austria, Bangladesh, Belgium, Denmark, France, Germany, Ireland, Italy, Singapore, Spain, the United Kingdom and the United States (26 states)** are among the countries that have introduced new subsidies or expanded access to pre-existing schemes, to compensate for the temporary reduction in the number of hours worked in firms affected by a temporary fall in demand or production.<sup>9</sup>
- ▶ **Albania, Argentina, Brazil and most European Union countries** have introduced measures to support firms, including extending the deadlines for income tax declarations, for example, suspending the payment of social insurance contributions or providing interest- and collateral-free loans.<sup>10</sup>

## COVID-19: women informal workers under even greater threat

Of the 740 million women working in the informal economy,<sup>11</sup> 42 per cent are found in the above-mentioned high-risk sectors, compared to 32 per cent of men.<sup>12</sup> Lockdowns and curfews, compounded by limited, if any, access to social protection provisions – including health care, income and food support, and maternity protection – worsen their social and economic situation. For instance, women homeworkers who produce for global supply chains are particularly affected by COVID-19, as their incomes depend heavily on now-suspended orders from high-income countries.<sup>13</sup> In this context, when gender intersects with other personal characteristics, such as ethnicity, nationality, age, disability or HIV status, there is a risk that both gender disparities and intra-women inequalities will widen further.<sup>14</sup>

Despite COVID-19, many women in the informal economy have continued to work, putting their health in peril as hand washing, self-isolation and wearing masks or other personal protective equipment are not realistic options.<sup>15</sup> The risks that informal workers face during the pandemic vary depending on their occupation. For instance, waste-pickers handle contaminated materials without protective gear,<sup>16</sup> and many migrant domestic workers<sup>17</sup> are trapped in host countries as a result of border shutdowns, with no income or place to go.<sup>18</sup> Fortunately, a number of countries with advanced or emerging economies have deployed innovative measures to mitigate the hardship facing these workers.

## Responses to the immediate needs of domestic workers

### Reaching out to domestic workers

- ▶ In **Pune, India**, domestic workers and others at risk are being shown how to reduce the risk of contracting or spreading the disease.<sup>19</sup>
- ▶ In **Brazil**, the National Federation of Domestic Workers (Fenatrad) and Themis (Gender, Justice and Human Rights) have started a campaign calling for domestic workers to be suspended with pay while the risk of infection continues, or be given the tools to protect against risk, including masks and hand-sanitizing gel.<sup>20</sup>
- ▶ In the **United States**, the National Domestic Workers Alliance has launched the Coronavirus Care Fund, an emergency relief fund for domestic workers facing hardship.<sup>21</sup>

### Paving the way to formalization

- ▶ In **Peru**, domestic workers are asking employers to provide them with written contracts that they can show when travelling to work during the current imposed curfew.<sup>22</sup>
- ▶ In **Italy**, exemptions from confinement for specific occupational categories, including domestic workers, have prompted households to register domestic workers so that they can travel to work without fear of potential legal action.<sup>23</sup>

## COVID-19 exacerbates poor working conditions of women working in essential services

The COVID-19 outbreak has shown how vital is the work performed by those providing essential services such as health care, maintenance of communication and utilities, and emergency services. About 136 million workers are in the health and social work sectors. Of these, 96 million are women, who constitute the vast majority of the total health and social workforce in most countries (Figure 2).

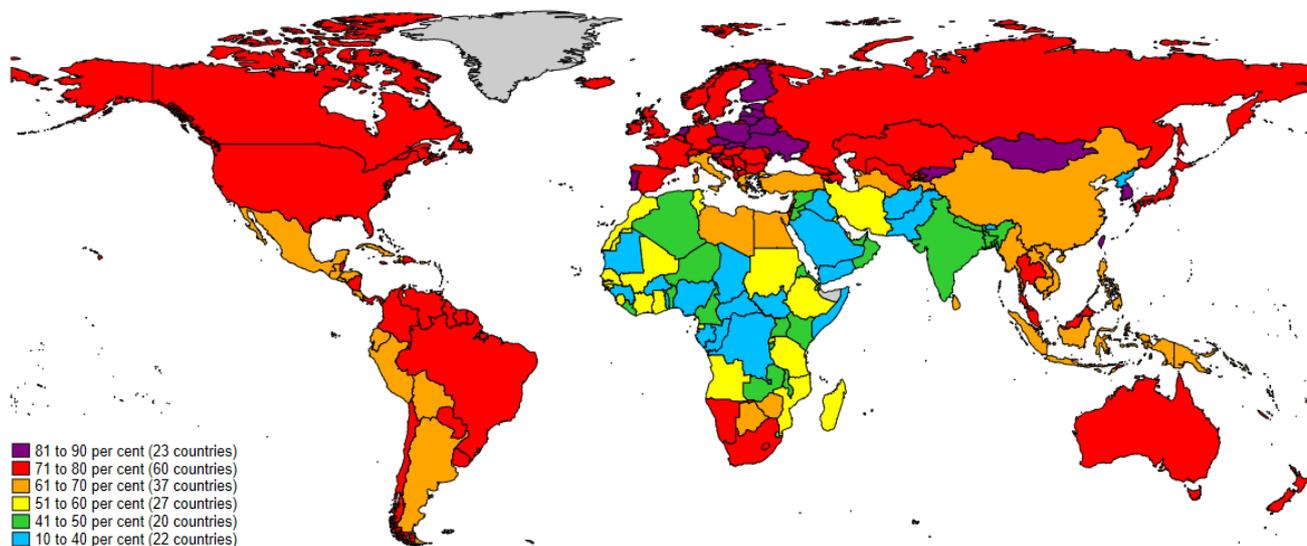
COVID-19 has also shed light on the cracks in economic systems that have poorly prioritized investments in the care sectors, leading to shortages in health workers and poor working conditions, and on the urgent need

to strengthen public services. In countries where health workers are in desperately short supply, community health workers play an important role in filling the gap. While they should be integral to primary health care strategies, their integration into the health system and the communities they serve varies considerably across and within countries. In sub-Saharan Africa, for example, almost 68 per cent of community health workers are unpaid; the majority of them are women, and the informal nature of their work puts them at greater risk of infection.<sup>24</sup>

Care jobs are often characterized by temporary or zero-hours contracts, low salaries, work overload and long hours. The care pay penalty<sup>25</sup> is more pronounced for women, in particular in the occupations in which they predominate, such as nursing.<sup>26</sup> Lower pay also undermines the capacity of care workers to obtain care for their family members, thus adding to their overall care responsibilities. During the current pandemic, the working conditions of health workers, in particular those dealing with COVID-19 patients, have dramatically deteriorated. Extremely long working hours in intensive care units, insufficient personal protection equipment, understaffed and resource-constrained environments come on top of intense emotional stress, exposing health workers to higher risks of infection and transmission. At the same time, their forced isolation away from home – to contain the risk of contagion of family members – has generated further stress, in particular for single-mothers.

Even before the pandemic, health-care workers were reporting very high levels of violence and harassment compared to other industries.<sup>27</sup> With COVID-19, their exposure to discrimination, stigma, violence and harassment has increased. In many countries, incidents have been reported of chlorine being thrown at nurses commuting to and from work, or of health personnel being evicted from their apartments or ostracized by their neighbours. Insufficient staff and facilities is another important stress factor for both patients and health workers, and increases the risk that the latter will be exposed to violent behaviour by patients and their families, colleagues and managers. Some countries have deployed innovative measures to help reduce the family care pressure on health workers, lower their exposure to contracting the virus and provide psychological counselling.

Figure 2. Share of women among all workers employed in health and social work, 2020



Source: ILO calculations based on ILOSTAT, 2020.

### Responses to the immediate needs of workers in essential services

#### Time and money

- **Austria, France, Germany and the Netherlands** have allowed some childcare facilities to remain open, with a skeleton staff, to look after the children of essential service workers.<sup>28</sup> **Italy** has introduced vouchers for alternative care arrangements.<sup>29</sup>
- In the **United Kingdom**, some cooperatives have used their own funds and contributions from community members to support childcare services for COVID-19 frontline workers.<sup>30</sup>
- In **Argentina, Turkey, Spain and Switzerland**, health cooperatives have established funds and distributed protective gear to their members and other workers in essential services.<sup>31</sup>

#### Safety and dignity

- Nurses across the **United Kingdom** can contact the Royal College of Nursing Counselling Service for free, confidential support and assistance to deal with personal and work-related difficulties, including bullying and sexual harassment.<sup>32</sup>
- **France** has set up a telephone hotline for health-care workers, and some hospitals provide security guards to accompany them on their commute to and from work, to ensure their safety.<sup>33</sup>

## ► COVID-19 exacerbates the challenges women habitually face

### COVID-19 has increased women's unpaid care work

Before the COVID-19 crisis, 16.4 billion hours were spent in unpaid care work every day across the world, with over two-thirds performed by women.<sup>34</sup> During the pandemic, many women and men have seen the hours they devote to unpaid care work increase as a consequence of school and daycare closures, reductions in public services for people with disabilities and the elderly, the non-availability of domestic workers and the need to look after family members with COVID-19.

With most children aged 6-12 confined at home, many mothers and fathers who telework or have become jobless as a result of the crisis are busy home-schooling, and occupying their school-age children. Many countries have sought to reduce the pressure on working parents by extending the duration of parental leave or providing the financial means to allow both wage earners and the self-employed to pay for care services. Flexible work schedules and work from home arrangements, which many enterprises have introduced during the lockdown, may become more common in the future, thereby helping working parents to better balance work with family responsibilities. It is important that the new normal offers both women and men equal opportunities to telework and ways to overcome work family tensions, and that occupational safety and health issues, including domestic violence, will be adequately dealt with.

## Responses in support to workers with care responsibilities

### Family and care leave policies

- ▶ Many countries have pushed for flexible work arrangements, including telework, when the business allows.<sup>35</sup>
- ▶ In **Italy**, working parents with children have the possibility to take 15 days of parental leave, at 50 per cent of pay if the children are below the age of 12, and unpaid if they are older. Alternatively, the parents can ask to receive a voucher worth €600 (€1,000 for health workers) for alternative care arrangements. This possibility is open to both employees and the self-employed.<sup>36</sup>
- ▶ In **Romania**, extra days off have been introduced for working parents.<sup>37</sup>
- ▶ In the **United States**, two weeks of paid sick leave have been introduced for qualified workers if they are ill, quarantined or seeking diagnosis or preventive care for coronavirus, or if they are caring for sick family members. Up to an additional 10 weeks of paid leave can be granted to people caring for children whose schools are closed or whose childcare provider is unavailable because of coronavirus.<sup>38</sup>

### Income support

- ▶ In **Japan**, subsidies are being provided to compensate enterprises that have introduced family leave for workers affected by school closures, to ensure the continued payment of salaries.<sup>39</sup> Loans are also being made available to freelance workers forced to stay home due to school closures.<sup>40</sup>
- ▶ The **Republic of Korea** issues vouchers to low-income households for alternative childcare.<sup>41</sup>
- ▶ **Australia** has expanded access to income support payments to persons taking care of someone affected by COVID-19.<sup>42</sup>
- ▶ In **Germany**, childcare benefits have been expanded to support low-income parents, and access to basic income support has been made easier for the self-employed.<sup>43</sup>

## COVID-19 and violence and harassment in the world of work

Reports from many countries suggest that, with the lockdown, the incidence of domestic violence has escalated since the COVID-19 outbreak.<sup>44</sup> It is therefore plausible to believe that, in the current circumstances, teleworking may be associated with an increased exposure of workers to domestic violence. Financial pressure, anxiety about the future and disconnection from support networks also have the potential to exacerbate any underlying factors. While domestic violence mainly affects women, men can also fall victim to this scourge.<sup>45</sup> In the COVID-19 context, occupational safety and health measures explicitly aimed at preventing and reducing psychosocial risks, including violence and harassment, take on heightened significance.<sup>46</sup> With more people working from home using information and communication technology, workers are also more exposed to work-related cyberbullying. While teleworking may reduce forms of violence and harassment requiring face-to-face contact, full-time – and generalized – teleworking arrangements may lead to a higher risk of technology-enabled violence and harassment. Occupational safety and health measures should be further strengthened to prevent and reduce psychosocial risks, including violence and harassment, and promote workers' mental health and well-being.

## Responses to prevent and protect victims of violence and harassment

### Reporting channels

- ▶ Existing mechanisms, including telephone helplines, text messaging and online chats, have been strengthened (**Australia, Argentina, Chile and Portugal**).<sup>47</sup>
- ▶ **France** has opened pop-up counselling centres and designated pharmacies as safe places where victims of domestic violence can report their situation.<sup>48</sup> In **Spain**, local authorities in many autonomous communities have set up an initiative that enables victims of domestic abuse to go to their pharmacy and request a “Mask 19”, a code word that will prompt the pharmacist to contact the authorities;<sup>49</sup> a similar measure has been implemented in pharmacies in **Argentina**, where the code word is “barbijo rojo”.<sup>50</sup>
- ▶ **Uruguay** has revised protocols to enable health workers to detect cases of domestic violence.<sup>51</sup>
- ▶ **Lebanon** has set up a new hotline for cases of domestic violence during COVID-19.<sup>52</sup>
- ▶ Two states in **Germany** have announced a new hotline specifically for male victims of violence.<sup>53</sup>

### Protection measures

- ▶ **Australia, Spain and Uruguay** have introduced fast-track judicial procedures for the most urgent cases.<sup>54</sup>
- ▶ **Canada** has committed 40 million Canadian dollars to addressing the needs of shelters for women fleeing violence. **Australia** has invested 5.5 million Australian dollars in countering domestic violence during COVID-19.<sup>55</sup>
- ▶ In **Australia, France, Italy and the United States**, national authorities have engaged in public-private partnerships with hotels to make rooms available for women victims of domestic violence.<sup>56</sup>

## Mitigating the effects of domestic violence in the world of work

- ▶ In **Australia**, employers are required to take account of possible increases in violence and harassment, including domestic violence while teleworking and cyberbullying, in their COVID-19 occupational safety and health policies and risk assessment.<sup>57</sup>
- ▶ In the **United Kingdom**, the Employers’ Initiative on Domestic Abuse provides guidance to its members on the measures they can take if they fear that their employees face domestic violence during the COVID-19 crisis. These measures range from keeping in contact with employees and signposting them to support contacts, to providing information about helplines, mobile apps and other available support services.<sup>58</sup>
- ▶ Many workers’ organizations worldwide are actively promoting action to denounce violence and protect women from abuse. Information and resources to help unions in more than 20 countries respond to gender-based violence during the COVID-19 crisis can be found at: <https://www.ituc-csi.org>

## COVID-19: a stark reminder that the glass ceiling remains firmly in place

The fight against COVID-19 has shown the need for strong leadership and continued dialogue with all parties concerned, to ensure that decisions are effective and inclusive. It has also, however, cast light once again on the little space given to women.<sup>59</sup> Far from being equally represented in national political and scientific COVID-19 task-forces, women account for barely 25 per cent of the experts in the best-case scenarios.<sup>60</sup>

While women’s contribution to the design and execution of COVID-19 responses is essential, many unresolved issues explain why they continue to be missing in positions of decision-making and at the top: persistent gender gaps in employment, stubborn discrimination, the heavy burden of unpaid care work, and violence and harassment at home, work and in society. Only 28 per cent of managers and leaders are women today – a figure that has changed very little in the past 30 years.<sup>61</sup> Less than 10 per cent of heads of State or government are women and only a quarter of parliamentarians.<sup>62</sup> In the health sector, only 20 per cent of organizations were found to have gender parity on their boards and only 25 per cent at the senior management level.<sup>63</sup>

In many countries, very few women sit on national social dialogue institutions, such as economic and social councils, tripartite commissions and labour advisory boards. Men still outnumber women in positions of influence in most workers' and employers' organizations.<sup>64</sup>

## The COVID-19 response: Getting gender equality right

The health and social crisis brought about by the pandemic has shown the essential, yet economically underestimated, value of the services provided by health and social workers, workers in emergency services and cleaners, among whom women, often migrant women, predominate. Teleworking has compelled many fathers to step up and take on more care responsibilities, bringing home the challenge of performing paid work while being solicited by children or other dependent family members. COVID-19 has corroborated the urgent need, in developing countries, to facilitate the gradual transition to formality of millions of informal workers and operators, the majority of whom are women, in order to build more resilient and inclusive societies. In many low-income and middle-income countries this will entail looking into long-term alternative employment strategies for the millions of women at the lower ends of global supply chains, e.g. in the garment sector, with reshoring becoming a bigger threat after the crisis.

National short-term COVID-19 policy responses pay greater attention than in past crises to workers at the highest risk of employment and income loss, such as the self-employed, workers in temporary employment or informal workers. This is relevant especially for women, who are over-represented among them. It is hoped that this crisis will lay the ground for gender-transformative macroeconomic decisions that prioritize social protection and care; national budgets that are more responsive to the needs and priorities of all women; adjustments to existing social and labour protection systems to ensure that all workers, regardless of their contractual status, are afforded adequate labour and social protection; and the presence of more women in decision-making positions.

## How the ILO can assist

A transformative and measureable gender equality agenda features prominently in the ILO Centenary Declaration adopted in 2019 and in the 2030 Agenda for Sustainable Development, notably in Sustainable Development Goals 5 and 8. The commitment of ILO's constituents to deliver on that agenda is also reflected in the ILO's current programmatic priorities, which combine the fight against gender discrimination and bias in respect of women's access to, and progress in, labour markets; the just valuation of women's work and reduction of the gender pay gap; support for a more even distribution of unpaid care work between families and the State and between men and women; and the elimination of violence and harassment in the

world of work. Delivering on this agenda requires the implementation of a package of integrated, inclusive and transformative policies and measures, informed by the relevant international labour standards.

In the short-term, the ILO is supporting its constituents' efforts to frame COVID-19 policy responses in such a way that they give due consideration to the relevant gender dimensions of the crisis. For instance, current efforts to monitor and assess the virus's impact on the informal economy, globally and domestically, generate gender-disaggregated data that can help countries devise gender-responsive policy interventions. The forthcoming practical guidance on teleworking during COVID-19 and beyond provides practical recommendations on how to manage the work-life conflict that teleworkers, especially women, experience when the boundaries between paid work and personal life are blurred, or how to handle the heightened risk of domestic violence or cyberbullying during lockdown. And the ILO's technical assistance to countries on ensuring that migrant workers and refugees are not left behind by COVID-19 responses addresses the specific circumstances and needs of women migrant workers, such as domestic workers.

In the medium and long term, the ILO can assist its constituents to scale up their efforts towards a post-COVID-19 world of work featuring a number of improvements.

- **Free from discrimination and gender stereotypes:** This involves providing technical assistance on how to overcome discriminatory practices in all aspects of employment and occupation, including remuneration, career advancement, social security provisions and coverage in line with the ILO Discrimination (Employment and Occupation) Convention, 1958 (No. 111) and the Equal Remuneration Convention, 1951 (No. 100). Countries should also consider joining the [Equal Pay International Coalition](#), to support efforts to achieve pay equity.
- **More time and money to care:** This requires prioritizing public investments in infrastructure, social protection and public care services, including in rural and informal settings, to redistribute unpaid care work and free women's time. An issue requiring urgent attention as a matter of justice and efficiency is the improvement of the working conditions, including wages, and representation rights of workers in essential care services. In this context, proper valuation of women's work in essential services, which is being supported by the Equal Pay International Coalition, is essential. The ILO can help its constituents design comprehensive legal and policy frameworks enabling workers to reconcile work and family responsibilities in line with the ILO Maternity Protection Convention, 2000 (No. 183) and the Workers with Family Responsibilities Convention, 1981 (No. 156) and their respective Recommendations, and to ensure equal pay for work of equal value.

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- **Free from violence and harassment:** This involves providing technical assistance to ILO constituents so that they can mitigate the effects of violence and harassment in the world of work, in line with the ILO Violence and Harassment Convention, 2019 (No. 190) and its supplementing Recommendation (No. 206). To accelerate work in this area, the ILO will launch a global campaign promoting ratification of Convention No. 190 while continuing to help countries review their legal frameworks.
- **More women leading the way:** This can be achieved by providing advice on proactive measures that increase the participation and representation of different groups of women in decision-making bodies, including in labour relations, social dialogue, including collective bargaining, and social partner institutions.

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