

## CONCEPT NOTE

### Equal Pay in Health and Care: Sectoral Action for the SDGs

#### *Closing gender pay gaps in the health and care sector: key to achieving gender equality at work and in society and empowering all women and girls*

#### High Level Event at the High-Level Political Forum 2022

Date, time and location: July 13, 2022; 18-19.15 (with reception 19.15-20.00) EDT; in CR12 with reception in NE corner GA Building

#### Co-sponsors

Government of Canada, Permanent Mission of Costa Rica to the United Nations, and Grand Duchy of Luxembourg Permanent Mission to the United Nations; Government of Spain; International Labour Organization; World Health Organization; and United Nations Foundation

#### Background

COVID-19 has highlighted the interconnectivity of health, economics and livelihoods, in particular spotlighting the vital role of health and care workers to individuals, communities and society. These workers, the majority of whom are women, were applauded and celebrated, however the pandemic laid bare the extent of inequalities that they have been facing for decades, including **Gender Gaps in remuneration, opportunity and inclusion**.

Accelerating progress on SDG5, but also SDG3, SDG8 and SDG10, requires advancing a human-centred recovery that prioritizes global investment in universal social protections and the creation of decent work, particularly in sectors that have a high potential to drive women's economic empowerment. The health and care sector, in which **67 per cent of the global workforce are women**, is uniquely positioned to contribute to tangible progress towards achieving the ambitions of SDG on health, gender equality, and decent work and economic growth. For this to happen, it is imperative that the existing gender gaps in the sector - occupational segregation by gender; decent work gaps; gender based violence and harassment in the workplace; inequalities in the share of unpaid care at home and **gender pay gaps** - are addressed and improved. This is key to countering the current and growing labour supply shortages in the health and care sector, which will seriously compromise the achievement of SDG3. The promotion of decent work and productive employment, as called for by the SDG8, in this sector will result in better-quality health services, while also contributing to the attainment of SDG5 through women's economic empowerment and enhanced status. These SDGs are integrated, indivisible and interlinked and **intersectoral action is needed to drive progress**.

These imperatives drove the joint International Labour Organization and the World Health Organization first ever global sectoral report on gender disparities in pay. The report, ***The gender pay gap in the health and care sector: a global analysis in the time of COVID-19***, will be launched at this high level political forum side event to drive worldwide commitment to integrated policy action for gender equality, decent work and economic growth and good health and wellbeing.

#### The report's key messages are:

1. The health and care sector is a **major source of employment globally**, particularly for women. The sector *currently* accounts for 3.4% of total global employment.
2. Women health and care workers face a “double jeopardy”: average **earnings are lower than in other sectors** and they earn **24% less than their male peers**.
3. The health and care gender pay gap is, on average, **higher than in non-health sectors**.
4. Men are overrepresented among the top earners.
5. **Much of the gender pay gap in health and care remains unexplained** by labour market attributes, such as skills and work experience, that should be the sole factors that matter for the purpose of wage determination.
5. There is evidence of a **motherhood pay gap**, with mothers in the sector earning less than non-mothers.
6. The COVID-19 pandemic disproportionately affected workers at the low end of the pay scale, most of whom are women.
7. To close gender gaps, such as the gender pay gap, in health and care sector, interconnected and intersectoral policies and strategies are needed.

Based on data from 54 countries, representing approximately 40% of wage employees across the world, this report is the largest-ever sectoral gender pay gap study produced. The report highlights the importance of integrated policy action for the achievement of SDGs 3, 5, and 8. Closing the gender pay gap, promoting decent work opportunities and safe conditions for all, and achieving gender parity in the health and care sector will unlock the full potential of the sector as a catalyst of women's economic empowerment, decent work and inclusive growth, and Health for All. This is as important as ever, considering the ongoing demographic transitions and the need to be better prepared to face future health emergencies. In middle- and low-income countries, where the health and care sector requires further development and growth, investing in the health and care sector's infrastructure, staffing and working conditions would contribute to reducing informal employment, particularly among women.

#### Objectives of the launch event

- Launch of the new ILO-WHO report: **The gender pay gap in the health and care sector: a global analysis in the time of COVID-19**.
- Discussion of integrated and intersectoral policy action to accelerate achievement of SDGs.
- Boost political attention to the issue of gender equality in the health and care workforce.

- Engage key leaders and decision-makers.

### Expected results

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- Political support, participation of high-level speakers, and full attendance within venue capacity.
- Increased awareness of gender gaps in the health and care sector, the underpinning causes and consequences.
- Increased understanding of the ‘double jeopardy’ that women in the health and care sector face.
- Stakeholders (Governments, international organisations, workers’ and employers’ organizations and civil society) mobilized to take action to address gender gaps in health and care.

### Speakers

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#### *Moderator:*

Ambassador Sofia Borges, Senior Vice President and Head of the New York Office, United Nations Foundation

#### *Global overview of gender pay gaps in the health and care sector:*

- Ms Beate Andrees, Special Representative to the UN and Director of the ILO Office for the United Nations
- Dr Michelle McIsaac, Economist and Lead Gender Equity and Rights Health Workforce Department, WHO
- Mr Jim Campbell, Director of the Health Workforce Department, WHO

#### *High-level dialogue:*

- H.E. Mr Rodolfo Solano, Minister of Foreign Affairs and Worship, Republic of Costa Rica
- H.E. Anne Françoise Dostert, Deputy Permanent Representative to the United Nations, Grand Duchy of Luxembourg
- H.E. Pilar Cancela Rodríguez, Secretary of State for International Cooperation, Spain
- Government of Canada (TBC)

## ABOUT THE GENDER PAY GAP IN THE HEALTH AND CARE SECTOR REPORT:

The health and care sector is a major source of employment globally, in particular for women. The **health and care workforce accounts for approximately 3.4% of total global employment**, including approximately 10% of overall employment in high-income countries (HIC) and a little over 1% in low- and middle-income countries (LMIC). One feature that characterizes employment in this sector across the world is that it is highly feminized– **women make up about 67% of the global employment** – with a significant degree of gender occupational segregation. However, the share of women varies with the level of economic development. In **LMIC 63.8% of the sector workforce is women, compared with 75.3% in HIC**.

**This report is the first of its kind: a global and sector-wide gender pay gap analysis** using data from 54 countries, which together represent about 40% of the sector's wage employees across the world. Using weighted global estimates, **women wage workers earn approximately 24% less than men in the health and care sector**. Women are overrepresented in lower (paid) occupational categories, while men are overrepresented in higher (paid) occupational categories (e.g. medical doctors), where the gender pay gap is wider. The report finds that **gender pay gaps in the health and care sector tend to be wider than in other sectors**; this is particularly true when professional categories in the health and care sector are compared with equivalent professional categories in non-health sectors.

The report shows that age, education and gender segregation across occupational categories are some of the factors that lie behind the gender pay gap in the health and care sector. However, the largest part of the gender pay gap remains **unexplained by those labour market attributes that should be key determinants of the wage-fixing process**.

The estimates also show that, for almost all countries and at almost all quantiles of the hourly wage distribution, most of the gender pay gap is not explained by labour market attributes, such as skills and work experience, that should be the sole factors that matter for the purpose of wage determination. This implies that **women working in this sector are underpaid relative to men who have similar labour market profiles**. On the other hand, **women tend to be better skilled or more experienced than men within the same quantile of the wage distribution**. Part of the unexplained gender pay gap can be attributed to a **motherhood gap**, whereby mothers in the sector earn less than non-mothers, this can, in part, be attributed to the fact that the sector is highly feminized. In most economies, **workers in highly feminized sectors receive lower earnings, on average, compared with workers in non-feminized economic sectors**.

Using data spanning the period from the early 2000s to 2019, the report shows that **the global share of men in health and care workforce is growing**, but at a pace that is insufficient to reduce the significant degree of feminization that characterizes the sector. The report's estimates provide some evidence of women's gradual shift to higher occupational categories in the sector,

although, in all countries women continue to be overrepresented in occupational categories associated with nursing and less-skilled health- and care-related functions.

**The health and care sector experienced fewer employment losses relative to non-health economic sectors stemming from the economic downturn associated with the COVID-19 pandemic. However, working conditions for the sector's workers have deteriorated dramatically**, in particular for those – most of whom are women - at the forefront the pandemic response. While **employment in the health and care sector almost completely recovered** on average by December 2020, the recovery lagged behind for some types of workers, in particular women workers with less education and those in informal employment. The COVID-19 crisis disproportionately affected the jobs of workers at the low end of the pay scale, most of whom are women, making the average hourly wages (or monthly incomes) of those workers who remained in the sector appear to have increased by the end of 2020.

The world faces a **global shortage of health and care workers**. One important question to ask when considering how to address this shortfall is: what can be done to make the health and care sector more resilient and reduce the gender pay gap in the global health and care workforce? This would, in turn, reduce the overall gender pay gap in the global economy. The findings of this report suggest that several interconnected strategies are needed.

**Focal points for questions or issues:**

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