

Increasing investments in care in the IDA20 replenishment

JULY 2021

COVID-19 has highlighted the vital importance of care to the functioning of economies and societies, while also demonstrating that the massive care work increases borne mostly by women and girls will, if left unaddressed, exacerbate inequality for years to come. The United States is in a prime position to fulfill its commitment to gender equality and inclusive economic recovery for the world by calling for the World Bank's IDA20 replenishment to include transformative policy commitments on care.

The United States should call for the World Bank to make the following commitments for the IDA20 replenishment period:

- Develop an organizational strategy to recognize, reduce, and redistribute the heavy, unequal, and gendered responsibility of unpaid and underpaid care work through the IDA process;
- Invest in care-supporting physical infrastructure (water, sanitation, energy, and transport), planned with and accessible to women and girls living in poverty to reduce the time and intensity of time- and labor-intensive household and domestic tasks;
- Invest in care services (child care, early childhood and primary education, healthcare, older persons and disability care) with a view to redistributing the costs and responsibility for care provision between the individual, community, and the state;
- Strengthen social protection, including leave policies, healthcare, and cash transfers;
- Provide technical assistance to support governments to carry out gender-responsive budgeting;
- Support data production, analysis, and diagnostics related to care work;



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- Ensure caregivers and recipients are represented in stakeholder engagement efforts. Adequate representation of women and girls through trade unions, grassroots-level governance tiers, and informal community meetings will ensure women and girls have a say in decisions related to legal and governance measures on the distribution of care work;
- Resist the push to enact measures that promote austerity and cuts to social protection, which will exacerbate unpaid care responsibilities and increase gender inequality.

The United States should also call for the World Bank to introduce the following indicators during the IDA20 replenishment period to track progress in recognizing, reducing, and redistributing unequal care responsibilities:

- Number of IDA-supported operations that seek to redress women's heavy and unequal share of unpaid care and domestic work through investments in care-supporting services;
- Number of IDA-supported operations that seek to redress women's heavy and unequal share of unpaid care and domestic work through care-supportive infrastructure;
- Number of IDA-supported technical assistance, advisory services, and knowledge operations aimed at recognizing, reducing, and redistributing unpaid care work, including support for gender-responsive budgeting, time-use surveys, etc.

INTRODUCTION

COVID-19 has highlighted the vital importance of care¹ to the functioning of our economies and societies, while also demonstrating that the massive care work² increases borne mostly by women and girls during COVID-19 will, if left unaddressed, exacerbate inequality for years to come.³ Yet care remains an overlooked and under-resourced focus of recovery efforts by institutions like the World Bank that provide critical low-interest and grant financing to the poorest countries. The World Bank's twentieth International Development Association's (IDA) replenishment (IDA20) offers an important opportunity to tackle the rising gender inequality tied to the unequal distribution of unpaid care work between women, girls, and men.⁴

The United States Government (USG), by advocating for attention to care through IDA project selection and design, analysis, and technical assistance, can support a gender-equitable recovery from the pandemic.⁵ Given the Biden administration's firm commitment to implementing a care-focused domestic policy, its Generation Equality Forum commitment⁶ to fostering women's economic security globally, and the USG's significant influence at the World Bank, the USG can demonstrate global leadership on gender equality by calling for IDA20 to include transformative policy commitments on care at this crucial moment

COVID-19'S CARE WORK INCREASES WILL CAUSE GENDER INEQUALITY TO SPIKE

During the pandemic in 2020, women around the world in formal employment lost at least US\$800 billion in income—a conservative estimate that does not account for women in informal sectors—due to increased care responsibilities and overrepresentation in the hardest-hit sectors.⁷ Throughout the pandemic, women have lost more jobs than men, and more female entrepreneurs have shut down their businesses than have male entrepreneurs.⁸ Even prior to the COVID-19 pandemic, the world was facing a global care crisis due to aging populations, cuts to public services and social protection, and the effects of climate change.⁹ Pre-COVID, nearly 42 percent of working-age women were outside of the paid labor force, compared to 6 percent of men, due to care responsibilities.¹⁰

Care work is a huge hidden subsidy to the mainstream economy; care activities are considered to be “free” and outside of the realm of productive labor and are therefore not captured as part of a country's gross domestic product (GDP) calculations. Oxfam estimates show that in fact, women's unpaid and underpaid care work (UUCW) has an economic value of nearly US\$10.8 trillion annually—three times the size of the global tech industry.¹¹ From cooking, cleaning, and taking care of the home to looking after children, the sick, the elderly, and disabled people, women and girls work non-stop and round-the-clock to enable economies to function smoothly.

When combined with work for pay, women work longer days on average than men in every region of the world. If unpaid care work was paid at an hourly minimum wage, it would account for about 9 percent of global GDP.¹²

The World Economic Forum's Global Gender Gap Report demonstrated that the COVID-19 pandemic's impact has increased the global gender gap by a generation.¹³ This gap was broadened by government inaction, causing regressive effects that were well known early on in the pandemic, with increased care work being key among them.¹⁴

CARE INVESTMENTS IN IDA20 ARE KEY TO TACKLING COVID-19'S GENDERED IMPACTS

As countries around the world experience economic contraction due to COVID-19's long-lasting negative effects, it is crucial that the IDA20 strategy address the pandemic's gendered impacts and target funding toward alleviating poverty and deprivation among women and girls.¹⁵ IDA20 should adopt a gender-transformative approach to gender equality by including care work considerations following the 4Rs framework (see Box 1). The framework recognizes the value of care work to our economies and societies through data-driven policy and advocacy and seeks to redistribute it more equally within households, community, and the state. Investments in a package of care of measures (e.g., investments in care-supporting physical infrastructure, care services, care-supporting social protection, gender-responsive budgeting, and data collection) help reduce the heavy, unequal, and gendered responsibility of unpaid and underpaid care work. It is also important to expand and protect civic space to allow adequate representation of the most marginalized caregivers and ensure that they have a voice in the design and delivery of policies, services, and systems that affect their lives.

Box 1. The 4Rs framework on care¹⁶

Recognize unpaid and poorly paid care work, done primarily by women and girls, as a type of work or production with real value.

Reduce the total number of hours spent on unpaid care tasks through better access to affordable and quality time-saving devices and care-supporting physical infrastructure.

Redistribute unpaid care work more fairly within the household, from women to men, and simultaneously shift the responsibility of unpaid care work to the state and the private sector.

Represent caregivers and ensure that they have a voice in the design and delivery of policies, services, and systems that affect their lives.

The following are key areas of investment and policy attention that can help redress these imbalances.

Care services

Families are in dire need of care services. The World Bank recently reported that 8 out of 10 children who lack access to child care live in low- and middle-income countries.¹⁷ An estimated 43 million child care jobs need to be created to help close this gap, presenting an opportunity to expand a highly qualified care sector.¹⁸ The case is the same for elder care. By 2050, 80 percent of the world's elderly will be living in low- and middle-income countries.¹⁹ To shift unpaid caregiving responsibilities away from women, there is a need for a well-trained and well-compensated paid caregiver workforce to provide long-term services.

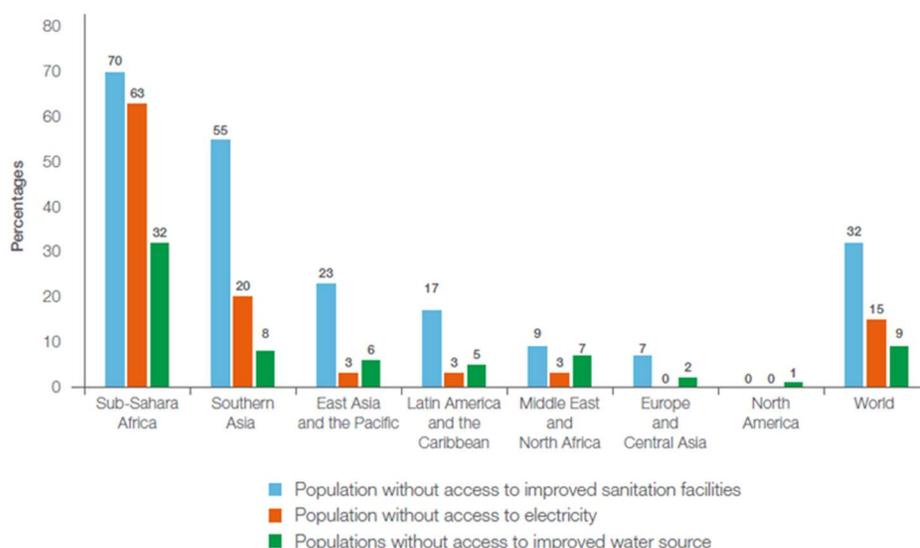
Unfortunately, there is a massive gap in the commitment by governments and international financial institutions to addressing the care crisis. According to data from the United Nations Development Programme's (UNDP) COVID-19 Global Gender Response Tracker, only 5.8 percent of over 3,000 policies initiated by governments globally in response to the pandemic directly address care issues.²⁰ In fiscal year (FY) 2017 and FY 2018, a mere 2.1 percent of IDA financing supported affordable care services.²¹ IDA19 lacked meaningful references to care issues in the final paper agreed by IDA Deputies, and no reference within the policy commitments themselves. It is crucial that IDA20 policy commitments address this gap.

Expanding accessible and affordable care services can greatly support the recognition, reduction, and redistribution of care. For example, subsidizing the cost of child care through cash transfers and the public provision of day care and K–12 education can increase women's time spent on paid work, education, and social and leisure activities. With more women earning an income, there are positive returns for themselves, their children and families, and for the workforce overall.²² The care provided by underpaid workers, who are overwhelmingly women, must also be recognized and valued. Child care workers and educators and providers of long-term services and supports for elderly and disabled people should be provided a living wage and quality training. Doing so can increase the quality of care and improve the care workers' recognition as members of the workforce.²³

Care-supporting physical infrastructure

Investments in basic care-supporting physical infrastructure such as piped water, electricity, transportation, and time- and labor-saving equipment are essential for reducing the time and intensity of household chores and care tasks that women have to do. Such tasks are most common in low-income rural areas and include collecting water and fuelwood, providing sanitation, and procuring energy. Basic care-supporting physical infrastructure helps in freeing up women's time for studying, paid work, civic and political life, and leisure and social activities.²⁴

Figure 1. Population without access to basic infrastructures by world region, 2014–15.²⁵



Note: Data for access to electricity are for 2015 and for access to improved sanitation and water are for 2014. The country groups in this figure are based on the World Bank country grouping. 212 countries.

Source: International Labour Organization

Improving the access of care recipients, unpaid caregivers, and care workers to quality infrastructure has an enormous impact on gender equality and overall well-being. It can substantially reduce the drudgery of domestic work and gender inequalities, while also mitigating and adapting to the effects of climate change.²⁶ Despite the proven benefits, care-related infrastructure is scarce, especially in low- and middle-income countries and in rural areas in which women and members of disadvantaged social groups are the most deprived (see Figure 1). Where it does exist, it is not accessible to children and adults living with disabilities.²⁷ Therefore, an inclusive approach to care-supporting physical infrastructure should be adopted by governments and organizations to ensure the accessibility of infrastructure to all.

Social protection

Increasing investments in social protection for unpaid caregivers and underpaid care workers further supports the shift of care responsibilities from the household to the state. Policies such as paid medical and family leave allow people to take off time from paid work to care for themselves and their loved ones without forcing them to sacrifice their employment or income as a result, signaling the state’s recognition of the value of care. Providing parental leave to all parents regardless of gender encourages equal distribution of care responsibilities in the household and increases gender equity in the workplace.²⁸ Social protection policies that are inclusive of caregivers can help mitigate factors that exacerbate care responsibilities by recognizing, reducing, and redistributing care.

It is vital that other care-supporting social protection policies such as universal healthcare and education, cash transfers, and old-age social pensions are also strengthened. Over half of the world's population is unprotected by such policies, with the majority being women.²⁹ Among pandemic response measures around the world, only 17 percent of social protection measures were gender sensitive.³⁰ Universal health insurance and cash transfer programs support women who are otherwise penalized for not participating in the workforce due to unpaid care responsibilities, as well as supporting informal paid caregivers who are not part of the formal economy.

Strengthening gender-responsive budgeting

Supporting IDA countries to undertake gender-responsive budgeting is critical to ensure that care is recognized and redistributed within the community and state, and that governments apply gender-responsive COVID-19 relief and recovery measures. Gender-responsive budgeting, also known as gender budgeting, is an approach to budgeting that takes into account the various needs of a diverse population by using an intersectional gender lens to respond to the different experiences of women, men, and gender-diverse groups.³¹ Oxfam's research has demonstrated that such consultations have raised care-related resource considerations by participating community members.³² Countries should be encouraged to undertake gender-responsive budgeting. When countries lack sufficient capability to do so, the World Bank should invest in technical cooperation to governments—as long as those needs have been identified by said governments—to support gender-responsive budgeting.

Gathering data on care

Gathering care-related data disaggregated by gender, race, and disability is another way to support gender equality through public policy. Collecting data on how people use their time during a day is increasingly used to inform policies in low- and middle-income countries.³³ For example, in Moldova time-use data have been used to influence national employment strategies. These data shed significant light on women performing unpaid care work and how much time they have (or don't have) to pursue other productive activities such as seeking work, undertaking paid employment, receiving healthcare, pursuing education and skills development, and spending time on leisure and personal activities. These statistical data help countries develop policies to redistribute the heavy and unequal share of UUCW from women and girls to the family, community, and the state.

CARE INVESTMENTS WILL FOSTER GENDER-INCLUSIVE GROWTH

Investment in the care economy can create jobs in the formal sector, many of which will go to women (see Box 2 for Oxfam's definition of a "care economy"). Robust investments in a package of care measures³⁴ also engender improved well-being and human development.³⁵ Addressing unpaid care work is essential for women's economic empowerment (WEE). Adolescent girls in most low-income countries lose

out on educational opportunities and in turn, fail to gain the critical skills needed for participating in the labor market later on because of the unequal and heavy responsibilities of unpaid and underpaid care work that they have to shoulder.³⁶ Investing in the care economy eases some of the pressures on women and girls and allows them to prioritize their right to health and education—both of which are crucial to their ability to participate competitively in the formal labor market.

Box 2. Care economy³⁷

A care economy is defined by Oxfam as that which has the “well-being of individuals, communities, and the planet at its center; where everyone can give and receive care; where everyone has the time and resources to care as well as time and space away from care responsibilities; and where the UUCW currently performed by those who are the most socially, politically, and economically marginalized is recognized and valued by families, employers, policymakers, and society generally.”

Through WEE, women improve their ability to participate equally in labor markets; experience increased control over productive resources, time, and their own bodies; and have greater voice, agency, and meaningful participation in economic decision-making at all levels, from the household to international institutions.³⁸

WEE also strengthens economic diversification and income equality.³⁹ For example, among Organization for Economic Co-operation and Development (OECD) countries, 50 percent of economic growth over the last 50 years has been attributed to increased educational attainment for women and girls.⁴⁰ Investment in the care economy, being labor intensive, creates many more jobs than investment in construction sectors. A study among seven OECD countries by the UK Women’s Budget Group shows that a 2 percent investment of GDP in public care services would create four times as many jobs for women as for men.⁴¹ Care sector jobs are less susceptible to automation and therefore promote inclusive development.⁴²

WHAT ARE THE RISKS OF NOT INCLUDING A CARE LENS?

While investments in care-supporting physical infrastructure and services are critical for gender equality, traditional infrastructure investments (e.g., highway construction) that do not have a gender lens, and particularly a care lens, can further exacerbate gender inequality in the name of economic growth. Such investments can lead to large-scale displacement of local communities from their place of residence and work.⁴³ As communities move farther away from resources, the responsibilities of unpaid care work such as collecting water and fuelwood become more time-consuming. Longer distances from cities and towns where such communities commute for paid work, combined with the absence of safe transportation options, cause women to drop out of the paid workforce due to safety concerns.⁴⁴ In general,

infrastructure planning favors travel patterns that accommodate paid employment—mostly undertaken by men—over travel to receive basic services involved in care work—mostly undertaken by women.⁴⁵ This leads to further disempowerment of women. With little or no independent income and access to public spaces, women’s bargaining power is severely reduced within the household and community.

Measures that promote austerity through cutting social protection and social services will cause spikes in care work for women and girls and exacerbate gender inequality. Evidence shows that cuts to social services in response to economic crises have been absorbed by women and girls through increases in care work.⁴⁶ When women lose out on targeted social protection measures, their UUCW responsibilities increase. For example, at least nine low- and middle-income countries are likely to introduce or increase the collection of value-added taxes (VAT) once the pandemic subsidies, which apply to everyday products such as food, clothing, and household supplies and for which women are mostly responsible.⁴⁷

Oxfam’s research has found out that over 80 percent of the International Monetary Fund’s (IMF) COVID-19 loans recommended that poor countries hit hardest by the pandemic adopt tough new austerity measures in the aftermath of the health crisis.⁴⁸ One typical area of austerity cuts, for example, is in healthcare, which has significant impact on the care work that women shoulder given that healthcare responsibilities are mostly borne by women globally. Oxfam’s research also demonstrated that of the 71 World Bank country health emergency response projects approved between April and the end of June 2020, only 8 aim to eliminate healthcare fees despite such fees being prohibitive in at least 56 of those countries.⁴⁹ Out-of-pocket healthcare expenses have pushed approximately 100 million of the world’s population into extreme poverty.⁵⁰

Meanwhile, Oxfam data show that at least 14 countries are likely to freeze or cut public sector wages and jobs once the pandemic subsidies, which could mean lower quality of healthcare and fewer nurses, doctors, and community workers in countries already experiencing a shortage of healthcare staff.⁵¹ Many women are engaged in healthcare sector jobs and as a result, would be the first to lose their jobs. Moreover, the lack of access to healthcare affects women and children the most and pushes them further into poverty. The lack of affordable healthcare places added pressure on women to take care of the sick in their families.

OXFAM URGES THE USG TO PRIORITIZE CARE AMONG ITS IDA20 PRIORITIES

IDA is a crucial source of concessional finance that lower-income countries depend on and is one of the biggest providers of core support for human development and public services. Against a backdrop of fiscal consolidation and contraction in the wake of COVID-19, it is imperative for IDA20 to do its part in tackling the gendered

impacts of COVID-19. Care—which has previously been neglected in IDA strategies—must be integrated into the IDA20 policy commitments.

There are positive signals that the World Bank intends to include some commitments to integrating a care agenda in IDA20, as indicated in the draft “Special Theme” policy papers that were released in July 2021 focused on child care.⁵² While the USG should welcome this first step, it should also push for a stronger, more comprehensive agenda that incorporates all 4Rs as well as ambitious indicators to track IDA’s progress. Investments in a package of care of measures (e.g., investments in care-supporting physical infrastructure, care services, care-supporting social protection, gender-responsive budgeting, and data collection) are critical to reduce the heavy, unequal, and gendered responsibility of unpaid and underpaid care work.

The USG has a long and successful history of driving game-changing reform at the World Bank⁵³ and must demonstrate the same leadership internationally on care as it has in the US. It would signal the USG’s intent to prioritize care in its international economic policy agenda. As the US and other IDA donors negotiate the terms of the IDA20 replenishment, Oxfam urges the USG to encourage the World Bank to include strong commitments on care in the policy package. The commitments should clearly outline how the World Bank plans to support IDA countries to recognize, reduce, and redistribute unpaid and underpaid care work, and ensure adequate representation of caregivers in decision-making through:

- Developing an organizational strategy to recognize, reduce, and redistribute the heavy, unequal, and gendered responsibility of unpaid and underpaid care work through the IDA process;
- Investing in care-supporting physical infrastructure (water, sanitation, energy, and transport), planned with and accessible to women and girls living in poverty to reduce the time and intensity of time- and labor-intensive household and domestic tasks;
- Investing in care services (child care, early childhood and primary education, healthcare, older persons and disability care) with a view to redistributing the costs and responsibility for care provision between the individual, community, and the state;
- Strengthening social protection, including leave policies, healthcare, and cash transfers;
- Providing technical assistance to support governments to carry out gender-responsive budgeting;
- Supporting data production, analysis, and diagnostics related to care work;

- Ensuring caregivers and recipients are represented in stakeholder engagement efforts. Adequate representation of women and girls through trade unions, grassroots-level governance tiers, and informal community meetings will ensure women and girls have a say in decisions related to legal and governance measures on the distribution of care work;
- Resisting the push to enact measures that promote austerity and cuts to social protection, which will exacerbate unpaid care responsibilities and increase gender inequality.

The IDA policy package also includes a results measurement system (RMS) that includes key indicators to track IDA's progress toward achieving its policy commitments. The US should also call for the inclusion of specific indicators that track the number of operations the Bank is financing that implement its policy commitments on care, such as:

- Number of IDA-supported operations that seek to redress women's heavy and unequal share of unpaid care and domestic work through investments in care-supporting services;
- Number of IDA-supported operations that seek to redress women's heavy and unequal share of unpaid care and domestic work through care-supportive infrastructure;
- Number of IDA-supported technical assistance, advisory services, and knowledge operations aimed at recognizing, reducing, and redistributing unpaid care work, including support for gender-responsive budgeting, time-use surveys, etc.

CONCLUSION

At a time when countries and multilateral institutions are working in tandem to address the COVID-19 economic recovery, it is crucial that the USG demonstrate global leadership on gender equality by calling for IDA20 to include transformative policy commitments on care at this crucial moment. Recognizing the value of and redistributing the unpaid and underpaid care disproportionately provided by women and girls around the world is key to equitable economic growth. The IDA20 replenishment presents an opportunity for governments to prioritize a package of care measures that invest in care-supporting physical infrastructure, care services, care-supporting social protection, gender-responsive budgeting, and care data collection. Doing so will reduce and redistribute care work more equally within households, communities, and the state, promoting an equitable recovery. The US is in a prime position to fulfill its commitment to gender equality and inclusive economic recovery for the world by advocating for the adoption of a care lens in the IDA20 replenishment.

NOTES

All online sources were checked in July 2021.

1 Care includes “the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks within which these are assigned and carried out” (M. Daly and J. Lewis (2000) ‘The Concept of Social Care and the Analysis of Contemporary Welfare States’ *British Journal of Sociology* 51(2): 281–98, p. 285). This goes beyond caring for people as care includes “everything we do to maintain, continue and repair our ‘world’ so we can live in it as well as possible” (B. Fisher and J. C. Tronto (1990) ‘Toward a Feminist Theory of Care’, in E. K. Abel and M. K. Nelson (eds.) *Circles of Care: Work and Identity in Women’s Lives*, Albany, NY: State University of New York Press, 35–63).

2 Unpaid care work comprises the activities of tending to people and domestic tasks in households, families, and communities to keep everyone fed, clean, safe, healthy, and thriving; it is done without monetary compensation. Paid care work is performed for pay.

3 A. Madgavkar *et al.* (2020) ‘COVID-19 and Gender Equality: Countering the Regressive Effects’, McKinsey Global Institute, <https://www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects>

4 Given the lack of data on the care work borne by gender-diverse groups, this policy memo focuses on the inequality of care work between women, girls, and men. As such, the gender lens of the memo is restricted to the binary of male and female and does not include gender-diverse peoples.

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6 The White House (2021) ‘Fact Sheet: United States to Announce Commitments to the Generation Equality Forum’, <https://www.whitehouse.gov/briefing-room/statements-releases/2021/06/30/fact-sheet-united-states-to-announce-commitments-to-the-generation-equality-forum/>

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10 L. Addati, U. Cattaneo, V. Esquivel, and I. Valarino (2018) ‘Care Work and Care Jobs for the Future of Decent Work’, Geneva: International Labour Organization, https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm

11 Lawson *et al.*, *op. cit.*

12 Addati *et al.*, *op. cit.*

13 R. Crotti, K. K. Pal, V. Ratcheva, and S. Zahidi (2021) ‘Global Gender Gap Report 2021: Insight Report’, Geneva: World Economic Forum, <https://www.weforum.org/reports/global-gender-gap-report-2021>

14 Madgavkar *et al.*, *op. cit.*

15 J. Jackson *et al.* (2021) ‘Global Economic Effects of COVID-19’, Congressional Research Service, <https://crsreports.congress.gov/product/pdf/R/R46270/74>

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- 16 See: Lawson *et al.*, *op. cit.* for the 4Rs framework, developed by Oxfam together with ActionAid and the Institute for Development Studies. The 4Rs framework draws from E. Elson (2017) 'Recognize, Reduce, and Redistribute Unpaid Care Work: How to Close the Gender Gap', *New Labor Forum* 26(2): 52–61.
- 17 A. Devercelli and F. Beaton-Day (2020) 'Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital', Washington, DC: World Bank, <https://openknowledge.worldbank.org/handle/10986/35062>
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- 19 World Health Organization (2018) 'Ageing and Health', <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- 20 O'Donnell *et al.*, 'Promoting an Inclusive Recovery', *op. cit.*
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- 48 *Ibid.*
- 49 E. Seery, A. Marriott, K. Malouf Bous, and R. Shadwick (2020) 'From Catastrophe to Catalyst: Can the World Bank make COVID-19 a turning point for building universal and fair public healthcare systems?', Oxfam International, <https://www.oxfam.org/en/research/catastrophe-catalyst>
- 50 World Health Organization (2017) 'World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses', <https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>
- 51 Daar and Tamale, *op. cit.*
- 52 See: International Development Association (2020) 'IDA20 Replenishment', World Bank Group, <https://ida.worldbank.org/replenishments/ida20-replenishment> for the draft policy commitment in the "Gender and Development" paper that commits the Bank to "support at least 15 IDA countries to expand access to quality, affordable childcare, especially for low-income parents."
- 53 For example, the USG influenced the Bank in the aftermath of a sexual exploitation case in a transport sector development project. It urged the Bank to adequately staff projects with safeguarding specialists. Similarly, in 2016, the World Bank adopted a new set of environmental and social standards

that were heavily influenced by the USG. See: E. Berger (2017) 'House Financial Services Subcommittee on Monetary Policy and Trade Hearing: Examining Results and Accountability at the World Bank', Bank Information Center, https://financialservices.house.gov/uploadedfiles/03.22.2017_elana_berger_testimony.pdf and US Department of Treasury (2016) 'U.S. Position on the Review and Update of the World Bank's Safeguard Policies', <https://home.treasury.gov/system/files/206/US-Position-on-the-Review-and-Update-of-the-World-Bank-Safeguard-Policies.pdf>