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**COVID-19 Response Policies and the Care Economy:
Mapping economic and social policies in the ECE region**



COVID-19 Response Policies and the Care Economy: Mapping economic and social policies in the ECE region ¹

In March 2020, the United Nations (UN) Secretary-General released the report, "Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19". It underscores that advancement in the implementation of the Sustainable Development Goals (SDGs) will enable countries to better respond to crises such as the COVID-19 pandemic. SDG implementation also contributes to fewer people living in poverty, increased gender equality, a healthier natural environment for all, and more resilient societies.

To support governments' efforts to scale up and expand their response to the immediate socio-economic impacts of the pandemic, the five UN regional commissions – ECA, ECE, ECLAC, ESCAP and ESCWA – are implementing a UN Development Account project. The project's central objective is to support member states to design and implement suitable policies for rapid recovery from COVID-19, with an embedded human rights and gender perspective, in order to increase resilience, especially of the most vulnerable populations, against the negative impacts of adverse exogenous shocks.

The second objective is to strengthen care economy policies for post-pandemic recovery by focusing on the development of innovative capacities and cooperation mechanisms² Such mechanisms could, for example, integrate the care economy into social protections and other public policies of the COVID-19 recovery efforts.

The Development Account project is aligned with the 2030 Agenda for Sustainable Development. Its medium-term impact will be an improved identification of excluded and newly vulnerable groups through support for the design and delivery of improved gender-sensitive measures that integrate informal and care economy policies in the recovery. The project will also align with the UN Framework for immediate socio-economic response to COVID-19.

To achieve its objective, the project supports member states across the ECE region by strengthening national capacities to design and implement social and economic policies with a gender perspective, for rapid recovery from COVID-19 and increase resilience, especially of the most vulnerable populations, against future exogenous shocks.

This document provides a mapping of policy initiatives in the ECE region. It identifies applications of best practices and innovative approaches which can be incorporated into individual country's measures and initiatives. It is based on data from all ECE member states, compiled between July and September 2020, from available international or regional databases as well as national sources.

¹ This report 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 UNECE for this project workstream under the guidance of Malinka Koparanova, Senior Social Affairs Officer in UN Economic Commission for Europe (ECE). The author would like to thank Sara Cantillon, Director of the Wise Centre for Economic Justice, Glasgow School for Business and Society for useful suggestions, and Mario Baumann for research assistance.

² The other workstreams are: a) Enhanced capacity for social protection by improved institutional capacity among government stakeholders to implement and deliver social protection, and b) Improved poverty measurement, and identification by improved national capacity for producing timely and disaggregated poverty measures, and vulnerability identification, following internationally agreed guidance.

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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.

This document presents a mapping of relevant policy measures directly impacting the care economy, including both paid and unpaid care. It focuses on six groups of policy interventions that have been included in COVID-19 response and recovery packages throughout the ECE region. The first is the protection of jobs, especially in the care sector; the second is economic stimulus action in specific sectors and enterprises, including the care sector and care enterprises. The third group of interventions includes measures focused on paid care work, particularly those addressing pay and working conditions of paid care workers. Fourth are measures targeted at the income protection of care workers, as well as measures specifically addressing gender pay inequity. Fifth are other fiscal and tax policies which impact the care economy. Sixth are measures focused on unpaid care work, including the reconciliation of paid work and family life, as well as interventions emphasizing or promoting the co-responsibility for care, in particular measures promoting the takeover of care work by men.

This mapping provides arguments for the strengthening of national capacities to design and implement social and economic policies with a gender perspective, for rapid recovery from COVID-19 and an increased resilience, especially of the most vulnerable populations, against future exogenous shocks. It is hoped that the policy examples outlined in the mapping can stimulate the mutual learning between ECE Member States.

1. Introduction

Since the beginning of 2020, the unfolding COVID-19 pandemic has affected people across the globe, including in the ECE region. In September 2020, altogether 94 per cent of the world's workers lived in countries with at least some sort of workplace closure measure in place. As the COVID-19 pandemic and associated crises advance, there are growing concerns that it is deepening existing inequalities, particularly gender inequalities (UN Women 2020d, 2020b; Ladd and Bortolotti 2020). In fact, the UN Secretary-General has pointed out that the crisis is threatening to “push back the limited gains made on gender equality and exacerbate the feminization of poverty, vulnerability to violence, and women’s equal participation in the labour force” (United Nations Secretary General 2020).

The impacts on different parts of the ECE region have varied depending on the timing of the initial outbreak, economic and demographic structures, and pre-existing capacities (UN ECE 2020). Governments in the region have developed a wide array of containment measures and public policy responses to alleviate the burden of the pandemic and its consequences on the economy and society. Prominent reactions have focused on fiscal and monetary policies, as well as on employment, health, family, and social protection (Gentilini et al. 2020).

Much attention has been focused on care work during the pandemic. It has been recognized, yet again, how unpaid care work, paid care work, and paid work are very closely interdependent (International Labour Organization 2018).³ Care work happens both at the frontline of the pandemic response, such as in the health sector and in efforts to protect particularly vulnerable groups of the population. Care work also happens in private households and within families. Children are homeschooled; elderly family members and members of the community are given support and care. Additionally, family members who have contracted COVID-19 require support and care. There is a crisis of care, which already existed before the pandemic, but which has increased in 2020. The crisis of care has a disproportionate impact on women since they are carrying the overwhelming weight of care work in families and societies.

Many countries have adopted large-scale fiscal packages in response to the COVID-19 crisis, particularly to support incomes and businesses (International Labour Organization 2020a). Many of the measures included in country-level responses to the pandemic have directly impacted the care economy, including both paid and unpaid care work. For example, some policies were addressed at facilitating paid care work in the health sector, where workloads increased massively during the immediate response to the pandemic. Countries also introduced policies to support parents, primarily mothers, dealing with the consequences of school and childcare closures. Other policies, targeted at employers, were aimed at creating opportunities for employees to work from home.

2. Mapping economic and social policies in response to COVID-19

This document presents a mapping of relevant policy measures directly impacting the care economy, including both paid and unpaid care (see Table 1). It focuses on six groups of policy interventions that have been included in COVID-19 response and recovery packages. The first is the protection of jobs, especially in the care sector; the second is economic stimulus action in specific sectors and enterprises, including the care sector and care enterprises. The third group of interventions includes measures focused on paid care work, particularly those addressing pay and working conditions of paid care workers. Fourth are measures targeted at the income protection of care workers, as well as measures specifically addressing gender pay inequity. Fifth are other fiscal and tax policies which impact the care economy. Sixth are measures focused on unpaid care work, including the reconciliation of paid work and family life, as well as interventions emphasizing or promoting the co-responsibility for care, in particular measures promoting the takeover of care work by men. The measures mapped below reflect the situation in the region until beginning of July 2020, with some exceptions depending on data availability.

³ The definition of “care work” and the “care economy” applied here is based on International Labour Organization 2018. Care work is defined as activities and relations involved in meeting the physical, psychological, and emotional needs of other persons, as well as activities in social reproduction. Care work can be paid and unpaid and can be provided in households and institutional settings.

Table 1. Overview of policy measures covered in the mapping

1. Job protections, especially in the care sector	<ul style="list-style-type: none"> - Employment protection (including provisions for women workers, gender mainstreaming, and measures addressing all with care responsibilities) - Public works programs (including programs especially addressed at women, gender mainstreaming) - Measures addressed at workers in non-standard forms of employment, informal economy, gig-work etc. (including assessments of (over)representation of women in these sectors)
2. Economic stimulus actions in targeted sectors and enterprises	<ul style="list-style-type: none"> - Targeted supports to particularly affected sectors, including care sector, with high numbers of women employees (e.g. tourism & hospitality) - Measures addressing women entrepreneurs (including microenterprises), focus on care enterprises (including women-led care enterprises) - Measures addressed at self-employment (including self-employed women, all those with care responsibilities, and sectors where women are over-represented)
3. Fiscal and tax policies with impacts on the care economy	<ul style="list-style-type: none"> - Subsidies/tax relief for care services (including kindergarten, long-term care) - Changes in tax rates (e.g. reduction of VAT), tax moratoria - Subsidies (e.g. social insurance, housing, electricity) - Investment in care services, including public and private childcare and elder care services - Inclusion of care services in government spending and fiscal policies.
4. Income protection for care workers; gender pay inequity	<ul style="list-style-type: none"> - Cash benefits/ income supports, esp. those established/modified to deal with consequences of the pandemic (e.g. extension of unemployment benefits) - Measures to counter the exacerbation of gender pay imbalances caused by COVID-19 - Measures to address the income generation/ protection of women-headed households
5. Measures focused on paid care work	<ul style="list-style-type: none"> - Strengthened investment in the health sector; measures addressing pay and working conditions - Strengthened investment in care sectors (including elder care, long-term care, social work) - Measures addressing pay and working conditions - Special measures addressing domestic workers and domestic service - Measures focusing on migrant domestic workers (in country of destination and country of origin)
6. Measures addressing unpaid care work, work-family reconciliation, and co-responsibility for care	<ul style="list-style-type: none"> - Income protection for parents (caretakers) who reduce their working time due to care responsibilities and care institution closures - Measures facilitating working from home specifically addressing workers with care responsibilities - Changes to work-family reconciliation policies (including extension of leave schemes, maternity/breastfeeding provisions) - Measures/ campaigns emphasizing co-responsibility for care and reproductive work and gender equality

There are great differences in ECE countries' economic and fiscal preconditions, impacting their abilities to take effective measures to counteract the impacts of the COVID-19 pandemic (UNECE 2020). Some of the high-income countries in the region, especially EU member states, have deployed an enormous volume of resources to the COVID-19 response. Similar resources are not available to other countries in the region, most notably in Eastern Europe, the Caucasus and Central Asia (EECCA). Numerous countries are dependent on external support to sustain their pandemic response and recovery measures, including health and social measures, or will have to rely on external support in the future because of debt accumulated during the pandemic response (European Commission 2020).

Mapping policies over the course of a developing pandemic has various challenges and limitations. First, the situation has evolved rapidly throughout 2020 with respect to the spread of the COVID-19 virus, as have response measures taken. While the situation continues to evolve, available data is limited, especially with regard to the region as a whole. With second and third waves of the pandemic affecting countries at different times and in different intensities, some emergency measures are progressively extended into the fall and winter of 2020; some new measures are being introduced. To document the impact of response and recovery measures on the care

economy, it will therefore be necessary to update and deepen the mapping as the pandemic continues to develop, and as governments throughout the region continue to devise and refine their response policies. Predictably, emergency measures are soon going to give way to interventions that seek to achieve more structural effects. Also, financial pressures as well as calls for a return to fiscal austerity are likely to grow. In the aftermath of past crises and economic downturns, austerity measures have proven to impact women and the care economy particularly negatively.

Care regimes and institutional arrangements regarding care work differ greatly within the ECE region. These arrangements predate the current emergency situation but shape the crisis response. There is significant path dependency and reliance on pre-existing institutional structures during the pandemic response. In addition, care work remains often overlooked or undervalued in economic and social policy making – a fact that was already highlighted before the pandemic but has influenced recent decision making as well as the mapping itself (Oxfam International 2020a). Measures affecting the care economy were not always adequately documented. Additionally, interventions with direct relevance for the care economy sometimes lag behind in larger decision-making processes.

Despite the challenges, a process of intra-regional mutual learning on best practices and innovative approaches is promising. Thereby, individual measures and initiatives can progressively advance toward including the care economy in efforts to ‘build back better’ after the pandemic.

3. COVID-19 responses with impacts on the care economy

The care economy has been, and continues to be, the backbone of the pandemic response. From hospitals to long-term care and social work, one could hardly imagine a response to the pandemic without paid care workers (World Health Organization 2019). Yet, care work during the pandemic has not only happened within the healthcare system. Care work includes care for persons with disabilities and chronic diseases, assistance to elderly persons, family assistance, and family therapy. In addition to these examples of paid care work, the response to the pandemic has also highlighted the importance of unpaid care work for children and other family members.⁴

To a very large extent, care work is done by women. All paid care activities are highly feminized throughout the ECE region, and in ECE countries for which data is available, women have very high or medium to high levels of employment in the care sector (International Labour Organization 2018).⁵

3.1. Job protection, especially in the care sector

Women account for a large proportion of workers in frontline occupations during this pandemic, especially in the health and social care sectors which are at the heart of paid care work. Women’s workloads in these sectors have increased significantly during the pandemic response, while workloads in other sectors of the economy have been reduced, mainly as a consequence of lockdowns implemented in most countries in the ECE region.

Low-paid, part-time, young, and ethnic minority workers are most vulnerable to the consequences of the pandemic. Non-standard workers are also among the most economically affected as they work in sectors hardest hit by the crisis (tourism, hospitality, construction, and retail) (OECD 2020b).

The International Labour Organization (ILO) estimated that during the first quarter of 2020 an equivalent of 130 million full-time jobs have been lost as a consequence of the pandemic and associated policy responses. During this quarter, Europe and Central Asia experienced a reduction in employment hours 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.

⁴ Country-specific information included in this document was gathered in an extensive mapping table based on information published by multiple international and national sources. Where no specific other reference is given, the mapping table is the relevant secondary source.

⁵ Note that the ILO report includes data on care workers in education, health, domestic workers (employed by households) and non-care workers in care sectors (ILO page 194)

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).⁶

Short-term work schemes, wage guarantee funds, or similar job retention schemes have been implemented in many ECE countries. These measures support enterprises that cannot cover their regular wage costs because of pandemic-related declines in demand, or because production and sale facilities had to close temporarily during lockdowns. Short-term work schemes ensure that the working time of employees can be reduced, but that the employees are not laid off. Public funds are used to cover (part of) the difference between an employee's regular salary and the reduced-hours salary, as well as, in most cases, social security contributions.

During the COVID-19 pandemic, short-term work schemes have been used 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 (UK) (ETUC European Trade Union Congress 2020). Typically, short-term work schemes, or crisis-related wage subsidy schemes, existed prior to the pandemic, but they were expanded temporarily in 2020 (Austria, Belgium, Germany, Denmark, Spain, France, Ireland, Netherlands, Norway, Poland, Portugal, Romania, Sweden). Some countries have newly introduced short-term work/ wage subsidies in response to COVID-19 (Slovenia, UK) (OECD 2020c).

Azerbaijan has introduced legislative measures aimed at employers to prevent unjustified dismissals and layoffs of employees in the private sector. A program was developed to compensate entrepreneurs and their employees for the damage caused by the pandemic and the lockdown.⁷

In **Kyrgyzstan**⁸, 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 2020).

Disaggregated data is limited on the relative distribution of short-term work funds between sectors and sizes of enterprises. Even where data is available, it may be too imprecise for specific assessments of the situation in care professions as these tend to be subsumed under the service sector. Data from Germany for example shows that 92 per cent of enterprises benefitting from short-term work benefits were in hospitality, 44 per cent in the metal, electro and steel industry, and 43 per cent in services and private households, followed by 38 per cent in trade and automobile services, as well as 38 per cent in other services (Schäfer 2020, updated 2020). There is no further disaggregation as to the beneficiaries within the category of services.

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).

⁶ Losses 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. 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 2020b).

⁷ <https://data.undp.org/gendetracker/>

⁸ <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-rasprostraneniem-koronavirusnoy-infektsii-covid-19>

A few countries have introduced specific subsidies to protect the employment of childcare workers, so that services could resume immediately once the social isolation measures ended.

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% 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 **UK**, 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% 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).

3.2. Economic stimulus actions in targeted sectors and enterprises

Several countries have developed specific stimulus actions or credit packages for selected sectors of the economy. Targeted sectors typically include some with particularly high rates of women's employment, such as tourism and hospitality. Subsidies specifically addressed at care enterprises have not been common among the efforts to alleviate the economic consequences of the anti-COVID-19 measures. Yet, enterprises providing care services have been included in targeted sectors. These included private childcare institutions and after school programs, service providers of various kinds (e.g. home care services), social services, family therapy providers, etc.

Care enterprises, including those owned by women, were able to benefit from a range of measures introduced in numerous countries to support those economic sectors affected by the pandemic and lockdown measures. Both at the level of enterprises and at the level of self-employed care workers, disaggregated data will be necessary to detect gender and care-related gaps in the take-up of pandemic-related benefits. Care enterprises are typically not a separate category in statistics but are rather integrated into the broader category of services. Therefore, available data do not specify the number of care enterprises among the beneficiaries and the volume of support received.

In **Armenia**, preschools and childcare service providers were explicitly included in the government-sponsored emergency business support program.⁹

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 **US** (OECD 2020c; UNDP 2020).

Subsidies were used in **Italy** to support private spending for childcare, in the interest of care enterprises. Under the *Cura Italia* program, a childcare voucher of up to 600 euros was made available for private-sector workers with children below the age of 12 who decided not to take parental leave (Gentilini et al. 2020).

As part of the economic measures taken against the COVID-19 crisis in **Turkey**, on April 1st, the Ministry of Environment and Urban Planning postponed the collection of rent from public properties for a duration of six months. On the same day, the Central Bank announced a rediscount credit worth 60 billion Turkish lira targeting goods and services importers to increase their access to finances and to support employment. On April 8th, the Ministry of Treasury and Finance announced that salaries of those who take unpaid leave will continue to be paid under a support package targeting SMEs (UN Women Turkey 2020).

⁹ https://covid19.gov.am/en/business_and_coronavirus (action 3).

Some stimulus packages also included specific program lines focused on small enterprises or microenterprises, including dedicated credit lines.

In **Bulgaria**, a program of liquidity support was developed for small and medium-sized enterprises (SMEs) operating in various sectors, including those most affected by the crisis, such as tourism, transport, wholesale, and retail trade¹⁰.

In **Georgia**, a credit guarantee scheme of 330 million Georgian lari has helped businesses cope with the pandemic. Moreover, an interest subsidy at a total cost of 70 million lari was issued to help hotels meet their banking obligations and to co-finance up to 80 per cent of the annual interest rate on loans issued to family-owned, small and medium-sized hotels.¹¹

In **Tajikistan**, women entrepreneurs have been prioritized as recipients for credits with preferential conditions through the Fund for State Support to Entrepreneurship. The loans will be accessible to businesses involved in the production of food and medical goods.¹²

Self-employed care providers

Self-employed workers, including self-employed care providers, were heavily affected by the economic consequences of the pandemic response. Social distancing measures introduced to slow the spread of the virus curtailed possibilities for care providers to deliver their services, in particular for home care workers, domestic workers, and those whose workplaces are private households. To address the precarious situation of many self-employed workers, numerous countries have included the self-employed in new or expanded schemes for employment protection and wage subsidies. Extending coverage to the self-employed can be a very important modification that allows self-employed women to access support mechanisms. In the UK, for example, the government announced coverage for 80 per cent of the earnings of the self-employed, up to a cap of 2,500 pounds per month. This applied for three months (from June 2020) to all self-employed workers who were earning up to 50,000 pounds per year (ETUC European Trade Union Congress 2020).

While the available data is typically not disaggregated by sex of the enterprise owner, it is fair to assume that the inclusion of the self-employed into COVID-19 response packages benefits a significant number of women entrepreneurs, since small-scale childcare institutions, home care providers, and domestic workers are very often self-employed women. With respect to the care economy, the inclusion of the self-employed, and of small and micro enterprises, could be important. Support for the self-employed could also be relevant for numerous other service professions which include large numbers of self-employed women.¹³

In **Ukraine**, entrepreneurs who work independently were offered a temporary exemption from social security contributions in March and April, while fines for incomplete contributions and reporting were suspended.

In **Tajikistan**, a large number of self-employed women have benefited from tax measures targeted at individuals working on markets, in shopping centers and service centers (among them hairdressers, beauty salons, fashion stores and sewing shops). They have been exempted from paying taxes from 1.5. until 1.8.2020.¹⁴

Domestic work is an important sector of care work in the ECE region, especially in Southern Europe. It is often provided by self-employed women who are at the margins of, or even outside, the formal labour market. Domestic workers are often migrant workers from within the ECE region, yet self-employed foreign citizens are not always included in benefit schemes for the self-employed. This has led to the exclusion of many self-employed

¹⁰ <https://oecd.github.io/OECD-covid-action-map/>

¹¹ https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19?fbclid=IwAR1kw-bhrbuPvscPSB0swdCjkX3K5losZQUZko_wuhP7lcLkYY2U9sZt-M#G

¹² <http://www.president.tj/ru/node/23055>

¹³ U.S. Bureau of Labor Statistics reports that about 6 percent of personal care aides were self-employed in 2012 (Carranza 2020.).

¹⁴ <http://www.president.tj/ru/node/23055>

migrant domestic workers from pandemic-related support schemes within the region. However, a few measures were specifically addressed at domestic workers with employment contracts, such as within France's wage subsidy scheme.

In **Italy**, by decree on May 19th, a lump sum of 500 euros was paid to domestic workers who did not receive their salary for the months of April and May. The payment of social contributions for domestic workers was postponed to June. In addition, Italy facilitated the regularization of undeclared immigrants working in agriculture, as well as personal and domestic help.

In **Spain**, a temporary extraordinary unemployment benefit was established in March 2020, covering domestic employees in the event of lack of activity, reduction of hours worked, or termination of contract. The amount of the subsidy is 70 per cent of the social security 'regulatory base' with a maximum of 950 euros.¹⁵

3.3. Fiscal and tax policies

Fiscal policies and tax measures have been among the most widespread interventions in response to the COVID-19 pandemic. All countries in the ECE region have adopted some form of tax adjustments or tax moratoria for affected enterprises. While tax measures have provided fast relief for many individuals and households affected by the negative consequences of the pandemic response, they pose a yet unknown risk for the recovery: A reduction in tax revenue will limit the fiscal space for necessary investments, for example into the care economy, after the pandemic.

Other moratoria included those on the payment of social security contributions or, alternatively, state subsidies to pay social security contributions.

In **Kazakhstan**, SMEs are exempt from personal income tax and social payments (social tax and insurance) for six months (from April through September 2020). Sectors include, but are not limited to, tourism, transport, information technology (IT), consulting, private education, and private healthcare.¹⁶

In the **Russian Federation**, enterprises from ten heavily affected sectors (including tourism, hospitality, and education) were granted the right to postpone all tax payments.¹⁷

In **Serbia**, the payment of payroll taxes and contributions will be deferred during the period of the state of emergency, while the payment of corporate income tax for the second quarter will also be delayed.¹⁸

In **Tajikistan**, for the months of May to August 2020, enterprises were allowed to postpone the payment of social security contributions.¹⁹

On the basis of available data, it is impossible to assess the extent to which care enterprises have benefited from tax policies. However, since previous research has documented the specific vulnerabilities of women-owned enterprises, and the fact that women-owned enterprises are often SMEs, including enterprises offering care and personal services, it is likely that they benefited from measures addressed at these types of private enterprises.

The long-term consequences of these measures with respect to public revenue, but also with respect to social security entitlements, will have to be monitored. There is a risk that pandemic-related tax measures may increase the gender gap in pension entitlements throughout the ECE region.

¹⁵ <https://oecd.github.io/OECD-covid-action-map/>

¹⁶ <https://home.kpmg/xx/en/home/insights/2020/04/kazakhstan-government-and-institution-measures-in-response-to-covid.html>

¹⁷ <https://стопкоронавирус.рф/what-to-do/business/nalogovie-kanikuly.html>

¹⁸ <https://oecd.github.io/OECD-covid-action-map/>

¹⁹ <http://www.president.tj/ru/node/23055>

3.4. Income protection for care workers

Throughout the region, there have been numerous measures of income support to affected households, including cash transfers or the extension of unemployment benefits. Typically, income support has been handled within the social protection systems.

In **Albania**, recipients of the flagship cash-transfer programme (Ndihma Ekonomike) will receive double their usual benefit. Parents of two or more children were eligible, and in such households, mothers were primary recipients. Other eligible groups included survivors of trafficking and domestic violence (UNDP 2020).

In **Armenia**, support for socially disadvantaged families (households entitled to family and social benefits) was offered in the form of a one-time assistance payment at the rate of 50% of the amount of the social benefit, of which 70 per cent was provided in cash along with the benefit for April and 30 per cent was available as a payment for the energy consumed.²⁰

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

Rarely, measures have targeted women specifically, or offered cash for care, for example, for parents (UNDP 2020). Existing examples targeted specifically women-headed households, either via cash benefits, or with in-kind support such as food baskets or hygiene packages. In other cases, support for households in need was allocated on the basis of income-tests or family size, or age of children.

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

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

3.5. Measures focusing on pay and working conditions of care workers

Investment in the care sector, particularly in healthcare, has increased by necessity in the ECE region. At the time of this mapping (in the fall of 2020) not enough data was available to assess the overall increase in public investment in the health sector, nor the relative distribution of the spending increases between the numerous purposes, including equipment (such as intensive care equipment and personal protective equipment), testing capacities, and salaries of medical staff.

Most countries implemented short-term interventions addressed at the working conditions of front-line care workers during the pandemic. These included the provisioning of personal protective equipment, a major shortfall at the beginning of the pandemic, as well as interventions focusing on occupational illness and accidents at work insurance.

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 2020b).

²⁰ <https://www.gov.am/en/covid-19-cragrer./> (action 13)

There was a lot of public attention and support for care workers in the frontline against the pandemic during the early phase of the pandemic. However, their working conditions came under severe pressure, when hospitals faced large numbers of patients with COVID-19. Short-term reactions included, for example, the lifting of legal regulations of working conditions or the cancelling of holiday entitlements of care workers, as well as the lifting of overtime restrictions and other working time regulations.

Several countries have regulated one-time bonus payments for healthcare workers, although in some cases these are only for workers dealing with COVID-19 patients. In a few countries, bonus payments included long-term care workers as well.

In **Ukraine**, a top-up of 300 per cent of their salary was paid to medical personnel working with COVID-19 patients (personal income tax was withheld but the state compensated the amount of the tax in full for the top-up).²¹

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

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

In the **Republic of Moldova**, a one-time cash assistance of approximately 600 US dollars was paid to healthcare workers who work directly work with patients who are infected with the COVID-19 virus.²²

In **North Macedonia**, doctors and medical staff of infectious disease clinics and departments, and all members of emergency medical teams, received a 20 per cent salary increase for May and June 2020 via a home payment card.²³

Wage increases in the care sector have been implemented in a few countries. Most of the increases that were reported so far apply to selected groups of workers in the health sector only, namely for the public sector. There is limited information on wage setting in the private care sector to date.

In **Serbia**, a 10 per cent wage increase for public sector healthcare employees was implemented with the first response package.²⁴

In **Georgia**, a pay raise for teachers and medical personnel in mountainous regions was included in the response packages to the pandemic.²⁵

While the work-related pressures for healthcare personnel intensified during the response to the pandemic, numerous countries faced significant challenges due to inadequate numbers of qualified professionals. Therefore, working time restrictions for healthcare personnel were lifted, allowing for more overtime and greater flexibility in the employment of health workers through temporary employment agencies. Also, annual leaves have been cancelled or postponed, sometimes indefinitely.

Overall, there has been greater policy attention in the COVID-19 response packages to the healthcare sector than to other paid care work, e.g. elder care, long-term care, childcare, or social work. Only a few countries have implemented measures specifically addressed at areas of care work that are not directly healthcare related (see box for the example of Spain).

²¹ <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#U>

²² OECD 2020a.

²³ <https://oecd.github.io/OECD-covid-action-map/>

²⁴ https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19?fbclid=IwAR1kw-bhrbuPvsfcPSB0swdCjkX3K5losZQUZko_wuhP7IcLkYY2U9sZt-M#S

²⁵ https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19?fbclid=IwAR1kw-bhrbuPvsfcPSB0swdCjkX3K5losZQUZko_wuhP7IcLkYY2U9sZt-M#G

In **Spain**, the government announced in March 2020 that local authorities would be granted additional flexibility to use their 2019 budgetary surplus to fund social services and primary assistance to dependent persons (300 million euros).

In addition, other care measures were designed, such as 600 million euros appointed for funding social services programs, including home care services and distance caregiving for dependents, both the elderly and people with disability; support and care services for homeless people; minimum income schemes; caregiver assistance for families (especially for single-parent families); engagement of social workers; health prevention; and other relevant social services. Additional budgetary funds of 300 million euros were designated to ensure the provision of assistance to dependent persons.²⁶

3.6. Addressing unpaid care work, work-family reconciliation and co-responsibility for care

The COVID-19 crisis has increased the volume of unpaid care work. Because of school and daycare closures, many women and men have had to increase the number of hours they devote to unpaid care work. Public services for the elderly and people with disabilities have also closed, and many domestic workers have been unable to work because of social distancing regulations. The need to look after family members infected by COVID-19, and those recovering from the illness, has further added to the load of unpaid care work (International Labour Organization 2020b). Available data show that during the lockdowns, the amount of unpaid work of women has increased significantly, especially in the care and education of children (IPSOS). However, the amount of unpaid work done by men has increased to a lesser extent.

Policies for paid family leave and benefits, as well as paid sick leave for care responsibilities, are crucial support mechanisms in pandemic responses. These policies should include benefits for self-employed workers, childcare for essential workers, and measures addressing long-term care.

Parental leave and benefits

In most ECE member states, schools and childcare institutions were at least partially closed during the most worrying time of the pandemic. Due to these closures, many parents were faced with a sudden need to care for their children while still completing their work requirements. 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.

In a number of countries, some schools and childcare facilities remained open throughout the lockdown period, offering reduced services mainly for children of essential service workers. In some cases, children of private sector workers were also attended, under exceptional circumstances, as well as socially vulnerable children.

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 **UK**. 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 2020).

Women with small children have been most negatively affected by the closures of childcare institutions and the stay-at-home orders. Their support infrastructure vanished due to the weakness or absence of care institutions (Huebener et al. 2020). Due to heavy caregiving burdens many women have left the labour market, temporarily or permanently, during the pandemic.

²⁶ <https://oecd.github.io/OECD-covid-action-map/>

For others, the existence, or expansion, of family leave and benefits were a necessary condition to remain in employment.²⁷ Already before the pandemic and related school closures, parental leave and benefits were often emphasized as central preconditions to enable working parents, de-facto most often women, to combine paid employment with parental responsibilities (International Labour Organization 2011). The pandemic has often reinforced the unequal division of care responsibilities between women and men, with women taking on a much larger share of care responsibilities and related parental leave.

Among the ECE member states, it was mostly the countries with pre-existing parental leave schemes and benefits in Western and Central Eastern Europe that modified or extended leave and benefit schemes for parents (see Table 2). A limited number of ECE member states 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.

Table 2. Childcare leave provisions available to parents during the COVID-19 pandemic²⁸

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, UK, US
New childcare leave provisions introduced	<ul style="list-style-type: none"> - Belgium (part-time), Cyprus, Greece, Luxembourg, Malta, Romania, Spain, Sweden, Switzerland, UK, US, Uzbekistan
Extension of maternity leave (based on pre-existing schemes)	<ul style="list-style-type: none"> - Hungary, North Macedonia, Kazakhstan
Extension of paternity leave (based on pre-existing schemes)	<ul style="list-style-type: none"> - North Macedonia
Prolongation of parental leave for parents currently on leave	<ul style="list-style-type: none"> - Hungary, Latvia
Extension of sick-child leave (extension of pre-existing schemes to include child quarantine and hospitalization)	<ul style="list-style-type: none"> - Finland, Poland, Portugal (including grandchild), Slovakia, Uzbekistan
Leave for other care responsibilities (other family members)	<ul style="list-style-type: none"> - Czech Republic, Turkey (unpaid, but social assistance at lowest level of unemployment benefit)
Subsidies for employers / employees who are absent for childcare reasons	<ul style="list-style-type: none"> - Subsidy for employees: Montenegro, Slovakia - Subsidy for employers: Austria, Croatia, Portugal, Slovenia

There were also differences with respect to the type and level of benefits, if any (see Table 3). The range of variation.

Table 3 Types of childcare benefits available during COVID-19 pandemic²⁹

Partial income replacement	Portugal (2/3 of previous wage)
Benefit linked to the legal minimum wage	Montenegro (70% of the minimum wage),
Flat-rate daily benefit	Czech Republic (for both self-employed and employed).
Flat-rate monthly benefit	Turkey (lowest level of unemployment benefit)

²⁷ An all-encompassing mapping would have to assess parental leave policies before the pandemic, and to trace changes that occurred in response to the pandemic. In the context of the current work, only the changes are taken into consideration.

²⁸ Source: UNDP 2020; OECD 2020c.

²⁹Source: UNDP 2020; OECD 2020c.

In a few countries, regulations cover parents of children 12 years and under, in others, the cut-off is 14 years of age (see Annex). Some ECE countries regulated the prorogation of expiring benefits or leave during the lockdown period.

In **Poland**, the existing family care leave entitlement was extended. Insured parents with children up to age eight affected by closures of nurseries and schools were entitled to an exceptional 28-day family care leave (14 days per parent). If both parents of the child were working, the leave could be shared but only one parent could use the leave at any one time. The allowance was funded by public social insurance. This entitlement was in addition to the existing 60-day family care leave already provided in Poland. Even if the employer pays the benefit (if required to do so), the amounts paid are settled by the National Social Insurance Institution, meaning that the benefits are not charged to the employers' fund (OECD 2020c).

Hungary offered an automatic extension of maternity and family benefits that expired during the lockdown period (OECD 2020c).

In **Italy**, from March 5, employees and self-employed (the latter only if their pension scheme is managed by the National Security Institute) with children aged under 12 (or disabled of any age) have been entitled to 30 days paid leave, paid at 50% of earnings/self-employment income (social contributions fully covered). Parents with children ages 12-16 can take unpaid leave (OECD 2020c).

The newly introduced temporary leave scheme for parents in **Turkey** is unpaid. It allows parents to stay home if childcare institutions and schools are closed. De-facto, the leave applies mostly to women. Employers are prohibited from firing workers during the period of validity of the law (OECD 2020c).

Other schemes for employees with unpaid care responsibilities

A few countries have developed measures that specifically address the situation of pregnant women during the pandemic.

In Armenia, a one-time benefit was made available, under certain conditions, for pregnant women and single pregnant women (women not in a registered marriage, and those who are divorced or whose spouses are deceased). Conditions included that they had no paid employment as of March 30, 2020, and they were facing social difficulties caused by the challenges in the labour market as a result of the COVID-19 outbreak. In Hungary, all maternity leave benefits were prolonged until the end of the state of emergency. In Kazakhstan, mothers who cannot return to work due to the COVID-19 crisis after one-year maternity leave can remain at home with their children and receive the social subsidy.

In addition to caring for one's own child, many workers with family responsibilities also care for elderly relatives or other persons in need. Explicit policy measures catering to people with these types of caring responsibilities are still rare among the COVID-19 response policies in the ECE region (see Table 2).

Measures to support long-term care as part of the pandemic response and recovery remain to be further explored, not least because long-term care will become more important in the future given the need for rehabilitation of COVID patients. Also, given the reported increase in intimate partner violence that has been reported as a consequence of the measures to contain the pandemic, care for survivors will require increased attention in the post-pandemic recovery.

Provisions to support working from home

Many governments have called on employees to work from home as much as possible to slow the spread of the SARS-COV2 virus. Working from home, where possible, was also a necessity for parents faced with the closure of childcare institutions and schools. Together with parental benefits, the conditions for working from home turned out to be crucial for women's ability to remain economically active during the pandemic.

Prior to the year 2020, measures to facilitate working from home were rare, but demand has increased massively with the pandemic. It has been supported widely by governments in ECE member states. In several countries, the regulations on working from home, such as occupational safety and health standards regarding ergonomic conditions for the workplace, have been relaxed. In some cases, support mechanisms or dedicated tax

measures were introduced to cover expenses incurred with the increase in working from home, like technical equipment.

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.³⁰

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 2020).

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**. Employers can grant a tax and social security-free expense allowance to their teleworking employees (170 euros per month) to cover telework-related costs that workers might face (e.g. desk, office materials).³¹

In **Ukraine**, the Business Support Law (which entered into force on April 2, 2020) introduced a provision allowing for remote work and flexible working hours.³²

Benefits for parents caring for a sick or quarantined child

'Sick-child benefits' for caretakers during their absence from the workplace because of the illness of their dependent family members are important not only from the perspective of care and income, but also from the perspective of public health. If parents cannot afford to stay home with a sick child (or another family member in need of care), and therefore do not respect the necessary isolation period (quarantine for those without symptoms), they and their children may contribute to the further spread of the pandemic.

With growing COVID-19 infections during the second half of 2020, especially under conditions of reopened economies and educational institutions, there is a growing risk that a person with care responsibilities will have to care for a sick child in quarantine, or will have to deal with the fact that a child is placed in isolation because it has come into contact with an infected person. This raises new issues of work-family reconciliation and income replacement policies when continuation of work is impossible for caretaker parents.

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 was typically not the case for a healthy child placed in quarantine. Indeed, the fact that sick pay and parental leave during isolation / quarantine was frequently not covered in rules and regulations addressing parents' absence from the workplace has become obvious only with COVID-19. Consequently, a number of countries have modified entitlement criteria for "sick" child leave and pay to account for needs arising with the pandemic. Notably, Portugal has included grandparents among the beneficiaries, which acknowledges the caregiving realities of multi-generational families such as are common in some parts of the ECE region.

³⁰ <https://www.sobyanin.ru/koronavirus-rabota-iz-doma>

³¹ <https://www.info-coronavirus.be/en>

³² <https://www.lexology.com/library/detail.aspx?g=65ec58c2-84b9-4718-a629-8c16748db7c3>

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

In **Portugal**, parents can take an equivalent of 14 days sick leave if they have to self-isolate or isolate their children or grandchildren as a prophylactic measure. They receive 100 per cent remuneration for care of children, 65 per cent of earnings for care of grandchildren.

In **Ireland**, if an employer is not continuing to pay an employee who is out of work because of COVID-related care responsibilities, the person may qualify for the COVID-19 Pandemic Unemployment Payment instead.

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

In the available databases and individual ECE member states' reports, no information is available about any policy initiatives or campaigns emphasizing a redistribution of unpaid care work between women and men. 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 and the gender gap in unpaid and domestic work has at best narrowed marginally if men's working time was reduced due to COVID-19 (Bundesinstitut für Bevölkerungsforschung 2020). Most other countries where data is available did not report a trend of a closing of the gender gap (Oxfam International 2020b; UN Women Turkey 2020; UN Women Ukraine 2020; UN Women Moldova 2020). Given these realities of a continued unequal division of care work and the burden carried by women, the absence of policy attention to the promotion of co-responsibility is striking.

4. Conclusion: Response and recovery policies affecting the care economy

The COVID-19 pandemic is accentuating existing fault lines in societies, including gender inequalities and crises of care. A basic tenet of feminist economics has become very visible: Care is a foundation of the economy. It is also a "backbone to the pandemic response" (UN Women 2020a). Acknowledgement of the interdependency of unpaid care work, paid work, and paid care work is necessary for women's economic empowerment. The importance of this triad has become especially visible during the pandemic. Its reconfiguration and strengthening through a stronger consideration for care overall must be a central element of post-pandemic recovery responses. Incorporating care is at the heart of a "transformative recovery", leading to a "better post-COVID-19 world by addressing underlying fragilities and identifying opportunities for transformative change towards more just, equal and resilient societies and economies" (United Nations 2020).

While the situation is still unfolding with respect to the pandemic itself, it is not too early to start a forward-looking conversation. How can the response to the pandemic, and the recovery policies that are being implemented, contribute to more sustainable economies that fundamentally integrate care and the objective of gender justice? Which good practices for care policies that promote a balanced sharing of care between the state, the market, and families can be exchanged between countries across the ECE region? Given the significant differences between countries in the region, in planning for the (post-)pandemic, it is crucial to ask specifically about effective care policies for gender equality in countries with limited fiscal space. How can care policies contribute to economic recovery? How can the voices and experiences of women who overwhelmingly carry unpaid and paid care responsibilities be reflected in the decision-making which affects the care economy?³³

The mapping of policies with respect to the care economy that have been implemented across the ECE region can facilitate governments' attempts to respond to these questions. The mapping has identified some promising practices, but also reveals challenges which require further innovation and exchange of experiences.

The need to address previously known weaknesses in the organization and provision of paid care work has, more than ever before, become obvious during the pandemic. Working conditions, payment, recruitment and

³³ The marginalization of women's voices and the expertise of gender equality bodies from pandemic-related decision-making has been well documented (UN Women 2020c).

retainment of qualified personnel are among the pressing concerns. Yet, emergency responses have very limited, if any, potential to address challenges that existed before the outbreak of COVID-19. The concerns have, however, increased with the pandemic, as has public attention. Plus, standards which have been lowered temporarily (e.g. overtime limitations) during the pandemic response, will have to be restored in order to not further aggravate preexisting deficits.

Public attention on paid care work will have to focus on care workers in a whole range of occupations, meaning not only healthcare workers, but also long-term care workers, social workers, therapists, home assistants, etc. The precarious situation of domestic workers (often migrant domestic workers) must also be brought from the margins of attention. As care chains within Europe have been disrupted during the pandemic response, policies addressing the situation of domestic workers will require new attention in the near future.

There are important challenges with respect to data availability on the care economy, for example with respect to the political and fiscal commitment required to put in place promising policies. Expanded and continued monitoring of policies and their impacts will be needed to stimulate mutual learning.

Strengthening public investments in the care economy can facilitate women's return to paid work and contribute to gender equality in the pandemic recovery. Moreover, support for care services will contribute to the overall process of economic recovery as well (Sultana and Ravanera 2020). Investment in the care economy also has a broader transformative potential with respect to the economy and society.

Differences between countries with respect to the fiscal space for public investment are obvious. Yet, the pandemic has brought attention to the strategic importance of care work, both paid and unpaid, for the wellbeing of families and communities, as well as for sustainable economic recovery and development. So far, resource-constrained countries in Central Asia, the Caucasus, Eastern Europe, and the Western Balkans, as well as some EU member states, have faced great challenges in the development of care policies. For the further development of care-friendly recovery packages, it will therefore be crucial to focus attention on the fiscal implications of care policies.

Studies conducted before the COVID-19 pandemic have shown that the fiscal prioritization of early childhood education and care, and the building of a social infrastructure of care, presents an enormous potential for decent job creation, particularly in the female-dominated occupations and sectors. Its potential for job creation can be greater than, for instance, investments in physical infrastructure/construction or cash transfers (Ilkharacan et al. 2015; Ilkharacan et al. 2019). As countries move into the recovery phase after COVID-19, it will be crucial to return to those arguments. Moreover, available evidence from previous crises clearly indicates the negative impacts for women's economic empowerment of post-crises austerity. Efforts to "build back better" after COVID 19 will have to heed these experiences.

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Annex

Changes to parental/care leave schemes

Andorra	Austria	Belgium	Cyprus	Czech Republic	Greece
<p>Employees with children below 14 years of age can take family leave. If both parents work, only one can take leave, or both alternating. (8)</p>	<p>Employees with childcare responsibilities (children under 14) can take up to 3 weeks of care leave on full pay (Sonderbetreuungszeit). Employer is reimbursed for one third of pay from federal government. (1) Leave can be taken in blocks. (1) Some schools and childcare facilities remained open during lockdown, with a skeleton staff, to look after children of essential service workers. (1)</p>	<p>Parents with children under 12 are entitled to request special part-time family leave for the period 1 May to 30 June, then extended to 31 August. Employers can reject the request. Paid by the federal social insurance program through a flat-rate benefit of EUR 352 per month. Workers who have to stay at home because a household member is infected can also get temporary unemployment benefits. (1)</p>	<p>COVID 19 Pandemic Act 2020 aiming at supporting employees responsible for the care of children up to 15 years of age and/or children with disabilities of all ages the "Child Care Special Leave" allowance is granted in accordance with certain terms and conditions. The Child Care Special Leave Allowance will be awarded to working parents who are responsible for the care of children up to 15 years of age and / or children with disabilities of any age and due to the nature of their work cannot work either by teleworking or working from home or with flexible working hours provided there is no in-house assistance. (3). (4)</p>	<p>Extension of the existing paid family leave program: Previously working parents with children under age 10 could take paid leave for up to 9 days at a time (16 days for single parents) in cases of unforeseen school closure. (2) This has been extended to cover the whole school closure period and expanded to parents with a child under age 13. Paid by public social insurance through a benefit set at 80% of earnings. This leave also extends to people who need to care for elderly or disabled relatives, if the facility designed for their care has closed. (1)</p>	<p>11 March: Measures during lockdown and school closure allow working parents who are not able to work due to childcare facility closures are entitled to 15 days paid special family leave. For every 4 days leave granted, one day must be taken from the employee's annual leave entitlement. The other 3-in-4 days are paid by a combination of the employer and the state. This applies only to families where both parents are in paid work. Only one parent may apply. Until the end of the school year, in agreement with their employer, working parents of school-age children can reduce their working hours up to 25% until the end of the school year while maintaining their wage. They have to agree with their employer to work these extra hours/days in different moments during the year. (1)</p>

Germany	Hungary	Italy	Latvia	Luxembourg	Netherlands
<p>March 2020: Working parents with children under age 12 who are not able to work due to school or childcare closures are entitled to a maximum of 10 weeks of paid leave (maximum of 20 weeks for single parents), paid at 67% of earnings up to the ceiling of EUR 2016 per month. For 6 weeks, the leave is paid by the employer who then claims compensation from the relevant state authority. In addition, parents are entitled to 10 days leave to care for a sick child per year at about 70% of the income, single parents are entitled to 20 days per child. The total entitlement per year, regardless of the number of children, is 25 days (50 days for single parents). In September 2020, the government added 5 days to the total (10 days for single parents). Employees are also entitled to a maximum of 20 days for other care responsibilities at about 90% of the net salary. Exceptions to the minimum of 15 hours working time per week are possible. In addition, the government has simplified the application process for the child supplement, a means-tested in-work benefit. (5)</p>	<p>Some parental benefits (GYES, GYED, GYET) that would expire during the state of emergency will be extended until the end of the state of emergency. (1)</p>	<p>EUR 0.5 billion to raise by 12 days the paid leave for disabled workers and workers caring for a disabled relative. Retrospectively from March 5, employees and self-employed (the latter only if their pension scheme is managed by the National Security Institute) with children aged under 12 (or disabled of any age) are entitled to either (a) 30 (extended from 15 by Decree May 19th) days paid leave, paid at 50% of earnings/self-employment income (social contributions fully covered); (b) EUR 1200 child-minder voucher (EUR 2000 for employees in the public or contracted health sector and police; both amounts increased by Decree May 19th). Self-employed enrolled in pension schemes not managed by the National Security Institute can access option (b). For children aged 12-16, employees can take an unpaid leave during school closure. Public employees (apart from the health sector and police/army/civil protection) can only access option (1), but for the entire period of school closure. Extension to paid family leave: Workers with care duties in respect of persons with disabilities and elderly/non-autonomous family members are entitled to up to 36 days paid leave across March-June (combined; extended to May-June by Decree May 19th) up from 3 days per month in normal circumstances, paid at 100% of earnings. Decree May 19th: If compatible with the job, employees in the private sector with children aged under 14 are entitled to teleworking (as long as the other partner is employed and does not benefit from employment/income assistance). Increased financing of the long-term care national funds (EUR 150 million) (1)</p>	<p>Entitlements to parental benefits that would expire during the state of emergency (typically, when the child reaches 1 or 1.5 years of age) will be extended until the end of the state of emergency for people who are unable to return to work. Benefits are capped at EUR 700 per month. (1)</p>	<p>Working parents with children under age 13, who have no other possible option for childcare, are entitled to take special paid leave for as long as schools and childcare facilities are closed. Parents taking leave receive continued payment of salaries by the employer (reimbursed by public social insurance). Parents are permitted to alternate their special leave. Self-employed workers can take family leave if affiliated to the Mutualité des Employeurs, the employers' mutual insurance scheme, as a self-employed person. A specific form has been drawn up for those parents who have to look after their child(ren) under 13 years old, so that they will be able to benefit from leave for family reasons. If necessary, parents may alternate taking leave for family reasons. If so, each parent must send in a separate form. (1)</p>	<p>April 21: Childcare fees for parents who continue paying for childcare during the lockdown will be compensated for the period from 16 March to 8 June (additional 158 million for period May 19-June 8). Parents who are not in essential jobs and who cannot organize the care or schooling for their children due to the school closures, and who are not able to work from home, are entitled to emergency leave or short-term care leave. The same applies for workers who must take care of relatives because they are sick or have been admitted to a hospital or summoned to quarantine. (1) The emergency leave is meant for short leave due to immediate private emergencies, because of unforeseen and special circumstances (with full pay), paid by the employer. The short-term care leave is available for a short period and its duration depends on the circumstances (with a maximum of 2 times the weekly working hours during 12 months). The employee can remain entitled to 70% of the normal salary, but additional rules can apply (e.g. pursuant to an employee handbook and/or collective labour agreements). If an employee wants/must stay at home longer than is permitted by law, the employer and employee will have to make agreements about this, including e.g. change the working time schedule or taking unpaid leave or holiday days.</p>

Norway	Poland	Portugal	San Marino	Slovakia	Turkey	United States
<p>Extension of the existing family care leave entitlement. For 2020, working parents with 1 or 2 children are entitled to 20 days paid family care leave (up from 10), and those with 3 or more children to 30 days (up from 15). Single parents have the right to 40/60 days per year in 2020. Paid at 100% of earnings. The first 3 days are paid by the employer, and the remainder by public social insurance. Available to both employees and the self-employed, although a 3-day waiting period applies for self-employed claimants. (1)</p>	<p>Extension to the existing family care leave entitlement. Insured parents with children up to age 8 affected by closures of nurseries and schools are entitled to an exceptional 28-day family care leave (14 days per parent). If both parents of the child work, the leave can be shared but only one parent may use the leave at any one time. The allowance is funded by public social insurance. This entitlement is in addition to the existing 60-day family care leave already provided. Where employer pays the benefit (if required to do so), the amounts paid are settled by the National Social Insurance Institution, meaning that the benefits are not charged to the employers' fund. (1)</p>	<p>The equivalent of 14 days sick leave for workers who have to self-isolate or isolate their children or grandchildren, as a prophylactic measure with 100% remuneration. Justified absences scheme for families. Parents with children under age 12 who are not able to work due to school or childcare closures are entitled to paid leave, paid at two-thirds of earnings up to a ceiling, paid in equal parts by the employer and social insurance. Self-employed workers in similar circumstances receive an allowance worth one-third of their usual earnings. Workers caring for a child (or grandchild) in quarantine are entitled to up to 14 days paid leave, paid by public social insurance at 100% of earnings for a child, and 65% of earnings for a grandchild. (1)</p>	<p>150-hours of parental leave introduced; universal benefit of 580 Euro per family for the entire duration of the health emergency. If two adults live in the family, the benefit is 730 EUR, plus 50 EUR for each family member. (6)</p>	<p>Employees who cannot go to work because they have to take care of a sick family member or child during due to quarantine or isolation obligations cannot have their employment relationship terminated. Caregiving allowance is not reduced if person cared for is in the hospital, for a period extended from 30 to 150 days. Reform of the personal assistance allowance to allow family member to provide assistance. (1)</p>	<p>April 17: A new law legalized unpaid leave arrangements. A fixed allowance of TRY 1170 (170 USD, the floor of unemployment insurance compensation) is paid to workers on unpaid leave. Employers are prohibited from firing workers during the period of validity of the law (30 June 2020). On 29 June, the period of validity of the law has been extended for one month. On 17 July, the Parliament authorized the government to extend the validity of the unpaid leave arrangement legislated on 17 April until 30 July 2021. (1)</p>	<p>Under the Families First Coronavirus Response Act, parents with children under age 18 whose school/childcare facility has closed are entitled to up to 12 weeks paid family leave. The leave is paid at two-thirds of earnings, up to a limit of USD 200 per day and USD 12,000 over the duration. The entitlement covers employees of some public employers and most private employers with fewer than 500 employees. Some employers with fewer than 50 employees can ask for an exemption on business grounds. Workers taking leave are paid by their employers, who can then claim reimbursement from the state through a refundable tax credit. Equivalent credit amounts are available to self-employed individuals under similar circumstances. Workers in some states may have additional entitlements. (7)</p>

(1) <https://www.oecd.org/coronavirus/country-policy-tracker/>

(2) <https://data.undp.org/gendertracker/>

(3) <https://home.kpmg/xx/en/home/insights/2020/04/cyprus-government-and-institution-measures-in-response-to-covid.html>

(4) <https://www.pio.gov.cy/en/press-releases-article.html?id=12968#flat>

(5) <https://www.bmas.de/DE/Schwerpunkte/Informationen-Corona/Entschaedigung-Eltern/entschaedigung-eltern.html>

(6) <https://de.euronews.com/2020/04/27/vergessene-corona-holle-so-kampft-san-marino-gegen-das-coronavirus>

(7) <https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave>

(8) https://www.bopa.ad/bopa/032042/Documents/CGL20200331_10_31_33.pdf



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