Report on decent work for care workers and investment in care
Introduction

The coronavirus pandemic has exposed a shameful paradox. Now, more than ever, we depend on the essential services of the care economy; and yet now, more than ever before, health, education, child care, elder care, domestic work, mental health and disability support services the world over are on their knees. Decades of underinvestment caused by austerity measures, structural adjustment programmes, predatory privatisation and the outsourcing of services has created deep precarity in the world’s health and care infrastructure. Low wages, chronic understaffing, too few beds, too little personal protective equipment (PPE), violence and harassment on the job, a growing chasm between care needs and available services, and inadequate training and career development for workers are endemic. The lack of financial investment in the care sector has only increased the burden of unpaid care work; estimates vary but UN Women suggests\(^1\) that the economic value of unpaid care work amounts to 9 per cent of global GDP, equivalent to US$11 trillion.

Underpinning all of this is a deep-rooted undervaluing and lack of recognition of the vital importance of care work. It is considered lowly work, ‘women’s work’, requiring no formal skills, and devalued further still by the fact that racialised women and women with migrant backgrounds tend to be disproportionately represented in the sector. But anyone who has given or received care knows it requires the very highest level of skills. It requires attention to detail, stamina, good judgement, excellent problem-solving, and most important of all, empathy. It is “the work that makes all other work possible” and should be recognised as essential, not only to our personal well-being, but to our societies and economies.

Finally, we are seeing the green shoots of change. The devastation wrought by Covid-19 has exposed how unsustainable our health and care systems are. Governments and policymakers can no longer turn a blind eye to the urgent need for more jobs, more staff, more training, better health and safety protections, better pay and significantly increased investment. As a result, trade unions and civil society allies have a once in a lifetime opportunity to help shape the agenda when it comes to reimagining our concepts of care – how it is funded, how it is performed, and perhaps most importantly, how it is valued.

Between 19 and 20 April 2021, more than 60 trade union leaders, activists and members as from 34 countries, representing health care, social care, early childhood education (ECE), domestic work, home-based workers and other informal economy workers, held a virtual meeting to advance this crucial agenda. ‘Decent Work for Care Workers and Investments in Care’ was organised by the International Trade Union Confederation (ITUC) alongside UNI Global Union, Public Services International (PSI), Education International (EI), the International Domestic Workers Federation (IDWF) and WIEGO (Women in Informal Employment: Globalizing and Organizing). Funded by Germany’s Friedrich-Ebert-Stiftung, it provided a vital opportunity for members of the global labour movement to work with key civil society allies (including members of StreetNet and HomeNet International) to assess the progress made on their common care agenda for decent work and quality services\(^2\) as well as to share some of the successes achieved by trade unions and civil society in their attempts to secure decent work for health and care workers and meaningful investment in care over the course of the Covid-19 pandemic. Participants also identified areas for further joint action at the global, regional and national level, as well as exchanging ideas on how best to observe the Global Day of Action for Care\(^3\) which takes place on 29 October 2021, and how to make sure their demands are heard, now and in the future.

\(^1\)https://data.unwomen.org/sites/default/files/inline-files/Whose-time-to-care-brief_0.pdf
\(^2\)https://www.ituc-csi.org/invest-in-care
\(^3\)https://www.ituc-csi.org/global-day-of-action-investments
During the meeting, participants discussed the myriad ways in which their members in the health and care sectors have been impacted by the Covid-19 pandemic. The issues were depressingly commonplace. Job losses and/or loss of income was widespread, particularly amongst domestic workers and informal economy workers due to stringent lockdown measures. For those who managed to keep their jobs, health, care and domestic workers are experiencing long hours of work, with many of the participants relaying the exhaustion, increased stress and mental health issues experienced as a result. As Thandeka Ritta Msibi of the Democratic Nursing Organisation of South Africa (DENOSA) noted, health and care workers are undertaking their work at great personal risk, and often for no extra pay: “Healthcare workers in South Africa were working seven days a week at the height of the pandemic. They didn’t have any lunchbreaks, but the government didn’t even give them a risk allowance. If a soldier is deployed outside of the country, they are given a risk allowance. But when nurses and doctors are faced with ‘war’ – in this case, the war against the coronavirus – why are they not given anything?”

In Brazil, the situation is particularly dire, according to Célia Regina Costa, secretary general of CNTSS/CUT, a Brazilian trade union representing workers in the health and social care sectors: “Our government doesn’t believe in science. It took no care of the population, it didn’t buy vaccines on time, and now we are all suffering from the consequences. We are more than one million workers suffering. We are short of oxygen for intensive care Covid beds. There is a lack of drugs to intubate patients who need to be put on ventilators. The situation is even worse in the private sector. A high number of workers have died. We are living in total chaos.”

Lack of access to PPE and limited or uneven access to vaccines were amongst the other themes, as was the increase in incidents of gender-based violence and harassment on the job, including sexual harassment. This was a particular area of concern for domestic workers, especially migrant domestic workers who are stranded abroad and at the mercy of their employers.

Participants also spoke of the impact of the outsourcing of care work to private companies that employ care workers without the necessary qualifications and skills, or the use of student health and care workers, which disrupts their studies and requires extra supervision from qualified colleagues. Costa of CNTSS/CUT Brazil shared the following: “Governments have created more beds, but the
public sector is outsourcing the staffing to people who have no training. This has a direct impact on the quality of care that people receive. Some people have died because of the lack of trained staff.” Adriana Rosenvaig (Argentina) from UNI Global Union added: “You can open all the new hospitals that you want but if you don’t have trained staff, the system won’t work. Lack of staff and lack of appropriate training has been present in every discussion. There needs to be more investment in training.”

Informal economy workers have faced enormous challenges: as well as job losses and losses of income, they have struggled with access to basic essentials such as food or social protection. For those who have switched to teleworking, a lack of internet access, poor internet connection and a lack of equipment has been a huge issue, particularly for those in the early childhood and education sectors. And, whatever way you look at it, the pandemic has taken an enormous toll on women: the economic sectors with the largest share of female employment were hardest hit by job losses; women health and care workers, who are disproportionately represented in the care economy, were on the frontline of the Covid response, and as a result, have been most exposed to the virus; women also have to shoulder more of the burden of unpaid care work, whether it is looking after children, older relatives or family members with other care needs, or fetching water, fire wood or organising meals.

As soon as the pandemic hit, trade unions around the world sprang into action to protect workers, their families and their communities. Some trade unions, such as the Alliance of Concerned Teachers (ACT) in the Philippines and CFDT Santé Sociaux alongside other French unions, successfully campaigned for wage increases, while others have been fighting for better and more PPE. Social dialogue with governments augmented by strong campaigning has been crucial in securing the extension of government support to new categories of workers, particularly the most vulnerable, such as informal workers and domestic workers. The IDWF, for example, has been pushing for the regularisation of those with precarious migration status; in the US, this has resulted in IDWF affiliate the National Domestic Workers Alliance (NDWA) lobbying the Biden administration to ensure that the government’s US$400 billion jobs and infrastructure plan includes immigration reform and citizenship for more than 11 million undocumented people—including domestic workers—and investment in care. Meanwhile in South Africa and elsewhere, organisations have campaigned for government relief funds to be made available for those hardest hit by the pandemic, including risk or hazard pay, and pandemic leave for healthcare workers.

What have trade unions and allies been doing to help?

[Image of a group of people holding signs and banners]

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6 https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/31/fact-sheet-the-american-jobs-plan/
Some trade unions have been raising awareness amongst workers and lobbying their governments about the need to have Covid-19 recognised as an occupational disease, others have engaged in sensitising communities to the risks around the virus and how to stay safe, while others have been advocating for access to the Covid-19 vaccine for health, care and domestic workers, as well as free Covid tests. Lobbying and advocacy efforts by trade unions have resulted in the extension of the definition of ‘essential workers’ to include teachers (in countries like the Philippines and Zambia) and domestic workers (in France and Croatia, for example) so that they can be prioritised for vaccines. And while home care workers were initially excluded from PPE and vaccine prioritisations, unions in New Zealand, Poland and Canada fought for improved access.

Workers’ organisations in all regions mobilised to provide emergency relief supplies, from food to PPE to medical assistance and even accommodation. The Ghana Registered Nurses and Midwives Association, for example, helped its members secure temporary accommodation after healthcare workers found themselves ostracised in their communities due to fears about the virus. And in many Latin American countries, trade unions have been running soup kitchens and providing food parcels for those in need.

Despite the challenges, many unions have been able to transition to working online. The crisis has also provided trade unions with an opportunity to organise workers in especially vulnerable positions, as well as providing training, support and information on their rights. Miguel Zubieta, global president of UNICARE and general secretary of the Public Health Union of the Province of Buenos Aires (amongst other roles), shared the following: “Care workers live in a situation of precariousness and they need support so the first thing we did when the pandemic hit was develop a communication tool to share information. We tried to create structures so that we could develop strategies to help these workers at the provincial and local level. It is important to develop strong networks.”
Union achievements

- **PAY INCREASES:** Several trade unions managed to secure significant wage increases. For example, French unions secured a historic wage increase of €183 per month for all health workers in the public sector.

- **RELIEF FUNDS:** Some unions were also successful in lobbying their governments to secure relief funds for their members. In April 2020, the Ghanaian government announced a raft of measures following consultations with the unions, which resulted in tax exemptions for healthcare workers until December 2020 as well as an 8 per cent basic salary top-up, which is still in place.

- **EXTENSION OF SOCIAL PROTECTION:** Systems of basic social protection have been expanded to cover informal workers in 10 countries and have centred the needs of women. In Chile, for example, special legislation was created to recognise the work carried out by the women who take care of the children of healthcare workers. According to Gloria Flores of FENASSAP, one of Chile’s healthcare workers’ unions, the women were given special permission to move around during the lockdown and were also provided with a small income. “Before the pandemic their work was not considered important but now it is. This is a step forward and shows us how it is possible to create new support and new policies.”

- **BUILDING NETWORKS:** For trade unions, the pandemic has underscored the importance of building and growing networks. One example is the work that SENTRO Philippines has been doing to create networks for Filipina migrant domestic workers in destination countries, which they are planning to turn into an International Federation of Filipina Domestic Workers in the long term. As a result of SENTRO’s advocacy, domestic workers are now being included in minimum wage discussions. Another example is the launch of HomeNet International in February 2021. Despite the challenges of launching a new global organisation in the middle of a pandemic, the network will bring together various regional and national organisations to build on the work that begun with the 1996 ILO Homework Convention (C177), which 25 years on, still lacks widespread ratification.

- **BUILDING CAPACITY:** Unions are supporting efforts, not only to assist workers legally, financially and morally, but also to make sure that worker organisations are resilient and sustainable. As Elizabeth Tang, general secretary of the IDWF, said: “Organising and capacity building is the key to giving domestic workers the power to fight for decent work.” Over the course of the pandemic, the IDWF has provided financial support to various affiliates, but as IDWF executive member Gilda Blanco explained: “Providing money and food is a start, but it is not enough. Right now, we have a small group inside the IDWF that is working to make sure that the unions we assist are able to be sustainable and learn how to invest their money in the right things.”

- **INCREASED MEMBERSHIP:** A number of organisations (such has SENTRO in the Philippines, FATSA in Argentina and E tū in New Zealand) saw their membership increase over the course of the pandemic by making themselves indispensable to workers. SEWA in India has seen its membership soar from 1.6 million to 1.87 million over the last 18 months, thanks in part to previous digitisation efforts which made it much easier for member-leaders to organise in their communities and even offer services such as telemedicine appointments.

- **RECOGNITION OF COVID-19 AS AN OCCUPATIONAL DISEASE:** There were several successful union campaigns to have Covid-19 recognised as an occupational disease8, with some allowing affected health and care workers to claim compensation, such as Finland and the Philippines.
**Maryvonne Nicolle, International Secretary of CDFT-Santé Sociaux, France**

**Securing a historic pay rise for all health and social care workers**

“Since 2015, the slogan of the CFDT Santé-Sociaux federation has been ‘I am an Asset’. It is a pity, even cynical, to become aware of the needs of our sector at a time of a health crisis when austerity measures have been imposed for the past 10 years. We held a strike on 15 June 2020 demanding the allocation of a universal and egalitarian bonus linked to Covid for all employees in the sector without distinction; the recognition of Covid as an occupational disease; and the payment and/or recovery of overtime related to Covid-19. Following seven weeks of negotiations, worker mobilisations and media actions, we manage to secure an extra €183 net per month for just over a million employees and contract health, social and medico-social workers in the public hospital service. In addition, after years of chronic underinvestment, the unions also managed to secure a €7.5 billion annual budget to be distributed among the permanent and contractual employees of health establishments and EHPADs [residential care for seniors] in the public, voluntary and private sectors. The agreement also secures other wins, such as a higher category (now category B) for nursing assistants and childcare assistants, something that CFDT Santé-Sociaux has been demanding for 10 years, and a category upgrade for category C workers (hospital service agents) which results in a 15 per cent increase in their salary. It took a pandemic but our demands were finally met. For CFDT Santé-Sociaux, this is a first step towards to reconstruction of a health and social care system fit for the future, but it is an important victory.”

- **LEGAL ASSISTANCE:** Many trade unions increased their legal case work over the course of the pandemic to ensure that workers’ rights were being respected. Germany’s GEW education union provided its members with legal advice when people were forced to do short-time work for less pay or told to quarantine with no pay, for example.

- **RECOGNITION OF INFORMAL WORKERS:** trade unions and workers’ organisations helped secure a number of important victories for informal workers, particularly domestic workers. In Chile, domestic workers won the right to unemployment insurance during the pandemic, while in countries like the Dominican Republic, South Africa and the Philippines domestic workers were included in government relief programmes, thanks to the advocacy efforts of domestic worker unions.

- **IT SUPPORT:** Some organisations, such as ACT-Philippines and the IDWF, managed to procure IT support such as equipment, help with internet access and the coordination of online meetings to maximise communication with members. Elizabeth Tang, the general secretary of the IDWF, said: “Our organisers have received funding for their data and travel so that they can keep in contact with members; this has helped showcase what domestic worker unions do, how useful we are.”
Janhavi Dave, International Coordinator for HomeNet International, India

**The launch of a new global network**

“We launched HomeNet International via a virtual congress held between 23-24 February 2021. The aim of HomeNet International is to raise the visibility of home-based workers and gain recognition for their work. We also want to build solidarity amongst home-based worker organisations and use our global voice to influence governments and employers at all levels. We come from very different contexts – politically, socially, culturally – but our issues are similar. For example, one of the reasons why people get into home-based work is because of the unfair burden of care work. It is hidden and it is unpaid. Women take care of their children, the elderly and the sick; they cook, they clean, they fetch water. During the pandemic HomeNet South Asia did a study on the impact of Covid-19 on home-based workers across seven countries and found that the care responsibilities of home-based workers increased by something like 55 to 60 per cent during the pandemic while their paid work decreased totally. Now because of the pandemic, a lot of people finally understand the challenges that home-based workers face. Even though we are talking about two very different income brackets – HomeNet generally works with poor and low-income home-based workers, while the pandemic has created a lot of teleworkers, people working virtually online. But now that people have a better understanding of the challenges of working from home, this is a chance for us to really push the agenda forward for home-based workers.”

Caroline Heller, chair of the day care specialist group, GEW Baden-Württemberg, Germany

**Getting teachers vaccinated**

“The most important achievement of our union, the GEW (the Gewerkschaft Erziehung und Wissenschaft/ Education and Science Workers’ Union), was probably the prioritisation of teachers for the Covid-19 vaccination in February. As a result, a lot of teachers in all sectors of the educational system in Germany are vaccinated. Looking at the very different infection rates between teachers and students at the moment, I think this is what will help us most to keep schools open during the autumn and winter this year, and to keep teachers and students safe. The GEW also pushed for PPE from the very beginning. Primary school teachers were given free masks in February, then other areas of the education system followed. Free tests for students and teachers were offered at the same time and later free testing twice a week was established in schools; depending on the coronavirus infection rate, this is still obligatory. Masks in school are also obligatory for students which helps a lot with safety for everyone. However, the infection rate in the early childhood education and care sector is much higher than in schools.”
Trade unions and their civil society allies have taken various steps to advocate for increased investments in care and the reorganisation of the sector since Covid hit. One of the key demands has been getting governments, policymakers and employers to recognise access to health and care as a basic human right. As Carolina Espinosa of PSI said: “We need to underline the responsibility of states to provide care that is universal and transformative in order to build the basis of real equality.” This means organising to prevent the commodification and increased privatisation of care, increased funding throughout the sector and ensuring quality public care services through progressive tax systems. To this end, PSI has launched a global campaign to rebuild the social organisation of care around the 5Rs: Recognise (the value of care work and the human right to care); Reward (better pay, decent pensions, better working conditions and social protection); Reduce (the burden of unpaid care work on women); Redistribute (alter the sexual division of labour); and Reclaim (the state should be responsible for public care services).

In some countries, such as Thailand and Ghana, trade unions have been pushing for the expansion of health insurance towards universal health coverage, while others have been lobbying for the extension of social protection, labour rights and protections, especially for workers that are at risk of, or subjected to, the worst forms of precarity and dangerous work, such as migrant workers, domestic workers, street vendors and other informal economy workers.

In addition, StreetNet has been calling for access to publicly funded childcare for workers at risk. In some cases, unions are trying to set up or have already set up their own childcare facilities. SEWA India, for example, has been operating childcare cooperatives in urban and rural areas for several decades, paid for by employers, donors and worker contributions. Although the centres have been closed since the start of the pandemic, staff have been offering vital outreach services.

As well as campaigning for higher wages for all health, care and ECE staff, trade unions are engaging in social dialogue with governments to strengthen workers’ rights in the care sector – the right to organise, the right to collective bargaining and the right of assembly, especially for informal and migrant workers – as well as to increase recruitment levels and improve staff retention levels. Trade unions are also demanding increased investment in public health and care services.

With the care sector projected to be one of the biggest areas of green (low-carbon) jobs in the future, some trade unions have been lobbying governments to invest in climate-friendly jobs in care to recruit those who have lost employment during the pandemic. Trade unions are also seeking to expand the general understanding of what jobs constitute care work. As Jyoti Macwan, general secretary of SEWA, commented: “What is the role of the environment in the care economy? Our agriculture workers, who we have trained to work without harmful chemicals or pesticides, ask us: ‘Are we not care workers too’? Same with waste pickers, forest workers and water workers. If workers are taking care of the land or the environment, are they not also carers?”

Finally, trade unions are also highlighting the impact of increased unpaid care work, a responsibility borne disproportionately by women, over the course of the pandemic. “Patriarchal society likes to frame care as a kind of ‘help’ rather than an important type of ‘work’,” said Rosenvaig of UNI Global Union, who also echoed calls for more alliance-building between trade unions,
civil society, care recipients and the wider public. “We need to fight against fragmentation – we need to try and have a common vision. The human right to take care and to be taken care of is what we are fighting for. We don’t need clapping from the windows every evening. What we need are formal contracts and decent wages.”

Jyoti Macwan, Secretary-General of the Self-Employed Women’s Association (SEWA), India

The importance of childcare for informal workers

“Before Covid we used to run 11 childcare centres in urban areas and 35 centres in the rural areas looking after children from the ages of 0 to 6 years. Childcare is very important, especially for informal workers. If their children are safe, fed and cared for, they can go to work regularly, which helps with both work security and income security. We make sure that we provide childcare that fits the working hours of our members. We are there until the last mother picks her child up. Our centres are run by SEWA members that we trained to become teachers, which also creates opportunities. But the pandemic has changed everything. All of our centres have been closed for the duration of the pandemic which has really affected our members. If a woman has to go to work and there is no-one to take care of her child, what is she meant to do? And if our members cannot work, they cannot pay contributions to our centres, which is what sustains our services. We have been doing outreach work, cooking nutritious meals and taking them into the community. We have also been offering some limited activities to the children because you can’t just stop working towards their development. We have smaller groups that follow all the Covid-safety protocols and we take care of children in staggered groups for shorter amounts of time. But we are not sure when the centres will reopen, so for now, our focus is on getting all of our members and their children over 18 vaccinated.”
What next? To the Global Day of Action and beyond

Participants explored some of the methods and strategies they could use to make the upcoming Global Day of Action for Care as impactful as possible. Although the activities will be limited to being online, which poses a challenge to some members, ideas included webinars, social media actions and other online content on the topic of investing in care and decent work in the sector. There were also calls for greater advocacy amongst and sensitisation of members at the national level, as well as greater solidarity across national unions, civil society organisations and other allies.

But beyond 29 October, trade unions and allies have agreed on the need to speak with one voice to ensure that the economic and social value of care work, whether paid or unpaid, becomes the cornerstone of a more equal society. Decent pay and working conditions, including adequate staffing levels, equal pay for work of equal value, training opportunities and occupational health and safety must be guaranteed. The right to freedom of association and to collective bargaining for all care workers, whether in the formal or informal economy, is a key element, as is the investment in gender-responsive, quality public health and care. Universal social protection must be properly funded and available to all workers regardless of employment or migration status, race, disability, gender identity or sexual orientation, age or income level. Equity and non-discrimination in recruitment, retention, access to training and promotion opportunities is essential. And at the heart of it, governments, employers and workers must strive to centre the right that all people have to work and live with dignity.