The WHO Council on the Economics of Health for All

Insight from the WHO Council on the Economics of Health for All

Time-use data can clarify crucial inputs to Health for All

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» This Council Insight expands on the importance of time-use data referred to in the Council's Brief on "Valuing health for all"[1] and is an extended version of the related article published in Think Global Health.[2] «

– Professor Dame Marilyn Waring, Member, WHO Council on the Economics of Health for All

Introduction

Have you ever considered what the largest sector of the economy is?
Is it energy, armaments, financial services, transport? In fact, it is unpaid work – disproportionately done by women and disregarded in official statistics. Women are substantially more likely to work in sectors that were hardest hit by COVID-19 lockdowns, while school closures forced parents, and especially women, to take unpaid care work in diverse countries from Europe to Asia and the Pacific, and from Latin America to Africa.[3,4,5,6] Both men and women spent more time on unpaid activities because of COVID-19. However, for women the time spent on childcare alone increased in some cases by as much as 40.6% which can be attributed to the disproportionate negative effect of COVID-19 on female paid employment.[7]

However, it's not only unpaid household work that needs to be counted. Our calculations must include all activities that are important for human health and well-being, such as the unpaid work of safeguarding natural resources, food and agricultural production from smaller-scale activities. This also includes the work of logistics, management and administration of the household and its members that are collectively deemed to have "little or no value" according to national accounts.[8] In addition, unpaid volunteer and community work – often promoting biodiversity, community health and social cohesion – is ignored in a country's Gross Domestic Product (GDP) although it represents unpaid work contributions to Health for All.

The dominant paradigm of GDP was developed as a measurement of "how best to pay for the war". The pathological obsession with making policies for the unfettered expansion of GDP rewards the destruction of humans – highlighted by the inclusion of military spending (reaching US$ 2 trillion in 2020[9]) – while systematically underinvesting in the two key enablers of the global economy – unpaid work and our natural ecosystems and biodiversity.[10]

The nuances are important to note. To assist ongoing GDP growth associated with exploitation of ecosystems, US$ 1.8 trillion annually is being spent on subsidies that "are driving the destruction of nature and species extinction".[11] Breastfeeding is invisible as production, while infant formula producers access carbon credit subsidies and a range of tariffs and other protective measures in a product that pollutes, from the grazing animal to the unscrupulous marketing, then delivery via plastic, and diminishes women's and children's human rights to health, nutrition and economic equality.

As is a critical review of actions to remedy the situation. The calls from international institutions, including the United Nations, to "go beyond GDP" by valuing "natural capital", far from being a step forward represent a co-opted lack of imagination using a highly offensive term in places where ecosystems have legislated personhood.[a] The idea of abstract market values for "natural capital" is stuck in the GDP paradigm, emphasizing that most leaders of the world[b] seem incapable of making policy decisions unless there is only one indicator – the market price. When climate change and biodiversity loss are monitored well through their physical characteristics, giving granular details for policy choices, the United Nations wants to portray "the health of ecosystems" through the very market paradigm which invited their destruction. Indigenous peoples, whose work has sustained more than 80% of global biodiversity, did not need market equivalents to understand these values. Health for All does not need more market metrics.

Ecosystems are not the only major element of Health for All that needs attention. If we are serious about achieving health for all, we must use an alternative metric to account for who does the most work so that resource distribution can mirror this. Time-use data can become such a metric: this insight presents seven key points to make the case, including what can be done to value what matters for health for all.

[a] At the same time, the Sixth Meeting of the Beyond GDP sprint of the United Nations Network of Economic Statisticians on 31 May 2022 held a plenary discussion focusing on, among other things, time-use surveys and health-related concerns such as subsistence agriculture and the well-being of indigenous people.

[b] Leaders of Finland, Iceland, New Zealand, Scotland and Wales founded the Wellbeing Economy Governments partnership (WEGo) to recognize that development also entails delivering human and ecological wellbeing. See: https://weall.org/wego (accessed 16 July 2022).

1. Time use is an objective and universal indicator because all people have the same amount of time.

Rigorous time-use data can do this by providing information on all paid and unpaid activities that are essential for health and well-being across the life course. These data are also easily comparable across countries because they are decoupled from the purchasing power of currencies since everyone has the same 24 hours in a day and focuses on what matters at the local level. Time-use data can help people and policy-makers better understand the real contributions and work burdens of women, men and children in a country or community.

As a metric, time-use data can capture across the life course the degree of income and time poverty, gender imbalances in all unpaid production, and whether activities essential for health, nutrition, food security and overall well-being are taking place – and, if so, whether they are at a sufficient degree. This includes documenting how children and adults – including those in indigenous communities – contribute to food security and sustainable agriculture in a planet-friendly way.

Time-use data can also show the degree of time poverty in a country when there is no discretionary time out from all of your work, and there is no time to change the circumstances of your life. Time poverty is especially detrimental for women who combine household duties with paid employment – women who are poor with few assets or resources and cannot afford to buy necessary goods and services but are still expected to care for their children and dependants.

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2. Time-use data offer a solution to the grossly understated market estimates of what people do.

Pregnancy, childbirth and lactation are at the centre of Health for All but, since human reproduction is women's work, these activities do not count. Julie Smith and Mark Ellwood have used the Australian Time Use Survey of New Mothers to observe that an infant added 44 hours a week to a woman's unpaid workload. Breastfeeding alone took 8–16 hours of the mother's time in order to provide the best nutrition, essential for future health.[12] When given a market value, unpaid childcare becomes Australia's largest industry – three times the value of the financial and insurance services sector.[13] The combined value of the rest of unpaid work is the second largest sector in the Australian economy **(TABLE 1).**[14] Similarly, in Europe, the value of unpaid household work represented 44% of GDP in Moldova (2014) and 63% in Switzerland (2013). The estimated value of all unpaid work in Latin America is between 15.2% of GDP in Ecuador (2012) and 15.7% in Costa Rica (2011).[16]

TABLE 1: Top 5 Australian industries

INDUSTRY	% OF TOTAL
Unpaid childcare	19.9
All non-childcare unpaid work	7.6
Financial and insurance services	7.0
Construction	6.5
Manufacturing	6.2

Source: Understanding the unpaid economy. 2017. PwC Australia.

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In the United Kingdom, GDP per capita in constant GBP increased by 6.8% between 2005 and 2016 despite the global financial crisis. Over the same period, the value of unpaid household work in the country increased by 80% and women did twice as much cooking, childcare and laundry.[17] The total value of unpaid work was worth more than the retail and manufacturing sectors combined.

3. Market estimates of time use underestimate actual contributions.

These market estimates of time use are helpful but inherently problematic. The market estimates of real contributions are all grossly understated, as follows:

1. Even time-use data seldom count simultaneous activities, which is a common and efficient practice of most women. By not counting simultaneous activities, the estimates are much lower because they underestimate productivity.
2. The estimates use proxy wage values that mirror women's pay inequities. Particularly in so-called developed countries, the values do not build in the holiday pay, annual leave, sick leave, double time, superannuation contributions and so on of market equivalents.
3. The estimates do not account for "worry work" which is the daily work that can never be postponed – organizing, managing, the logistics and administration of running a household and its members.
4. The market estimates approach has often reduced the complexity of unpaid tasks that women do around the world to "household" or "care" work, without understanding the specialist skills that are frequently required.
5. The data obscure significant fishing, agriculture, horticulture, conservation, crafts, manufacturing and maintenance work by women who do not live in cities or in easily accessible rural areas, who are seldom counted in the Census of Agriculture or the Household Labour Force Survey, and who are not an easy target for inclusion within under-resourced time-use studies.

The International Labour Organization (ILO) Labour Force Survey modular time-use measurement project is an attempt to support the "production of statistics on unpaid care and domestic work" and total work time. The findings from the pilot project in India are consistent with field research from the last 40 years, reporting vast amounts of simultaneous activities and housework that frequently intersects with other work, so that the boundaries are not distinct and many activities are not reported or are under-reported.[18]

In October 2015 the United Nations advised that "the production unit in the informal sector is defined as a household enterprise with at least some production for sale or barter".[19] However, for agricultural activities there were additional considerations. The United Nations Statistical Commission suggested that "for practical data collection reasons" the large agricultural sector of many so-called developing countries, predominantly women's work, should not be included because this would "increase survey operations and costs".

4. Nationally representative time-use data from around the world reveal the disproportionate burden on women and even children.

There is a very good example from India of the implications of not bothering to collect the data. A survey in Punjab State revealed that women in rural households were engaged in many home production activities that were not recognized as work in employment surveys and thus not included in national income statistics. Agriculture, cooking for family members as well as for farm labourers, housekeeping, childcare, care of livestock, storing grains and helping in artisanship and handicrafts in family enterprises were not recognized as work. Yet once these activities were accounted for, the work participation rates for women over 15 years of age in rural Punjab increased from 30.5% to 86.2%.[15] Women spent about 42% of total time on work activities (compared to 32% for men) and 480 hours per year more than men on simultaneous activities of doing two or more jobs (256 minutes every day compared to 175 minutes per day for men).[9] The excessive workload and simultaneous activities result in lower well-being of women.

Research on time, seasonality and nutrition in India[20] found similar patterns of time use, including that women across groups and locations spend almost 75-80% of the time that men spend on activities included in the System of National Accounts. If this work were recorded at all, it is likely to be as "unpaid family workers".

This is relevant around the world. On its 40th anniversary in 1998, the Economic Commission for Africa (ECA) hosted an international conference on African Women and Economic Development: Investing in Our Future.[21] One of the key recommendations of the conference was to incorporate a gender perspective into national accounting systems by conducting time-use surveys. A number of time-use surveys conducted in Africa revealed an astonishing picture – women spent 2.3 to almost 18 times more hours on domestic and care activities as compared to men. As a result, in all surveys considered, women worked between 7% and 49% more hours compared to men.[22] Another study confirms that unpaid house and care work is predominantly performed by women in Nigeria (509 minutes per day for women versus 393 for men), Uganda (450 minutes for women versus 107 minutes for men) and Kenya (359 minutes for women versus 167 minutes for men). Likewise, women in Nepal spend 358 minutes on unpaid work per day compared to 94 minutes for men.[23]

Despite providing a sense of the value of unpaid work, market estimates of economic activity are also agnostic to the well-being of children who contribute to economic activity with their labour. In 2020, 63 million girls and 97 million boys (accounting for almost 10% of children worldwide) were involved in harmful work – including 79 million children in hazardous work. This work is counted in GDP, even though it results in poor physical growth, malnutrition and higher incidence of infections and diseases,[24] and interferes with children's ability to go to school.[25] Time-use data, on the other hand, have been used to inform policy-makers about the extent of child labour[26] and exploitation.

The 1993 United Nations System of National Accounts (UNSNA) suggested that activities related to harvesting crops, making clothes and obtaining water for personal consumption should be included in the production boundary. As a result, far too many feminist economists have assumed that this is the only unpaid work that lies excluded from the production boundary that is the focus.

The economics of Health for All demands a focus on all unpaid work – by women, men and children.

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5. Time use can also clarify what "care work" is and why it is a crucial input to Health for All.

Time-use data offer a solution to the narrow understanding of care work. Care work is exhausting, skill-specific and comprehensive. It is not generic "care work" – a term adopted by Western feminist economists to cover all women's unpaid work. It includes everything from pre-diagnosis, providing medicines, monitoring symptoms, checking vital signs, providing injections, curative treatments and transportation to liaison services with the institutional health system, requesting appointments, payments and procedures, and obtaining medicines.[27] Full-time unpaid care of dependents requires constant availability, responsibility and management. The pathetic economic estimates of the market value of this work are degrading. Everything that would be done in a care institution for dependents must be done in the home but without the economies of scale.

Nevertheless, the scale of unpaid work is well known. In the United Kingdom, unpaid work provides 90% of adult care hours for more than 2.2 million fully dependent adults.[7] Uruguay's National Unpaid Health Care Survey is particularly interesting with its broad definition of unpaid health-care work.[28] The results of this survey show that every week people under 65 years of age spend an average of 53 hours providing unpaid health care, with 60.5% of people working over 40 hours. Women account for 76.6% of unpaid health caregivers and 45.4% of their care is provided to people outside their household.

Moreover, unpaid care work silently picks up the slack in under-resourced health systems globally, covering up for the lack of "official" health care. The sustainability of the health system depends on unpaid care provided by women, as the GDP paradigm extracts women's unpaid labour to cut costs and to achieve a much wider coverage of health care.

6. Time-use data can guide policy-making.

Time-use data can help address longstanding problems such as poor water quality which is a major determinant of health. In Mongolia, women in households with piped-in water spend 113 minutes per day less on unpaid work than those who rely on surface water from lakes, rivers or ponds.[29] Such information provides policy-makers with in-depth knowledge about the lack of public infrastructure that requires additional investment.

Uruguay took an important step towards benefiting from the guidance of time-use data in designing a national care system. Using inputs from civil society and academia, a new government drafted and approved a national care plan (2016–2020), which mandates an integrated national care system, taking a life-course perspective that includes expanded services for pre-school children, older adults and people with disabilities. To finance such services, rather than introducing any new tax revenues, the 2015 budget law reallocated US$ 67 million in 2017 for early childhood services (36%), older adults (29%), people with disabilities (22%) and the remainder for administrative expenses.[30]

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7. Finally, why does this situation persist and what can be done?

Strategically, market estimates have not changed our value systems. Despite data on unpaid work being available for over 50 years, these data have made no impression on the pathological paradigm that drives the economy. It is therefore natural to ask why time-use surveys are not conducted regularly. The answer is simple – patriarchy. Patriarchy drives the global level of gender inequality in the unpaid and total work burdens: men in power are clearly reluctant to distribute economic resources proportionally to the effort. It is so convenient and easy to say that unpaid work has no value.

There is also a fundamental ethical question: do we want the life-giving work that women do to be valued in a system that recognizes war, ecosystem devastation, trafficking in people and endangered species as great for growth? No. We must replace the aggregate GDP measure with time use so that we can redistribute resources to those who work the longest hours and contribute the most towards health and well-being.

Nationwide time-use surveys are needed as a core statistic for finer, granular public policy towards Health for All. Time-use data have been successfully applied to guide gender equality policies in Albania and Mexico, child policies in Cambodia, Colombia and Finland, employment policies in Moldova, and the provision of home-based paid care in Uruguay.[12] While these efforts demonstrate the potential of time use to promote health and well-being, they are clearly not sufficient for a radical redirection. Such efforts should be extended to all countries.

A first step to achieve this goal could be to collect time-use data as a part of representative Household Labour Force Surveys or the Census of Agriculture and to make the results widely known. Time-use data can then be linked with health outcomes and other priorities of families and communities, and with the status of the environment in communities where people live. These are the data needed for policy advice that provides transparent guidance to governments and the public on what should be done to achieve health for all people and health for the planet.

COVID-19 has shown clearly that we are not safe until all of us are safe. However, in the current paradigm, the world neither knows nor cares where all of "us" are and what "we" are doing. GDP will never deliver health for all because it constantly rewards killing people and destroying the planet's living systems. A focus on time use can take us the last mile to where we find health's largest workforce. Through their work the WHO Council on the Economics of Health for All and other organizations are striving to bring about the change needed to develop an economy for health. **Help us to reach central bankers, finance ministers and international financial institutions with our message and arguments in order to ensure a healthier, fairer and more sustainable future for the world.**

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The WHO Council on the Economics of Health for All was established on 13 November 2020 to provide guidance on the economics and health agenda of WHO. It is an independent council convened by Dr Tedros Adhanom Ghebreyesus, WHO Director-General.