FAIR SHARE FOR HEALTH AND CARE
Gender and the undervaluation of health and care work

2 out of 3 workers in the health and care sector across the world are women
76% of unpaid care work is performed by women
During COVID-19 women health and care responsibilities including unpaid care almost doubled

Underinvesting in health systems and the health and care workforce hinders progress towards gender equality

- Weak health systems transfer unpaid care work onto women
- Lower health spending is correlated with more unequal distribution of unpaid work
- Unpaid care work is a barrier for women to enter paid work
- Average monthly earnings in the health and social care sector tend to be lower than other sectors

Gender inequality in health and care work is negatively associated with health system performance and population health outcomes

- Gender inequality in labour force participation is associated with poorer health system outcomes
- Higher levels of unpaid care work are not as effective at achieving population health compared to well functioning health systems

A fair share for health and care can strengthen health systems and lead to better health outcomes, it can also drive gender equality and women’s economic empowerment.

Action is needed to

- **Improve** working conditions for all forms of health and care work, especially for highly feminized occupations
- **Include** women more equitably in the paid labour workforce
- **Enhance** wage conditions in the health and care workforce and ensure equal pay for work of equal value
- **Address** the gender gap in care, support quality care work and uphold the rights and wellbeing of caregivers
- **Ensure** that national statistics account for, measure and value all health and care work
- **Invest** in robust health and care systems to reduce the burden of unpaid care work and improve healthcare services

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