

Global Unions Fact Sheet on Care

The Commission on the Status of Women (CSW) has been the arena for reconciling global agreement on the centrality of care work to women’s and girls’ economic and political empowerment, and autonomy. The CSW61, CSW63, CSW65, CSW66, and CSW67 Agreed Conclusions managed to elaborate a global consensus on at least 3 Rs of the care agenda, based on the **recognition** of the economic and social contribution of unpaid care work to society, the importance of **reducing** the burden of unpaid care work in the hands of women and the **redistribution** of unpaid care work within families (expressed as redistribution between men and women).

On the other hand, while the Agreed Conclusions at CSW65 succeeded in addressing paid care work, little progress has been made in materialising in the global agenda the R that condenses **rewarding, remunerating and representing** paid care work and paid care workers, the majority of whom are women. The [Buenos Aires Commitment](#) and the [Hoja de ruta de Cuidados y Trabajo Doméstico](#) are the more progressive multilateral agreements that recognise decent work for care workers, focusing on domestic workers.

The ILO’s [Care Work and Care Jobs](#) study states that:

- The global care workforce includes care workers in care sectors (education, health, and social work), care workers in non-care sectors, and domestic workers (employed by households). It also includes non-care workers in care sectors, as they support the provision of care services, including community health workers. Combining these various categories, the global care workforce amounts to 381 million workers or 11.5 percent of total global employment.

Table A.4.1 Care workforce. Global and regional estimates, by region and sex (In thousands), 2018

Total	Care workers in care sector	Domestic Workers (employed by households)	Care workers in non-care sectors	Non-care workers in care sectors	Total care workforce
World	215 394	70 146	23 497	71 990	381 028
Africa	17 041	11 693	1 588	4 568	34 891
Americas	47 842	16 503	5 979	20 441	90 766
Arab States	3 978	3 028	461	1 190	8 657
Asia and the Pacific	92 844	36 041	9 441	28 228	166 554
Europe and Central Asia	53 690	2 881	6 026	17 563	80 160

Women	Care workers in care sectors	Domestic workers (employed by households)	Care workers in non-care sectors	Non-care workers in care sectors	Total care workforce
World	142 819	49 251	13 806	43 017	248 893
Africa	8 668	9 393	640	2 218	20 919
Americas	36 232	15 195	3 914	13 831	69 171
Arab States	1 917	1 638	142	391	4 088
Asia and the Pacific	53 639	20 469	4 898	14 326	93 332
Europe and Central Asia	42 364	2 555	4 212	12 252	61 383



- The global care workforce comprises 248.9 million women and 132.1 million men. In most places, the larger the care workforce as a proportion of total employment, the more feminized it
- Nurses and midwives constitute the biggest occupational group in health care, and nursing remains the most feminized of the health-care occupations. Personal care workers, most of them home-based, face low wages and dire working conditions, and are likely to be exposed to discriminatory practices. Community health workers are frequently undertrained, under-resourced and underpaid or unpaid, and are often engaged to make up for a shortage of health workers.
- Health worker migration is a feature of global health labour markets. On average, the respective share of migrant doctors and migrant nurses constitutes 22 and 14.5 per cent, respectively, across OECD countries.
- Employment in the education sector accounts for 157 million jobs worldwide, constituting 4.8 per cent of total global employment. These figures represent 7.4 per cent of all employed women and 3.1 per cent of employed men globally.
- There are 70.1 million domestic workers employed by households in the world – 49.2 million women and 20.9 million men, representing 2.1 per cent of total global employment and 3.8 of total female employment.
- Public provision of care services tends to improve the working conditions and pay of care workers and unregulated private provision to worsen them, regardless of the income level of the country.

In the world of work, the ILO has advanced a 5Rs Framework for Decent Care Work (recognise, reward, reduce, redistribute, and represent). From the Global Unions, PSI together with civil society, feminist, human rights, and tax justice organisations launched a [Rebuilding the Social Organisation of Care Manifesto](#), emphasising a different 5th R, **reclaiming** publicness of care, care as a human right and the role of the States. The ITUC together with other civil society organisations in the Economic Rights Coalition of the Generation Equality Forum launched a Care Manifesto as a call for action. The IDWF together with AWID launched a [No Care Economies without Care Workers. A Manifesto](#), and the EI published a report on [Gender, education, and a global view on the 'crisis of care'](#) which underscores the chronic public underfunding of paid care work including educators. All these initiatives, widely agreed with different sectors of the trade union movement and civil society, have a common focus on the critical role of decent work for care workers and the public responsibility of States in financing, regulating, and providing care public services and systems.

The privatisation and financialisation of care have been a major trend since the care crisis during the COVID pandemic, impacting directly on the working conditions of care workers and access to universal quality public care services. PSI [reported](#) on the failures of privatisation in the long-term care sector across the world during this context, seeing the potential for resisting and reversing privatisation and reforming the sector to improve the quality of care. Likewise, the recently launched [six key principles](#) are the foundation upon which decent work and good quality of long-term care systems must be built: 1: Public funding that meets the cost of care, 2: Public or non-profit delivery, 3: Public Stewardship, 4: Public Data Transparency and Accountability, 5: Decent Working Conditions and 6: Dignity in Care.

In parallel, new solutions to care are needed on two fronts: regarding the nature and provision of care policies and services, and the terms and conditions of care work. In developing these solutions, policymakers and advocates must recognise that domestic workers are care workers, that their services form part of the social organisation of

care and contribute to the care economy, that they have a right to decent work, and that domestic workers too are workers with care needs and rights.

Ensuring decent work with pathways to formalisation for care workers in public institutions and private households settings are essential steps towards building more equitable, inclusive, and sustainable societies. Trade unions play a vital role in advocating for the rights and interests of care workers, advancing gender equality, and promoting social justice in a new social organisation of care, including the care economy.

Decent Work for Care Workers: in line with the 4 pillars of the ILO's Decent Work Agenda: full employment; social protection, rights at work (including collective rights), and social dialogue.

Trade unions advocate for:

1. Recognition and valuation of care work as essential work, deserving of respect, dignity, and fair compensation, including paid care work in formal and informal employment settings.
2. Ensure that care workers have recognition and receive fair wages, equal pay for work of equal value, benefits, and working conditions commensurate with the importance and demands of their work. This involves addressing wage gaps, providing access to paid leave, social protection, occupational health and safety protections, opportunities for skills and professional development, and a world of work free from violence and harassment.
3. Efforts to promote decent work for care workers, grounded in principles of gender equality and social justice. This entails addressing systemic inequalities, discrimination, and gender-based violence, and ensuring equal opportunities for all care workers, regardless of gender, race, ethnicity, migratory and contractual status, or other intersecting identities.
4. Ensure equality and non-discrimination in recruitment, retention, access to training, and promotion opportunities for care workers.
5. Ensure that the rights to freedom of association and collective bargaining are respected for all care workers, whether in the formal or informal economy, as well as their representation in decision-making.

Public financing, regulation, and delivery of public care systems and services

Trade unions advocate for:

1. Universal, quality, and public care systems and services. Universal requires both universal access and universal coverage. Public services must be publicly funded, publicly delivered and managed, publicly governed, accountable to the public, and delivered by public sector workers enjoying decent work.
2. We welcome the important gain that Persons with Disabilities movements have had in recent years with the inclusion of the notion of care and support public services, and their demands of non-institutionalisation, autonomy, and independence.
3. Raising the solidarity principle in the role of public services, which underpins human rights. The principle requires governments to foster a culture that understands the importance of quality public services for all, rather than positioning public services as a drain, a privilege, or necessary only for the marginalised few. The principle of solidarity should include a commitment to the redistribution of wealth as well as the redistribution of paid and unpaid work, reducing inequalities and social justice.



4. Recognition of care as a human right. Many legislations in the world have started to introduce the right to care and care as a human right, as well as the linkages between the right to care and other fundamental human rights: What Does Care Have to Do with Human Rights? Analysing the Impact on Women's Rights and Gender Equality
5. Public financing and investing in care public services demands rebuilding the social organisation of care, adjudicating the main role of States in the regulation of all actors providing care in society, and equilibrating the participation of the private sector in responding to the universal interests.
6. Progressive taxation can equitably and sustainably finance the provision of universal, quality, public healthcare, early childhood education, childcare, social care, long-term care, social protection and care infrastructure. Fairly raising these resources would require ensuring domestic tax policies and international agreements place a greater burden on wealthy individuals and multinational corporations, particularly by introducing and increasing wealth, inheritance and corporate tax rates. Funds raised from these sources can be used to create and/or strengthen national "care funds" with the intent to secure public resources for rebuilding the social organisation of care as a key measure for transforming unequal gender relations.