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### Commission on the Status of Women

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**Follow-up to the Fourth World Conference on Women and  
to the twenty-third special session of the General Assembly  
entitled “Women 2000: gender equality, development and  
peace for the twenty-first century”**

### **Statement submitted by Grupo de Análisis para el Desarrollo, a non-governmental organization in consultative status with the Economic and Social Council\***

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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\* The present statement is issued without formal editing.



## **Statement**

On the occasion of the 67th Session of the Commission on the Status of Women, we urge Member States to consider the following arguments and recommendations, on the indispensable yet undervalued economy of “care”.

Care work, which sustains daily life and is the basis for the new generations, is mostly conducted by families – with limited involvement of the State, civil society or the private sector. Care is an expansive and all-inclusive concept that relates to everyone’s well-being.

Despite its relevance, the public and economic value of unpaid care work are invisible. During the pandemic, measures implemented to contain the spread of COVID-19 unleashed the most abrupt economic contraction in recent history. These interventions transferred a large portion of activities previously carried out in the public sphere to households; leading unpaid family work to increase significantly. As the world recovers from the pandemic and plans ahead, valuing and recognizing care work is key in a new social contract that respects and comes closer to the attainment of universal human rights.

### **Where the State can’t provide care, women become the duty-bearers**

Where and when states’ institutions lack the capacity to provide public care services to their populations, responsibility to fill the gaps tends to fall disproportionately on women. This significantly affects women’s rights. When states weaken the institutions that provide public care services, care work tends to fall disproportionately on women, affecting women’s rights. Indeed, women’s participation in the labour market is subject to their capacity to absorb the professional and domestic workday, find flexible working hours, or delegate their care work to others through intra- or extra-familial agreements, whether or not mediated by money. This leaves a large number of women unemployed, or in precarious jobs.

The negative effects include low-paid work participation, increased economic stress and longer working hours. Enabling the full and equal participation of women in all spheres of society requires us to depart from a framework which has tended to consider women’s human resources as virtually infinite.

### **Call on Member States to adopt a viable indicator of care needs**

The Beijing Declaration of 1995 called on states to increase data collection on unpaid care work and design policies that recognise its importance. But, thirty years hence, there still exists a wide gap in the care work analytics, which brings to the fore the capacity gaps of the governments and policymaking bodies quite evidently.

To accurately understand the resources a household needs to ensure the wellbeing of its members, we are currently developing a new indicator for the care economy: the Basic Care Basket (BCB). Comparable to a basic consumption basket in some respects, it is a synthetic indicator that estimates the family care production costs and identifies whether the household has the resources it needs to cover those costs. While the basic basket of consumption defines a threshold under which a household is poor because it doesn’t have enough money to buy essential goods and services, the Basic Care Basket will exemplify when a household with care responsibilities is poor because it doesn’t have enough resources (money but also time, infrastructure and free care services) to produce quality care.

It will support answering these questions:

1. How do families' care needs vary according to their configuration and the profile of their members?
2. What goods, services, and infrastructure do families need to provide quality care for their members?
3. How much money do families need to produce or purchase them?
4. How many work hours do families need to manage these resources and transform them into care?
5. How much can a robust network of care support services contribute to reducing families' volume of unpaid work?
6. Do families have the goods, services, infrastructure and time they need to produce quality care and the money they need to buy those resources that are acquired in the market?
7. Do families have access to free and quality care services that would help them reduce the costs of producing care?

The lack of such an indicator within national statistical systems hampers progress as governments cannot measure the economic burden or monitor the positive impact that their interventions may have. We therefore urge Member States to:

1. Establish a national "basic care basket" to both qualify and quantify the multiple care needs of a household, in order to determine, on a country basis, the actual cost of care. This indicator, based on data sources already available within national statistical systems, would help integrate the care economy into national accounts and identify the inputs that families require to produce it, as well as the costs of generating an appropriate supply of care services.
2. Develop and put in place suitable systems to identify households with insufficient resources to afford the "basic care basket"; and
3. Put in place measures to ensure that access to the services contained in this "care basket" is adequately prioritized in budgets, so as to reflect, in planning, the centrality of care in the broader, critical sense outlined in this statement.

In order to enable the meaningful, sustainable establishment of the key indicator across the Global South, we call upon the United Nations to provide support to Member States to:

1. Develop statistical systems fit to continuously monitor the evolving contents of the care basket, the cost of its contents; and
2. Foster data collection systems able to track, in a timely manner, the resources available to vulnerable households to fulfil care needs.

### **Call on Member States to strengthen existing care structures**

As the COVID-19 pandemic shed a light on the vulnerability of national systems for health, education, social protection, it also rendered more visible a number of informal care systems, largely led by women. These often voluntarily-run systems largely fall under the umbrella of what we call "community care". They consist of the local-level initiatives that provide, where there is a need, a basic level of services such as childcare, healthcare, education, social protection, nutrition, or natural resource management.

These initiatives offer care services to those in need of them, using available resources. As such, they complement the efforts of many strained public service

systems. However, as evidence from across the Global South has highlighted, they largely operate below radar, causing them to receive little support. Strengthening and leveraging these largely informal care structures would support 1) broadening a country's social protection ecosystem and 2) creating paid employment opportunities.

1. We, therefore, strongly advise that efforts to integrate the care economy support existing needs-responsive local initiatives. To this end, we urge Member States, as an integral part of their strategy to meet the care needs of their populations, to:
2. Conduct local-level assessments of various existing structures currently working to meet those needs. This exercise may be led in partnership with local research institutions.
3. Determine support needed for these organizations to function more effectively, scale up and meet demand;
4. Integrate the required support into future budgets; and
5. Develop cross-cutting programmes within ministries and other state bodies to strengthen the working conditions of caregivers, including community caregivers.

To integrate these care structures into countries' recognized care ecosystems we also call upon the United Nations to:

1. Direct financial support to Member States, to enable the fair compensation of care providers in countries with very limited fiscal space;
2. Create dialogue and collective agreement platforms to ensure that those in care work are provided with quality jobs;
3. Involve states and markets in the equitable provision of care; and
4. Engage the private sector in the revaluing of labor markets around care work.

The Grupo de Análisis para el Desarrollo submits this statement to the Members of the 67th Commission on the Status of Women, as hosts of the Southern Voice network, which seeks to bring key development priorities from the Global South to the center of global agendas. The ongoing work this statement is based on is led by the Centro de Implementación de Políticas Públicas para la Equidad y el Crecimiento (in Argentina), and driven by the collective knowledge of our sixty member institutes across Africa, Asia, and Latin America and the Caribbean.

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