



EPIC Annual Technical Meeting: Reducing gender pay inequalities in the health and care sectors through evidence-based solutions

SUMMARY OF PROCEEDINGS

Date: 16 November 2022

Time: 9h00-10h45 EST / 15h00-16:45 CEST

Location: Zoom

Introduction

More than two and a half years after the start of the COVID-19 pandemic, despite the essential nature of health and care sectors and workers and the critical need for them, labour shortages persist.¹ Working conditions in the health and care sectors have deteriorated dramatically and the real total wage bill of health and care workers, nearly seventy percent of whom are women,² has decreased. Moreover, the gender pay gap has largely persisted; a new [ground-breaking report](#) by the ILO and WHO found that women on average earn approximately 24 per cent less than men in the health sector.³

As the world continues tackling COVID-19 and with the prospect of new, ever evolving and/or long-term health and care crises, the resilience and sustainability of the health and care sectors are vital. These sectors not only represent a significant source of employment, but also a significant opportunity for rectifying injustices and improving labour conditions. With a view to supporting the attainment of the Sustainable Development Goals (SDGs), including SDG 8.5 on equal pay for work of equal value, the Equal Pay International Coalition (EPIC) held a technical meeting for its members to discuss the way forward, where a human rights-based, gender-responsive approach, grounded in the principles of decent work and equal pay for work of equal value is prioritized and more importantly, realized.

The technical meeting builds upon last year's meeting, "Reducing gender pay inequalities in the health and social work sector for a fairer COVID-19 recovery," allowing for a deeper dive into the gender gap in the health and care sectors as well as an opportunity for members to share any new learnings and implemented practices resulting from and occurring since last year's event. The technical discussion will be guided by presentations on 1) the new ILO and WHO evidence-based report on health and care workers and 2) best practices and ways forward from UN Women's Research and Data Section, based on learnings from [Women Count](#).

Objectives

The annual EPIC technical meeting aimed to:

¹ OECD (2021). *Health at a Glance 2021*.

² ILO and WHO (2022). *The gender pay gap in the health and care sector: a global analysis in the time of COVID-19*.

³ Percentage calculated using data from 54 countries representing 40 per cent of the sector's wage employees. Ibid.

- Shed light on the specific features of the health and care sector with respect to the gender pay gap and working conditions
 - Exchange of promising practices and lessons learned during the COVID-19 pandemic and since the previous year's technical meeting on the subject to promote decent work and equal pay for work of equal value
 - Discuss how EPIC members can contribute to closing the gender pay gap, including through the collection, analysis *and* use of gender statistics and disaggregated data
 - Share good practices transforming data to action to substantiate calls for data-informed actions
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Summary of interventions

In line with its objectives, the virtual meeting provided an opportunity for EPIC members to have a valuable and substantive discussion on the gender pay gap in the health and care sectors. The 40 participants discussed the challenges encountered and ways forward on closing the gender pay gap, including the collection and use of evidence-based solutions (see Annex I for full list of participants).

To start the meeting, an online poll was launched to ascertain members' views concerning formats for future technical meetings. The results of the poll may be found at Annex II. As detailed in Annex III, the meeting was moderated by the ILO and officially opened by Canada, Chair of EPIC. The first presentation that followed featured an overview of *The gender pay gap in the health and care sector: a global analysis in the time of COVID-19*.⁴ The ILO and WHO stressed the health and care sector's high potential for growth and creation of decent jobs. Indeed, while women make up a large share of the workforce, they are on average earning 24 per cent less than men in the sector. This is due to, *inter alia*, men's overrepresentation in higher-paid jobs and women's overrepresentation in part-time and temporary jobs, the motherhood penalty, as well as unexplained factors, i.e., discrimination.

The second presentation outlined the challenges faced in tackling gender data gaps, including weak policy, legal and financial environments, technical challenges, and lack of access and limited capacity to collect and analyse gender statistics. UN Women emphasized that the gender pay gap will not be closed without gender data that is disaggregated, analysed with an intersectional lens, and most importantly, used to inform policy and programmes.

Both presentations may be found at Annex IV.

A plenary discussion followed, which responded to the two presentations while examining the challenges and good practices in closing the gender pay gap. To facilitate the discussion, the jamboard tool was used (See Figure I for detailed inputs from participants). The first theme that arose was the need for gender wage gaps to be investigated by individual firms. It is at the enterprise level – rather than the national level – where more context-specific drivers of the wage gap can be uncovered and therefore more pointed action can be taken. A second theme considered the undervaluation of certain jobs, such as those that are entry level, part time and temporary. Inequities can also be embedded in different job scales, sectors and contexts. Health and care work in the public sector, for example, may distort the extent of gender pay gaps as lower wage earners tend to be outsourced to the private sector

⁴ WHO and ILO (2022).

and therefore are not factored in wage gap analyses. Thus, sectoral and again enterprise-level data is necessary to capture more context-specific factors in labour markets. Key actions and ways forward highlighted included ensuring wage transparency, breaking glass ceilings to promote women's leadership in managerial and c-suite-level roles, and publicizing successes and good practices. A final theme that emerged was the importance of stakeholder engagement and ensuring that all different actors are involved in policy solutions to generate buy in and find common solutions. On this vein, the importance of EPIC in facilitating knowledge sharing and disseminating tools, particularly with under-resourced countries and firms, was emphasized, to ensure no one is left behind.

To wrap up the technical meeting, a synthesis was provided by the OECD, and the meeting was closed by UN Women. To gauge members' satisfaction with the meeting, another online poll was launched. Responses are highlighted in Annex V.

Figure 1. Jam board

What have been the main challenges in reducing the gender pay gap for your organization, and what have you done to overcome these challenges in the past year?

Please create a sticky note (seen on the left-hand side of the screen) for your inputs!



Annex I: List of Participants

Name / Title	Member State / Organization	Contact details
Alejandro Rivas, C&B Consultant	OMD HR Consulting	alejandro.rivas@omdhrconsulting.com
Alexandra Carrizo, Gender Specialist	UNDP	alexandra.carrizo@undp.org
Alice Al Zeibak, Chargée de mission	Direction Générale de la Cohésion Sociale du Ministère de l'Egalité entre les femmes et les hommes	alice.alzeibak@social.gouv.fr
Ana Restrepo, Manager Organization and Compensation	OMD HR Consulting	ana.restrepo@omdhrconsulting.com
Anik Blais, Senior Policy Analyst	Department of Employment and Social Development Canada	anik.blais@labour-travail.gc.ca
Beverly Neufeld, President	PowHer New York	bev@powherny.org
Caitlyn Dwyer, Program Specialist	Ontario Public Service	caitlyn.dwyer@ontario.ca
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Jae-Hee Chang, Senior programme and operations officer	ILO	changj@ilo.org
Jemimah Njuki, Chief, Economic Empowerment	UN Women	jemimah.njuki@unwomen.org
Jérôme Boivin, Conseiller en équité salariale	Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST), Gouvernement du Québec	jerome.boivin@cnesst.gouv.qc.ca
Jessamyn Encarnacion, Inter-Regional Advisor on Gender Statistics	UN Women	jessamyn.encarnacion@unwomen.org
Jocelyn Chu, Programme Specialist Consultant	UN Women	jocelyn.chu@unwomen.org
Josée Marotte, Conseillère en développement de politiques	Ministère du Travail, Gouvernement du Québec	josee.marotte@mtess.gouv.qc.ca
Kelsey Guthrie-Jones, Policy Officer (Labour)	Australian Permanent Mission to the UN	kelsey.guthrie-jones@dfat.gov.au
Kim Thornton, Director, Multilateral Labour Affairs	Labour Program – Employment and Social Development Canada	kim.thornton@labour-travail.gc.ca
Laurie Costa, Conseillère aux	Gouvernement du Québec	laurie.costa@mri.gouv.qc.ca

droits de la personne		
Lisa Wong-Ramesar, Senior Specialist - non-discrimination	ILO	wong@ilo.org
Loran Lampart, Founding Member	Fair-ON-Pay Association	loran.lampart@comp-on.ch
Mercedes de los Santos, Project Manager	Open Data Charter	mercedes@opendatacharter.org
Michelle McISAAC, Economist	WHO	mmcisaac@who.int
Natalia Carfi, ED	Open Data Charter	nati@opendatacharter.org
Patricia Cortes, Coordinator, Global Alliance for Care	UN Women	patricia.cortes@unwomen.org
Piera Del Buono, Funzionario	Ministero del Lavoro	pdelbuono@lavoro.gov.it
Rakesh Patry, Director General, Labour Program	Government of Canada	rakesh.patry@labour-travail.gc.ca
Raquel Gómez, Socióloga	CCOO	raquelgomez@ccoo.es
Rawan Abusall, Head of the Women's Economic Empowerment Department	Ministry of Labor	rawanabusall31@gmail.com
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Shubnum Singh, Principal Advisor Healthcare	Confederation of Indian Industry	shubnum.singh@cii.in
Silvia Cormaci, Equality Policy Advisor	ITUC	silvia.cormaci@ituc-csi.org
Sylvie Durrer, Director	Federal Office for Gender Equality FOGÉ	sylvie.durrer@ebg.admin.ch
Valerie Frey, Senior Economist	OECD	valerie.frey@oecd.org
Vidir Ragnarsson, Head of Client Services	PayAnalytics	vidir@payanalytics.is

Annex II: Introductory Poll⁵

1. Prior to the COVID-19 pandemic, our Annual Technical Meetings were in person. Should we revert to that modality?

	%
Yes, I would prefer in-person	41%
Either, I would prefer a hybrid model	53%
No, I would prefer online	6%

Annex III: Agenda

Time in EST	Topic	Speaker
9:00 – 9:03	Welcome and housekeeping <i>An opening poll will be given to participants</i>	Moderator, Lisa Wong-Ramesar , OIC Advocacy & Partnerships Unit and Senior Specialist – Non-Discrimination, ILO
9:02 – 9:08	Opening remarks	Rakesh Patry , EPIC Chair; Director General of International and Intergovernmental Labour Affairs, Department of Employment and Social Development, Canada
9:08 – 9:23	Health and care workers: a global perspective	Rosalia Vazquez-Alvarez , Econometrician, Wage Specialist, ILO Michelle Mcisaac , Economist and Health Workforce Specialist, WHO
9:23 – 9:33	What still needs to be done? Lessons learned from Women Count on gender statistics	Jessamyn Encarnacion , Inter-Regional Advisor on Gender Statistics, Research & Data, UN Women
9:33 – 9:45	Q&A on two presentations	Moderator
9:45 – 10:30	Structured open discussion on challenges and solutions to the gender pay gap in the health and care sectors,	Moderator Raquel Gomez Merayo ,

⁵ Not all attendees answered the polls.

	<p>framed around the following question: what have been the main challenges in reducing the gender pay gap for your organization, and what have you done to overcome these challenges in the past year?</p> <p><i>A jam board will be used to encourage active participation.</i></p>	<p>Técnica Secretaría Mujeres e Igualdad, CCOO, International Trade Union Confederation (ITUC) Shubnum Singh, Principal Adviser, CII Healthcare, International Organisation of Employers</p>
10:30 – 10:40	<p>Wrap up with key takeaways from jam board and discussion</p> <p><i>A closing poll will be given to participants</i></p>	<p>Valerie Frey, Senior Economist, OECD</p>
10:40 – 10:45	<p>Closing</p>	<p>Jemimah Njuki, Chief, Economic Empowerment, UN Women</p>

Annex IV: Presentations

1. The gender pay gap in the health and care sector: a global analysis in the time of COVID-19
2. Transforming gender data into action: What still needs to be done?



The Gender Pay Gap in the Health and Care sector

A Global Analysis in the time of COVID-19



**EPIC Annual Technical Meeting
16th November 2022**

Dr Michelle McIsaac (WHO) , Dr Rosalia Vazquez-Alvarez (ILO)
and Dr Silas Amo-Agyei (University of Lausanne)



**World Health
Organization**

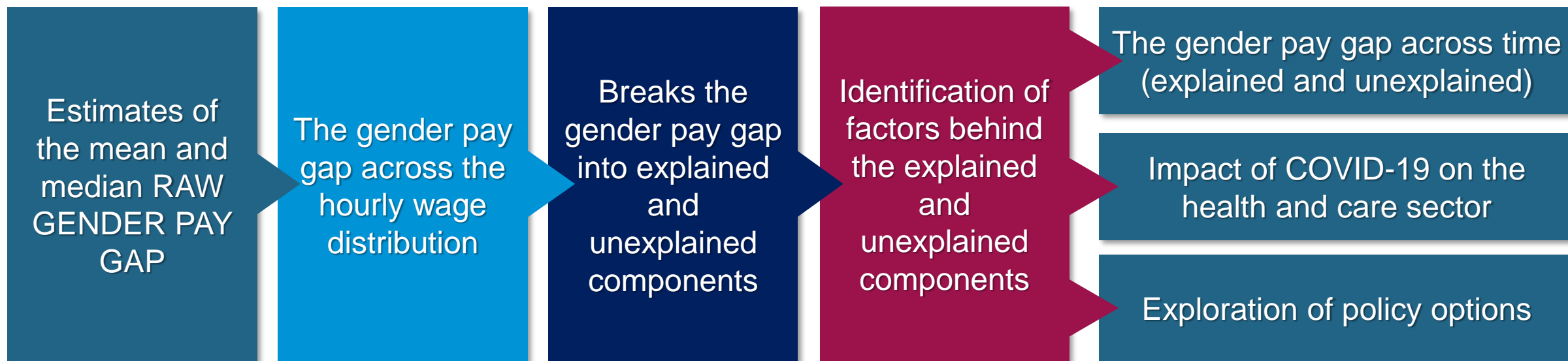
WHY A REPORT ON GENDER PAY GAPS IN THE HEALTH AND CARE SECTOR?

- WHO and ILO collaboration that started in October 2019 to better understand **what lies behind pay inequalities in the global health and care sector**
- Strategically important economic sector: **highly feminized**; high potential for growth in **decent jobs**
- Currently there is an estimated **shortfall of 15 million health workers**
- Need for a sound evidence base for countries to guide the design of policies to **close gender inequalities**
- COVID19 highlighted **urgent action** required on SDG 3.c : increase substantially health financing and the recruitment, development, training and retention of the health workforce



BEHIND THE FINDINGS

- Data from **54 countries** that represent **40 percent** of *wage employees* in the sector worldwide
- The methodology follows the structure and methodology of the ILO Global Wage Report to look at the health and care sector



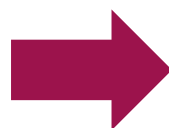
TAKE AWAY 1: LARGE AND GROWING SECTOR FOR WOMEN'S EMPLOYMENT GLOBALLY

3.4 percent of wage employment worldwide:

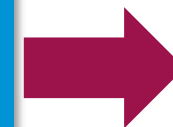
- ❑ Average of **10 percent** across high income countries
- ❑ Average of **less than 1 percent** in low income countries

The sector is **highly feminized**:

- ❑ Women 67 percent of the global workforce (64 percent in LMICs - 75 percent in HICs)
- ❑ Investment in highly feminized sectors is often lower than male dominated sectors
- ❑ Feminized sectors suffer more from austerity measures during crises
- ❑ Women's employment recovery lagging behind men's



Need to invest more in health and care employment in low- and middle-income countries



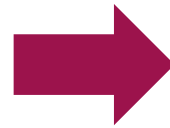
Average earnings in health and care are **lower than in other sectors**

This contributes to the overall gender pay gap in the economy



TAKE AWAY 2: **LARGER THAN AVERAGE GENDER PAY GAPS**

The average (raw) gender pay gap across countries ranges from 20 percent (using hourly wages) to about 24 percent (using monthly earnings)



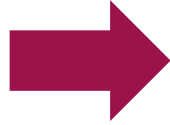
Raw gender pay gap in the health and care sector is higher than that in other economic sectors

Mean hourly gap = 20 percent
Compared to 12 percent among all other economic sectors



TAKE AWAY 3: **HIGHEST PAYS GAPS ARE AT THE TOP**

There is a common pattern across countries: the GPG widens as we move up the wage scale



Despite the lower participation of men in the health and care sector, men are overrepresented in higher paid occupations



In some countries we find a generational gap: men are older and better educated at the top end of the wage distribution – but even in countries where women are catching up, the gap continues to exist at the top.



TAKE AWAY 4: LABOUR MARKET ATTRIBUTES DON'T EXPLAIN MUCH OF THE GAP

Most of the gender pay gap in health and care remains **unexplained** by factors that generally lie behind the wage determination process

Age, experience, education explain **-3.5%** of the gap
If women were paid the same for their labour market attributes as men, **they would get 3.5% MORE** than they currently earn

Where as globally, **the unexplained component** is estimated at **almost 22%** - the gender pay gap cannot be explained objectively by the difference between women and men in terms of age, education, etc.

WHAT EXPLAINS THIS:

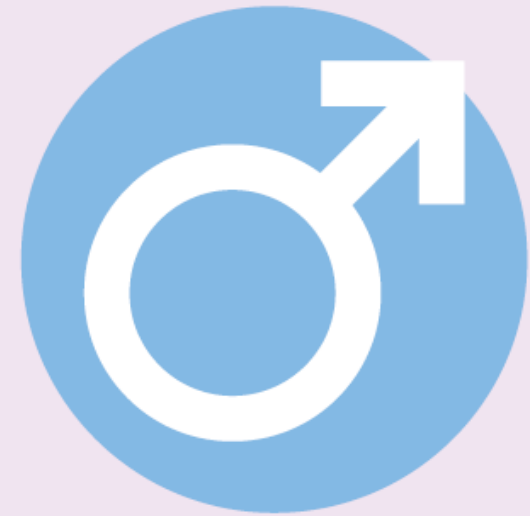
- ***Motherhood gap***
- **High feminization in the sector** that is characterized by **low pay** → **perception as low value-added sector**
- Discrimination
- Women overrepresented at the lower end of pay scale



AVERAGE GENDER PAY GAPS



Globally, **women**
make an
estimated 24
percent less than
men earn in health
and care.



TAKE AWAY 5: THE GENDER PAY GAP IN HEALTH AND CARE IS PERSISTENT

Using data from 2000s to 2019
the report shows:



COVID-19 does not seem to have impacted on long run employment but wages appear to have declined between January 2019 and December 2020 for the few countries with data

The share of men in the sector is growing, but slowly

Gradual increase in women in highest paying occupations, but women continue to be highly represented at low end of pay scale

The gender pay gap has persisted during the last two decades observation, with a **particular persistence of the unexplained component** of the gender pay gap.



CLOSE THE **GAP**

- **INVEST:** More decent jobs – Address global shortfall of health and care workers, and act for gender equality: seizing opportunities to formalize work in the sector would improve the working lives of women
- **PAY ATTENTION:** Better sector specific data to continue monitoring. Data at the occupational level (National Health Workforce Accounts). Need to better understand wage and employment outcomes in the sector. Sector specific labour market analyses. Continued reaseach
- **BE TRANSPARENT:** Ensure pay transparency tools to fight agains pay descrimination
- **LEGISLATE:** Equal pay for work of equal value
- **EMPOWER:** Increase of women at the top – and men across the entire pay scale
- **NEGOTIATE:** Collective pay agreements that consider gender equality within contractual arrangements
- **ADDRESS ROOT CAUSES:** Make efforts to change cultural gender norms so that society starts to place higher value on the sector



CONCLUSION

- Closing gender pay gaps is a matter of **social justice**
- A human-centred recovery from the pandemic requires increasing global investment in universal **social protections**, accelerating the creation of **decent work** and committing to **closing gender inequalities**, reconsidering how we **value women's work** and the relative importance of sectors within the economy
- Measuring and valuing what matters most to people is part of the UN's **Our Common Agenda**
- As long as gender pay gaps in the health and care sector persist – we will be unable to have a sector that is human centered and responsive. We will be unable to **meet growing health and care needs** (future pandemics; demographic change; climate change) and the growing needs of humanity



THANK YOU

The Gender Pay Gap in the Health and Care Sector



**World Health
Organization**

Transforming gender data into action: What still needs to be done?

Lessons from UN Women's Women Count programme

Wednesday, 16 November 2022
9:00-10:45am EST

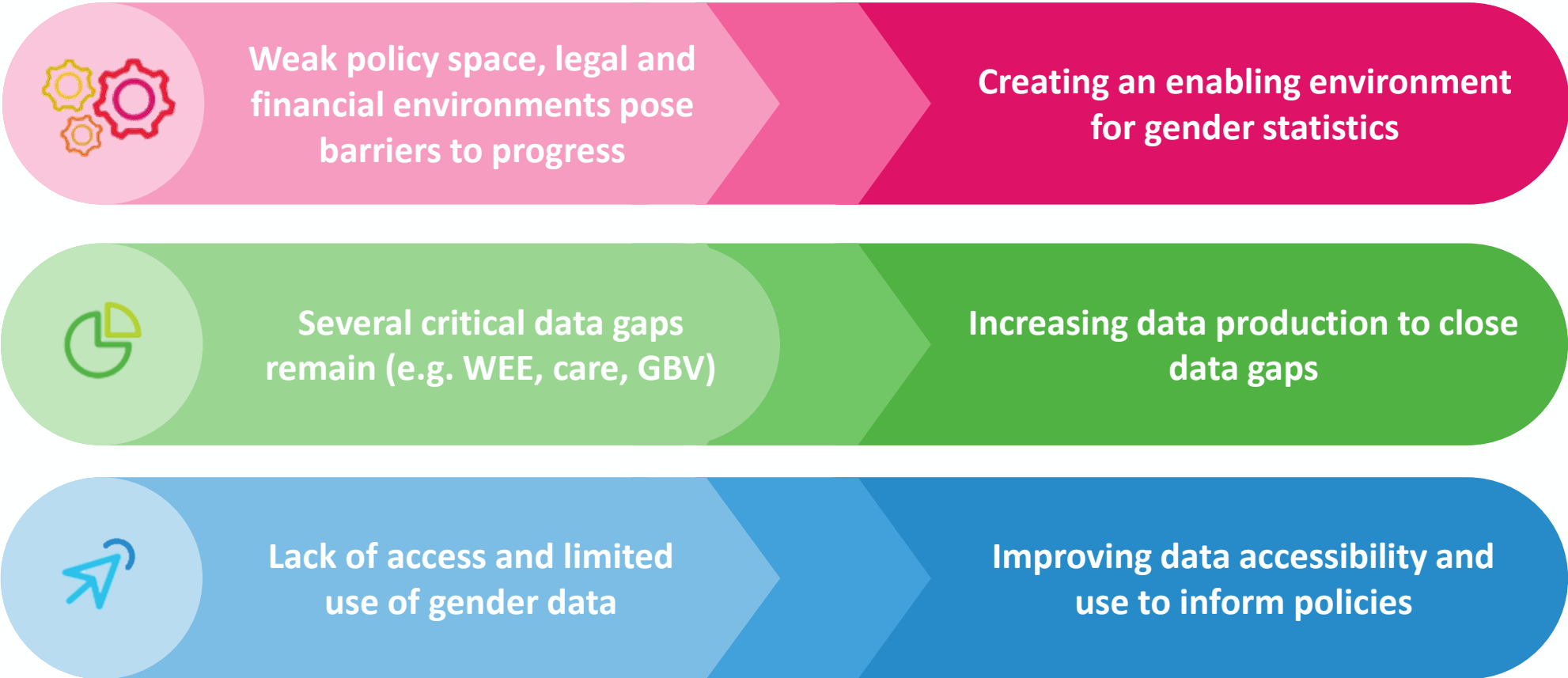
Women Count aims to leave no woman or girl by making Where data are missing, women & girls are invisible. them counted and visible through data.



Women Count takes a system-wide and holistic approach to tackle gender data gaps

Three Inter-related Challenges

Women Count Solutions



Key Highlights: Women Count Phase I (2016-2021)



ENABLING ENVIRONMENT

73

Countries have been supported on gender data

18

Countries have included gender data in national strategies and plans

22

Countries have improved coordination within the national gender statistics system



INCREASING DATA PRODUCTION

42%

Of data to monitor the SDGs are now available, up from 26%

37

Surveys have been supported to fill critical gender data gaps



IMPROVING DATA ACCESS AND USE

Gender Data has been used to inform

20+

Policies and/or programmes to spur action for gender equality

1

MILLION unique views on the Women Count Data Hub show greater access to gender data globally

Overview: Women Count Phase II (2022-2025)

KEY THEMATIC AREAS



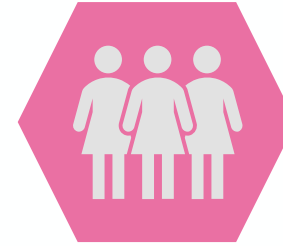
Women's economic empowerment



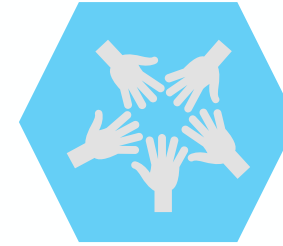
Violence against women



Gender-environment nexus



Governance & Participation



LNOB



Modern technologies



16 time use surveys (as standalone and a module in other surveys)



Strengthening linkages and collaboration with policymakers through development of:

- Household satellite accounts (in Kenya, Bangladesh, and Senegal)
- Development of care policies and systems (in Kenya, Colombia)



RGA on cost-of-living crisis and reprocessing data on food security

On gender data for women's economic empowerment...



Time Use Surveys (TUS) and Analysis

UN Women supported eight TUS in Phase I, fulfilling data gaps on unpaid domestic and care work.

Globally, the data needed to measure women's unpaid care work is only available in 45% of the countries.



Women Empowerment Index (WEI)

In Kenya, the WEI was produced from the 2020 and 2021 Kenya Economic Survey.

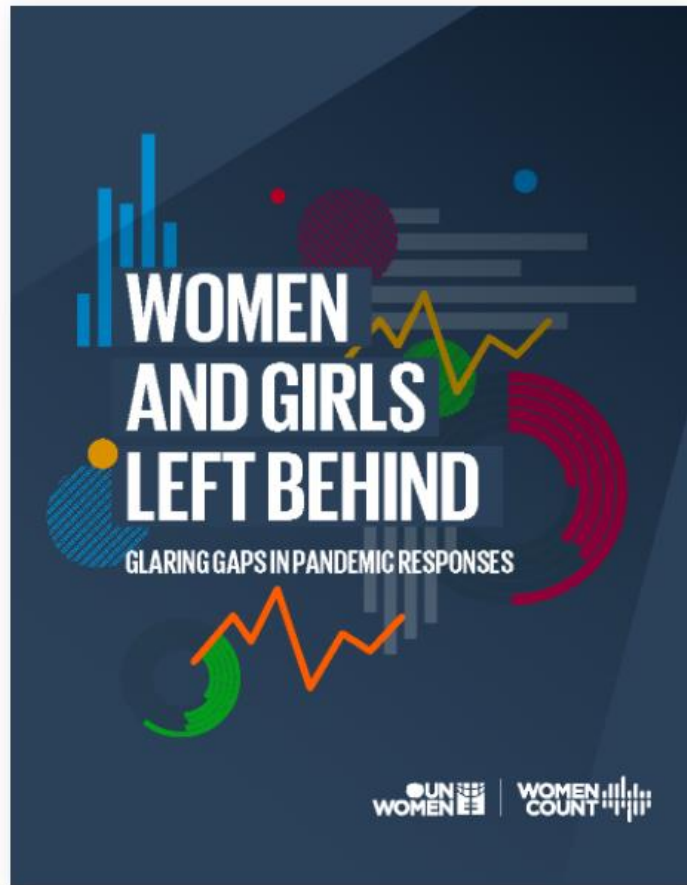
The index has provided new insights on women's empowerment in Kenya.



Rapid Gender Assessment Surveys (RGAs)

To provide timely data on the impact of COVID-19, UN Women implemented RGAs in almost 80 countries using remote data collection, including topics on employment and unpaid work.

RGAs confirmed uneven impact of the pandemic on women

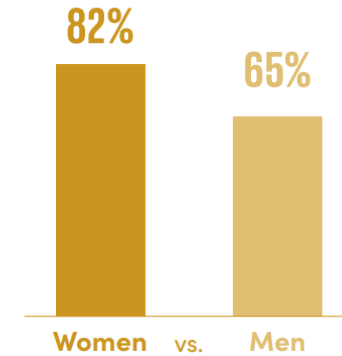


1 in 4 people lost their jobs



1 in 2 people saw work hours reduced

But independent women workers were especially affected



WOMEN ARE LESS LIKELY TO SEE JOB RECOVERY

The number of employed women in 2021 is projected to be

13 million less

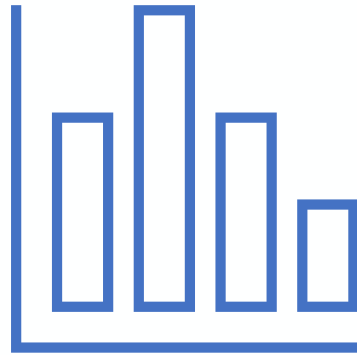
than in 2019, while the number of employed men is **projected to be the same**

Fewer working-age women will be employed in 2021



~~DATA DRIVING POLICYMAKING?~~

POLICYMAKING SHOULD DRIVE DATA!



Data Production



Policymaking

In Kenya's case:

National Care Policy

Time Use Survey

PROMISING PRACTICES – Latin America

In **COLOMBIA**, data on unpaid care and domestic work help shape a new national care policy

The preliminary data from the *National Time-Use Survey* (2017) published by Colombia's National Administrative Department of Statistics (DANE) in 2021, coupled with *Rapid Gender Assessment* (RGAs) data (2021) with UN Women, have helped close information gaps about unpaid care and domestic work.

- **Informed** government's **national care policy**, which has been in the works for the past four years, and Bogota's Municipal Care System
- DANE Director characterized RGAs as a **“motivating opportunity”** to use non-official sources

In **CHILE**, data on women's paid and unpaid work prompt **subsidy for working caregivers** and inform upcoming **national care policy**



References and related resources

- [Women Count Data Hub](#)
- [Women Count programme](#), including [Phase I report](#)
- Availability of [gender-specific SDG data](#) (as of June 2022)
- [COVID-19 Rapid Gender Assessments](#), including dashboard, microdata, guidance and tools
- [Counted and Visible Toolkit](#) (for producing disaggregated gender statistics)
- Sample use cases of unpaid care work ([Bangladesh](#), [Colombia](#), [Chile](#))

Thank you.
Please visit data.unwomen.org.

Jessamyn Encarnacion

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Inter-Regional Advisor on Gender Statistics
UN Women

| EPIC Technical Meeting | 16 November
2022

Annex V: Closing Poll¹

1. Was this technical meeting helpful in learning more about the gender pay gap in the health and care sectors?

	%
Yes	100%
Somewhat	-
No	-

2. Will you try to begin or scale-up your efforts in closing the gender pay gap in your organization based on what you've learned today?

	%
Yes	55%
Maybe	18%
No	-
N/A	27%

¹ Not all attendees answered the polls.