

Task Force 01

FIGHTING INEQUALITIES, POVERTY, AND HUNGER

Inclusive Access to Care Matters for Human Capital Development, Economic Growth, and Social Progress

Margo Thomas, PhD. Women's Economic Imperative; International Panel on Social Progress. USA, Guyana.

Blessing Oyeleye Adesiyun. Mother Honestly ([MH WorkLife](#)) and [Caring Africa](#). USA, Nigeria.

Nathaniel Adebayo, PhD. The Polytechnic, Ibadan; African Academy of Management. Nigeria.



TF01

Abstract

Cultural practices, religious and societal norms have traditionally assigned a disproportionate share of the responsibility for and costs of child- and elder-care to women and girls. The evidence shows that women and girls perform roughly 75 percent of unpaid care work and account for 66 percent of paid caregivers globally.

“Scaling up families’ access to quality childcare has the potential to unlock pathways out of poverty, build human capital and increase equity - all of which are cornerstones of a country’s economic growth and productivity.” [WBG, 2022]. Comprehensive investment in universal childcare is projected to generate 9 to 17 million jobs total, including 5 to 10 million jobs for women.

To draw lessons for G20 countries, this brief juxtaposes the care economy in the United States – an advanced economy and in Nigeria – one of the larger African economies where women’s representation in the formal wage sector is limited to 6%.

The authors conducted comparative analyses, drawing on research findings, case studies, and our advisory work to make policy and market-driven recommendations for tackling gender disparities in the care economy, improving families’ access to care resources, and increasing women’s economic participation by promoting changes in care norms and delivery systems, providing transformative benefits to vulnerable communities, generating inclusive economic growth, and promoting social progress.

Keywords: Care infrastructure. Care economy. Gender disparities. Access to care. Impact investing.

The Challenge and Relevance to the G20: Push and Pull, Demand and Supply for Care Workers

Global social and economic systems fail to account for and value the care provided by women and girls in the formal and informal sectors, including domestic workers doing paid work and unpaid caregivers within families and communities. Oxfam International (Box 1) succinctly captured the magnitude and declared care work as the “most valuable industry in the world” since “Without someone investing time, effort and resources in these essential daily tasks, communities, workplaces, and whole economies would grind to a halt” (OxFam International 2023).

BOX 1. Paid and Unpaid Care work: A heavy and unequal responsibility

A heavy and unequal responsibility

Women and girls undertake more than **three-quarters** of unpaid care work in the world and make up two-thirds of the paid care workforce.

They carry out 12.5 billion hours of unpaid care work every day. When valued at minimum wage this would represent a contribution to the global economy of at least **\$10.8 trillion a year**, more than three times the size of the global tech industry.

In low-income countries, women in rural areas spend up to **14 hours** a day doing unpaid care work.

Across the globe, **42 percent** of women cannot get jobs because they are responsible for all the caregiving, compared to just six percent of men.

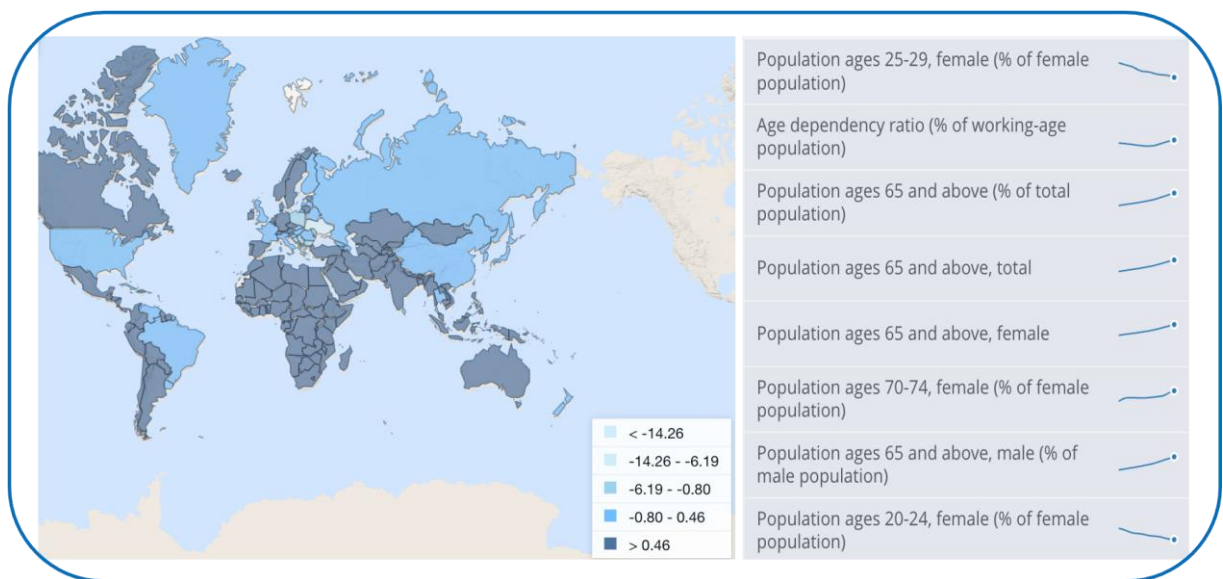
80 percent of the world's 67 million domestic workers are women – 90 percent don't have access to social security, and more than half have no limits on their weekly working hours.

Source: OxFam International, 2023.

Shifting demographics: Fundamental Challenge and Implications for the Global Care Economy

Africa is the world’s most youthful continent and home of the African Union – the newest member of the G20. In contrast, European, North American, and Japanese populations are aging as the average age in other regions, including India and China, PRC, is steadily rising. These population dynamics (Figures 1 and 2) super-imposed on migration trends reflect the formal and informal care chains that are being mobilized intra-regionally and internationally (World Bank 2024). They have significant impacts, as well as unintended consequences, on the economic and social progress of both source and destination countries.

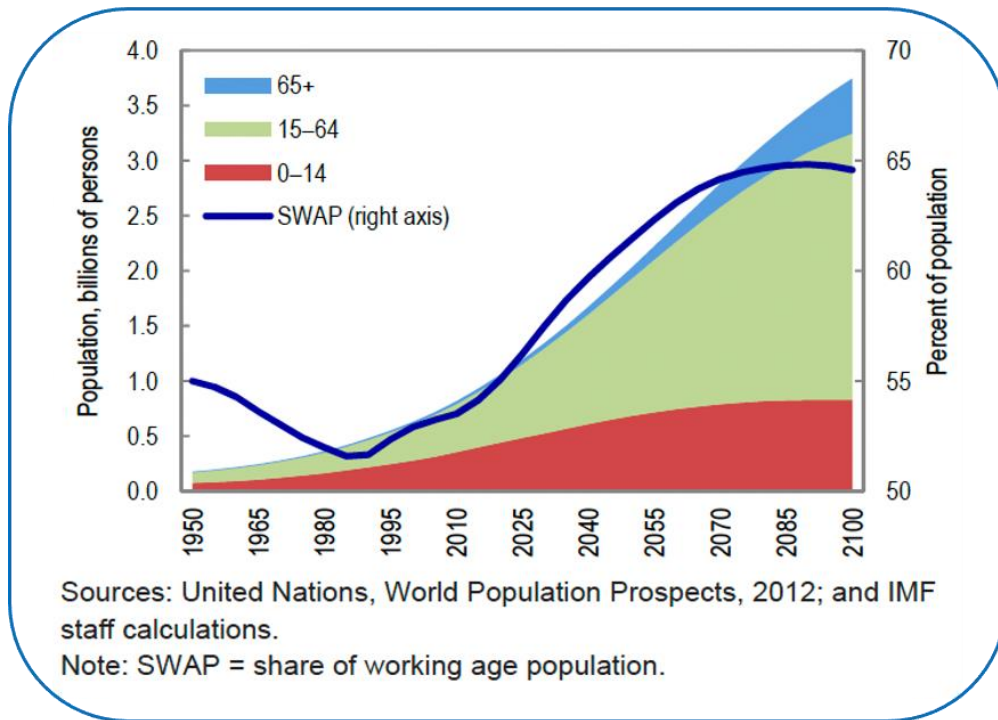
FIGURE 1. OECD MEMBER Countries Population Growth, 2024.



Source: World Bank, 2024¹.

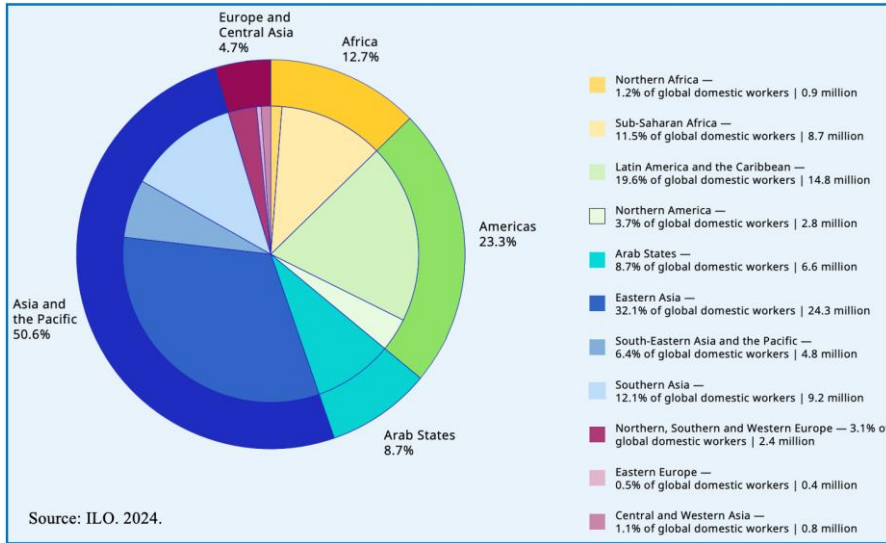
¹ <https://data.worldbank.org/indicator/SP.POP.GROW?locations=OE&view=map>

FIGURE 2. Sub-Saharan Africa: Population Structure, 1950-2100

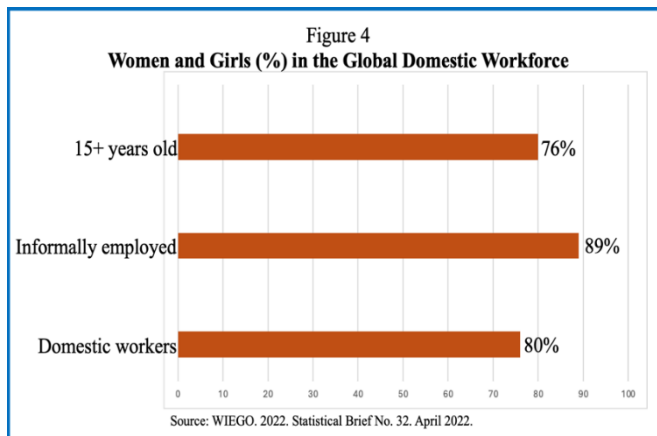


Under-investment in the global care economy and infrastructure has created significant gaps in care services. The Global North’s demand for care workers has been steadily increasing and the COVID pandemic heightened the demand for and movement of these workers globally. In parallel, the demand for care in the Global South is increasing as a consequence of international and intra-regional migration, spurred by global warming, conflicts and pandemics, among other factors (see Figure 3). The pull and push – demand and supply has produced significant consequences for the formal and informal sectors as the cycle of migration accelerates in response.

FIGURE 3. Global Demand for Domestic Workers



On both sides of this equation, women and marginalized populations bear a disproportionate share of the cost and risks. WIEGO (2022) estimates that roughly 76 percent of the global domestic workforce are women and girls.



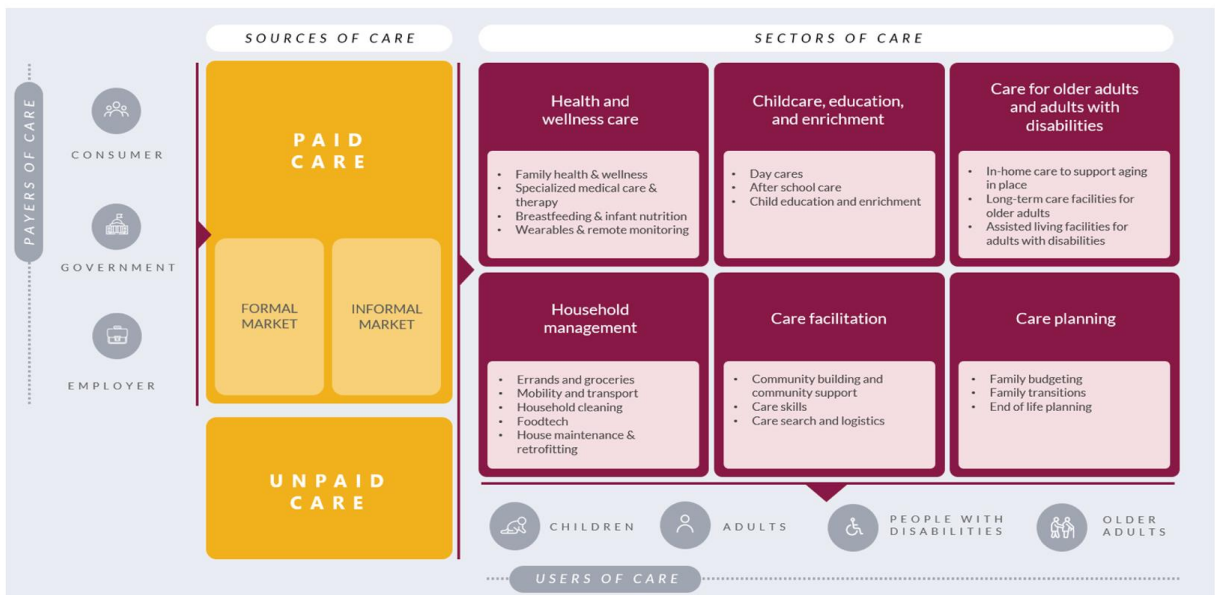
Taken together, these factors increase the likelihood that women domestic workers live in poverty with limited opportunities and few options for increasing their earning power, economic empowerment, and strengthening their health and well-being. This contributes to an inter-generational cycle of poverty, marginalization, and disempowerment of women and girls globally. Increasing levels of post-pandemic child marriage, gender-based violence, human trafficking and commoditization effectively erased some of the gains achieved over the past two decades in the global fight against poverty.

Care Infrastructure: Parallel Issues in Developed and Developing Economies

This brief juxtaposes the policy issues and investment requirements of the care economy in the United States (US) – an advanced economy and Nigeria – a developing economy. As a starting point, the care infrastructure framework (Figure 5) encompasses a whole-of-life perspective that is fundamentally consistent across developed and developing economies (R. Saxena and S. Jayram, 2021).

FIGURE 5

Care Infrastructure Framework



Source: Saxena, R. S. Jayaram. 2021. It's About Time: Private Investment in U.S. Care Infrastructure. Dalberg Advisors. <https://dalberg.com/our-ideas/its-about-time-private-investment-in-us-care-infrastructure/>

The Women, Business and Law Report (2024) includes a parenthood indicator that facilitates nominal cross-country comparisons of legal provisions and policies pertaining to particular aspects of childcare (Table 1). However, since the scores assessed do not clearly delineate national versus state and/or sub-national markers they can be misleading.

Table 1

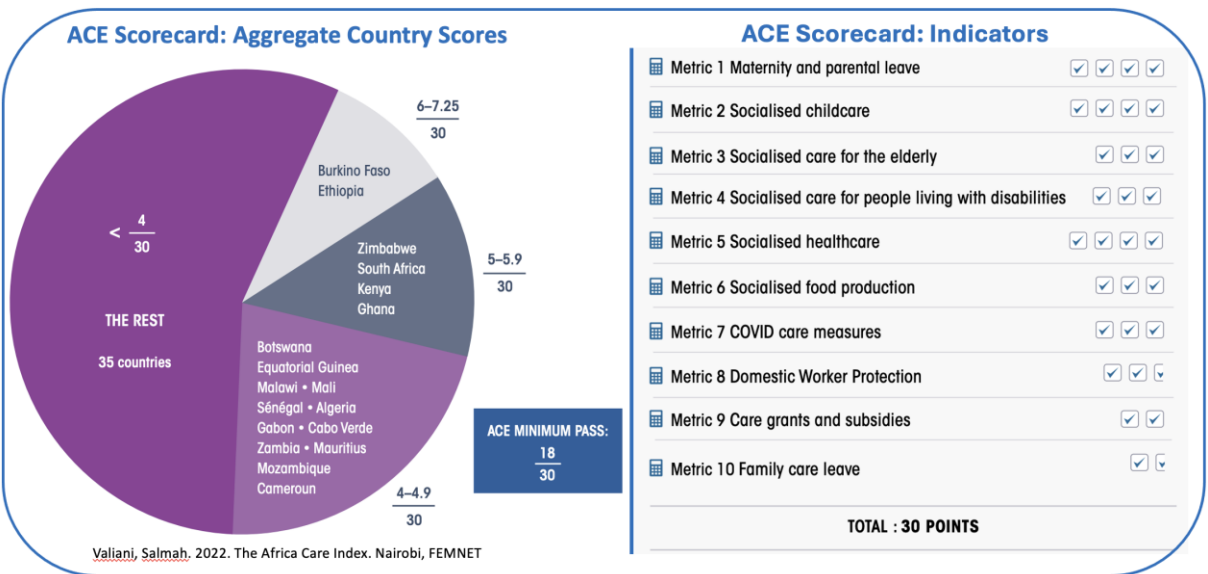
Women, Business and Law: Parenthood Scores for Nigeria and the United States

Question	NIGERIA			UNITED STATES		
	Answer	Score	Legal Basis	Answer	Score	Legal Basis
Is paid leave of at least 14 weeks available to mother?	No	0	Labor Act, Sec.54(1)	No	0	No applicable provisions located
Length of paid maternity leave	84			0		
Does the government administer 100% of maternity leave benefits?	No	0	Labor Act, Sec.54(1)	Yes	1	New York Codes, Rules & Regulations, Title 12, Sec. 380-7.7
Is there paid leave available to fathers?	No	0	No applicable provisions located	Yes	1	No applicable provisions located
Length of paid paternity leave	0			0		
Is there paid parental leave?	No	0	No applicable provisions located	Yes	1	New York Codes, Rules & Regulations, Title 12, Sec. 358-3.1
Shared days	0			0		
Days for the mother	0			84		
Days for the father	0			84		
Is dismissal of pregnant workers prohibited?	No	0	No applicable provisions located	Yes	1	42 United States Code, Sec. 2000e-2

Source: Women, Business and Law 2024. World Bank, Washington D.C.

Valiani’s approach (2022) to assessing key indicators of the care economy (Figure 6), highlights the policy, resource, and market challenges faced by SSA economies in responding to the need for care across the life cycle.

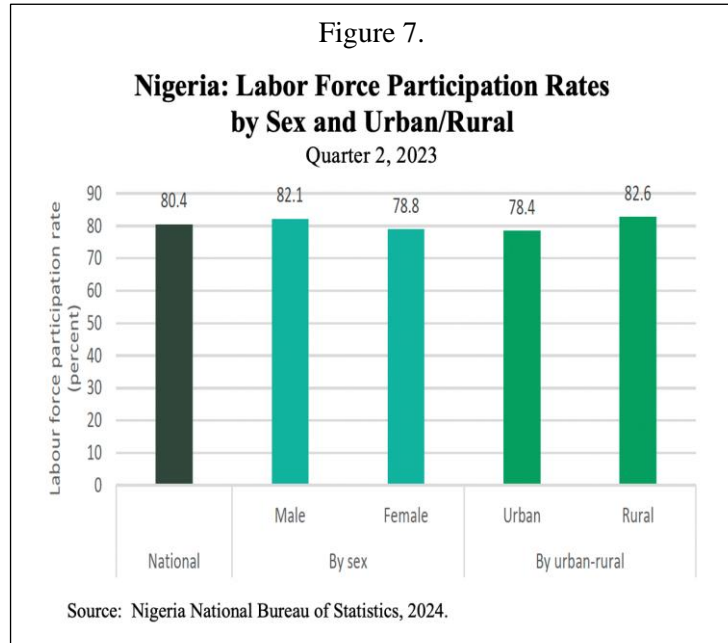
FIGURE 6. Tallying-up: The Africa Care Economy Index Scores



A. Nigeria

Nigeria is Africa’s most populous country and largest economy: GDP of US\$477 billion in 2023; population of 225 million; and 80 percent labor force participation rates for employed and self-employed women in urban and rural communities.

In the context of Nigeria’s care services requirements, the care gap is steadily increasing due to a combination of factors that force mothers to seek employment outside of the home, including:



cultural shifts; rural/urban migration; emigration of professional care workers; evolution of the world of work; family subsistence and survival challenges. In the 2022 Africa Care Economy (ACE) Index, Nigeria was scored in the lowest quartile and assessed a score of 0.9/30, ranking 52nd out of 54 countries.

The primary issues to be considered in reviewing Nigeria’s care economy include:

- **Parental Leave Gap.** Provisions for family leave are fragmented in terms of duration and payment. While maternity leave with pay is available in the public service, there is no provision for paternity leave at federal and state government levels. Parental leave in the formal and informal sectors is mostly unregulated and is either unavailable or available without pay.
- **Regulatory Gaps.** Domestic worker protections consistent with the ILO’s Convention on Domestic Workers 189 have not been promulgated in Nigeria, despite

several pending proposals. Nigeria's Labor Law include provisions that broadly apply to all workers. However, the country's de facto exclusion of domestic workers from the national minimum wage and social protection laws as well as regulatory gaps in dealing with safety in the workplace fail to protect the decent work rights of domestic workers (A. Osiki 2022). Similarly, established standards for registration and supervision of childcare services in Nigeria exist but implementation responsibility is fragmented and enforcement is compromised. For example, the Corporate Affairs Commission has responsibility for registering all childcare centers while the Ministry of Education handles supervision. Yet many childcare centres are unregistered and many establishments purporting to be registered could not produce their licenses.

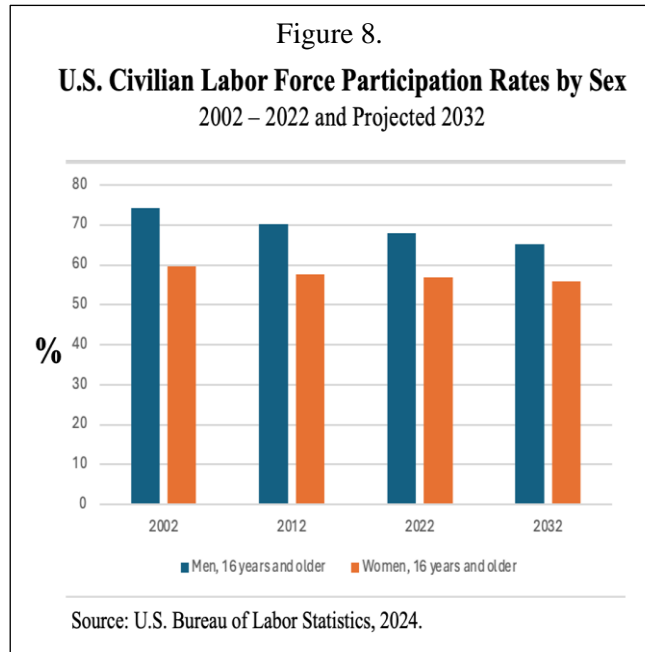
- **Childcare Services and Financing Deficits.** With the projected population increase and the country's fertility rate, the number of children requiring care is steadily rising. Lack of adequate investment in human capital and the care economy infrastructure implies a widening gap in access to and the availability of care services, particularly for those in the informal sector and marginalized communities. Childcare costs roughly 63% of the annual minimum wage per child and parents spend between 10% and 20% of their income on childcare services.

Nigeria would require investments between 4 to 8 percent of its GDP, (US\$17 billion to US\$35 billion) to fill its childcare funding gap (J. De Hennau 2022). Roughly two-thirds of childcare providers are self-financed and 18 percent resort to bank loans. With low personal savings and high lending rates, self-financing by childcare entrepreneurs is unlikely.

B. United States

The US (and other developed economies) face parallel policy challenges and some may well have comparable scores on the 10 metrics identified in the Africa Care Economy (ACE) Index.

Between 1950 and 2002, the US labor-force participation rate for prime-age women (25-54 years old) almost doubled. “As of 2022, more than two-thirds of mothers with children under age six were in the labor force” (C. Rouse and L. Barrow 2023).



The critical care economy issues and challenges for the U.S. include:

- Maternal and parental leave and family care leave.** “... almost all OECD countries provide mothers with at least 14 weeks leave around childbirth” (OECD 2022). In contrast, the U.S. is the only OECD country that offers “no statutory entitlement to paid leave on a national basis” (OECD 2022). Moreover, the range of beneficiaries of maternity leave is limited since there is no social insurance-based paid maternity leave (J. De Henau 2022). As of 2024, 13 states have promulgated laws for paid family leave and there are no federal laws mandating paid family and medical leave for the private sector (US Dept of Labor 2024).
- Childcare, care for the elderly, and people with disabilities.** In 2021, US spending on family care was 0.7% of GDP, in the bottom tier of OECD member countries and just above the percentages for Turkey, Mexico, but well below Bulgaria and Chile.

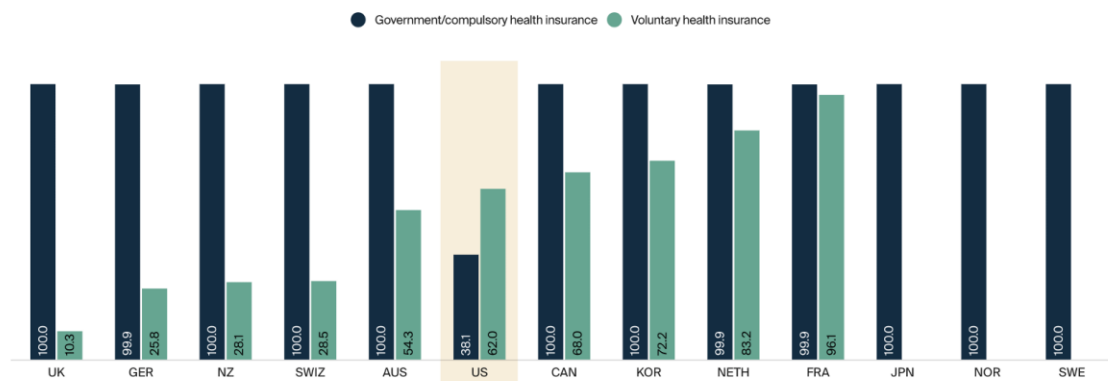
To fill the care gap, 2021 estimates show that family caregivers provided 36 billion hours of care valued at \$600 billion. The economic impact is significant as family caregivers lose roughly \$522 billion in wages annually and the economic cost to U.S. businesses for lost productivity due to caregiving responsibilities is estimated to be between \$17.1 and \$33.6 billion annually (Trualta 2023).

- **Universal Healthcare.** Unlike other high-income countries, the US (Figure 9) does not guarantee health coverage for all of its residents and citizens. (M.Z. Gunja, E.D. Gumas, and R.D. Williams 2023).

Figure 9

The U.S. is the only high-income country that does not guarantee health coverage.

Percent of total population with health insurance coverage



Notes: Government/compulsory health insurance data: 2021 data for AUS, CAN, FRA, NZ, and NOR; 2020 data for GER, KOR, NETH, SWE, SWIZ, UK, and US; 2019 data for JPN. Voluntary health insurance coverage data: 2021 data for AUS, CAN, and NZ; 2020 data for GER, KOR, NETH, and US; 2019 data for UK; 2017 data for FRA and SWIZ. Government health insurance refers to public benefit basket covering a minimum set of health services. Voluntary health insurance refers to payments for private insurance premiums, which grant coverage for services from private providers. See more information on definitions here: <https://www.oecd.org/health/Spending-on-private-health-insurance-Brief-March-2022.pdf>.

Data: OECD Health Statistics 2022.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II. *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

- **Domestic worker protection.** In the US, “Fewer than 1 in 10 domestic workers are covered by an employer-provided retirement plan and fewer than 1 in 5 receives health insurance coverage through their job” and “Domestic workers are three times as likely to be living in poverty as other workers ...” (A. Banerjee *et al* 2022).

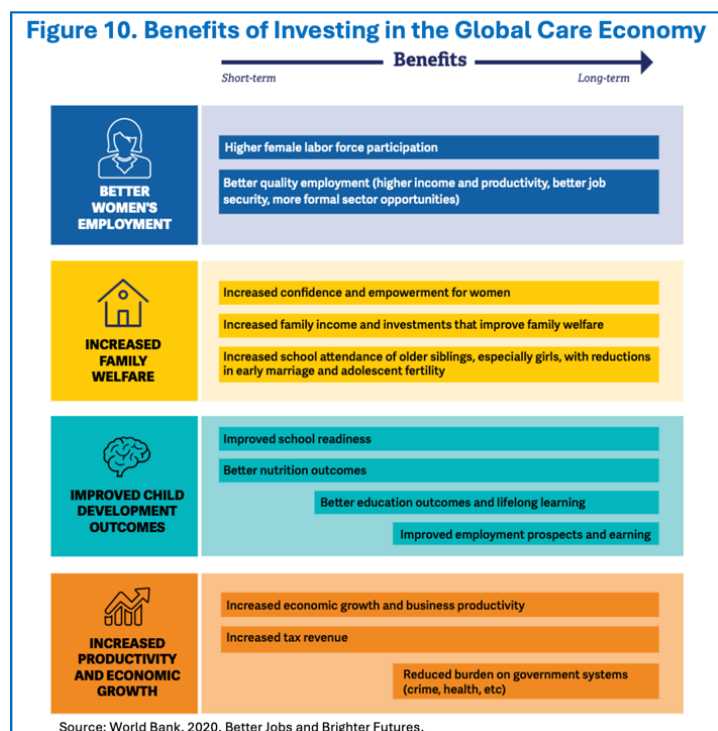


▪ **Care grants and subsidies.** The federal government’s Child Care and Development Fund (CCDF) is the “primary federal funding source devoted to supporting families with low incomes” access to quality child care. It is estimated that less than 20 percent of CCDF eligible children actually receive this funding (US Dept of Treasury 2021).

Recommendations for Actions by Public, Private, and Civil Society Sectors

“Scaling up families’ access to quality childcare has the potential to unlock pathways out of poverty, build human capital and increase equity - all of which are cornerstones of a country’s economic growth and productivity” (A.E. Devercelli and F. Beaton-Day 2020). Moreover, investing in universal childcare and care for the disabled and elderly will generate jobs, most of which will be occupied by women.

There is a strong investment case for progressively working towards universal access to care. “Closing the existing, large policy gaps would require a progressive and sustainable annual investment of US\$5.4 trillion (4.2 per cent of GDP before taxes) by 2035. Tax revenue from increased earnings and employment would rise, reducing the funding requirement



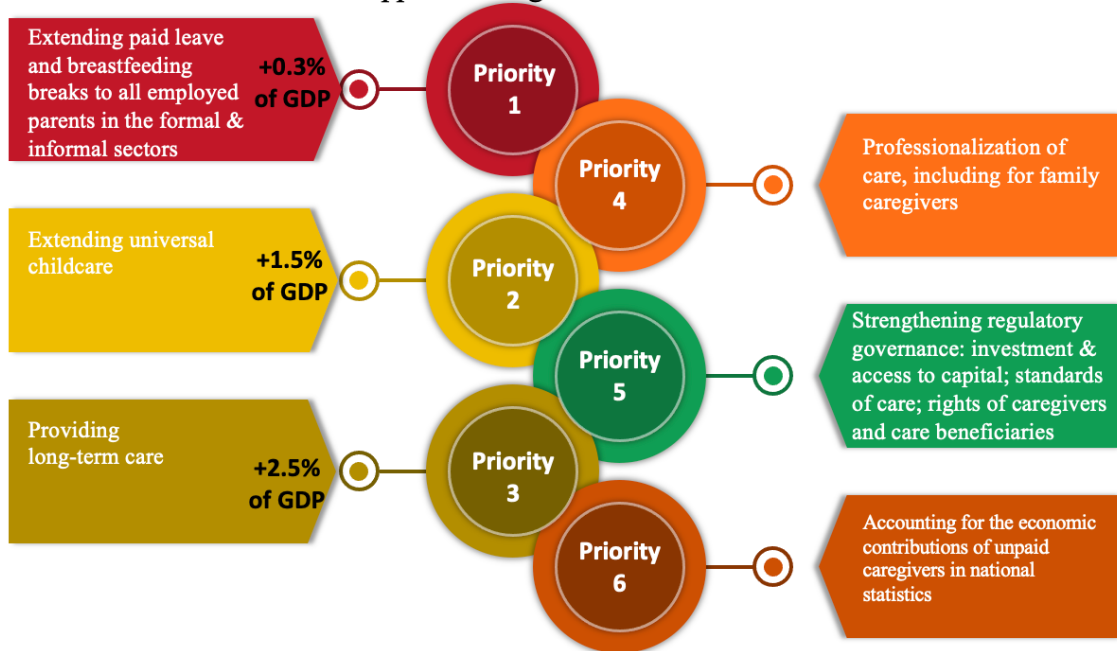
for all policies to a net 3.2 per cent of GDP after taxes (US\$4.2 trillion after taxes) in 2035” (A.E. Devercelli and F. Beaton-Day 2020). These transformative investments are projected to produce important economic and social benefits by 2035, including total net employment creation with women securing 78 percent of these new jobs and 84 percent in formal employment. Public investments in care infrastructure are critical

for overcoming systemic inequalities, building human capital, and fostering social progress (ILO 2022).

i. **State actions and public policy interventions** are required to increase investment in care and strengthen regulatory frameworks at national and sub-national levels as summarized in Figure 11 (J. De Henau 2022).

Figure 11. State Actions and Public Policy Interventions

Selected Policy Reforms: Annual Investment Requirements by 2035 +
Supplemental government interventions



ii. Private Sector Actions

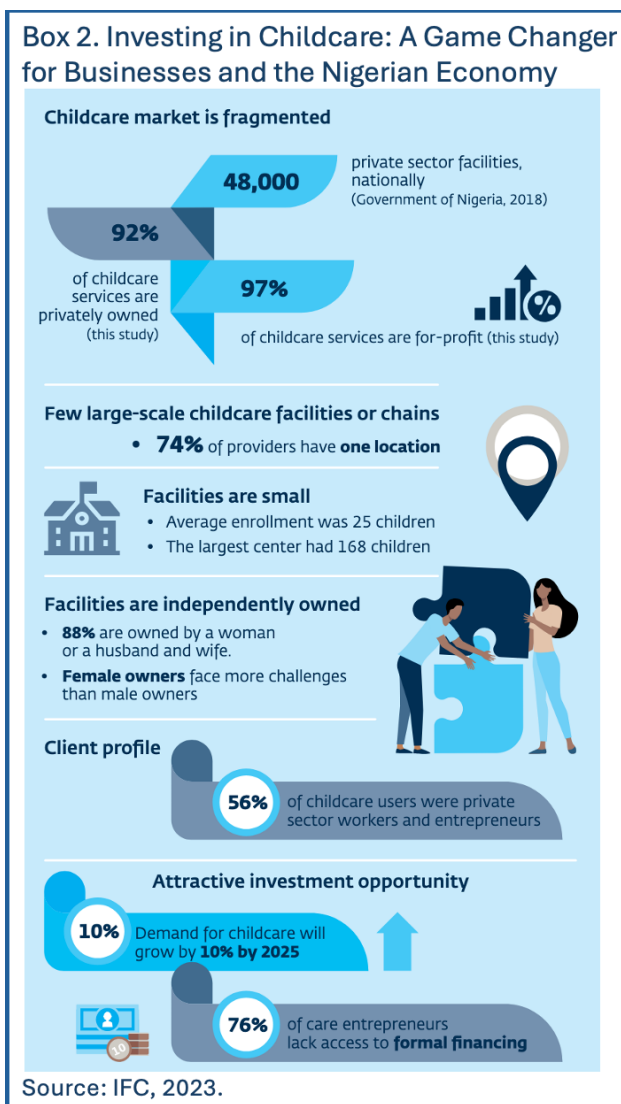
Private sector action, innovation, and investment is critical for tackling the global care crisis, by:

- adopting family-friendly workplace policies;
- supporting access to affordable, quality childcare for employees; and
- creating products, services and business models that provide care solutions for families and create decent work opportunities for care workers.

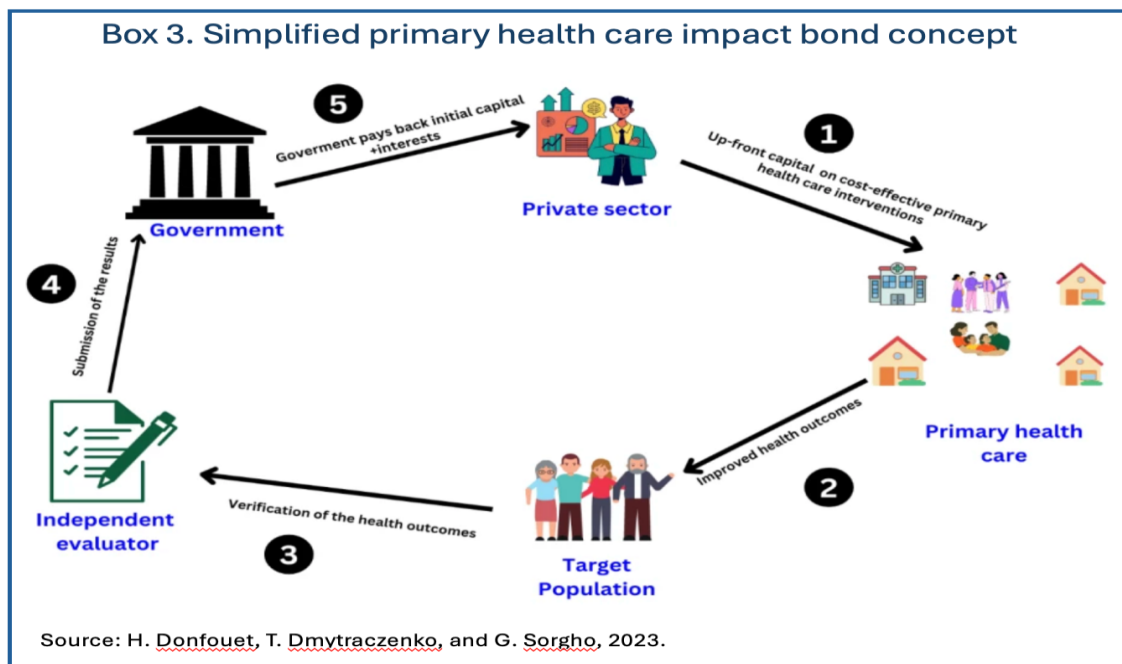
The private sector has much to gain, including recruiting and retaining top talent (especially women) and boosting productivity by reducing absenteeism and turnover (IFC 2024). IFC’s infographic (2024) makes a cogent case for private investment in Nigeria’s childcare market (Box 2).

Recommended actions include:

- Funding the care gap with increased investment in care services in developed and developing economies. For example, a recent investment conference in Nigeria mobilized approximately USD 50 million in potential funding commitments (Caring Africa 2024).
- Expanding options for innovative social impact financing models that leverage public, private, philanthropic, community, and crowd-sourced contributions. In the US,



policies and programs facilitate an array of private and philanthropic joint ventures. For example, Mission Driven Finance (2024) established a real estate investment trust to invest in center- and home-based care providers. The concept of social impact bonds has been applied for health care financing and may well be adapted in Nigeria and other developing countries to finance care facilities. (Box 3).



iii. Civil Society Actions

- Mobilize coalitions to challenge norms and practices regarding gender roles in caregiving within families and society at large, since “... critical but unequally distributed care responsibilities are known to directly correlate with women’s physical health, mental health, and the ability to participate fully in the economy” (R. Saxena and S. Jayaram 2021).
- Advocate for policy reform and fiscal support consistent with the ILO Decent Work Convention to protect and support care workers and family caregivers.

- Design, facilitate, and deliver quality care. See Care International (2023) for examples of successful projects in Kenya, Vietnam, and the United Kingdom.

The analyses supporting each recommendation reflect its context, benefits and projected outcomes/impacts. The challenges and contra-indications of each policy recommendation encompass the following over-arching elements:

1. Policy resistance rooted in ideological differences influencing economic and social policies that proscribe perceptions, values, ideals and approaches for addressing gaps in the care economy and care infrastructure. The 2024 US election debates place opposing views and global trends on the role and rights of women and marginalized groups in stark relief. These global trends can effectively roll back the rights, access, and protections of women and vulnerable populations, as reflected in who is required to bear the disproportionate share of the costs and risks of providing care within society. In 2021, the US government proposal to invest USD 400 billion in the care economy was not approved largely for political and ideological reasons, despite the robust evidence supporting the measurable and essential economic, social, and human capital benefits for the American economy and for the health and well-being of the American people.

2. A similar divide is evident in cultural, religious, political, and social resistance to the role of government in designing and implementing policies, regulations, and programs to change norms, beliefs, and systemic disparities in terms of access to health care, access to child-, disabled-, and elder care, rights, protections of employment and remuneration,



and access to education and human capital upgrading for women and marginalized groups.

3. The widening global gap in the distribution of wealth and protections as summarized in Box 1.

References

- Banerjee, A., K. deCourcy, K. K. Moore, and J. Wolfe. Domestic Workers Chartbook. Wash., D.C.: Economic Policy Institute, 2022.
- Care International and Cherie Blair Foundation for Women. Building caring economies as a pathway to economic and gender justice. Geneva: Care International Geneva, 2023.
- Caring Africa. The Business and Economic Case for Care in Africa. Lagos: Caring Africa, 2024.
- De Henau, J. Costs and benefits of investing in transformative care policy packages: A macrosimulation study in 82 countries. Geneva: ILO, 2022.
- Devercelli, A. E., and F. Beaton-Day. Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital. Wash., D.C.: World Bank, 2020.
- Donfouet, H., T. Dmytraczenko, and G. Sorgho. Three strategies to unlock the potential of primary health care in Sub-Saharan Africa. Wash., D.C.: World Bank, 2023.
- Gunja, Munira Z., E. D. Gumas, and R. D. Williams II. U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes. New York: The Commonwealth Fund, 2022.
- ILO. Care at work: Investing in care leave and services for a more gender equal world of work. Geneva: ILO, 2022.
- IFC. Investing in Childcare: A Game Changer to Build Human Capital. Wash., D.C.: World Bank, 2023.
- IFC. Care2Equal: Mobilizing private sector action, innovation, and investment to tackle the global care crisis. Wash., D.C.: World Bank, 2024.
- IFC. IFC's Work in Health. Wash., D.C.: World Bank, 2024.
- <https://www.ifc.org/en/what-we-do/sector-expertise/health>

Mission Driven Finance. Investing in Real Estate to Increase Quality Child Care. San Diego: Mission Drive Finance, 2024.

<https://www.missiondrivenfinance.com/invest/real-estate/care/>

Osiki, A. Facilitating Decent Work: the case of domestic workers in Nigeria. University of the Western Cape, Center for Transformative Regulation of Work. Belville: CENTROW, 2022.

OECD. OECD Family Database: Parental Leave Systems. Paris: OECD, 2022.

Oxfam International. Not All Gaps Are Created Equal: The True Value of Care Work. London: Oxfam Int, 2023.

Rouse, Cecilia and L. Barrow. America Needs Public Investment in Childcare. New York: Project Syndicate, 2023.

Saxena, R. and S. Jayaram. It's About Time: Private Investment in U.S. Care Infrastructure. New York: Dalberg Advisors, 2021.

Trualta. The Hidden Economy: Unraveling the Economic Impact of Caregiving in the US. Trualta, 2023.

U.S. Department of Labor. 2024. Women's Bureau. Paid Leave. Wash. D.C.: U.S. Dept. of Labor, 2024

U.S. Department of Treasury. The Economics of Child Care Supply in the United States. Wash. D.C.: U.S. Dept. of Treasury, 2021.

Valiani, Salimah. The Africa Care Index. Nairobi: FEMNET, 2022.

WIEGO. Statistical Brief No. 32. April, 2022. Digital. Manchester: WIEGO, 2022.

World Bank. COVID-19 and Nigeria's Human Capital Crisis. Wash., D.C.: World Bank, 2022.

World Bank. Women, Business and Law Report. Wash., D.C.: World Bank, 2024.





Let's **rethink** the world

