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EXECUTIVE SUMMARY

# ► COVID-19 and the situation of female health workers in Argentina

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## Executive Summary

The health emergency due to COVID-19 has once again revealed the inequalities affecting women, especially those working on the front line of health and social care. The health sector, which is highly feminized, is characterized by high risks of exposure to infection, consequently involving considerable physical and emotional costs. In this regard, female health workers are not only one of the strategic cornerstones of the response to the COVID-19 crisis, but also one of the most vulnerable sectors.

This report addresses the situation of female health workers in Argentina, who represent 70 per cent of the labour force in the sector. These women perform an essential task for society, within a framework of major economic, labour and professional inequalities, which must be completely revamped. On top of the historic gender gaps in the health system at a national level, the crisis is adding new asymmetries that must be considered by policy-makers. Along this line, the document details the measures that have been implemented in this emergency situation, and it proposes recommendations for designing a comprehensive response targeted at female health workers.

The health sector in Argentina includes 760,000 female workers, who represent 9.8 per cent of the country's occupied women. In addition to being a majority in the sector, women are over-represented in technical occupations (nurses, midwives, caregiving activities, etc.), in administrative professions and in cleaning and food/catering services. This segmentation explains the persistent and significant gap that affects women in the sector in terms of wages, informality and access to labour rights.

With respect to wages, the majority of female health workers are in the 25th percentile in the distribution of monthly labour income in the country, while males are mainly at 50 per cent of the distribution (a difference that increases in the higher levels of qualification). Moreover, 20.4 per cent of female workers in the sector are informal workers (versus 14.7 per cent of males), which means less access to essential protection mechanisms within the current context of the pandemic. Specifically, non-registered female health workers' rights are barely covered, such as protection against occupational accidents or illnesses (11.3 per cent), health insurance (25.7 per cent) or sick leave (22.8 per cent).

In addition, 48 per cent of female health workers are heads of household, a situation that duplicates the burden of care work for many of these workers. In addition to the long workdays that characterize the sector, women carry out nearly one more hour of non-remunerated domestic work per day in comparison with their male colleagues.

Regarding labour conditions, one of the main risks to health personnel during the pandemic is the major increase in the workload and the extended working hours. In comparison with their male colleagues, female health workers work overtime to a greater extent, even if the difference in the remuneration for these hours is not as considerable. The front-line care occupations performed by nurses, nursing auxiliaries, technicians or gerontology assistants mean that women are more exposed to agents that could be infected. Likewise, a greater prevalence among women of episodes of workplace violence and harassment, especially from patients, clients, etc, has been observed in Argentina. Within the context of the pandemic, female health workers are exposed to multiple forms of violence at their workplace, on the street and even in their homes due to stigmatization and unsympathetic reactions driven by the fear of becoming infected.

These inequalities corroborate the fact that, despite being the backbone of the health system, female health workers in Argentina find themselves in a highly vulnerable situation in terms of their health as well as their social and economic well-being. Furthermore, a detailed analysis of the conditions of nursing and obstetrics bears witness to the shortcomings of both the health system as a whole and the regulatory framework, thereby aggravating the situation of vulnerability. The nursing sector, which is the most numerous occupational group and the one with the greatest level of feminization (74 per cent), is characterized by regulatory vacuums. While the professional practice of nursing is backed by a national law (Act No. 24004/1991), jurisdictions that are so central to the sector, such as the City of Buenos Aires, still do not include it among the professional segment of health.

Regarding graduates of obstetrics, professional birth attendants or midwives, it is highly difficult to determine with certainty the number of people engaged in these occupations, and there is a notable lack of regulations. The professional practice of obstetrics continues to be framed within Act No. 17132 of 1967, under the terms of which obstetricians are deemed to be medical collaborators in relation to pregnancy, birth and the post-partum period. In this regard, the legislative bill “Professional Practice of Graduates in Obstetrics” should be noted (passed by the Chamber of Deputies in April 2019), as well as inclusion of the degree of Obstetrics in the Higher Education Act in November 2019. These particular situations highlight the fact that, despite the importance of the work that female health workers perform, they still are not valued as they should be, either within the health sector or in society as a whole.

The specific effects of the COVID-19 crisis on female health workers include the following: serious deficits in occupational health and safety, including exposure to infection; longer workdays and a greater workload (harmful to not only the workers themselves but also to the quality of care they provide); increased stress and greater psycho-social risks; an increase in the non-remunerated care load;

a loss of jobs and income in some occupations (for example, ophthalmology and dentistry); discrimination; and a lack of labour protection.

Although there are no public policies that comprehensively cover the situation of female health workers in Argentina, these workers are covered by some of the measures implemented in response to the effects of the pandemic, in financial and employment terms. The measures with a direct impact include reinforcement of the healthcare system, extraordinary financial compensation for health workers and the inclusion of COVID-19 as an occupational illness for those who perform essential activities. Moreover, Act No. 27548 enacted on 21 May, implemented the Health Personnel Protection Programme during the health emergency. The Programme includes biosafety measures, protection protocols, training and the creation of a single register of health personnel infected by COVID-19. The Ministry of Health also developed the National Plan for the Care of Health Workers, with the aim of coordinating actions between jurisdictions, identifying risk scenarios and supporting health workers and their families during the pandemic. At a sector level, an agreement between the government and the federation that brings together female health worker associations guaranteed not only that full wages would be paid, but also that free transport would be provided for the sector during the pandemic. Social awareness-raising actions were also carried out, such as the UN Women campaign, #CuidarEsTrabajo (#CareIsWork).

In order to improve the situation of female health workers during the COVID-19 crisis, Argentina could implement public policies oriented at the following: ensuring both physical and mental health and safety; establishing maximum limits for working hours; providing compensation for the labour overload; protecting those who have atypical contracts; promoting access to supplementary care services; and implementing remunerated maternity and parental leaves or monetary benefits for adults who are responsible for care tasks in the home. Measures directed at eradicating workplace violence and harassment, of which female health workers and their families could be victims, are also urgently needed.

In the medium and long term, suitable and coordinated actions must be adopted to improve the situation of female health workers. As already detected, one of the greatest deficiencies is related to regulations: there must be greater consistency in the different levels of the system, which must be adapted to the professional competencies of female workers. In accordance with the aforementioned, other priorities include advancing in the work to ensure that working conditions are uniform, hiring and training more health personnel and increasing investments in the health sector as a whole. According to the ILO’s estimates, which are in line with the Sustainable Development Goals for 2030, the country should increase public and private expenditure in health by 56.8 per cent, thereby reaching a 122 per cent increase in sector employment (with respect to 2015 levels). At a minimum, 17.3 per cent of this additional public expenditure would be recovered

in the short term through tax income. Finally, measures related to follow-up and monitoring are indispensable requisites for ensuring the effectiveness of the solutions proposed by policies.

To build sustainable, long-term solutions, mainstreaming a gender perspective and involving women in all phases of the response to the crisis and in decision-making is indispensable. In addition to deconstructing stereotypes and eradicating all forms of discrimination, it is important to define health occupations in terms of professionalization, a necessary step to reducing gender inequalities. In this same sense, strengthening female worker organizations and promoting social dialogue will be important.

This report shows that the crisis generated by COVID-19 affects various facets related to female health workers in Argentina. These workers are facing a combination of greater exposure and less protection, thereby multiplying the risks of the pandemic. It is essential to translate the positive assessment received by female health workers within the context of the crisis, into equitable labour and wage conditions, as well as into a regulatory framework that provides effective access to labour rights. As long as the crisis lasts, female health workers in Argentina will continue to be responsible for caring for the health of society. Consequently, their health, safety and economic stability have to be protected and guaranteed as a part of the essential efforts to ensure the well-being of the entire population during the COVID-19 pandemic.

*COVID-19 and the situation of female health workers in Argentina*

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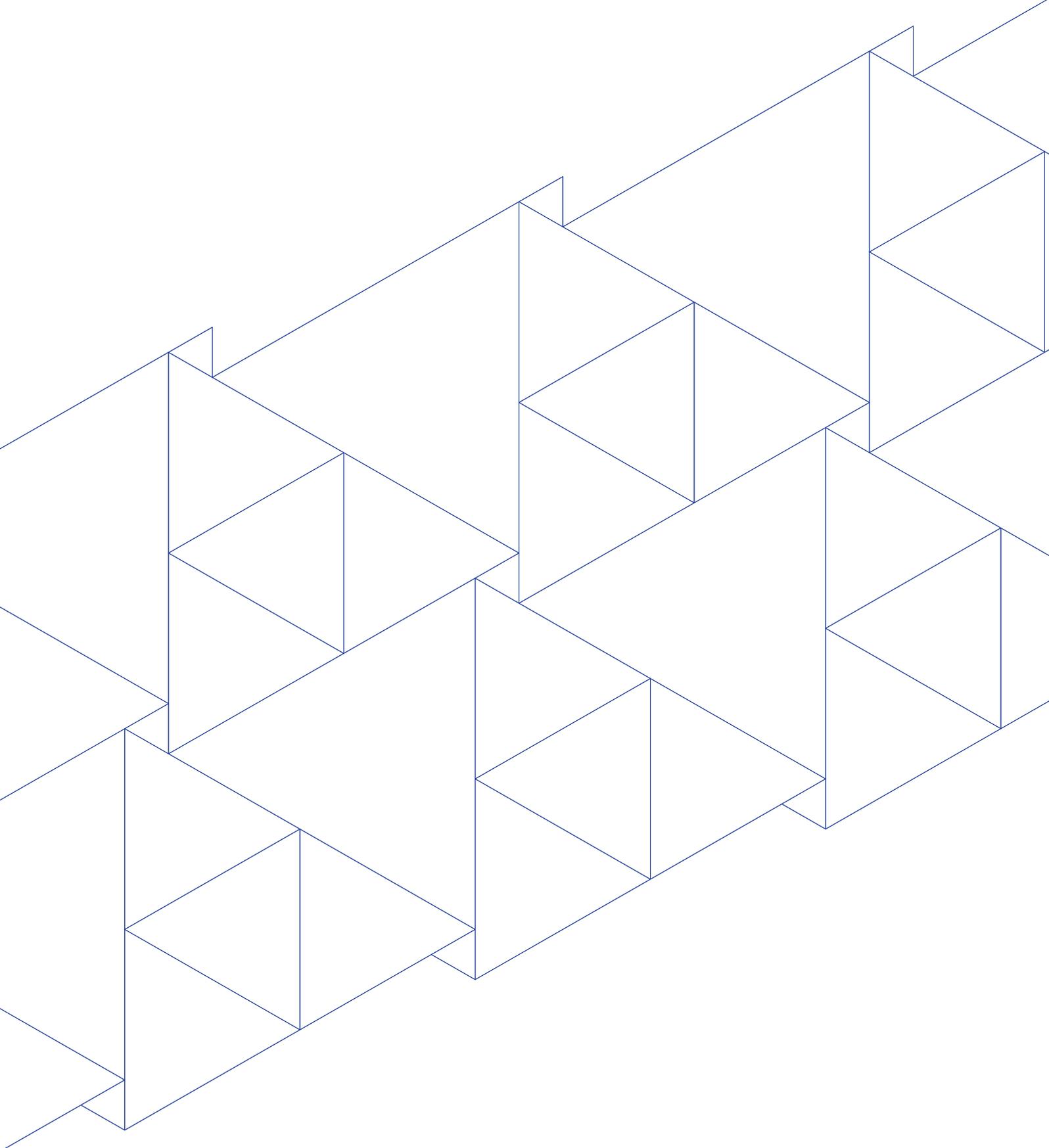
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The use of language that does not discriminate or mark differences between men and women is one of the concerns of our Organization. However, there is no agreement among linguists about how to do so in Spanish. In this regard and in order to avoid the graphic overload that would be meant by using 'o/a' (male/female gender markers in Spanish), we have opted to use the classic generic masculine marker in the Spanish version, thereby understanding that all mentions in such gender always represent both men and women.

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