



International
Labour
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► Care at Work

Investing in Care Leave and Services for a
More Gender Equal World of Work

Companion Regional Report for the Middle
East and North Africa





▶ **Care at Work**

**Investing in Care Leave and Services for a
More Gender Equal World of Work:**

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East and North Africa**

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► Preface

The Middle East and North Africa (MENA) region is not a stranger to crises – facing and recovering from the COVID-19 pandemic, political, social and economic insecurities, and natural disasters – which both interact with and amplify the care crisis. These interlinked crises increase the demand for care, reinforce barriers to decent work for workers with family responsibilities and care workers – especially those facing intersecting forms of discrimination – and create inequities for care recipients. Despite some improvements in care policies and services in MENA in the last decade, gaps in adequate care policies and services remain and have pushed many women, more than men, outside of the paid labour force to undertake the responsibility of care in the form of unpaid and unsupported care work. This exposes the urgent need to address the unequal share of unpaid care work between women and men and between families and the State and underlines the importance of investing in an ecosystem of transformative care policies, which can generate decent care jobs. This is to the benefit of workers (both women and men), children, businesses, societies and the planet; since making the right to care and to be cared for a reality for all has overarching implications for the sustainability of humanity.

Investing in care is central to the ILO Centenary Declaration for the Future of Work and the Global call to action for a human-centred recovery from the COVID-19 crisis that is inclusive, sustainable and resilient. Both have been endorsed by governments and employers' and workers' organizations from all over the world and are grounded on international labour standards. "Large-scale investment in the care economy" is also a key transformative measure of the UN Secretary-General's Our Common Agenda. It is also central to the UN Global Accelerator on Jobs and Social Protection for Just Transition initiative to accelerate the implementation of the Sustainable Development Goals through the creation of decent jobs, primarily in the green and care economies. It also contributes to the Global Coalition for Social Justice launched by the ILO Director-General to bring together the ILO tripartite constituents and organizations from the multilateral system as well as other stakeholders with a common ambition to promote strong, sustainable and inclusive development through strengthened global solidarity, policy coherence and concerted action with a view to pave the way towards the emergence of a new global social contract.

As a contribution to this agenda, this regional companion report for the countries of MENA is intended to complement the ILO's report *Care at Work: Investing in care leave and services for a more gender equal world of work* (2022). It also offers a key input to the regional conference on *Investing in Early Childhood Care and Education in the Arab Region for a more gender equal world of work* held in Amman, Jordan (May, 2023). Drawing on the *Care at Work* (2022) report's regional data and the results of the new ILO Care Policy Investment Simulator (2023), this companion report provides a review of the status and progress of legislation on care policies in MENA countries, including early childhood care and education (ECCE) services and programmes, and presents the investment case for a transformative package of care policies in 12 countries in the region. The simulation results support the global agenda to invest in care, showing the multiple benefits in terms of employment creation, return on investment and improvements to gender equality and social justice in the world of work.

There will be no full, gender-equal, sustainable and inclusive future in the MENA region without serious investments in transformative care policy packages. This is the main message of this report, which we hope will resonate among governments, employers' and workers' organizations as well as the multiple global, regional and national partners working together to build a more caring world of work.

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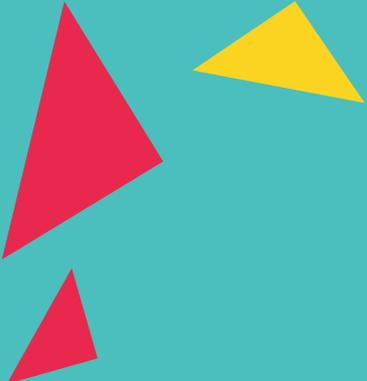
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▶ Abbreviations

CEACR	ILO Committee of Experts on the Application of Conventions and Recommendations
COVID-19	Coronavirus Disease 2019
ECCE	Early Childhood Care and Education
ECED	Early Childhood Educational Development
GDP	Gross Domestic Product
HALE	Healthy Life Expectancy Age
ILC	International Labour Conference
MENA	Middle East and North Africa
NGO	Non-governmental Organization
OECD	Organization for Economic Co-operation and Development
OSH	Occupational Safety and Health
PPE	Personal Protective Equipment
ROI	Return on Investment
SME	Small and medium-sized enterprise
WHO	World Health Organization



Executive Summary

**Care at Work: Investing in Care
Leave and Services for a More
Gender-Equal World of Work**



Maternity leave is a universal human and labour right, yet it remains unfulfilled

The ILO Maternity Protection Convention (No. 183) and related Recommendation (No. 191) mandate a minimum maternity leave period of 14 weeks and recommend increasing it to at least 18 weeks to ensure an adequate rest and recovery time for the mother. As of April 2022, Morocco is the only MENA country that has ratified Convention No. 183 out of the 43 ratifications registered by the ILO. In MENA, the average duration of maternity leave is 17 weeks. Since 2011, three countries (Islamic Republic of Iran, Iraq and Kuwait) have met or exceeded the ILO 14-week standard. Currently, 12 countries do not meet the minimum 14 weeks of maternity leave, while three countries (Islamic Republic of Iran, Kuwait and Syrian Arab Republic) provide 18 weeks or more, meeting Recommendation No. 191.

ILO standards require the amount of cash benefits to be at least two-thirds (67 per cent) of the woman's previous earnings and recommend increasing it to 100 per cent, when possible. In the MENA region, 16 countries (including Algeria, Egypt, Lebanon, Qatar and Yemen) offer fully paid maternity leave, and two (Islamic Republic of Iran and Tunisia) offer a maternity leave cash benefits between two-thirds and 99 per cent. Only Kuwait provides a maternity cash benefit equivalent to less than two-thirds of previous earnings as the benefits do not cover the entire period of maternity leave.

ILO standards require that employers should not be individually liable for the direct cost of maternity leave and that cash benefits shall be provided through compulsory social insurance, public funds or non-contributory social assistance to women who do not qualify for benefits out of social insurance. In MENA, maternity leave cash benefits are funded by the employer in 12 countries, paid through social insurance in six countries (Algeria, Egypt, Islamic Republic of Iran, Jordan, Morocco and Tunisia) and paid through mixed schemes in Libya. Since 2011, Egypt moved away from a mixed scheme to social security, and Libya moved from an employer liability scheme to a mixed scheme. This results in a total of 4 countries (Algeria, Islamic Republic of Iran, Libya and Morocco) out of 19 in MENA, being in line with the key three requirements of ILO Convention No. 183.¹

At the current pace of legal reforms, it will take at least 70 years for the remaining countries in MENA, where nearly 80 million potential mothers live, to fill the current gaps and align to ILO standards on maternity leave.

The fundamental right to paid and job-protected maternity leave should be guaranteed to all women, especially mothers from vulnerable groups (e.g. migrants, domestic workers, and persons with disabilities) and in the informal economy. Employment protection and non-discrimination is essential to make the right to maternity leave a reality. In MENA, only Algeria, Libya, Morocco and Tunisia, provide mandatory coverage for self-employed workers. Then, Bahrain, Saudi Arabia and Tunisia guarantee employment protection during pregnancy, maternity leave and any additional period. The employer is required to prove that the reason for dismissal is not connected with the worker taking maternity leave in 2 (Bahrain and Morocco) out of 15 countries in the region with available information. Finally, mothers have the right to return to the same position or equivalent following maternity leave only in Islamic Republic of Iran, Iraq and Morocco.

1. The main requirements of maternity leave legislation set out in the ILO Convention No. 183 are: (i) leave should be not less than 14 weeks; (ii) cash benefits should be not less than two-thirds of previous earnings; and (iii) maternity leave cash benefits should preferably be provided through compulsory social insurance or public funds.

Paternity leave is key to enabling men's care rights and responsibilities

In 7 out of 18 countries in MENA, fathers have the right to paternity leave, including Algeria, Morocco and Tunisia. On average, the duration of paternity leave among countries with paternity leave is around seven days. Since 2011, four countries in the region (Bahrain, Islamic Republic of Iran, Jordan and Saudi Arabia) have either introduced or increased the duration of paternity leave.

The ILO Resolution concerning the second recurrent discussion on social protection (social security)⁹ calls for Member States to foster income security during maternity, paternity and parental leave as part of gender-responsive social protection systems. Paternity leave is fully paid in all seven countries with paternity leave provisions in the region. Employers are the main source of financing of paternity leave in five countries, while in only two countries (Morocco and Tunisia) this right is financed by social protection.

All fathers, without discrimination, should have a right to paternity leave. However, as with maternity leave, some categories of workers are still largely excluded from paternity leave provisions. Moreover, employment protection and non-discrimination connected with paternity leave could improve paternity leave take-up rates. In MENA countries, the scope of legislation on paternity leave cash benefits, when mandated, excludes self-employed workers. In addition, all countries providing statutory paternity leave explicitly exclude adoptive parents. In MENA, there is no right to protection against dismissal for paternity leave. The totality of the countries in the region also do not provide fathers with employment protection through legal provisions that would place the burden of proof on employers to demonstrate that the father had been dismissed for reasons other than him taking paternity leave. In 2021, fathers in the MENA region were also not guaranteed the right to return to the same or equivalent position after paternity leave.

Parental leave and other special care leave can also help balance the work and family responsibilities of mothers and fathers over their life course

ILO standards call for a period of parental leave – determined by national laws – to be available to either parent after maternity leave without having to relinquish their employment and with their employment rights being protected. Statutory parental leave is available in six countries in MENA (Bahrain, Egypt, Jordan, Morocco, Syrian Arab Republic and United Arab Emirates). The average duration of parental leave among these countries is almost 77 weeks (paid and unpaid). In the last decade, two countries in the region – Bahrain and United Arab Emirates – increased or introduced parental leave. The United Arab Emirates is the sole provider of paid parental leave with cash benefits equivalent to 100 per cent of previous earnings paid by the employer. In the remaining five countries parental leave is unpaid.

With ageing societies, paid long-term care leave can play a key role in supporting new and increasing care needs. In MENA, one country (the Islamic Republic of Iran) provides paid long-term care leave, with the employer fully responsible for paying long-term care leave cash benefits.

Emergency leave is a special leave of short duration for urgent family reasons. Eleven countries in MENA provide paid emergency leave, including Egypt, Kuwait, Oman and Yemen. All countries that provide emergency leave rely on employer liability to fund it.

2. ILO. 2021. Resolution concerning the second recurrent discussion on social protection (social security), ILC.109/Resolution III.

The workplace is an important entry point to promote safety and health and save lives

All workers should have the right to a safe and healthy working environment, including pregnant or nursing women. ILO standards mandate that provisions relating to the protection of persons working under dangerous or unhealthy conditions should be aimed at protecting the health and safety of both men and women at work, while taking into account gender differences in regard to specific health risks.^{3,4} Moreover, time off for prenatal examinations and adequate maternal healthcare, as called for by ILO standards on maternity protection and social security, can save lives by tackling preventable maternal mortality and morbidity. In MENA, all countries except Egypt and United Arab Emirates provide pregnant or breastfeeding workers protective measures that prohibit performing dangerous or unhealthy work in their laws. Only in Algeria, pregnant or breastfeeding workers cannot be obliged to perform dangerous or unhealthy work, which is in line with ILO standards. Blanket prohibitions forbidding all women from working under certain conditions classed as dangerous or unhealthy are in place in 12 countries. Among the 17 countries with available data, 12 (including Bahrain, Jordan, Sudan and Syrian Arab Republic) have statutory provisions regulating night work for all women. None of the countries in the MENA region provide a statutory right to paid time off for prenatal medical examinations.

Breastfeeding-friendly workplaces provide time, income security and space to enable positive nutrition and health outcomes

All women should have the right to paid working time for breastfeeding, as called for by ILO Convention No. 183. Additionally, workplace nursing facilities are a key ingredient of breastfeeding-friendly workplaces. In MENA, nursing mothers in 15 countries have an entitlement to paid nursing breaks, including Iraq, Lebanon, Morocco and Yemen. Since 2011, only Qatar introduced paid nursing breaks. Seven countries, such as Bahrain, Egypt, Syrian Arab Republic and Tunisia, provide two daily nursing breaks and the majority of countries in the region provide one hour as the total daily nursing break duration. Additionally, 11 countries allow at least 12 months as the period during which nursing breaks are allowed by law, for example Islamic Republic of Iran, Libya, Sudan and United Arab Emirates. In the region, four countries (Jordan, Libya, Morocco and Tunisia) have a statutory provision of workplace nursing facilities based on the number of female workers or the number of employees' children.

Early childhood care and education (ECCE) services are vital to child development, women's employment and job creation

A continuum of care leave policies and care services is essential to guarantee the best early start for children and income security for families, enabling women to maintain employment participation and helping to prevent them from falling into poverty. ECCE services offer many benefits by promoting child development, creating jobs, reducing parents' unpaid care work and promoting women's employment and income over the life course. Still, there is no presence of a statutory early childhood educational development (ECED) programmes for children aged zero to two years in MENA countries.

3. ILO. 2012. Giving Globalization a Human Face: General survey on the fundamental conventions concerning rights at work in the light of the ILO Declaration on Social Justice for a Fair Globalization, 2008, ILC.

4. Convention No. 183 (Art. 3) sets out the right of pregnant or nursing women not to be obliged to perform work that is prejudicial to their health or that of their unborn or newborn child. Recommendation No. 191 (Para. 6(3)) promotes the assessment of workplace risks related to safety and health, especially where conditions involve arduous manual work; exposure to hazardous biological, chemical or physical agents; situations requiring special equilibrium; or situations requiring standing or sitting for prolonged periods, particularly in extreme temperatures or close to vibration. In addition, in a significant number of countries the legislation still forbids all women from working under certain conditions considered as dangerous or unhealthy. The ILO Committee of Experts on the Application of Conventions and Recommendations (CEACR) considers these blanket bans on dangerous work (as well as on night work and overtime) to be: a) based on stereotypes regarding women's professional abilities and role in society; b) contrary to the principle of equality of opportunity and treatment in employment and occupation; and c) contributing to gender-based discrimination at work.

Legal provisions on pre-primary education services for children between three years and the start of primary education are more available. In 2021, there were only four countries in the MENA region – Egypt, Kuwait, Lebanon and United Arab Emirates – that had a statutory pre-primary education service system for children between the age of three years and the start of primary education. Pre-primary education services are universal and free in two of the countries (Kuwait and Lebanon). The starting age of pre-primary is three years in Lebanon, four years in Egypt and Kuwait and five years old in United Arab Emirates. Due to the lack of a statutory national ECCE service system and very short childcare-related leave for parents, the resulting childcare policy gap in the region is almost six years. Over this extensive period, over 250 million parents in the region lack care policy entitlements, and care needs are solely covered by unpaid care work or family paid care solutions, such as domestic workers.

ILO calculations for 11 countries across the world also point to the undervaluation of ECCE jobs. Average hourly wages of ECEC teachers represent only a fraction (for instance, 45.6 per cent in Lebanon) of the average wages paid to primary school teachers. Pre-primary school teachers enjoy better pay compared to teachers working with children 0–2 years, but in many countries, they are still paid considerably less than primary school teachers. For example, in Lebanon pre-primary school teachers' wages represent on average 78.5 per cent of the wages of primary school teachers. This is linked to the low value and recognition attributed to this profession and its high levels of feminization, as well as the inadequate working conditions, skills, accreditation and low unionization in the ECCE workforce.

Long-term care services are essential to ensure the right to healthy ageing in dignity

The demand for long-term care services for older persons and persons with disabilities who need care or support has been rising steeply due to increased life expectancy. In addition, the COVID-19 pandemic has disproportionately impacted people who rely on long-term care and those who provide it (both paid and unpaid care work), predominantly women. ILO international labour standards on social security call for the overall and primary responsibility for care service provision to lie with the State. Funding mechanisms for long-term care services should ensure the principles of universality, adequacy, solidarity and non-discrimination, among others.

In MENA, five countries (Algeria, Bahrain, Jordan, Occupied Palestinian Territory and Saudi Arabia) have a public long-term care system for older persons, although in most cases the provision may be considered sporadic or of limited availability. At the same time, 14 countries have family obligations to care for relatives in the law, except Islamic Republic of Iran, Lebanon, Sudan, Syrian Arab Republic, United Arab Emirates where the statutory obligation wasn't found in the law. Long-term care services are funded through taxation in Algeria, Bahrain, Jordan and Occupied Palestinian Territory countries and paid through a mixed scheme in Saudi Arabia

The way forward is investing in transformative care policy packages

There is a strong investment case for progressively achieving universal access to such transformative and nationally designed care policy packages. The ILO estimates that investing in universal ECCE and long-term care services in 12 MENA countries (Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Qatar, Saudi Arabia, Tunisia and United Arab Emirates) will generate almost 13 million jobs by 2035, of which 5.1 million correspond to direct jobs in childcare, almost 5.3 million to direct jobs in long-term care, and 2.6 million to indirect jobs in non-care sectors.

Closing the large care policy gaps in these 12 MENA countries would require a progressive and sustainable annual investment by 2035 of more than US\$204 billion for all the region (which is equivalent to an average 5.8 per cent of GDP before taxes per country) by 2035, which translates into a potential average annual incremental investment of 0.45 per cent of GDP to reach the annual investment requirement by 2035. Tax revenue from increased employment and earnings would rise as well, reducing the funding

requirement for all policies to a net 5.3 per cent of GDP on average (after taxes). An average of about 2.4 per cent of GDP (before taxes) would be required to provide universal ECCE services of high-quality, over and above the current average public spending of 0.05 per cent of GDP in the 12 countries.⁵

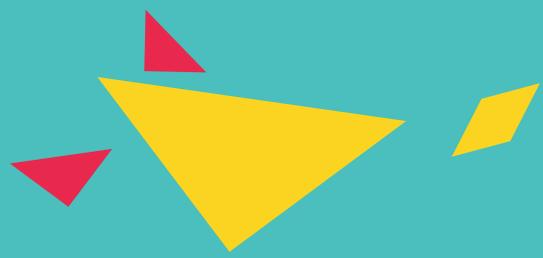
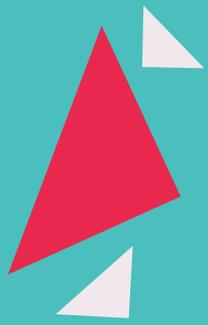
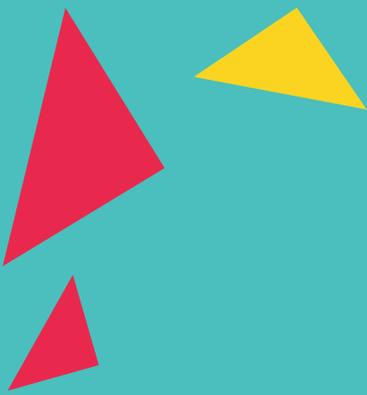
These transformative investments would result in important economic and social benefits. Of the total net employment creation in 2035 for all 12 countries, an average of 74 per cent of new jobs will go to women and 87 per cent will be formal employment. Additionally, the investment in a universal and comprehensive care policy package could reduce the gender gap in employment rates by an average of 7 percentage points. This would translate into an increase in women's employment rate from 23.1 per cent in 2019 to 33.4 per cent by 2035. As to earnings, investing in care will result in a new gender gap in monthly earnings of 1.8 per cent in 2035, a reduction from an average of 15 per cent in 2019 in the 12 countries.⁶

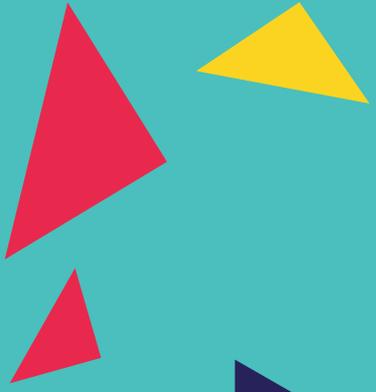
The average return on investment in MENA will be positive. Every dollar spent on a care package that extends adequately paid childcare-related leave as well as early childhood care and education services would result in around three dollars of GDP increase.⁷

5. The regional investment estimates are weighted by the corresponding projected GDP in US\$ by 2035.

6. The regional employment estimates are weighted by the corresponding projected employed population above the age of 15 years old projected by 2035.

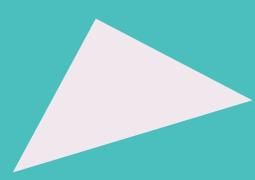
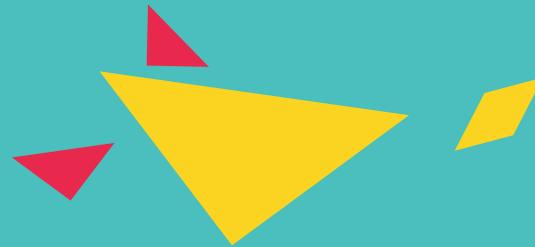
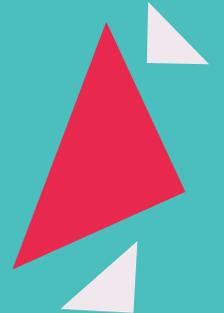
7. The regional return on investment estimate is weighted by the corresponding projected GDP in US\$ by 2035.





▶ 1

Introduction



Care is essential for people, economies and the planet to thrive. Although the importance of care policies and services were highlighted by the COVID-19 pandemic, the related growing demand for care exacerbated gender inequalities present in unpaid care work and the labour market. On top of the COVID-19 pandemic, the Middle East and North Africa (MENA) region faced its own longstanding and interlinked crises - political, economic and social insecurities, including conflict and war, the related refugee crisis burdening in-region host countries, recovery from political uprisings and the decline in local currency in some countries (ILO 2020a) – and natural disasters. These multiple and overlapping crises have acted as barriers to the regions' socioeconomic development while also increasing the amount of people needing care, adding more strain on an overburdened care system. As a result, many workers with family responsibilities have seen an escalation in the hours spent looking after their children, older persons or family members with care needs, with serious consequences on their mental and physical health and socioeconomic outcomes. For women in the informal economy with limited, if any, access to social protection provisions – including healthcare, income and food support, and maternity protection – the impact has been especially devastating. When gender intersects with other personal characteristics, such as ethnicity, nationality, age, disability or HIV status, there is a risk that both gender disparities and intra-women inequalities will widen further (ILO 2020b).

While there have been improvements in care policies and services over the past decade, persistent gaps in adequate care policies and services remain in the MENA region. As a result, many women, more than men, have been pushed out of the paid labour market into unpaid caregiving roles in hopes of reducing the unmet demand for care in the region. In fact, in 2018, women in MENA committed 4.8 times⁸ more total daily time to housework and family care, or unpaid care work, than men (ILO 2018a). This could be due to widespread attitudes in the region that men should be the breadwinners and women the caregivers in the family unit (UN Women 2020; ILO 2018a). These attitudes are detrimental to women's labour force participation in MENA, at 18 per cent, which is significantly lower than that of men's in the region, at 70 per cent, and the global average for women, at just under 47 per cent (ILOSTAT 2023). This reality proves the necessity and opportunity for governments to improve, create and support care policies and services in order to recognize, reduce and redistribute caring from families to the State, support and empower the most vulnerable women so they can join the labour force and promote decent work and social justice.

A more balanced sharing of paid work and family responsibilities at home and between families and the State is a pillar of the ILO human-centred agenda, which is grounded in international labour standards and the commitment of ILO constituents – governments, employers' organizations and workers' organizations – in the ILO Declaration for the Future of Work and the ILO's Global call to action for a human-centred recovery from the COVID-19 crisis that is inclusive, sustainable and resilient. "Large-scale investment in the care economy" is a key transformative measure of the UN Secretary-General's Our Common Agenda to accelerate the implementation of the Sustainable Development Goals by 2030.

This agenda has been translated into the ILO's 5R Framework for Decent Care Work, which is a human rights-based and gender-transformative approach to public policy. It recognizes that care work, both paid and unpaid, is crucial to the sustainability of life and the planet, to decent work and social justice, but remains invisible, unvalued and unaccounted for in our systems for measuring social and economic value, like GDP, and decision-making. The ILO 5R Framework aims to create a virtuous circle, a high road to care work, by achieving two objectives 1. to recognize, reduce and redistribute unpaid care work, one of the most stubborn structural barriers that prevent women and marginalized groups – such as person with disabilities, living with HIV, indigenous, migrant and racialised women, and women who experience multiple and intersecting forms of discrimination- from entering, remaining and progressing in paid work, and 2. to reward and represent care workers, by improving the number and decent work rights for all care workers and, by extension, the quality of care and the well-being of all. Care policies are one of the main policy areas of the 5R Framework and are essential to a conducive policy environment to achieve a high road to decent care work.

8. Calculated for countries with available data, namely; Algeria, the Islamic Republic of Iran, Iraq, Morocco, Occupied Palestinian Territory, Oman, Qatar and Tunisia.

► Figure 1.1. Overview of care policies part of the 5R Framework for Decent Care Work



Source: ILO 2018a, xliv.

In 2022, the ILO launched the report “Care at Work” which reviews progress made over the past decade in national legislation in 185 countries concerning maternity protection, paternity, parental and other care-related leave, as well as in childcare and long-term care services for the elderly and for family members with disabilities. It uses the Maternity Protection Convention (No. 183) and Recommendation (No. 191), 2000 and the Workers with Family Responsibilities Convention (No. 156) and Recommendation (No. 165), 1981 as a benchmark. It also provides a macrosimulation model on how to close the gap between these standards and the practice.

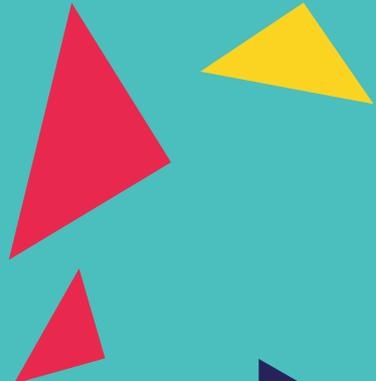
The report “Care at Work” (2022) calls for investments in transformative and nationally designed care policy packages with decent care jobs. These care policy packages should include a combination of time (leave), benefits (income security), rights and services to enable carers to care and those in need of care to be cared for, while promoting gender equality and decent work for paid carers. To maximize impact, care policy packages need to be country-specific, rights-based, universal and based on solidarity, representation and social dialogue, pursue a life-cycle approach and be in line with international labour standards. The ILO report “Care at Work” (2022) shows that there is a strong investment case for investing in a package of transformative care policies, which would include care services and workforce investment, as well as care leave policies. The regional companion report to the “Care at Work” report (2022) - which it draws extensively from - marks an important contribution to the ILO Investing in Care Agenda and is part of a compendium of global and regional knowledge, technical tools and policy dialogues to support ILO constituents and partners in the MENA region in investing in the care economy through designing and financing transformative care policy packages, including care leave and services. By understanding the status of care policies in the region, policies can fill gaps in national provisions of care, reducing inequalities and promoting the wellbeing of all workers and their families.

► 1.1 Contents of the report

This report comprises of two parts; a close look at care policy provision for countries in the MENA region, followed by the key findings of the ILO Care Policy Investment Simulator for 12 countries in the region. Based on legal information collected by the ILO, the first part offers a comprehensive comparative analysis of national legal provisions on maternity protection and leave and care services for workers with family responsibilities around the world, in particular: maternity leave (Chapter 2), paternity leave (Chapter 3), parental and other special leave (Chapter 4), including employment protection and non-discrimination rights; health protection at the workplace (Chapter 5); breastfeeding arrangements (Chapter 6); early childhood care and education services (Chapter 7); long-term care services (Chapter 8); and a concluding chapter on investing in transformative care policy packages in MENA (Chapter 9). In each chapter an extensive and unique set of about 100 legal and statistical indicators are presented.

By building and expanding on the ILO Global Care Policy Portal and Care Policy Investment Simulator, the final chapter, compiles a global “childcare policy gap” – notably the period of time between the end of entitlements to paid childcare leave and the beginning of the right to free and universal early childhood care and education or primary education – and offers policy recommendations on how to close this gap. It shows that there is a strong investment case for progressively achieving universal access to a transformative care policy package consisting of care leave, breastfeeding, childcare and long-term care services for all workers with family responsibilities everywhere.

For this report, the following countries are considered in the MENA region: Algeria, Bahrain, Egypt, Iraq, Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Libya, Morocco, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen. Data is provided when available for MENA countries. The figures for this report are only populated for countries within the MENA region. The lines on the map represent approximate border lines and do not imply any judgment on the part of the ILO concerning the legal status of any territory or the endorsement or acceptance of such boundaries.



▶ 2

Maternity Leave: A Universal but Unfulfilled Human and Labour Right

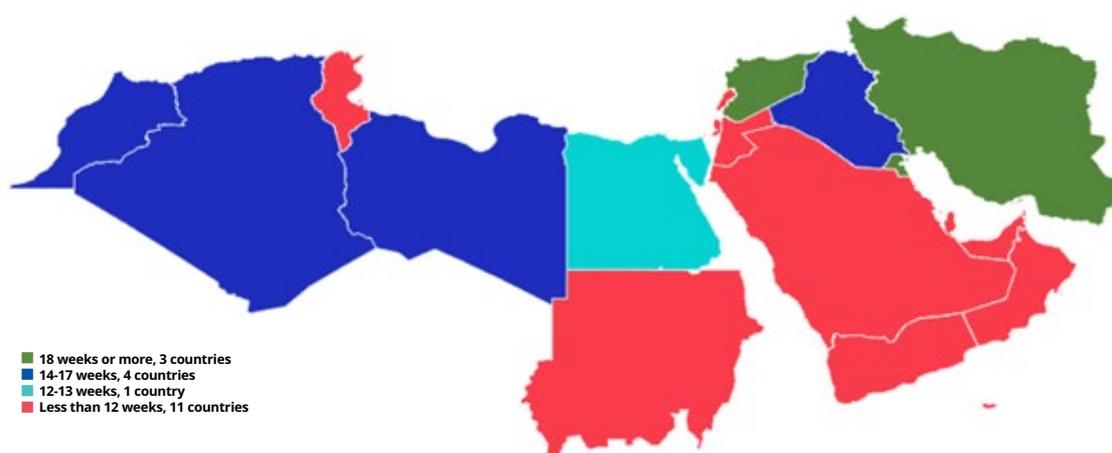


► 2.1 Duration of maternity leave: Ensuring an adequate rest and recovery time

Paid and job-protected maternity leave is essential to the life, health, safety and economic protection of women and their children. It is a precondition to the right to care and be cared for and to achieving gender equality at work. Its importance is recognised⁹ by all countries in the MENA region through statutory provisions for maternity leave. ILO standards mandate a minimum maternity leave period of 14 weeks and recommend increasing to at least 18 weeks to ensure adequate rest and recovery time. In MENA, the regional average duration of maternity leave is 17 weeks (table 2.1). Currently, seven countries have given the statutory right to at least 14 weeks of maternity leave, namely, Algeria, Iraq, Islamic Republic of Iran, Kuwait, Libya, Morocco and Syrian Arab Republic (figure 2.1).

However, 12 countries¹⁰ are not meeting the minimum duration of 14 weeks of maternity leave. Among these countries, only one, Egypt, provides 12 to 13¹¹ weeks of leave, in line with Conventions Nos 3, 102, and 103; while the remaining 11 countries¹² have a duration of maternity leave that is less than 12 weeks. Only 3 countries (Islamic Republic of Iran, Kuwait and Syrian Arab Republic) provide 18 weeks or more, meeting Recommendation No. 191. The lack of legislation ensuring a minimum of 14 weeks of maternity leave as per ILO mandates creates systemic barriers to women's health and economic opportunities, affecting nearly 51% of potential mothers in the region and representing more than 63 million women (figure 2.2).

► **Figure 2.1. Duration of maternity leave, 2021**



Note: 19 countries and territories. Source: ILO research.

9. Maternity Protection Convention (No. 183) and Recommendation (No. 191), 2000.

10. Bahrain, Egypt, Jordan, Lebanon, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Sudan, Tunisia, United Arab Emirates and Yemen.

11. Maternity Protection Convention (No. 3), 1919; Social Security (Minimum Standards) Convention (No. 102), 1952; and Maternity Protection Convention (Revised) (No. 103), 1952.

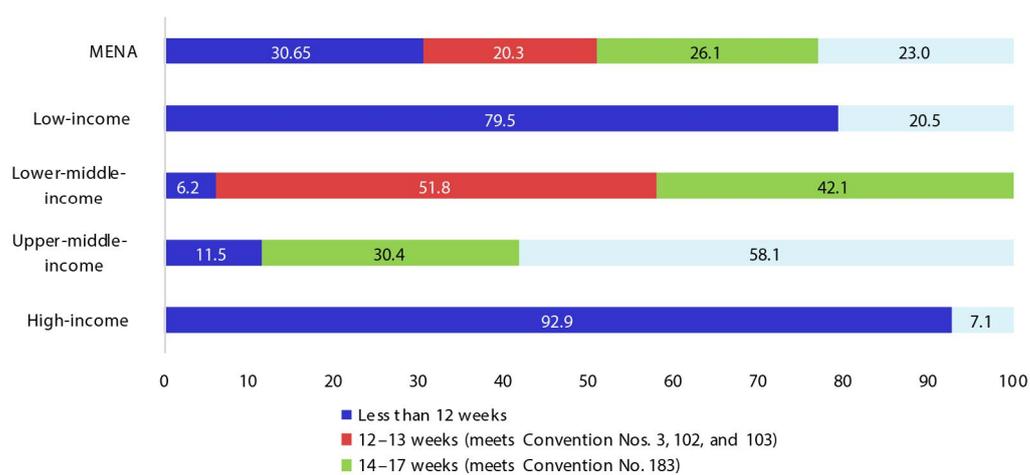
12. Bahrain, Jordan, Lebanon, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Sudan, Tunisia, United Arab Emirates and Yemen.

► **Table 2.1. Duration of maternity leave, by region and by income group, 2021 (no. of countries)**

Region/income group	Less than 12 weeks	12–13 weeks (meets Convention Nos. 3, 102, and 103)	14–17 weeks (meets Convention No. 183)	18 weeks or more (meets Recommendation No. 191)	Average duration of maternity leave in all countries (weeks)
MENA	11	1	4	3	17.1
Low-income	2	–	–	1	11.3
Lower-middle-income	2	1	2	–	12.9
Upper-middle-income	2	–	2	1	27.9
High-income	5	–	–	1	10.3

■ Note: 19 countries and territories. – = nil. Source: ILO research.

► **Figure 2.2. Share of potential mothers by duration of maternity leave, by region and by income group, 2021 (%)**



Note: 19 countries and territories. Source: ILO calculations based on country-level data.

In the last decade, two countries have changed their legislation to meet or exceed the minimum 14-week standard (table 2.2). These are Iraq, improving from 9 weeks to 14 weeks in 2015, and the Islamic Republic of Iran, altering their statutory provision from 13 weeks (90 days or 4 months if breastfeeding) to 39 weeks (9 months) in 2013.

► **Table 2.2. Countries that have met the 14-week ILO minimum standard for maternity leave duration between 2011 and 2021**

Duration of maternity leave (weeks)*		
Country	2011	2021
Iran (Islamic Republic of)	13 (90 days or 4 months if breastfeeding)	39 (9 months)
Iraq	9 (62 days)	14

Source: ILO research

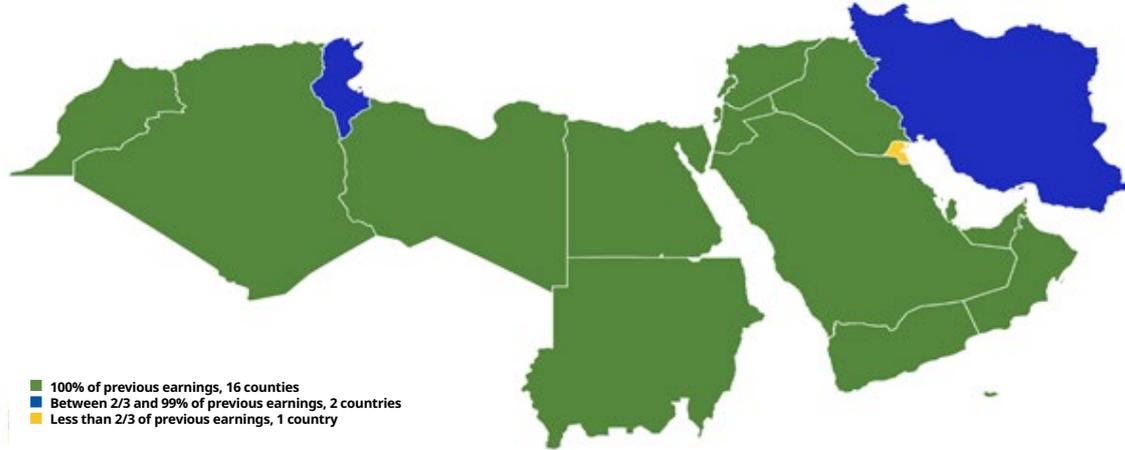
► 2.2 Adequacy of maternity leave cash benefits: Ensuring health protection and income security

ILO Convention No. 183 seeks to ensure that women on maternity leave receive cash benefits in accordance with national laws and regulations, or in any other manner consistent with national practice (Article 6(1)). In order to achieve alignment with Convention No. 183, the general principle is that cash benefits paid during maternity leave should be at a level that ensures that the woman can maintain herself and her child in proper conditions and with a suitable standard of living (Article 6(2)). Convention No. 183 further specifies that where, under national law or practice, cash benefits paid with respect to maternity leave are based on previous earnings, the amount of such benefits shall not be less than two-thirds of the woman's previous earnings or of such of those earnings as are taken into account for the purpose of computing benefits (Article 6(3)). Convention No. 183 also stipulates that when cash benefits are calculated with other methods, the amount of such benefits shall be comparable to the amount resulting on average from the application of the two-thirds of previous earnings principle (Article 6(4)). The accompanying Recommendation No. 191 goes one step further, advising ILO Member States, where practicable and after consultation with the representative organizations of employers and workers, to increase the maternity leave cash benefits to the full amount of a woman's previous earnings (Paragraph 2).

In MENA, the average statutory amount of maternity cash benefits is 93 per cent of previous earnings. The majority of countries in the region, 18¹³ out of 19, provide unrestricted statutory cash benefits that are at least two-thirds of previous earnings throughout the entire leave period, as mandated by Convention No. 183 (figure 2.3). The exception is Kuwait, which provides benefits at 100 per cent for only 70 days with the remaining 4 months not being supported by cash benefits. While Kuwait is aligned with Recommendation No. 191 in terms of the amount of maternity leave cash benefits, providing cash benefits throughout the entire period of maternity leave will ensure the benefits of maternity leave are available to all potential mothers in the region.

13. Algeria, Bahrain, Egypt, Iraq, Islamic republic of Iran, Jordan, Lebanon, Libya, Morocco, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

► **Figure 2.3. Amount of maternity leave cash benefits, 2021**



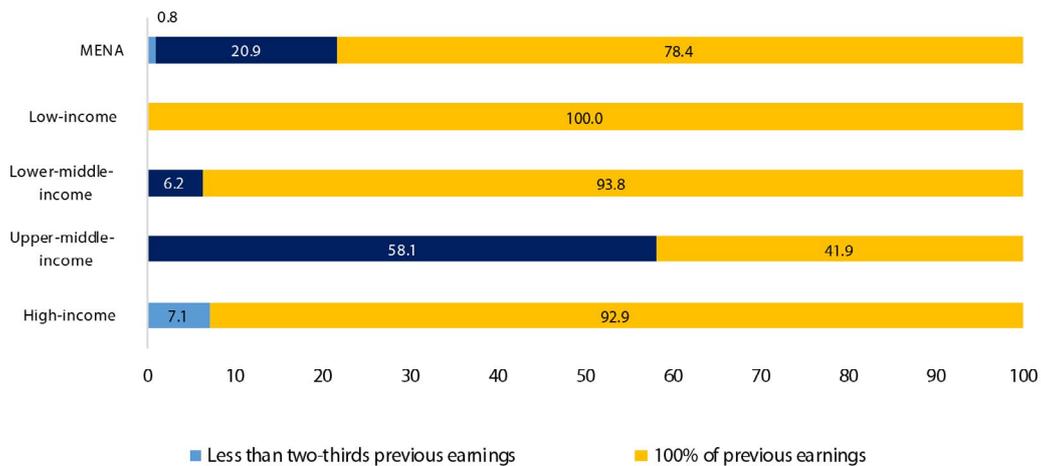
Note: 19 countries and territories. Source: ILO research.

► **Table 2.3. Amount of maternity leave cash benefits, by region and by income group, 2021 (no. of countries)**

Region/income group	Less than two-thirds previous earnings	Between two-thirds and 99% of previous earnings	100% of previous earnings
MENA	1	2	16
Low-income	-	-	3
Lower-middle-income	-	1	4
Upper-middle-income	-	1	4
High-income	1	-	5

Note: 19 countries and territories. - = nil. Source: ILO research.

► **Figure 2.4. Share of potential mothers by amount of maternity leave cash benefit, by region and by income group, 2021 (%)**



Note: 19 countries and territories. Source: ILO calculations based on country-level data.

In order to ensure the sustainability of funds, it is common practice in social security standards to cap the payment of cash benefits, including for maternity leave, at a certain earning threshold. In Morocco, maternity leave cash benefits are at 100 percent of previous earnings capped at 6,000 dirhams per month (equivalent to US\$ 570 in 2023¹⁴), with the minimum maternity cash benefit being set at the minimum wage of 1,812.96 dirhams per month for those in the agricultural sector and 2,570.86 dirhams for those in non-agricultural sectors. When maternity leave cash benefits are capped without due consideration of women's earning distribution in the labour market, there is a risk that the principle of two-thirds of previous earnings of Convention No. 183 is not fulfilled in practice for the large majority of potential mothers. This can contribute to increasing the gender pay gap or discourage take-up of low-paid maternity leave.

► 2.3 Source of funding of maternity leave cash benefits: Protecting a public good through collective responsibility

The source of funding of maternity cash benefits has an important impact on their coverage and effectiveness. International labour standards on social security provide key principles on how financing mechanisms should be designed and implemented. These mechanisms should be guided by the principles of the overall and primary responsibility of the State, solidarity, sustainability, equality and non-discrimination and should be shaped by effective social dialogue (ILO 2021a). ILO Convention No. 183 prescribes that maternity leave cash benefits shall be provided through compulsory social insurance or public funds, and that an employer should not be individually liable for the direct cost of any such monetary benefit to women employed by them, with limited exceptions.

To protect vulnerable populations and workers in the informal economy from the loss of income resulting from leaving the workforce to care for infants, maternity leave benefits should be funded through social insurance. In the absence of such a funding scheme women workers in the informal economy can be subjected to worsened poverty conditions and social exclusion, perpetuating gender inequality (ILO and WIEGO 2020a). Social insurance funding schemes can also mitigate maternal and infant mortality, as they remove the financial barriers that block potential mothers from taking leave before or after birth (ILO and WIEGO 2020a). Further, with social insurance, workers in the informal economy are more equipped to take on the additional cost and reduction in work hours that come with providing care (ILO and WIEGO 2020b).

Globally, the most common source of funding of maternity leave cash benefits are contributory social protection schemes based on social insurance anchored in national social security legislation (ILO 2021a). Schemes of this type envisage the prior payment of contributions, before the occurrence of the insured contingency, whether it is pregnancy, unemployment, old-age, sickness or disability. Social insurance funds maternity leave cash benefits in six MENA countries, namely Algeria, Egypt, the Islamic Republic of Iran, Jordan, Morocco and Tunisia (figure 2.5). Libya has a hybrid scheme of paying maternity leave cash benefits¹⁴ through both a contributory social protection scheme and employer liability.

14. Amount in US\$ calculated based on IMF and the Moroccan Ministry of Economy and Finance projections (IMF 2023).

Inclusive social insurance schemes are necessary to support potential mothers in vulnerable populations. While social insurance is the most inclusive source of funding of maternity cash benefits, effective coverage remains limited in the region (table 2.4), as a result of low female labour force participation and high levels of work in the informal economy (World Social Protection Report, 2022). Migrant domestic workers, common care workers in the region, face particular challenges in accessing social protection (ILO 2017; ILO 2021b). Only three countries (namely, Algeria, Islamic Republic of Iran and Morocco) out of 12 countries in the region with available information provide the same or more favorable entitlements to maternity leave cash benefits to domestic workers. Based on information available for 11 out of the 12 countries, it is estimated that only four per cent of domestic workers are effectively covered by social protection for maternity leave cash benefits.¹⁵ To ensure that all women and children benefit from paid maternity leave, programs to increase the accessibility of funds and the inclusion of workers in the informal economy and migrant domestic workers in labour law are necessary.

► **Table 2.4. Ratio of women receiving maternity cash benefits to women giving birth in the same year in countries that have a social insurance funding scheme for maternity cash benefits, latest year (%)**

Country	Ratio of women receiving maternity cash benefits to women giving birth in the same year
Algeria	11.2
Islamic Republic of Iran	13.1
Jordan	4.8
Tunisia	25.3

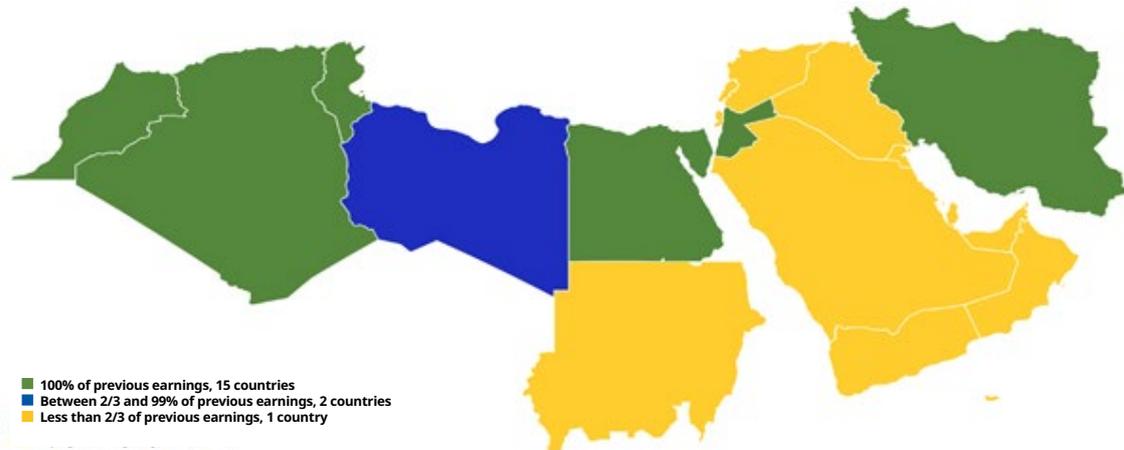
Source: Authors, adapted from ILO World Social Protection Data Dashboard, n.d.

Maternity leave cash benefits are still funded through individual employer liability schemes, that is, the full direct payment of wages by employers during maternity leave, in 12 countries¹⁶ in the region (figure and table 2.5). This funding mechanism is not grounded on the principle of solidarity and may often result in discriminatory practices against women in the labour market and in employers not being able to hire women talent. Employers, especially in micro-, small- and medium-sized enterprises, may be reluctant to hire, retain or promote potential mothers, as they might not be able to afford to pay maternity leave cash benefits or face challenges in maternity leave management. For some employers, this may simply mean not hiring women at all, with negative effects on profitability, productivity and reputation (ILO 2019a; Eswaran 2019; Smith, n.d.; McKinsey & Company 2020). For women who are hired, the lack of social insurance can affect the realization of the right to maternity leave and benefits, especially the region's many women migrant care workers, including domestic workers. Employer liability schemes also, by definition, exclude self-employed women from maternity leave cash benefits.

15. Calculated using estimates from ILO 2021b of the estimated number of domestic workers. Information on the number of domestic workers in Algeria was not available.

16. Bahrain, Iraq, Kuwait, Lebanon, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, United Arab Emirates and Yemen.

► **Figure 2.5. Source of funding of maternity leave cash benefits, 2021**



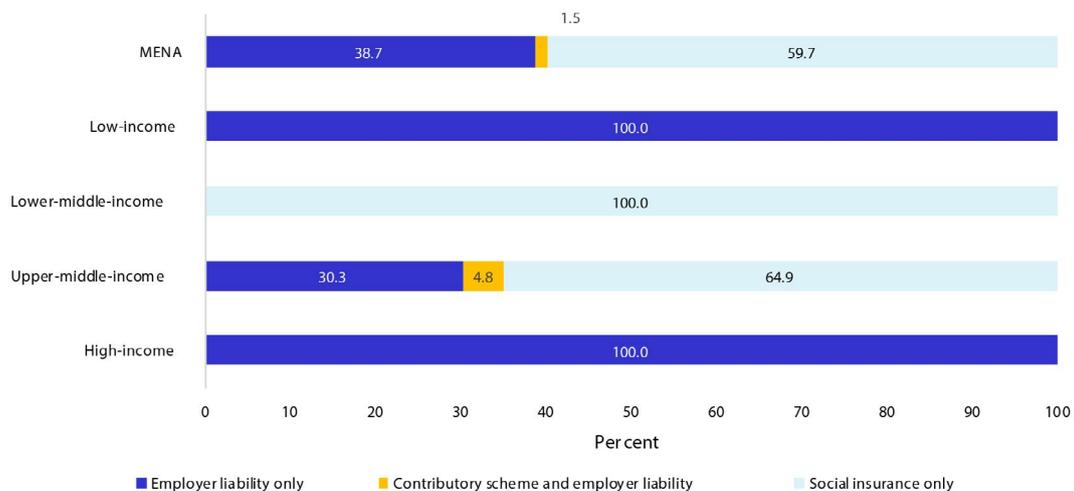
Note: 19 countries and territories. Source: ILO research.

► **Table 2.5. Source of funding of maternity leave cash benefits, by region and by income group, 2021 (no. of countries)**

Region/income group	Employer liability only	Contributory scheme and employer liability	Social insurance only
MENA	12	1	6
Low-income	3	–	–
Lower-middle-income	1	–	4
Upper-middle-income	2	1	2
High-income	6	–	–

Note: 19 countries and territories. Source: ILO research.

► **Figure 2.6. Share of potential mothers by source of funding of maternity leave cash benefits, by region and by income group, 2021 (%)**



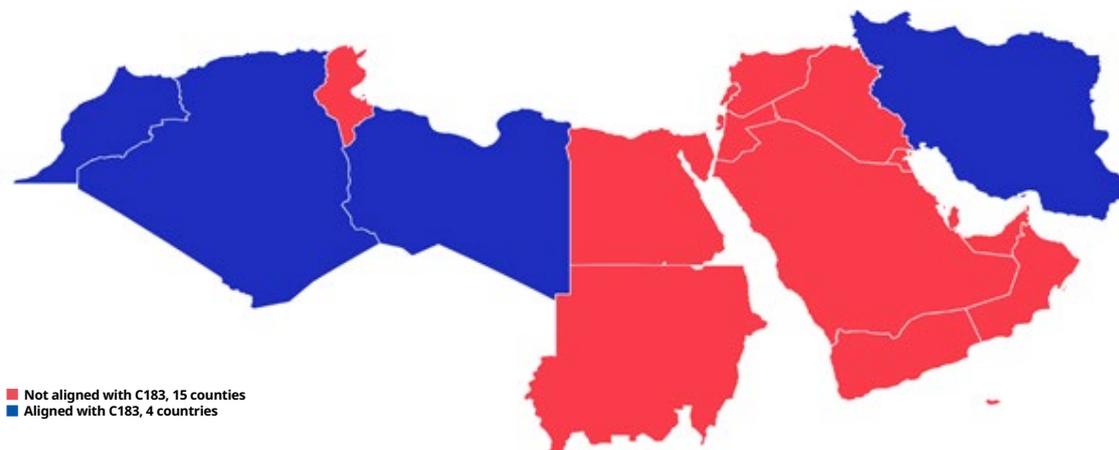
Note: 19 countries and territories. Source: ILO calculations based on country-level data.

► 2.4 National alignment of maternity leave schemes with Convention No. 183: Requirements on duration, amount and source of funding

The main requirements of maternity leave legislation set out in the ILO Convention No. 183 are: (i) leave should be not less than 14 weeks; (ii) cash benefits should be not less than two-thirds of previous earnings; and (iii) maternity leave cash benefits should preferably be provided through compulsory social insurance or public funds. As of 2011, Morocco has been the sole ratifier of the ILO Convention No. 183 in MENA. Although other countries have not ratified Convention No. 183, 4 countries in the region- Algeria, the Islamic Republic of Iran, Libya and Morocco- are aligned with its requirements (table 2.6). This means that only 45 million of the 125 million potential mothers in the region live in countries aligned to Convention No. 183. The remaining countries in MENA do not have legislation that is fully in accordance with the Convention No. 183, affecting nearly 80 million potential mothers. The most common challenges to alignment lie in the length of maternity leave and lack of social protection funding schemes for maternity leave cash benefits, which is the case for eleven countries in the region.

In the past decade only two countries have aligned with Convention No.183 requirements by implementing legal reforms. At this pace of 0.2 legal reforms per year, it would take more than 70 years for all women in the region to enjoy minimum maternity leave rights. Without urgent action, these legal gaps are likely to translate into inadequate protection in practice, compromising the achievement of the Sustainable Development Agenda by 2030.

► **Figure 2.7. Presence of maternity leave scheme aligned with the provisions of Convention No. 183, 2021**



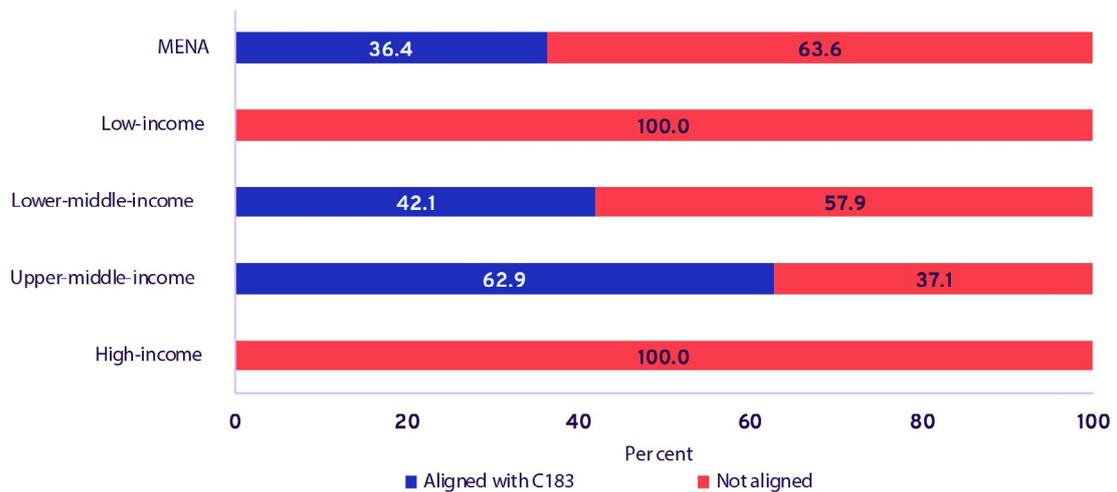
Note: 19 countries and territories. Source: ILO research.

► **Table 2.6. Presence of maternity leave schemes aligned with the provisions of Convention No. 183, by region and by income group, 2021 (no. of countries)**

Region/income group	Aligned with C183	Not aligned	Average duration of leave paid at 67% by social insurance only
MENA	4	15	20.8
Low-income	-	3	-
Lower-middle-income	2	3	12.9
Upper-middle-income	2	3	36.0
High-income	-	6	-

Note: 19 countries and territories. - = nil. Source: ILO research.

► **Figure 2.8. Share of potential mothers by presence of maternity leave scheme aligned with the provisions of Convention No. 183, by region and by income group, 2021 (%)**



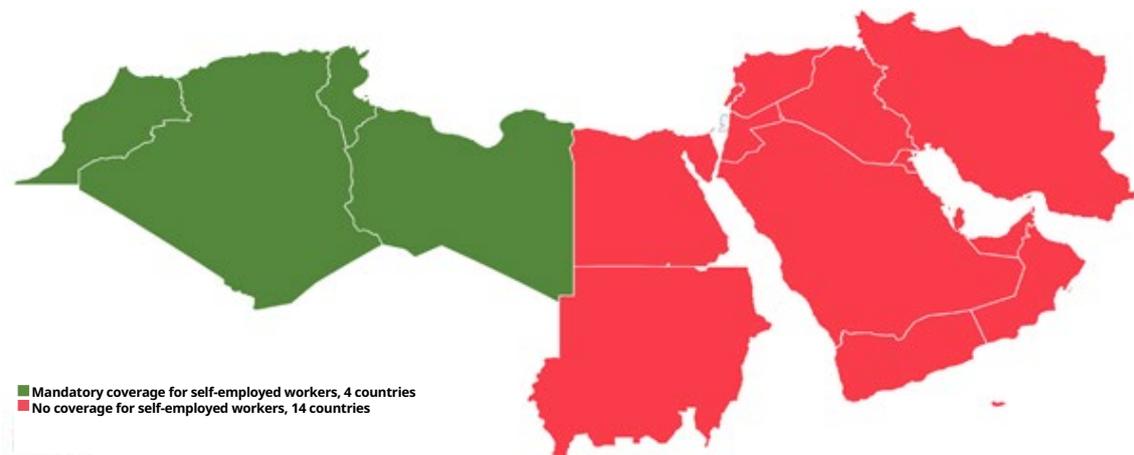
Note: 19 countries and territories. Source: ILO calculations based on country-level data.

► 2.5 The scope of maternity leave: Guaranteeing a fundamental right to all women

ILO standards mandate the full respect of maternity protection rights, including leave, benefits and employment protection, for “any female person without discrimination whatsoever¹⁷. ILO Convention No. 183 applies to all employed women, including those in atypical forms of dependent work. When its full application is problematic, the Convention allows for exclusions of certain categories of workers. However, these limitations should be temporary and ratifying Members are to take measures to progressively extend coverage to these categories. Accordingly, in many countries, specific categories of workers are legally excluded from maternity leave coverage. These exclusions disproportionately affect, among others, migrant workers; domestic workers; casual or some temporary workers; home workers; agricultural workers; some categories of part-time workers, especially those in marginal part-time employment; and the self-employed.

In MENA, self-employed women are not benefitting from the same level of maternity protection as regular wage and salaried workers. Only 3 countries, Algeria, Libya and Tunisia, provide statutory maternity leave cash benefits to all self-employed women, though Morocco does provide benefits to some self-employed workers while excluding others (figure 2.9). The remaining MENA countries have no provision of maternity leave cash benefits for self-employed workers, affecting 5.8 million self-employed women.

► **Figure 2.9. Provision of maternity leave cash benefits for self-employed workers, 2021**



Note: 19 countries and territories. Source: ILO research.

17. ILO Convention No. 183, Article 1.

► **Table 2.7. Provision of maternity leave cash benefits for self-employed workers, by region and by income group, 2021 (no. of countries)**

Region/income group	No coverage for self-employed workers	Mandatory coverage for self-employed workers	No data
MENA	14	4	1
Low-income	3	-	-
Lower-middle-income	1	3	1
Upper-middle-income	4	1	-
High-income	6	-	-

Note: 18 countries and territories. - = nil. Source: ILO research.

► **Figure 2.10. Share of self-employed women by maternity cash benefits for self-employed workers, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

Adoptive mothers in the region also lack equal maternity leave rights, with no country in the region providing the right to maternity leave to adoptive mothers. This means that the 125 million potential mothers in the region receive no maternity leave coverage to bond and care for an adoptive child. Maternity leave provisions in accordance with Convention No. 183 should be available for adoptive parents in Member States that provide for adoption. Doing so allows adoptive parents to adapt to the arrival of their child.

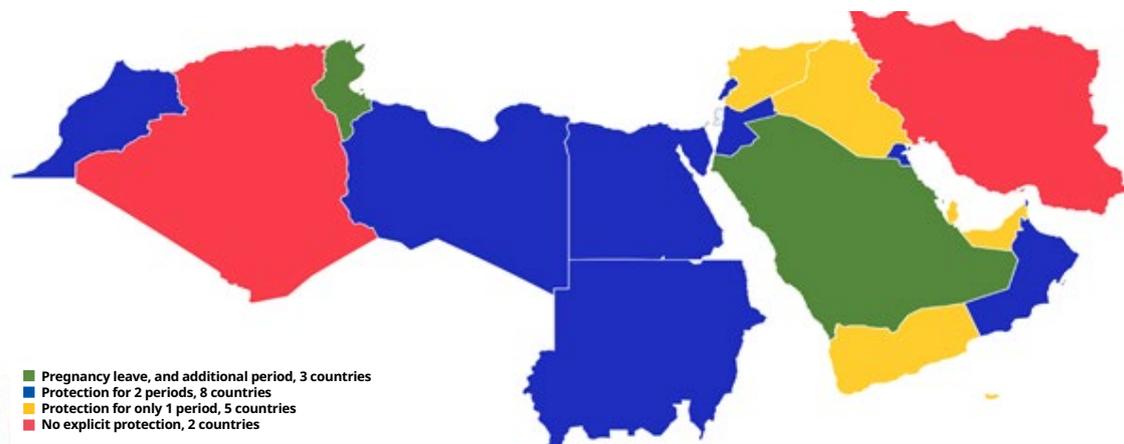
► 2.6 Employment protection and non-discrimination: To guarantee maternity protection

Discrimination based on pregnancy, maternity and family responsibilities remains ubiquitous across the world, with reports pointing out that women, particularly those who are pregnant, have been disproportionately affected by discrimination and COVID-19 pandemic-related lay-offs (OSECE 2020). Discrimination based on pregnancy persists as a common experience for many women, in which they are either not recruited, dismissed, moved into lower-paid roles, denied advancement opportunities or become subject to subtly hostile behaviours. Some categories of workers, such as migrant workers and domestic workers, are particularly vulnerable to discrimination based on maternity (ILO 2021c). Research shows pregnancy discrimination at the workplace has a negative impact not only on the mother's health, but on the baby's as well (Hackney et al. 2021). ILO standards on maternity protection and non-discrimination call both for the protection of women's employment during pregnancy, maternity leave and a period following the return to work, and for measures to ensure that maternity is not a source of discrimination in employment.

Out of the 13 countries worldwide that do not have an explicit protection against unlawful dismissal related to maternity, two are in the MENA region, Algeria and the Islamic Republic of Iran (table 2.8). This translates into 27 per cent of potential mothers in the region having no legislative provisions to protect them during pregnancy, maternity leave or the following periods (figure 2.13).

The remaining 16 countries¹⁸ in MENA provide statutory protections against unlawful dismissal, though most of them include exemptions in the law. Three countries, Bahrain, Saudi Arabia and Tunisia, explicitly protect women against unlawful dismissal during pregnancy, maternity leave and an additional period (figure 2.12). In addition, eight countries provide protection during two periods, with most of them covering pregnancy and maternity leave. For example, Lebanon and Libya offer protection during pregnancy and maternity leave, while the law and regulations in Kuwait and Oman protect women against unlawful dismissal during maternity leave and an additional period. Lastly, five countries¹⁹ offer protection only for one period related to maternity leave. This exposes them to higher risks of discriminatory dismissal. Here, the share of potential mothers living in countries with no or inadequate protection against dismissal related to maternity leave is 90 per cent in MENA (figure 2.13).

► **Figure 2.11. Length of protection against dismissal related to maternity leave, 2021**



Note: 19 countries and territories. Source: ILO research.

18. Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

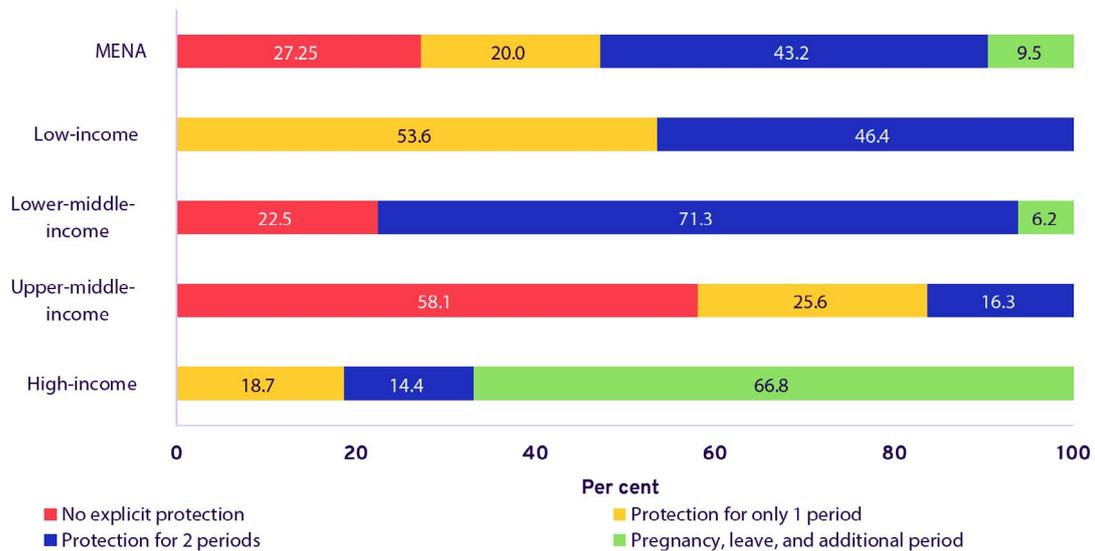
19. Iraq, Jordan, Qatar, Syrian Arab Republic and Yemen.

► **Table 2.8. Length of protection against dismissal related to maternity leave, by region and by income group, 2021 (no. of countries)**

Region/income group	No explicit protection	Protection for only 1 period	Protection for 2 periods	Pregnancy, leave, and additional period
MENA	2	5	8	3
Low-income	-	2	1	-
Lower-middle-income	1	-	2	1
Upper-middle-income	1	1	3	-
High-income	-	2	2	2

Note: 19 countries and territories. - = nil. Source: ILO research.

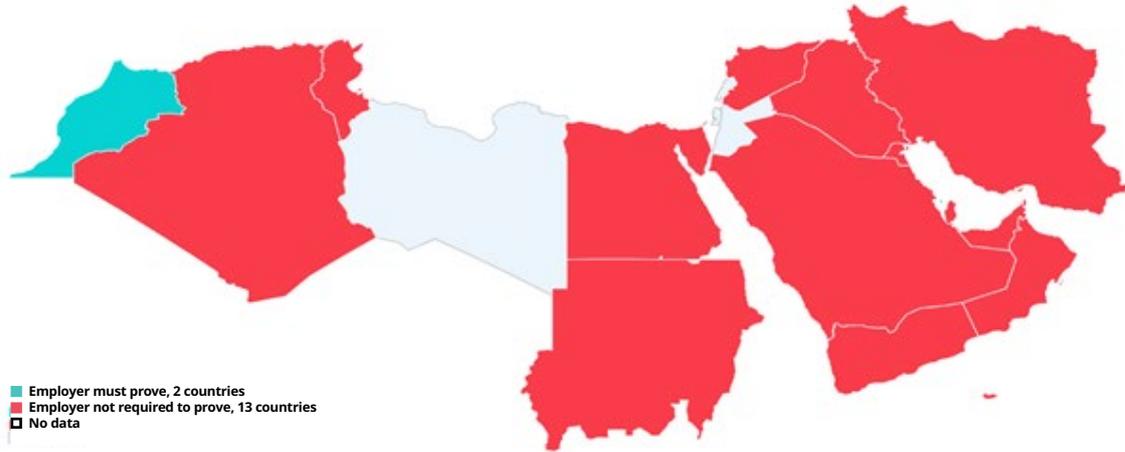
► **Figure 2.12. Share of potential mothers by length of protection against dismissal, by region and by income group, 2021 (%)**



Note: 19 countries and territories. Source: ILO calculations based on country-level data.

Another important employment-protection measure is the reversal of the burden of proof related to maternity. Convention No. 183 sets out that the burden for proving that reasons for dismissal are unrelated to pregnancy, childbirth or nursing “shall rest on the employer” (Article 8(1)). This can significantly assist victims of discrimination in judicial or other dispute settlement mechanisms, and the ILO CEACR also highlighted that the reversal of the burden of proof is a useful means of correcting a situation that could otherwise result in inequality (ILO 2012a). However, access to justice and remedies can be challenging for women affected by maternity discrimination, especially for certain marginalized and low-income groups of women who are particularly vulnerable to discrimination, such as migrant women and domestic workers (Wilson 2017; ILO 2012a). Among the 15 countries in the region with available information, only two, Bahrain and Morocco, place the burden of proof related to maternity on the employers.

► **Figure 2.13. Employer must prove dismissal is not connected with worker taking maternity leave, 2021**



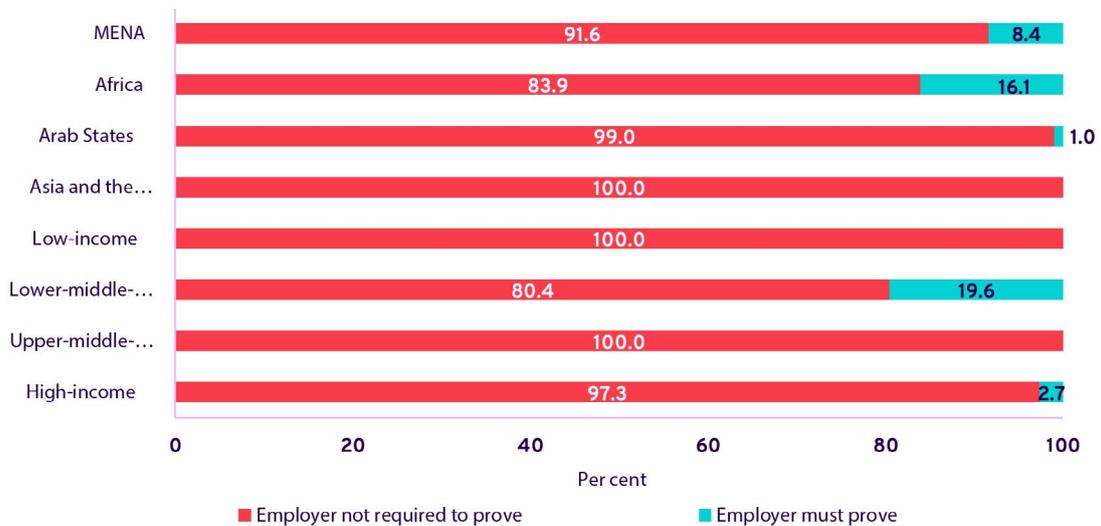
Note: 19 countries and territories. Source: ILO research.

► **Table 2.9. Employer must prove dismissal is not connected with worker taking maternity leave, by region and by income group, 2021 (no. of countries)**

Region/income group	Employer not required to prove	Employer must prove
MENA	13	2
Low-income	3	-
Lower-middle-income	3	1
Upper-middle-income	2	-
High-income	5	1

Note: 15 countries and territories. - = nil. Source: ILO research.

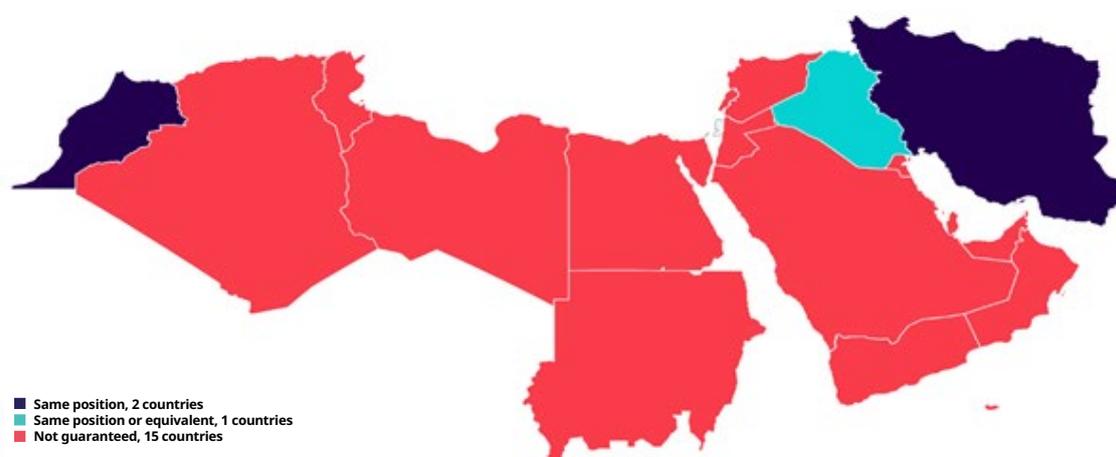
► **Figure 2.14. Share of potential mothers by whether the employer must prove dismissal is not connected with maternity leave, by region and by income group, 2021 (%)**



Note: 15 countries and territories. Source: ILO calculations based on country-level data.

The guaranteed right to return to work to “the same position or an equivalent position paid at the same rate” is also an essential protective measure set out by ILO standards. In 2021, 3 countries in the region provided some legal provision to guarantee the right to return to the same or equivalent position (table 2.10). In Iraq, mothers are guaranteed the same position or equivalent upon their return from maternity leave, while the Islamic Republic of Iran and Morocco guarantee the same position. The remaining 15 countries²⁰ in MENA do not have legal provisions that guarantee the right to return to the same or equivalent position. This means that nearly 66 per cent of potential mothers are living countries where there is no guaranteed right to return to their same or equivalent position after maternity leave (figure 2.17).

► **Figure 2.15. Guaranteed right to return to the same position or equivalent following maternity leave, 2021**



► **Table 2.10. Guaranteed right to return to the same or equivalent position following maternity leave, by region and by income group, 2021 (no. of countries)**

Region/income group	Not guaranteed	Same position or equivalent	Same position
MENA	15	1	2
Low-income	3	–	–
Lower-middle-income	3	–	1
Upper-middle-income	3	1	1
High-income	6	–	–

Note: 18 countries and territories. – = nil. Source: ILO research.

20. Algeria, Bahrain, Egypt, Jordan, Kuwait, Lebanon, Libya, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

► **Figure 2.16. Share of potential mothers by guaranteed right to return to the same or equivalent position following maternity leave, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

Discriminatory practices, such as mandatory pregnancy tests for employment-related purposes, continue to be reported and predominantly affect certain categories of workers, such as migrant workers, domestic workers and workers in the garment sector (Nagaraj 2018; Lau 2017). Currently, international standards specifically prohibit requiring women to take pregnancy tests, with a few exceptions related to work-based risks to health. However, there is no prohibition against pregnancy tests in the MENA region. These legal gaps can translate to some categories of workers, such as migrant workers, losing their employment, compromising their regular migratory status and being deported, simply for being found to be pregnant (Mendoza 2018; Paul and Neo 2018; Constable 2020).

Harms from mandatory pregnancy tests are present throughout the region. In Jordan, for instance, women working in the education sector, especially private education, routinely face discrimination based on their maternity status. In this context, women teachers can be required to take pregnancy tests at the beginning of each school year, with their contract renewal depending on a negative pregnancy test result (ILO News 2021). Maternity discrimination can substantially reduce women's economic empowerment and lowers rates of female labour force participation, which currently stands at 14 per cent in Jordan, compared to 54 per cent of men (Jordan Department of Statistics 2019).

► 2.7 Conclusion: Findings on maternity leave in a nutshell

Paid maternity leave with adequate maternal and child healthcare contributes to children's healthy development, improves maternal health and enhances families' economic security. Paid maternity leave is a precondition to the right to care and be cared for and to achieving gender equality at work. Its duration, adequacy of leave cash benefits and their source of funding determine the effectiveness of this essential care leave policy. The ILO Maternity Protection Convention, 2000 (No. 183), is a guiding instrument in ensuring that all women have the right to adequate maternity leave.

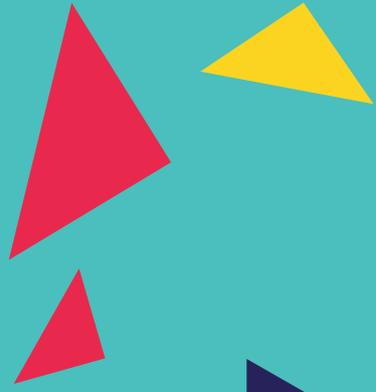
Overall, all countries across MENA have a statutory right to maternity protection, and in most of these countries, maternity leave cash benefits are paid at 100 per cent of previous earnings. However, the provision of maternity leave is not in line with Convention No. 183 in 14 countries²¹ in the region, affecting nearly 80 million potential mothers. This is mostly a result of the maternity leave legislation having inadequate duration or payment schemes, with 12 countries²² not meeting the minimum duration of 14 weeks of maternity leave and 12 countries²³ where maternity leave cash benefits are paid only by employers. These realities have negative consequences on women's maternity protection and situation in the labour market, as well as leading to enterprises potentially missing out on the talents of many women. Legal reforms in the area of maternity protection have been slow, and at the current rate, it will take more than 70 years to provide all mothers with minimum maternity leave rights.

Urgent attention is needed to extend maternity protection rights to those categories of workers often excluded from such provisions, including the self-employed, migrants, adoptive parents, and especially workers in the informal economy; while additional efforts are needed to eliminate discrimination based on maternity and family responsibilities.

21. Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

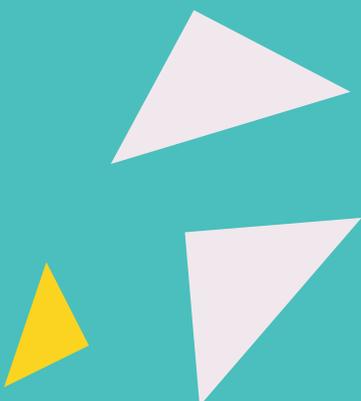
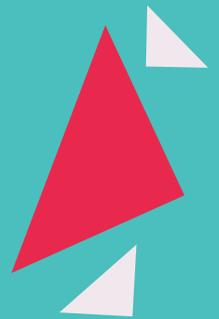
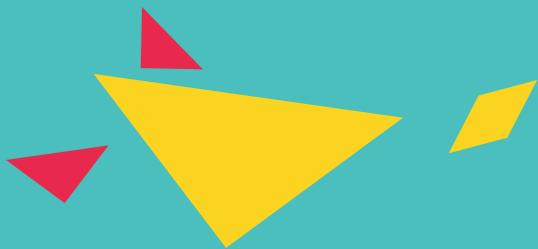
22. Bahrain, Egypt, Jordan, Lebanon, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Sudan, Tunisia, United Arab Emirates and Yemen.

23. Bahrain, Iraq, Kuwait, Lebanon, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, United Arab Emirates and Yemen.



3

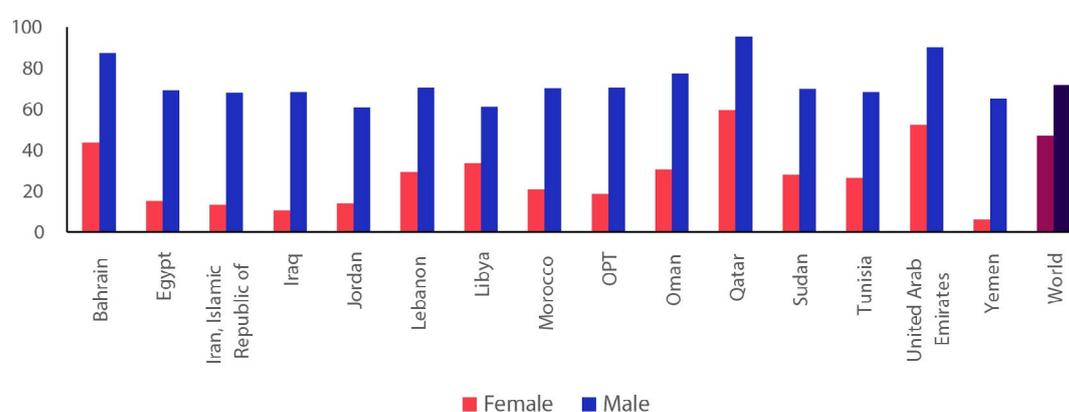
Paternity leave: The rise in men's care rights and responsibilities



► 3.1 Provision of the right to paternity leave: Realizing the right to care and be cared for

Statutory paternity leave is a leave entitlement only for fathers, which enables them to take a short period of leave immediately following the birth of a child. Just like maternity leave, paternity leave is sex-specific, and it is often associated with providing help and support to the mother and newborn around childbirth as well as enabling fathers to bond with their baby and to share unpaid care work. Paternity leave policies directly challenge the norm that women should be the main caregivers and men the breadwinners and dispute the role of fathers as distant parents (Sevilla 2020; Bailey 2015). Paternity leave draws fathers into the daily realities of childcare, enabling them to develop parenting skills and to become active co-parents throughout the life of the child, rather than perceiving themselves as helpers to their female partners (Rehel 2014). Statistical evidence confirms that when fathers take paternity leave, they increase their long-term involvement in unpaid care work, and in doing so promote greater participation of mothers in employment (Rege and Solli 2013; Farrell and Greig 2017). This is especially important in the MENA region where women's labour force participation, at 18 per cent, is significantly below that of men's in the region, at 70 per cent, and the global average for women, at just under 47 per cent (ILOSTAT 2023). The benefits of paternity leave are also evident for adoptive parents (European Commission 2020). As a result, an increasing number of countries are reforming labour legislations to include adoptive parents under paternity leave provisions.

► **Figure 3.1. Labour force participation rate in MENA region by sex, latest year (%)**



Source: ILO calculations based on data from the ILOSTAT database, accessed in April 2023.

► 3.2 Duration of paternity leave: The need for bonding time after childbirth

In the MENA region, 7 countries provide at least one day of statutory paternity leave. These are Algeria, Bahrain, the Islamic Republic of Iran, Jordan, Morocco, Saudi Arabia and Tunisia (figure 3.2). Nearly 63 million potential fathers (46 per cent) have a statutory entitlement to paternity leave (figure 3.3). The majority of countries in the region do not provide such an entitlement.

In the countries with statutory paternity leave, the average duration of paternity leave is 7.0 days (table 3.1). This is due to the Islamic Republic of Iran providing the highest number of paternity leave days, at 14 days. The remaining countries offer a statutory paternity leave of between one and three days. These include Algeria, Jordan, Morocco²⁴ and Saudi Arabia providing three days of statutory paternity leave and Bahrain and Tunisia offering one day.

► **Figure 3.2. Duration of paternity leave, 2021**



Note: 19 countries and territories. Source: ILO research.

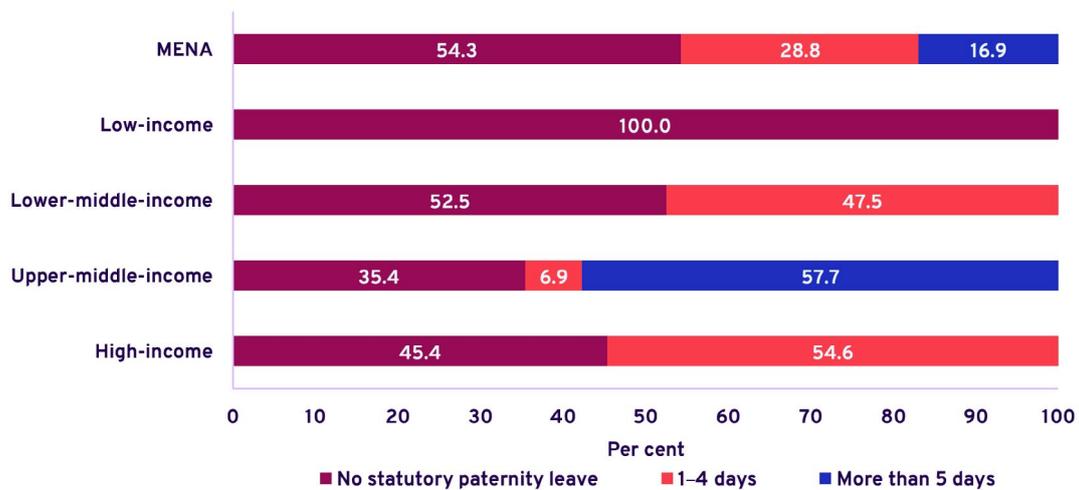
24. In 2022, Morocco increased the provision of paternity leave to 15 days for employees in the public sector (Alaraby 2023).

► **Table 3.1. Duration of paternity leave by region and by income group, 2021 (no. of countries)**

Region/income group	No statutory paternity leave	Statutory paternity leave	1–4 days	More than 5 days	Average duration of paternity leave in all countries (days)	Average duration of paternity leave in countries with paternity leave (days)
MENA	11	7	6	1	3	7
Low-income	3	–	–	–	0	0
Lower-middle-income	1	3	3	–	1	3
Upper-middle-income	3	2	1	1	8	13
High-income	4	2	2	–	2	3

Note: 18 countries and territories. – = nil. Source: ILO research.

► **Figure 3.3. Share of potential fathers by duration of paternity leave, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

The rate of change in paternity leave provisions in the region is slow, as among the 18 countries in the MENA region, only four have introduced new paternity leave rights over the past ten years. These include the Islamic Republic of Iran, which, in 2013, introduced a 14-day (paid) paternity leave, Jordan, which introduced a three-day paternity leave right in 2019, Bahrain, which introduced a one-day paternity leave right in 2012, and Saudi Arabia, which increased paternity leave from one to three days in 2015 (table 3.2).

► **Table 3.2. Countries that have reformed the duration of paternity leave or introduced paternity leave between 2011 and 2021**

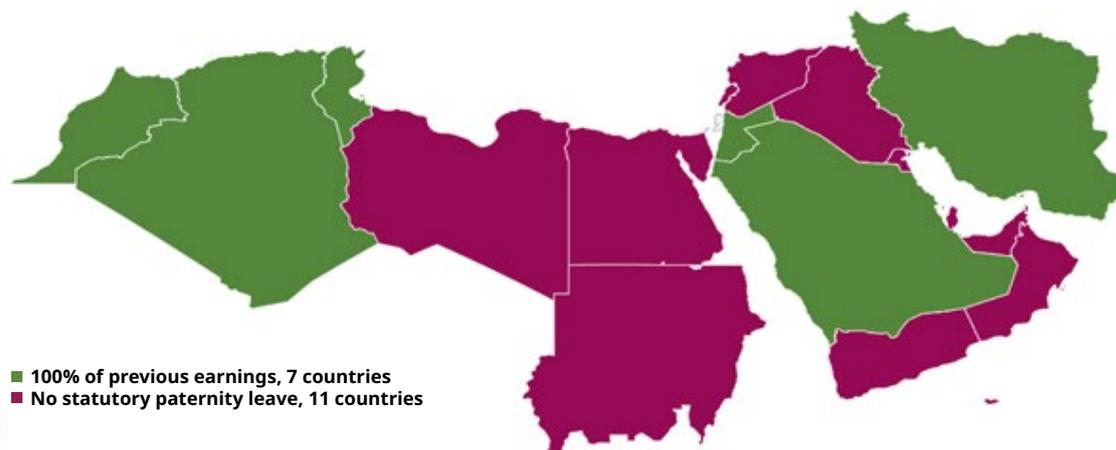
Country	2011			2021		
	Duration of paternity leave (days)*	% of previous earnings	Source of funding	Duration of paternity leave (days)*	% of previous earnings	Source of funding
Bahrain	n/a	n/a	n/a	1	100	Employer liability
Iran (Islamic Republic of)	n/a	n/a	n/a	14 (2 weeks)	100	Employer liability
Jordan	n/a	n/a	n/a	3	100	Employer liability
Saudi Arabia	1	100	Employer liability	3	100	Employer liability

Note: 18 countries and territories. – = nil. Source: ILO research.

► 3.3 Adequacy and source of funding of paternity leave cash benefits: Ensuring the need for well-paid paternity leave

Paternity leave is paid in all the countries in the MENA region that provide this entitlement. That is, in the seven countries²⁵ with paternity leave, all have national legislation that grant cash benefits to cover work absences due to paternity leave. Specifically, 46 per cent of potential fathers (around 63 million) in the MENA region receive cash benefits during their paternity leave period (figure 3.5). Uptake of paternity leave can be improved when fathers are entitled to adequately paid leave (Marynissen et al. 2019). Hence, it is good practice that fathers of new-born children in MENA can claim paternity cash benefits at 100 per cent of their previous earnings.

► **Figure 3.4. Amount of paternity leave cash benefit, 2021**



Note: 19 countries and territories. Source: ILO research.

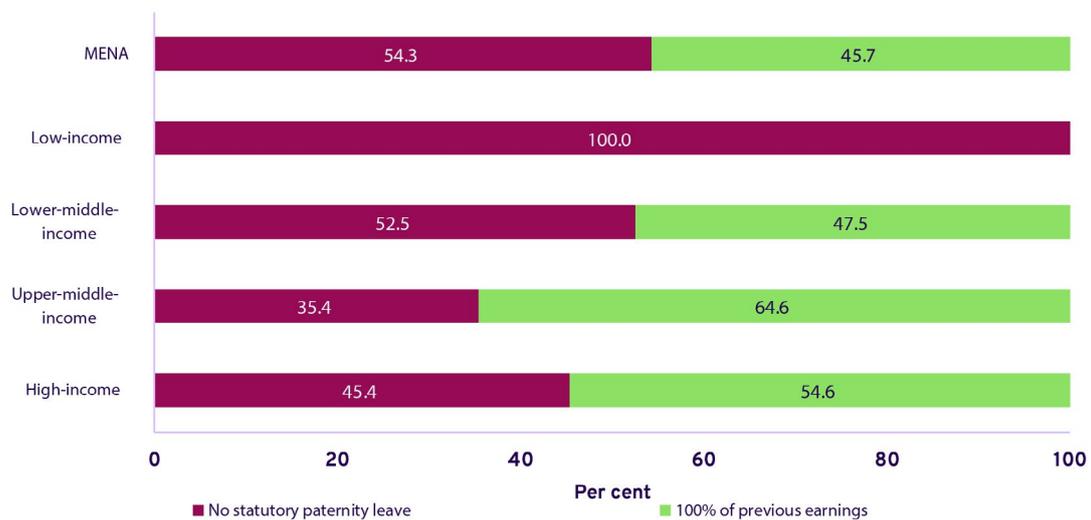
25. Algeria, Bahrain, the Islamic Republic of Iran, Jordan, Morocco, Saudi Arabia and Tunisia.

► **Table 3.3. Amount of paternity leave cash benefit by region and by income group, 2021 (no. of countries)**

Region/income group	No statutory paternity leave	100% of previous earnings
MENA	11	7
Low-income	3	-
Lower-middle-income	1	3
Upper-middle-income	3	2
High-income	4	2

Note: 19 countries and territories. Source: ILO research.

► **Figure 3.5. Share of potential fathers by amount of paternity leave cash benefits, by region and by income group, 2021 (%)**



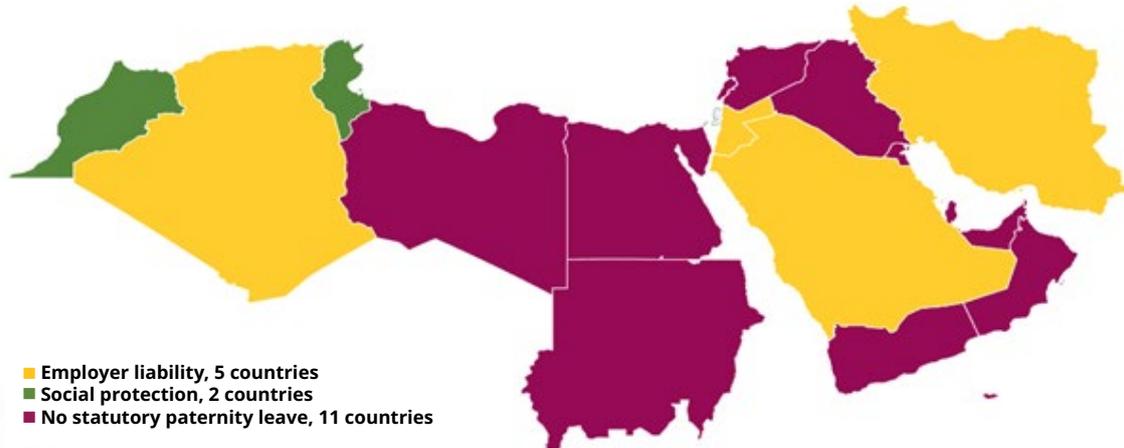
Note: 18 countries and territories. Source: ILO calculations based on country-level data.

Across the region, most countries providing paid paternity leave are granting cash benefits through an employer liability scheme (figure 3.6). Specifically, the employer is individually liable for the full cost of paternity leave in five²⁶ of the seven countries with statutory paid rights to paternity leave. Holding employers fully liable for the payment of paternity leave cash benefits can place a barrier to gender equality in the world of work. Some private sector employers, especially micro- small- and medium-enterprises, might struggle to pay for paternity leave cash benefits for new fathers. As in the case of maternity leave cash benefits for mothers, employer liability could act as an additional deterrent to fathers taking paternity leave days (Jordan and Thomas 2014; Eurofound 2015).

Due to the potential deterrent effect of employer liability schemes, some countries have reformed the source of funding for paternity leave cash benefits, abandoning full employer liability towards systems based on collective responsibility. Reliance on employers as the main source of financing of paternity leave does not meet the principles of solidarity in regard to the funding of cash benefits schemes and the pooling of risks, which are both essential to securing the combination of resources needed to ensure a fairer and more collective distribution of the costs and responsibilities of bearing children. In MENA, Morocco and Tunisia fund paternity leave cash benefits through compulsory social insurance. Morocco provides this funding only for insured workers, where the National Social Security fund refunds employers.

26. Algeria, Bahrain, Islamic Republic of Iran, Saudi Arabia and Tunisia.

► **Figure 3.6. Source of funding of paternity leave cash benefit, 2021**



Note: 19 countries and territories. Source: ILO research.

► **Table 3.4. Source of funding of paternity leave cash benefit, by region and by income group, 2021 (no. of countries)**

Region/income group	No statutory paternity leave	Social protection	Employer liability
MENA	11	2	5
Low-income	3	-	-
Lower-middle-income	1	2	1
Upper-middle-income	3	-	2
High-income	4	-	2

Note: 18 countries and territories. - = nil. Source: ILO research.

► **Figure 3.7. Share of potential fathers by source of funding of paternity leave cash benefit, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

► 3.4 Provision of paternity leave for self-employed and adoptive parents: Many still remain excluded

The Workers with Family Responsibilities Convention, 1981 (No. 156), calls for the right to work-family balance for all categories of workers in all branches of economic activity, but similar to the case of maternity leave, certain categories of workers are still excluded from statutory paternity leave or are unable to meet the eligibility requirements. Many other workers, especially in low- and middle-income countries, are also excluded from paternity leave when they are employed in the informal economy.

In MENA countries, the scope of legislation on paternity leave cash benefits, when mandated, excludes self-employed workers. In 2019, in the region, 32% of all employed men were self-employed²⁷. This means that 37.8 million potential fathers are not provided an equal right to paternity leave due to their status of being self-employed workers. These exclusions can jeopardize the achievement of gender equality in the distribution of unpaid care work.

Another category of workers that is frequently excluded from paternity leave provisions is adoptive parents. Such is true in the MENA region, as all countries providing statutory paternity leave explicitly exclude adoptive parents. The only exception is the Islamic Republic of Iran, which provides no information on whether adoptive parents are included in their statutory right to parental leave. These exclusions can deteriorate the wellbeing and health of fathers and their children, especially in perpetuating societal expectations that fathers must be breadwinners and not caregivers.

► 3.5 Take-up rates of paternity leave: Turning rights into reality

Changing policy design and gender norms can make paternity leave more attractive to men. Some countries have recently introduced obligatory paternity leave days, “father quotas”, bonuses, “solo time periods”, (e.g., in Portugal) to incentivize fathers’ take-up of paternity leave.

In the Islamic Republic of Iran, it is required for fathers to take the full duration of paternity leave. While there are opportunities for the Islamic Republic of Iran to shift the funding of paternity leave from employer liability to social insurance to ensure full accessibility to paternity leave rights, the statutory requirement for fathers to take the entire period of paternity leave promotes the message that both men and women are responsible to partake in care work. In addition, given stubborn gender norms, it is essential to raise awareness of the importance of men’s caregiving role through education programmes, along with public and workplace campaigns.

²⁷ Data on self-employment are ILO modelled estimates from 2019 available on the ILOSTAT database.

► 3.6 Employment protection and non-discrimination: Towards improving paternity leave take-up rates

If not complemented by adequate job-protection and non-discrimination measures, the right to paternity leave can remain unfulfilled for the majority of rights holders. In MENA, there is no right to protection against dismissal for paternity leave. That is, despite seven countries providing the statutory right to paternity leave, fathers that up-take paternity leave can be dismissed from their workplace for doing so. Compared to the rest of the world, MENA is the region least likely for potential fathers to be offered protection from dismissal.

In addition, this entitlement is largely not available to many categories of working fathers, especially self-employed and adoptive fathers. Greater availability of a universal right to longer, well-paid and compulsory paternity leave funded through social protection with adequate job protection and non-discrimination measures will prompt an increase in paternity leave take-up rates, thereby recognizing men's care rights and responsibilities, promoting an equal sharing of family responsibilities between mothers and fathers, and offering children the best start in life.

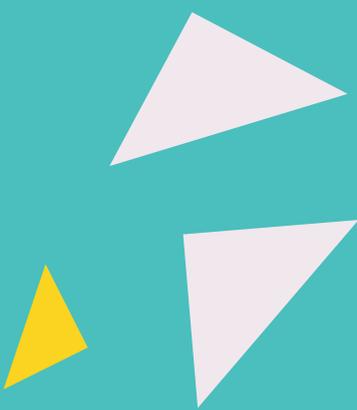
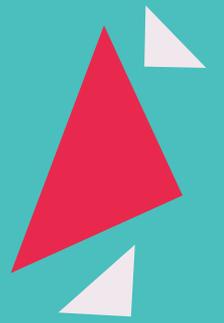
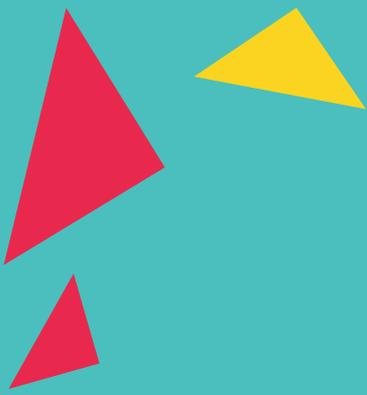
► 3.7 Conclusion: Findings on paternity leave in a nutshell

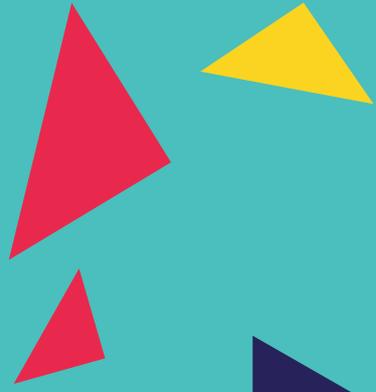
Over the past 10 years, paternity leave rights have been on the rise in national legislation globally thus recognizing the important role that paternity leave plays in bonding with the new-born, supporting the healthy recovery of the mother, including while breastfeeding, and in the sharing of unpaid care work. In the region, seven countries²⁸ provide at least one day of statutory paternity leave. Following world-wide trends, the region has also introduced and increased paternity leave entitlements since 2011, with Jordan and Bahrain introducing the right to paternity leave for the first time, and Saudi Arabia increasing its duration. However, there are still 11 countries²⁹ where paternity leave is not provided to fathers. At the same time, when this right is legislated, it is often too short, not well-paid and voluntary, and thus it falls short on the objective of transforming the distribution of unpaid care work between women and men.

In addition, this entitlement is largely not available to many categories of working fathers, especially self-employed and adoptive fathers. Greater availability of a universal right to longer, well-paid and compulsory paternity leave funded through social protection with adequate job protection and non-discrimination measures will prompt an increase in paternity leave take-up rates, thereby recognizing men's care rights and responsibilities, promoting an equal sharing of family responsibilities between mothers and fathers, and offering children the best start in life.

28. Algeria, Bahrain, Islamic Republic of Iran, Jordan, Morocco, Saudi Arabia and Tunisia.

29. Egypt, Iraq, Kuwait, Lebanon, Libya, Oman, Qatar, Sudan, Syrian Arab Republic, United Arab Emirates and Yemen.





▶ 4

**Parental leave and other care
leave: Balancing work and family
responsibilities over the life
course**



► 4.1 The importance of ensuring a continuum of care over the life course

In addition to maternity and paternity leave, there are a number of other leave and working arrangement policies that can help workers balance their work with family responsibilities. For coping with life events where more prolonged leave is necessary, the most frequent type of leave is parental leave to care for young children. Provisions for leave for family reasons that go beyond parenting and flexible working arrangements are less widespread but are becoming more common as a result of ageing populations, transformations of the world of work, and health crises such as the COVID-19 pandemic. For example, in 2020, Bahrain supported women's economic participation and care provision through their Civil Service Directives No. 4, which provided flexible work-from-home possibilities to government employees (Bahrain 2022). Here, preference was given to pregnant employees, employees entitled to nursing breaks, older employees and employees with disabilities with care needs (Bahrain 2022). Together, these measures play a complementary but crucial role in supporting the harmonization of care and employment over the life cycle.

► 4.2 Provision of the right to parental leave: Care leave rights after maternity and paternity leave

Parental leave, including childcare leave, is long-term leave available to parents to allow them to take care of their child after the expiration of maternity and paternity leave. While it is usually available to either parent, women generally make greater use of it. However, when both parents take parental leave there are numerous benefits for both parents and children. The provision of paid and job-protected care leave after the end of maternity and paternity leave is important for a worker's ability to reconcile care responsibilities and employment, especially when quality and affordable childcare services in line with working parents' working time are not universally available. In these cases, parental leave is a key enabler of the "continuum of care policies" that are necessary until the beginning of universal and compulsory primary education in order to protect the position of parents in the labour force. For parental leave to play this role, it should be designed in a manner that aims to preserve gender equality at work. Research shows that when taken by fathers, parental leave reduces burnout among working mothers and incentivizes men to take a larger share of unpaid care work in the long-term, thereby acting to change ascribed gender roles. There are also indications that when fathers take parental leave, children have better development outcomes, as they benefit from interaction and stimulation from both parents rather than just one. Other benefits of parental leave for children, include better child health due to increased breastfeeding frequency (Adema, Clarke, and Frey 2015; Levtoev et al. 2015; ILO 2018a; United States 2016).

In MENA, six countries, namely Bahrain, Egypt, Jordan, Morocco, Syrian Arab Republic and United Arab Emirates, provide statutory parental leave to households (table 4.2). In these countries, except for the United Arab Emirates, parental leave is only available to mothers, furthering gender norms on caregiving roles. The number of countries providing parental leave has remained largely static, with the United Arab Emirates being the only country in the region to introduce parental leave in the last decade, by introducing a week of fully paid parental leave per parent in 2020. This means that only 36 per cent of potential parents in MENA live in countries with statutory parental leave (figure 4.2).

4.3 Duration of parental leave: A long way to universal childcare services

In 2021, the average duration of parental leave in MENA was 27.5 weeks across all countries and 76.9 weeks in the six countries that provide a statutory provision for parental leave. In the countries providing parental leave, apart from the United Arab Emirates, parental leave is more than one year. In Jordan, Morocco and the Syrian Arab Republic, the duration of parental leave is 52 weeks. Bahrain and Egypt provide 78 weeks (18 months) and 104 weeks (2 years), respectively. In Egypt and Morocco, widespread informality rates make securing parental leave in practice a challenge for parents in the region.

► **Figure 4.1. Duration of parental leave available to households, 2021**



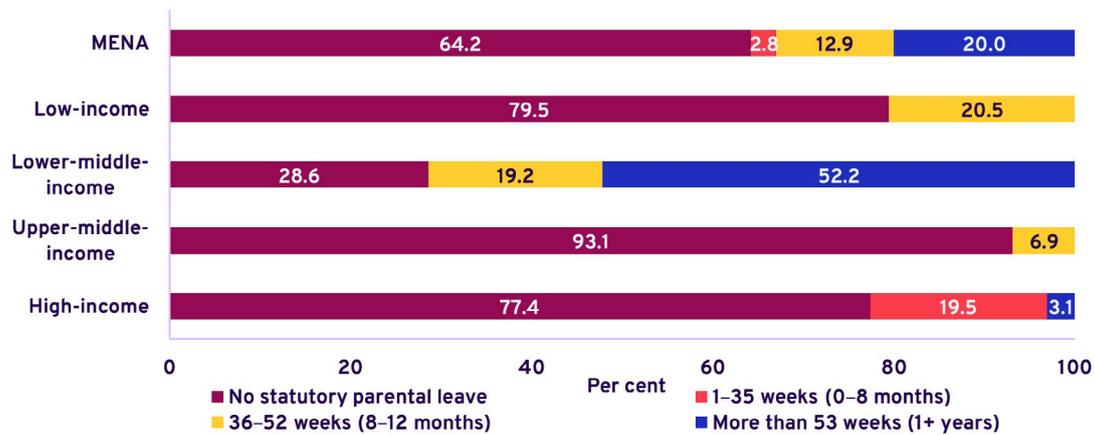
Note: 19 countries and territories. Source: ILO research.

► **Table 4.1. Duration of parental leave available to households, by region and by income group, 2021 (no. of countries)**

Region/income group	No statutory parental leave	Statutory parental leave	1-35 weeks (0-8 months)	35-52 weeks (8-12 months)	More than 53 (1+ years)	Average duration of parental leave in all countries (weeks)	Average duration of parental leave in countries with parental leave (weeks)
MENA	12	6	1	3	2	27.5	76.9
Low-income	2	1	-	1	-	10.7	52.0
Lower-middle-income	2	2	-	1	1	64.2	90.0
Upper-middle-income	4	1	-	1	-	3.6	52.0
High-income	4	2	1	-	1	2.8	12.4

Note: 18 countries and territories. - = nil. Source: ILO research.

► **Figure 4.2. Share of potential parents by duration of parental leave available to households, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

Since 2011, Bahrain and the United Arab Emirates have increased the duration of statutory parental leave (table 4.3). In Bahrain, parental leave was provided for 26 weeks, which was raised to 78 weeks in 2021. In the United Arab Emirates, the absence of a statutory provision in parental leave was updated to a statutory provision that allowed for 2 weeks of parental leave.

► **Table 4.2. Countries that have increased the duration of parental leave or introduced parental leave between 2011 and 2021**

Year	2011			2021			
	Country	Duration of parental leave (weeks)*	% of previous earnings	Source of funding	Duration of parental leave (weeks)*	% of previous earnings	Source of funding
Bahrain		26 (only mothers)	Unpaid	Unpaid	78 (18 months)	Unpaid	Unpaid
United Arab Emirates		n/a	n/a	n/a	2 (5 working days each parent)	100	Employer liability

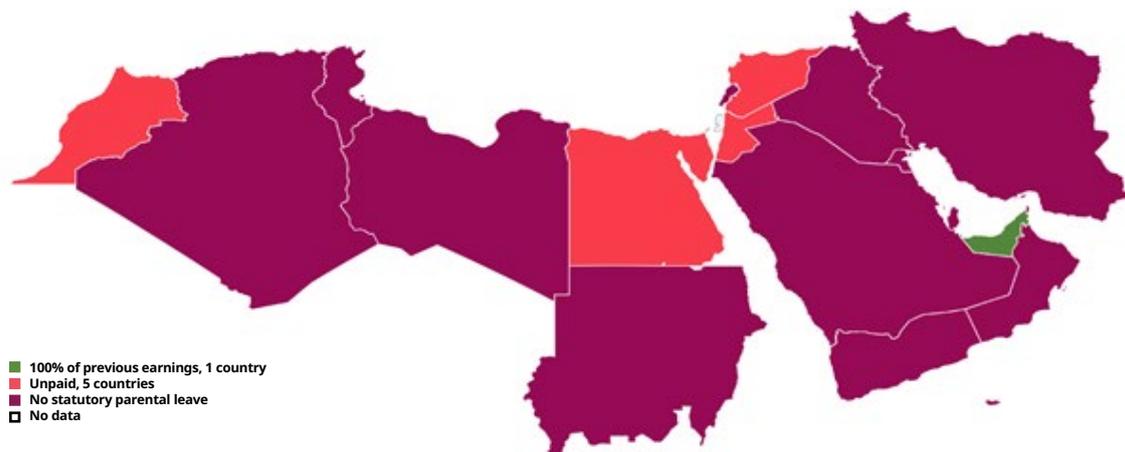
Source: ILO research.

► 4.4 Adequacy and source of funding of parental leave cash benefits: Sustaining income security for care

Income security guaranteed by adequate parental leave cash benefits remains important during the leave period following maternity and paternity leave, as these benefits can sustain parents' rights to care while also protecting their situation in the labour market. However, parental leave is usually not anchored on previous earnings and is more likely to be unpaid or paid at a lower rate compared to other care leave policies, resulting in pay penalties for leave takers.

Between the countries that provide parental leave in MENA, the United Arab Emirates is the sole provider of paid parental leave (figure 4.3). The United Arab Emirates deems the employer to be solely responsible for the payment of parental leave cash benefits, potentially acting as a deterrent to hire workers with family responsibilities (figure 4.6). The remaining countries that provide parental leave do not provide cash benefits, meaning that more than 97 per cent of potential parents in the region do not benefit from income security when taking parental leave (figure 4.6).

► Figure 4.3. Amount of parental leave cash benefits, 2021

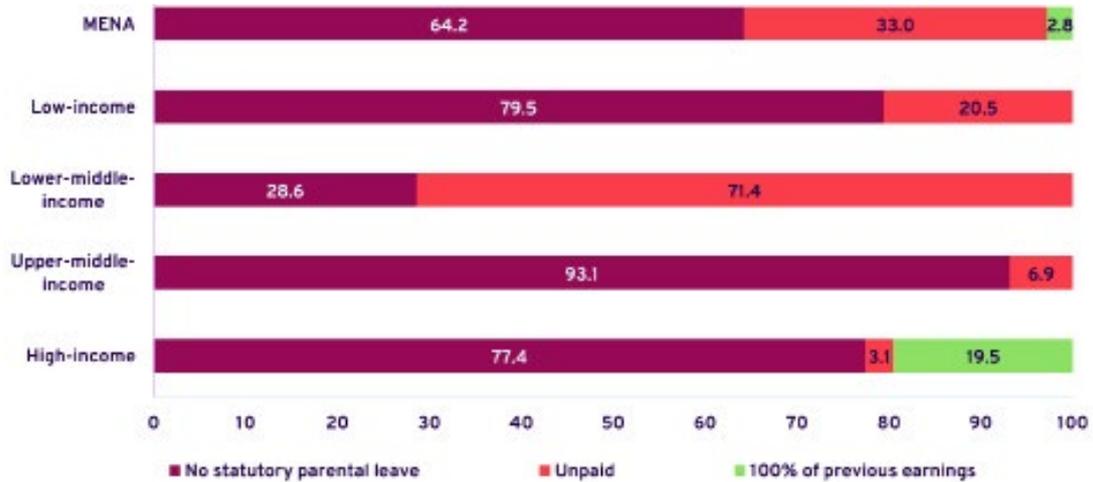


► Table 4.3. Amount of parental leave cash benefits, by region and by income group, 2021 (no. of countries)

Region/income group	No statutory parental leave	Unpaid	100% of previous earnings
MENA	12	5	1
Low-income	2	1	-
Lower-middle-income	2	2	-
Upper-middle-income	4	1	-
High-income	4	1	1

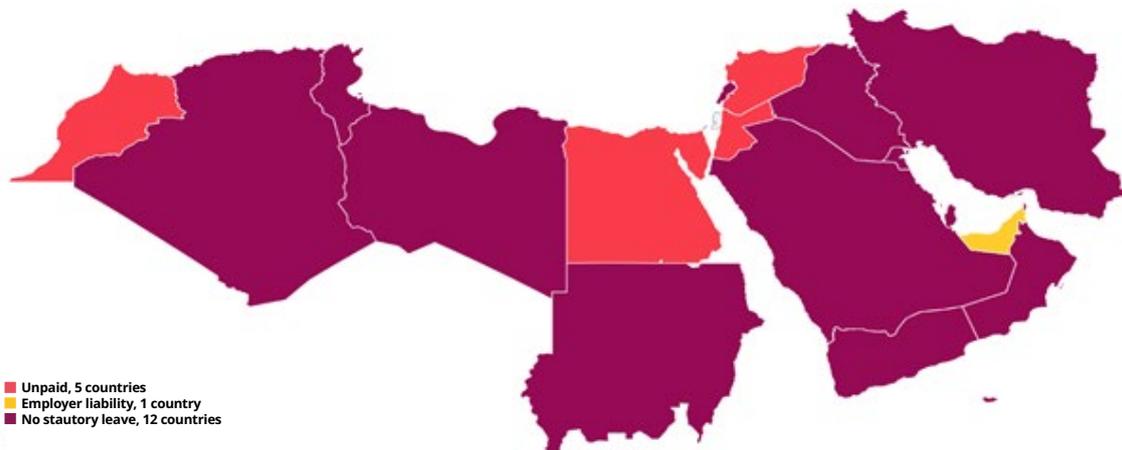
Note: 18 countries and territories. - = nil. Source: ILO research.

► Figure 4.4. Share of potential parents by amount of parental leave cash benefits, by region and by income group, 2021 (%)



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

► Figure 4.5. Source of funding of parental leave cash benefits, 2021



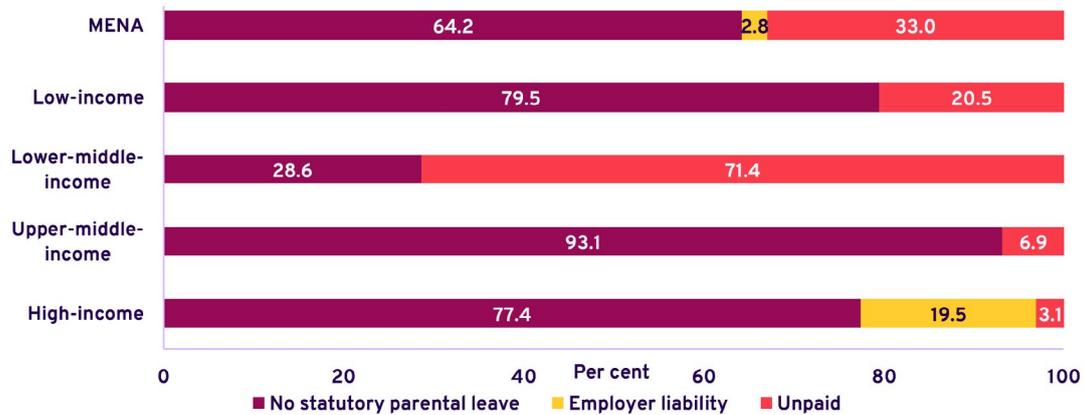
Note: 19 countries and territories. Source: ILO research.

► Table 4.4. Source of funding of parental leave benefits, by region and by income group, 2021 (no. of countries)

Region/income group	No statutory parental leave	Employer liability	Unpaid
MENA	12	1	5
Low-income	2	–	1
Lower-middle-income	2	–	2
Upper-middle-income	4	–	1
High-income	4	1	1

Note: 18 countries and territories. – = nil. Source: ILO research.

► **Figure 4.6. Share of potential parents by source of funding of parental leave benefits, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

4.5 Provision of parental leave for specific categories of workers: Many categories of workers are still excluded from parental leave

As with maternity and paternity leave, the right to parental leave and the corresponding cash benefits are often available only to certain categories of workers and parents. Full-time employees in the formal economy living in a traditional family (for example, mother, father and sons or daughters) are those most likely to have the right to parental leave. By contrast, provision of parental leave rights for self-employed workers and adoptive parents is more scattered. In MENA, the six countries that provide parental leave exclude self-employed workers from cash benefits related to parental leave and exclude adoptive parents from the right to parental leave.

4.6 Employment protection and non-discrimination connected with parental leave: Improving parental leave take-up rates for both women and men

If not complemented by adequate job protection and non-discrimination measures, the right to parental leave can remain unfulfilled for the majority of rightsholders, especially among fathers. Across the region, out of the six countries with parental leave, three provide some form of protection against dismissal connected with parental leave. These are Bahrain, which provides protection from dismissal during parental leave and as a result of parental leave, Egypt, which provides protection from dismissal in relation to parental leave and the Syrian Arab Republic, where workers are protected from dismissal during their parental leave (figure 4.7). In the remaining countries providing parental leave, Jordan and Morocco do not protect leave takers from dismissal, and the United Arab Emirates does not provide an explicit statutory protection against dismissal.

► **Figure 4.7. Length of protection against dismissal related to parental leave, 2021**



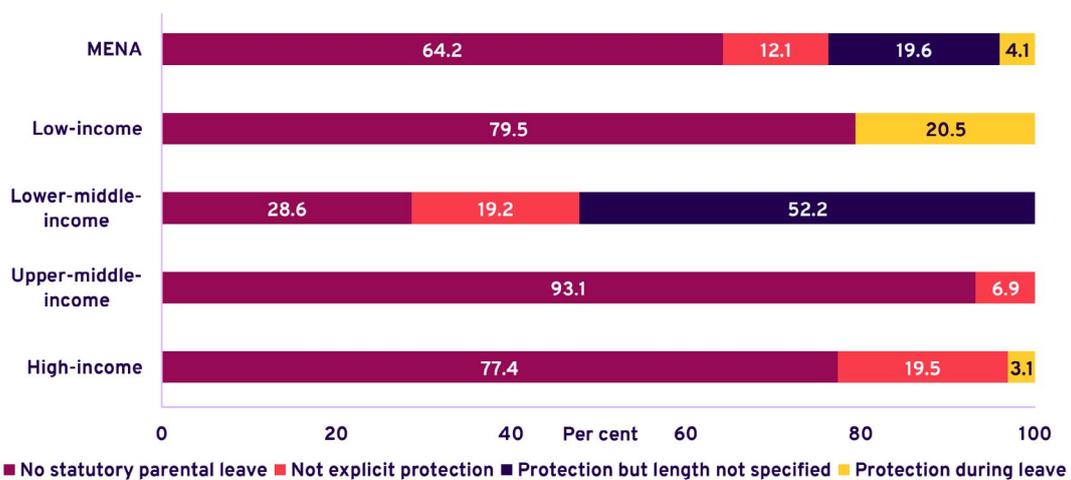
Note: 19 countries and territories. Source: ILO research.

► **Table 4.5. Length of protection against dismissal related to parental leave by region and by income group, 2021 (no. of countries)**

Region/income group	No statutory parental leave	No explicit protection	Protection but length not specified	Protection during leave
MENA	12	3	1	2
Low-income	2	–	–	1
Lower-middle-income	2	1	1	–
Upper-middle-income	4	1	–	–
High-income	4	1	–	1

Note: 18 countries and territories. – = nil. Source: ILO research.

► **Figure 4.8. Share of potential parents by length of protection against dismissal related to parental leave, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

Bahrain is the only country with parental leave that has a legal provision that places the burden of proof on the employer that the dismissal is not based on parental leave (figure 4.9). Analogous to paternity leave, a reduced percentage of people live in countries where the burden of proof rests on the employer. In this case, only 0.4 per cent of potential parents (or 1.1 million) live in a country with legal provisions that prevent or eliminate discrimination against men and women with family responsibilities (figure 4.10).

► **Figure 4.9. Employer must prove dismissal is not connected with worker taking parental leave, 2021**

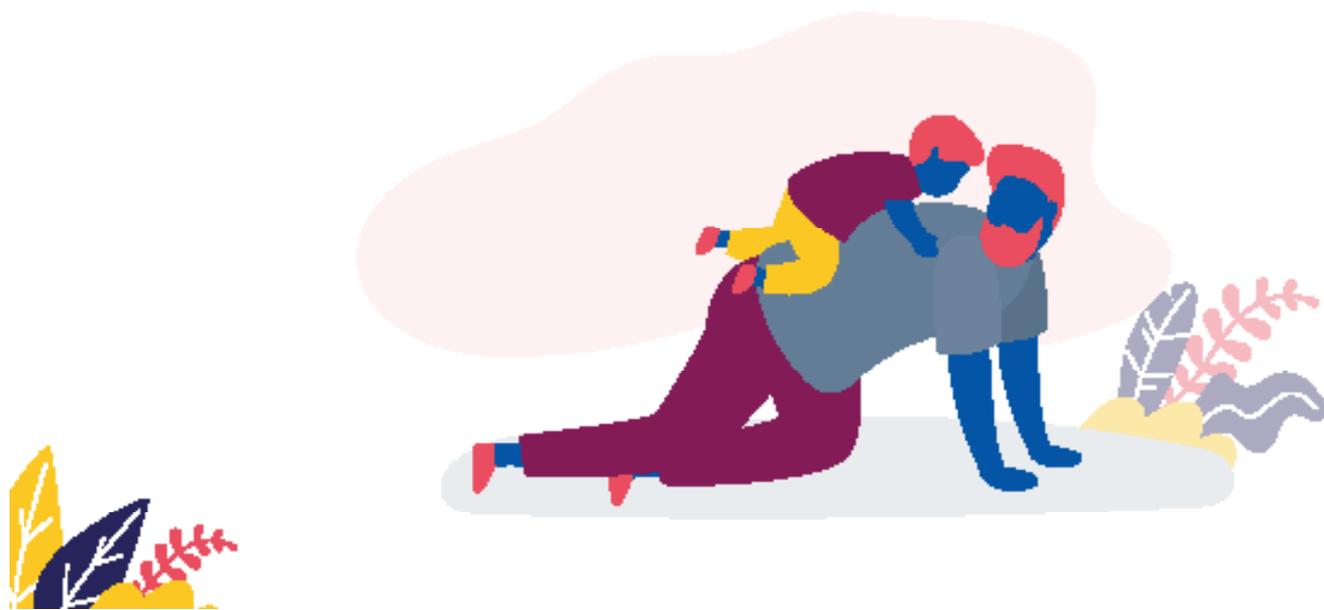


Note: 19 countries and territories. Source: ILO research.

► **Table 4.6. Employer must prove dismissal is not connected with worker taking parental leave, by region and by income group, 2021 (no. of countries)**

Region/income group	No statutory parental leave	Employer not required to prove	Employer must prove
MENA	12	5	1
Low-income	2	1	–
Lower-middle-income	2	2	–
Upper-middle-income	4	1	–
High-income	4	1	1

Note: 18 countries and territories. – = nil. Source: ILO research.



► **Figure 4.10. Share of potential parents by whether employer must prove dismissal is not connected with parental leave, by region and by income group, 2021**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

In the region, half of the countries with parental leave provide the right to return to the same or equivalent position after taking parental leave. In Jordan, Morocco and Syrian Arab Republic, parents taking parental leave are given the right to return to the same position (figure 4.11). This is equivalent to 33 million potential parents; however, parental leave is only available to mothers in these countries. Bahrain, Egypt and the United Arab Emirates do not provide such a right.

► **Figure 4.11. Guaranteed the right to return to the same position or equivalent following parental leave, 2021**



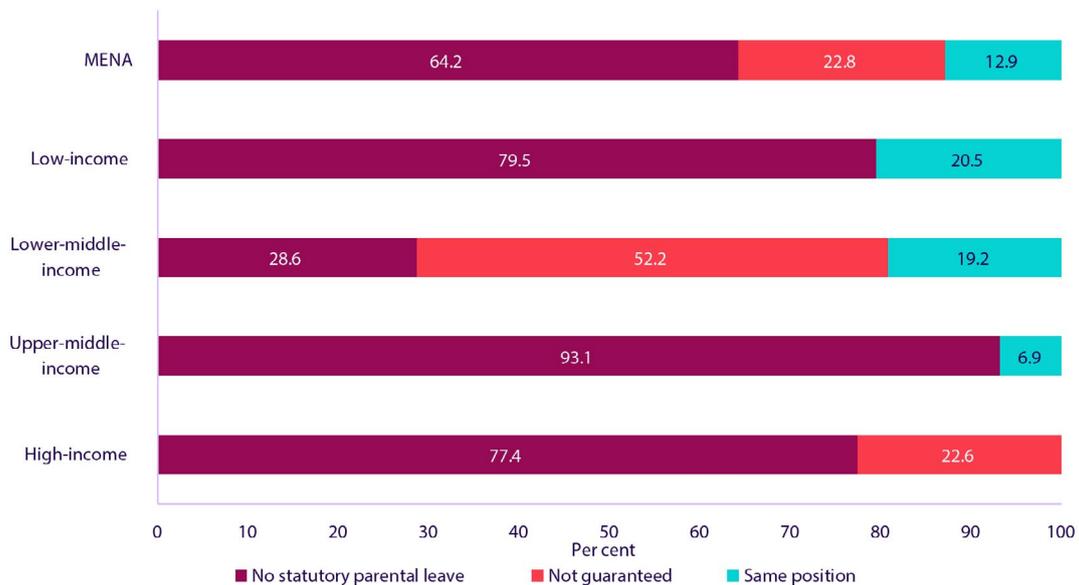
Note: 19 countries and territories. Source: ILO research.

► **Table 4.7. Guaranteed the right to return to the same position or equivalent following parental leave, by region and by income group, 2021 (no. of countries)**

Region/income group	No statutory parental leave	Not guaranteed	Same position
MENA	12	3	3
Low-income	2	–	1
Lower-middle-income	2	1	1
Upper-middle-income	4	–	1
High-income	4	2	–

Note: 18 countries and territories. – = nil. Source: ILO research.

► **Figure 4.12. Share of potential parents by guarantee to the right to return to the same or equivalent position following parental leave by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

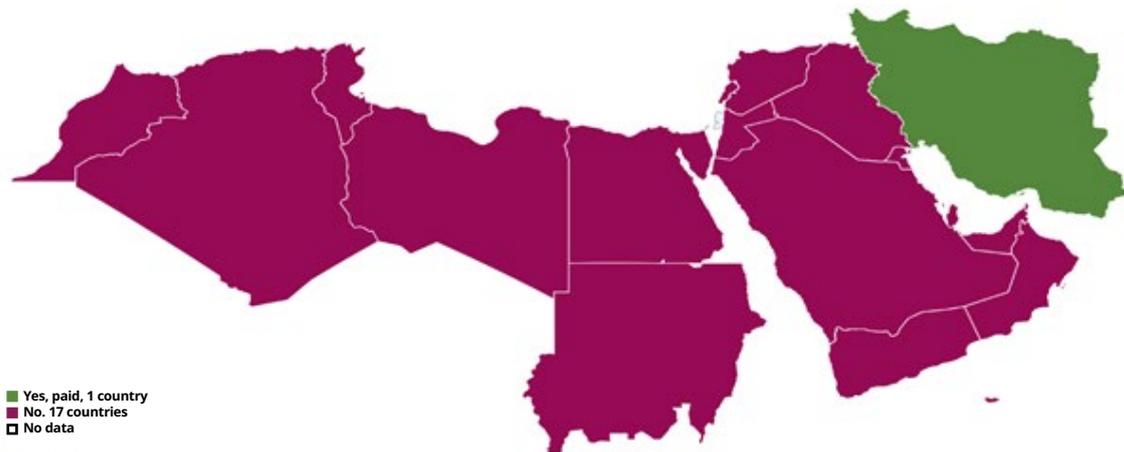
► 4.7 Long-term care leave and emergency leave: Essential support for workers with family responsibilities

As the challenges posed by the COVID-19 pandemic have shown, emergency and long-term care leave can substantially support the reconciliation of work with family responsibilities and prevent health and economic losses to families and enterprises.

4.7.1 Long-term care leave

Long-term care leave is a special leave entitlement available to employed persons to take care of family members who have a long-term functional dependency, for example, persons who have difficulties in carrying out activities of daily living, such as bathing, dressing and getting in and out of bed. With ageing societies, paid long-term care leave can play a key role in supporting new and increasing care needs. Long-term care needs can be met by long-term care services, but most often, when such services are lacking, they are met by family members of the person in need of care, mainly women. ILO Recommendation No. 165 indicates that it should be possible for a worker with family responsibilities to obtain leave of absence in case of illness of another member of the worker's immediate family who needs that worker's care or support. For this reason, some countries have given statutory rights for workers to take paid or unpaid leave to care for family members with a long-term functional dependency. Across MENA, there is only one country, the Islamic Republic of Iran, where workers have a statutory long-term care leave entitlement. This means that in the region, only 18 per cent of people (58 million) have the right to statutory paid leave for long-term care.

► **Figure 4.13. Provision of long-term care leave, 2021**



Note: 19 countries and territories. Source: ILO research.

► **Table 4.8. Provision of long-term care leave, by region and by income group, 2021 (%)**

Region/income group	No long-term care leave	Yes, paid
MENA	17	1
Low-income	3	–
Lower-middle-income	4	–
Upper-middle-income	4	1
High-income	6	–

Note: 18 countries and territories. – = nil. Source: ILO research.

► **Figure 4.14. Share of women and men aged 15-65 years by provision of long-term care leave, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

Like parental leave, long-term care leave can be funded through social protection or employer liability schemes. In the Islamic Republic of Iran, the employer is fully responsible for paying long-term care leave cash benefits. This scheme does not allow funding for self-employed workers hoping to take long-term care leave. This means that across MENA, self-employed workers have no coverage for long-term care leave, affecting 46 million self-employed individuals.

4.7.2 Emergency leave

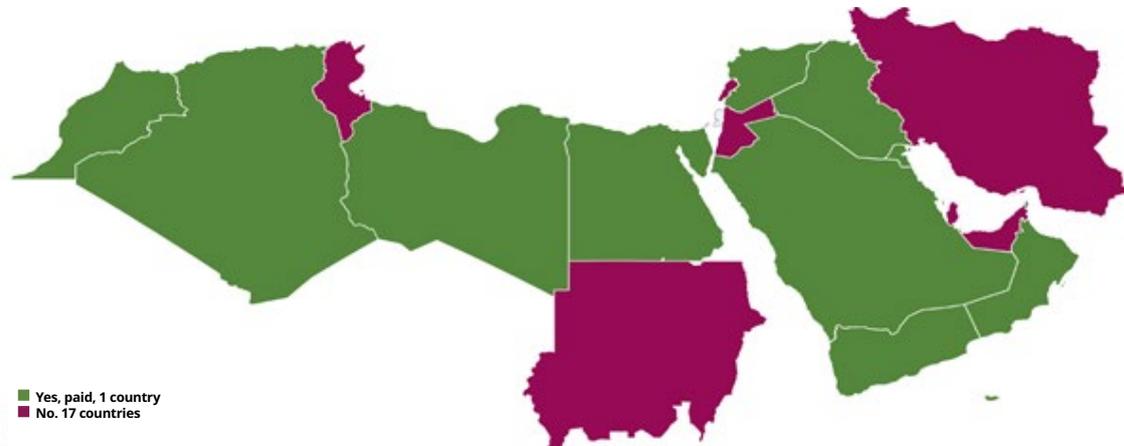
The ILO normative framework provides guidance on leave entitlements that apply to when workers or their family members are sick or have to be absent from work (ILO 2021c). In particular, it should be possible for a worker with family responsibilities in relation to a dependent child – or another member of the worker’s immediate family who needs that worker’s care or support – to obtain a leave of absence in the case of the family member’s illness³⁰. Emergency leave is a special leave of short duration that a worker can take in case of force majeure for urgent family reasons that make the immediate presence of the worker indispensable. Depending on the national legislation, the following contingencies might give the worker the right to take emergency leave: accidents to members of the immediate family of the worker; the sudden illness or sickness of any member of the immediate family of the worker requiring the assistance or the presence of the worker; and the worker’s presence during births and deaths of members of their immediate family.

The majority of adults in the MENA region have a statutory right to emergency leave for urgent family reasons. Eleven countries³¹ in MENA ensure that emergency leave is paid (table 4.10), which was an important measure during the COVID-19 pandemic. In fact, all countries in MENA that have emergency leave provide funding. The remaining seven countries, the Islamic Republic of Iran, Jordan, Lebanon, Sudan, Tunisia and United Arab Emirates, do not have any statutory provision for emergency leave (figure 4.15).

30. ILO Recommendation No. 165, Paragraph 23 (1-2).

31. Algeria, Bahrain, Egypt, Iraq, Kuwait, Libya, Morocco, Oman, Saudi Arabia, Syrian Arab Republic and Yemen.

► **Figure 4.15. Provision of emergency leave, 2021**



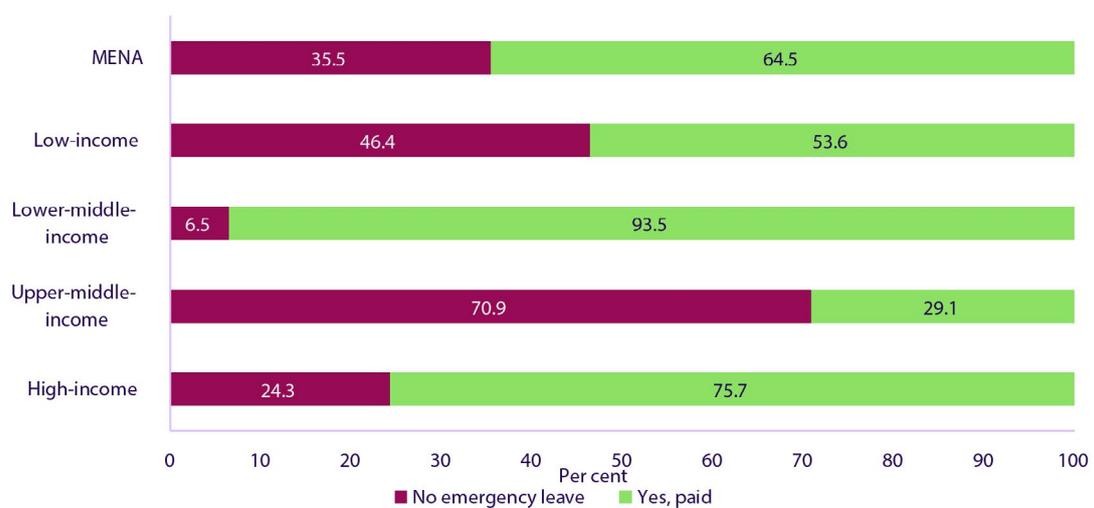
Note: 19 countries and territories. Source: ILO research.

► **Table 4.9. Provision of emergency leave, by region and by income group, 2021 (no. of countries)**

Region/income group	No emergency leave	Yes, paid
MENA	7	11
Low-income	1	2
Lower-middle-income	1	3
Upper-middle-income	3	2
High-income	2	4

Note: 18 countries and territories. – = nil. Source: ILO research.

► **Figure 4.16. Share of women and men aged 15-65 years by provision of emergency leave, by region and by income group, 2021 (%)**



Worldwide, emergency leave is typically funded through employer liability schemes. Such is the case in MENA, as all countries that provide emergency leave rely on employer liability to fund it. The high reliance on employer liability to fund emergency leave cash benefits translates into low provision of emergency leave for self-employed workers and platform workers, whose vulnerability has been further exacerbated during the COVID-19 crisis (ILO 2021d). In the region, self-employed workers do not have an entitlement to paid emergency leave.

► 4.8 Conclusion: Findings on parental leave in a nutshell

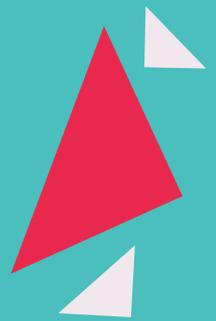
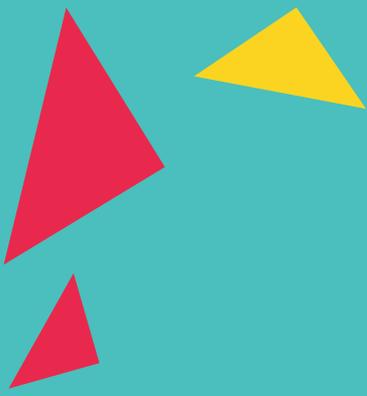
In addition to maternity and paternity leave, parental leave and other care leave policies, such as emergency leave and long-term care leave, are essential to ensuring the continuum of care over the life course. The provision of the right to parental leave is particularly important to bridge care provision up to the point where there is universal availability of quality, accessible and adequate childcare services that meet the needs of working parents.

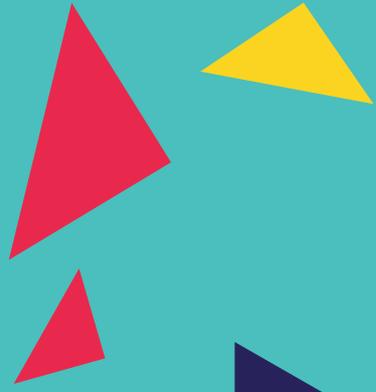
Despite this, parental leave remains a policy that is typically unavailable in countries in MENA and is often designed without gender equality in mind. Out of the six countries³³ that have statutory provisions for parental leave, five³⁴ place restrictions allowing only mothers to access parental leave benefits. The United Arab Emirates is the only country to provide parental leave equally per parent, at 5 working days each. It is also the only country in the region that provides cash benefits for parental leave, at 100 per cent of previous earnings by relying on employer liability. Relying on employer liability results in low uptake by fathers and disadvantages for women's situation in the labour market, as they are the primary users of this care policy. While being a role model for parental leave in the region, the United Arab Emirates also has opportunities to increase accessibility of parental leave by shifting the funding scheme to social insurance.

Looking at other regions, parental leave uptake can be made more equitable and attractive to men by increasing the amount of parental leave cash benefits and introducing non-transferable "daddy quotas" of parental leave. Other countries have also made parental leave entitlements more available to categories of workers that have traditionally been excluded, such as adoptive parents.

33. Bahrain, Egypt, Jordan, Morocco, Syrian Arab Republic and United Arab Emirates.

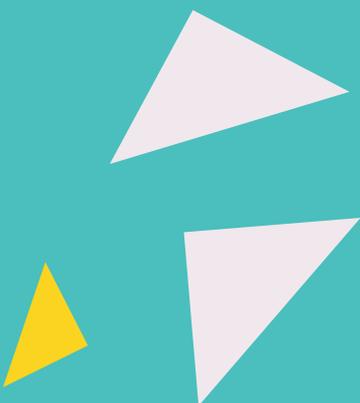
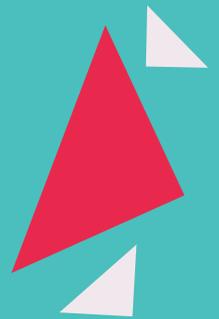
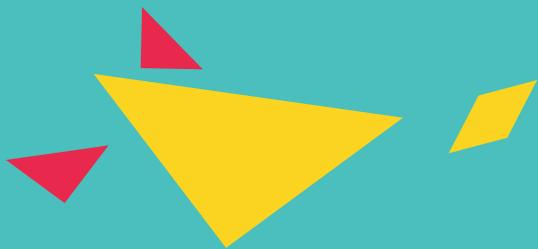
34. Bahrain, Egypt, Jordan, Morocco and Syrian Arab Republic.





▶ 5

**Health protection for pregnant
and nursing women: Leveraging
the workplace to promote safety
and health and saving lives**



5.1 The right to a safe and healthy working environment for all: Essential to decent work, gender equality and health protection

As the COVID-19 crisis continues to threaten many facets of labour markets and societies, guaranteeing a safe and healthy working environment for all workers is fundamental to decent work, gender equality and health protection. A safe and healthy working environment is a right for all workers and is the result of a “policy and system to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, by minimising, so far as is reasonably practicable, the causes of hazards inherent in the working environment³⁵”. In 2022, the International Labour Conference added safety and health to the Fundamental Principles and Rights at Work (ILO News 2022).

5.2 Ensuring decent working time for all workers: For a better work–life balance

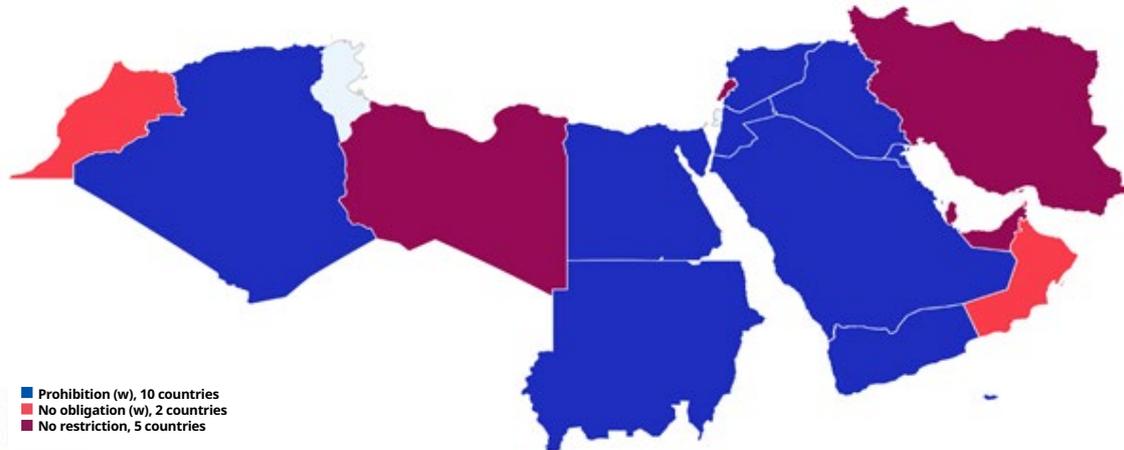
An important issue affecting the health and working life quality of all workers is the duration, intensity and regularity of working time. Long and non-standard working hours, such as night work and regular overtime, are often neither preferred by workers nor healthy for workers and pose risks to workplace safety. They also affect workers’ families by compromising work–life balance; businesses by reducing productivity; and society at large. Working time should be organized in ways that promote safety and health, and therefore, the principle of “decent working time” is even more important during maternity (ILO 2019b). International labour standards set out protective working arrangements for pregnant and nursing women, including in relation to night work and time off for antenatal medical examinations. Recommendation No. 191 (Para. 6(4)) states that a woman should not be obliged to perform night work if this is incompatible with her pregnancy or with nursing, as determined by a medical certificate. Instead of a blanket prohibition against night work, international labour standards encourage legislation to take into account the needs and preferences of individual workers.

Among the 17 countries with available data, 12 have statutory provisions regulating night work. In Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Saudi Arabia, Sudan, Syrian Arab Republic and Yemen, all women are prohibited from doing night work (figure 5.1). The ILO considers that laws mandating blanket prohibitions or restrictions on night work for all women are discriminatory and should be repealed, as they are based on stereotypes regarding women’s and men’s professional abilities and roles in society. At present, 67 per cent of potential mothers from the MENA region live in countries with such provisions (figure 5.2).

In Morocco and Oman, women cannot be obliged to partake in nightwork. Then, in 5 countries, namely the Islamic Republic of Iran, Lebanon, Libya, Qatar and United Arab Emirates, there are no legal provisions to limit night work, which affects 24 per cent of potential mothers (nearly 30 million) in the region (figure 5.2).

35. ILO Occupational Safety and Health Convention, 1981 (No. 155), Art. 4(2).

► **Figure 5.1. Provision of night work protection to pregnant and breastfeeding workers, 2021**



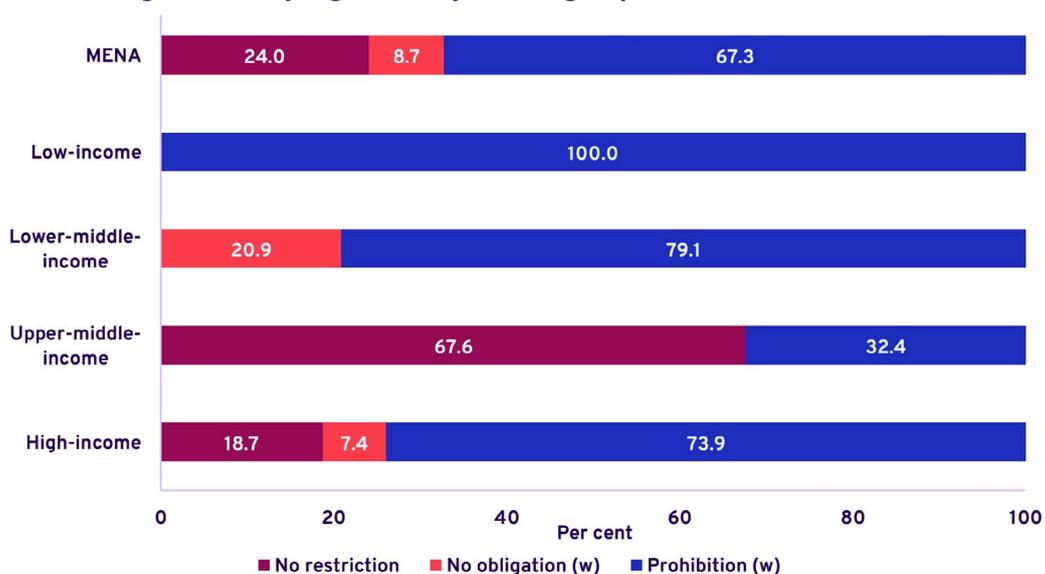
Note: 19 countries and territories. Source: ILO research.

► **Table 5.1. Provision of night work protection to pregnant and breastfeeding workers, 2021**

Region/income group	No restriction	No obligation (w)	Prohibition (w)
MENA	5	2	10
Low-income	–	–	3
Lower-middle-income	–	1	2
Upper-middle-income	3	–	2
High-income	2	1	3

Note: 17 countries and territories. – = nil. Source: ILO research.

► **Figure 5.2. Share of potential mothers by provision of night work protection to pregnant and breastfeeding workers, by region and by income group, 2021 (%)**



Note: 17 countries and territories. Source: ILO calculations based on country-level data.

► 5.3 Time off for prenatal examinations can save lives by tackling preventable maternal mortality and morbidity

Antenatal care provides a platform for important healthcare functions, including health promotion, screening and diagnosis, and disease prevention. The WHO has established that by implementing timely and appropriate evidence-based practices, antenatal care can save lives by tackling preventable maternal mortality and morbidity. New WHO (2016a) guidelines have increased the recommended number of antenatal contacts between an expectant mother and healthcare providers to eight, in order to facilitate assessment of well-being and the provision of interventions to improve health outcomes if complications are identified. ILO standards on maternity protection indicate that a woman should be allowed to leave her workplace, if necessary, after notifying her employer, for the purpose of undergoing medical examinations relating to her pregnancy³⁶.

During the COVID-19 pandemic, a number of factors have increased the vulnerability of pregnant women, including pre-existing severe shortages of health personnel (WHO 2016) – which is a major determinant of unequal access to health services (ILO 2017); lack of equipment and supplies; closures of routine health services; and fear of infection resulting in reduced use of healthcare services (WHO, n.d.; ICN 2021). In fact, 35 per cent of potential mothers in Lebanon were unable to access antenatal care services in 2020 as a result of the COVID-19 pandemic (Women Deliver 2020, as cited in UNDP 2021). Further, in Saudi Arabia, working commitments and lack of time have prevented pregnant women from attending antenatal care services, despite their desire to (Alazany and Brown 2020). By providing paid time off for prenatal maternal healthcare during working hours, workplaces can play a key role in enabling women's access to antenatal care, and in doing so, offer recognition of the importance of antenatal care for maternal and child health and for families' economic security, especially during a health crisis.

Despite the crucial health benefits of antenatal care, none of the countries in the MENA region provide a statutory right to paid time off for prenatal medical examinations. This compromises the access to antenatal care for all potential mothers in MENA. Some of these countries are among those in which maternal mortality and morbidity are most prevalent (table 5.2).

36. ILO Recommendation No. 191, Para 6(6).

► **Table 5.2. Rate of maternal mortality in MENA, latest year (per 100,000 live births)**

Country	Maternal mortality per 100,000 live births
Algeria	112.0
Bahrain	14.0
Egypt	37.0
Iraq	79.0
Iran	16.0
Jordan	46.0
Kuwait	12.0
Lebanon	29.0
Libya	72.0
Morocco	70.0
Oman	19.0
Qatar	9.0
Saudi Arabia	17.0
Sudan	295.0
Syria	31.0
Tunisia	43.0
UAE	3.0
Yemen	164.0

Source: ILO calculations based on the ILO World Social Protection Data Dashboard, n.d.

► 5.4 All workers should have a right to safe and healthy workplaces: Pregnant or nursing women have a right to special protection

ILO standards mandate that provisions relating to the protection of persons working under dangerous or unhealthy conditions should be aimed at protecting the health and safety of both men and women at work, while taking into account gender differences in regard to specific health risks (ILO 2012a). Effectively regulating dangerous or unhealthy work for women during maternity is a core component of health protection at the workplace. Convention No. 183 (Art. 3) sets out the right of pregnant or nursing women not to be obliged to perform work that is prejudicial to their health or that of their unborn or newborn child³⁷. Recommendation No. 191 (Para. 6(3)) promotes the assessment of workplace risks related to safety and health, especially where conditions involve arduous manual work; exposure to hazardous biological, chemical or physical agents; situations requiring special equilibrium; or situations requiring standing or sitting for prolonged periods, particularly in extreme temperatures or close to vibration.

37. Stems from the general right recognized under Osh conventions that any worker has the right to remove themselves from a situation of danger. Article 13 of Convention No. 155 mandates that a worker who has removed himself from a work situation which he or she has reasonable justification to believe presents an imminent and serious danger to his/her life or health shall be protected from undue consequences in accordance with national conditions and practice.

As seen during the COVID-19 pandemic, workplace risk assessments are important OSH management tools at the enterprise level for helping employers assess and mitigate not only the risk of contagion, but also associated chemical, ergonomic and psychosocial risks, such as violence and harassment, increased workloads, longer working hours and reduced rest periods (ILO 2021d). These newly recognized OSH risks have arisen during the pandemic due to the introduction of new measures and work processes, including administrative and engineering controls, teleworking, and increased use of personal protective equipment (PPE) and disinfection. Therefore, policy and regulatory frameworks should promote the implementation of a preventive OSH culture and the adoption of a sound OSH management system in the workplace, grounded on regular risk assessments and effective prevention, mitigation and protection measures (ILO 2021d)³⁸. These are essential for a timely and effective response that takes into account the situation of pregnant and nursing women during a public health crisis and beyond.

There are statutory measures that – to varying extents – restrict dangerous or unhealthy work for pregnant or nursing women in 16³⁹ out of the 18 countries in MENA (figure 5.3). In only one country, Algeria, pregnant or breastfeeding workers cannot be obliged to perform dangerous or unhealthy work, which is in line with ILO standards. In Libya and Oman, all women cannot be obliged to perform dangerous or unhealthy work, limiting women’s ability to engage in the work they want to. Bahrain, Yemen and Jordan adopt more restrictive approaches towards dangerous or unhealthy work by prohibiting it for pregnant or breastfeeding workers.

In a significant number of countries (10⁴⁰), the legislation still forbids all women from working under certain conditions classed as dangerous or unhealthy (table 5.3). The ILO Committee of Experts on the Application of Conventions and Recommendations (CEACR) considers these blanket bans on dangerous work (as well as on night work and overtime) to be:

- ▶ based on stereotypes regarding women’s professional abilities and role in society;
- ▶ contrary to the principle of equality of opportunity and treatment in employment and occupation; and
- ▶ contributing to gender-based discrimination at work (ILO 2018b; ILO 2012a).

These discriminatory laws still affect nearly 61 per cent of potential mothers in the region.

▶ **Figure 5.3. Provision of statutory protections against dangerous or unhealthy work for pregnant or breastfeeding workers, 2021**



Note: 19 countries and territories. No protection = there are no legal measures to protect the safety and health of pregnant or breastfeeding workers; No obligation (w) = all women cannot be obliged to perform dangerous or unhealthy work; No obligation = pregnant or breastfeeding workers cannot be obliged to perform dangerous or unhealthy work; Prohibition (w) = all women are prohibited from performing dangerous or unhealthy work; Prohibition = pregnant or breastfeeding workers are prohibited from performing dangerous or unhealthy work. Source: ILO research.

38. The importance of preventive and protective OSH measures, alongside workers’ compensation, and the relevance of international labour standards in guiding state action was also underlined by the CEACR’s 2021 addendum to their 2020 General Report (ILO 2021g).

39. Algeria, Bahrain, Iraq, Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia and Yemen.

40. Iraq, Islamic Republic of Iran, Kuwait, Lebanon, Morocco, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic and Tunisia.

► **Table 5.3. Provision of statutory protections against dangerous or unhealthy work by pregnant and breastfeeding workers, by region and by income group, 2021 (no. of countries)**

Region/income group	No protection	No obligation (w)	No obligation	Prohibition (w)	Prohibition
MENA	2	2	1	10	3
Low-income	–	–	–	2	1
Lower-middle-income	1	–	1	2	–
Upper-middle-income	–	1	–	3	1
High-income	1	1	–	3	1

Note: 18 countries and territories. – = nil. No protection = there are no legal measures to protect the safety and health of pregnant or breastfeeding workers; No obligation (w) = all women cannot be obliged to perform dangerous or unhealthy work; No obligation = pregnant or breastfeeding workers cannot be obliged to perform dangerous or unhealthy work; Prohibition (w) = all women are prohibited from performing dangerous or unhealthy work; Prohibition = pregnant or breastfeeding workers are prohibited from performing dangerous or unhealthy work. Source: ILO research.

► **Figure 5.4. Share of potential mothers by presence of statutory provisions protecting pregnant and breastfeeding workers from dangerous or unhealthy work, by region and by income group, 2021 (%)**



Note: 18 countries and territories. No protection = there are no legal measures to protect the safety and health of pregnant or breast-feeding workers; No obligation (w) = all women cannot be obliged to perform dangerous or unhealthy work; No obligation = pregnant or breastfeeding workers cannot be obliged to perform dangerous or unhealthy work; Prohibition (w) = all women are prohibited from performing dangerous or unhealthy work; Prohibition = pregnant or breastfeeding workers are prohibited from performing dangerous or unhealthy work. Source: ILO calculations based on country-level data.

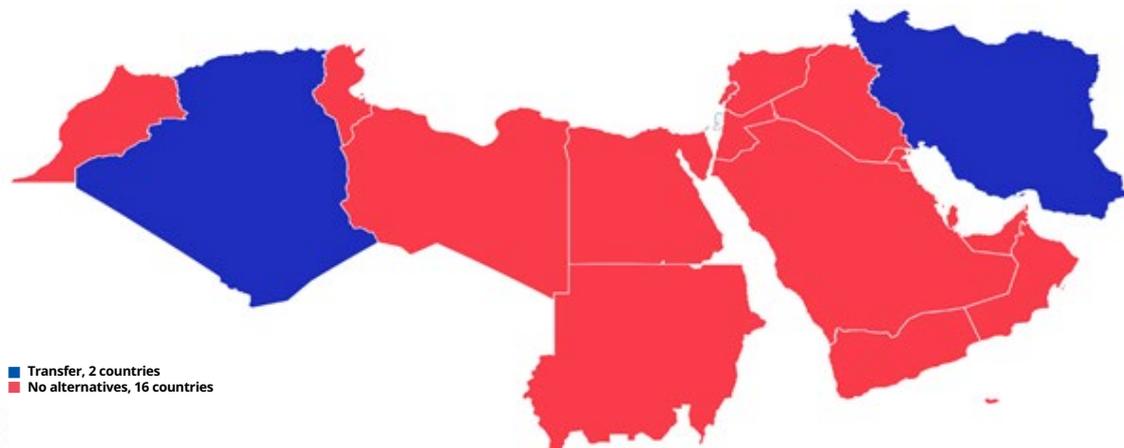
► 5.5 The provision of protective measures: Offering alternatives to dangerous or unhealthy work

Recommendation No. 191 (Para. 6(2)) indicates that protective measures should be taken when it is determined that a pregnant or nursing worker is engaged in dangerous or unhealthy work that represents a potential danger to the well-being of the worker or their child. In the event that such a workplace risk is established, the Recommendation suggests four alternative measures to be taken, in the following order:

- the elimination of the risk;
- an adaptation of the worker's conditions of work;
- a temporary transfer to a safer position, without loss of pay; or
- in the absence of other possibilities, placing a worker on temporary paid leave.

Among the 18 countries in the region, two, Algeria and the Islamic Republic of Iran, provide the ability for pregnant or breastfeeding workers to be transferred to a post that does not entail hazard or risk exposure. Other than these two countries, there is no alternative provided to pregnant or breastfeeding workers engaging in dangerous or unhealthy work. Consequently, 90 million potential mothers (73 per cent) have no statutory right to protective measures against/alternatives to dangerous or unhealthy work, leaving them exposed to health risks.

► **Figure 5.5. Provision of alternatives to dangerous or unhealthy work being performed by pregnant and breastfeeding workers, 2021**

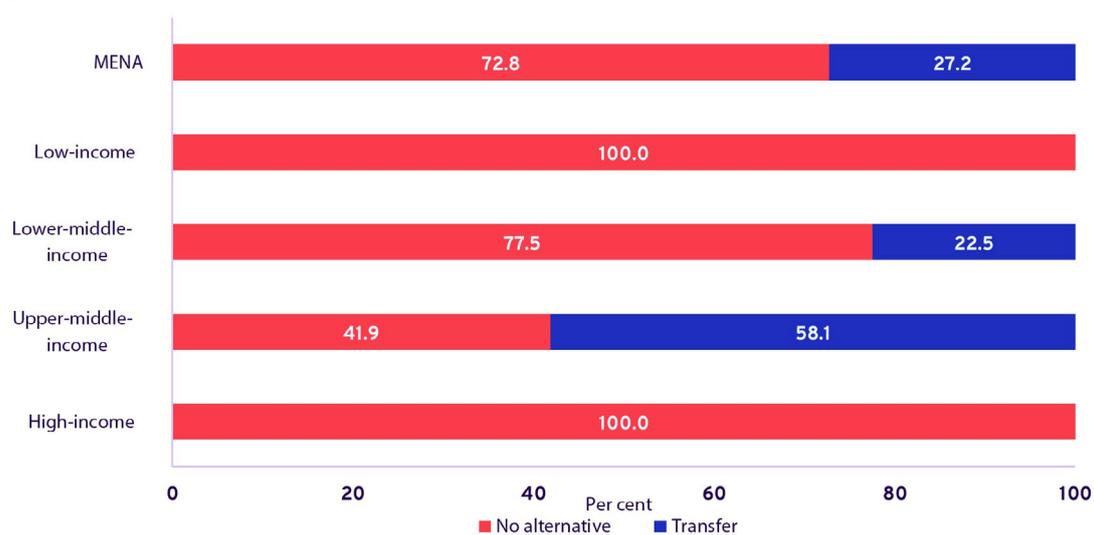


Note: 19 countries and territories. Source: ILO research.

► **Table 5.4. Provision of alternatives to dangerous or unhealthy work being performed by pregnant and breastfeeding workers, by region and by income group, 2021 (no. of countries)**

Region/income group	No alternative	Transfer
MENA	16	2
Low-income	3	–
Lower-middle-income	3	1
Upper-middle-income	4	1
High-income	6	–

► **Figure 5.6. Share of potential mothers by provision of alternatives to dangerous or unhealthy work being performed by pregnant and breastfeeding workers, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

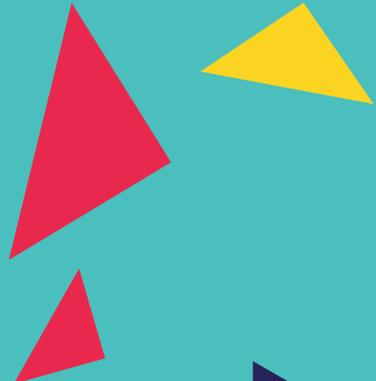
► 5.6 Conclusion: Findings on health protection in a nutshell

All workers should have a right to a safe and healthy working environment and decent working time, but prevention, mitigation and protection measures to ensure these rights for pregnant and nursing women represent a particularly important component of maternity protection. These measures contribute to the promotion of gender equality and maternal health, and they can save lives. They are part and parcel of a comprehensive legal framework for a human-centred and gender-responsive occupational safety and health (OSH) approach that can benefit all women and men workers as well as employers. However, many countries are still not leveraging the full potential of the workplace as a key entry point to promoting safety and health.

Since 2011, countries in the MENA region have not reformed their laws to introduce OSH-related measures specifically to protect pregnant and breastfeeding workers as mandated by ILO standards on maternity protection. In fact, there remain 13 countries⁴¹ in the region, where 80 per cent of potential mothers live, that do not provide any OSH-related measure or where they provide blanket provisions or obligations. In MENA, there is no statutory right to paid time off for prenatal medical examinations, affecting 124 million mothers. To prevent, mitigate and protect potential mothers during their pregnancy and breastfeeding periods, and to reduce discrimination in employment, MENA countries can develop and implement OSH-related care policies in the workplace, in turn promoting a more gender equal world of work.

41. Egypt, Iraq, Islamic Republic of Iran, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic and United Arab Emirates.





▶ 6

**Breastfeeding at work: Time,
income security and space to
enable positive nutrition and
health outcomes**



6.1 Provision of the right to breastfeeding at work: A key enabler of a health-promoting behaviour

The protection, promotion and support of breastfeeding is essential for the achievement of many of the Sustainable Development Goals by 2030 (Victora et al. 2016). The WHO (2020a, 1) indicates that “breastfeeding is the cornerstone of infant and young child survival, nutrition and development and maternal health”. It contributes to lower rates of acute infant and chronic child illness as well as improved cognitive and educational outcomes. The maternal health benefits are also considerable, including lower rates of postnatal depression and improved physical health. A study published in *The Lancet* estimates that scaling up of breastfeeding according to WHO recommendations⁴² could prevent 823,000 annual deaths in children under 5 years and 20,000 annual deaths from breast cancer worldwide (Victora et al. 2016). By supporting the harmonization between women’s paid work and unpaid care work, adequate maternity protection – including maternity, paternity and parental leave, paid breastfeeding breaks, workplace nursing spaces and a supportive breastfeeding environment – is a key enabler of this important health-promoting behaviour (ILO 2014a). Research in low- and middle-income countries shows that a one-month increase in paid parental leave for mothers leads to more than a two-month increase in breastfeeding duration, promoting positive health and economic outcomes (Chai, Nandi, and Heymann 2018). Fathers who take leave around childbirth are more involved in early childcare, share household work more equally, and can support mothers’ breastfeeding, significantly improving the chances of exclusive breastfeeding at six months (Johnston and LeRoy 2018; Rahadian et al. 2020).

However, when the law does not recognize the right of women workers to daily breaks or to a reduction of working time with pay to breastfeed or express breast milk, employment becomes incompatible with breastfeeding, possibly impacting on the health and economic situation of women and children. Research suggests that the lack of workplace breastfeeding policies have acted as deterrents for working mothers to exclusively breastfeed in the first 6 months after childbirth and continue to breastfeed after this period in Saudi Arabia and United Arab Emirates (Gardner, Green and Gardner 2015; Murad et al. 2021). The right to reconcile paid work with breastfeeding has been embedded in international labour standards on maternity protection for over a century (ILO 2019b). The most recent ILO instrument on the matter – the Maternity Protection Convention, 2000 (No. 183) – sets out that women workers should be provided with the right to one or more daily nursing breaks (or a daily reduction of working hours), which should be counted as working time and remunerated accordingly (Article 10). The accompanying Maternity Protection Recommendation, 2000 (No. 191), also allows for flexibility in the use of nursing breaks to meet personal needs (Paras. 8–9).

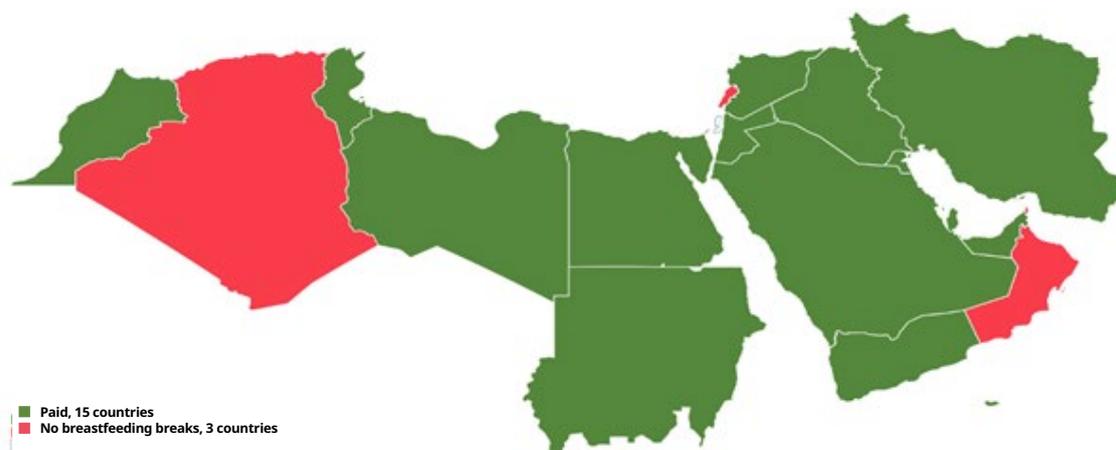
Reducing the barriers to breastfeeding for working mothers, including those in the informal economy who face multiple and specific sociocultural and workplace challenges, is even more important during a health and economic crisis (UNICEF, ILO, and WIEGO 2021; Horwood et al. 2020). Recent WHO (2020a) guidelines strongly support breastfeeding as the best choice for infant feeding, even if the mother or her infant are infected with SARS-CoV-2. The lack of adequate paid leave for both women and men and lack of support for breastfeeding have been acutely felt in the COVID-19 pandemic, exacerbating health problems, childcare issues and parental psychosocial stress (Singh, Kumar, and Panda 2021; Margaria 2021).

In MENA, 15⁴³ out of 18 countries with available data provide paid daily nursing breaks (table 6.1). The only countries that do not provide an entitlement to paid nursing breaks are Algeria, Lebanon and Oman. In Lebanon, the lack of legislation can be associated with the competing views of the breast milk substitution industry (Akik et al. 2017). In this context, prioritising the health and needs of women and children is necessary (Akik et al. 2017). The provision of daily nursing breaks offers an adequate right to time and income security for breastfeeding to 89 per cent of potential mothers across MENA (figure 6.2), reflecting the importance of this gender equality and health-promoting practice.

42. The WHO recommends that mothers initiate breastfeeding within one hour of birth, and that infants be exclusively breastfed for the first six months of life, with continued breastfeeding, combined with other food sources, from six months.

43. Bahrain, Egypt, Iraq, Islamic Republic of Iran, Jordan, Kuwait, Libya, Morocco, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

► **Figure 6.1. Entitlement to paid nursing breaks, 2021**



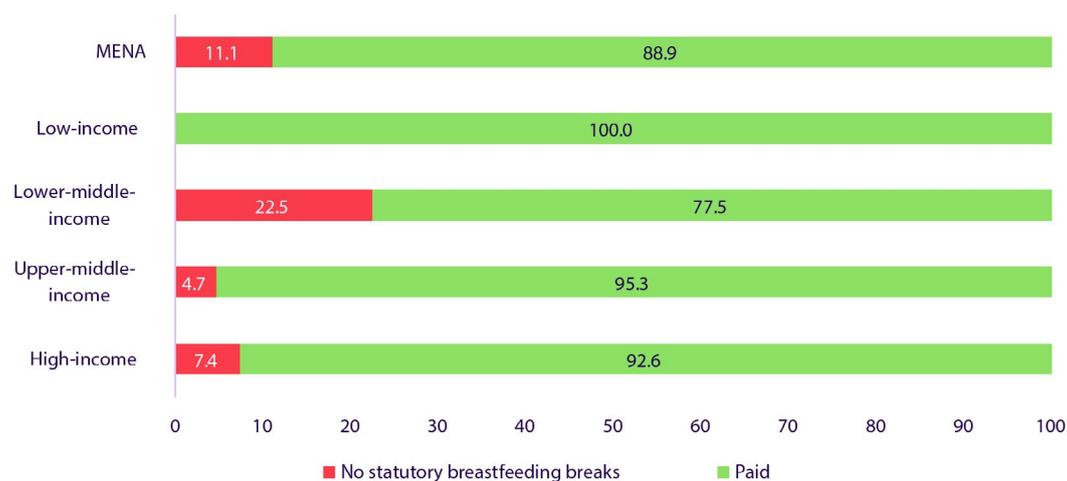
Note: 19 countries and territories. Source: ILO research.

► **Table 6.1. Entitlement to paid nursing breaks, 2021**

Region/income group	No statutory breastfeeding breaks	Paid
MENA	3	15
Low-income	–	3
Lower-middle-income	1	3
Upper-middle-income	1	4
High-income	1	5

Note: 18 countries and territories. – = nil. Source: ILO research.

► **Figure 6.2. Share of potential mothers by entitlement to paid nursing breaks, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

Box 6.1. Towards the progressive recognition of men's role in supporting breastfeeding and infant nutrition

An important trend over the last decade has been recognizing the right of fathers to working arrangements that support breastfeeding and infant feeding, though it has not yet reached countries in the MENA region. Around the globe, men's role in supporting breastfeeding and infant nutrition has been seen in Spain, Cuba, Portugal and Tajikistan. In Spain, fathers are also entitled to nursing breaks or shorter working days until the child is nine months old. Since 2019, this right has become individual and non-transferable for both mothers and fathers. In Cuba, either parent can take 60 minutes off with pay for nursing purposes. In Portugal, the breaks can be split between mothers and fathers. In Tajikistan, the break entitlements are applicable to fathers or legal guardians who are raising the children themselves (ILO 2014a).

Research shows that the majority of fathers perceive the ability to feed their child as a positive experience and as a contributing factor to the formation of the father-infant bond. Therefore, supportive measures, such as the right to nursing breaks, may act as a catalyst for, in the short term, the recognition of fathers as fundamental members of the breastfeeding triad, alongside mothers, and in the long term, the equal participation of fathers in their children's nutrition and care (Sihota et al. 2019).

6.2 The frequency and duration of nursing breaks: Adjusting to women's needs and preferences through flexibility

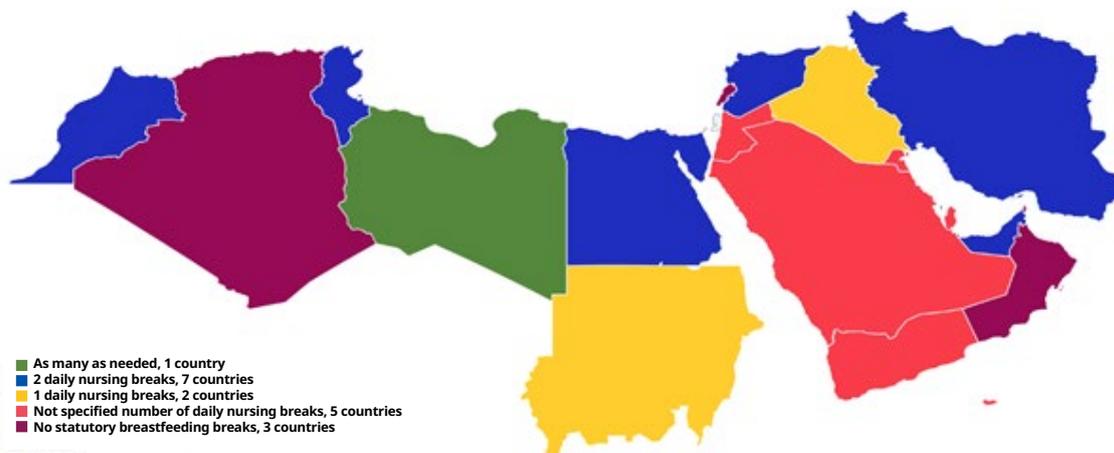
ILO standards⁴⁴ leave it to national law and practice to set out the period during which nursing breaks or the reduction of daily hours of work are allowed, as well as their number and their duration. Therefore, legislation varies in terms of the number of daily nursing breaks and the amount of time allotted for breastfeeding or expressing milk at the workplace. Among the 15 countries⁴⁵ in the MENA region providing for these arrangements, 10 provide at least one nursing break and six grant two daily breaks (table 6.2). Specifically, Iraq, Libya and Sudan provide one daily nursing break, while the Syrian Arab Republic allows one or two daily nursing breaks. In Bahrain, Egypt, Morocco, Tunisia and United Arab Emirates, two daily nursing breaks are provided, and in the Islamic Republic of Iran nursing breaks are provided every three hours.

While Jordan, Kuwait, Qatar, Saudi Arabia and Yemen provide the statutory right to nursing breaks, there is no specification as to how many nursing breaks are provided. On the one hand, these arrangements can offer workers a maximum level of time and flexibility for breastfeeding according to their needs and preferences, especially in workplaces that display support for this practice. On the other hand, the lack of a clear provision might also deter women from using their entitlement.

44. Recommendation 101.

45. Bahrain, Egypt, Iraq, Islamic Republic of Iran, Jordan, Kuwait, Libya, Morocco, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

► Figure 6.3. Number of daily nursing breaks, 2021



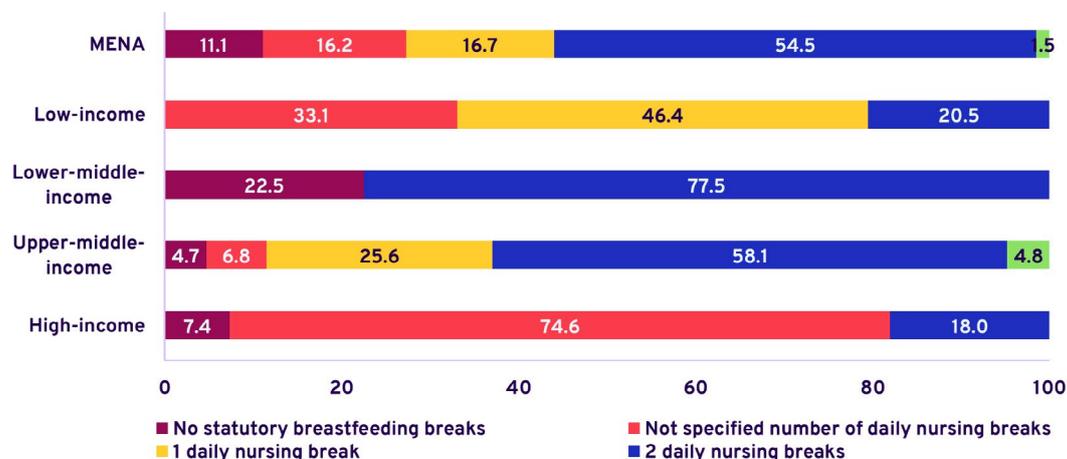
Note: 19 countries and territories. Source: ILO research.

► Table 6.2. Number of daily nursing breaks, 2021

Region/income group	No statutory breastfeeding breaks	Not specified number of daily nursing breaks	1 daily nursing break	2 daily nursing breaks	As many as needed
MENA	3	5	2	7	1
Low-income	-	1	1	1	-
Lower-middle-income	1	-	-	3	-
Upper-middle-income	1	1	1	1	1
High-income	1	3	-	2	-

Note: 18 countries and territories. - = nil. Source: ILO research.

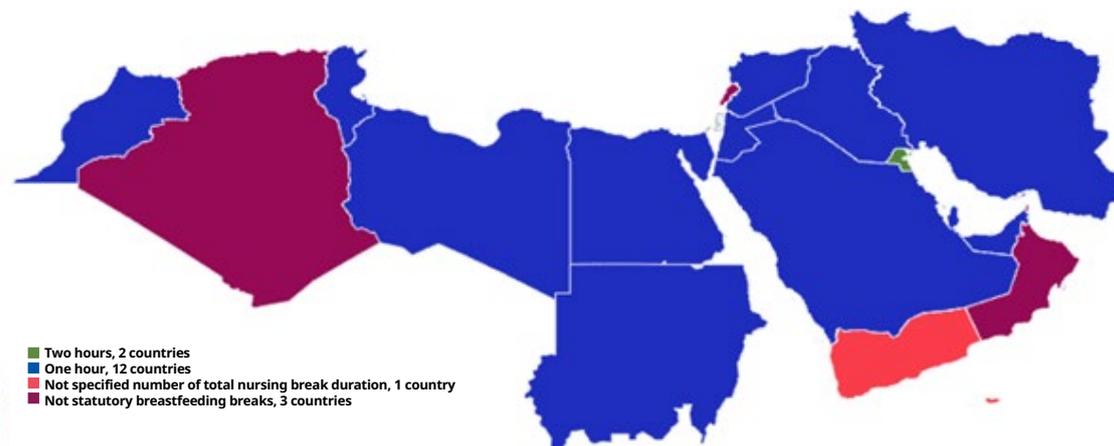
► Figure 6.4. Share of potential mothers by number of daily nursing breaks, by region and by income group, 2021 (%)



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

While some countries may not specify how many breaks are provided, almost all countries that provide nursing breaks specify their duration, except for Yemen. The majority of countries in the region that provide nursing breaks, 12⁴⁶ out of 15, grant 1 hour (table 6.3). The most generous provisions are found in two countries, Bahrain and Kuwait, which offer two hours per day for breastfeeding, representing only one per cent of potential mothers in the region (figure 6.6).

► **Figure 6.5. Total daily nursing break duration, 2021**



Note: 19 countries and territories. Source: ILO research.

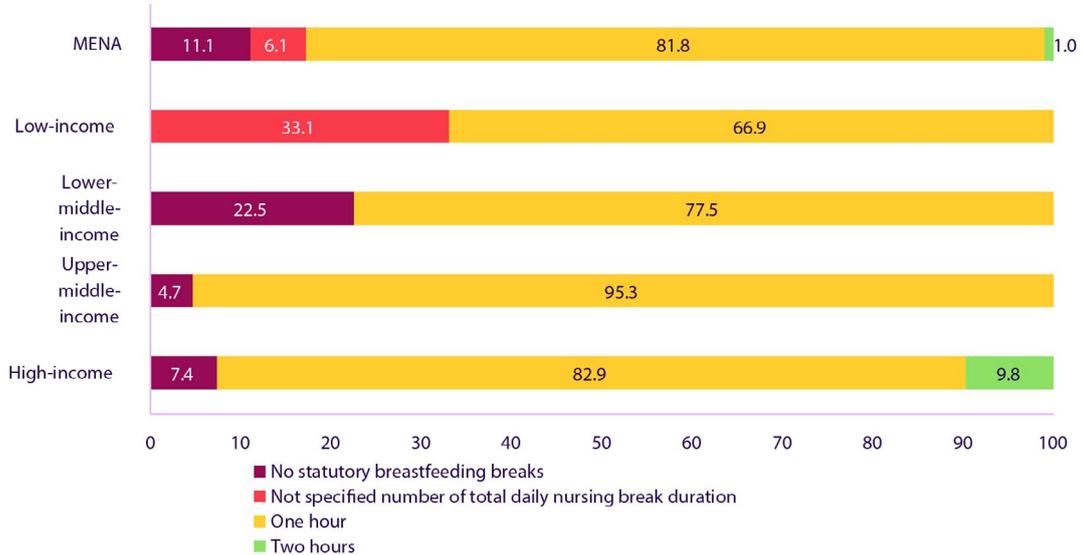
► **Table 6.3. Total daily nursing break duration, by region and by income group, 2021 (no. of countries)**

Region/income group	No statutory breastfeeding breaks	Not specified number of total daily nursing break duration	One hour	Two hours
MENA	3	1	12	2
Low-income	–	1	2	–
Lower-middle-income	1	–	3	–
Upper-middle-income	1	–	4	–
High-income	1	–	3	2

Note: 18 countries and territories. – = nil. Source: ILO research.

46. Egypt, Iraq, Islamic Republic of Iran, Jordan, Libya, Morocco, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia and United Arab Emirates.

► **Figure 6.6. Share of potential mothers by total daily nursing break duration, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

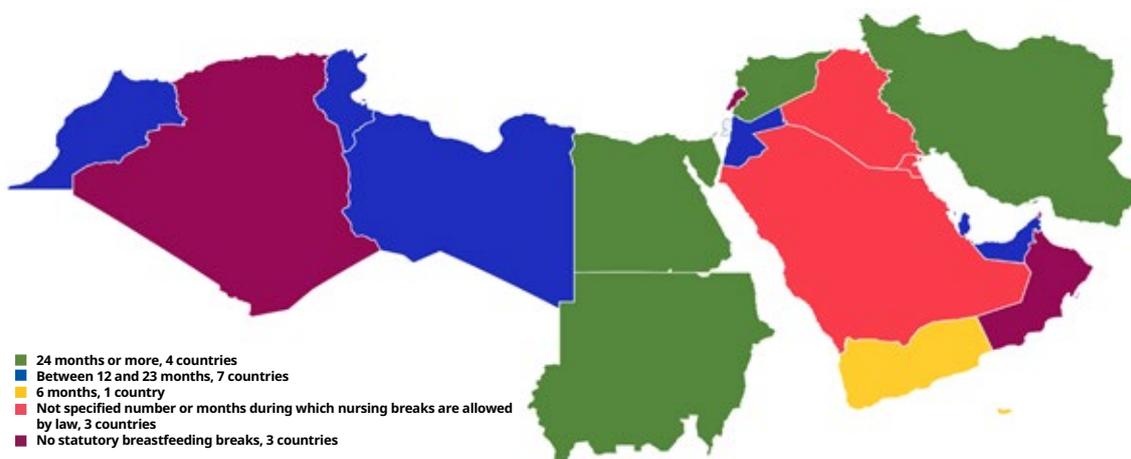
► 6.3 The period of the right to nursing breaks: Aligning labour rights to international health recommendations on breastfeeding

The duration of the entitlement to paid nursing breaks is also essential in order to allow women workers to breastfeed according to their needs and preferences and in line with the WHO recommendations – namely, exclusive breastfeeding through the child's first six months and breastfeeding with appropriate complementary foods for up to two years or beyond (WHO 2018). Of the 15 countries that offer daily nursing breaks, 12⁴⁷ specify the number of months during which nursing breaks are allowed by law. All these countries provide breastfeeding for at least six months. In three countries, Iraq, Kuwait and Saudi Arabia, nursing breaks are provided but the duration of this entitlement is not specified.

One country, Yemen, allows for 6 months of nursing breaks. About half the countries with provisions, 7 out of 15, allow for a duration between one year and 23 months. Sixteen per cent of potential mothers live in these countries, specifically, Bahrain, Jordan, Libya, Morocco, Qatar, Tunisia and United Arab Emirates (figure 6.8). Only four countries – Egypt, the Islamic Republic of Iran, Sudan and Syrian Arab Republic – provide breastfeeding for two years. Iraq, Kuwait and Saudi Arabia do not specify the period for which nursing breaks are allowed by law.

47. Bahrain, Egypt, Islamic Republic of Iran, Jordan, Libya, Morocco, Qatar, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

► **Figure 6.7. Number of months during which nursing breaks are allowed by law, 2021**



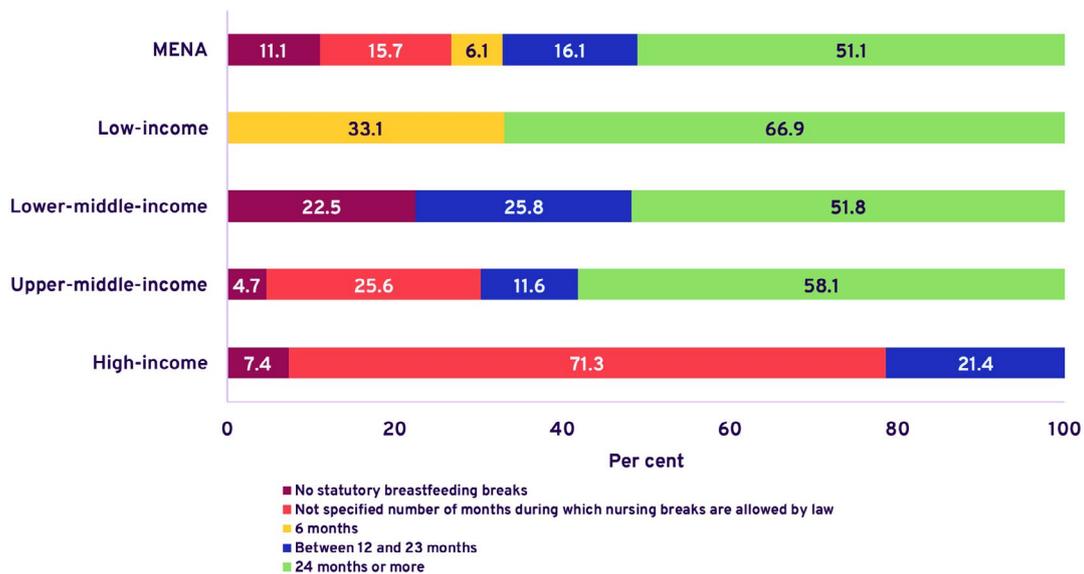
Note: 19 countries and territories. Source: ILO research.

► **Table 6.4. Number of months during which nursing breaks are allowed by law, by region and by income group, 2021 (no. of countries)**

Region/income group	No statutory breastfeeding breaks	Not specified number of months during which nursing breaks are allowed by law	6 months	Between 12 and 23 months	24 months or more
MENA	3	3	1	7	4
Low-income	–	–	1	–	2
Lower-middle-income	1	–	–	2	1
Upper-middle-income	1	1	–	2	1
High-income	1	2	–	3	–

Note: 18 countries and territories. – = nil. Source: ILO research.

► **Figure 6.8. Share of potential mothers by duration of the entitlement to nursing breaks, by region and by income group, 2021 (%)**



Note: 18 countries and territories. Source: ILO calculations based on country-level data.

► 6.4 Workplace nursing facilities: A key ingredient of breastfeeding-friendly workplaces

In addition to time and income security, a workplace that is breastfeeding-friendly provides women with: a comfortable, private space for direct breastfeeding (when possible) or to express breast milk; a chair; access to a fridge to store it (if available); and a clean and safe environment (other than a bathroom) (ILO 2012b). An adequate nursing space also signals that the workplace supports breastfeeding and working parents and can thus benefit from the strong business case for such support, including lower absenteeism and healthcare costs, higher loyalty, and positive public relations (Morris, Calvert and Lee 2019). Setting up workplace nursing spaces is also in line with ILO standards⁴⁸ that recommend the provision of hygienic facilities for nursing at or near the workplace.

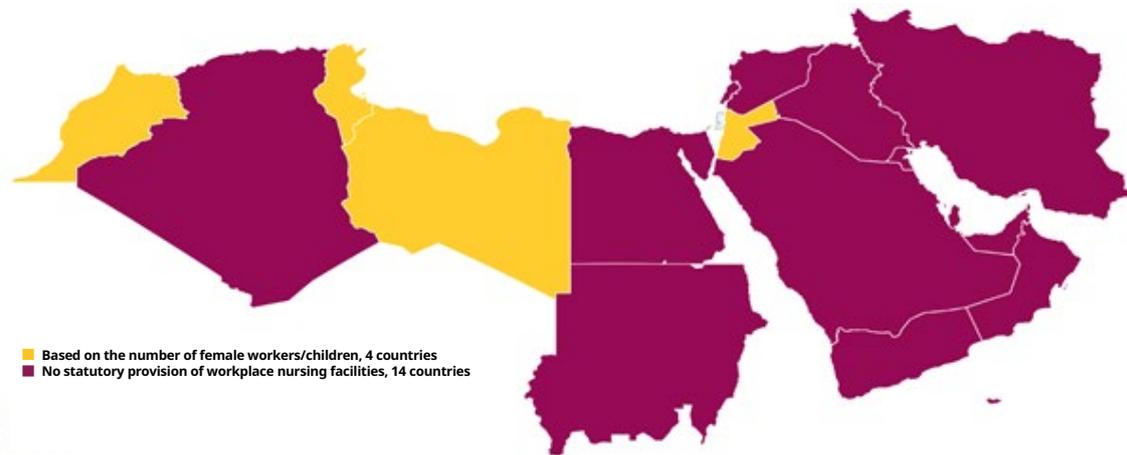
In MENA, four countries⁴⁹ offer a statutory right to workplace nursing facilities. This means only 14 per cent of potential mothers in the region live in countries with such entitlements (figure 6.10). In three of these countries, the provisions around workplace nursing facilities only apply if the enterprise employs a minimum number of workers. In these cases, the law sets a benchmark, in order to protect small- and medium-sized enterprises (SMEs) from the potential disruption and costs that providing these accommodations could generate. Examples of these provisions are in Libya, basing the need for working nursing facilities on an undefined number of women workers or children, Morocco, requiring there to be at least 50 female workers over the age of 16, and Tunisia, where working nursing facilities are provided if there are at least 50 female workers. Jordan bases their working nursing facilities on the number of employees' children, requiring at least 15 employees' children under five years of age (Jordan Times 2019). The remaining 14 countries⁵⁰ do not provide any statutory provision of working nursing facilities.

48. ILO Recommendation No. 191, Para. 9.

49. Jordan, Libya, Morocco and Tunisia.

50. Algeria, Bahrain, Egypt, Iraq, Islamic Republic of Iran, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, United Arab Emirates and Yemen.

► **Figure 6.9. Basis of statutory minimum requirement for mandatory provision of workplace nursing facilities, 2021**



Note: 19 countries and territories. Source: ILO research.

► **Table 6.5. Basis of statutory minimum requirement for mandatory provision of workplace nursing facilities, by region and by income group, 2021 (no. of countries)**

Region/income group	No statutory provision of workplace nursing facilities	Based on the number of female workers/children
MENA	14	4
Low-income	3	-
Lower-middle-income	2	2
Upper-middle-income	3	2
High-income	6	-

Note: 18 countries and territories. - = nil. Source: ILO research.

► **Figure 6.10. Share of potential mothers by basis of statutory minimum requirement for mandatory provision of workplace nursing facilities, by region and by income group, 2021 (%)**



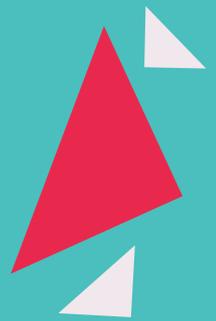
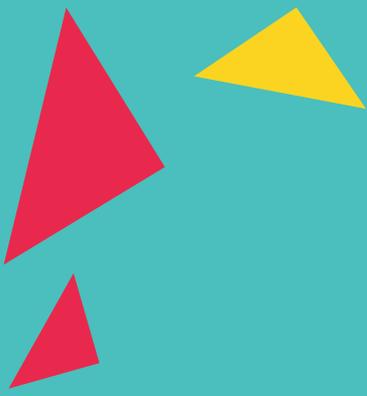
Note: 18 countries and territories. Source: ILO calculations based on country-level data.

► 6.5 Conclusion: Findings on nursing in a nutshell

While the majority of countries (15⁵¹) in MENA provide time for breastfeeding, recognizing the importance of this gender equality and health promoting practice for working women, paid nursing breaks, flexible arrangements and workplace nursing facilities still remain unavailable for the large majority of women. The inadequacy of breastfeeding policies at the workplace has been cited as a deterrent to working mothers' breastfeeding in the region, contributing to adverse health outcomes for their children. It is apparent that the workplace can be used as an entry point to strengthen breastfeeding practices for working mothers, women and men in the region. The current legal landscape on the frequency and duration of nursing breaks and on the entitlement to these shows the need of improving the suitability and flexibility of these arrangements so they can meet women's needs and preferences and turn into effective enablers of breastfeeding at work. The current laws also highlight the importance of ensuring that the right to nursing breaks meets international recommendations on the duration of breastfeeding and that breastfeeding-friendly workplaces are promoted. Looking at the global level, an emerging trend is extending of nursing breaks to fathers and other caregivers as a way to progressively recognize the role of men in supporting breastfeeding and in sharing responsibility for infant nutrition and, ultimately, childcare.



51. Bahrain, Egypt, Iraq, Islamic Republic of Iran, Jordan, Kuwait, Libya, Morocco, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.





The vital role of childcare in societies and economies



Childcare is an essential element of the continuum of care policies. The right to childcare and maternity protection, specifically, are set out in a number of international instruments, including the United Nation's Universal Declaration of Human Rights (1948), the International Covenant on Economic, Social and Cultural Rights (1966), the Convention on the Elimination of All Forms of Discrimination against Women (1979), as well as the Convention on the Rights of the Child (1989). These human rights frameworks underpin the need to guarantee quality childcare provision, with the view to redistributing women's unequal responsibility for childcare with men, employers, the State and private service providers (ILO and WIEGO 2020b). In addition, childcare is also enshrined in selected ILO instruments. In particular, the Workers with Family Responsibilities Convention, 1981 (No. 156), calls for the development of childcare services and facilities. While the accompanying Workers with Family Responsibilities Recommendation, 1981 (No. 165), goes one step further, calling for the development of surveys to assess the needs and preferences of workers with family responsibilities regarding childcare and for the provision of childcare services that are adequate, appropriate, and offered free of charge or at a reasonable charge in accordance with workers' ability to pay. According to Recommendation No. 165, childcare services should also be developed along flexible lines and meet the needs of children of different ages. In addition, the ILO Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204), addresses the exclusion of workers in the informal economy from childcare. The Recommendation calls on ILO Member States to encourage the provision of and access to affordable quality childcare and other care services in order to promote gender equality in entrepreneurship and employment opportunities and to enable the transition to the formal economy.

Early childhood care and education (ECCE) services and programmes are broadly classified into two types: (i) early childhood educational development (ECED) programmes designed for children in the age range of 0–2 years; and (ii) pre-primary education programmes designed for children from 3 years of age to the start of primary education (UNESCO, OECD, and Eurostat 2015). Services available to parents can be either regular centre-based ECCE, licensed homebased ECCE or in-home services (domestic workers). Home-based ECCE services usually take place at the provider's home or at a facility with a group of providers (childcare homemaker or community childcare), who are licensed according to national minimum requirements, including health and safety checks (initial or annual), registration requirements for staff and curriculum standards, annual pedagogical inspections, in-training requirements, and pedagogical supervision regularly ensured by an accredited supervisory body. Registered home-based care providers are recruited, supported and, in some cases, employed by a public authority or publicly funded private organization. In some countries, home-based ECCE providers are employed directly by parents.

Hiring a domestic worker (in-home services) to care for a child may be the preferred childcare option for infants and toddlers when publicly provided childcare is lacking or not trusted. In MENA, the domestic work sector is a significant proportion of employment in the region and represents the largest share of domestic work in total employment globally. In most of the Gulf Cooperation Council (GCC) countries, the domestic work sector accounts for between a fifth and a quarter of the labour force (ILO 2015). Saudi Arabia is the country with the highest share of domestic workers in the world, where the sector represents 27.8 per cent of total employment (ILO 2015; ILO 2021b). Caregiving is often provided by women domestic workers, typically for children and older persons. Further, the majority of domestic work in the region is provided by migrant domestic workers, who cover care needs while supporting working women to re-join the labour force (ILO 2016; ILO 2021b). However, significant decent work deficits for migrant domestic workers in the MENA region create barriers to this being a sustainable and suitable solution (ILO 2016; ILO 2021b).

Despite the growing demand for care work, and consequently care workers, domestic workers, including migrants, remain among the most under-protected care workers, often excluded from the scope of, or actual protections enabled by, national labour laws. High rates of informality among domestic workers most often result in low pay and a lack of the necessary labour and social protections (ILO 2015). ILO research shows that a high reliance on domestic workers for care services is indicative of insufficient care service provision in countries (ILO 2018a).

In-home childcare provided by domestic workers is an option primarily for middle- and high-income households who can afford to pay a domestic worker wage. Therefore, where care policies do not exist or are insufficient, working parents resort to family or non-family actors, mainly women – mothers, sisters, grandmothers, neighbors. This means that many mothers decide to step out the labour market or reduce their working hours to take care of their children. Girl children often need to stop education to support with childcare of younger siblings. In informal economy settings, women often have no choice but to work and provide childcare at the same time.

7.1 The many benefits of childcare services

Childcare services support children’s survival, growth, development and learning – including health, nutrition and hygiene, as well as cognitive, social, emotional and physical development – from birth to entry into pre- and primary school and is particularly beneficial to children of disadvantaged backgrounds (UNICEF, ILO, and WIEGO 2021). ECCE programmes introduce young children to organized instruction outside the family context; they have an intentional education component and aim to prepare children for entry into primary education. The benefits of ECCE services are also reinforced by target 4.2 of Sustainable Development Goal 4, which aims to: “By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.”

As highlighted by 2019 conclusions of the UN Commission on the Status of Women, ensuring that mothers and fathers have access to public childcare services is a crucial step towards the achievement of gender equality and the empowerment of all women and girls (UN Women 2019a). Evidence suggests that the development of childcare services is beneficial for women’s employment participation and income. Based on responses from four countries in the region to labour force and household surveys with available data⁵², it is estimated that around 69 per cent of women in MENA were outside the labour force for reasons related to unpaid care work, compared with only 1.4 per cent of men. In fact, unpaid care work is the main reason for women being outside the labour force, followed by 20 per cent stating personal reasons (such as education, sickness or disability), while the majority of men (57.4 per cent) cite personal reasons as their main reason for inactivity (ILO 2018a). The presence of childcare services is also associated with more women in managerial and leadership positions and thus to a less pronounced motherhood pay gap. Evidence from the United States shows that female applicants to managerial positions increase by 18.4 per cent when extended hours of childcare are offered by the company (Latura 2020).

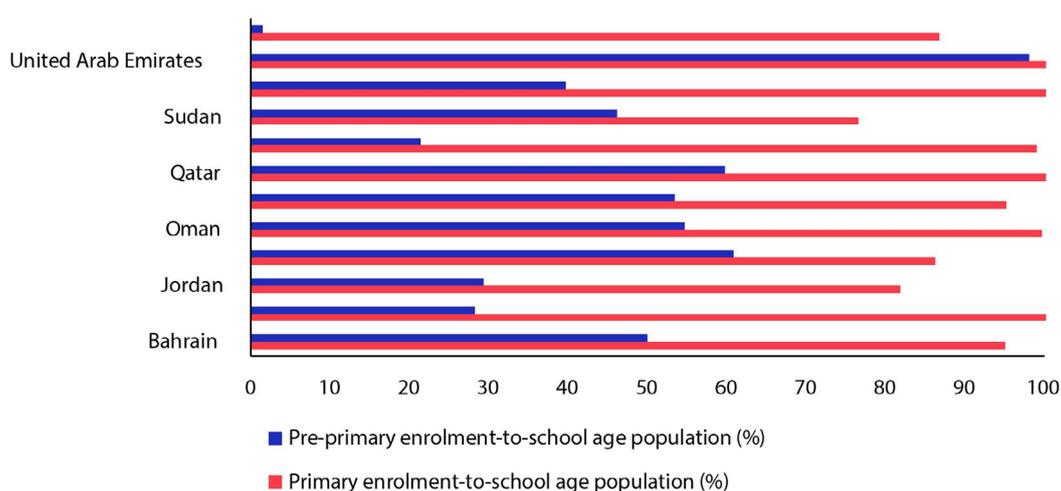
Employers also benefit from the availability of childcare opportunities. For many of them, helping employees with childcare is part of a business strategy. Childcare reduces turnover and retains employees, attracts new employees, reduces absenteeism, increases productivity and focus, and enhances employees’ morale, motivation and job satisfaction (Hein and Cassirer 2010; IFC 2017). However, many employers – especially small- and medium-sized enterprises – cannot afford to attract employees with childcare facilities or vouchers. Consequently, one key actor are governments, which need to leverage existing resources and mobilize additional resources to achieve universal provision of adequate and affordable childcare services. These investments will yield returns in terms of firms’ profitability and thus GDP, but also in terms of job creation and gender equality at work and at home.

52. ILO calculations based on labour force and household survey microdata for Egypt (Labour Force Survey, 2016), Iraq (Household Socio Economic Survey (HSES), 2012), Tunisia (Tunisia Labour Market Panel Survey (TLMPS), 2014) and Yemen (Labour Force Survey, 2014), for the latest year available. The regional estimate is weighed by working-age population.

7.2 The missed opportunity for decent work for early childhood care and education personnel

Despite these benefits, the lack of childcare services, gaps in quality and provision, and inadequate numbers and working conditions, training and professionalization of the childcare workforce remains prevalent everywhere and especially in MENA. The limited public financing of childcare services creates barriers in their quality and accessibility. Low actual enrolment rates in MENA suggest that pre-primary education is inaccessible for families in the region (figure 7.1). Barriers to accessibility include poverty, low-quality education, high student to teacher ratios and conflict (UNICEF press centre 2015). National investment to reduce these barriers can allow more women to engage in the labour market, create new decent work opportunities and improve child development, health, nutrition and education (UN Women 2015).

► **Figure 7.1. Pre-primary and primary enrolment to school-age population, 2019 (%)**

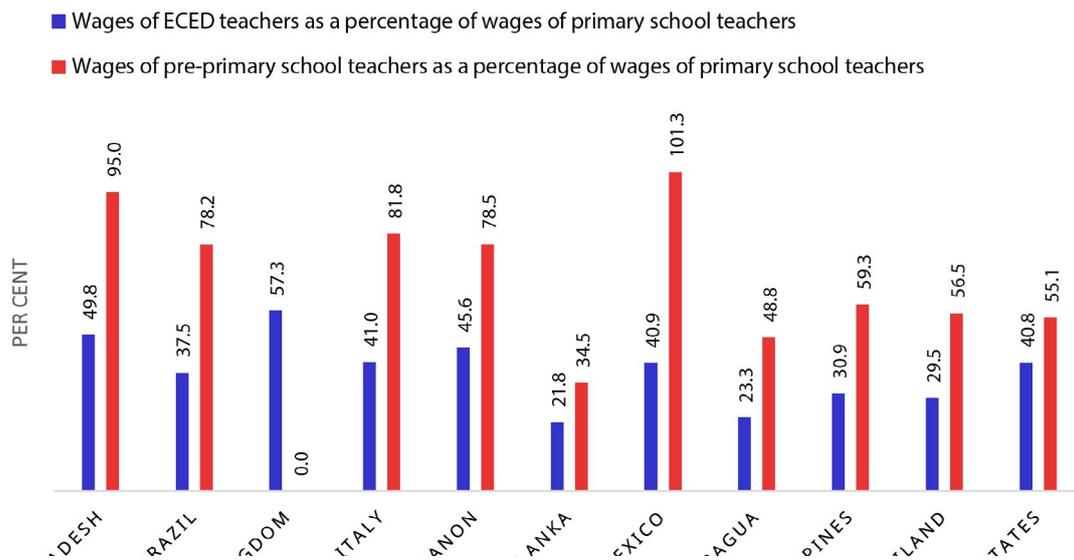


Source: ILO calculations adapted from UNESCO 2021.

ILO calculations for 11 countries also point to the undervaluation of childcare jobs (figure 7.2). Average hourly wages of ECED teachers represent only a fraction of the average wages paid to primary school teachers. Estimates range from just 21.8 per cent in Sri Lanka, 45.6 per cent in Lebanon, to 57.3 per cent in the United Kingdom. This is linked to the low value and recognition attributed to this profession and its very high levels of feminization, as well as very low unionization rates and dire working conditions that after the impact of the pandemic have brought the childcare and education workforce to a breaking point.

Pre-primary school teachers enjoy better pay compared to teachers working with children 0–2 years, but in many countries, they are still paid considerably less than primary school teachers. Pre-primary school teachers' wages range from 34.5 per cent (Sri Lanka), 78.5 per cent (Lebanon) to 100 per cent (Mexico) of primary school teachers' wages. The low pay of ECCE personnel coupled with low staff-to-child ratios result in excessive work burdens, low levels of job satisfaction and poor retention rates of childcare workers. In turn, these factors contribute to lowering the quality of available childcare services (ILO 2018a). Evidence shows that low-quality ECCE can be associated with no benefit to or even a detrimental effect on children's development and learning (OECD 2020a; Howes et al. 2008; Britto, Yoshikawa, and Boller 2011). Governments should not only aim to increase coverage of ECCE services, but also to increase the quality of these services through the promotion of decent work ECCE workers (Box 7.1). Good quality childcare can also change preferences towards the division of childcare work between women and men and between households and the State.

► **Figure 7.2. Average wages of ECED and pre-primary school teachers compared to the average wages of primary school teachers in selected countries, latest year (%)**



Source: ILO calculations based on labour force and household surveys: Bangladesh – Quarterly Labour Force Survey 2017; Brazil – Pesquisa Nacional por Amostra de Domicílios Contínua 2019; United Kingdom – European Union Statistics on Income and Living Conditions 2018; Italy – European Union Statistics on Income and Living Conditions 2019; Lebanon – Labour Force and Household Living Conditions Survey 2019; Sri Lanka – Quarterly Labour Force Survey 2018; Mexico – Encuesta Nacional de Ocupación y Empleo 2019; Nicaragua – Encuesta Nacional de Hogares para la Medición del Nivel de Vida 2014; Philippines – Labour Force Survey

Box 7.1. Promoting decent work for early childhood education personnel

The ILO Policy Guidelines on the promotion of decent work for early childhood education personnel (2014) provide guidance for early childhood care and education stakeholders on how to improve quality through decent work. ECCE personnel includes, among others,; (a) all teachers and educators with pedagogical qualifications, as set by the relevant education authority for their particular job category, and who are responsible for learning, education and care activities of young children; (b) managers or leaders – personnel who manage or lead an ECCE workplace on their own behalf, or on behalf of an employer; they may or may not be employed to also teach or engage in learning support activities; (c) professional specialists, care workers, nurses and other auxiliary staff with professional qualifications according to national or subnational authority licensing provisions; (d) teaching assistants and similar personnel providing pedagogical support to qualified staff.

For early childhood educators, improvement of their status, training, remuneration, in line with the principle of equal pay for work of equal value, and working conditions would mean that the importance of their work was recognized and would enhance the service quality. The ILO 2014 Guidelines indicate that remuneration of ECCE personnel “should be set at the same level as the equivalent job in primary education with similar qualifications and competency requirements (comparator professions), whether through separate or unified salary scales; (d) remuneration levels should correspond to the responsibilities of the ECCE job (competencies and skills required) as set out in job descriptions objectively defined through systematic evaluation or appraisals of the work to be performed; (e) equal remuneration for men and women workers for work of equal value” (ILO 2014). Similar recommendations on remuneration levels were adopted by the World Conference on Early Childhood Care and Education in the Tashkent Declaration and Commitments to Action for Transforming Early Childhood Care and Education (2022), which sets out that “The wages and working conditions of ECCE personnel should be at least on a par with those of primary education teachers, and contractual conditions should be stable and provide pathways for career growth. Promoting the organization and representation of ECCE personnel as well as their right to social dialogue and collective bargaining can play an important role in promoting decent work for ECCE personnel” (UNESCO 2022).

► 7.3 Childcare services for children aged 0–2 years: A necessary connection between care leave and care services

In 2021, none of the countries in the MENA region had a statutory national childcare service system for children between 0 and 2 years. This means that in MENA, more than 262 million potential parents have no entitlement to a national childcare service system for children between 0 and 2 years. In these countries, family and domestic workers caring for young children is the norm. A minority of working parents may also use fee-paying private childcare facilities. The absence of national provision of childcare services puts strain on workers with family responsibilities, especially women in the informal economy. Due to the barriers in accessibility and availability of private childcare services, vulnerable workers are continuously burdened with the brunt of care responsibilities (ILO and WIEGO 2020b).

Box 7.2. Early childhood care for children with disabilities in Dubai

The Dubai Early Childhood Development Centre, founded in 2007, provides early childhood education services to children with disabilities or at risk of developmental delay (between the ages of 0 to six years old). Here, assessment and early intervention services are provided free of charge to families with valid national identity cards and medical diagnosis. The service is provided at nearly a full-time basis, available for eight hours from Monday to Thursday and 4.5 hours on Friday.

Source: Government of Dubai and Community Development Authority, n.d.

Many countries in MENA rely on migrant domestic workers to care for children aged 0–2 years. While data on domestic workers is difficult to collect, estimates show that more than a quarter of the global migrant domestic workforce are employed in the MENA region (ILO 2015). In these countries, domestic workers represent a high proportion of workers in the care sector and acquire the skills to care for children even if they may not have the training or qualifications to become childcare providers in a home-based setting (ILO and WIEGO 2020c). Despite this, these skills are often not recognized and domestic workers are not considered childcare workers (ILO and WIEGO 2020c).

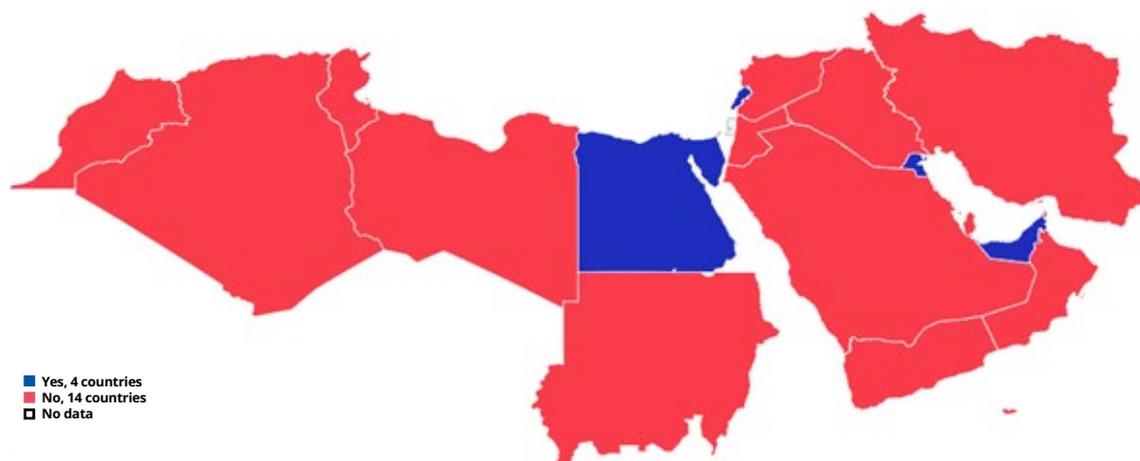
In order to promote skill-upgrading of domestic workers in such positions, the ILO has developed a toolkit for organizations and trainers working with domestic workers interested in strengthening their skills on childcare (ILO 2018c). In addition to providing skills training, these tools help domestic workers gain an awareness of the value of the work they do. It also includes a module on how to set up a childcare centre, being of interest to domestic workers who want to readjust their career based on the skills they have developed by taking care of children (ILO 2018c; ILO and WIEGO 2020c). Though relevant for all the region, the toolkit was first piloted in Lebanon in collaboration with the International Domestic Workers Federation (IDWF) and targeted at migrant domestic workers (ILO 2018c; ILO and WIEGO 2020c).

► 7.4 Childcare services for children aged 3 years to the start of primary school: Essential care services to ensure the continuum of care

In 2021, there were only four countries in the MENA region- Egypt, Kuwait, Lebanon and United Arab Emirates- that have a statutory pre-primary education service system for children between the age of 3 years and the start of primary education (table 7.1). In other words, only 25 per cent of potential parents, almost 65 million, live in countries that provide statutory pre-primary education services (figure 7.4). These gaps in pre-primary education legal entitlements deprives millions of children of the benefits of early childhood education. For instance, in Egypt, evidence shows that children's involvement in early childhood care resulted in a significant reduction in withdrawing from future schooling. Children who engaged in early childhood care and education had improved educational outcomes, seen through better test outcomes and decreased class-repetition, proving pre-primary education to be a valuable investment (Krafft 2015). Despite these benefits, the remaining 14 countries⁵³ in the region do not grant access to publicly organized pre-primary education systems for children aged 3 years and above, affecting 197 million potential parents.

The lack of publicly organized pre-primary education can be especially burdensome for vulnerable populations. In Qatar, children with disabilities are disproportionately impacted by the absence of pre-primary education legislation (Al-Kabi 2010). Without a national program and an adequate number of specialized ECCE personnel, the responsibility of providing childcare falls on parents, specifically on mothers. In most cases, mothers have limited training on how to provide effective education for children with disabilities, potentially limiting their future opportunities to fully integrate into society and the labour market without discrimination.

► **Figure 7.3. Presence of a national pre-primary education system for children aged 3 years and above, 2021**



Note: 19 countries and territories. Source: ILO research.

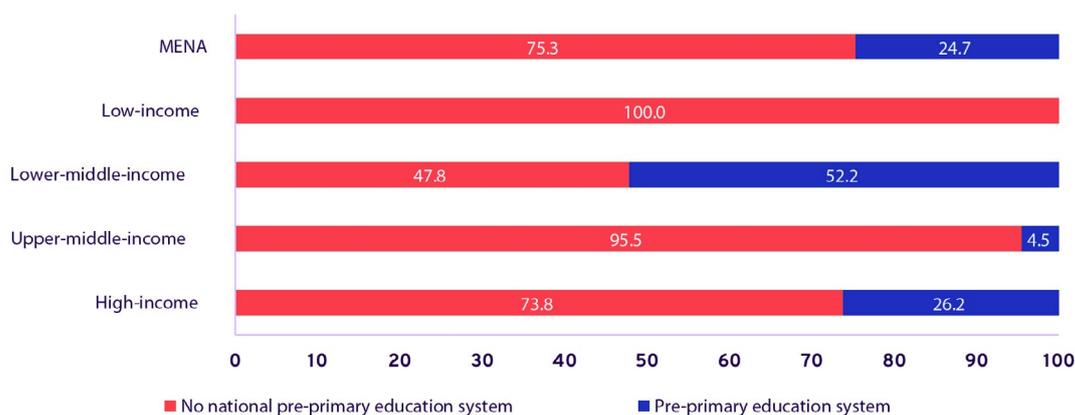
53. Algeria, Bahrain, Iraq, Islamic Republic of Iran, Jordan, Libya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia and Yemen.

► **Table 7.1. Presence of a national pre-primary education system for children aged 3 years and above, by region and by income group, 2021 (no. of countries)**

Region/income group	No national pre-primary education system	Pre-primary education system
MENA	14	4
Low-income	3	-
Lower-middle-income	3	1
Upper-middle-income	4	1
High-income	4	2

Note: 19 countries and territories. - = nil. Source: ILO research.

► **Figure 7.4. Share of potential parents by presence of a national pre-primary education system for children aged 3 years and above, by region and by income group, 2021 (%)**



Note: 19 countries and territories. Source: ILO calculations based on country-level data.

Out of the four countries that provide a national childcare service system, two, Kuwait and Lebanon provide universal entitlements (figure 7.5), a crucial provision to expanding childcare support to workers in the informal economy and self-employed workers (UNICEF, ILO and WIEGO 2021). Egypt provides targeted funding schemes directed towards certain populations, and the United Arab Emirates requires out-of-pocket payment. In the case of the United Arab Emirates, such services would be available only for those who can afford to pay, while others may opt for family childcare until the start of compulsory primary education. This is likely to have negative consequences, not only on the development of children's cognitive skills, but also on mothers' labour market participation and career progression.

► **Figure 7.5. Type of government support for pre-primary education services for children aged 3 years and above, 2021**



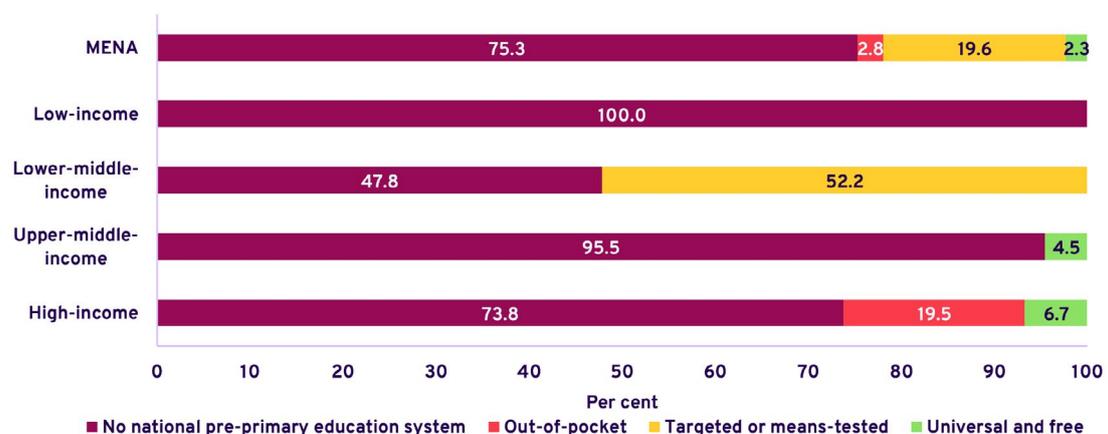
Note: 19 countries and territories. Source: ILO research.

► **Table 7.2. Type of government support for pre-primary education services for children aged 3 years and above, by region and by income group, 2021 (no. of countries)**

Region/income group	No national pre-primary education system	Out-of-pocket	Targeted or means-tested	Universal and free
MENA	14	1	1	2
Low-income	3	–	–	–
Lower-middle-income	3	–	1	–
Upper-middle-income	4	–	–	1
High-income	4	1	–	1

Note: 19 countries and territories. – = nil. Source: ILO research.

► **Figure 7.6. Share of potential parents by type of government support for pre-primary education services for children aged 3 years and above, by region and by income group, 2021 (%)**



Note: 19 countries and territories. Source: ILO calculations based on country-level data.

According to the UNESCO ISCED classification, national pre-primary education services should start after the completion of a child's ECED education, which coincides with the age of 3 years. However, out of the countries with national pre-primary education in MENA, only Lebanon provides statutory rights to pre-primary education services for children aged 3 years and above (figure 7.7). In the region, the majority of countries are providing these entitlements well beyond the end of childcare-related leave. This is the case for the starting age of entitlement for pre-primary education in Egypt, opening for 4- and 5-year-olds, Kuwait, allowing 4- to 6-year-olds, and the United Arab Emirates starting at age 5. Delaying children's entrance to pre-primary education services could be detrimental for children's capacity to develop cognitive, social and emotional skills, but also for parents' capacity to juggle work and family responsibilities.

► **Figure 7.7. Starting age (in years) of pre-primary education services for children aged 3 years and above, 2021**



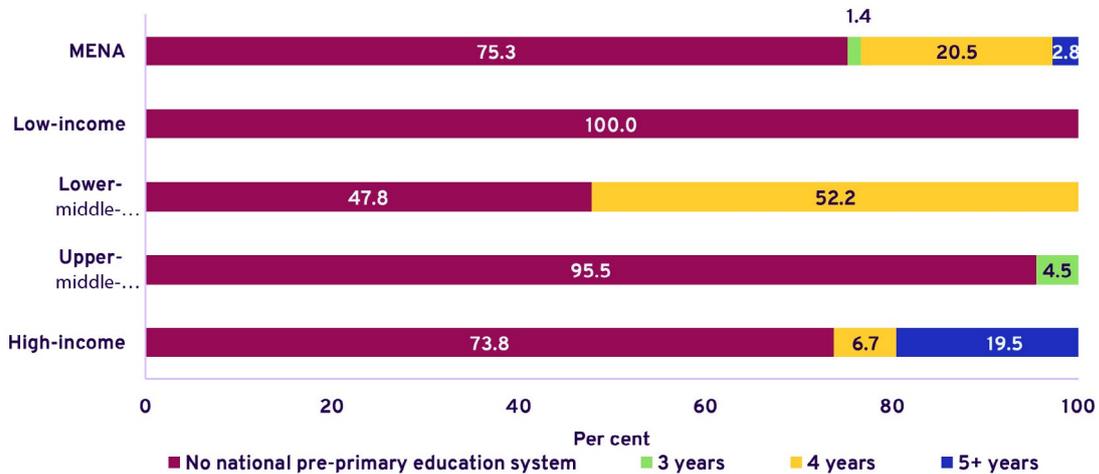
Note: 19 countries and territories. Source: ILO calculations based on country-level data.

► **Table 7.3. Starting age (in years) of pre-primary education services for children aged 3 years and above, by region and by income group, 2021 (no. of countries)**

Region/income group	No national pre-primary education system	3 years	4 years	5+ years
MENA	14	1	2	1
Low-income	3	–	–	–
Lower-middle-income	3	–	1	–
Upper-middle-income	4	1	–	–
High-income	4	–	1	1

Note: 19 countries and territories. – = nil. Source: ILO research.

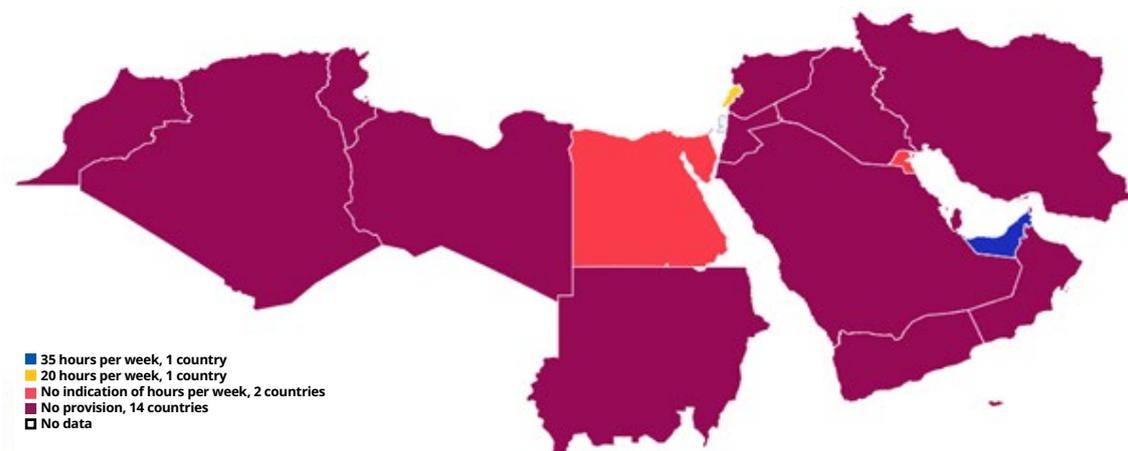
► **Figure 7.8. Share of potential parents by starting age (in years) of pre-primary education services for children aged 3 years and above, by region and by income group, 2021 (%)**



Note: 19 countries and territories. Source: ILO calculations based on country-level data.

When looking at the statutory daily duration of ECCE services in the region, it is true that pre-primary education entitlements are more comprehensive than ECED entitlements, but the reality is that there is no availability of full-time pre-primary education for parents. In Lebanon, service is guaranteed for 4 hours per day, the United Arab Emirates provides up to 7 hours per day, and Egypt and Kuwait do not indicate how many hours are guaranteed (figure 7.9). Equivalent to ECED services, full-time and accessible pre-primary education services, that take into account the needs of working families are of utmost importance, as they enable workers with family responsibilities to freely choose whether to engage in employment and work part-time or full-time, while also promoting child development.

► **Figure 7.9. Hours per week for pre-primary education services for children aged 3 years and above, 2021**



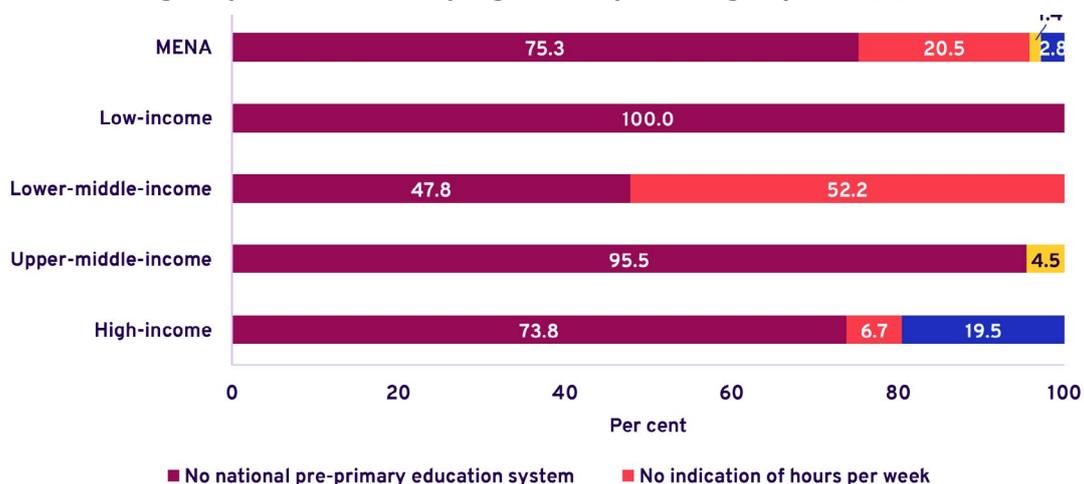
Note: 19 countries and territories. Source: ILO research.

► **Table 7.4. Hours per week for pre-primary education services for children aged 3 years and above, by region and by income group, 2021 (no. of countries)**

Region/income group	No national pre-primary education system	No indication of hours per week	20 hours per week	35 hours per week
MENA	14	2	1	1
Low-income	3	–	–	–
Lower-middle-income	3	1	–	–
Upper-middle-income	4	–	1	–
High-income	4	1	–	1

Note: 19 countries and territories. Source: ILO research.

► **Figure 7.10. Share of potential parents by hours per week for pre-primary education services for children aged 3 years and above, by region and by income group, 2021 (%)**



Note: 19 countries and territories. Source: ILO calculations based on country-level data.

Box 7.3. Caregiver accreditation in Jordan

In Jordan, ILO and SADAQA, a national non-governmental organization which aims to improve the work environment of women, are creating a structure for childcare skills development programmes for workers in the care sector and the accreditation for childcare training centres. This has involved developing occupational standards for priority occupations identified in the childcare sector that are currently being validated by the Technical and Vocational Skills Development commission (TVSDC). This aims to upgrade childcare services by certifying caregivers as well as managers of ECCE day-care centres in alignment with the national framework for daycares in Jordan. Several coordination efforts have been championed by SADAQA with the Ministry of Social Development, the Ministry of Labour and the TVSDC, as well as managers of ECCE day-care centres. Through these efforts, the supply-demand gaps in the labour market are being bridged, contributing to better working conditions and enhancing the quality of childcare provisions in Jordan.

Source: ILO 2022b.

► 7.5 Conclusion: Findings on ECCE in a nutshell

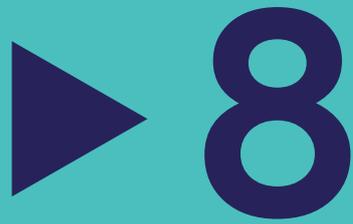
Evidence shows that investments in ECED services and pre-primary education create decent care jobs, promote women's labour force participation, spur women's uptake of full-time jobs and improve children's cognitive development. The availability of childcare is found to be particularly beneficial to children from disadvantaged backgrounds, contributing to better nutrition, education and health outcomes. The job-generation potential of childcare is also important to promoting government tax revenues and social security contributions, and thereby supporting the adequacy of childcare and other care services, care leave policies and other social protection benefits (such as pensions).

Despite these benefits, the availability of public childcare services in law and practice is non-existent for children aged 0–2 years in the MENA region. Further, childcare and pre-primary education services are largely not aligned to working parents' needs. For instance, the starting age of early childhood care and education in the region, at which a child is entitled to free childcare or education services (early education, where available, or mandatory primary school) is between 3 and 5 years among the 4 countries⁵⁴ with a statutory education system. This means that the responsibility of care is placed on parents between the end of care leave entitlements – when parents are covered in law and practice – and the beginning of statutory ECCE. In countries that have no provision for ECCE in the region, this responsibility is prolonged.

Governments do take on more responsibility in the organization and provision of pre-primary education services than they do in ECED services, resulting in 4 countries- Egypt, Kuwait, Lebanon and United Arab Emirates- having such provisions. Among these, two countries- Kuwait and Lebanon- have universal and free pre-primary education services, but none provide these services explicitly for at least 40 hours per week. To fill the statutory and actual ECCE coverage gaps, governments should design and implement care policies that take account the needs of the care triad – children, parents (whether in employment or not) and childcare personnel, guaranteeing an adequate number of quality childcare jobs. This will allow them to benefit by promoting child development, creating decent jobs, reducing parents' unpaid care work and promoting women's employment and income (ILO 2022b; Center for Global Development 2022; UN Women 2019b, 21 and 2021,1; Devercelli and Beaton-Day 2020)

54. Egypt, Kuwait, Lebanon and United Arab Emirates.





**Long-term care services:
Guaranteeing the right to health,
income security and gender
equality**



► 8.1 Long-term care services: Guaranteeing the right to health, income security and gender equality

An effective and gender-transformative package of care policies and services that works for all must include services for older persons who have long-term care⁵⁵ dependency as well as support for people with chronic disability and illness that need care or support. Such needs can be over a prolonged period of time and involve persons who are unable to independently perform at least one basic activity of daily living, such as eating, using the restroom, showering, dressing, moving about, or getting in and out of bed (WHO 2015). Care dependency⁵⁶ also results in difficulties in accessing healthcare and maintaining a healthy lifestyle to prevent deterioration in health and functional status, creating additional emotional needs and strains that must be addressed (ILO 2018a).

Long-term care is an essential piece of the continuum of care policies and services over the life cycle and has the potential to benefit workers with care responsibilities, particularly workers who have children, older persons or other family members that need care or support. While no specific international labour standards have been adopted on long-term care, the ILO Workers with Family Responsibilities Convention (No. 156) and Recommendation (No. 165), 1981, along with the principles embedded in ILO social security standards and WHO recommendations, remain the reference for the design and implementation of long-term care services. Convention No. 156 calls for the adoption of measures to take into account the needs of workers with family responsibilities in community planning, as well as to develop or promote community services “such as child-care and family services and facilities” (Article 5). Accordingly, long-term care services are essential measures both to ensure the right of older persons to healthy ageing and to enable workers with family responsibilities – both women and men – to exercise their right to engage in employment without discrimination and, as far as possible, without work–family conflict⁵⁷. The International Labour Conference concluded in June 2021 that countries should “invest in the care economy to facilitate access to affordable and quality childcare and long-term care services as an integral part of social protection systems, in a manner that is supportive of the workforce participation of workers with care-giving responsibilities and an equal sharing of care work between women and men” (ILO 2021e, para. 13(h)).

In recent years, the demand for long-term care services for older persons has been rising steeply, especially in middle- and high-income countries where life expectancy has increased. In 2015, there were 906 million persons aged 60 years old and above in the world; by 2030, this number is projected to be 1.4 billion, of whom 292 million will be aged above the healthy life expectancy age (HALE) at 60 years⁵⁸ and are likely to need long-term care services (ILO 2018a).

55. “Long-term care” refers to the provision of policies and services for persons of all ages who have long-term functional dependency and includes a range of health and social measures. This section only covers long-term care services for older persons with care dependency.

56. “Care dependency” is a functional dependency and differs from “disability” in that the latter concept is grounded on the relation between a certain impairment and the environmental and cultural barriers that prevent people with disabilities’ full, effective and equal participation in society. It is worth noting that not all people with disabilities have a care dependency, while all have the right to independent living and to choose and access different types of services, including personal assistance, as set out in the UN Convention on the Rights of Persons with Disabilities.

57. ILO Workers with Family Responsibilities Convention, 1981 (No. 156), Articles 3 and 5.

58. The term healthy life expectancy at 60 years is defined by the WHO’s Global Health Observatory (2018, as cited in ILO 2018a) and accounts for each country’s demographic heterogeneity.

While longer healthy life expectancy implies that older persons can contribute longer to economic and social prosperity, including supporting the care of other family members, such as grandchildren, these projections raise challenges related to pensions, health and long-term care. In addition, the COVID-19 pandemic has disproportionately impacted people who rely on long-term care and those who provide it (both paid and unpaid), predominantly women and many of them migrant workers (Lorrez-Dant and Comas-Herrera 2021). Unless these challenges are addressed by adequate, good-quality and sustainable long-term care services, this extra demand for care constrains the participation of workers with care responsibilities, women in particular, in the labour market, with adverse impacts not only on their income security in working life and old age alike, but also on their physical and mental well-being (ILO 2021a). It will also undermine the conditions of work of care workers and further accentuate gender inequalities at work.

Therefore, ensuring universal access to quality long-term care services is not just a matter of addressing growing demographic pressures and ensuring the sustainability of health and social protection systems, but very importantly it is also a matter of ensuring that persons in old age can enjoy the right to healthy ageing in dignity and without hardship (WHO 2015; ILO 2021f). In addition, access to quality long-term care services is crucial to advance gender equality at work, not just in terms of supporting women and men to better balance work and family needs but also in terms of the jobs and working conditions of care workers (ILO 2018a).

► 8.2 The provision of public long-term care services for older persons: Sharing the care over the life cycle

The design, implementation and administration of long-term care services matters to the realization of older persons' right to ageing in health and dignity. International labour standards on social security call, among others, for the principles of universality of protection based on social solidarity; "person-centred, high-quality, accessible and affordable public services"; adequacy, predictability and entitlement of benefits in national legislation; as well as solidarity in financing⁵⁹. The ILO and WHO also recommend that governments do not need to deliver the entirety of service provision but should take "overall and primary responsibility" for ensuring long-term care service functioning, so that "integrated long-term care that is appropriate, affordable, accessible and upholds the rights of older people and caregivers alike" is guaranteed (ILO 2018a, 111; WHO 2017, 2).

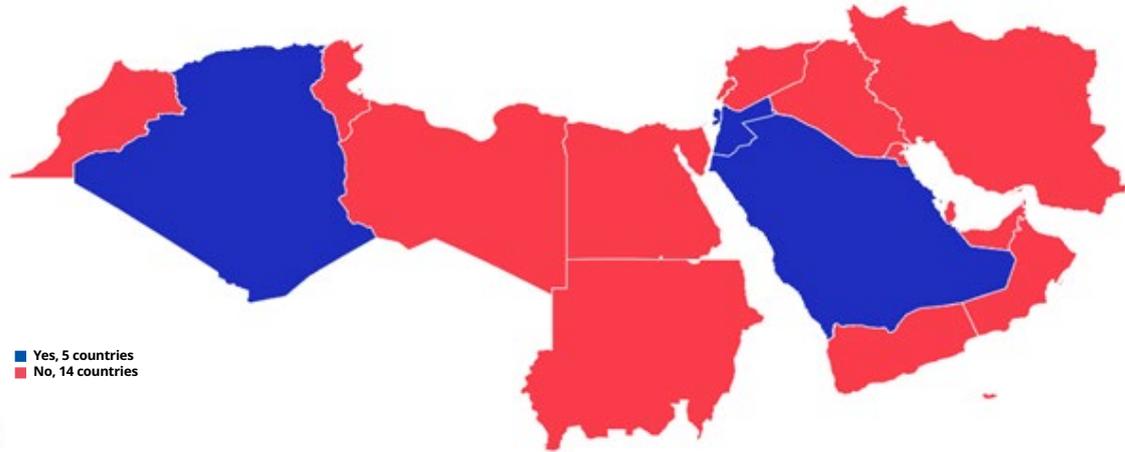
Only five of the 19 countries in the region, Algeria, Bahrain, Jordan, Occupied Palestinian Territory and Saudi Arabia set a statutory national long-term care service system for older persons, although in most cases the provision may be considered to be sporadic or of limited availability⁶⁰. This is equivalent to 1.5 million or 17 per cent of older persons⁶¹ living in countries with statutory long-term care services (figure 8.2). The remaining countries in the region provide no statutory provision for long-term care services. While the Islamic Republic of Iran does have a provision of healthcare for older persons, it does not have statutory long-term care services, meaning that the comprehensive care needs of older persons are still unmet (Nikbakht-Nasrabadi and Shabany-Hamedan 2016).

59. ILO Social Protection Floors Recommendation, 2012 (No. 202), Paragraph 3.

60. This means publicly organized long-term care services where the government provides nationwide regulation and funding.

61. "Old-age persons" are those aged at or above the healthy life expectancy at age 60 (HALE at 60). Data on HALE at 60 are not available on the WHO Global Health Observatory for the Occupied Palestinian Territory.

► **Figure 8.1. Presence of statutory public long-term care service system for older persons, 2021**



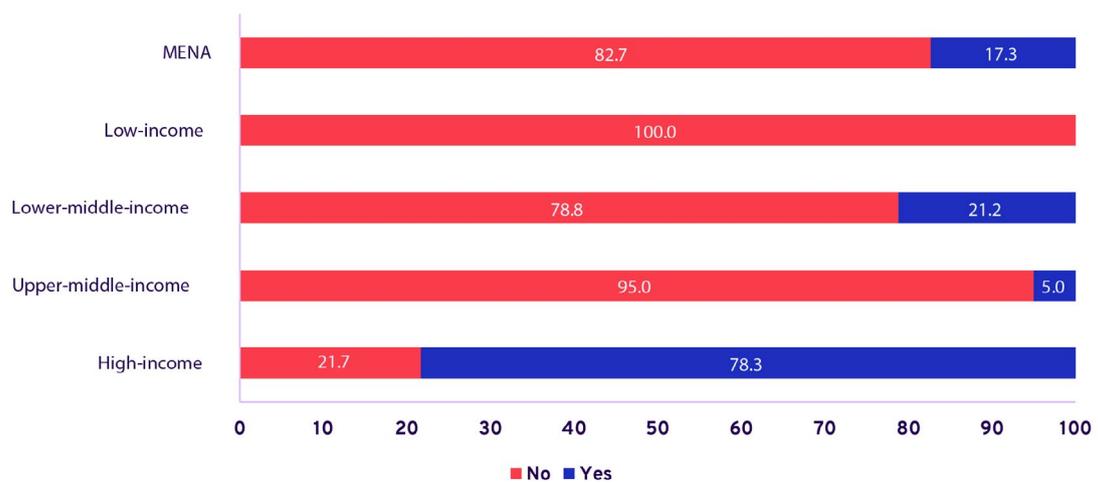
Note: 19 countries and territories. Source: ILO research.

► **Table 8.1. Presence of a statutory public long-term care service system for older persons, by region and by income group, 2021 (no. of countries)**

Region/income group	No	Yes
MENA	14	5
Low-income	3	–
Lower-middle-income	3	2
Upper-middle-income	4	1
High-income	4	2

Note: 19 countries and territories. – = nil. Source: ILO research.

► **Figure 8.2. Share of old-age persons by presence of a statutory public long-term care service system for older persons, by region and by income group, 2021 (%)**

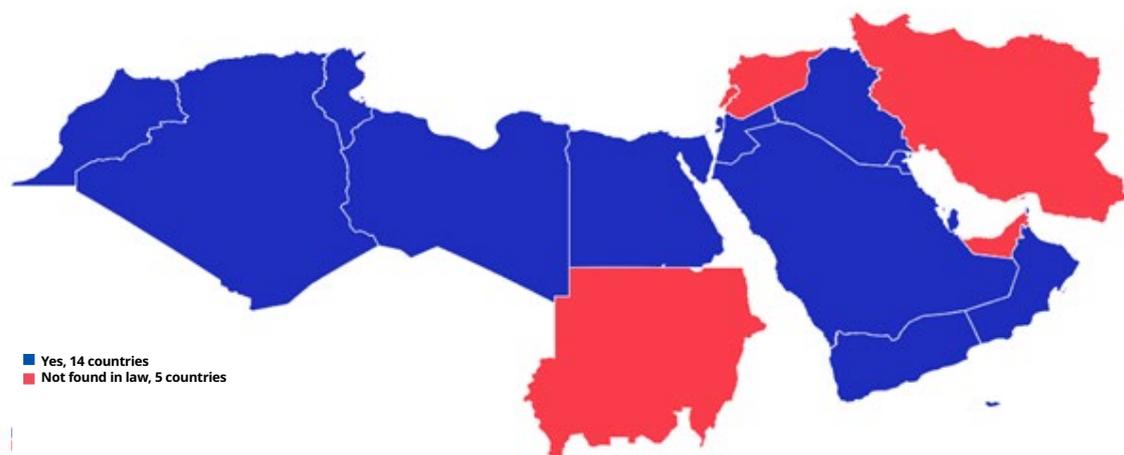


Note: 18 countries and territories; the Occupied Palestinian Territory has a statutory public long-term care service system for older persons but data on HALE at 60 are not available on the WHO Global Health Observatory. Source: ILO calculations based on country-level data.

While caring for older persons is a value in many cultures, the lack of national laws on long-term care services mandating a responsibility of the State, means that long-term care tends to overwhelmingly fall onto women, thus limiting their opportunities to participate in the labour market and adversely affecting their health and well-being (Ismail and Hussein 2017). In the region, it is common for there to be the legal obligation for families to provide care, and even where this is not legislated, the family is assumed as the provider of support, with an important role played by migrant domestic workers (Hussein and Ismail 2017).

Fourteen out of 19 countries in the region with available information have laws that require family members to care for older relatives. This is the case in Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Libya, Morocco, the Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Tunisia and Yemen (figure 8.3). These regulations result in around 70 per cent of older persons (more than 6 million) living in countries in which long-term care is statutorily defined as a family obligation, releasing the State from the overall responsibility of public provision as called for by ILO standards and WHO guidelines.

► **Figure 8.3. Presence of statutory family obligations to care for relatives, 2021**



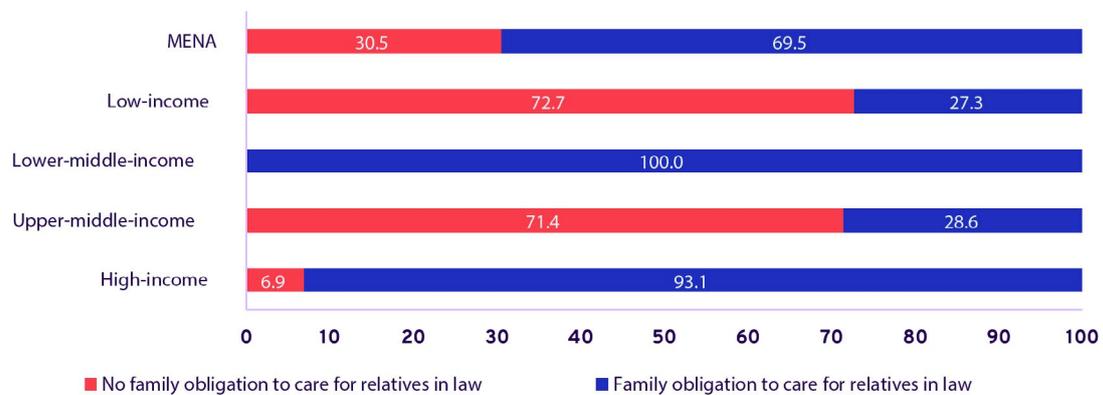
Note: 19 countries and territories. Source: ILO research.

► **Table 8.2. Presence of statutory family obligation to care for relatives, by region and by income group, 2021 (no. of countries)**

Region/income group	No family obligation to care for relatives in law	Family obligation to care for relatives in law
MENA	5	14
Low-income	2	1
Lower-middle-income	–	5
Upper-middle-income	2	3
High-income	1	5

Note: 19 countries and territories. – = nil. Source: ILO research.

► **Figure 8.4. Share of old-age persons by presence of statutory family obligations to care for relatives, by region and by income group, 2021 (%)**



Note: 18 countries and territories; the Occupied Palestinian Territory has a statutory public long-term care service system for older persons but data on HALE at 60 are not available on the WHO Global Health Observatory. Source: ILO calculations based on country-level data.

Promoting gender-transformative care packages entails the legal and social recognition of long-term care as a public good. This would imply reforming laws that either mandate long-term care provision by family members only without support to their unpaid care work, or that condition eligibility for long-term care services on the absence of family members who could take care of older persons with a care dependency.

8.3 In-home, community and residential care: Providing a comprehensive spectrum of long-term care solutions cycle

In-home care covers services provided in the usual residence of the older person in need. They are supplied by both health and non-health professionals, largely personal care assistants⁶², who help older people perform the basic activities of daily living as well as housework. These services are envisioned for older persons who are mildly to severely care dependent and can facilitate independent living. ILO Recommendation No. 165 encourages countries to “develop home-help and home-care services which are adequately regulated and supervised, and which can provide workers with family responsibilities, as necessary, with qualified assistance at a reasonable charge in accordance with their ability to pay” (Para. 33).

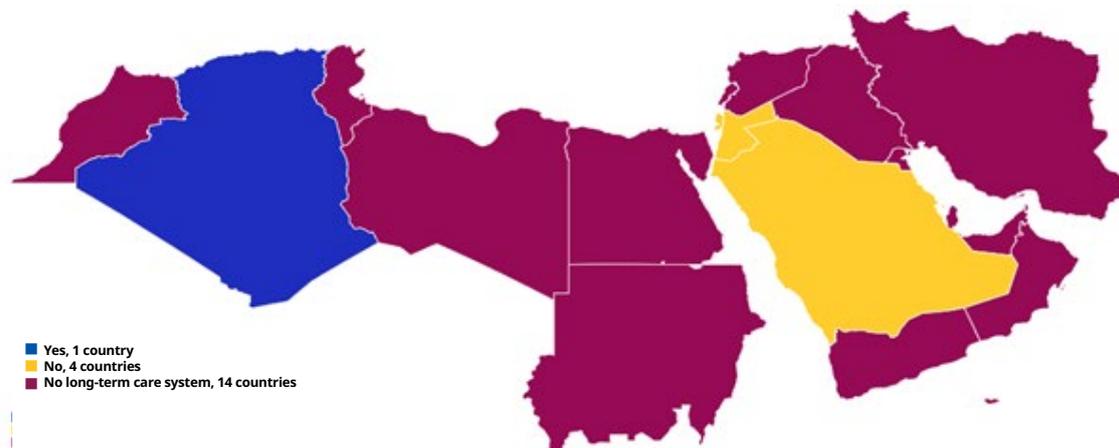
There is only one country in the MENA region, Algeria, that mandates in-home personal care services as part of statutory long-term care service provision, in line with Recommendation No. 165. This statutory provision is available for 11 per cent of old-age persons residing in MENA (974,000) (figure 8.6). However, since countries in the region either do not have a statutory provision of public long-term care services (14 countries⁶³) or do not provide in-home services (4 countries⁶⁴), this corresponds to 7.9 million, or 89 per cent, of older persons living in countries across the world without statutory provision of in-home long-term care services.

62. According to the ILO Domestic Workers Convention, 2011 (No. 189), personal care assistants are domestic workers, as they are workers employed by households.

63. Egypt, Iraq, Islamic Republic of Iran, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.

64. Bahrain, Jordan, Occupied Palestinian Territory and Saudi Arabia.

► **Figure 8.5. Provision of statutory in-home personal care services for older persons, 2021**



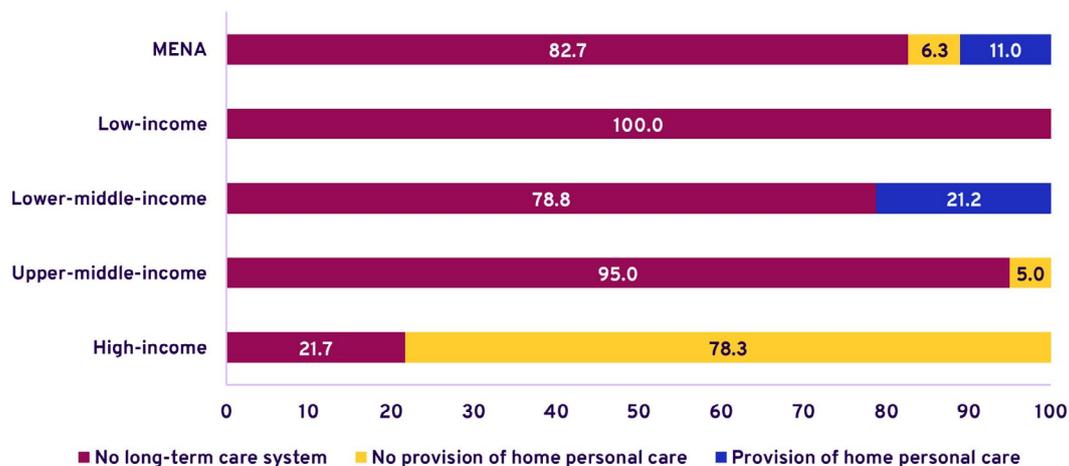
Note: 19 countries and territories. Source: ILO research.

► **Table 8.3. Provision of statutory in-home personal care services for older persons, by region and by income group, 2021 (no. of countries)**

Region/income group	No long-term care system	No provision of home personal care	Provision of home personal care
MENA	14	4	1
Low-income	3	-	-
Lower-middle-income	3	1	1
Upper-middle-income	4	1	-
High-income	4	2	-

Note: 19 countries and territories. - = nil. Source: ILO research

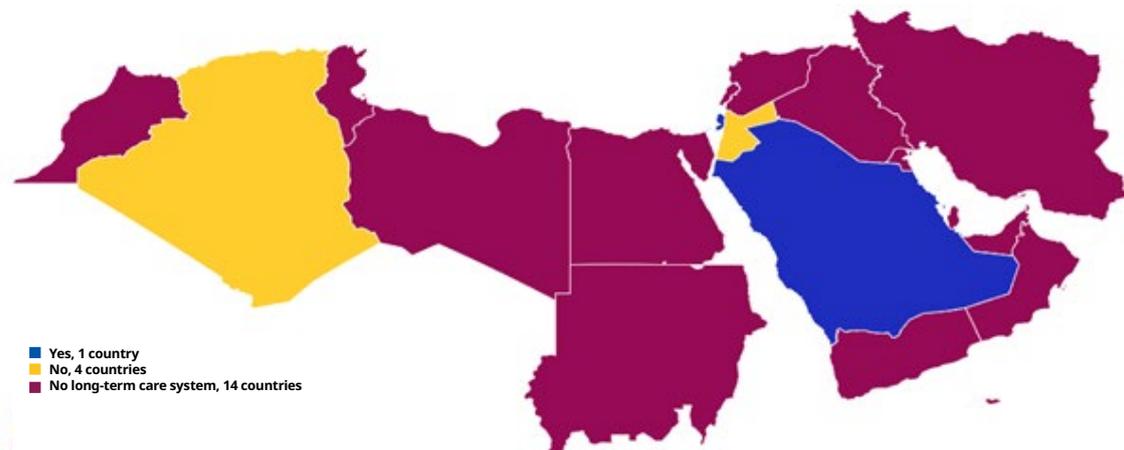
► **Figure 8.6. Share of old-age persons by provision of statutory in-home personal care services for older persons, by region and by income group, 2021 (%)**



Note: 18 countries and territories; the Occupied Palestinian Territory has a statutory public long-term care service system for older persons but data on HALE at 60 are not available on the WHO Global Health Observatory. Source: ILO calculations based on country-level data.

Community-based provision of long-term care is often offered in day centres, which refer to services offered at facilities without accommodation. They usually focus on preventive and recreational activities rather than on assisting older persons with the activities of daily living. Thus, they are often used in combination with in-home care services and are designed for people with little or no care dependence. In MENA, the provision of community day services is more common than in-home personal care. Among the five countries that provide long-term care service systems, Bahrain, the Occupied Palestinian Territory and Saudi Arabia have legal entitlement to day services (figure 8.7). Nearly 5 per cent of older persons live in these countries (figure 8.8).

► **Figure 8.7. Provision of statutory community day services for older persons, 2021**



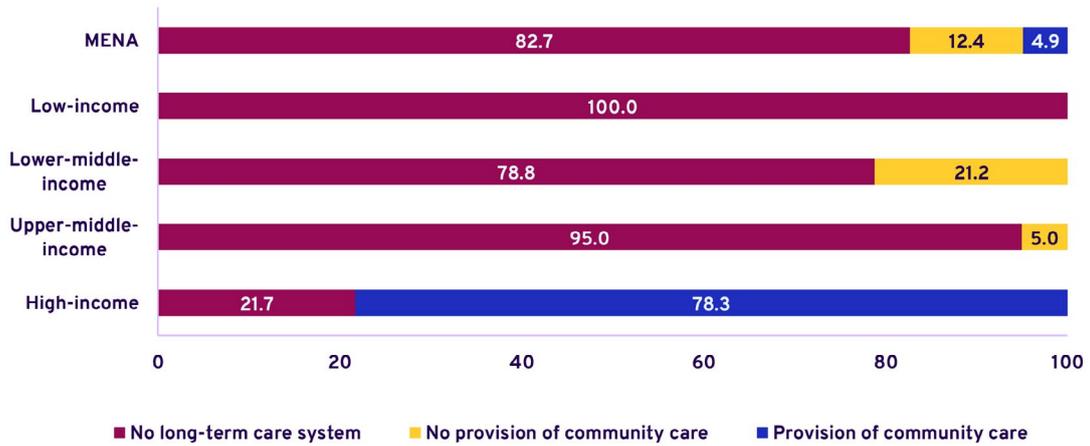
Note: 19 countries and territories. Source: ILO research.

► **Table 8.4. Provision of statutory community day services for older persons, by region and by income group, 2021 (no. of countries)**

Region/income group	No long-term care system	No provision of community care	Provision of community care
MENA	14	2	3
Low-income	3	–	–
Lower-middle-income	3	1	1
Upper-middle-income	4	1	–
High-income	4	–	2

Note: 19 countries and territories. – = nil. Source: ILO research.

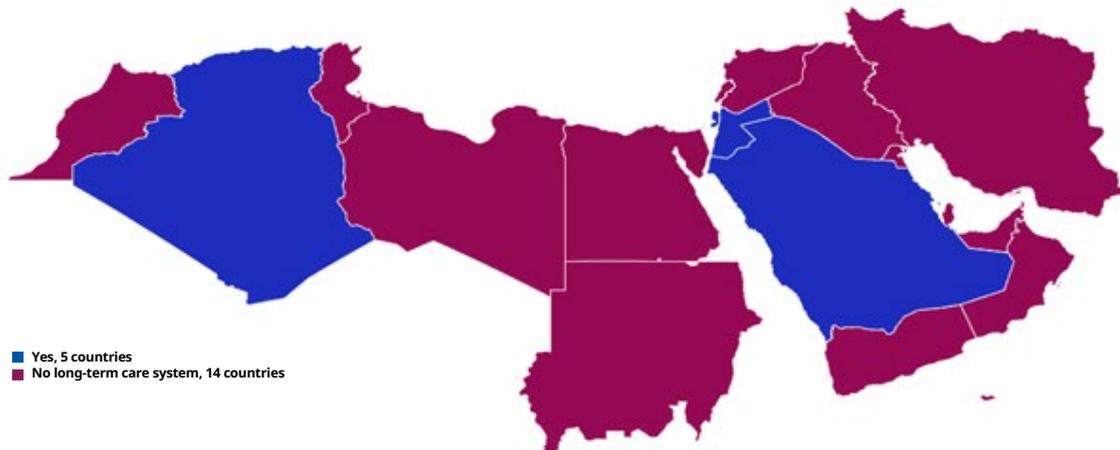
► **Figure 8.8. Share of old-age persons by provision of statutory community day services for older persons, by region and by income group, 2021 (%)**



Note: 18 countries and territories; the Occupied Palestinian Territory has a statutory public long-term care service system for older persons but data on HALE at 60 are not available on the WHO Global Health Observatory. Source: ILO calculations based on country-level data.

Although in-home care remains the preferred service by users, many older persons with moderate to severe functional dependency will at some point need nursing or designed hospital-like facilities that provide accommodation, health and long-term care as a package. In the MENA region, all countries provide residential care services as part of publicly mandated long-term care services, in line with Convention No. 156. This statutory provision is found in five⁶⁵ countries where 17 per cent of old-age persons live (figure 8.10). In contrast, more than 82 per cent of old-age persons across MENA (7.3 million) live in countries with no statutory provision for residential care in case of need.

► **Figure 8.9. Provision of statutory residential care services in the long-term care system, 2021**



Note: 19 countries and territories. Source: ILO research.

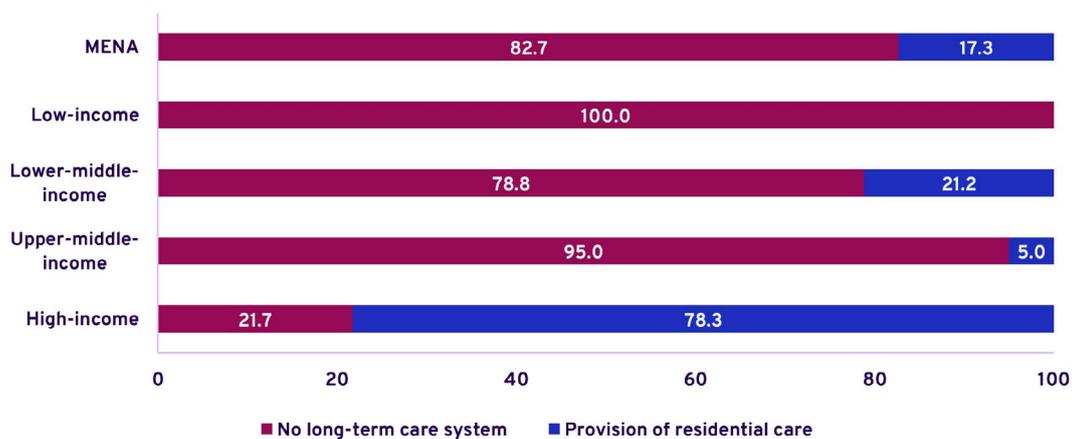
65. Algeria, Bahrain, Jordan, Occupied Palestinian Territory and Saudi Arabia.

► **Table 8.5. Provision of statutory residential care services in the long-term care system, by region and by income group, 2021 (no. of countries)**

Region/income group	No long-term care system	Provision of residential care
MENA	14	5
Low-income	3	-
Lower-middle-income	3	2
Upper-middle-income	4	1
High-income	4	2

Note: 19 countries and territories. - = nil. Source: ILO research.

► **Figure 8.10. Share of old-age persons by provision of statutory residential care services in the long-term care system, by region and by income group, 2021 (%)**



Note: 19 countries and territories; the Occupied Palestinian Territory has a statutory public long-term care service system for older persons but data on HALE at 60 are not available on the WHO Global Health Observatory. Source: ILO calculations based on country-level data.

Box 8.1. Long-term care provision in MENA

Women in the Arab States and North Africa bear a disproportionate amount of care responsibility for older persons, affecting their ability to take up employment. While there is a need for countries in these regions to establish national long-term care systems, some governments have recognized the need to meet future challenges associated with expected population ageing. In these countries, in-home and day care services for older people are available; however, these are mostly initiated and supported by civil society and often religious-based organizations, sometimes subsidized through public funds (Kronfol et al. 2013, as cited in UNFPA 2017).

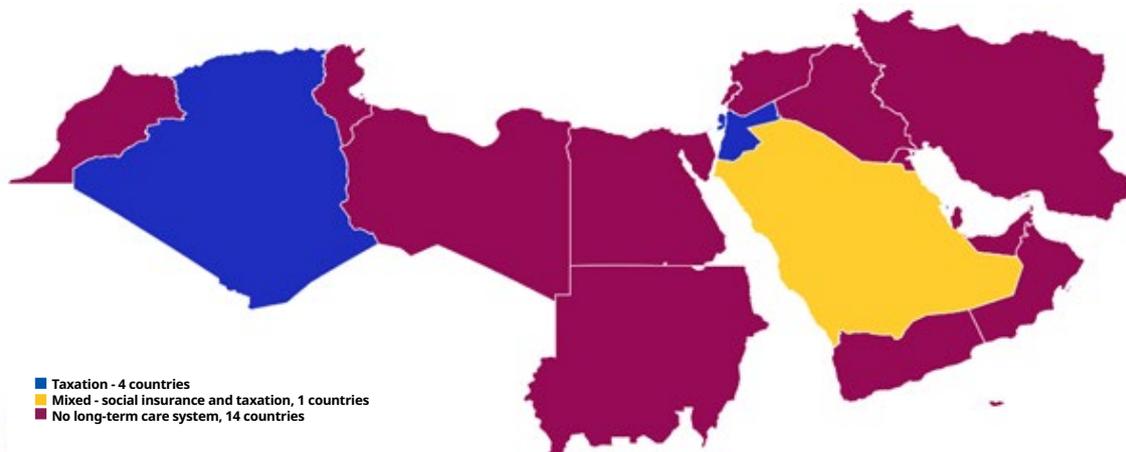
For example, in Egypt, the “Regular Medical Caravans” provide free medical consultation and services, including minor surgeries at homes in rural areas, and Bahrain has ten government-sponsored mobile clinics. In Tunisia, the Union of Social Solidarity offers mobile teams to providing free home-based health services for older adults. Tunisia also provides specialized government-funded rehabilitation and physical therapy services to older persons for little or no fees. Home-based care in Kuwait is entirely free of charge, and in Morocco NGOs provide free medication, medical consultation to older persons in need, and support families and caregivers of older persons with Alzheimer’s disease. In Jordan, the private sector has recently expanded to include up to 53 companies registered at the Ministry of Health that provide home care for older persons. In Lebanon, there are 26 mobile clinics for older people living at home. In Lebanon and Occupied Palestinian Territory “meals on wheels” services that cater to older people living alone are also available (Hussein and Ismail 2017).

Oman’s Strategy on Social Development (2016–2025) detailed a new model for long-term care benefits and services. Although it still places the family as the central focus of its social policy structure, the policy indicates the start of an attention-shifting process to long-term care. Through its implementation, attention on investing in long-term care, infrastructure of services, and general awareness of ageing issues would be useful to address the practical challenges and successes of such an approach (Ismail and Hussein 2017).

► 8.4 Funding mechanisms for long-term care services: Ensuring the principles of universality, adequacy, solidarity and non-discrimination

A crucial aspect in the design and implementation of long-term care service systems is how national governments are funding such systems. Among the five countries in MENA that have a statutory provision of long-term care services, the large majority (4 countries) finance these services through non-contributory general taxation, as is the case in Algeria, Bahrain, Jordan and the Occupied Palestinian Territory (table 8.6). This means that regionally, nearly 13 per cent of the older persons are living in countries where long-term care services are financed through general taxation (figure 8.12). In addition, Saudi Arabia has a mixed social insurance and taxation scheme. This represents nearly five per cent of the regional population of older persons.

► Figure 8.11. Source of funding of long-term care services for older persons, 2021



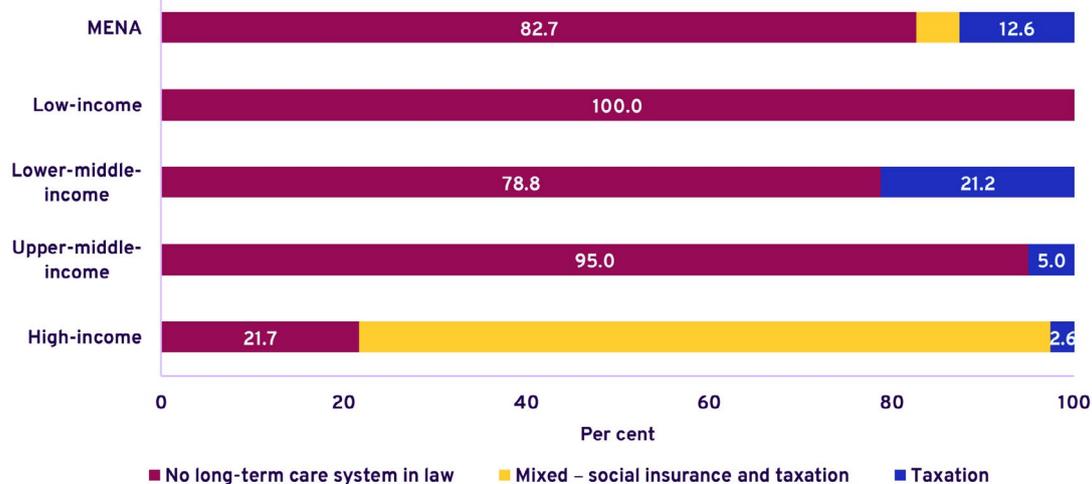
Note: 19 countries and territories. Source: ILO research.

► Table 8.6. Source of funding of long-term care services for older persons, by region and by income group, 2021 (no. of countries)

Region/income group	No long-term care system	Mixed – social insurance and taxation	Taxation
MENA	14	1	4
Low-income	3	–	–
Lower-middle-income	3	–	2
Upper-middle-income	4	–	1
High-income	4	1	1

Note: 19 countries and territories. – = nil. Source: ILO research.

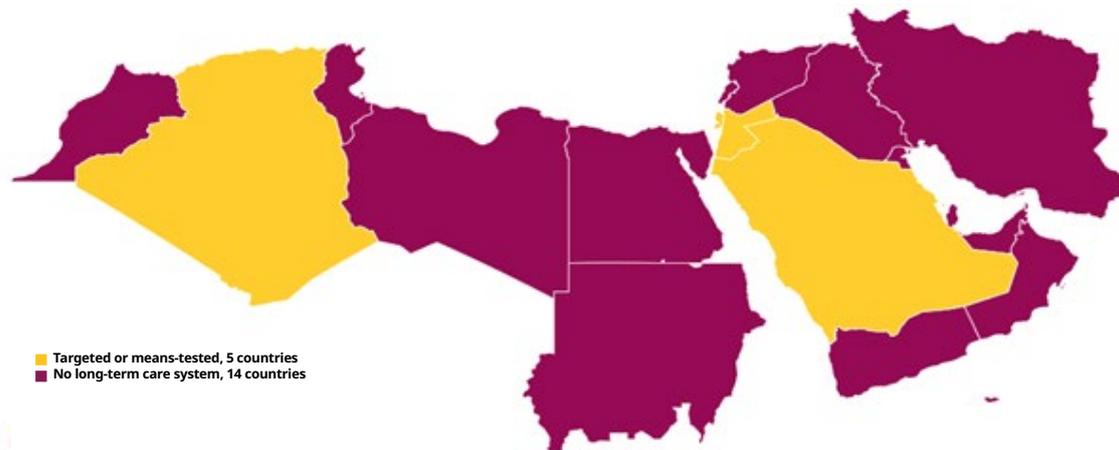
► Figure 8.12. Share of old-age persons by source of funding of long-term care services for older persons, by region and by income group, 2021 (%)



Note: 18 countries and territories; the Occupied Palestinian Territory has a statutory public long-term care service system for older persons but data on HALE at 60 are not available on the WHO Global Health Observatory. Source: ILO calculations based on country-level data.

All countries in the region that provide statutory long-term care services have targeted or means-tested funding schemes (figure 8.13). If designed and implemented in a way that includes all in need and at a level sufficient to maintain the beneficiaries “in health and decency”, according to the requirements of ILO social security standards, means-tested schemes can effectively provide long-term care services and prevent recipients and their families from falling into poverty or facing financial hardship (ILO 2014b; ILO 2021a).

► **Figure 8.13. Type of government scheme for long-term care services for older persons, 2021**



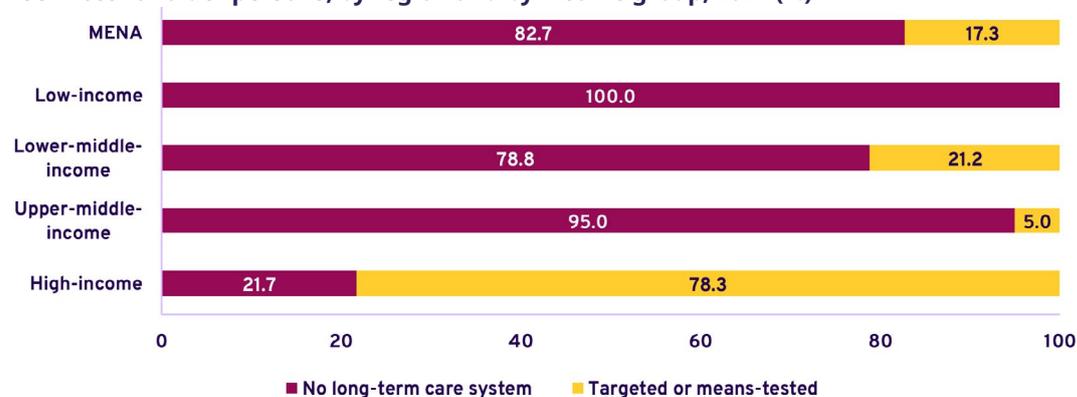
Note: 19 countries and territories. Source: ILO research.

► **Table 8.7. Type of government for long-term care services for older persons, by region and by income group, 2021 (no. of countries)**

Region/income group	No long-term care system	Targeted or means-tested
MENA	14	5
Low-income	3	-
Lower-middle-income	3	2
Upper-middle-income	4	1
High-income	4	2

Note: 19 countries and territories. - = nil. Source: ILO research.

► **Figure 8.14. Share of old-age persons by type of government scheme for long-term care services for older persons, by region and by income group, 2021 (%)**



Note: 18 countries and territories; the Occupied Palestinian Territory has a statutory public long-term care service system for older persons but data on HALE at 60 are not available on the WHO Global Health Observatory. Source: ILO calculations based on country-level data.

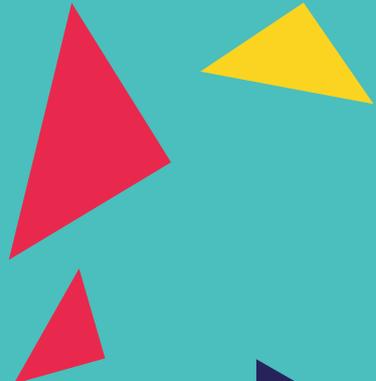
► 8.5 Conclusion: Findings on long-term care services in a nutshell

Long-term care services are an essential piece of the continuum of care policies and services over the life cycle that have the potential to benefit workers with care responsibilities and to ensure the right to healthy ageing in dignity. With longer life expectancies and the challenges posed by the COVID-19 pandemic, the demand for long-term care services for older persons has been rising steeply. In-home, community and residential care services provide a spectrum of long-term care solutions, but legal frameworks and service supply remain insufficient and inadequate. This has detrimental effects on women's employment opportunities, but also on individuals' income security, health and well-being.

Currently, only five countries- Algeria, Bahrain, Jordan, Occupied Palestinian Territory and Saudi Arabia- have a statutory provision of public long-term care services for older persons in MENA, with four countries (Algeria, Bahrain, Jordan and Occupied Palestinian Territory) funding long-term care either through taxation only or in combination with social insurance (Saudi Arabia). Even when these services are legally mandated, out-of-pocket costs remain high, putting older persons and their families at risk of income poverty, hardship and adverse health conditions. Shifting the current long-term care policy from family responsibility, which is the case in 14 countries⁶⁶ in MENA, to the responsibility of the government is necessary to reduce the burden of unpaid care work on women in the region. Instead, by providing comprehensive long-term care policies and infrastructure, governments can support healthy ageing, independent living and gender equality in the world of work.

66. Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Libya, Morocco, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Tunisia and Yemen.





▶ 9

Investing in transformative care policy packages: Translating commitments into realities



9.1 Care policies: Promising trends and persisting gaps

These past decades have seen important improvements in the overall design of care leave policies and services. However, significant legal gaps persist that translate into a lack of protection and support for millions of workers and their families across MENA, especially caregivers from the most marginal and disadvantaged groups.

As this regional report has highlighted, positive trends are evident in the ratifications of international labour standards on care policies and the availability, duration and source of funding of maternity protection in line with ILO Convention No.183. Yet, at the pace of current legal reforms, it will take at least 70 years to fill the current gap of nearly 80 million women living in MENA countries which are not aligned to ILO standards on maternity leave. Similarly, while many countries provide time for breastfeeding with income security, the frequency, duration and flexibility of nursing breaks require improvements to meet women's needs and preferences and effectively enable breastfeeding at work.

Paternity leave rights are on the rise. However, when comparing the average duration of maternity leave (17 weeks) and paternity leave (on average 3 days), there is a regional "gender leave gap" of 16.4 weeks. Greater availability of a universal right to longer, adequately paid and compulsory paternity leave would prompt an increase in take-up rates, thereby promoting a more equal sharing of family responsibilities between mothers and fathers. Parental leave provision has not reached the majority of countries (12) in the region and is not paid, nor available to fathers, in five (Bahrain, Egypt, Jordan, Morocco and Syrian Arab Republic) of the six countries with parental leave despite its potential to bridge childcare provision up to the start of universal availability of quality, accessible and adequate childcare services. Furthermore, lack of childcare services and gaps in their quality and provision, together with inadequate working conditions of childcare personnel, including migrant domestic workers, remain a missed opportunity for sustainable development and gender equality. Childcare and pre-primary education services are largely not aligned to working parents' needs, thus limiting the potentials of ECCE and pre-primary education to improve child development, promote women's labour force participation and incomes, create jobs and reduce parents' unpaid care work.

9.2 Guaranteeing quality long-term care services for a right to healthy ageing in dignity

With longer life expectancies and the challenges posed by the COVID-19 pandemic, the demand for long-term care services for older persons has been rising steeply. In-home, community and residential care services provide a spectrum of long-term care solutions, but legal frameworks and service supply remain insufficient and inadequate. This has detrimental effects on women's employment opportunities, but also on individuals' income security, health and wellbeing. Only five countries in the region - Algeria, Bahrain, Jordan, Occupied Palestinian Territory and Saudi Arabia - have a statutory provision of public long-term care services for older persons, with four countries funding long-term care either through general taxation only or in combination with social insurance (Saudi Arabia). Even when these services are legally mandated, out-of-pocket costs remain high, putting older persons and their families at risk of income poverty, hardship and adverse health conditions. Further, 14 out of 19 countries in the region have laws that require family members to care for older relatives, removing the responsibility of the State to provide long-term care services. This means that long-term care needs to be undertaken by families and tends to overwhelmingly fall onto women and girl family members.

9.3 The childcare policy gap: Ensuring a continuum of childcare-related leave and services

Gaps in care policy provision can be assessed by also reviewing the relationship between two main care policy areas, namely childcare-related leave (in particular, maternity, paternity and parental leave) and childcare services. More specifically, such a review can show whether these policies are coordinated and provided as a continuum from the last stages of pregnancy and childbirth until an entitlement to free and universal ECCE (when available) or mandatory primary education, which usually starts when children are 5 or 6 years old (Kowslowski et al. 2021). The time difference (in months or years) between the end of paid leave available to households and the right to free and universal ECCE or primary education is referred to as the “childcare policy gap”. It points to the period in which parents lack any type of care policy entitlement and in which care needs are covered by unpaid care work or individual suboptimal paid care solutions (such as domestic, migrant or other care workers lacking labour and social protection rights).

► **Figure 9.1. Average duration of the childcare policy gap in MENA**



Note: 18 countries. Source: ILO calculations based on country level data and UNESCO Institute for Statistics (UIS).

Regionally, the average childcare policy gap is 67.9 months or 5.7 years, simultaneously driven by very short leave durations and almost non-existent childcare and early education service entitlements (table 9.1). This gap and the number of parents lacking childcare solutions would be even larger if one took into account only the duration of childcare-related leave that is both adequately paid (that is, at a rate of at least 67 per cent of previous earnings) and paid by social insurance or public funds, as well as the actual availability of breastfeeding breaks and adequate, acceptable and affordable childcare services.

► **Table 9.1. Duration of childcare policy gap in months and years, by region and level of national income, 2021 (weighted averages)**

Region/income group	Starting age of free ECCE or primary education (years)	Childcare related paid leave reserved to households (months)	Childcare policy gap (months)	Childcare policy gap (years)	Childcare policy gap - full rate equivalent (months)	Childcare policy gap - full rate equivalent (years)
MENA	5.9	4.0	67.3	5.6	67.9	5.7
Low-income	6.0	2.6	69.4	5.8	69.6	5.8
Lower-middle-income	6.0	3.0	69.0	5.7	69.0	5.7
Upper-middle-income	5.9	6.7	63.7	5.3	65.4	5.4
High-income	5.9	2.5	67.9	5.7	68.2	5.7

Note: 18 countries and territories. Source: ILO calculations based on country-level data.

These childcare policy gaps affect millions of actual and potential parents, who must cope with the lack of adequate public care policies. In 15 out of 18 MENA countries, the childcare policy gap is more than 5 years, with nearly 98 per cent of potential parents living in these countries (311 million) (figure 9.2). In only two countries, Kuwait and Lebanon, is the childcare policy gap less than 4 years, at 3.5 and 2.9 years, respectively. In general, the region does not ensure by law a continuum of statutory childcare provision and leave policies and ECCE services.

► **Table 9.2. Duration of childcare policy gap, by region and by income group, 2021 (no. of countries)**

Region/income group	2–3 years (25–36 months)	3–4 years (37–48 months)	5+ years (More than 60 months)
MENA	1	1	16
Low-income	–	–	3
Lower-middle-income	–	–	4
Upper-middle-income	1	–	4
High-income	–	1	5

Note: 18 countries and territories. – = nil. Source: ILO research.

► **Figure 9.2. Share of actual and potential parents by duration of the childcare policy gap, by region and by income group, 2021 (%)**



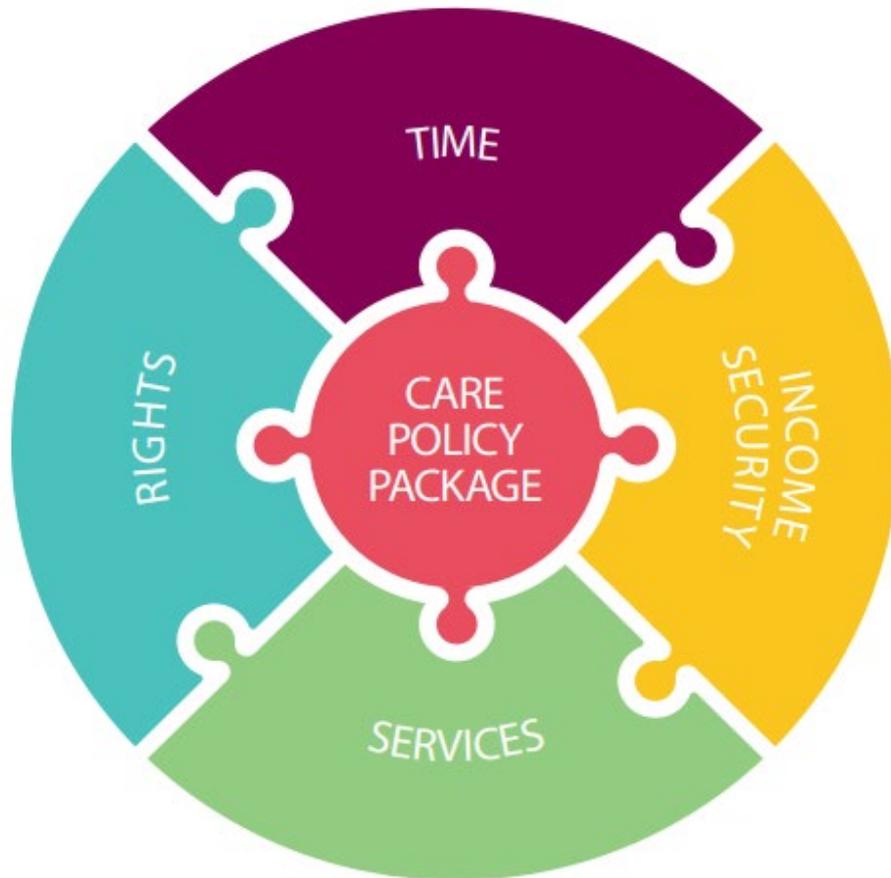
Note: 18 countries and territories. Source: ILO calculations based on country-level data.

The childcare policy gap is a major structural barrier in the world of work. When policies fail to deliver on sustainable and integrated care provision, inequalities at home, at work and in society are cemented, with detrimental impacts on women, children and families across working lives. The longer the care policy gap, the higher the amount of unpaid care work shouldered by parents, in particular mothers, and the more intense so-called “motherhood penalties” in employment, pay, leadership and pensions, which perpetuate inequalities, poverty and social exclusion (ILO 2019c). Although the gap only assesses legal and not actual provision, it offers an important road map to guide countries in their journey towards strengthening national care policies. Identifying and progressively closing all care policy gaps – for maternity, for children and for adults of working age and in old age who need care or support – through nationally designed and transformative care policy packages are central steps towards investing in the care economy that countries will need to build forward better.

► 9.4 Closing care policy gaps: Key features of transformative care policy packages

Care policies are key enablers of the right to care and be cared for, of decent work and of gender equality. As called for by the 2019 ILO Declaration for the Future of Work, achieving gender equality requires a transformative agenda with investment in the care economy and enabling a more balanced sharing of family responsibilities. Care policies maximize their transformative potential when they are designed to meet the needs of working parents and families over their life cycle, are grounded in social dialogues and representation of care workers, and rest on a gender-responsive package of rights, leave policies, benefits and good-quality services. These policies depend in turn on the availability of quality care jobs and of benefits that are adequate and collectively financed as part of universal and comprehensive social protection systems or by public funds. To be transformative, care provisions should be rights- and needs-based, follow a life-cycle approach and offer an integrated continuum of policies and services from pregnancy up to old age. This spectrum of policies and services should be responsive to multiple specific and often overlapping care needs and be available to all (figure 9.3).

► Figure 9.3. Key features of a transformative care policy package



- | | |
|---|--|
| ■ Care leave for parents: maternity, paternity, parental leave | ■ Maternity, paternity and parental leave cash benefits |
| ■ Breastfeeding breaks | ■ Income security for breastfeeding |
| ■ Other care-related leave: long-term care leave; emergency leave | ■ Long-term care cash benefits |
| ■ Time off for antenatal healthcare | ■ Maternal and child health care services |
| ■ Non-discrimination, freedom from violence and harassment, and employment protection | ■ Childcare services (in-home, community and centre-based) |
| ■ Right to decent working time | ■ Primary and secondary education and out-of-school services |
| ■ Right to safe and healthy workplaces | ■ Nursing facilities |
| | ■ Long-term care services (in-home, respite and residential) |

Source: ILO 2022c.

Importantly, all women should have access to maternity protection (care for maternity) starting from pregnancy, and including: maternity leave, cash benefits, maternal and child healthcare, employment protection and non-discrimination, health protection at the workplace, and breastfeeding at work. Other elements of the care package linked to the care for children include other forms of care leave⁶⁷ with income security and rights (including non-discrimination, freedom from violence and harassment, employment protection, decent working time, and safe and healthy workplaces).

67. Including paternity leave, parental leave, childcare leave, emergency leave and long-term leave for children with disabilities with care needs.

Childcare services including early childhood education and primary and secondary education – should be disability inclusive and of good quality, with qualified childcare and education staff and complementary nutrition, health and care services (such as school lunches, after school and holiday care services, and preventive health services) (figure 9.4). A continuum of care leave policies and care services is essential in preventing reduced labour market opportunities for women and decreasing their chances of falling into poverty. Accordingly, ECED entitlements would be important when accessible after the end of statutory care leave – which should be paid at a rate of at least 67 per cent of previous earnings – or from childbirth for parents lacking a right to or effective access to adequate care leave policies.

► **Figure 9.4. Care policies for mothers and children: A continuum of care provision from pregnancy to mandatory school age and beyond**



Source: ILO 2022c.

Workers also need specific care policies to support the needs of adults in old age, with chronic disabilities, or suffering from short- and long-term illnesses who need care or support – particularly during health crises (care for adults of working age and in old age). These policies include long-term care leave with income security and rights, as well as disability-inclusive services (in-home, community and residential long-term care services supplemented by quality healthcare) staffed with quality and qualified care staff to meet the care needs of adults – both of working age and in old age – in full alignment with the rights to independent living and employment of persons with disabilities (figure 9.5).

► Figure 9.5. Care policies for mothers and children: A continuum of care provision from pregnancy to mandatory school age and beyond



Source: ILO 2022c.

Lack of access to this complementary benefit package over the life cycle might not only jeopardize the safety, health, nutrition and well-being of women and their children and other vulnerable family members, but also harm caregivers’ – and especially women’s – economic empowerment and agency, triggering gender gaps in employment, pay, poverty and social exclusion that delayed or scattered care-related interventions might not be able to offset.

Grounded on representation of those who provide and receive care, social dialogue and co-responsibility

This is a core governance principle. Care policies have the potential to be empowering and to guarantee the rights, agency, autonomy and well-being of care receivers, unpaid carers and care workers (the “care triad”) when they are built and delivered with the active participation of all the actors in society that can be well-being providers. As set out in ILO international labour standards, workers’ and employers’ organizations and, among them, representatives of care workers and their employers have a key role to play in designing, implementing, monitoring and evaluating care policies and ensuring that they are adequately and sustainably funded while also reflecting national and local contexts and circumstances.⁶⁸ Enterprises and their employer and business membership organizations can also be pathfinders by advancing transformative work–life balance measures, supporting sustainable national care systems and joining global and national advocacy efforts. In addition, care recipients and unpaid carers should be empowered and included in policymaking decisions by supporting their right to organize, be represented, dialogue and bargain collectively. The voices of those most concerned – including older persons, persons with disabilities and persons living with HIV – should also be part of enforceability and accountability mechanisms, in order to evaluate, ensure and, if needs be, re-direct policies and services so that they meet the needs and expectations of the care triad. In so doing, transformative care policies can have overall positive effects on governance, citizenship and social accountability (ILO 2018a).

Universal in scope to leave no one behind

Care policies should be universal and provide adequate and equitable benefits without any exclusion and discrimination. Care policies can benefit all women and men, especially those most likely to be left behind, which places them within the spirit of the 2030 Agenda for Sustainable Development. Achieving this universal scope requires that entitlements are prescribed by national law and reach the entire population with similar, high-quality services and generous cash transfers. The principle of universality in design, implementation and outcomes also implies a distribution of coverage and generosity across beneficiaries. This means a massive outreach – to women and men, formal and informal workers, poor and non-poor, urban and rural, citizen and non-citizen – of a combination of adequate and predictable benefits as well as high-quality, accessible and affordable public services that are funded not only through general revenues, but also through social insurance combined with social assistance. In addition, the principle of social solidarity excludes the funding of care policies, such as maternity or paternity leave or childcare services, through direct employer liability. This funding mechanism is likely to put women, caregivers and other specific groups at risk of discrimination.

Solidarity-based and sustainable care policy

A universal and sustainable care policy package should also be collectively funded or solidarity-based, as well as anchored in national legislation and social protection systems. As per ILO international labour standards, this dimension is grounded on the principle of care as a social good that calls for the “overall and primary responsibility of the State”.⁶⁹ While governments do not need to deliver the entirety of service provision, they should be chiefly responsible in ensuring the adequate set up and functioning of care systems. The leading role of the State includes:

- ▶ setting benefits and defining the quality of services (eligibility, level, entitlements, funding, delivery, monitoring and evaluation);
- ▶ effectively regulating provision; and
- ▶ acting as a statutory and core funding entity, as well as a direct provider and an employer of care workers in the public sector.

69. ILO Recommendation No. 202, Para. 3; see also WHO 2015.

In particular, the overall responsibility of the State is central in identifying the fiscal space needed to invest in care and in ensuring the feasibility and sustainability of nationally defined care packages. Governments' lead at the national, provincial and municipal levels can prevent care policies from being poorly designed, funded or implemented – which would perpetuate inequalities – and can guarantee integrated care systems that are appropriate, affordable, accessible and uphold the rights of care recipients, unpaid carers and the care workforce alike.

Women's empowerment and gender equality as explicit objectives

A transformative care package should guarantee, at the same time, the rights, capabilities, agency and well-being of all members of the care triad – care receivers, unpaid carers and care workers (ILO 2018a). It should actively and systematically promote non-discrimination and gender equality at home, at work and in society in two ways: (i) by changing the structural gender division of unpaid care work; and (ii) by promoting an egalitarian and caring model of masculinity (Ugarte and Terán 2014). As shown in the previous chapters, care policies can expand the rights, well-being and opportunities of women and men, and can mitigate other dimensions of inequality related to ethnicity, origin, disability, cast and income. However, poorly designed care policies can also accentuate inequality and confine women to traditional roles associated with femininity and motherhood. For instance, when leave or workplace childcare are directed only at women, they hinder women's participation in quality employment, discourage the hiring of parents, and undermine men's right and responsibility to care. In addition, care policies should value caregiving in society and support the construction of a masculinity that discards violence and coercion and values caring for the needs of others as a form of transformative leadership (ITUC 2021; Kloosterman and Safier 2014). Policy design and effective implementation are central to ensuring that care policies contribute to the achievement of substantive gender equality and women's empowerment.

9.4 A common agenda for action: Investing in care

Closing the aforementioned care policy gaps requires public investments in universal and comprehensive care policy packages. To illustrate what a transformative agenda for care investments would entail, the ILO Care Policy Investment Simulator (box 9.1) conducts a simulation exercise⁷⁰ of annual public investment requirements and employment benefits for 12 MENA countries. For the first time, the estimations also cover women and men working in the informal economy. In addition, they show the short-term economic benefits of care investments, including employment creation for women and men and the return on investment of investing in the care policy package. The simulation took into consideration four collectively funded policy scenarios, with the aim of closing the care policy gaps in law and practice and providing adequate care support throughout people's lives:

1. Adequately paid maternity, paternity and parental leave geared towards equal sharing of leave between parents, extending existing provision and covering those in the informal economy as well.
2. Fully paid breastfeeding breaks to enable at least six months of exclusive breastfeeding.
3. High-quality, universal free full-time childcare services to all children before their entry into primary school, starting from the end of statutory periods of parental leave – and mapping plausible take-up rates by region.
4. High-quality, universal free long-term care services to all children and adults with disabilities and older persons in need of care, based on countries' priorities and circumstances.

The exercise simulates projections of annual investment, taking into consideration different regional and country realities with the understanding of a progressive and country-specific design and implementation – grounded on social dialogue and representation – over time for the reference years 2030 and 2035, including more transformative scenarios to be reached by 2035 for lower-income countries.⁷¹ The scenarios are guided by international labour standards, the UN 2030 Sustainable Development Goals and other international frameworks.⁷²

70. All of these calculations and the related methodological explanation are available in De Henau 2022 and ILO 2023c.

71. Population, wages and real GDP were projected to 2030 and 2035 using UN and International Monetary Fund data. The simulations show the additional annual investment required in those years relative to a baseline scenario in each of those years, which maintains the 2019 current public spending as a constant proportion of GDP (reflecting a business-as-usual counterfactual). It corresponds to the difference between the high-road (expansion) and the low-road (baseline) scenarios constructed in ILO 2018a. See De Henau (2022) and ILO (2023c) for a detailed explanation of the simulation methodology and choice of policy parameters

72. This is the same method as used in ILO 2018a. See De Henau (2022) and ILO (2023c) for a detailed explanation, including of the main assumptions required.

The exercise also simulates the short-term impact of care investment on employment and tax revenue. While employment creation in the care sector can be directly calculated from the policy scenario parameters, indirect employment is derived from standard input-output analysis to calculate the number of jobs required in the supplying industries of the care sectors.⁷²

Box 9.1. The ILO Care Policy Investment Simulator

The ILO Care Policy Investment Simulator (2023b) is the largest online care policy modelling tool developed to simulate the investment requirements and benefits present in filling national gaps in care services and childcare-related leave, to advance the ILO transformative agenda for gender equality and non-discrimination. It allows users to build their own care policy investment packages for four care policies:

- ▶ childcare-related paid leave;
- ▶ breastfeeding breaks;
- ▶ ECCE; and
- ▶ long-term care services.

Results of the Simulation include:

- ▶ the investment requirements of the simulated policy packages;
- ▶ the job generation impact;
- ▶ the reduction in gender employment gaps;
- ▶ the reduction in gender wage gaps; and
- ▶ 5) the return on investment (ROI) of closing the childcare policy gap, i.e., the cost-to-benefit ratio of investing in two care policies: childcare-related paid leave policies and ECCE services.

Source: ILO Care Policy Investment Simulator, 2023c, available at: www.ilo.org/globalcare

Extending adequately paid childcare-related leave and breastfeeding breaks would cost US\$20 billion, or 0.58 per cent of GDP, in 2035

Expanding paid childcare-related leave to each employed potential parent at an adequate level of pay (at least 67 per cent of average previous earnings) and expanding breastfeeding breaks, with funding entirely provided by social insurance or public funds, would require – in 2019 prices – an additional spending of US\$20 billion in 2035 (0.58 per cent of GDP). These costings build upon the care policy provision already present in the country, so countries with more adequately paid childcare-related leave and breastfeeding breaks can expect a lower additional investment per potential parent. In MENA, a large amount of the extension in paid childcare-related leave will go towards potential parents in informal employment, a substantial portion of the labour force that has been left uncovered in the region. The country with the lowest additional investment in MENA is Tunisia, needing US\$234 million in 2035. With the upper limit, Iraq would require an additional investment of US\$4.8 billion in 2035 to fill the care policy gaps in terms of adequately paid child-care related leave and breastfeeding breaks. Iraq's higher additional investment can be explained by the lack of any provision related to childcare-related leave or breastfeeding breaks in 2021. Iraq, in a post-war period, can integrate these investments into its recovery plan to promote the labour rights and well-being of its population.

Box 9.2. Collectively funded policy scenarios for extending adequately paid childcare-related leave and breastfeeding breaks in MENA

By 2030, at least:

- ▶ Extending provision of maternity leave to at least 14 weeks paid at a rate of at least 67 per cent of previous earnings, or to 18 weeks paid at 100 per cent if provision of paid maternity leave is already above 14 weeks.
- ▶ Extending provision of paid paternity leave to the level of the region's best performing country.
- ▶ Extending paid parental leave to both parents with a view to closing the childcare policy gap.
- ▶ Extending paid childcare-related leave to informally employed parents paid at a rate of at least the minimum wage (or 45 per cent of national average earnings if no minimum wage).
- ▶ Offering at least 60 minutes of paid breastfeeding breaks for 6 months.
- ▶ Extending provision further by 2035 if not yet providing at least 18 weeks of paid leave per parent.

By 2035:

- ▶ Extending provision of maternity leave to 18 weeks paid at 100 per cent of previous earnings.
- ▶ Extending provision of paid paternity leave to the level of the region's best performing country or, if best performing, match the provision of maternity leave.
- ▶ Extending paid parental leave to both parents with a view to closing the childcare policy gap.
- ▶ Extending paid childcare-related leave to informally employed parents paid at a rate of at least the minimum wage (or 45 per cent of national average earnings if no minimum wage).

Offering at least 60 minutes of nursing breaks, fully paid. 5) the return on investment (ROI) of closing the childcare policy gap, i.e., the cost-to-benefit ratio of investing in two care policies: childcare-related paid leave policies and ECCE services.

Expanding early childhood care and education provision would cost US\$84 billion, or 2.4 per cent of GDP, in 2035

Universal provision of ECCE after the end of paid childcare-related leave would require an additional annual spending (in 2019 prices) of about US\$84 billion in 2035. This represents 2.4 per cent of 2035 GDP in the 12 MENA countries with available data, ranging between 1.37 per cent in Bahrain to 5.32 per cent in Iraq. Lebanon and Oman share the median, with an additional annual investment of 1.8 and 2.02 per cent of GDP, respectively.

Box 9.3. Collectively funded policy scenarios for expanding ECCE provision in MENA

High-income countries

By 2030 (same as 2035), at least:

- ▶ 60 per cent of children ages 0–2 years enrolled in full-time childcare and 100 per cent of 3–5-year-olds.
- ▶ 82 per cent of staff paid at teacher-level wage or equivalent, and 18 per cent paid at 120 per cent of minimum wage.
- ▶ Child/staff ratios of 4:1 for 0–2-year-olds and 8:1 for 3–5-year-olds.
- ▶ Upper-middle- and lower-middle-income countries:

By 2030, at least:

- ▶ 50 per cent of children ages 0–2 years enrolled in full-time childcare, and 90 per cent of 3–5-year-olds.
- ▶ 63 per cent of staff paid at teacher-level wage or equivalent, and 37 per cent paid at 120 per cent of minimum wage.
- ▶ Child/staff ratios of 5:1 for 0–2-year-olds and 15:1 for 3–5-year-olds.

By 2035, reach targets of higher income group.

By 2035, reach targets of higher income group.⁷³

Childcare services can take various forms, from community settings (including homebased services) to school-based centres, but the simulations assume that on average the scenario criteria such as staff pay, staff qualifications, child/staff ratios and enrolment will be met, as much as possible, within each local area of the country. The policy scenarios are such that wages are modulated according to increasing levels of qualifications and progressively adopting pay levels on par with primary school teachers.

This is because of the crucial importance of quality in delivering transformative childcare policies from a very early age, and the quality of ECCE services is deeply related to high qualifications and good working conditions of ECCE personnel (ILO 2014c). This is also why child/ staff ratios follow average standards found in the literature. Provision for staff training is also costed (alongside support staff and overheads). Full-time childcare is assumed to be 40 hours available per week for 52 weeks.

About 2.4 per cent of GDP would be required to provide universal childcare of high-quality, over and above the current public spending of 0.05 per cent of GDP. Upper-middle- and lower-middle-income countries in MENA, except for Lebanon, would require a larger expansion in percentage of their GDP, ranging from 3.2 per cent of GDP in Egypt to 5.3 per cent of GDP in Iraq. The main factors influencing cross-country differences in cost (in percentage of GDP) are their share of young children in the total population, ratios of average wages to GDP per capita, and modelled ECCE wages as a percentage of average wages.

73. Except for child/staff ratios, which stay at the same level.

Expanding long-term care provision would cost US\$99 billion, or 2.8 per cent of GDP, in 2035

The cost of universal provision of long-term care services to all adults and children with care needs will depend on national demographics, priorities and conditions. Nevertheless, the care needs of persons with disabilities and in old age are vastly overlooked in national care systems and would have to be taken into account in transformative care policy packages. Policy parameters are established based on data found in countries with universal long-term care provision and high-quality services. As with ECCE, provision for staff training and overhead is also costed, as is an annual preventative visit by a nurse to all residents aged 65+. Long-term care needs are calculated using healthy life expectancy (HALE) data and on a smaller group of OECD countries with more accurate indicators on actual functional limitations.⁷⁴ In this light, expanding provision of long-term care services requires an additional annual spending of about US\$99 billion in 2035, representing 2.8 per cent of GDP. This ranges from 2.04 per cent of GDP in Egypt to 4.43 per cent of GDP in Tunisia. Demographic characteristics can explain differences in long-term care costings, with lower-middle-income countries tending to have younger populations with fewer care needs. Other cross-country differences also depend on the average wage estimated for nurses in proportion to GDP per capita.⁷⁵

Box 9.4. Collectively funded policy scenarios to expand long-term care provision

High-income countries

By 2030 (same as 2035), at least:

- ▶ 2.5 long-term care recipients per full-time personal care worker.
- ▶ Personal care workers paid at least 75 per cent of nurses' wages.
- ▶ Higher-middle- and lower-middle-income countries

By 2030, at least:

- ▶ 3 recipients (65+) of long-term care per full-time personal care worker, and 4 recipients (under 65) per personal care worker.
- ▶ 33 per cent of personal care workers paid at least 75 per cent of nurses' wages, and 67 per cent paid at 120 per cent of minimum wage.

By 2035, at least 67 per cent of personal care workers are paid at 75 per cent of nurses' wages, and 33 per cent at 120 per cent of minimum wage.

By 2035, reach targets of higher income group.

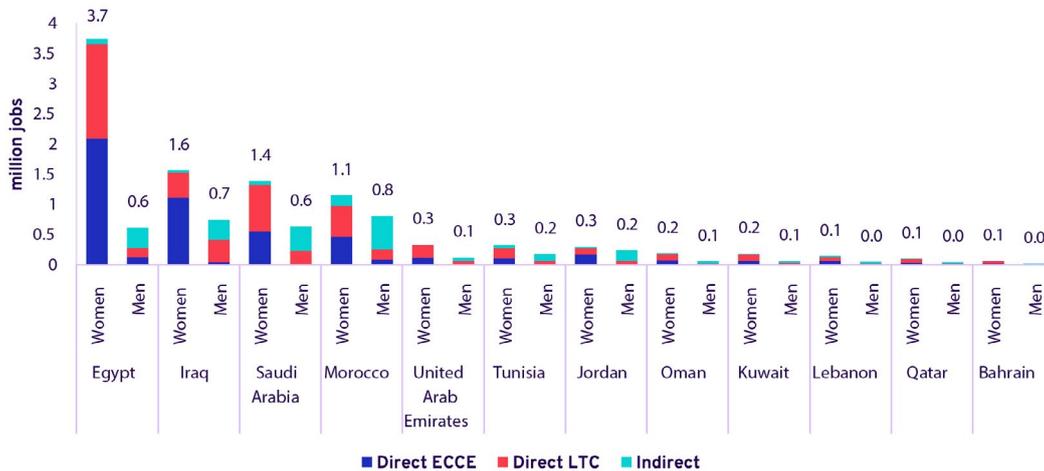
74. Our estimates show that about 15 to 20 per cent of over-65s have potential care needs, compared to about 4 to 5 per cent of the 15–64-year-olds and 1 per cent of 0–14-year-olds.

75. See De Henau (2022) and ILO (2023c) for details.

Investing in the care policy package would generate almost 13 million jobs by 2035

In MENA, investing in the care policy package to provide adequate care leave provision (maternity, paternity and parental), breastfeeding breaks, universal childcare and long-term care services could generate nearly 13 million jobs by 2035. This job creation potential by 2035 would be driven by 5.1 million direct jobs in childcare, 5.3 million direct jobs in long-term care, and 2.6 million indirect jobs in non-care sectors.⁷⁶ In terms of total job creation, it ranges from 4.4 million jobs created in Egypt (3.7 million for women and 490,000 for men) to 80,000 jobs created in Bahrain (60,000 for women and 20,000 for men) (figure 9.6). Country differences can be explained by the quality of care provision in 2019 as well as the population size of each country.⁷⁷

► **Figure 9.6. Total employment creation from investment in care services in 12 MENA countries throughout the life cycle, 2035**



Source: ILO 2023c.

Of the total net employment creation in 2035, 73.8 per cent is expected to go to women and 87.1 per cent is expected to be formal employment. This is estimated keeping constant the gender distribution and formalization levels of employment in each occupation, while all the care jobs created are assumed to be formal. However, it could be expected that an increase in care jobs – as well as higher levels of wages and qualifications of care workers – might make care jobs more attractive to men, and therefore reduce occupational segregation in the care economy. In addition, higher availability of care policies might make it easier for women to take up other highly paid occupations, thus further reducing overall occupational segregation in the labour market.

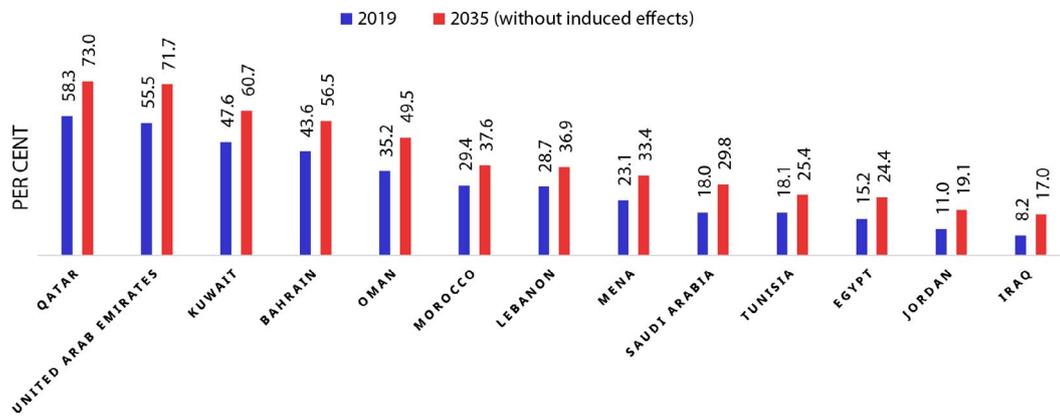
Turning to female employment rates, these would increase on average by 10.3 percentage points by 2035 in the 12 countries (figure 9.7). This would increase the average women’s employment rates in the 12 MENA countries from 23.1 per cent in 2019 to 33.4 per cent in 2035. The greatest increase of women’s employment-to-population ratios would be found in the United Arab Emirates, with a 16.2 percentage point increase, and Oman, with a 14.3 percentage point increase. The increase in women’s employment rate would result by the gender gap in employment rate falling by around 7.1 percentage points in the region.⁷⁸

76. Note that the simulations presented here do not include the effect of increased consumption in the domestic economy stemming from the new employment, called “induced” effects, that would be generated from investment in both care leave and services. Therefore, the figures presented here are a lower-bound estimate of overall employment creation.

77. The regional investment estimates are weighted by the corresponding projected GDP in US\$ by 2035.

78. The regional employment estimates are weighted by the corresponding projected employed population above the age of 15 years old projected by 2035.

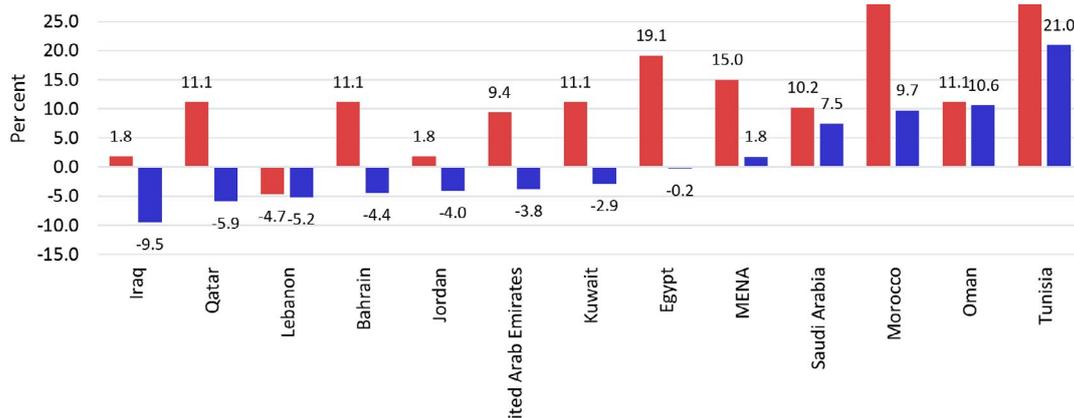
► **Figure 9.7. Women's employment rate in 12 MENA countries, 2019 (reference) and 2035 (simulated) (%)**



Source: ILO 2023c.

The investment in care services and care leave could also have an impact on the gap between male and female earnings, as a result of both increased employment (and wages) in care and increased maternal earnings overall. In MENA, closing care policy gaps could result in an average reduction of 13.2 percentage points in the gender gap in monthly earnings in 2035. This would decrease the average gender gap in monthly wages among the 12 MENA countries from 15 to 1.8 per cent in 2035 (figure 9.8)⁷⁹. The significant drop in the gender gap in monthly wages is due to the large increase in female employment in direct care jobs, with high feminization rates and wages above average. There are around 8 countries where investing in the care policy package results in a negative gender wage gap, which means that women would earn more than men. Because the simulation only provides decent care jobs, and the majority of unpaid care work in the region is borne by women, the microsimulation expects women to more frequently enter adequately paid jobs in care sectors, meaning their average earnings increase significantly compared to men's.

► **Figure 9.8. Gender gap in monthly wages in 12 MENA countries, 2019 (reference) and 2035**



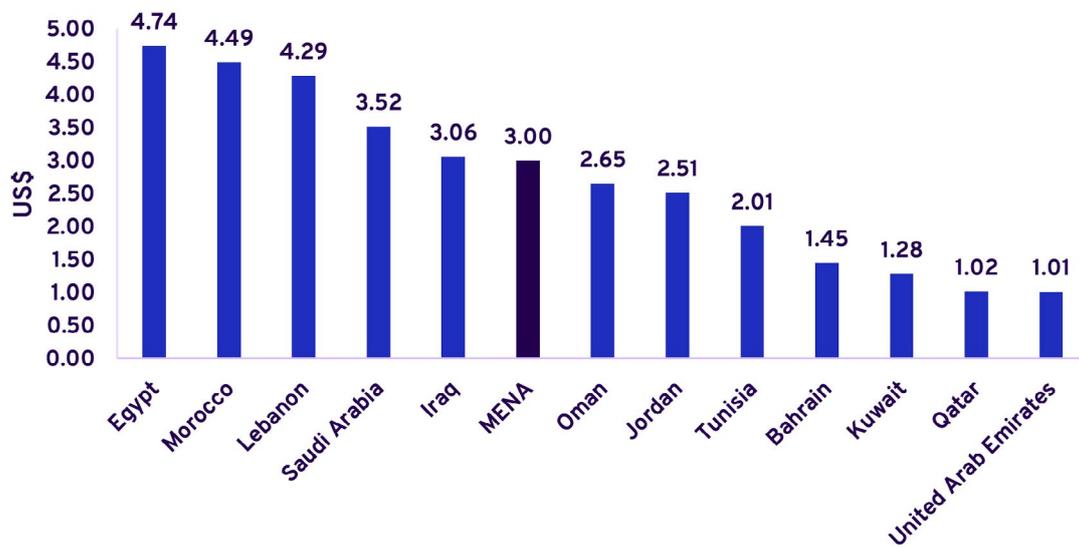
Source: ILO 2023c.

79. The regional gender earnings gap estimate is weighted by the corresponding projected employed population above the age of 15 years old projected by 2035.

In MENA, every US\$1 invested in closing the childcare policy gap could result in an average increase of US\$3 in GDP by 2035

Based on results from the 12 countries in the region, the ILO estimates that the return on investment (ROI) of ensuring a continuum of care provision and services from birth to the start of statutory education could be three US dollars per each US dollar invested (figure 9.10).⁸⁰ This means that governments in MENA could expect a positive economic benefit from providing publicly funded childcare-related leave and universal and free ECCE.

► Figure 9.9. Estimated ROI from closing the childcare policy gap in MENA by 2035



Source: ILO 2023c.

Box 9.5. Return on investment: Definition and brief methodology

The ROI is defined as the US\$ dollar increase in GDP per US\$ dollar invested in childcare-related leave and ECCE (ILO, 2023b). The ROI estimates the cumulative benefits from mothers regaining their pre-birth earnings over their lifetime, thanks to the combined effects of childcare-related leave and ECCE policies that close the childcare policy gap. To determine a ROI estimate, the ILO Care Policy Investment Simulator calculates the total investment requirements of providing childcare-related leave and ECCE to the children of a typical mother aged 25-54, in particular one year of leave, 2 years of ECED, and of the remaining years until primary school entry (or pre-primary education where this is universal). The GDP return is measured as the increase in earnings of mothers throughout their lifetime when a share of their unpaid care work shifts to government responsibility, and the gender employment and wage gaps are reduced.

80. The regional return on investment estimate is weighted by the corresponding projected GDP in US\$ by 2035.

A ROI superior to one shows that the economic benefits, in terms of lifetime earnings regained, offset the total investments in childcare-related leave and ECCE services. It is estimated that every country in the MENA region would have an ROI superior to one. Specifically, the United Arab Emirates (1.01), Qatar (1.02), Kuwait (1.28) and Bahrain (1.45) would have an ROI between one and two, meaning the investment amount is at least recouped by the resulting economic benefits. Further, the investment amount could be more than doubled in terms of economic benefits in Tunisia (2.01), Jordan (2.51) and Oman (2.65). Then, five countries – Iraq, Saudi Arabia, Lebanon, Morocco and Egypt - could expect an ROI that is greater than 3, ranging from 3.06 in Iraq to 4.74 in Egypt. In these countries, the investment in childcare-related leave and ECCE could result in a tripled or quadrupled return in terms of economic benefit.

Country-to-country variation can be explained by differences in the baseline national provision of care policies and services and the country-specific care demand that is influenced by its demographics. Lower ROIs, though all above one, are mainly explained by smaller employment gaps between men and women, and so a smaller catch up in earnings. Additionally, a high ROI from investing in childcare-related leave and ECCE services could be explained by the gender-transformative design of care policy packages, leading to improvements in the number and working conditions of the childcare workforce as well as to larger reductions in inequalities in the distribution of unpaid care work that result in motherhood penalties in employment and earnings.

Accelerating support for investment in the care economy

Investment in the care economy is a cornerstone of the transformative agenda for gender equality called for by the ILO's tripartite constituents. Based on the diagnostic of this report, the policy recommendations contained herein and the investment case, the ILO will engage in national policy dialogues in selected countries in order to support ILO constituents in:

- ▶ enhancing the statistical capacity to measure the total work burden – both paid and unpaid – including by adding light time-use modules to existing labour force surveys (ILO 2021k);
- ▶ identifying the care needs of target populations, and assessing and promoting investments in the care economy, including in care-relevant infrastructure and through the creation of decent employment opportunities directly in the care economy sectors and indirectly in other sectors;
- ▶ building the fiscal, regulatory and technical capacity to design, finance and implement inclusive care policies, including maternity, paternity and parental leave and protections, care services and care-related social protection benefits;
- ▶ designing rights-based programmes, through social dialogue, that address decent work deficits in the care economy, particularly among care workers; and
- ▶ enhancing the capacity of the social partners to contribute to policy development and implementation for a more balanced sharing of family responsibilities (ILO 2020h).

This action will directly contribute to the ILO and UN agendas on the care economy, including the Global Alliance for Care. Along those lines, box 9.6 summarizes the programmatic areas of the ILO investing in care agenda for technical assistance and capacity-building.

Box 9.6. ILO Areas of Action to support transformative care policy packages

Building knowledge, data and awareness

- ▶ Evidence-based knowledge to fill key research gaps, including the link between care work and just transitions.
- ▶ Statistics and measurement of paid and unpaid care work and their impact on the world of work.
- ▶ Raising awareness to recognize the right to care as a collective responsibility (as opposed to the sole or primary responsibility of women and girls) and to protect the rights of care workers.
- ▶ Engaging men and boys and other social actors at the household, community, business and national levels and in the media to challenge gender norms and promote positive masculinity.

Enhancing capacities

- ▶ Developing the capacities of governments, workers' organizations and employers' organizations to recognize and value unpaid and paid care work and address this in policymaking.
- ▶ Building institutional capacities and frameworks to define, recognize and value care competencies and skills.
- ▶ Training, certification and professionalization of care workers.
- ▶ Assisting enterprises and women entrepreneurs with work–life balance policies.
- ▶ Development of social solidarity economy, including cooperatives and market systems on care work.

Designing and implementing care policies and services

- ▶ Ratification and implementation of ILO international labour standards.
- ▶ Legal and policy reforms on care policies and services to support unpaid carers in the world of work.
- ▶ Gender-responsive social protection extension strategies to reduce economic and social vulnerabilities, with a particular focus on excluded categories of workers.
- ▶ Labour protection and decent working conditions, including transition to formality of care workers (domestic workers, teachers, childcare, long-term care and health workers, including migrants care workers). Strengthening representation and social dialogues

Strengthening paid care workers' right to organize and bargain collectively.

- ▶ Ensuring representation of care workers in workers' and employers' organizations and the participation of care workers in social dialogues.
- ▶ Promote participation and leadership of both paid and unpaid care workers in decision-making, including in social protection and training institutions and other policy design and accountability mechanisms.
- ▶ Supporting advocacy and social mobilization of care workers and women's, children's and youth rights organizations, networks and movements, including young feminists, to position care work issues onto national agendas.

Costing care policies and services

- ▶ Design and financing of social protection benefits and services in relation to care.
- ▶ Design and financing of employment policies for the generation of care jobs

► 9.5 Conclusion

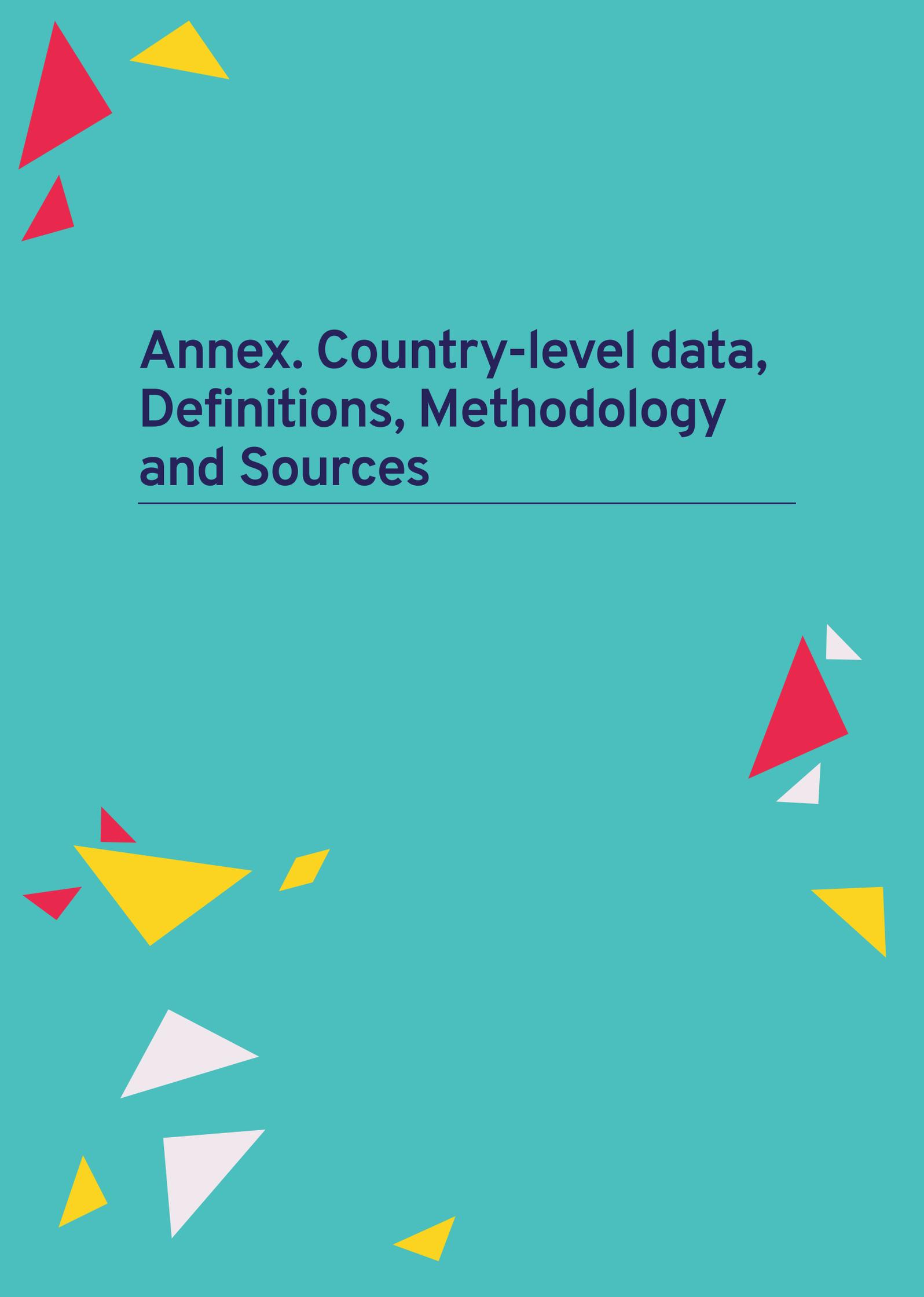
The MENA region has been enduring many crises- the COVID-19 pandemic and economic, political and social insecurity- but these must not overshadow the care needs and decent work deficits they face as a result of the care crisis. By valuing, implementing and investing in care policies and services, MENA can shift the responsibility of care from unpaid care workers, mostly women, and informal and low-paid domestic and migrant care workers, in turn generating quality jobs, reducing inequalities and promoting social justice. As of now, despite the clear commitment of global agendas, the progress and challenges presented in this regional companion report point to a disarming diagnostic on the state of care policies within the MENA region and urge immediate and transformative action at the national level. National agendas have only recently started to place care as a priority of national laws, policies and budgets, on the one hand, as part of incipient efforts to build national care systems and, with more limitations, as a component of COVID-19 crisis responses (Martínez and Siddharth 2021). The reasons for this state of affairs are multiple. They relate to both the multifaceted and cultural dimensions of care and the need for enhanced capacities and resources to transform existing care systems. To overcome this situation, there is a need for political commitment to prioritizing public and private investments in the care economy and to creating fiscal space for care as part of transformative national agendas for gender equality and social protection.

As the world is at a historical crossroad, the United Nations' Secretary-General has called for a renewal of the social contract between governments and their people and within societies (United Nations 2021). A care-led recovery centred on people and on the planet is not only necessary to address the care deficits around the world, but also, more fundamentally, to rethink the care economy and transform the systems for delivering it. This regional report shows that there is a strong investment case for progressively achieving universal access to transformative care policies for all workers with family responsibilities everywhere. It argues that prioritizing investments that benefit and uplift paid and unpaid care work is part and parcel of this paradigm shift, which also involves promoting a sustainable economy and a just transition that puts gender equality at its heart (Novello 2021). Framing investments in the collective reorganization of care as another dimension of sustainability would ensure that future economic stimulus and growth plans address current and future care gaps, and that policy responses to care and the environment are integrated and increase resilience, welfare and well-being for all (Martínez and Siddharth 2021).

Investing in care policies is a bold commitment that governments, workers and employers need to take for meaningful recovery from the COVID-19 pandemic and for rapid progress. This regional report has shown that to level the playing field for women and men in the world of work, there is a need for transformative care packages of leave and services that guarantee to all carers a continuum of care provision from pregnancy to old age.

This journey towards investing in transformative care policies can become a reality through national social dialogue, with governments, employers and workers and their representative organizations, the private sector, civil society, UN agencies and other relevant stakeholders such as academia and philanthropy. The voice and representation of those who provide and receive care is essential.

The ILO's care agenda, as outlined in the Centenary Declaration for the Future of Work and the Call to Action and international labour standards on care, offers a powerful platform to scale-up and accelerate progress in this area. Tripartism and social dialogue are fundamental to generating the political will to explore all possible fiscal space options to scale-up public investments in care. Hopefully, this companion report will prompt national consultations with representatives of governments and workers' and employers' organizations to lay the foundations of a future with care as a priority and to build breakthrough pathways towards a more caring and gender-equal world of work.



Annex. Country-level data, Definitions, Methodology and Sources

► Table A.1. Maternity leave, MENA countries

Country	Duration of maternity leave in national legislation	Transfer of the maternity leave period to fathers	Amount of maternity leave cash benefits (% of previous earnings)	Source of funding of maternity leave cash benefits	Ratification of Convention N. 183	Alignment with requirements of Convention N. 183	Provision of maternity leave cash benefits for self-employed workers	Provision of maternity leave for adoptive parents	Maternity leave - length of protection against dismissal	Burden of proving the reasons for dismissal are not related to maternity leave	Right to return to the same or equivalent position	Prohibitions against pregnancy test in employment
Algeria	14 weeks	No	100	Social insurance only	X	Aligned	Yes	No	No explicit protection	Employer not required to prove	Not guaranteed	No prohibition
Bahrain	11 weeks (75 days - 60 paid, 15 unpaid)	No	100 (60 days)	Employer liability	X	Not aligned	No	No	Pregnancy, leave, additional period, as a result of	Employer must prove	Not guaranteed	No prohibition
Egypt	90 days (13 weeks)	No	100	Social insurance only	X	Not aligned	No	No	Pregnancy, leave, as a result of	Employer not required to prove	Not guaranteed	No prohibition
Iran (Islamic Republic of)	39 weeks (9 months)	No	67	Social insurance only	X	Aligned	No	No	No explicit protection	Employer not required to prove	Same position	No prohibition
Iraq	14 weeks	No	100	Employer liability	X	Not aligned	No	No	Leave	Employer not required to prove	Same position or equivalent	No prohibition
Jordan	10 weeks	No	100	Social insurance only	X	Not aligned	No	No	Leave	Employer not required to prove	Not guaranteed	No prohibition
Kuwait	27 weeks (70 days plus 4 months unpaid)	No	100 for 70 days; 0 for remaining 4 months	Employer liability	X	Not aligned	No	No	Leave, additional period	Employer not required to prove	Not guaranteed	No prohibition
Lebanon	7 weeks	No	100	Employer liability	X	Not aligned	No	No	Pregnancy, leave	No information found	Not guaranteed	No prohibition
Libya	14 weeks	No	100	Contributory scheme and employer liability	X	Aligned	Yes (social insurance)	No	Pregnancy, leave	Not specified	Not guaranteed	No prohibition

Country	Duration of maternity leave in national legislation	Transfer of the maternity leave period to fathers	Amount of maternity leave cash benefits (% of previous earnings)	Source of funding of maternity leave cash benefits	Ratification of Convention N. 183	Alignment with requirements of Convention N. 183	Provision of maternity leave cash benefits for self-employed workers	Provision of maternity leave for adoptive parents	Maternity leave - length of protection against dismissal	Burden of proving the reasons for dismissal are not related to maternity leave	Right to return to the same or equivalent position	Prohibitions against pregnancy test in employment
Morocco	14 weeks	No	100 (up to maximum 6,000 dirhams per month)	Social insurance only	2011	Aligned	Certain self-employed excluded according to the ISSA.	No	Pregnancy, leave	Employer must prove	Same position	No prohibition
Occu- pied Pales- tinian Territory	10 weeks	-	100	Employer liability	-	Not aligned	-	-	-	-	-	-
Oman	7 weeks (50 days)	No	100	Employer liability	X	Not aligned	No	No	Leave, additional period	Employer not required to prove	Not guaran- teed	No prohibition
Qatar	7 weeks (50 days)	No	100	Employer liability	X	Not aligned	No	No	Leave	Employer not required to prove	Not guaran- teed	No prohibition
Saudi Arabia	10 weeks	No	50-100 (50% if employee has 1-3 years if service before the beginning of maternity leave, 100% if 3 years or more)	Employer liability	X	Not aligned	No	No	Pregnancy, leave, additional period	Employer not required to prove	Not guaran- teed	No prohibition
Sudan	8 weeks	No	100	Employer liability	X	Not aligned	No	No	Pregnancy, leave	Employer not required to prove	Not guaran- teed	No prohibition

Country	Duration of maternity leave in national legislation	Transfer of the maternity leave period to fathers	Amount of maternity leave cash benefits (% of previous earnings)	Source of funding of maternity leave cash benefits	Ratification of Convention N. 183	Alignment with requirements of Convention N. 183	Provision of maternity leave cash benefits for self-employed workers	Provision of maternity leave for adoptive parents	Maternity leave - length of protection against dismissal	Burden of proving the reasons for dismissal are not related to maternity leave	Right to return to the same or equivalent position	Prohibitions against pregnancy test in employment
Syrian Arab Republic	21 weeks (120 days (for the first child), 90 days (for the second child), 75 days (for the third child) plus one-month unpaid leave)	No	100 for 120 days	Employer liability	X	Not aligned	No	No	Leave	Employer not required to prove	Not guaranteed	No prohibition
Tunisia	30 days (4 weeks)	No	66.7	Social insurance only	X	Not aligned	Yes	No	Pregnancy, leave, additional period	Employer not required to prove	Not guaranteed	Not provided
United Arab Emirates	6 weeks (45 days)	No	100 (50% before one continuous year of employment)	Employer liability	X	Not aligned	No	No	Pregnancy	Employer not required to prove	Not guaranteed	No prohibition
Yemen	10 weeks (70 days)	No	100	Employer liability	X	Not aligned	No	No	Leave	Employer not required to prove	Not guaranteed	No prohibition

Note: 19 countries and territories; -= No data; For methodological notes, refer to ILO 2023c (314-319). Source: ILO 2023c.

► Table A.2. Paternity leave, MENA countries

Country	Duration of paternity leave in national legislation	Amount of paternity leave cash benefits (% of previous earnings)	Source of funding of paternity leave cash benefits	Provision of paternity leave cash benefits for self-employed workers	Provision of paternity leave for adoptive parents	Paternity leave - length of protection against dismissal	Burden of proving the reasons for dismissal are not related to paternity leave	Right to return to the same or equivalent position
Algeria	3 days	100	Employer liability	No	No	No explicit protection	Employer not required to prove	Not guaranteed
Bahrain	1 day	100	Employer liability	No	No	No explicit protection	Employer not required to prove	Not guaranteed
Egypt	-	-	-	-	-	-	-	-
Iran (Islamic Republic of)	14 days (2 weeks)	100	Employer liability	No	No information	No explicit protection	Employer not required to prove	Not guaranteed
Iraq	-	-	-	-	-	-	-	-
Jordan	3 days	100	Employer liability	No	No	No explicit protection	Employer not required to prove	Not guaranteed
Kuwait	-	-	-	-	-	-	-	-
Lebanon	-	-	-	-	-	-	-	-
Libya	-	-	-	-	-	-	-	-
Morocco	3 days	100	Social insurance for insured workers, the National Social Security Fund refunds the employer up to a ceiling	No	No	No explicit protection	Employer not required to prove	Not guaranteed
Oman	-	-	-	-	-	-	-	-
Qatar	-	-	-	-	-	-	-	-
Saudi Arabia	3 days	100	Employer liability	No	No	No explicit protection	Employer not required to prove	Not guaranteed
Sudan	-	-	-	-	-	-	-	-
Syrian Arab Republic	-	-	-	-	-	-	-	-
Tunisia	1 day	100	Social Insurance	No	No	No explicit protection	Employer not required to prove	Not guaranteed
United Arab Emirates	-	-	-	-	-	-	-	-
Yemen	-	-	-	-	-	-	-	-

Note: 18 countries; -= No paternity leave; For methodological notes, refer to ILO 2023c (331-334). Source: ILO 2023c.

► Table A.3. Parental, long-term care and emergency leave, MENA countries

Country	Duration of parental leave in national legislation	Amount of parental leave cash benefits (% of previous earnings)	Source of funding of parental leave cash benefits	Provision of parental leave cash benefits for self-employed workers	Provision of parental leave for adoptive parents	Parental leave - length of protection against dismissal	Burden of proving the reasons for dismissal are not related to parental leave	Right to return to the same or equivalent position
Algeria	-	-	-	-	-	-	-	-
Bahrain	78 weeks (18 months) - mothers only	0	n/a	No	No information found	Parental leave, as a result of	Employer must prove	Not guaranteed
Egypt	104 weeks (2 years) - mothers only and only available to workers in establishments with 50 or more workers	0	n/a	No	No	As a result of	Employer not required to prove	Not guaranteed
Iran (Islamic Republic of)	-	-	-	-	-	-	-	-
Iraq	-	-	-	-	-	-	-	-
Jordan	52 weeks (not exceeding 12 months) - mothers only	0	n/a	No	No	No	Employer not required to prove	Same position
Kuwait	-	-	-	-	-	-	-	-
Lebanon	-	-	-	-	-	-	-	-
Libya	-	-	-	-	-	-	-	-
Morocco	52 weeks (12 months) - mothers only	0	n/a	No	No	No	Employer not required to prove	Same position
Oman	-	-	-	-	-	-	-	-
Qatar	-	-	-	-	-	-	-	-
Saudi Arabia	-	-	-	-	-	-	-	-
Sudan	-	-	-	-	-	-	-	-
Syrian Arab Republic	52 weeks (1 years) - mothers only	0	n/a	No	No	Leave	Employer not required to prove	Same position
Tunisia	-	-	-	-	-	-	-	-
United Arab Emirates	2 weeks (5 working days per parent)	100	Employer liability	No	No	No explicit protection	Employer not required to prove	Not guaranteed
Yemen	-	-	-	-	-	-	-	-

Note: 18 countries; -= No parental leave; n/a= Not applicable. For methodological notes, refer to ILO 2023c (349-352). Source: ILO 2023c.

► Table A.4. Long-term care leave and emergency leave, MENA countries

Country	Long-term care leave			Emergency leave		
	Provision of long-term care leave	Source of funding of long-term care leave cash benefits	Provision of long-term care leave for self-employed workers	Provision of emergency leave	Source of funding of emergency leave cash benefits	Provision of emergency leave for self-employed workers
Algeria	No	-	-	Yes, paid	Employer liability	No
Bahrain	No	-	-	Yes, paid	Employer liability	No
Egypt	No	-	-	Yes, paid	Employer liability	No
Iran (Islamic Republic of)	Yes, paid	Employer liability	No	No	-	-
Iraq	No	-	-	Yes, paid	Employer liability	No
Jordan	No	-	-	No	-	-
Kuwait	No	-	-	Yes, paid	Employer liability	No
Lebanon	No	-	-	No	-	-
Libya	No	-	-	Yes, paid	Employer liability	No
Morocco	No	-	-	Yes, paid	Employer liability	No
Oman	No	-	-	Yes, paid	Employer liability	No
Qatar	No	-	-	No	-	-
Saudi Arabia	No	-	-	Yes, paid	Employer liability	No
Sudan	No	-	-	No	-	-
Syrian Arab Republic	No	-	-	Yes, paid	Employer liability	No
Tunisia	No	-	-	No	-	-
United Arab Emirates	No	-	-	No	-	-
Yemen	No	-	-	Yes, paid	Employer liability	No

Note: 18 countries; -= No long-term care leave or no emergency leave; n/a= Not applicable. For methodological notes, refer to ILO 2023c (362). Source: ILO 2023c.

► Table A.5. Health protection for pregnant and nursing women, MENA countries

Country	Night work protection	Time off for prenatal medical examinations	Protections against dangerous or unhealthy work	Alternatives to dangerous or unhealthy work
Algeria	Prohibition (w)	Not provided	No obligation	Transfer
Bahrain	Prohibition (w)	Not provided	Prohibition	No alternative
Egypt	Prohibition (w)	Not provided	No protection	No alternative
Iran (Islamic Republic of)	No restriction	Not provided	Prohibition (w)	Transfer
Iraq	Prohibition (w)	Not provided	Prohibition (w)	No alternative
Jordan	Prohibition (w)	Not provided	Prohibition	No alternative
Kuwait	Prohibition (w)	Not provided	Prohibition (w)	No alternative
Lebanon	No restriction	Not provided	Prohibition (w)	No alternative
Libya	No restriction	Not provided	No obligation (w)	No alternative
Morocco	No obligation (w)	Not provided	Prohibition (w)	No alternative
Oman	No obligation (w)	Not provided	No obligation (w)	No alternative
Qatar	No restriction	Not provided	Prohibition (w)	No alternative
Saudi Arabia	Prohibition (w)	Not provided	Prohibition (w)	No alternative
Sudan	Prohibition (w)	Not provided	Prohibition (w)	No alternative
Syrian Arab Republic	Prohibition (w)	Not provided	Prohibition (w)	No alternative
Tunisia	No information found	Not provided	Prohibition (w)	No alternative
United Arab Emirates	No restriction	Not provided	No protection	No alternative
Yemen	Prohibition (w)	Not provided	Prohibition	No alternative

Note: 18 countries; n/a= Not applicable. No restriction= there are no legal provisions to limit night work; No protection = there are no legal measures to protect the safety and health of pregnant or breastfeeding workers; No obligation (w) = all women cannot be obliged to perform dangerous or unhealthy work or do night work; No obligation = pregnant or breastfeeding workers cannot be obliged to perform dangerous or unhealthy work or do night work; Prohibition (w) = all women are prohibited from performing dangerous or unhealthy work or doing night work; Prohibition = pregnant or breastfeeding workers are prohibited from performing dangerous or unhealthy work or doing night work; For methodological notes, refer to ILO 2023c (371-373). Source: ILO 2023c.

► Table A.6. Breastfeeding at work, MENA countries

Country	Entitlement to paid nursing breaks	Number of daily nursing breaks	Total daily nursing break duration (minutes)	Period during which nursing breaks are allowed by law	Statutory provisions of working nursing facilities
Algeria	Not provided	Not provided	Not provided	Not provided	Not provided
Bahrain	Paid	2	120	6 (or one year for "care breaks", which could be used for breastfeeding)	Not provided
Egypt	Paid	2	60	24 months post-birth	Not provided
Iran (Islamic Republic of)	Paid	Every 3 hours	60	Until child reaches 2 years of age	Not provided
Iraq	Paid	1	60	Not specified	Not provided
Jordan	Paid	Not specified	60	12 months	15 or more children under 5 years of age among employees
Kuwait	Paid	Not specified	120	Not specified	Not provided
Lebanon	Not provided	Not provided	Not provided	Not provided	Not provided
Libya	Paid	1 or more	60	18 months following confinement	Based on an undefined # of women workers or children
Morocco	Paid	2	60	12 months from starting date of return to work	If there are 50 female workers over the age of 16
Oman	Not provided	Not provided	Not provided	Not provided	Not provided
Qatar	Paid	Not specified	60	1 year after delivery	Not provided
Saudi Arabia	Paid	Not specified	60	Not specified	Not provided
Sudan	Paid	1	60	2 years from date of birth of child	Not provided
Syrian Arab Republic	Paid	1 or 2	60	After leave for 24 months	Not provided
Tunisia	Paid	2	60	Until child reaches 1 year old	If there are 50 female workers
United Arab Emirates	Paid	2	60	18 months from date of delivery	Not provided
Yemen	Paid	Not specified	Not specified	6 months from birth of child	Not provided

Note: 18 countries; n/a= Not applicable; For methodological notes, refer to ILO 2023c (383-385). Source: ILO 2023c.

► Table A.7. Childcare services, MENA countries

Country	Childcare service system (children aged 0-2 years)				Pre-primary education system (children aged 3 years and above)			
	Provision of a national childcare service system	Type of funding scheme for childcare services	Starting age of entitlement	Guaranteed hours of service	Provision of a national childcare service system	Type of funding scheme for childcare services	Starting age of entitlement	Guaranteed hours of service
Algeria	No	-	-	-	No	-	-	-
Bahrain	No	-	-	-	No	-	-	-
Egypt	No	-	-	-	Yes	Targeted	Age 4 and 5	No indication of hours per week
Iran (Islamic Republic of)	No	-	-	-	No	-	-	-
Iraq	No	-	-	-	No	-	-	-
Jordan	No	-	-	-	No	-	-	-
Kuwait	No	-	-	-	Yes	Universal	Age 4-6	No indication of hours per week
Lebanon	No	-	-	-	Yes	Universal	Age 3-5	4 hours per day
Libya	No	-	-	-	No	-	-	-
Morocco	No	-	-	-	No	-	-	-
Oman	No	-	-	-	No	-	-	-
Qatar	No	-	-	-	No	-	-	-
Saudi Arabia	No	-	-	-	No	-	-	-
Sudan	No	-	-	-	No	-	-	-
Syrian Arab Republic	No	-	-	-	No	-	-	-
Tunisia	No	-	-	-	No	-	-	-
United Arab Emirates	No	-	-	-	Yes	Out-of-pocket	Age 5	Up to 7 hours per day
Yemen	No	-	-	-	No	-	-	-

Note: 18 countries; -= No national childcare service or no pre-primary education system; For methodological notes, refer to ILO 2023c (398). Source: ILO 2023c.

► Table A.8. Long-term care policies for older persons, MENA countries

Country	Provision of a public long-term care service system for older persons	Statutory family obligations to care for older relatives	Provision of in-home personal care services for older persons	Provision of community day services for older persons	Provision of residential care services for older persons	Source of funding of long-term care services	Government support for long-term care services
Algeria	Sporadic (most care is provided by families)	Yes	Yes	No	Yes	Taxation	Targeted or means-tested
Bahrain	Yes	Yes	No	Yes	Yes	Taxation	Targeted or means-tested
Egypt	No	Yes	-	-	-	-	-
Iran (Islamic Republic of)	No (though there is provision of healthcare)	Not found in law	-	-	-	-	-
Iraq	No	Yes	-	-	-	-	-
Jordan	Yes	Yes	No	No	Yes	Taxation	Targeted or means-tested
Kuwait	No	Yes	-	-	-	-	-
Lebanon	No	Not found in law	-	-	-	-	-
Libya	No	Yes	-	-	-	-	-
Morocco	No	Yes	-	-	-	-	-
Occupied Palestinian Territory	Sporadic (most care is provided by families)	Yes	No	Yes	Yes	Taxation	Targeted or means-tested
Oman	No	Yes	-	-	-	-	-
Qatar	No	Yes	-	-	-	-	-
Saudi Arabia	Sporadic (most care is provided by families)	Yes	No	Yes	Yes	Mixed social insurance and taxation	Targeted or means-tested
Sudan	No	Not found in law	-	-	-	-	-
Syrian Arab Republic	No	Not found in law	-	-	-	-	-
Tunisia	No	Yes	-	-	-	-	-
United Arab Emirates	No	Not found in law	-	-	-	-	-
Yemen	No	Yes	-	-	-	-	-

Note: 19 countries and territories; -= No long-term care services; For methodological notes, refer to ILO 2023c (408-409). Source: ILO 2023c.

► Table A.9. Childcare policy gap country-level data, MENA countries

Country	Starting age of universal and free ECCE or primary education (months)	Starting age of universal and free ECCE or primary education (years)	Childcare related paid leave reserved to households (months)	Childcare related paid leave reserved to households (years)	Childcare policy gap (months)	Childcare policy gap (years)
Algeria	72	6	3.37	0.28	68.63	5.72
Bahrain	72	6	2.58	0.22	69.42	5.78
Egypt	72	6	3	0.25	69	5.75
Iran (Islamic Republic of)	72	6	3.23	0.27	68.77	5.73
Iraq	72	6	9.46	0.79	62.54	5.21
Jordan	72	6	2.45	0.2	69.55	5.8
Kuwait	48	4	6.23	0.52	41.77	3.48
Lebanon	36	3	1.62	0.13	34.38	2.87
Libya	72	6	3.23	0.27	68.77	5.73
Morocco	72	6	3.37	0.28	68.63	5.72
Oman	72	6	1.62	0.13	70.38	5.87
Qatar	72	6	1.62	0.13	70.38	5.87
Saudi Arabia	72	6	2.45	0.2	69.55	5.8
Sudan	72	6	1.85	0.15	70.15	5.85
Syrian Arab Republic	72	6	4.85	0.4	67.15	5.6
Tunisia	72	6	0.97	0.08	71.03	5.92
United Arab Emirates	72	6	1.85	0.15	70.15	5.85
Yemen	72	6	2.31	0.19	69.69	5.81

Note: For methodological notes, refer to ILO 2023c (419). Source: ILO 2023c.



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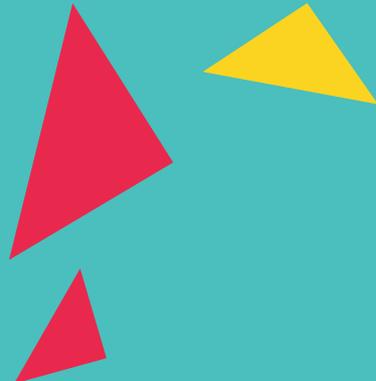
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