



Bretton Woods' Pandemic Policies: A Gender Equality Analysis—Perspectives from Latin America

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Abstract

Using a human rights and feminist economist perspective, this article analyzes the emergency financial policies deployed by international financial institutions (IFIs)—in particular the IMF and the World Bank—to help countries in Latin America cope with the COVID-19 crisis. Looking at the macroeconomic and fiscal assumptions behind IMF loans to countries, it identifies clear signals that fiscal discipline and pro-market options will continue to be priorities as soon as the emergency has been overcome. The study explains how recent adjustment and austerity policies adopted by a number of countries have disproportionately affected women's human rights, reinforcing the invisibilization of gender inequalities in domestic and care work and in turn, making women even more vulnerable to the impact of the pandemic and resulting economic recession. It concludes that in order to properly consider the conditions of IFI loans, countries must evaluate the probable impact of these financial contracts on people's human rights, and in particular on gender equality.

Keywords International financial institutions · Covid-19 · Women · Austerity · Adjustment · Human rights · Gender inequality

The International Monetary Fund (IMF), moving away from its classic pro market and stringent fiscal discipline recipes, has recently stated that measures should be implemented to protect people's lives and contribute to their livelihoods, including assistance to the unemployed and to struggling

businesses, in order to quickly restore trade and financial flows once economic recovery begins (Dell'Ariccia 2020). It also states that households that lose their incomes as a direct or indirect consequence of lockdown measures will need government support, and that unemployment allowances should be increased and extended. IMF Managing Director, Kristalina Georgieva, has been even more explicit, saying, on 16 April 2020, that 'we will support countries' efforts in calibrating their social policies to reduce inequality, protect vulnerable people, and promote access to opportunities for all' (Georgieva 2020).

Although Georgieva does not explicitly refer to women and girls, it is reasonable to assume they are included in references to *opportunities for all*, and to reducing inequality. However, a look at the IMF and World Bank's financial instruments and political declarations addressing the pandemic-related economic crisis does not show a transformational change in the policies of international financial institutions (IFIs), such that women's human rights and gender inequality are taken seriously. Rather, the IFIs' economic approach, which consolidates and reproduces gender inequalities and exacerbates violations of women's human rights, remains unaltered.

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A Spanish version of this article was completed as IFIs announced their financial strategy to cope with the outbreak, in April 2020, published in *Revista Estudios Feministas*, 2020, 28:2. The present article is updated and revised to reflect and study the IFI's policies adopted in a number of countries from the beginning of the COVID-19 pandemic until February 2021. The authors wish to extend their gratitude for the comments to a draft of this article received from Francisco Cantamutto and Barry Herman, and also from the participants of the Columbia University Seminar on Human Rights that took place on 1 March 2021, where this article was presented for discussion.

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Since the adoption of social and economic policies promoted by the IFIs during the last decades has exacerbated gender inequality in numerous countries (Detraz and Peksen 2016), particularly in Latin America (Cohen 2013; Ortiz et al. 2015), one has to look at the policies they have promoted to cope with the COVID-19 crisis from a gender perspective. In doing so, countries should analyze the costs and benefits of obtaining ever-increasing credits, even at subsidized rates, with conditionalities which might become, in the medium and long-term, detrimental to people's human rights and women's rights, in particular (Kendrick and Bohoslavsky 2020).

The study is limited to the IMF and the World Bank, due to their immediate deployment of massive credit lines in the context of the pandemic; to the fact that the amounts allotted to those credit lines are immensely higher than those of other IFIs; to the large number of credits already granted to countries in the region before the pandemic; and, above all, to the serious gender equality problems which their classic conditionalities have caused for decades (Donald and Lusiani 2017).

Loans and Conditionalities in Times of Pandemic: The Usual Economic Orthodoxy

In the context of the economic recession caused by COVID-19, governments and the international community are committed to inject billions of dollars into the economy. In fact, the G20 promised to contribute USD 5 billion for the world economy and 'do whatever it takes to overcome the pandemic' (BBC 2020). The EU announced 'limitless' financial programmes to protect European economies by purchasing sovereign and corporate debt, while US President Biden has put forward a relief package of USD 1.9 trillion.

These fiscal and financial options are not available to low- and middle-income economies, which are typical in the Latin American region. Capital flight, the fall in exports, commodity and tourism prices, the economic slowdown, depreciation of the economy and the burden of external debt are driving developing countries into a perfect storm, thus reducing their fiscal and financial space to face the pandemic. In this context, the IFIs, led by the IMF and the World Bank, have embarked on multimillion dollar extraordinary lending and debt relief programmes to help less developed countries cope with the economic recession (Nelson and Weiss 2020).

Responding to credit requests from more than 100 countries, the IMF has made available a range of credit lines (IMF 2020b). It offers USD 50 billion (increased to USD 100 billion, April 2020) for immediate disbursement (*emergency financing*), a fifth of which can be granted at zero interest to low-income countries (IMF 2020a). Countries can

also apply for funds from the catastrophe containment and relief trust, which is applicable to pandemics, and amounts to USD 500 million. This programme was first implemented at the beginning of April 2020 (IMF 2020d), but given its limited volume, most of the countries are encouraged to apply for conventional loans, which are subjected to the known conditionalities that must be implemented before money is disbursed. The IMF has announced debt relief for its 29 poorest members (IMF 2020c, 2021), but by March 2021 only two six-month tranches from April 2020 to April 2021—were approved to all 29 eligible countries with eligible debt. There is also a new (February 2021) credit line (*Short Term Liquidity Line*) aiming to minimize the risk of shocks evolving into deeper crises, available 'for members with very strong policy frameworks and fundamentals'.

The IMF has also begun to approve new or adapt existing loans, conditioned on fiscal consolidation (Bretton Woods Project 2020a). The loan programmes with Egypt (IMF 2020i), Ukraine (IMF 2020j), Jordan (IMF 2020h), Pakistan (IMF 2020e) and Ecuador (IMF 2020g) already include stringent fiscal commitments, relating to primary surplus targets and fiscal consolidation measures (Corkery et al. 2020). Costa Rica, seeking IMF support, has proposed tax increases, along with privatizations, freezing public sector wages, and additional austerity measures (Al Jazeera 2020), and Argentina is also seeking a new arrangement with the IMF (2020k). IMF's debt has been continuously growing in many Latin American countries since the COVID-19 outbreak (IMF 2021).

In September 2020, the IMF issued a note on 'How to Operationalize IMF Engagement on Social Spending during and in the aftermath of the COVID-19 Crisis' (Yackovlev et al. 2020) which not only offers criteria to assess social spending according to country-specific epidemiological and macroeconomic condition but is also indicative of the level of intrusiveness in terms of each country's fiscal choices (Brunswijck 2018). Notably, this IMF note does not even mention human rights, women's rights or gender parity as relevant factors when taking fiscal decisions or making recommendations.

The World Bank has announced through June 2021 a lending package of USD 160,000 billion, with the hope of increasing this within the following 15 months. Instead of using its Health, Nutrition and Population Division, most of the loans (USD 8000 million) will be channeled through the International Finance Corporation, IFC—the WB's private financing arm—despite its lack of experience in developing public health systems and the catastrophic results of public-private partnerships in the health sphere (Ruckert and Labonté 2014). The rest of the funding package is aimed at supporting health care directly, but it is not known if it will finance public health systems or private clinics. The second option seems has been the most plausible from the



very beginning, since lending to private companies within the health sector were planned in the available credit line (Kentikelenis et al. 2020).

The Bank is indeed embracing its private sector-first ‘Maximizing Finance for Development’ approach (Dimakou et al. 2020). By July 2020 the IFC had allocated USD 8 billion in financing in response to the pandemic, of which USD 6 billion will be disbursed through financial intermediaries and USD 2 billion will support its existing clients in infrastructure, manufacturing, agriculture and services (IFC 2020).

As noted in the WB Blogs, ‘healthy cooperation with the private sector will be more important than ever as countries exit this crisis even more fiscally constrained’ (Kakhoury 2020). Among the policy conditions of loans to address the pandemic are, for Ecuador, reducing the number of fixed sectoral and occupational minimum wages (WB 2020b); for Kenya, supporting crowding private investment into ‘affordable housing’ (WB 2020c) and; for Nigeria, seeking to de-risk the power sector for private investment through a comprehensive package of financial, operational, governance, and policy interventions (WB 2020d).

The Council of Global Unions (International Trade Union Confederation) reminded the IFC in April 2020 that it has to ensure its resources preserve employment and are not used to bail out private financial institutions, calling on it to monitor the respect of individual and collective labour rights (Global Unions 2020). The Bank acknowledges that the gender-differentiated impact of the Covid-19 crisis is important (WB 2020a). But it must now translate this recognition into recommendations (and even conditionalities) to countries to invest in the care economy, instead of creating more markets (Bretton Woods Project 2020b) gender inequality will not be effectively tackled (Kendrick and Bohoslavsky 2020).

Moreover, on 23 March 2020, amidst the virus outbreak, World Bank President David Malpass declared that ‘Countries will need to implement structural reforms to help shorten the time to recovery and create confidence that the recovery can be strong. For those countries that have excessive regulations, subsidies, licensing regimes, trade protection or litigiousness as obstacles, we will work with them to foster markets, choice and faster growth prospects during the recovery’ (Malpass 2020).

Similarly, in April 2020, the IMF ‘Fiscal Monitor Report’ warned that ‘once the Covid-19 crisis is over, prudent fiscal policies call for appropriately paced, inclusive, and credible adjustments to put debt ratios on a firm downward trajectory’ and that ‘at the current juncture, making clear that support measures to address the Covid-19 crisis are temporary could help manage expectations’ (IMF 2020f) Where then, is the space for investing in the care economy?

These statements are chilling because we have been there before. We were witness to the fact that after the 2008–2009

global financial crisis, the countries—most of them Latin American—that followed the orthodox economic recipes saw the reduction of fiscal space to guarantee the realization of human rights, mainly economic and social rights, especially for women (Warner 2016; Bohoslavsky 2018; Stephenson 2016).

IFIs, Austerity and Gender Inequalities

The Impact of the Pandemic on Women and the Legacy of Structural Adjustment

Economic discrimination based on gender is not necessarily attributable to specific policies but is symptomatic of the androcentric structures deeply rooted in the prevailing economic policies and theories that in Latin America, also reflect a complex matrix resulting from colonial power. Yet, the study of specific policies helps illuminate the relation between gender discrimination and economics while facilitating mobilization against economic and social injustices.¹

Administrative austerity as is at times justified to curtail overspending, but it actually means very different things depending on which social groups have to adjust their income and expenditure. The kind of austerity promoted by the IMF and other IFIs is one that does not restrict the public debt service. However, what it does tend to do is to reduce subsidies for food and basic public services, real wages, investment on households and infrastructure, spending on research, health and education, and at the same time it dismisses the possibility of investing heavily in a strong care social infrastructure (ECLAC 2020a).

The structural adjustment programmes of the IMF and the World Bank have been the object of criticism for imposing harsh austerity measures that have significantly and disproportionately impacted the poor and exacerbated inequality, including gender inequality.² This criticism does not belong to the past; for the IMF and the World Bank have continued to prescribe policies that undermine gender equality and women’s human rights (David 2018). Some of these policies include privatizing public utilities, health commodification (Forster et al. 2020), downsizing social safety nets and lowering wages, along with labour deregulation, reductions in pensions and the deepening of regressive tax regimes through the introduction of or increases in VAT while reducing corporate tax rates (Bretton Woods Project 2017).

¹ On the political-economic forces that mediate between economic policy reform and women’s human rights, Kendrick (2020).

² On the contradictions and ineffectiveness of the IMF’s ‘women’s economic empowerment’ approach Coburn (2019) and Weinhold and Brodtmann (2017).



All these measures have put vulnerable groups, and women especially, in an unfavourable position to face the health crisis and its direct and indirect impacts (ActionAid 2020; UN Women 2020). More specifically, the triple jeopardy of austerity forces women to suffer simultaneously as public-sector workers, service users and the main recipients of social protection benefits, all of which have specific implications in terms of women's financial security and care distribution. That in turn aggravates labour market gender discrimination and occupational segregation, and exposes women to a greater risk of contracting COVID-19, suffering gender violence, or even dying. These disadvantages have made women more vulnerable during the health crisis and the economic recession, all of which should lead to the implementation of economic and social policies that protect more (not less) robustly women's economic and social rights.

Care Inequalities Persistence

All around the world, the care of persons is mainly carried out by women. Historically, in Latin America, the social organization of care, linked to an informal and familiar welfare scheme (Martínez Franzoni 2008) has been doubly unfair and unequally distributed because there is an unequal division of responsibilities and work amongst different actors within the care diamond³ that falls on the households; and because of the unequal distribution of care work between men and women. Within the region,⁴ women spend triple the time on unpaid domestic and care work as compared to men (ECLAC 2018): on average, women carry out 75% of these jobs.

These inequalities affect women's educational careers and job opportunities by limiting their access to better jobs. In the region, these inequalities are multiplied and intensified by including the various and intersecting forms of discrimination based on socioeconomic status, age, race, sexual orientation or migrant status. In Brazil, the average of years white women were in school was 10.6 years in 2015, while it was 8.9 years in the case of black women. In the labour market, the unemployment rate for white women was 9.8%, while for black women it was 13.6% (IPEA 2015).

Even though women's movements and literature on feminist economics have made this systemic inequality of

care visible and, despite the fact that it was included in the 1995 Beijing Platform for Action and in both the Millennium Development Goals and the Sustainable Development Goals, the recommendations and conditionalities boosted by the IFIs have not been designed with a gender perspective that acknowledges (and even less tries to change) the unfair social organization of care. IFIs have discouraged governments from making sustainable investments in the care economy or to include care work in their national accounts. On the contrary, they have prioritized other fiscal expenditures, such as debt repayment to foreign creditors.

Apart from a few exceptions, like the National Care System in Uruguay, such progress that has been made has been done in a fragmented and insufficient manner and limited to those who have employment contracts or targeted income transfers, which are not universally accessible. Another sign of the persistent invisibilization of care inequalities is that in most Latin American countries (except for Nicaragua in 1998), it was only in 2010 when care work studies were first conducted through time use surveys.

As of March 2020, at the recommendation of the WHO, many countries in the region have instituted measures of social distancing, confinement and the closing of educational institutions. According to UNICEF (2020), in March 2020, approximately 154 million children and adolescents (more than 95%) in Latin America were out of school. These measures have meant a care work overload for households and women, due to the need to support their children with distance learning, and higher household cleaning and telecommuting standards, just to mention a few.

Work Precarity and Social Protection: Poverty as 'Comorbidity'

Measures adopted to address the pandemic have deepened existing gender inequalities stemming from occupational segregation, women's prevalence in the public sector and the large proportion of informal employment. According to the ILO, 126 million women, which accounts for about half the population, work in the informal sector in Latin America and the Caribbean (Batthyány 2020). More than 80% of women in Bolivia, Guatemala and Peru have informal jobs. In this region, women represent about 40% of retail commerce restaurant and hotel employees. These three sectors have been seriously affected by the COVID-19 crisis and present high levels of informality (Piras 2020).

Furthermore, 11.4% of employed women have paid domestic jobs and 77.5% of people in this sector are employed informally, leaving them especially vulnerable due to the lack of regulations in many countries. As a result, they are exposed to their employers' abuse of power and, in many cases, are forced to work even during lockdown

³ 'The institutions involved in the provision of care may be conceptualized in a stylized fashion as a care diamond, to include the family/household, markets, the public sector and the not-for-profit sector (including voluntary and community provision)' (Razavi 2007: 21).

⁴ Comparatively, Latin America is one of the world's most unequal regions: in Sweden, men's contribution reaches 44%, 38% in the USA, and 39% in China (Piras 2020).



(ECLAC 2020b). Even where these regulations are in force, as in Argentina, female workers are still unprotected, due to the lack of effective state oversight. In Argentina, 98% of the sector's employees are women, and 75% of these are informal workers; being the activity with the highest share of unregistered employment (INDEC 2018).

Cuts in social protection have impacted women's rights to social security, including reductions in unemployment and family benefits, as well as in aid to the elderly and dependent individuals. In 2019, unemployment allowances were granted only in Argentina, Brazil, Chile, Colombia, Ecuador and Uruguay (ECLAC 2020a). Despite the fact that Latin American governments have deployed emergency social protection measures in order to respond to the pandemic, it has been noted that these are basic monetary or subsistence—emergency, and not universal—allowances (Alston 2020), hence not really addressing inequality's fundamental issues.

This situation is even more serious for women who are subject to multiple and intersecting forms of discrimination. Single mothers and members of minority groups are more likely to be affected by cuts to benefits and tax credits because they are more likely to be living in poverty, with dependent children and in large families, adding to the burden they already face.

Adjustment and austerity measures adopted in recent years have had a negative impact upon poverty. As a result, the region has become more vulnerable to the impact of the pandemic: not only is there poverty, but also lack of access to household space that can guarantee effective social distancing, as well as lack of access to quality health care services, healthy food, clean water for sanitation purposes, the possibility of continuing to generate income while working from home and distance learning programmes. According to the UN Economic Commission for Latin American and the Caribbean (ECLAC 2019), poverty in Latin America increased between 2014 and 2018, poverty rates are now 11% for extreme poverty and to 30.3% for poverty.

Due to existing economic, social and gender inequality in the region, the effects of the pandemic in the labour market will disproportionately affect the poorest sector. Recent estimates by ECLAC (2020a) point out that, as a result of the GDP's projected fall by 5.3% and the rise of unemployment by 3.4%, the poverty rate is likely to rise by 4.54% throughout 2020, increasing from 30.3% to 34.7%, with a rise of 28.7 million people living in poverty (ECLAC 2020a). In Latin America, there is a higher rate of poor women: in 2018, 26.9% of women were poor, while in the case of men, 23.8% were poor. In terms of extreme poverty, 11.4% of women and 9.7% of men were extremely poor (ECLAC 2019). Women who live in households deprived of clean water spend between 5 and 12 more hours on unpaid domestic and care work than those who live in places with access to these services (ECLAC 2020b). Within the current

health context, having access to safe water supply services is essential to the hygiene needed to combat the COVID-19 pandemic.

Caring at Home and at the Hospital

Most countries in Latin America have reformed their health care systems based on the Washington Consensus. These reforms involved both the liberalization of the health care system and an increase in its commodification and retrenchment in the public health care system. Therefore, the region's health care systems are typically segregated and fragmented, generating deep inequalities in terms of universal access to these services as well as their quality. Moreover, health systems tend to be geographically centralized and concentrated in large urban centres (ECLAC 2020a).

In addition, recent austerity measures in the region have undermined health systems' responsiveness to the pandemic. In Argentina, under a Stand-By Arrangement with the IMF during the administration of former President Macri, the Ministry of Health was downgraded to a Secretariat, with institutional, autonomy and budgetary consequences,⁵ In Ecuador, a recent loan from the IMF, which included cuts to public-sector jobs and wages, resulted in 2,500 health care job losses (Romero et al. 2020), most of which involved women.

In recent years, most Latin American countries have underinvested in health: in 2018, central government spending on the sector stood at 2.2% of regional GDP (ECLAC 2019), far from the 6% of GDP recommended by the Pan American Health Organization to reduce inequities and increase financial protection within the framework of universal access to health and universal health coverage (ECLAC 2020a). In Brazil, continuous cuts to the health care budget have been noted as a result of the approval of Constitutional Amendment 95 in 1996, which froze social spending by the Brazilian government for 20 years. This is the reason why the Brazilian Unified Health System is only equipped with half the number of hospital beds recommended by the WHO.

Negative effects of cuts in health have been disproportionately distributed, since many women make use of these services for reproductive rights-related needs (Donald and Lusiani 2017). More specifically, austerity measures affect women's reproductive health, particularly that of women of childbearing ability: budget cuts have led to a reduction of free contraceptive supplies, contributing to an increase in unintended pregnancy as well as a rise in maternal mortality

⁵ The new administration, which took office on December 2019, reestablished the Ministry of Health as one of its major government measures.



rates and unsafe abortions. Evidence from previous infectious disease outbreaks shows that the deviation of funds and health care resources to respond to the pandemic make it more difficult to guarantee antenatal and postnatal health care services as well as access to contraceptive supplies (Harman 2016).

Spending cuts affect the level of service provided or the amount of time spent in the hospital and may have great impact on caregivers, as such services are borne by relatives, who are likely to be women. In Mexico, it was calculated that the monetary value of health care work provided at home equaled 85% of the value of these services provided in hospitals. With their work, women contributed 72.2% of such monetary value (ECLAC 2017). In Argentina, the total of unpaid domestic and care work performed by women represents 15.9% of GDP. This means that it would be the main economic activity if it was formally considered in the national accounts, above the percentage of industry (13.2%) and commercial activity (13%) (DEIyG 2020).

The pandemic pressure on health systems exposes women in an unequal way, as they make up 72% of the total workforce of this sector in Latin America (ECLAC 2020a, b), amounting to the highest percentage in the world. According to the WHO, 86% of nurses in Latin America are women and female workers in this sector earn, on average, 25% less than men (ECLAC 2019), even without considering unpaid female community health care workers, and pharmacy workers. Health care workers are working under conditions of extreme pressure and exhaustion, which include being at risk of getting infected with the virus and suffering from stress due to emergency situations. In addition, these women then return home, where the burden of unpaid work and household care is awaiting them. We also know that, in those countries where austerity and structural adjustment have been implemented in the health sector, this has translated into a disproportionate impact on the labour conditions of female workers in an already feminized sector.

Adjustment, Pandemic and Violence

Austerity measures and fiscal consolidation weaken government responses to gender-based violence. In Brazil, one of the countries with some of the highest femicide rates in the world, the approval of Constitutional Amendment 95 (the Expenditure Ceiling) made it impossible to construct any new women's shelters. Budget underspending has been identified as a covert technique for implementing fiscal consolidation policies: during the last years, in Argentina there has been a large percentage of budget underspending in projects to combat gender-based violence.

The increase in domestic and care work, economic hardship and the psychological effects of preventive confinement

foster a rise in tension and strain at home, as well as in domestic violence against women and girls. According to UN Women (2020), violence survivors face additional barriers, such as restrictions on their ability to move around and gain access to justice, health care centres and other vital services. The negative economic impact caused by this health crisis can also enlarge the already existing economic barriers and the chances to break up with a violent partner.

In Argentina, the number of femicides occurring within the confinement context rose by 50% compared to last year. One out of five of those murdered women had previously reported incidences of violence and 65% of them were killed while confined in their houses. Emergency calls to domestic violence hotlines have increased by 25% since the lockdown began (UN Women 2020; United Nations 2020).

There is a real and acute risk that this crisis will contribute to adding extra care work for women as well as to exposing them to higher levels of discrimination and gender-based violence in multiple and intersectional ways (Rodríguez Enriquez and Pautassi 2016). Therefore, it is important that women's time and rights are not sacrificed once again, on the altar of adjustment in order to respond to the health crisis and economic recession, based on IFI recommendations and conditionalities.

Public Policy and Legal Implications

The greater investments required by government measures to cope with the pandemic and its social and economic effects are being financed through fiscal deficit and issuing money and, in some cases, mobilizing limited domestic resources through more progressive tax policies and increasing sovereign debt. IFIs are offering massive emergency credit lines which, in a number of cases, seem to lead to sovereign over-indebtedness in Latin America and, consequently, to greater vulnerabilities to future multilateral creditors' pressures (Rediker and Crebo-Rediker 2020).

The conditionalities already agreed and their ideological assumptions do not deviate from the economic orthodoxy that have characterized all IMF policies, even while acknowledging that social spending can be important in the short term to cope with the pandemic (Yackovlev et al. 2020). Targets related to prioritizing medium- and long-term fiscal objectives, increased commodification of public services and deregulation condition both present and future state choices (OXFAM 2020; Gallagher 2020). Eurodad has found that the IMF has encouraged 72 countries to begin a process of fiscal consolidation as early as 2021 (Munevar 2020).

Analysis of IMF fiscal projections shows that budget cuts are expected in 154 countries this year, and as many as 159 countries in 2022. This means that 6.6 billion people or 85%



of the global population will be living under austerity conditions by next year, a trend likely to continue at least until 2025 (Ortiz and Cummins 2021).

The IMF has been crystal clear regarding the continuity of its macroeconomic policies: ‘Once the COVID-19 crisis is over, high-debt countries should, in general, pursue fiscal consolidation supported by growth-friendly measures’ (IMF 2020f). More poetically, IMF First Deputy Managing Director Geoffrey Mokamoto said in September 2020 that developing countries should ‘keep those receipts’ (CSIS 2020), hinting that a return to austerity is coming.

These demands, in the face of known negative effects on human rights and gender equality, constitute a real threat. Although the IMF acknowledged on July 2020 that COVID-19 has had disproportionate effects on women and their economic status, the September 2020 IMF Guide on operationalizing social spending did not even mention women (even less their rights) (Yackovlev et al. 2020).

There are also no IMF or World Bank documents that highlight the importance of investing in the care economy as an accelerator of an egalitarian structural change.⁶ IFI gender equality instrumentalism (Elson and Rodríguez Enríquez 2021) and patriarchal economic policies (Berik 2017) do not seem to be put on hold even during the COVID-19 pandemic. Despite the fact that IFIs seem to be aware of the need to immediately strengthen social protection and prevent humanitarian catastrophes, such awareness does not reflect a gender perspective. Similarly, IFI policy programmes do not seem to include plans for universal health coverage or for universal social protection.

IFIs disregard the way in which most of their macroeconomic policy recipes have greatly undermined women’s human rights, which in turn, explains to a great extent why women are once again more exposed to the effects of the pandemic and economic recession. This crisis has dramatically proven what feminists consider essential in order to rethink an egalitarian social organization of care (Razavi 2007) which also focuses on life’s sustainability: the fact that we are all interdependent individuals.

As UNCTAD stated on 22 September 2020 when presenting the *Trade and Development Report* devoted this year to the risks of austerity, ‘a “lost decade” looms, foreclosing on any hope of delivering the 2030 Agenda for Sustainable Development. Model simulations indicate that an early return of austerity would set off a vicious circle of low employment generation, wage stagnation, slower economic

growth and higher pressure on government budgets’ (UNCTAD 2020).

IFIs and other creditors should invest their financial resources in helping countries fight against the pandemic and guarantee that loans and grants do not depend on implementing conditionalities, such as austerity measures or the privatization of essential goods and services (Rowden 2019), as well as structural adjustments, which risk having a negative impact upon human rights, particularly women’s rights (Bohoslavsky 2018). In any case, loans and debt cancellations could be linked to the substantial increase of domestic spending oriented to social protection, and focused on health, education, nutrition and care, for instance.

This would be a great opportunity for IFIs to operate according to human rights principles aligned to the UN Charter, which they must abide by, as well as to the *Guiding Principles* related to the assessment of the effect of economic reforms on human rights.⁷ These *Guiding Principles* were voted on 5 April 2019 by the United Nations Human Rights Council⁸ and require that assessments of economic policy reforms always include an exhaustive gender-based analysis.⁹ It is not known if such an evaluation has been done in the context of the massive support the IFIs have provided in order to address COVID-19. It is not known if IFIs and States are even willing to do so. We should keep in mind that, according to international law, IFIs can be held responsible for the avoidable violation of the gender-equality principle produced by regressive economic reforms implemented by governments (Bohoslavsky 2020). ‘Engendering macroeconomics’ (Seguino 2020) is an obligation of both governments and IFIs; therefore, undertaking gender impact assessments of economic policies (including financial assistance) is a duty for both.

⁷ UN Doc. A/HRC/40/57. See more generally Special Issue on ‘Human Rights and Economic Policy Reforms’ of the *International Journal of Human Rights*, 2020, 23: 9.

⁸ UN Doc. Resolution A/HRC/40/8.

⁹ Principle 15.1 reads: ‘Human rights impact assessments should be a mandatory element in the design of all economic reform and adjustment programmes and avoid human rights violations. This applies also to programmes developed with international financial institutions, bilateral lenders and public donors in the context of debt management and financial assistance activities. All proposed measures and loan conditionalities should be subject to a human rights impact assessment. These should be prepared prior to the conclusion of the agreements and in time to influence the outcomes of the negotiations, and include an analysis of the impact of policies on commonly marginalized groups.’ And Principle 8 establishes that ‘Economic reforms should prevent any kind of direct and indirect form of discrimination based on gender, in law or practice, and should promote substantive and transformative gender equality. *Human rights impact assessments should always include a comprehensive gender analysis*’ (emphasis added).

⁶ Commission on a Gender-Equal Economy and Women’s Budget Group, ‘Creating a Caring Economy: A Call to Action’, 2020, London. <https://wbg.org.uk/wp-content/uploads/2020/09/CGEE-Creating-a-Caring-Economy-A-Call-to-Action-WBG.pdf>.



The combination of the economic recession in Latin America, together with increased multilateral debt and the continuity of IFIs' orthodox (androcentric) policies are unlikely to bring welcome news for women in the Latin American region. This might also be an alarm bell for women in countries in other regions that are going through similar experiences and are implementing the same IFIs' policies.

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