

10 March 2009

Original: English

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2-13 March 2009  
Agenda item 3 (a) (i)

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of commitments on the priority theme and made proposals for future action. In the second segment, invited representatives of United Nations entities and non-governmental organizations contributed to the interactive dialogue.

3. A total of 61 speakers made interventions in the high-level round table: 53 Government representatives, 1 representative of a regional group, 3 representatives of United Nations entities and 4 representatives of non-governmental organizations.

4. Participants highlighted a number of international commitments and obligations on the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS. These include commitments from the International Conference on Population and Development in 1994, the Fourth World Conference on Women and the World Summit for Social Development in 1995-5.8(m)( )Tb0.059959 9izati

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acknowledged that many such policies had been directly targeted at women, thus potentially reinforcing the unequal sharing of responsibilities and care work. Revisions to pension and tax systems to promote equal sharing of responsibilities between men and women and increase women's participation in the labour market had also been implemented. Participants emphasized the need to address the persistent gender wage gap in the labour market.

13. Participants acknowledged that households in developing countries spent more time in unpaid work, such as collecting water and firewood, cleaning, cooking and caring for children, the sick and the elderly. Evidence suggested that the amount of unpaid work increased with the poverty level of the household. The hiring of domestic workers, mostly migrant women from rural areas or other countries, was a common strategy for better-off households to reduce women's burden of domestic and care work.

14. Participants emphasized that caregiving was a social responsibility that contributed to the well-being of societies. The State should play an active role in redistributing responsibilities between men and women, as well as in reducing the total burden of unpaid work. In that regard, the importance of investing in physical and social infrastructure, including public service provision, and in the care economy was highlighted. The State could also highlight the value of care work, seek to improve remuneration for such work and support the development of the skills and education required for such work.

15. Participants discussed the implications of the HIV/AIDS pandemic on the equal sharing of responsibilities between women and men, particularly in the area of caregiving. Women and girls often had to assume the major responsibility of care for people living with HIV/AIDS, particularly in countries with weak health systems. Participants noted the critical role of home-based caregivers, whether family members or volunteers, who often worked with little or no training, with limited support from the public sector and without the basic equipment needed to provide

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18. Participants acknowledged the critical role of partnerships between government, civil society, the private sector and other stakeholders in the promotion of gender equality and equal sharing of responsibilities between women and men, including care work. Such partnerships had been effective in addressing gender stereotypes and in the provision of services. For example, non-governmental organizations were instrumental in supporting people living with, and affected by, HIV/AIDS and in meeting the increased need for care caused by the pandemic.

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