



SOCIAL WEALTH ECONOMIC INDICATORS

A New System for Evaluating Economic Prosperity

A Report from the Center for Partnership Studies
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EXECUTIVE SUMMARY

The Urgent Need for New Measures

This report introduces a new set of measures called *Social Wealth Economic Indicators*, or SWEIs. These measures inform us that care work, which is the work of caring for others, such as children or the sick and disabled or the elderly, yields significant economic value. Yet, this work is consistently not valued or undervalued in contemporary economic measurements such as Gross Domestic Product, or GDP. This is a significant problem because we are no longer living in an economy based on manufacturing, which is the kind of economy that measurements such as GDP were constructed for. Rather, the present economic scenario is one where knowledge and services yield the greatest value, and the essential element for thriving in the new knowledge-service era is high quality human capital.

The failure to recognize the value of care work is also at the root of major social problems. It is a major factor in the disproportionate poverty of women (who do most of the care work) and of children. Not investing in care and education prevents capacity development, especially for disadvantaged children, and perpetuates cycles of poverty.

The shortcomings of GDP have resulted in a host of new economic indicators being proposed in recent years, but these primarily focus on national comparisons of *outputs*, such as rates of poverty, infant mortality, educational attainment, or environmental conditions. That is, these new indicators ignore the critical matter of *inputs*, or what is needed for better outputs.

SWEIs fill these gaps. They are largely motivated by findings from neuroscience that the most effective approach to developing human capacity is supporting care and education in early childhood and throughout the life span. Accordingly, SWEIs shine a spotlight on the extent to which a country provides support for the care work performed not only in the market but also in homes.

SWEIs reveal that there is a close link between the persistence of poverty and the undervaluation of care work, because the latter is usually considered “women’s work” and women are the mass of the poor all over the world. SWEIs also capture the present condition of the environment because economic prosperity depends on the ability of human beings to work in alliance with nature.

In these and other ways, SWEIs widen our lens of analysis to provide a more accurate perspective on the government and business policies required at this time of massive social, economic, and environmental change. They provide the missing information policy makers need to promote optimal human, economic, business, and social development in our new knowledge-service era.

SWEIs use Existing Data in a New Framework

Data for SWEIs have been drawn from existing sources such as the Organization for Economic Co-operation and Development (OECD), the World Health Organization (WHO), and the United Nations (UN). The value of SWEIs is that they collect data that are already in the public domain and embed them within a new conceptual framework that shows that care work is a key driver of economic and business success.

SWEIs are collected into two broad categories: *Human Capacity Indicators* (HCIs) and *Care Investment Indicators* (CIIs). HCIs measure the output dimension, i.e., the degree of human capacity development, where human capacity is understood to refer to the capacities that people learn to utilize not only in service of their own advancement but also in collaboration with others for the advancement of the society and economy in which they live. CIIs, on the other hand, measure the input dimension, i.e., the extent of government and business support for care work, in the form of budgetary allocations, family-friendly laws and workplace practices, and so on.

In their current version, SWEIs represent country-level measures and allow for comparisons between the US and other countries. One conclusion that clearly emerges from the country-level data is that the US significantly lags behind other developed countries in both the SWEIs categories.

HUMAN CAPACITY INDICATORS

HCIs are divided into seven subcategories: (1) Caregiving Measures, (2) Education Measures, (3) Health Measures, (4) Social Cohesion Measures, (5) Environmental Measures, (6) Social Equity Measures, and (7) Entrepreneurship and Innovation Measures.

Caregiving Measures capture the extent and value of care work, whether paid or unpaid, that takes place in OECD countries. When paid, care work is remunerated in countries such as the US and the UK at much lower wages rates relative to the average wage rate. When unpaid, care work may still be valued, and its imputed value is found to account for very large proportions of country GDP (e.g. 26% in the US, and 50% in Australia, the difference between the two being due to a more comprehensive method of valuation used in the latter case). Caregiving measures also include enrollment of children in preschool and pre-K programs, and statistics relating to long-term care (or direct-care), which involves caring for older persons, and the sick and/or disabled.

Education Measures capture enrollment in OECD countries at all levels of education – preschool, primary, secondary, and tertiary. In most countries, men spend more time in formal education than women, but the US is one of a handful of countries where the converse is now true.

Health Measures include life expectancy rates, infant and child vaccination rates, infant and maternal mortality rates, teen birth rates, and also environmental factors (such as air pollution and climate change) that affect health. Relative to other developed countries, the US is found to perform poorly in such domains as infant and maternal mortality rates, and also has the highest teen birth rate at 40 per 1000 women aged 15-19 years.

Social Cohesion Measures reflect the potential for collaboration and constructive dialogue across cultural, religious, and ideological boundaries in a country. Measures include the extent to which young people participate in groups, the extent to which minority groups are able to find acceptance in civil society, and incarceration and recidivism rates. In this last domain, the US is once again found to have one of the poorest records among developed countries.

Environmental Measures capture the quality of the natural environment, in terms of pollution levels sourced to carbon dioxide and greenhouse gas emissions, and the depletion of renewable resources such as fresh water. Also included is a measure of the ecological footprint of consumption, and the US is found to be one of 12 countries around the world where consumption is running down ecological resources on net.

Social Equity Measures report the degree of social inequity along a variety of different dimensions. Income and wealth inequalities are found to have increased over the last three decades in both developed and developing countries. Child poverty is alarmingly high in the US (more than 20%) relative to other OECD countries.

Gender inequity remains a pervasive problem around the world. In OECD countries, women are less likely to be employed than men and when they do find employment, women earn less, are concentrated in fewer occupations, are less likely to find themselves in managerial positions, and often have fewer opportunities to change working hours than men. Of the 136 countries studied in the World Economic Forum's 2013 Global Gender Gap report, the Nordic countries are shown to have the smallest gender gaps while the US ranks twenty-third overall. Violence against women remains a worldwide problem. Finally, the devaluing of care work means that women are disproportionately among the poor in both poor and affluent nations.

Race and ethnicity are two other important categories for studying persistent social inequities. While these inequities are a disturbing issue in all countries, the report focuses on the US where racial and ethnic categories are clearly delineated. Data show that relative to White Americans, Black Americans are performing very poorly in the contemporary US economy. Blacks are much poorer than Whites, are two times less likely to find a job, ten times more likely to be incarcerated, and have lower public high-school graduation rates, higher child poverty rates, and higher teen birth rates.

Finally, **Entrepreneurship and Innovation Measures** track the human capital available in a country to start new businesses and innovate creative solutions to some of the most pressing problems of our time. New business density, patent applications filed by residents, researchers in R&D (Research & Development), and high-tech exports are the measures in this subcategory. Again, except for patent applications, the US is not among the top performers in this subcategory.

CARE INVESTMENT INDICATORS

CIIs, which measure inputs into the creation of human capacity, are divided into four subcategories: (1) Government Investment in Care Work, (2) Business Investment in Care Work, (3) Public and Private Investment in Protecting the Environment, and (4) Comparative Investment Data.

Government Investment in Care Work refers to a number of different components. The most important of these is investment in caring for children through investment in childcare and early education, family benefits (both cash and in kind), and mandated paid leave for caregiving and family time. Governments can also support human capacity development through public funding of primary, secondary, and tertiary education.

OECD countries spent on average 2.6% of their GDP on families in 2009, but there were large variations across countries, with the share for the US being lower than the OECD average at a little over 1%. The US is one of the highest spenders in middle childhood (6-11 years) and late childhood, but one of the lowest in early childhood (0-5 years). Overall, with respect to public spending on education, the US share in 2009 was slightly higher than the OECD average of 4.6% for that year.

In the domain of parental and family leave, data from the International Labor Organization (ILO) indicate that there has been a gradual shift towards maternity leave periods that meet or exceed the ILO standard of 14 weeks, with the longest durations in Eastern Europe and Central Asia (almost 27 weeks) and in developed countries (21 weeks). The US offers statutory leave of 12 weeks, and it is unpaid leave. In fact, the US is one of only two countries among the 185 studied by the ILO (the other being Papua New Guinea) that does not provide paid leave. The US also does not mandate paid care leave, which is leave from work specifically designated for taking care of sick children or relatives. This form of paid leave is available in three quarters of OECD countries.

Business Investment in Care Work takes the form of family-friendly workplace practices, which include leave-from-work arrangements, employer-provided childcare, out-of-school-hours-care, elderly care supports, and flexible working time arrangements. In most OECD countries, businesses are seen to support care work by offering or funding childcare services, and also by offering some form of paid parental leave. The US does not mandate paid parental leave, and in 2012, only 7% of employers in the US offered childcare at or near the worksite.

Public and Private Investment in Protecting the Environment refers to expenditures by governments and businesses towards the prevention, reduction, and elimination of pollution or other degradation of the environment. Data for European countries indicate that in 2011, the public sector in the EU-27 spent approximately 0.67% of GDP on environmental protection. By contrast, federal spending in the US on natural resources and the environment amounted to 0.22% of GDP in 2008.

Comparative Investment Data is the final subcategory in CIIs and it captures the importance that the public sector accords to expenditure items that create social wealth, relative to expenditure items that do not contribute to, and perhaps even destroy, social wealth. At present, the report only includes data for the US, and the picture that emerges clearly indicates a disproportionate emphasis on the second kind of expenditure.

Core Indicators

Together, HCIs and CIIs include a very wide variety of measures, the total number exceeding 50. In order to focus the reader's attention on the most important ones, we have identified a set of "core indicators" in each category, 16 for HCIs and 8 for CIIs. These are presented in two tables immediately following the Executive Summary. The relevant sections of the report in which they appear are also indicated to assist the reader who may want to become quickly acquainted with SWEIs.

Implications for Policy: Analysis and Correlations

In addition to describing SWEIs, the report also digs deeper by highlighting critical correlations that show how care work matters for *both equity and economic efficiency*.

The first of these is the importance of *caring for children and early childhood education*. In the new knowledge-service era, our children should be able to think in new and creative ways and work collaboratively with others from all over the world when they reach working age. These skills are to be deliberately cultivated, and the only way to achieve this is through extensive investment in early childhood development.

The report presents research from a wide cross-section of countries (including the US, the UK, Denmark, France, Germany, Argentina, and India), that shows that investment in high-quality early childhood education and care (ECEC) delivers significant benefits in the long- and short-terms. Preschool and pre-K programs are shown to not only have a positive impact on primary schooling performance, but also on socio-emotional development, and on adult outcomes such as employment and earnings. Furthermore, society also benefits through reduced deviancy, reduced crime rates, and reduced reliance on public benefits. Moreover, these effects are found to be particularly important for children from disadvantaged backgrounds.

The report also highlights the importance of designing family-friendly policies that will allow parents to balance their paid work and family lives. For only then will high-quality parenting become a reality, as more mothers and fathers are able to spend time with their children and help them grow into strong, mature, creative, and caring individuals. Moreover, research indicates that *paid parental leave* delivers benefits not only for families and children, but also for businesses and the economy.

Families benefit in terms of lasting health and well-being improvements for children. Research shows that women are more likely to breastfeed when they take maternity leave, and longer leave increases both the likelihood and duration of breastfeeding. In turn, breastfeeding increases bonding between the child and the nursing mother, stimulates positive neurological and psycho-social development, and strengthens a child's immune system. Furthermore, women who take maternity leave report fewer depressive symptoms, a reduction in severe depression, and, when leave is paid, an improvement in overall and mental health.

Businesses benefit through greater worker retention since women and men are more likely to stay in the workforce when they take paid parental leave. Also, research shows that firms do not suffer a loss of productivity when employees take leave, and often benefit in terms of improved worker morale and cost-savings.

The economy benefits since paid parental leave increases women's labor force participation. Estimates show that allowing women's labor force participation rates to equal that of their male counterparts would increase GDP substantially in most countries (in the US, 5%; in some other countries, more than 30%). Furthermore, paid parental leave is shown to reduce unemployment, boost overall productivity, and reduce the burden on government, since women and men that take such leave are less likely to depend on public assistance.

SWEIs also point to a correlation generally overlooked by both policymakers and the public: that the status of *women* is an especially important factor for long-term economic prosperity. Therefore, closing gender gaps is not only a matter of human rights and equity – it is also a matter of efficiency, productivity, and economic growth.

The 2013 Global Gender Gap report demonstrates that countries with a smaller gender gap are also more competitive economically, have greater GDP per capita, and score higher on the Human Development Index. Investment in girls' education has significant multiplier effects – it reduces high fertility rates, lowers infant and child mortality, lowers maternal mortality, increases women's labor force participation rates and earnings, and fosters educational investment in children.

Gender equity matters as well for the quality of life. Research shows that measures of the status of women can be an even better predictor of quality of life than conventional indicators such as GDP. For example, gender equity variables correlated more highly with overall literacy than GDP.

The ideals of democracy are also served by enhancing gender equity, and the relationship between support for gender equity in politics and the society's level of political rights and civil liberties is shown to be remarkably strong.

Finally, violence against women is shown to impose significant direct and indirect economic costs.

The Future of SWEIs

It is of the utmost importance that countries invest in high quality human capital and build networks of provision and care and cultures of trust, collaboration, and generosity if they are to ensure social progress and economic prosperity for their citizens. The information presented in this report clearly attests to this.

The challenge that lies ahead is ensuring SWEIs – as the first metrics that adequately reflect an economic system in which care, care work, and social equity in all forms count and are counted – are used by our national policy makers. At the same time, further development of SWEIs will focus on adapting these metrics for pilot projects at the state and local levels in the public sector as well as for specific business uses in the private sector. In such development work, critical attention will have to be accorded to the dynamic interaction between policy changes in the public sector and policy changes in the private sector. Thus, for example, governments mandating paid parental leave help businesses reduce turnover and save costs, and conversely, businesses instituting family-friendly workplace practices help reduce the need for public assistance and help curtail public spending on health and law and order.

The next phase of development of SWEIs also involves the construction of a single, composite Social Wealth Index from all of the various measures presented in this report. This will be accomplished in steps. First we will create sub-indices for each subcategory of HCIs and CIIIs. Once seven subcategory indices are available for HCIs, and four for CIIIs, we will create two category indices, one for HCIs and one for CIIIs. Finally, the two indices, one each for HCIs and CIIIs, will be aggregated "up" to a single composite country-level Social Wealth Index.

Once a set of indices is available, not only will comparisons with other social wealth measures become simpler and more efficient, but the indices can also be used for cross-country regression analysis in order to verify and illustrate the central conclusion from our new conceptual framework: that care work matters for economic competitiveness, growth, and prosperity.

In their current iteration, SWEIs provide a stark and telling account of the US' at-best mediocre performance relative to other developed countries in both the input and output domains of care work. Therefore, our report concludes with a set of recommendations for US government and business leaders on how to close this "care gap." US government leaders are called to (1) increase public investment in family benefits, (2) increase public spending on early childhood education and care, and (3) invest in programs that support work/life balance. US business leaders are called to also invest in programs that support work/life balance. The public and private sectors are called to invest more in protecting the environment, with the public sector leading the way.

The overarching thrust of the recommendations is the importance of effective investments that reflect the economic and social concerns of US citizens and benefit our economy and society. US government and business leaders are called to tip the balance of public and private investments towards supporting the work of care, which this report shows very clearly is critical both for a good general quality of life and a successful and sustainable economy.

CORE INDICATORS

Together, HCIs and CII include a very wide variety of measures, the total number exceeding 50. In order to focus the reader's attention on the most important ones, we have identified a set of "core indicators" in each category, 16 for HCIs and 8 for CII. The relevant sections of the report in which they appear are also indicated to assist the reader who may want to become quickly acquainted with SWEIs.

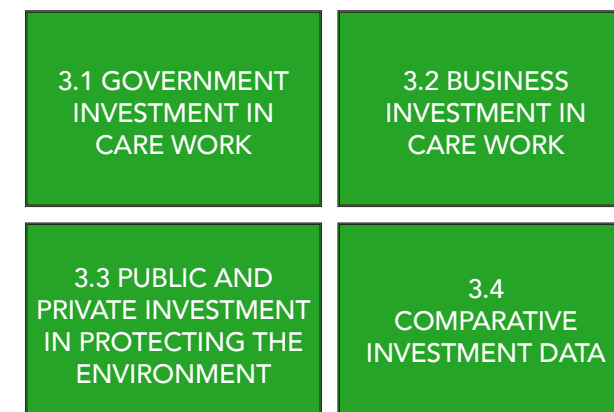
HUMAN CAPACITY INDICATORS (Outputs)

Measure the degree of human capacity development – both for economic success and for healthy and meaningful lives, including development of our capacities for caring and creativity individually, in families, and in groups and organizations. Human capacity measures pay special attention to social equity, keeping in mind studies showing that addressing inequity makes for a more productive, harmonious, and healthy society. These measures show where the United States stands in comparison to other nations, especially other developed nations.

HCI SUBCATEGORIES



CII SUBCATEGORIES



CARE INVESTMENT INDICATORS (Inputs)

Measure our national investment (government at all levels, business, and nonprofit sectors) in caring for people so as to promote their optimal development and meet their human needs and our nation's need for success in the post-industrial knowledge/service age.

HUMAN CAPACITY INDICATORS (Outputs)

Indicator Name <i>Section in report</i>	Subcategory	Country Coverage
1. Time spent on Unpaid Care Work 2.1.3.a	Caregiving	OECD
2. Enrollment rates in Childcare Centers, 3-5 years 2.1.4.a	Caregiving	OECD
3. Long-Term Care wages 2.1.8.b	Caregiving	OECD
4. Educational Attainment 2.2.1	Education	OECD
5. Infant Mortality rates 2.3.1	Health	OECD
6. Maternal Mortality rates (Risk of Maternal Death) 2.3.2.a	Health	Various (180+ Countries)
7. Teen Births 2.3.5	Health	21 Developed Countries
8. Incarceration and Recidivism rates 2.4.3	Social Cohesion Measures	19 Countries
9. Ecological Deficit/Reserve 2.5.2.a	Environment	Various (150+ Countries)
10. Carbon Dioxide Emissions 2.5.2.c	Environment	Various (200+ countries)
11. Child Poverty 2.6.1.d	Social Equity	OECD
12. Gender Gap in Earnings 2.6.2.a	Social Equity	OECD
13. Global Gender Gap Index 2.6.2.f	Social Equity	Various (130+ Countries)
14. American Human Development Index 2.6.3.l	Social Equity	US
15. NUL Equality Index 2.6.3.m	Social Equity	US
16. Researchers in R&D 2.7.3	Entrepreneurship and Innovation	Various (60+ Countries)

CARE INVESTMENT INDICATORS (Inputs)

Indicator Name <i>Section in report</i>	Subcategory	Country Coverage
1. Public Spending on Family Benefits 3.1.1.a	Gov't Investment in Care work	OECD
2. Percentage of GDP for Public Funding for Childcare and Early Education 3.1.2.a	Gov't Investment in Care work	OECD
3. Paid Family Work Leave 3.1.4.b	Gov't Investment in Care work	OECD
4. Government investment in Long-Term Care 3.1.5	Gov't Investment in Care work	OECD
5. Employer Support for Childcare 3.2.2	Business Investment in Care work	OECD
6. Extent of Employee Control over Working Times 3.2.4	Business Investment in Care work	OECD
7. Public investment in environmental protection as % of GDP 3.3.1 & 3.3.3	Investment in the Environment	US, Europe
8. Education versus prison costs in the US 3.4.1	Comparative Investment Data	US

NAVIGATION INSTRUCTIONS FOR READERS

The document has 5 sections. It is possible for a section to drill down 4 levels so as to be divided into sub-sections, sub-sub-sections, and sub-sub-sub-sections. To aid the reader in distinguishing the levels, headers are printed in different fonts and indented as described below.

HUMAN CAPACITY DEVELOPMENT INDICATORS
CARE INVESTMENT INDICATORS
OTHER SECTIONS IN ORANGE

SUBCATEGORIES OF INDICATORS APPEAR IN 13 POINT AVENIR SMALL-CAPS FONT AND ARE INDENTED BY 1/4TH OF AN INCH.

HUMAN CAPACITY DEVELOPMENT SUBCATEGORIES
CARE INVESTMENT SUBCATEGORIES

Individual data points are listed in Avenir Bold 11pt font, and underlined in each section, and indented by 3/8th of an inch.

Data issues are explained in grey, italic Avenir 8pt font

All charts, figures, maps and tables are presented in an Appendix. There are links that appear in grey boxes (which say “[See Chart](#)” or “[See Table](#)” and so on) from the main text to these charts figures, maps and tables, and links (which say “[Go Back](#)” and appear usually at the bottom of the chart or figure etc.) back from them to the main text.

Supplementary information marked **More** on a particular data point or topic appears in an outlined box, like this one, in Avenir Book 10pt font.

Abbreviations: Finally, “the United States of America” and “the United Kingdom” are abbreviated to “the US” and “the UK” respectively in the main text, except where these country names appear in quotations from reports, which are rendered verbatim.

1. INTRODUCTION

The rapid shift from a manufacturing to a knowledge-service era is bringing unprecedented economic, social, and environmental challenges. Social Wealth Economic Indicators (SWEIs) provide the missing information leaders in government, business, and civil society need to meet these challenges. They show where the US stands in comparison with other developed countries (and some other countries) in critical determinants of both economic competitiveness and quality of life.

SWEIs recognize that both economic health and quality of life are prerequisites for robust businesses, economic competitiveness, and fulfilling lives. They show how quality of life and economic health and competitiveness interrelate to ensure human capacity development or “high quality human capital”: the main ingredient for personal, business, and national success in our new knowledge-service technological era. They demonstrate how seemingly intractable problems, including the suffering caused by chronic poverty, lack of support of care for the elderly, and racial and gender inequities, can be solved by taking into account data missing from other measures of progress.

SWEIs provide the empirical grounding for a new conceptual framework – and the data that supports it – demonstrating that social equity and economic success are *not* at odds as is often claimed but are in fact mutually supportive, indeed inextricably interconnected.

SWEIs further show that counting in the work of care in economic metrics is essential to: understand the hidden economic value of care, break through patterns of poverty, empower women and girls, make the case for investing in childcare and education (especially for disadvantaged children), and ensure success in the new knowledge/service age. They demonstrate the high return on investment from supporting this work for both a nation’s economy and a higher quality of life for all.

SWEIs provide building blocks for a more sustainable and caring economy. They demonstrate the substantial financial return from caring for people and nature – and the enormous costs of not doing so. They point the way to more effective government, business, and civil society investments.

1.1 NEW INDICATORS FOR NEW TIMES

New times require new measures. Today, the measure of a nation's economic health used by policy makers is Gross Domestic Product (GDP). GDP was developed in the early 20th century when the main driver of economic productivity was manufacturing, which accounted for the largest percentage of GDP. Today the largest sectors of the market are in the more intangible knowledge and service sectors. For instance in 2011 in the US, manufacturing only accounted for 14 percent of GDP and service accounted for 79 percent. Not only has employment in the manufacturing sector shrunk radically; good jobs in the service sector today require what economists call "high quality human capital." In other words, today the key to market-based production, economic growth, and global competitiveness, as well as to a high quality of life for a nation's people, is human capacity development.

While GDP still provides important data, it fails to measure this essential component of personal, business, and national success in our new knowledge-service age. Neither does it provide data on what kinds of investments and policies are required for human capacity development.

Moreover, GDP does not factor in activities outside the market such as the care for household members primarily performed by women that directly fuels and impacts the economy -- even though this care is essential for humans to survive and thrive, and hence for personal, business, and national economic success. Neither does GDP address how people on the ground are actually doing, or economic disparities based on racial and gender discrimination.

In recognition of the shortcomings of GDP, new economic indicators are beginning to surface. While these are important contributions, as documented in the report [The State of Society: Measuring Economic Success and Human Well Being](#), they primarily focus on national comparisons of outputs, such as rates of poverty, infant mortality, educational attainment, or environmental conditions. Unlike SWEIs, they ignore the critical matter of inputs, or what is needed for better outputs. A particular shortcoming of these newer indicators is that they fail to include the economic impact of inputs such as care work and high quality early childhood education on human capacity development. Most of these new indicators also fail to provide adequate data by gender and race, and information on the state of a nation's human capital and what is needed to ensure it is developed.

SWEIs fill these gaps. These new measures are based on the latest scientific data. For example, they take into account findings from neuroscience that the most effective approach to developing human capacity is supporting care and education starting in early childhood and throughout the lifespan. They also take into account studies showing that the status of women can be a more accurate determinant of a nation's prosperity than GDP; for example, the pioneering study by the Center for Partnership Studies entitled [Women, Men and the Global Quality of Life](#), and the World Economic Forum's [Global Gender Gap Reports](#).

See Figure: *The Economy And The Care Sector*
Source: United Nations

New times require not only new measures but also new language. Otherwise we remain prisoners of the old worldviews. In this report, key words and phrases such as social wealth and caring economy are used to underline the inextricable link between quality of life and economic competitiveness, between gender equity, human rights, and economic prosperity, and between caring and human capacity development.

1.2 SOCIAL WEALTH & SOCIAL WEALTH ECONOMIC INDICATORS (SWEIs)

The old view of wealth includes strictly material or financial wealth, such as land, stocks, and earnings. As we shift into the knowledge-service era, there is growing recognition that a prosperous economy and a vibrant society largely hinge on the contributions of people. Social wealth is a new term that describes the collective contributions of members of a society to economic success and quality of life.

The extent of peoples' collective contributions depends on human capacity development, especially the great human capacities for innovativeness and creativity, problem solving and perseverance, empathy, resilience, civility, caring, and working in teams. And human capacity development in turn largely depends on the quality of care and education people receive, starting in early childhood.

Accordingly, SWEIs shine a spotlight on the extent to which a country provides support for the caregiving work performed not only in the market but also in homes. They include data from national surveys on the economic contribution of this work, showing for example that if the value of care work in homes were included in a nation's GDP, it would constitute between 30 to 50 percent of reported GDP (depending on what method of calculation is used).

SWEIs also reveal the availability of, and extent of investments in, high quality early childhood education, as well as the results of studies showing the enormous return on this investment. In addition, Social Wealth Economic Indicators show the costs of failing to shift to environmentally sustainable practices, as well as the long-term economic benefits from investing in a healthy natural environment.

As well as providing a new perspective on what is needed for personal, national, and business success in today's rapidly changing world, SWEIs also provide tools for more effectively addressing seemingly intractable social and environmental problems. For instance, most indicators ignore the fact that worldwide women are the mass of the poor, and that a major reason for their disproportionate poverty is that the work of care is still primarily done by women for little or no pay (see [Unpaid and Undervalued Care Work Keeps Women on the Brink](#) in the 2014 Shriver report). By viewing this work as "reproductive" rather than "productive" work, existing indicators are of no use in cutting through cycles of poverty through support for this essential work, whether in workplaces or homes.

In these and other ways, SWEIs widen our lens of analysis to provide a more accurate perspective on the government and business policies required at this time of massive social, economic, and environmental change. They provide the missing information policy makers need to promote optimal human, economic, business, and social development in our new knowledge-service era, and compare the US with other developed nations, showing what is needed if US businesses are to be competitive.

Accordingly, SWEIs include data not only measuring activities in the market economic sector, but also in the three life-sustaining and capacity-building sectors: the household, natural, and community volunteer economic sectors which make essential contributions to both economic prosperity and quality of life. A “full spectrum economics” should include these three sectors in a new economic map that more accurately reflects the economic system that we live in.

See Figure: *Old vs. New Economic Maps*
Source: *Center for Partnership Studies*

In short, SWEIs measure both the state of our nation’s human capacity development, such as levels of education and health (outputs), and the factors that ensure human capacity development (inputs), such as support for care work, early childhood education, gender and racial equity, and other investments in the development of every individual’s full capacities throughout the whole lifespan.

Together, these indicators present a clear picture of a nation’s social wealth, including both the contributions of its people and the impact these contributions have on human capacity development, human health, environmental health, and social cohesion and equity.

1.3 SWEI ECONOMIC BENEFITS

Economists tell us that the most important capital for our knowledge-service age is “high quality human capital.” SWEIs measure both the state of this “human capital” and the factors required to develop and maintain it.

This information is of paramount importance for government policy makers who recognize that old ways of thinking and old prescriptions for funding allocations are not adequate. For instance, as we shift from a time when manufacturing plants employed many thousands of people to one when the same plant is run through automation with just a handful of people, when even service jobs such as receptionists, telephone customer service personnel, and increasingly also middle management positions are being replaced by automation, it is time to rethink the definition of “productive work.”

Of particular interest to policy makers will be the correlations shown by SWEIs. To illustrate, countries that provide more support for care -- countries that the World Economic Forum’s Global Gender Gap reports show also have the lowest gender gaps – not only have far lower poverty rates but also are regularly in the highest ranks of the World Economic Forum’s Global Competitiveness reports. SWEIs are the first indicators to reveal the systematic link between gender equity and economic competitiveness.

SWEIs document that the US lags behind other OECD countries in both the condition of our present human capital and the amount of investment in ensuring high quality future human capital. The economic implications of this lag are dire, yet current indicators do not give this information to policy makers so they can ensure we change our current course.

SWEIs also show the economic implications on the ground for individuals and families, documenting how countries that invest more adequately in supporting caring and education have far less poverty, crime, and fare better on international tests of educational achievement. Again this has enormous implications for national, state, and local policies both to avoid the huge back-end public costs of such neglect and to enable the investment in human capacity development that fuels and drives personal, economic and business success.

The current set of Social Wealth Economic Indicators primarily draws on national data from OECD countries. However, with further development, these indicators will provide useful and revealing data at the state and local levels.

Local indicators will present policy makers with new performance measures that reflect the long-term return on investment (ROI) of policies that support care and care work, such as tax credits for care givers and paid parental leave. Performance measures in local government are currently limited in their ability to track long-term outcomes and impact of policies, making it difficult to make the economic case for social programs and policies. SWEIs provide a starting block for translating social benefits of these policies into economic benefits, speaking the language of decision makers at all levels.

For one example of how SWEIs can be applied at the local level, please see [Social Wealth: Implementing a Caring Economy in Monterey County](#).

1.4 SWEI BUSINESS BENEFITS

Since businesses do not function in a vacuum but as part of the larger economy and society, SWEIs provide essential information to businesses. They document that business success today largely hinges on human capacity, and also demonstrate the high price companies pay when this is neglected by government policy makers.

SWEIs also provide businesses with an understanding of both the short-term and long-term benefits of family-friendly policies. Studies show that firms that invest in caring for their people through paid parental leave, childcare support, and flexible time for families have a higher return to investors. For example, companies that regularly are in the Fortune 500 and Working Mother lists of best companies to work for have a substantially higher return to investors, as described in Sandra Burud and Marie Tumolo's *Leveraging the New Human Capital*.

Studies also show the ROI for our national and regional economies from businesses that support caring for people and their families. This understanding should lead to national, state, and local policies that reward such companies through tax breaks and other forms of government support.

SWEIs provide a new language for articulating the economic benefits of social policies, and are a tool for business leaders making the economic or financial case for investing in care. Currently, many social policies are expressed in terms of their social benefits. SWEIs provide the evidence that these benefits also can, and should, be expressed in economic terms to bring these policies out from the fringes into mainstream business evaluation.

The extension of SWEIs to the state and local levels of government will enable businesses to more effectively work with state and local officials towards instituting worker- and family-friendly policies.

In addition, SWEIs provide caring companies with perception and marketing benefits. Moreover, as care work is given more value and support, purchasing capacity increases, which is good for businesses across the board.

SWEIs can help caring companies in marketing and promotion by gaining them good will and a larger customer base. Women are the main purchasers of consumer goods in developed nations such as the United States. By highlighting the economic contribution of the "women's work" of care – whether done by women or men – SWEIs will bring positive attention to companies that give value to this work through family-friendly policies.

1.5 SWEI SOCIAL BENEFITS

The government and business policies that flow from attention to SWEIs will greatly benefit our general quality of life. With more attention to the economic return from investing in people's physical and mental health, education, and good care for children and the sick, disabled, and elderly, many social problems and costs (for instance, from crime and prison rates) are avoided. SWEIs further show the ROI from investing in a healthy natural environment for both quality of life and economic sustainability.

SWEIs pay special attention to gender and race, which are ignored or marginalized in most socio-economic indicators. For example, they include empirical measures of the economic value of care work, thus promoting better pay for the women of color and immigrants who do such work for poverty level wages in the US, as well as recognition of its economic contribution when performed in homes.

SWEIs show the impact of a *gendered system of values* that marginalizes so-called women's issues and at the same time devalues anything stereotypically associated with women or the "feminine" such as care work – whether performed by women or men. They show how this devaluation negatively impacts equality of rights and opportunities for women and men. They further highlight how this system of gendered values has been reflected in and perpetuated by both economic measures and social and economic policies. SWEIs shine a much-needed spotlight on economic inequality. They highlight the fact that worldwide women are the poorest of the poor and the mass of the poor, and show that women's disproportionate poverty rates – and with these, child poverty rates – can be massively reduced through policies that support the work of care still primarily done by women. They further show the enormous human benefits and public cost savings from investing in caring and educating children, especially disadvantaged children.

SWEIs shine a much-needed spotlight on economic inequality. They highlight the fact that worldwide women are the poorest of the poor and the mass of the poor, and show that women's disproportionate poverty rates -- and with these, child poverty rates -- can be massively reduced through policies that support the work of care still primarily done by women.

SWEIs show how family friendly policies lead to lower poverty rates and a better quality of life for families (as in the "balancing of family and employment") as well as business and national economic success. They show that caring and caregiving can no longer be dismissed as ineffective because they are "soft" or "feminine" – and hence devalued – but that in reality caring economic policies and practices are more effective and beneficial for people, businesses, and the larger economy.

In short, SWEIs show connections that are otherwise not visible. They provide a more complete economic, business, and social picture that makes sense of where we really are as a nation. This picture, in turn, provides the data for policy makers to effectively deal with our unprecedented challenges at this time of massive technological, economic, and social transition.

1.6 TWO SOCIAL WEALTH INDICATOR DOMAINS

The conceptual framework for the development of SWEIs is described in the report [National Indicators and Social Wealth](#), and is based on meetings of economists and other experts convened by the Center for Partnership Studies and the Urban Institute in 2012 in Washington DC.

These new indicators draw from both earlier and new scientific findings, including findings from neuroscience showing that whether or not people grow up to develop their capacities both for economic success and for healthy and meaningful lives – that is, whether they can be counted as "high quality human capital" – heavily hinges on the quality of care and education children receive early on.

While SWEIs pay particular attention to the importance of caring and caregiving, they measure a wide range of factors, from those affecting the health and education of a nation's people to those impacting the state of its natural resources and environment. They show how these factors interact, and point to what is needed to move forward.

SWEIs are divided into two main areas:

Human Capacity Indicators

Measures the **degree of human capacity development** – both for economic success and for healthy and meaningful lives, including development of our capacities for caring and creativity individually, in families, and in groups and organizations. Human capacity indicators pay special attention to social (including gender) equity, keeping in mind studies showing that addressing inequity makes for a more productive, harmonious, and healthy society.

Care Investment Indicators

Measure our national investment (government at all levels, business, and nonprofit sectors) in caring for people so as to promote their optimal development and meet their human needs and our nation's need for success in the post-industrial knowledge/service age.

1.7 IMPLICATIONS FOR POLICY: INTERACTIONS AND CORRELATIONS

While individual indicators or clusters of related indicators provide important information on the various dimensions of social wealth, they do not give us an overall sense of how these different indicators interrelate. Nor do they tell us how the accumulation of social wealth matters for human, economic, and societal development.

Therefore, after presenting the SWEIs, we devote a section to the correlations between different indicators, and explore the strength of the relationship between measures of social wealth and measures of economic growth, productivity, and competitiveness.

For example, we look at US studies that show that greater investment in high quality early childhood care and education is associated with fewer behavioral problems such as delinquency, as well as lower child poverty and lower crime rates. We explore other key matters not generally addressed in economic analyses, such as how the status of women correlates with measures of human, economic, and social development.

To illustrate, one measure of the status of women is the gender gap in a particular country, or the gap between men and women along various dimensions of economic, social, and political participation. We present evidence drawn from the Global Gender Gap report (2013) and earlier studies that demonstrates that countries with a smaller gender gap are also countries that are more prosperous, more competitive, and more developed in terms of human capacity. We also present data, drawn from the World Values Survey (2000) that demonstrate a positive correlation between the status of women in a country, and that country's record in fostering democracy and promoting human rights. In addition, we present the results of studies showing that violence against women imposes substantial economic as well as human costs for a nation.

1.8 SELECTED SOCIAL WEALTH ECONOMIC INDICATORS

In compiling data on the various dimension of social wealth, we have focused primarily on comparisons of the US to other developed nations. We have therefore drawn heavily from metrics for the 34 countries belonging to the OECD (the Organization for Economic Co-operation and Development) because of their rigor and relative comparability.

While global data is less comparable, we have, for a number of indicators, also used these data, for example, information from WHO (the World Health Organization) and other UN metrics from both developed and developing countries.

Wherever possible, the data have included breakdowns by gender, given the fact that this information is lacking in most other indexes and indicators. The SWEIs described below may in the future provide a partial basis for one aggregate SWEI figure (a la GDP). However, at this point such a figure has not yet been developed, although this is a projected next step.

1.9 WHY SWEIs ARE DIFFERENT AND ESSENTIAL

What is new and different about Social Wealth Economic Indicators is that while we have drawn data from a wide variety of existing sources, they embed these scattered measures within a new conceptual framework that shows connections that are otherwise not visible. In other words, SWEIs provide a cross cutting integrative set of indicators that connects dots, or existing, isolated indicators, into a coherent new whole.

The dots are isolated statistical data that are scattered in a number of existing and proposed economic indicators. They do not tell us what we need in order to move forward unless they are put into a new pattern or conceptual framework that shows the importance of matters that are still generally ignored or at best marginalized.

The provision of a new conceptual framework or perspective underlies all progress, be it in economics, society, or science. For example, the conceptual framework of evolution brought together scattered data from many earlier observations to form a new coherent paradigm or theoretical framework that made visible what otherwise was not visible because it did not fit into the old explanatory frame.

The conceptual framework provide by SWEIs is an important step toward a new paradigm for understanding economics that translates social benefit into economic benefits in ways that have not been done before. It shows that the current concept of a conflict between improving people's quality of life and economic success is erroneous.

Specifically, SWEIs bring together existing data from sources like the OECD, the World Health Organization, and the United Nations. Using existing indicators, but in new combinations, allows SWEIs to connect these data to illuminate hitherto hidden interactions between supporting care work through business and government policy and human capacity development, and hence economic prosperity. SWEIs are the only set of indicators that show the social and economic impact of policies such as paid parental leave, support for child and elder care givers, and investment in early childhood education. By using existing data within the new conceptual framework of social wealth, these indicators reveal previously invisible interactions between human capacity development and economic prosperity.

To illustrate, SWEIs are unique because:

1. SWEIs provide a new language that translates social wellbeing into economic impact, in ways that other alternative economic indicators do not. Many alternative sets of economic indicators draw on wellbeing or quality of life data, and report on health, educational attainment, etc. SWEIs also do this, but they are different in that they connect this information with economic data, offering empirical evidence of the long-term economic and business impact of caring policies, i.e. policies that support wellbeing and quality of life.

For instance, we know from time use surveys how much people in a community or nation spend on unpaid care work in the home per week. But SWEIs go an essential step further. They couple this information with data on the value of that care work as a percentage of GDP, showing its enormous economic impact (with numbers varying depending on whether the methodology use is replacement cost, opportunity cost, or a combination of both as shown in what follows).

2. Unlike mainstream and most alternative indicators, SWEIs give special attention to gender as critical for human capacity development. The gender piece is increasingly recognized as a major factor in social equity and inequity, and SWEIs also show this. But again, SWEIs take this an essential step further by showing the impact of gender equity or inequity on economic and business success.

To illustrate, as noted earlier, a number of studies (which will be detailed below) show that the status of women is one of the best predictors of general quality of life as well as economic competitiveness. Other studies show that women are disproportionately poorer worldwide, including in the US as documented in the 2014 Shriver Report. SWEIs include these types of data, but again go an important step further by showing that this disproportionate poverty of women (and with them, also children) is a major obstacle to both a society's general quality of life and its economic competitiveness, and has its roots in the devaluation of the care work still primarily considered "women's work."

3. SWEIs create a conceptual framework that tracks both inputs and outputs of the system. Some sets of indicators track inputs, while others track outputs. Rather than segregating this information by reporting it separately, SWEIs bring together data on outputs and inputs to reveal the interaction between the two.

To illustrate, a number of new indicators focus on outputs such as health, educational attainment, and economic productivity. Others measure inputs such as budget allocations and spending on education, parental leave, or defense. SWEIs bring together data on outputs and inputs in ways that show the economic value of caring policies and investment in care.

In short, SWEIs provide essential new information for realistic long term thinking and planning, by showing patterns or connections and configurations that point to work that needs to be done for both a good general quality of life and economic success in our new knowledge-service era.

2. HUMAN CAPACITY INDICATORS

Human Capacity Indicators offer essential information for sound policy, as society cannot hope to flourish if its members are not empowered to take responsibility for their individual and collective futures. Since social science and neuroscience show that this empowerment must be cultivated from the earliest stages of life, Human Capacity Indicators include measures of the care and education children can access, both in homes and through high quality child-care. Since children must continue to receive loving care that will fully awaken their creative potential, social wealth measures also look at factors such as primary and secondary education, health, and environmental conditions, and situate the US in all these kinds of measures in comparison with other developed countries.

HUMAN CAPACITY SUB-CATEGORIES



INTRODUCTION TO HUMAN CAPACITY INDICATORS

We define human capacity as capacities that people learn to utilize not only in service of their own advancement but also in collaboration with others for the advancement of the society and economy in which they live. Human capacity resides in all members of the society – as much in children and youth as in the middle-aged and old, as much in the able as in the disabled. Therefore, Human Capacity Indicators also reflect the efforts of long-term care (or direct-care) workers who tend to the elderly and disabled, as well as those of family members and others who do this work for free.

Human Capacity Indicators also measure the capacity of human beings to live in harmony with one another. Disharmony may manifest in the form of disconnection and hostility that individuals may feel towards others because of differences in identity and beliefs. Although there is nothing wrong with individuals identifying with groups on the basis of certain differentiating factors, such as ethnicity or religious beliefs, the accumulation of social wealth suffers when certain groups deny other groups rights and/or resources on the basis of such differences. Similarly, the sense of interconnectedness that human beings have a natural tendency to feel towards one another is ruptured by the presence of social inequities. Therefore, Human Capacity Indicators reflect the degree of social cohesion and connectivity and the degree of social equity that exist in a society.

Finally, high quality human capital often manifests in the form of entrepreneurial talent and the capacity to innovate, and so these aspects of human capacity are also included among Human Capacity Indicators.

Ultimately, the flourishing of human capacity makes for a more cohesive and connected society, a more productive economy, and a culture of care, trust, collaboration, and generosity that enhances a society's ability to create, adapt, and transform.



HUMAN CAPACITY WHERE THE US STANDS

- The US has a child poverty rate that is nearly twice the OECD average.
- The US ranks 30th in maternal mortality rates
- Infant mortality in the US is higher than all major developed nations.
- The US has lower enrollment rates for young children in early childhood education programs than other developed nations
- The US has a higher gender gap in earnings than the OECD average (at 22%, compared to the 17.3% OECD avg.)
- In the US, according to time use surveys, men spend more time on care work than men in other developed nations.
- Women spend less time on household work than women in other developed nations.
- In the US, childcare work is one of the lowest paid occupations.
- The teen birth rate in the US is higher than all other developed nations, at approximately 44 births per 1,000 women aged 15-19. Switzerland has the lowest teen birth rate, at 4 births per 1,000 teens. The Nordic nations have 5-10 births per 1,000 teens.
- The US is one of only 12 countries running an ecological deficit larger than 4 global hectares per capita, while many other developed nations (and developing nations in Latin American and elsewhere) are running ecological reserves.



Caring and caregiving produce real tangible value that augments social wealth in terms of nurturing the human capacity of a society's members to become active co-creators in the social process.

The work of caring and caregiving may take many forms. It may involve a mother caring for her children, or an adult caring for his/her aged parents or other relatives. Caregivers may be community members who go unpaid for their contributions in households or as volunteers, or they may be workers in the labor force who are paid for their activities.

Neuroscience demonstrates that the neural architecture in our brains is shaped by our interactions with the environment of our early childhood years, especially by the quality of care we receive. Children who receive high-quality care in their early years tend to grow up to be strong individuals – physically, mentally, psychologically, and emotionally. Kindness and caring are integral to our humanity. There is a natural human yearning for mutuality and caring, and studies show that levels of happiness are closely related to whether this yearning is fulfilled.

An indispensable component of social wealth is the wisdom of a society's elders. Not only adults and children, but also policymakers and thought-leaders benefit from such wisdom. Caring for the elderly is therefore a special input into building strong and resilient societies.

Yet not a single country in the contemporary world values the work of caring and caregiving adequately in monetary terms at a national level. A major reason is that this work is largely undertaken by women, and "women's work" has been devalued in both economic theory and measures of economic health. So even when this work is paid, it is at rates far lower than the value of what it contributes. A related reason is that much of the work of caring and caregiving takes place in the informal, household sector, whose production is still not counted among measures of national output or income.

2.1.1 PAID AND UNPAID CARE WORK

Care work can be paid or unpaid. Paid work can be performed inside the home (usually by paid non-family members) and in outside locations (care centers, workplaces, etc.). Unpaid care work may be performed in a household by one or more members of that household or by volunteers who do not belong to that household.

There are data on market pay for care work in conventional sources, and these show that the rates of pay are extremely low in general. However, the study of the value of unpaid care work is only now gaining traction. Hence, barring a few national surveys (such as those from Switzerland, the US, and Australia described below), as well as a handful of localized reports (such as the Wellington region of New Zealand report below), we are at this time only able to construct indirect measures of the value a society places on caring and caregiving.

2.1.2 THE VALUE OF UNPAID CARE WORK

Where data are available on the value of unpaid care work, we must consider the methodology of valuation that was used, since estimated valuations are quite sensitive to the methodology.

The replacement cost methodology uses the average wage (per unit of time) in the relevant paid care industry.

The opportunity cost methodology considers what income opportunities were lost by unpaid caregivers. The rationale for the opportunity cost methodology is that, in the absence of caring responsibilities, the equivalent time/effort would be spent in the paid workforce. In other words, this method is based on the proposition that unpaid care work entails income losses. It sometimes uses the average wage for all industries to determine this figure.

To illustrate, the charts below represent the findings from a [US study](#) which calculated the value of unpaid care work using replacement value. The valuation of care work using this method was low because wages in the care work industries and occupations are substantially lower than average earnings in the labor market as a whole.

[See Chart](#) *Differential Between Average Wages of All Workers and Average Wages of Household Workers, US*
Source: US Bureau of Economic Analysis

[See Chart](#) *Average Wages of Household Workers As A Percentage Of Average Wages of All Workers, US*
Source: US Bureau of Economic Analysis

By contrast, a recent [Australian study](#) used an averaging of replacement and opportunity cost methodologies, with dramatically different results. It found that if the unpaid work of care in homes (mostly performed by women) were included it would constitute 50 percent of the reported Australian GDP.

See [Chart Total Unpaid Care Sector Hours, Australia](#)
Source: *Security4Women*

2.1.2.a US Survey of the Value of Unpaid Care Work Using Replacement Value, 2010

Incorporating the value of nonmarket household production in the US raises the level of nominal GDP 26% in 2010.

More: For the full report, see:
http://www.bea.gov/scb/pdf/2012/05%20May/0512_household.pdf

2.1.2.b Australian Survey of the Value of Unpaid Care Work Averaging Replacement and Opportunity Cost, 2012

The table below provides a high order overview of the key data findings from this study.

See [Table Findings from Australia study](#)
Source: *Security4Women*

More: See page iv of the [full report](#) for the key implications of the research conducted throughout the project, and also its limitations.

2.1.2.c Value of Household and Community Work, Wellington region, New Zealand, 2001-2011

The value of household and community work in the Wellington region of New Zealand has been estimated by the [government of New Zealand](#) at NZD (New Zealand Dollars) 5.48 billion in 2011, an increase of 33.1% since 2001. This value is calculated by multiplying hours spent on unpaid work (including household work, caregiving for household members, purchasing goods and services for own household, and unpaid work outside the home) by the national minimum wage and adjusting by CPI.

More: A Massachusetts study estimated that unpaid care work is worth \$151.6 billion per year in the state, and if it were counted as part of gross domestic product in 2007, it would account for 30.1% of the state's output. Source: M. Duffy, R. Albelda, and C. Hammonds, *Counting Care Work: The Empirical and Policy Applications of Care Theory*, *Social Problems* 60 (2) (2013): 145–167.

A Swiss government survey showed that if unpaid work performed in households – primarily caring for people – were counted, it would constitute 40% of Swiss GDP. Source: U. Schiess and J. Schön-Buhlmann, *Satellitenkonto Haushaltsproduktion: Pilotversuch für die Schweiz*. (Satellite Account of Household Production for Switzerland). Neuchâtel, CH: Statistik der Schweiz, 2004.

An [AARP Public Policy Institute Report](#) found that in 2009, about 42.1 million family caregivers in the United States provided care to an adult with limitations in daily activities at any given point in time, and about 61.6 million provided care at some time during the year. The estimated economic value of their unpaid contributions was approximately \$450 billion in 2009, up from an estimated \$375 billion in 2007.

A [Chinese Survey](#) on the Value of Unpaid Care reports: “Depending on the method used, the value assigned to unpaid work varies from 25 to 32 per cent of China’s official GDP, from 52 to 66 per cent of final consumption and from 63 to 80 per cent of the gross products of the tertiary industry. These estimates show that unpaid work represents a huge contribution to national economic wellbeing.”

The United Nations Research Institute for Social Development (UNRISD) has published some research work on unpaid care work in seven, mostly developing, countries (Argentina, India, Japan, Korea, Nicaragua, South Africa, and Tanzania). See [here](#) and [here](#). In these countries, the value of unpaid care work is many times the public sector expenditures in social services. These data clearly show that the provision of care services in these countries is overwhelmingly supported by the unpaid work carried out within households and families, and provide arguments for the need to increase social expenditures to reduce the burden on households and the women in them.

2.1.3 TIME SPENT ON UNPAID CARE WORK

The importance of the work of caring and caregiving for those who receive it as well as those perform it may be inferred from the time spent on such work. Here we have two kinds of data.

2.1.3.a Data from Time Use Surveys

The first kind comes from Time Use Surveys, which record information on how people allocate their time across different day-to-day activities. The surveys involve respondents keeping a diary of their activities over one or several representative days for a given period. This information on daily activities is then re-coded into a set of descriptive categories, so that a 24-hour period (or 1440 minutes) can be “split” into a sequence of “primary” activities in which respondents are involved during a day.

At this time, many surveys classify activities into “main” or “primary” activities or as “parallel” or “secondary” activities. However, as economists such as Nancy Folbre note, this distinction has led to a failure to give adequate value to what have been classified as “secondary” activities. This is especially important for the identification of the total time dedicated to childcare, where both primary activities (such as the provision of personal care, the supervision and the education of a child, including reading and talking with children, as well as transporting children) and secondary activities (such as being within earshot when a baby is sleeping to ensure she or he is ok, watching TV or going to the cinema with the child to monitor and explain where needed, etc) should be counted under the definition of care work for children.

The data reported in the table below provides a view of primary and secondary care activities by men and women (age 25-44) with children below school age in OECD countries. Not surprisingly, women spend substantially more time with children. Somewhat surprisingly, the amount of time spent on care work as reported across countries (and surveys) varies most significantly for women. For example, mothers in Mexico with two or more children spent about twice as much time on care work as mothers in France.

In the case of men, the time spent on care work in the US was among the highest for OECD countries, but in the case of women, the US ranked at the lower end of the scale. For instance, women with two or more children in the US spent about 12.5% of their time on care work, ahead of only Latvia (11.3%) and Canada (8.8%), compared to 22.6% in Mexico, 22.2% in the UK and 21.2% in Germany.

[See Table Time Dedicated To Care Work, OECD Countries](#)
Source: OECD Family Database

Time spent on care work increases with the number of children for both mothers and fathers, but the increase is most significant for women. However, the increase in time spent on caring when a second child arrives in a household is considerably smaller than when the first child was born.

Data issues

Several factors affect data comparability across countries, including differences in: sample composition, the categorization of activities; and, the sampling of diary days even when data collection complies with standardized guidelines. Large differences are also related to how simultaneous activities are recorded – and if they are recorded at all, as in general, data is coded so as to categorize people engaged in one activity at a time. In some cases, surveys include separate questions designed to learn about simultaneous activities (i.e. watching television while cooking, or caring for children while performing other activities), which allows distinction of activities in “primary” and “secondary” activities. However, the reality is that while “primary” activities are comprehensively tracked, the recording of “secondary” is more prone to error because they are often omitted by respondents. The comparability of estimates on secondary activities also suffers because some activities only take a few minutes of one’s time (for example, moving laundry from the washer to the dryer) so that they are not reported consistently enough to produce reliable estimates. Because of the omission of secondary activities, the amount of time devoted to specific tasks that may be performed simultaneously with other tasks is typically under-reported among primary activities.

2.1.3.b Data from Other Surveys

The second kind of data on time allocations comes from the Second European Survey on the Quality of Life, which asked the question: “on average, how many hours in a week do you spend on these activities? (a) Caring for and educating children; (b) Cooking and housework; (c) Caring for elderly/disabled relatives; (d) Voluntary and charitable activities.”

The data reported in the chart below show the responses for (a) and (c) for men and women aged 18 and over in a broad group of European countries. We see that once again, women spend substantially more time on unpaid care work than men (except in Denmark, where men spend substantially more time on caring for elderly/disabled relatives). With the exception of Norway, the difference is small for Nordic countries (being negative for Denmark, meaning men spend more time on unpaid care work than women), and the difference is greatest in Germany and the Netherlands.

In addition, the cross-country variation appears to be larger for women than for men. To illustrate, among OECD countries, women in Estonia, the Netherlands, Germany, Poland, Ireland and the UK spend around 50 hours per week on caring, almost three times as much as women in Finland. Time spent on caring for and educating children is highest in the Netherlands (48 hours per week) and Estonia (44 hours per week) while time spent on caring for elderly/disabled relatives is highest in Spain (17 hours per week) and Ireland (16 hours per week).

[See Table Time Allocated to Unpaid Care Work, OECD Countries](#)
Source: OECD Family Database

Data Issues

Data collected in this format is not based on regular recording of activities in a diary and may therefore be of lesser quality than the data collected from Time Use Surveys.

2.1.4 AVAILABILITY OF CHILDCARE AND EARLY EDUCATION IN OECD COUNTRIES

A society’s ability to develop human capacity is also crucially dependent on the quality of care and education it provides to its youngest members. The first five years of childhood are a time of tremendous learning and development, so the quality of care and education that children receive in these years is a significant determinant of the capacities that they will be able to develop in later years.

Pre-school and pre-K programs provide children their first opportunity to come together and socialize with others from a diversity of backgrounds. Accordingly, these programs represent one of the most far-reaching investments in the accumulation of social wealth.

2.1.4.a Enrolment Rates in Childcare Centers in OECD Countries

Another important childcare measure is the availability and/or enrollment of children in childcare centers. This too differs greatly from country to country.

While average enrolment is 30% for 0-2 year olds, there is wide variation in enrolment rates across countries. Denmark, the Netherlands, and Iceland report the highest enrolment rates of above 50%, while the US reports 31.4%, just above the OECD average of 30.1%.

For 3-5 year olds, enrolment rates are close to 100% for Belgium, France, Italy, and Spain, indicating that children are expected to spend close to 3 years in pre-school. By contrast, the time is 1.7 years for the US (which is below the OECD average of 2.3 years) and less than 1.5 years in Greece, Poland, Switzerland, and Turkey.

See Table *Early Childcare Enrolment, OECD Countries*
Source: *OECD Family Database*

Data Issues

Data on the participation of very young children (under 3 years) in formal day-care services have been taken from different sources: the ABS Childcare service 2005 in Australia; the National Longitudinal Survey of Children and Youth 2008 in Canada; the Early Childhood Program Participation Survey 2005 in the US; EU-SIC 2008; Germany: administrative data, *Early Childhood and Education in Europe; Tackling Social and Cultural Inequalities (2009)*; Korea: Ministry of Health and Welfare; the NOSOSCO reviews of social protection in Nordic Countries and various publications by National Statistical Offices and national sources.

For estimates of childcare enrolment rates for children <3 years old using EU-SILC information, these include the following types of services: childcare at a day-care center, childcare by a professional child-minder at child's home or at a child-minder's office, education at pre-school or equivalent (kindergarten, nursery school). According to EU-SILC's definitions the child-minder category may include a relative, friend, neighbor or baby sitter if the carer received a payment for this activity.

Where children are enrolled in more than one part-time program the issue of double counting arises. For example, in some countries, kindergartens are only open for half a day. It is therefore possible that the child could attend kindergarten in the morning and then family day care in the afternoon, which could over-estimate participation rates. Estimates using EU-SILC data do not present this problem. When children are reported to attend more than one childcare service, the child only counted once in overall enrolment rates.

In some countries (including Canada, Switzerland and the US) where early care and education supports are delivered and/or partially or entirely financed by local government, central recording of enrolment data is often less than perfect, which means that reported data may underestimate "true" participation rates. In the case of Mexico, data does not include services provided by the private sector, which account for a substantial part of the participation rate.

Canadian data are from the National Longitudinal Survey of Children and Youth (2008). The survey does not include children living in the territories, children living on First Nation reserves and children living in institutions. Availability of kindergarten programs varies by province since the Canadian educational system is provincially regulated.

Enrolment rates of three to five year olds are mainly sourced from the UOE Education data collection (an inter-organizational data collection undertaken jointly by UNESCO, OECD and EUROSTAT) based upon head counts. Pre-school programs are classified as ISCED 0 (ISCED refers to education levels as described by the International Standard Classification of Education) where education programs must be center- or school-based and designed to meet the educational and developmental needs of children. In some countries, however, a significant number of 4 and 5 year olds are enrolled in primary school programs (ISCED 1), as for example, in Australia, Ireland, New Zealand and the UK. Enrolment rates presented here include all children aged three to five inclusive, irrespective of the ISCED-level under which they are classified.

Different sources use different methods of data collection which may further hamper international comparisons. Enrolment in pre-school facilities presented in the OECD Education database is based upon actual numbers of students participating in these programs and a percentage is calculated by using population data as a denominator. The same rule applies to some countries who collect actual enrolments in childcare facilities for the under threes. In other countries, however, data on childcare facilities has been

collected through the medium of household surveys (EU-SILC, for example) and its quality may be affected by sample size and sample selection issues. Enrolment rates as in EU-SILC are broadly in line with the administrative data for countries for which both sources are available. There are sample selection issues with the German EU-SILC survey, which suggest that EU-SILC is likely to overestimate childcare enrolment rates. For this reason the administrative data from the German Statistics Office are used.

More: The enrolment rates in the table above for 0-2 year olds concern formal childcare arrangements such as group care in childcare centers, registered childminders based in their own homes looking after one or more children, and care provided by a carer (a professional child-minder, usually a relative, friend, neighbor or baby-sitter who is registered and receives a payment for the activity) at the home of the child. The enrolment rates for 3-5 year olds concern those enrolled in formal pre-school services, and in some countries 4 and 5 year olds in primary schools.

For the 0-2 year olds, only aggregate age group data is provided since for some countries, this is all that is available. For 3-5 year olds, enrolment rates can be calculated for each age year.

2.1.5 PAY FOR CHILDCARE WORK IN THE US

Another measure of how the organization of childcare differs from country to country is how much childcare workers are paid.

In the US, childcare work is one of the lowest paid occupations: \$19,510 per year, or \$9.38 per hour. As W. Steven Barnett, Director of the [National Institute for Early Education Research](#) at Rutgers University, has noted, this is less than what dog walkers earn.

The two charts that follow are from the Occupational Outlook Handbook prepared by the [U.S. Bureau of Labor Statistics](#). They show pay levels for two occupations that require a high school diploma: one that entails care work and another that does not.

2.1.5.a Median Pay for Childcare Workers in the US

See Table *Quick Facts: Childcare Workers, US*
Source: *US Bureau of Labor Statistics*

2.1.5.b Median Pay for Plumbers, Pipefitters, and Steamfitters in the US

See Table *Quick Facts: Plumbers, Pipefitters, and Steamfitters, US*
Source: *US Bureau of Labor Statistics*

More: Video of W. Steven Barnett at Congressional Briefing Presented by the Center for Partnership Studies' Caring Economy Campaign in Washington DC in 2013.
<http://www.caringeconomy.org/multimedia/dr-steve-barnett-value-care-congressional-briefing-march-20-2013>

2.1.6 DIRECT-CARE WORKERS IN THE US

Not only is childcare poorly paid in the US, so also is caring for disabled or chronically ill people as well as for the nation's growing elderly population. The latter is especially problematic, given that according to [AARP projections](#), the population aged 65 or older in the US is projected to grow between 2007 and 2030 by 89%, more than four times as fast as the population as a whole.

According to a [PHI \(Paraprofessional Healthcare Institute\) factsheet](#): "Direct-care workers provide an estimated 70 to 80 percent of the paid hands-on long-term care and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions. These workers help their clients bathe, dress, and negotiate a host of other daily tasks. They are a lifeline for those they serve, as well as for families and friends struggling to provide quality care."

Furthermore: "Direct-care workers account for 30 percent of the U.S. health care workforce, far outnumbering other health care practitioner occupations such as physicians, nurses, and therapists. Direct-care workers also outnumber by more than two to one all allied health occupations, such as medical and dental assistants, and therapy assistants and aides."

The following info-graphic provides an overview of direct-care workers in the US.

See [Table Direct-Care Workforce, US](#)
Source: [PHI](#)

Despite their critical role in the health care workforce, direct-care workers earned a median hourly wage of \$10.63 in 2012 (compared to \$16.71 for the average US worker), and have actually experienced declining real wages in the last 10 years.

See [Table Wages of Direct-Care Workers, US](#)
Source: [PHI](#)

As the info-graphic suggests, more than half of the direct-care workforce do not have health coverage and almost half of them are below the federal poverty level income and therefore dependent on various forms of public assistance benefits. Given such working conditions, it is not surprising that organizations such as [Elder Care Workforce](#) project a critical shortage of the geriatric workforce in the coming years.

More: See http://www.eldercareworkforce.org/files/QA_Issue_Brief_-_FINAL.pdf and http://www.rosalynncarter.org/UserFiles/File/RCI_Position_Paper100310_Final.pdf

2.1.7 SOCIAL CARE WORKFORCE IN THE UK

The US is not the only nation where care work is poorly paid. According to the Social Care Workforce Research Unit at King's College, London, the care sector in the UK is one of the low paying sectors and has been for several years, even after the introduction of a National Minimum Wage. In a [report](#) published by the SCWRU, it is estimated that between 9.2 and 12.9% of direct-care workers in the UK earn below the National Minimum Wage.

2.1.8 LONG-TERM CARE IN OECD COUNTRIES

With the rapid growth of the elderly population, especially in developed nations where life spans have greatly expanded, the need for long-term care is also expanding exponentially.

According to a 2011 OECD report [Help Wanted? Providing and Paying for Long-Term Care](#):

"Long-term is the care for people needing support in many facets of living over a prolonged period of time. Typically, this refers to help with so-called activities of daily living (ADL), such as bathing, dressing, and getting in and out of bed, which are often performed by family, friends and lower-skilled caregivers or nurses."

2.1.8.a Long-Term Care Users in OECD Countries

As the following chart indicates, most LTC users in OECD countries receive care at home rather than in institutions. The proportion of LTC users is highest in Austria, Sweden, Switzerland and Norway, and lowest in Poland, Korea, Ireland and the US.

See [Chart LTC Users, OECD Countries](#)
Source: [OECD Health Policies and Data](#)

The majority of LTC users in OECD countries are women over 80. Women also do most of the care work, as shown in the metrics that follow.

See [Chart LTC Users By Age/Gender, OECD Countries](#)
Source: [OECD Health Policies and Data](#)

More: See [Ch. 1](#) of the report for more details on users.

2.1.8.b Long-Term Care Workers in OECD Countries

LTC workers are either family carers or paid care workers. In countries like Denmark, family carers outnumber paid care workers 2 to 1, and in countries like the US, Canada, New Zealand and the Netherlands, the ratio is as high as 10 to 1.

In all cases, family carers are mostly women and go unpaid but render substantial economic value, estimated in Europe at between 20.1 and 36.8% of GDP, depending on the method used, and in the US, \$375 billion in 2007, relative to a value of \$230 billion for paid LTC services in the same year (see p. 44 in [Ch. 1](#) of the report for citations).

The following chart indicates that there may be a significant unmet demand for LTC workers, with this demand being highest in Eastern Europe, and lowest in Sweden, Norway and the US.

See Chart *LTC Workforce, OECD Countries*
Source: *OECD Health Policies and Data*

Existing discrepancies between demand and supply are likely to be exacerbated as the numbers of the elderly are projected to increase significantly in the next few decades.

See Chart *Aging Quickly, OECD Countries*
Source: *OECD Health Policies and Data*

Finally, despite the fact that LTC work is burdensome, leading often to early retirement due to stress or burnout, wages for such work are generally low, as the following table documents. This may be one of the principal reasons for potential shortfalls in the supply of such workers.

See Chart *LTC Wages, OECD Countries*
Source: *OECD Health Policies and Data*

More: See [Ch. 5](#) of the report for more details on LTC workers.



In addition to care, education is vital. It is especially critical if children are to develop the unique gifts and talents that each individual is born with. Education is not only a major factor in a nation's standard of living; it is also one of the most important inputs to building a society's capacity to cultivate the values of caring, trust, collaboration, and generosity in its members.

Members of a highly educated society are more actively engaged politically and socially in the work of improving and transforming social conditions for the betterment of all concerned. This is especially true when all the members of a society, irrespective of gender, race, ethnicity, age, or ability, receive the benefits of education. Such an equitable distribution of education enables diversity to manifest its true creative potential in a multifaceted citizenry equipped to confront the unique challenges and opportunities presented by our knowledge-service-based economy.

The first table in this section reports the general state of education at all levels in OECD nations. Since neuroscience shows that the years from 0-5 are critical for human capacity development, we then revisit this matter in the later parts of this section, which supplement the materials in Care Investment Indicators (see Section 3). The section ends with an international comparison of higher education attainment that is also crucial for human capacity development.

2.2.1 LEVELS OF EDUCATIONAL ATTAINMENT FOR OECD COUNTRIES

Education is a key factor in human capacity development. In measuring educational attainment, the norm is to classify attainment levels according to the International Standard Classification of Education (ISCED), the framework used to compare statistics on the education systems of countries worldwide. The educational levels included in the ISCED range from 0 (early childhood education) to 8 (doctoral or equivalent).

The table on OECD countries below indicates that people in Norway spend the most years in formal education, at nearly 14 years on average, whereas people in Portugal spend the fewest years, at 8.5 years on average.

Overall, for all age groups, men spend more time in formal education than women, except in Belgium, New Zealand, Norway, and Spain, where men and women spend equal amount of time in formal education, and Canada, Finland, Iceland, Ireland, Poland, Portugal, Sweden, and the US, where women spend more time in formal education than men. The table also shows that, relative to the older cohort (55-64 year olds), the younger cohort (25-34 year olds) spend more time in formal education, except for young men in Denmark, Germany, and the US.

See Table Educational Attainment, OECD Countries
Source: OECD Family Database

Data Issues

Data on population and educational attainment are taken from the OECD and EUROSTAT databases.

Although the guidelines for categorizing of educational programs (ISCED) are comprehensive it is possible that a formal education program in one country is classified differently than in another. Thus, a vocational educational program may be classified as upper secondary education in one country whilst in others it might be classified as a tertiary education program. For example, in Belgium, Canada, Finland, Japan and Sweden a high proportion of university graduates have obtained what some other countries would classify as vocational type qualifications.

Average years of successfully completed formal education, however, are not a perfect indicator of cross-country differences in educational attainment across the population. Broadly speaking this is for two reasons.

First, within an education level, there are cross- and within-country differences in the time taken to successfully complete an educational program. For example, a degree course in law or medicine may lead to a similar level of educational attainment as a degree in computer sciences but may take considerably longer to complete. Also, there are cross-country differences in years of study required for similar degrees in similar fields of study.

Second, data for Australia, Austria, Japan, New Zealand and Poland assume that all children complete compulsory education. Data for other countries suggest, however, that a significant proportion of children drop out before completing the period of mandatory schooling. In 2009, this proportion ranged from 1% in Denmark and 7% in the Netherlands to over 50% in Mexico and Turkey. Therefore, the data for Australia, Austria, Japan, New Zealand and Poland may overestimate the proportion of children who attain lower secondary education, and thus overestimate the average years of successfully completed formal education.

More: ISCED levels were first developed by UNESCO in 1976, but as education systems are constantly evolving, it was revised once in 1997 and again in 2011.

While more information on the 2011 classification may be found at <http://www.uis.unesco.org/Education/Pages/isced-new-classification.aspx>, the table that follows presents a summary of the 2011 classification and how it compares to the 1997 classification:

ISCED Level, 2011	Program	ISCED Level, 2011	ISCED Level, 1997
0	Early childhood, Pre-primary	No duration criteria, typically covers ages 0-2 for early childhood, and 3-5 for pre-primary	0
1	Primary	4-7 years	1
2	Lower Secondary	2-5 years	2
3	Upper Secondary	2-5 years	3
4	Post-Secondary/Non-Tertiary	6 months - 2-3years	4
5	Short-cycle Tertiary	2-3 years	5
6	Bachelor's or equivalent	3-4 years	
7	Master's or equivalent	1-4 years	
8	Doctoral or equivalent	Minimum of 3 years	6

Educational attainment for adults can be expressed in average years of formal education for those who have successfully attained a given level of education (e.g. for those who do not complete lower secondary education, only the years in primary school are counted). For example, if 50% of the population receives a university degree, and the weighted typical duration of this type of program is 3 years, educational attainment (expressed in average years) is calculated as 1.5 years. These average years are summed together for different levels of education (e.g. primary school, secondary school, university) to calculate the average number of years of successfully completed formal education.

2.2.2 RATES OF PRE-SCHOOL ENROLMENT IN OECD COUNTRIES

The table that follows covers enrolment rates for 3-5 year olds in formal pre-school services and, in some countries, of 4 and 5 year olds in primary schools.

The table shows that enrolment rates for children under 6 years of age are close to 100% for Belgium, France, Italy, and Spain, indicating that children are expected to spend close to 3 years in pre-school. By contrast, the time is 1.7 years for the US (which is below the OECD average of 2.3 years) and less than 1.5 years in Greece, Poland, Switzerland, and Turkey. The enrolment rate in the US for children aged 3-5 is 57%, whereas it is 98 % in Sweden, 94.5% in New Zealand, 91.5% in Denmark, and 90% in Japan.

While other factors, including support for childcare in homes and availability of high quality childcare from outside sources, must be considered, these numbers give some indication of the degree to which a nation ensures that the education that children receive in their earliest years is supported.

[See Table Pre-School Participation, OECD Countries](#)
Source: OECD Family Database

Data Issues

Enrolment rates of three to five year olds are mainly sourced from the UOE Education data collection (an inter-organizational data collection undertaken jointly by UNESCO, OECD and EUROSTAT) based upon head counts. Pre-school programs are classified as ISCED 0 (ISCED refers to education levels as described by the International Standard Classification of Education) where education programs must be center- or school-based and designed to meet the educational and developmental needs of children. In some countries, however, a significant number of 4 and 5 year olds are enrolled in primary school programs (ISCED 1), as for example, in Australia, Ireland, New Zealand and the UK. Enrolment rates presented here include all children aged three to five inclusive, irrespective of the ISCED-level under which they are classified.

Different sources use different methods of data collection which may further hamper international comparisons. Enrolment in pre-school facilities presented in the OECD Education database is based upon actual numbers of students participating in these programs and a percentage is calculated by using population data as a denominator. The same rule applies to some countries who collect actual enrolments in childcare facilities for the under threes. In other countries, however, data on childcare facilities has been collected through the medium of household surveys (EU-SILC, for example) and its quality may be affected by sample size and sample selection issues. Enrolment rates as in EU-SILC are broadly in line with the administrative data for countries for which both sources are available. There are sample selection issues with the German EU-SILC survey, which suggest that EU-SILC is likely to overestimate childcare enrolment rates. For this reason the administrative data from the German Statistics Office are used.

2.2.3 ENROLLMENT IN AND FUNDING FOR US STATE PRE-K PROGRAMS, 2011/2012

The following figures from an NIEER report show that although the enrolment rates in pre-K programs in the US have been growing, funding allocations for this education has been going in the opposite direction.

2.2.3.a Enrolment in Pre-K programs

[See Chart Pre-K Enrolment, US](#)
Source: National Institute for Early Education Research

2.2.3.b Funding trends for Pre-K programs

[See Chart Pre-K Funding, US](#)
Source: National Institute for Early Education Research

2.2.4 TERTIARY EDUCATIONAL ATTAINMENT IN OECD COUNTRIES

The following chart demonstrates that in 2011, the US ranked 12th among OECD countries in terms of tertiary educational attainment, with an attainment rate of just above 40% among 25-34 year olds. The attainment rates in Korea, Japan, Canada and Russia exceeded 50% while Italy, Turkey and Brazil had the lowest rates at under 20%.

[See Chart Tertiary Educational Attainment, OECD Countries](#)
Source: OECD Directorate for Education and Skills



A society that invests in the physical and emotional wellbeing of its members creates the opportunity for an ongoing process of social adaptation and renewal that nurtures and grows social wealth.

Health is crucial for flourishing. Therefore measures of social wealth include health outcomes, life expectancy being the most common indicator. From the perspective of human capacity development, a special consideration is the health of mothers and infants, and of children of all ages. If these demographics are not adequately served by healthcare, a society may be deemed to have skewed its priorities away from regeneration and renewal and towards attrition and perhaps even extinction.

Maternal health is positively correlated with the efficient use of household resources and overall community health. Studies show that when mothers enjoy better health, they are better able to care for their children, and this in turn helps children become healthier, more creative, and more productive adults, which ultimately results in higher long-term economic growth.

Therefore the category of “Health Measures” pays special attention to health outcomes for mothers, infants, and children.

2.3.1 INFANT MORTALITY RATES IN OECD COUNTRIES

The infant mortality rate is presented in the table below, and refers to the number of deaths of children under 1 year of age in a given year, expressed per 1000 live births. Neonatal mortality refers to the death of children not yet 28 days. Post-neonatal mortality refers to the death of children between 28 days and 11 months of life (inclusive).

In 2010, infant mortality among OECD countries ranged from a low of under 3 deaths per 1000 live births in the Czech Republic, Japan, the Nordic countries (with the exception of Denmark), Portugal, and Slovenia, up to a high of over 10 deaths per 1000 live births in Mexico, Romania and Turkey. Infant mortality rates were also relatively high (more than 6 deaths per 1000 live births) in Chile, some Central and Eastern European countries, and the US.

Around two thirds of the deaths that occur during the first year of life are neonatal deaths. Congenital malformations, pre-maturity, and other conditions arising during pregnancy are the principal factors contributing to neonatal mortality in developed countries. For deaths beyond a month (post-neonatal mortality), there tends to be a greater range of causes – the most common being SIDS (Sudden Infant Death Syndrome, more commonly known as “cot death”), birth defects, infections, and accidents.

See Table *Infant Mortality, OECD Countries*
Source: *OECD Family Database*

Data Issues

Some of the international variation in infant and neonatal mortality rates may be due to variations among countries in the registration of premature deaths of infants (whether they are reported as live births or fetal deaths). In several countries, such as in Canada, Japan, the Nordic countries and the US, very premature babies with relatively low odds of survival are registered as live births. This increases mortality rates compared with other countries that register them as fetal deaths instead of live births.

2.3.2 MATERNAL MORTALITY RATES

High maternal mortality rates and poor health of infants and children are generally strong predictors of poorly functioning health systems overall. This indicates that mothers are the most important bearers of social wealth, and their inputs into a society’s productive capacity are also the most important determinants of a society’s long-term economic prospects.

2.3.2.a Risk of Maternal Death in 180+ Countries

The table that follows shows the probability that a 15-year old female will die eventually from a maternal cause. It takes into account both the probability of becoming pregnant and the probability of dying as a result of that pregnancy, accumulated across a woman’s reproductive years.

See Table *Maternal Death, Many Countries*
Sources: *Save The Children*

On average, Western European countries have the lowest rates whereas Southeast Asian and African countries have the highest rates. The US rate is higher than that of most developed countries.

More: The table also indicates the status of mothers in a wide cross-section of countries. The complete report [State of the World’s Mothers 2014](#) explains the variables used to determine the best and worst places in the world to be a mother. The US receives a rank of 30 on the Mother’s Index, after Singapore (15), Canada (22), and Lithuania (26), while the Nordic countries are at the top of the rank ordering.

2.3.2.b Maternal Mortality Rates in 180+ countries

The table that follows shows the number of women who die during pregnancy and childbirth, per 100,000 live births. The data are estimated with a regression model using information on fertility, birth attendants, and HIV prevalence. Its rankings roughly follow those in the preceding table.

See Table *Maternal Mortality, Many Countries*

Source: World Bank

2.3.3 INFANT AND CHILD VACCINATION RATES

Immunization rates are a good predictor of the probabilities of infant and child mortality. The maps below offer a snapshot of the global situation with respect to immunizations for measles and DTP3 (diphtheria-tetanus-pertussis). These maps indicate that like most other developed countries, the US has very good measles coverage, and also that many Latin American and South Asian countries have good immunization coverage for measles but not for DTP3.

See Map *Measles Coverage, Many Countries*

Source: United Nations Children's Fund (UNICEF)

See Map *DTP3 Coverage, Developing and Transition Countries*

Source: United Nations Children's Fund (UNICEF)

See Map *DTP3 Coverage, Many Countries*

Source: United Nations Children's Fund (UNICEF)

More: For more information, see the full report published by UNICEF and WHO.

http://www.childinfo.org/files/immunization_summary_2012_en.pdf

2.3.4 LIFE EXPECTANCY AND HEALTH-ADJUSTED LIFE EXPECTANCY (HALE) RATES IN OECD COUNTRIES

Life expectancy is the average number of years a newborn can expect to live, but does not provide a picture of the health status of a population, since the extra years of life are not necessarily lived in good health. Health-adjusted life expectancy (HALE) is the average number of years a newborn can expect to live in good health or free of disease and injury.

On average, in 2008, life expectancy in OECD countries for girls and boys was 82 and 76 respectively, but HALE was 74 and 70, respectively. This means that the proportion of their lifespan that could be limited by disease or injury was 10% for girls, and 8% for boys. For both boys and girls, the US rates for life expectancy and HALE were below the OECD average.

It is to be noted that the HALE gender gap is smaller than that for life expectancy. However, on the whole the ranking of countries for HALE is very similar to that for life expectancy, suggesting that countries with the longest life expectancies are also the healthiest (Japan, France, Spain, Italy, Iceland, Sweden, Australia and Switzerland).

See Table *Life Expectancy, OECD Countries*

Source: OECD Family Database

Data Issues

Life expectancy is estimated using life tables constructed by WHO using Sullivan's method. HALE is calculated using the WHO Global Burden of Disease (GBD) study, WHO Multi-Country Survey Study (MCSS) and World Health Survey (WHS). Data from the WHOGBD study are used to estimate severity-adjusted prevalence by age and sex for all countries. Data from the WHOMCSS and WHS are used to make independent estimates of severity-adjusted prevalence by age and sex for survey countries. Prevalence for all countries is calculated based on GBD, MCSS and WHS estimates.

2.3.5 TEEN BIRTHS IN DEVELOPED COUNTRIES

Among developed countries, the US has the highest teen birth rate at approximately 40 births per 1000 women aged 15-19 years. Switzerland has the lowest teen birth rate at 4 births per 1000 women aged 15-19 years, while the Nordic countries also have low birth rates between 5 and 10 births per 1000 women aged 15-19 years.

See Figure: *Teen Birth Rates, Developed Countries*

Source: United States Department of Health and Human Services

2.3.6 ENVIRONMENTAL FACTORS THAT AFFECT HEALTH

The quality of the environment people live in is an important, though often still ignored, factor in determining health. The World Health Organization tracks the health impact of environmental factors along a variety of different dimensions. A complete list of topics is available here: http://www.who.int/phe/health_topics/en/

Here we excerpt some information from two of these topics:

2.3.6.a Global Effects of Air Pollution

Outdoor air pollution can fatally affect children, as the following map illustrates.

See Map *Air Pollution and Child Deaths, Many Countries*

Source: World Health Organization

Globally in 2012, 7 million deaths were attributable to the joint effects of household air pollution and ambient air pollution. Most of these deaths occurred in middle- and low-income countries, which represent 82% of the world's population, with the Western Pacific and South East Asian regions witnessing the most deaths, at 2.8 million and 2.3 million, respectively. The following chart provides more detail.

See Chart Deaths Attributable to Air Pollution, Many Countries
 Source: World Health Organization

More: For more information, see:
http://www.who.int/phe/health_topics/outdoorair/databases/FINAL_HAP_AAP_BoD_24March2014.pdf?ua=1

2.3.6.b Global Impact of Climate Change

There are three primary exposure pathways by which climate change affects health: directly through weather variables such as heat and storms; indirectly through natural systems such as disease vectors; and pathways heavily mediated through human systems such as under-nutrition. The following figure describes these pathways in a conceptual diagram.

See Figure Pathways from Climate Change to Health
 Source: Inter-governmental Panel on Climate Change

The following map indicates that looking ahead, increasingly frequent heat extremes will combine with rapidly growing numbers of older people living in cities.

See Map Heat Extremes, Many Countries
 Source: Inter-governmental Panel on Climate Change

The following table presents examples of recent research studies on the co-benefits of climate change mitigation and public health policies.

See Table Policy Approaches
 Source: Inter-governmental Panel on Climate Change

More: For more information, see:
http://ipcc-wg2.gov/AR5/images/uploads/WGIIAR5-Chap11_FGDall.pdf



A society that is divided and fragmented, with its members isolated and alienated from one another, cannot hope to grow networks of provision and care. Only through such a coming together, whether in communities, schools, churches, or other kinds of groups, are people able to develop a sense of being, belonging, and becoming. Whether the occasion for coming together is celebratory or commiserative, the natural human tendency to think and feel in the company of others supports, widens, and deepens the values of caring, trust, collaboration, and generosity that are the hallmark of a caring economy and society.

The coming together of people in groups also holds out the potential for constructive dialogue across cultural, religious, and ideological boundaries, and out of such dialogue may emerge innovative approaches for solving social problems and for visioning a shared future. Even though the proliferation of social media appears to have occasioned a migration online of our social lives with its attendant problems, it has also increased awareness of the problems and concerns that face humanity as a whole so our coming together offline can now be infused with a more informed, and more directed intentionality than before.

One measure of social connectivity and cohesion is the extent to which a society excludes offenders through incarceration. In the data presented below, the US is seen to be one of the worst performers with regard to incarceration rates, largely because the US justice system is not focused on rehabilitation but rather on punishment. Consequently, relative to a country like Norway, the US also has a high recidivism rate.

Perhaps the most important aspect of social connectivity that is relevant to social wealth is that there are no finite limits to the variety of forms that such connectivity can take. Human beings have an extraordinary capacity to relate to one another in new and interesting ways. "Social Cohesion Measures" highlight the ways in which people come together in modes of relating that nurture and grow networks of provision and care that are a vital component of social wealth.

2.4.1 PERCENTAGE OF YOUNG PEOPLE ACTIVE IN GROUPS IN OECD COUNTRIES

The extent to which young people participate in formal and informal organizations is an indication of their social participation. The data in the table below is from the 2005-2007 World Values Survey that asked respondents whether they belonged to groups of a particular type, and whether they considered themselves to be “active” or “inactive” members of the groups.

The table shows diversity across countries in the formal groups to which young people belong. In general, young people are most likely to be members of a “sport or cultural association” rather than any other group. However, in Finland, Mexico, Sweden, Romania, and the US, young people are most likely to belong to a church (or other religious organization). Membership in an association with a political orientation, including labor unions, is more frequent in Sweden, Finland, the US, and Norway than anywhere else.

In the US one-fifth of young people are members of a charitable or humanitarian organization. In Canada and Sweden the percentage is one third, about twice as high as for the OECD on average.

[See Table Active Youth, OECD Countries](#)
Source: OECD Family

Data Issues

The World Values Survey (WVS) is a worldwide network of representative national surveys carried out in 97 societies covering almost 90 percent of the world's population. Five waves of surveys have been released from 1981 to 2007. The last wave was carried out over the 2005-2007 period. Sample sizes in OECD countries vary from approximately 1000 individuals in France, the Netherlands, New Zealand, Poland or the UK to more than 2000 in Canada or Germany.

2.4.2 COMMUNITY ACCEPTANCE OF MINORITY GROUPS IN OECD COUNTRIES

Data on the tolerance of minority groups is based on binary questions created by the Gallup World Poll, which is conducted in more than 150 countries.

Questions asked take the form of: “Is the city or area where you live a good place or not a good place to live for immigrants from other countries? Is the city or area where you live a good place or not a good place to live for racial and ethnic minorities? Is the city or area where you live a good place or not a good place to live for gays and lesbians?”

We present three charts below, pertaining to the three above questions, for OECD Countries and some others (Argentina, Brazil, India, Indonesia, Russia and South Africa).

In Australia, Canada, Iceland, New Zealand and Norway at least 90% of people think that their country is a good place for immigrants to live. On the other side of the spectrum are Estonia, Greece and Poland, where less than the half of the people think that their country is a good place for immigrants to live. The US is ranked tenth in its tolerance of immigrants. On average, people in the OECD area believe that their countries have become a slightly worse place to live for immigrants between 2007 and 2012. Austria and Slovenia saw a significant increase in positive sentiment on this point, whereas a large drop was noted in Greece, Mexico and Poland. This decrease was balanced out due to the small changes seen in the majority of the OECD.

[See Chart Tolerance of Immigrants, OECD Countries](#)
Source: OECD ILibrary

Tolerance of ethnic minorities shows similar features. Overall, there is a slight decline in the share of people who think that their area is a good place to live for racial and ethnic minorities. However, a large variation across countries can be observed, with the US in seventeenth place, registering a very slight increase in tolerance.

[See Chart Tolerance of Ethnic Minorities, OECD Countries](#)
Source: OECD ILibrary

Tolerance perceptions towards gays and lesbians showed a slightly more positive change overall from 2007 to 2012. The increase in tolerance was largest in Austria, Norway and Portugal, while the largest decline was observed in Greece, Hungary and Turkey. The US was ranked fifth, registering a large increase in tolerance of gays and lesbians between 2007 and 2012.

[See Chart Tolerance of Gays and Lesbians, OECD Countries](#)
Source: OECD ILibrary

2.4.3 INCARCERATION AND RECIDIVISM RATES IN SELECT COUNTRIES

According to a [2014 Pell Center for International Relations and Public Policy report](#):

“The United States has about 5% of the world's population yet it accounts for about 25% of the world's prisoners. Despite a steady decline in the crime rate over the past two decades, the United States incarcerates more of its citizens than any other country-716 people per every 100,000, according to the International Centre for Prison Studies (ICPS). This translates to about one in every 100 American adults being in prison. As a point of comparison, the next closely ranked English-speaking, industrialized country is the United Kingdom (England and Wales), at 102 in the ICPS ranking of 221 countries. As a proportion of the population, the United States has 15 times as many prisoners as Iceland, 14 times as many as Japan and 10 times as many as Norway.”

[See Table Prison Populations in Select Countries](#)
Source: Pell Center for International Relations and Public Policy

On recidivism, the report states that relative to other countries: “the U.S. rate does not appear exceptional. It should be noted that comparing international recidivism rates can be tricky. Countries track them differently, often using different terms (reconviction, re-arrest, relapse, re-imprisonment) and varied lengths of time for studies (1 yr, 3 yrs, 10 yrs). Difficulties with comparison aside, the recidivism rates in other countries, even on the high end, reveal an interesting truth-recidivism does not have a significant impact on their prison population rates. Unfortunately, this does not hold true for the United States, most likely because Americans are imprisoned for crimes that may not lead to prison sentences in other countries such as passing

bad checks, minor drug offenses, and other non-violent crimes. Also, prisoners in the United States are often incarcerated for a lot longer than in other countries. For instance, burglars in the United States serve an average of 16 months in prison compared with 5 months in Canada and 7 months in England.² With an emphasis on punishment rather than rehabilitation, U.S. prisoners are often released with no better skills to cope in society and are offered little support after their release, increasing the chances of re-offending.”

In contrast to the US penal system, the Norwegian system is held up as a model of successful incarceration practices, with a 20% recidivism rate, one of the lowest in the world, largely because the government actively assists released prisoners to re-integrate into society through support with housing, employment, education, health care and addiction treatment (if needed).

[See Table](#) *Recidivism Rates in Select Countries*

Source: Pell Center for International Relations and Public Policy



Care for our natural environment is critical, as nature not only provides the essentials to sustain human life but directly affects a society’s economic prospects. Not only does the environment nourish and support human life, but its cleanliness and natural beauty contribute to the good health and psychological wellbeing of human beings.

Human beings co-create social reality in alliance with other life forms and the natural environment. Therefore, proper care for the environment is crucial for human capacity to flourish.

Social wealth consists of such flourishing and is an input for economic prosperity. Therefore, damage to the environment not only impedes the accumulation of social wealth but also adversely affects long-term economic health.

Conventional measures of economic prosperity such as GDP completely overlook the importance of environmental quality for long-term economic health. Yet current economic practices, including activities included as positives in GDP, inflict a huge cost on the environment by way of resource depletion, pollution, and climate change.

SWEIs reflect the irreversible damage that current economic assumptions and practices are inflicting on the environment. In this section, we highlight a number of measures of environmental quality and the impact that environmental degradation is having on human health and flourishing.

2.5.1 KEY ENVIRONMENTAL INDICATORS FOR OECD COUNTRIES

The 2008 OECD publication “Environmental Indicators” reports data for OECD countries on two topics: pollution issues (climate change, ozone layer, air quality, waste generation, and freshwater quality) and natural resources and assets (freshwater resources, forest resources, fish resources, energy resources, and biodiversity).

Although many OECD countries have made significant strides through the 1990s and 2000s in addressing environmental concerns, large differences remain between countries and much remains to be accomplished.

The following charts indicate that overall, OECD countries have made important progress in measuring their carbon dioxide and greenhouse gas emissions as a separate and highly significant factor in human and economic development, rather than only relying on GDP growth. However, most countries have not succeeded in meeting their own national commitments. Their emissions continued to increase throughout the 1990s, particularly in the Asia-Pacific region and North America (US and Canada), despite gains in energy efficiency. Since 1980, carbon dioxide emissions from energy use have grown more slowly in OECD countries as a group than they have worldwide. For both greenhouse gases and carbon dioxide, the US and Canada are among the highest polluters in the OECD.

[See Chart Emissions, OECD vs. World](#)
Source: OECD Environment Directorate

[See Chart Emissions, OECD Countries](#)
Source: OECD Environment Directorate

More: The full report is available here:
<http://www.oecd.org/env/indicators-modelling-outlooks/37551205.pdf>

2.5.2 CONSUMPTION MEASURES FOR A LARGER CROSS-SECTION OF COUNTRIES

Patterns of consumption are an important factor in environmental conditions because current patterns are depleting ecological resources, as shown by the data below.

2.5.2.a Ecological Footprint of Consumption and Ecological Deficit/Reserve for 150+ Countries

The table below provides information for the ecological impact of consumption across the globe in 2007. In the majority of the continents, countries are running ecological deficits, meaning that their consumption is running down ecological resources on net. The US is one of 12 countries running a deficit larger than 4 global hectares per capita. In Latin America, however, a large number of countries are running ecological reserves. This is also true for Canada, Australia, New Zealand, and select European countries (Estonia, Finland, Latvia, Russia, and Sweden).

[See Table Ecological Impact of Consumption, Many Countries](#)
Source: Global Footprint Network

2.5.2.b Consumption of Ozone-Depleting Substances in 150+ Countries

The map below indicates large differences among countries with respect to the consumption of ozone depleting substances in 2008. India, Brazil, China, and the United States were the worst offenders, while the EU countries were (collectively) the best performers.

[See Map Ozone Depletion, Many Countries](#)
Source: United Nations Statistics Division

The data for the map is available at:
http://unstats.un.org/unsd/environment/ODS_Consumption.htm

2.5.2.c Carbon Dioxide Emissions in 200+ Countries

The map below indicates carbon dioxide emissions per capita for 200+ countries in 2007. Industrialized countries (especially the US, Canada, Australia, Germany, Japan and Russia) are the worst offenders, while South Asia, Africa, and Latin America have the cleanest record.

[See Map Carbon Dioxide Emissions, Many Countries](#)
Source: United Nations Statistics Division

The data for the map is available at:
http://unstats.un.org/unsd/environment/air_co2_emissions.htm

2.5.3 GREENHOUSE GAS EMISSIONS IN 150+ COUNTRIES

The map below indicates greenhouse gas emissions per capita for 150+ countries during the years 1994-2008. The US, Canada, and Australia (for all of which, data is available for 2008) are the worst offenders, while South Asia, Africa, and Latin America have the cleanest record (although for many of these countries, data is only available for the 1990s).

[See Map Greenhouse Gas Emissions, Many Countries](#)
Source: United Nations Statistics Division

The data for the map is available at:
http://unstats.un.org/unsd/environment/air_greenhouse_emissions.htm

2.5.4 RESOURCE DEPLETION MEASURES

2.5.4.a Freshwater resources in 180+ countries

The map below indicates renewable freshwater resources per capita for 180+ countries in terms of a long-term annual average (1990-2005). Apart from the desert regions of North Africa and the Arabian Peninsula, where it is natural to expect a shortage of renewable freshwater resources, the most critical shortages appear in the two most populated countries of the world, India and China, as well as in Mexico and parts of continental Europe.

[See Map Freshwater Resources, Many Countries](#)
Source: United Nations Statistics Division

The data for the map is available at:
<http://unstats.un.org/unsd/environment/waterresources.htm>



To build social wealth, a society must be able to effect an equitable provision of resources to all its members. Social Equity Indicators include a variety of measures of the extent to which resources, opportunities, and rights (e.g., to safety and security) are equitably distributed across a society.

Equity requires that special consideration be given to those members of a society whose contributions have been historically undervalued. Without adequate resources, these members have an uphill struggle to grow into flexible, creative, and productive human beings.

Inequity is not only a problem in the domains of income and wealth, but also in the domains of access to education, health-care, and employment. Inequity manifests according to differing social and demographic stratifications. For example, gender is a universal category of stratification and therefore not country- or geography-specific.

When we restrict our focus to the US, race (White, Black, Asian or Pacific Islander, American Indian or Alaskan Native, etc.) and ethnicity (Hispanic, non-Hispanic) also emerge as primary stratifications for the measurement of equity. In India, caste remains a major source of stratification, whereas in some areas religion is used to subordinate “out-groups.”

To be sensitive to these differences, we include various subcategories of measures. We begin with broad-based measures of inequity in the domains of income and wealth, i.e., without drilling down to the level of social and demographic stratifications. We then introduce measures of inequity based on gender, followed by measures based on race/ethnicity (relevant to the US), and finally present measures based on other/miscellaneous stratifications (relevant to other regions or countries). In whatever form inequity manifests, it is a hindrance to the accumulation of social wealth.

2.6.1 INCOME AND WEALTH

Many economists take the view that some measure of income and wealth inequity may be a good thing since it creates the necessary incentives for hard work and innovation. There remains, however, little agreement on exactly how much inequity is the “right” amount, because economists have not yet devised a reasonable analytical framework to address this question. From the perspective of creating social wealth, persistent and large wealth and income inequities are harmful.

To begin with, such inequities interfere with a proper functioning of the democratic process. In countries where the rich own a growing share of income and wealth, the political process is inevitably captured by their interests, and the poor become objects of disenfranchisement and therefore discrimination. Social mistrust then grows and political and civil disorder become increasingly likely. Certainly, such has been the reality in recent times in many Western countries such as the US (the 2011-2012 Occupy Movement), the UK (the 2010 student riots), and parts of continental Europe (anti-austerity riots in Spain, Portugal, Greece).

Another critical issue with respect to income is the status of children, who are unable to support themselves and must therefore rely on adults for sustenance. Child poverty is especially pernicious. Therefore, in what follows, we report measures not only of income and wealth inequities for the population at large but also for children. For many countries reliable information on child poverty is not available, so we have included only OECD countries.

2.6.1.a Single Observations for Income Inequality in a Cross-Section of Countries

The map that follows compares income inequality for 63 countries. It reports the Gini index, where an index of 0 represents perfect equality, while an index of 100 implies perfect inequality. It indicates that income inequality is particularly high in Latin America, Asia, parts of Africa, and countries that composed the former Soviet Union.

[See Map Gini Index, Many Countries](#)
Source: World Bank

2.6.1.b Time-Series for Income Inequality in Anglo-Saxon and Developing/Emerging Countries

Data compiled by Thomas Piketty for his book *Capital in the 21st Century* (2014) provides information on trends in income inequality for a large group of countries.

Since 1980, the share of national income going to the top 1% of the population has risen sharply for four Anglo-Saxon countries – the US, the UK, Canada, and Australia – with the US share, at around 18%, being the highest of the four.

[See Chart Income Inequality, Anglo-Saxon Countries](#)
Source: New Yorker

The trend is broadly similar for six developing/emerging countries: Argentina, China, Colombia, India, Indonesia, and South Africa. That is, we see once again a U shape: during the past few decades, more and more income has been accumulating at the top. In most of these countries, however, the share taken by the one per cent is quite a bit lower than it is in the US.

[See Chart Income Inequality, Developing Countries](#)
Source: New Yorker

2.6.1.c Time-Series for Wealth Inequality in the US and Europe

Also documented by Thomas Piketty is that wealth inequality has been growing in both the US and Europe since 1970 but most sharply in the US. In 2010, the American one per cent owned about a third of all the wealth while the European one per cent owned about a quarter.

See Chart *Wealth Inequality, US and Europe*
Source: *New Yorker*

2.6.1.d Child Poverty in OECD Countries

Approximately 13% of children in OECD countries were poor in 2009-11. However, there is wide variation across countries. Child poverty rates were below 9% in Austria, the Nordic countries, and Slovenia. But they exceeded 20% in the US, Chile, Israel, Mexico, and Turkey.

See Table *Child Poverty, OECD Countries*
Source: *OECD Family Database*

More: The child poverty rate represents the percentage of children living in households with an equivalized disposable income of less than 50% of the median for the total population. Equivalization assigns different weightings to different members of a household, and total household income is then divided by the sum of the weightings to yield a representative income. In general, poverty rates for children are higher than those for the entire population, except in Denmark, Finland, Japan, Korea, Norway, Slovenia, Sweden, and the United Kingdom.

2.6.1.e Concentrated Child Poverty in the US

According to the [Annie E. Casey Foundation](#), 13% of children in the US were living in areas of concentrated poverty (poverty rates of 30% or more) in 2008-2012, up from 9% in 2000. These high-poverty census tracts are much more likely than others to have high rates of crime and violence, physical and mental health issues, unemployment and other problems.

See Chart *Concentrated Child Poverty, US*
Source: *Annie E. Casey Foundation*

2.6.2 GENDER

The personal, social, and economic effects of gender stratification have in recent decades become the subject of intensive scientific study. Slowly these effects are gaining public awareness as well as the attention of policy makers.

Many studies show that globally systematic social discrimination based on gender limits the opportunities of women and girls, and hence deprives society of the social and economic contributions they would make if the development of their full capacities were supported. But the damage from gender inequity has other, equally damaging, systemic effects.

The devaluation of women and the feminine has led to a gendered system of values where so-called “masculine” rather than “feminine” values drive much of the social and economic agenda-setting. One result has been that the work of caring and caregiving, mostly performed by women and stereotypically considered “soft” or “feminine,” is either not valued at all or undervalued at best – with negative results all around.

These kinds of systems dynamics help explain why studies indicate that the status of women is essential for understanding social and economic outcomes in a country. To illustrate, in its study *Women, Men and the Global Quality of Life*, the Center for Partnership Studies found that measures of the status of women can be an even better predictor of quality of life than conventional indicators such as GNP or GDP. For example, gender equity variables correlated more highly with overall literacy than GDP. For more on such studies, please refer to Section 4.4 below.

The status of women may be gauged from measuring the so-called “gender gap” in diverse domains such as employment, health, political participation, and educational attainment.

For example, in the domain of employment, it matters not only whether women lag behind men in terms of earnings (which they do), but also whether women are able to find employment in as varied a set of occupations as men, whether there is a “glass ceiling” for women in terms of the highest position within an organization that they can aspire to, and whether “the women’s work” of caring for children, the elderly, and others in families is or is not supported by business and government policies.

Women’s physical security is also a key measure of the status of women, as well as of a nation’s social wealth. For example, countries that tolerate a high level of violence against girls and women reduce their nation’s capacity to accumulate social wealth by not only countenancing the negative physical, mental, and emotional effects on women and girls, but by ignoring the effects on mothers’ capacities to care for children. Moreover, a pernicious lesson children take away from the acceptability of domestic violence is that violence is an acceptable means of imposing one’s will on others.

Ultimately then, the status of women affects what is considered normal or abnormal and what is or is not valued. Specifically, the status of women emerges as a key measure of whether or not a society is able to cultivate the value of care vital to creating and growing social wealth, rather than devaluing it as “soft” or stereotypically “feminine” – be it in women or men as well as in social and economic policy.

What follows are a variety of indicators that measure the status of women both directly and indirectly, once again primarily based on the more readily available data comparing OECD nations.

2.6.2.a Gender Gap in Earnings for OECD Countries

The “gender wage gap” is measured as the difference between male and female earnings expressed as a percentage of male earnings. The chart that follows shows that men typically earn more than women. Belgium, Poland and Spain are among the countries with smaller pay gaps. Greece and Portugal also have relatively low gender pay gaps based on average

earnings. Austria, Israel, Japan and Korea have high gender pay gaps based on both median and average wage measures. The gender gap in earnings in the US is 22 percent, compared to the average OECD gap of 17.3%. Hungary and Norway have high gender gaps in terms of average earnings, relative to median earnings, but these numbers are biased by a disproportionately high gender gap at the top of the distribution. For these countries the gap between median earnings of males and females is a more reliable indicator.

See Chart *Earnings Gap, OECD Countries*
Source: OECD Family Database

Data Issues

Data for the OECD earnings database on full-time earners are collected annually through both labor force surveys and household surveys. Depending on the country, earnings data provided can refer to hourly, weekly, monthly or average annual earnings on a gross or net basis. This means that the data is best presented as a relative measure, such as the gender wage gap (and in percentiles over the distribution of this gap) rather than earnings' differences in absolute terms. Gender differences may be slightly over-estimated where measurement is based on a gross wage because of the inclusion of taxes and social security contributions (for example, second earners who are often women, will be subject to different tax thresholds than their partners in many countries).

For OECD countries, the data refers to full-time employees working more than 30 hours per week, while for non-OECD countries, the data was collected through EU-SILC for all employees working more than 15 hours per week. This is likely to produce artificially lower wage gaps for non-OECD countries.

2.6.2.b Gender Differences in Employment in OECD Countries

The chart that follows indicates that the OECD gender gap in employment rates varies considerably across countries. In 2011, it was greatest in Mexico and Turkey (above 35%), and the smallest in Estonia and the Nordic countries (below 10%), with the US registering a gap of approximately 10%. Full time employment rates indicate that the gender gaps in employment are wide in all OECD countries. For instance, in the Netherlands, where working part-time is common the FTE employment gap is considerably larger because women tend to work part-time more (61%) than men (17%).

See Chart *Employment Gap, OECD Countries*
Source: OECD Family Database

Data Issues

The calculations of gender differences in employment outcomes measure the difference between employment rates of men and women in terms of both full and part-time employment.

The definition of part-time work varies considerably across the OECD. Essentially three main approaches can be distinguished: i) a classification based on the worker's perception of her/his employment situation; ii) a cut-off (generally 30 or 35 hours per week) based on usual working hours, with persons usually working fewer hours being considered part-timers; iii) a comparable cut-off based on actual hours worked during the reference week.

Data are taken from both the OECD Employment Database and the European Labor Force Survey for European countries outside the OECD. For OECD countries, a harmonized definition of part-time work is used: part-time employment refers to persons who usually work less than 30 hours per week in their main

job (data for Japan and Korea are based on actual hours, and for Switzerland concerns hours worked in all jobs of the respondent, see OECD Employment Outlook). The data for the non-OECD countries are based on respondent self-assessment of usual hours worked vis-à-vis the 30 hours threshold.

More: The calculations of gender differences in employment outcomes measure the difference between employment rates of men and women in terms of both full and part-time employment. To get better insight into the differences between the sexes, gender gaps are also presented as differences in the full-time equivalent (FTE) rates. This is the difference between men and women if they were all working for 30 hours or more per week in their main job. The FTE rate is defined as the proportion of men (or women) in paid employment, multiplied by the proportion of men (or women) in full-time employment.

2.6.2.c Occupational Distribution by Gender in OECD Countries

The gender composition of the workforce varies across economic sectors and occupations. The chart that follows shows the typical concentration of female employment in fewer occupations than men: on average, across the OECD, 50% of employed women work in 12 occupations, while this is 23 for men.

The greatest spread of female workers across occupations is in the US and Czech Republic, but gender differences are also relatively large. By contrast, half of the male and female workers are concentrated in a relatively small number of occupations in Greece, Ireland, Spain and Portugal.

See Chart *Limited Female Employment, OECD Countries*
Source: OECD Family Database

Data Issues

The International Standard Classification of Occupations (ISCO) is the most widely used system for the classification of workers over different categories of jobs and occupations. However, national standards of job classification do not always easily fit into the ISCO-coding system and different ways of defining and categorizing otherwise similar positions across countries can affect comparability. For example, the national definition of a "manager" varies across countries, which affects the likelihood of a woman being counted as such. The comparison also depends on the number of categories of jobs and occupations, which are not exactly similar from one country to another. The more disaggregated the categorization, the higher the estimation of gender differences in occupational distribution. For European countries the 4-digit ISCO classification of occupations has been used, with a distinction between 493 types of occupations. The classification differs for the US, where the number of categories is slightly higher at 508.

More: The difference in the distribution of occupations across male and female workers is considered in view of the International Standard Classification of Occupation (ISCO). Their 4-digit nomenclature has been used to classify occupational statuses.

2.6.2.d Management Positions by Gender in OECD Countries

Women are less likely than men to be in a management position; on average, across the OECD only one third of the managers are female.

There is considerable variation across countries. While this is not the case in top management positions, where women are still a very low percentage, overall the proportion of managers that are women is high in France, Poland, and the US, where women hold more than 35% of managerial positions. In contrast, women find it particularly difficult to progress up the career ladder in Luxembourg where only around 1 in 5 managers is a woman.

See Chart *Women As Managers, OECD Countries*
Source: OECD Family Database

Data Issues

The International Standard Classification of Occupations (ISCO) is the most widely used system for the classification of workers over different categories of jobs and occupations. However, national standards of job classification do not always easily fit into the ISCO-coding system and different ways of defining and categorizing otherwise similar positions across countries can affect comparability. For example, the national definition of a “manager” varies across countries, which obviously affects the likelihood of a woman being counted as such. The comparison also depends on the number of categories of jobs and occupations, which are not exactly similar from one country to another. The more disaggregated the categorization, the higher the estimation of gender differences in occupational distribution. For European countries the 4-digit ISCO classification of occupations has been used, with a distinction between 493 types of occupations. The classification differs for the US, where the number of categories is slightly higher at 508.

2.6.2.e Gender Gaps in Opportunities to Change Working Hours in OECD Countries

The chart that follows shows the extent to which male and female employees have some sort of control over their working hours. Flexibility in working time allows, for example, parents to adjust their working schedule to map with school and/or childcare center hours. In most countries (Note: there is no data for the US), with the exceptions of the UK, Greece, Belgium, France, Luxembourg, Hungary, Austria, and Turkey, a greater proportion of men (than women) have an opportunity to change working hours.

As will be discussed in the section on Care Investment Indicators (Section 3), other family-friendly arrangements include extra-statutory leave from work arrangements; employer-provided childcare, out-of-school-hours-care, elderly care supports, and flexible working time arrangements.

See Chart *Flex-Time Gap, OECD Countries*
Source: OECD Family Database

Data Issues

Indicators on family-friendly workplace supports are taken from different national surveys with different sample sizes, categorizations and questions for employers and employees. Comparisons are therefore difficult.

More: Examples of flex-time practices are: allowing the start and end times to vary on the same day; the accumulation of credit or debit hours; full days off to compensate for accumulated credit hours, etc.

2.6.2.f Country Rankings in 2013 Global Gender Gap report of the World Economic Forum

The Global Gender Gap Index, published by the World Economic Forum, seeks to measure the gap between men and women along four dimensions: Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment. Details on the construction of this index may be obtained from pp. 4-6 of the 2013 report.

Of the 136 countries surveyed in this report, the Nordic countries are shown to have the smallest gender gaps. Iceland, Norway, Finland, and Sweden have an overall ranking of first, second, third, and fourth respectively, while the US ranks twenty-third. Countries such as Saudi Arabia, Iran, Syria, Qatar, Pakistan, and Yemen have the largest gender gaps.

Although the US has an overall rank of twenty three, it comes in first along the dimension of Educational Attainment, albeit alongside several other countries, as the table indicates.

See Table *Gender Gaps, Many Countries*
Source: World Economic Forum

2.6.2.g Violence against Women

According to the WHO, the highest rates of violence against women are to be found in Asia and the Eastern Mediterranean (37.7% and 37% respectively), though violence against women is a problem in all world regions.

See Figure *Violence Rates, Many Countries*
Source: World Health Organization

The health impact of such violence is considerable, as illustrated by the following infographic, which shows how this violence affects women’s mental and physical health, including reproductive health, in addition to injuring and killing them, with 38% of murders of women globally being at the hands of an intimate partner (and this is only of reported murders).

See Figure *Impact of Violence, Many Countries*
Source: World Health Organization

Data from Womenstats (<http://womanstats.org/>) further substantiates the prevalence of violence against women in its many forms:

- Rate of murder of women: Russia and Brazil are among countries with a high rate of murder of women, while the US registers a medium rate, and most of Europe registering a low rate.

See Map *Murder Rates, Many Countries*
Source: WomenStats

- Prevalence of rape: While rape is a global problem, the highest rates are in parts of Africa and the Middle East, Asia. Alongside Canada, Mexico, the UK, and the Nordic countries, the US registers a medium rate.

[See Map Rape, Many Countries](#)
Source: WomenStats

- Trafficking of women: The selling and/or kidnapping of girls and women for the sex trade and other forms of slavery is a universal scourge, with much of the Middle East and Southeast Asia as well as parts of Africa not even having adequate laws prohibiting trafficking in girls and women.

[See Map Trafficking, Many Countries](#)
Source: WomenStats

- Women's physical security: Globally problems of physical security are commonplace for women, with surveys showing that in the Middle East, Southeast Asia, and parts of Africa women completely lack physical security, often due to traditions of violence in families and other intimate relations. In most of Western Europe, and Sweden, women have fairly high levels of physical security, while in the US and Canada, they have moderate levels of physical security.

[See Map Physical Security, Many Countries](#)
Source: WomenStats

2.6.2.h Women's Poverty

The undervaluing of care work has a devastating effect on women worldwide, as shown by the statistics on women's disproportionate poverty in both poor and affluent nations.

According to the [National Center for Law and Economic Justice](#), in the US,

"Poverty is a women's issue; female-headed households are more likely to be poor. In 2012, over five million more women than men were living below the poverty line; and two million more women than men were living in deep poverty. For women aged 18 to 64, the poverty rate was 15.4%, compared to 11.9% for men of the same age range."

According to a National Women's Law Center report, in the US,

"The poverty rate for women was higher in 2012 (14.5 percent) than in 2000 (11.5 percent). The extreme poverty rate for women increased to 6.3 percent in 2012 from 4.4 percent in 2000."

The following chart illustrates this trend. It also shows that children's poverty in the US is even higher than women's poverty (though they are related), and that both of these poverty rates have been consistently higher than men's poverty over the last decade or so.

[See Chart Trends in Poverty, US](#)
Source: National Women's Law Center

Elderly women are so likely to live in poverty that, as figure 13 on p. 26 of a [US Government Accountability Office](#) report indicates, for the age group of 65+, women are twice as likely to be poor as men.

Moreover, in every racial/ethnic group, women's poverty is higher than that of men.

2.6.3 RACE/ETHNICITY

Most developed countries are today populated by multi-racial and multi-ethnic communities, some of whom could claim to be natives, others of whom are first-generation immigrants or descended from immigrants that voluntarily settled these countries, and still others whose ancestors were transported to these countries by means of force.

These multiple demographics are mirrored in social and economic statistics such as those pertaining to the distribution of income and wealth, as well as to factors that determine such distributional outcomes as access to education, health and political representation. These statistics show that, despite ideals of solidarity and cooperation between different races and ethnicities, significant and persistent inequities prevail, creating the potential for social instability that often retard the accumulation of social wealth when it does not destroy such wealth altogether.

While these inequalities are a disturbing issue in all nations, the data that follow are from the US where racial and ethnic categories are clearly delineated and where persistent racial and ethnic inequality is a pressing problem.

2.6.3.a Income and Wealth Disparities for Different Racial Groups in the US

Among the four principal racial groups, Black households have consistently earned the lowest income over the last 4 decades.

[See Chart Income Disparities, US](#)
Source: Bill Moyers/US Census Bureau

The wealth gap between Black and White households has grown significantly over the last 30 years, and in 2010, the average family wealth for White households was more than 6 times that for Black households.

[See Chart Wealth Disparities, US](#)
Source: Bill Moyers/Urban Institute

2.6.3.b Poverty Rates for Black, Hispanic and White Americans

As of 2011, the poverty rate for Black Americans is higher than that for Hispanic Americans, and more than twice that for White Americans.

[See Chart Poverty, US](#)
Source: Bill Moyers/US Census Bureau

2.6.3.c Unemployment Rates for Black and White Americans

For the last 50 years (1964-2012), the unemployment rate among Black Americans has been almost consistently twice as high as that among White Americans.

[See Chart Unemployment, US](#)
Source: Bill Moyers/Economic Policy Institute

2.6.3.d Incarceration Rates by Race in the US

In 2010, incarceration rates among Black men were almost 2.5 times as high as that among Hispanic men and almost 10 times as high as that among White men.

[See Chart Incarceration, US](#)
Source: Bill Moyers/Pew Research Center

2.6.3.e Treatment of Racial Groups by Credit Markets in the US

Even when they had good credit ratings, Black and Hispanic Americans paid higher rates on mortgage loans in 2004-2008, compared to White Americans.

[See Chart Credit, US](#)
Source: Bill Moyers/Economic Policy Institute

2.6.3.f Public High-School Graduation Rates by Race/Ethnicity in the US

During 2009-2010, the public high-school graduation rate for White (non-Hispanic) Americans was above 66% in most states. The corresponding figures for Hispanic Americans, Black (non-Hispanic) Americans, and American Indian or Alaska Native (non-Hispanic) Americans were 47%, 47% and 38% respectively.

[See Map High-School Graduation for Whites \(Non-Hispanics\), US](#)
Source: Diversity Data Kids

[See Map High-School Graduation for Blacks \(Non-Hispanics\), US](#)
Source: Diversity Data Kids

2.6.3.g Infant Mortality by Race/Ethnicity in the US

During 2006-2008, the highest infant mortality rate recorded among states for White (non-Hispanic) Americans was 7.67. The corresponding numbers for Hispanic Americans, Black (non-Hispanic) Americans, and American Indian or Alaska Native (non-Hispanic) Americans were 7.94, 18.54 and 15.37 respectively.

[See Map Infant Mortality for Whites \(Non-Hispanics\), US](#)
Source: Diversity Data Kids

[See Map Infant Mortality for Blacks \(Non-Hispanics\), US](#)
Source: Diversity Data Kids

2.6.3.h Percent of Working Parents in a “Bad” Job (No Health Insurance, No Pension, Below Family Economic Security Wage) and Not Eligible for FMLA (Family & Medical Leave Act) Coverage by Race/Ethnicity in the US

During 2007-2011, the percent of working parents in a “bad” job was, on average (across states), 18.4% for White (non-Hispanic) Americans, 31.4% for Hispanic Americans, and 20.5% for Black (non-Hispanic) Americans. Caveat: Data on Black (non-Hispanic) Americans was available for only about half of the states.

[See Map Job Quality for Whites \(Non-Hispanics\), US](#)
Source: Diversity Data Kids

[See Map Job Quality for Blacks \(Non-Hispanics\), US](#)
Source: Diversity Data Kids

2.6.3.i Child Poverty Rate by Race/Ethnicity in the US

During 2008-2012, the child poverty rates was, on average (across states), 12.5% for White (non-Hispanic) Americans, 31.5% for Hispanic Americans, 37.1% for Black (non-Hispanic) Americans, and 35.3% for American Indian or Alaska Native (non-Hispanic) Americans.

[See Map Child Poverty for Whites \(Non-Hispanics\), US](#)
Source: Diversity Data Kids

[See Map Child Poverty for Blacks \(Non-Hispanics\), US](#)
Source: Diversity Data Kids

2.6.3.j Children Living in High Poverty by Race/Ethnicity in the US

The poverty rate for children living in high poverty (poverty rates of 30% or more) was 30% for Blacks or African Americans, and 23% for Hispanics or Latinos, in 2008-2012, compared to 4% for Non-Hispanic Whites.

See Table *Child High Poverty for Whites (Non-Hispanics), US*
Source: Annie E. Casey Foundation

2.6.3.k Teen Births by Race/Ethnicity in the US

Teen birth rates (per 1000) were 44 for Blacks or African Americans, and 46 for Hispanics or Latinos, in 2012, compared to 20 for Non-Hispanic Whites. As the table below indicates, these disparities have been narrowing over time but they still remain very large.

See Table *Teen Births, US*
Source: Annie E. Casey Foundation

2.6.3.l American Human Development Index by Race/Ethnicity

The American Human Development Index is a modified version of the traditional Human Development Index that aims to better represent the US context. According to a report published by the Social Science Research Council, Native Americans are one of the two worst performers (the others being either African Americans or Latinos) in the categories of Human Development, Health, Education, and Income, as the following info-graphic indicates.

See Figure *Human Development, US*
Source: Social Science Research Council

2.6.3.m National Urban League's 2014 Equality Index

In 2014, the [National Urban League](#) published its Equality Index, which describes how well African Americans and Hispanics are doing relative to White Americans in the domains of economics, education, health, social justice and civic engagement. An index of 100% in any one of these domains would indicate perfect equality, and any number less than 100% would indicate a disadvantage for African Americans and Hispanics. An overall index is arrived at by computing a weighted average of the indices in the different domains. The 2014 overall index came in at 71.2%. The greatest inequality was registered in the domain of economics (55.5%), whereas social justice fared only slightly better (56.8%). Inequality was present but much lower in health (76.8%) and education (76.8%), whereas in civic engagement, a large increase in African American voter participation in the 2012 Presidential elections meant significant gains towards equality (104.7%). For details on this index, please see the full report [2014 State of Black America](#).

More: For an overview of the 2014 Equality Index, see [this video interview of Valerie Wilson](#), Economist and Vice President of Research at the National Urban League.

2.6.3.n American Indian-White Employment-Rate Gap by State in the US

The unemployment rate during 2009-2011 among American Indians was higher than that of Whites nationally and in every US state, with the difference being as high as 32.7 percentage points in South Dakota.

See Map *Employment Gap, US*
Source: Economic Policy Institute

More: For more details, see <http://www.epi.org/publication/native-american-white-jobs-gap/>

2.6.3.o Living Standard for Native Americans Relative to the Total Population in the US

With respect to basic living characteristics such as availability of electricity, kitchen facilities and phone services, American Indians and Alaska Natives lag the average American, as the following graph (from November 2012) indicates. Unemployment and poverty rates are also much higher for American Indians and Alaska Natives relative to the average American.

See Chart *Living Standard, US*
Source: National Congress of American Indians

More: For more details, see http://www.ncai.org/policy-research-center/research-data/BB_2012_November_Demographic_Profile.pdf

2.6.4 OTHER SOCIAL/DEMOGRAPHIC STRATIFICATIONS

Gender and race/ethnicity are not the only dimensions along which a society may find itself divided and fragmented. Broadly, any marker of identity can become the locus of inequity and conflict. For example, in India, it could be caste, or religion, whereas in China, it could be place of dwelling (e.g. rural vs. urban), and in Latin America, it could be nativity (indigenous vs. those of European descent). Whatever the social stratification based on identity, there is the possibility that the stratification becomes the occasion for arbitrary discrimination, adversely affecting not only the allocative efficiency of the economy as a whole but also the flourishing of human capital and therefore the quality and quantity of social wealth as we understand it.

In terms of documenting and tracking different types of social/demographic stratification, the most extensive work of data collection and reporting relates to the status of minorities, be they in the form of indigenous groups, or immigrants, or members of a particular religious group. Below are a few measures for different groups of countries.

2.6.4.a Level of Religious Tensions in a Broad Cross-Section of Countries

According to the [International Country Risk Guide \(ICRG\)](#), religious tensions stem from the domination of society and/or governance by a single religious group that seeks to replace civil law by religious law and to exclude other religions from the political and/or social process, and from the suppression of religious freedoms. A measure of religious tensions in a country ranges from 0-6 with 6 representing the least tensions, and is available for 140 countries in 2010. European and Latin American countries receive high scores, while Asian countries receive low scores.

See Chart *Religious Tensions, Many Countries*
Source: *Indices of Social Development*

2.6.4.b Attitudes towards Immigrants in European Countries

The [European Social Survey](#) reports, for 20 countries in 2010, the proportion of the public that think that immigration is bad for culture. The number is around 50% for Greece, Cyprus, Czech Republic, and Russia, but only around 10% in Sweden, and 8% in Finland.

See Chart *Attitudes Towards Immigrants, European Countries*
Source: *Indices of Social Development*



In the new knowledge-service era, we are faced with unprecedented personal, economic, social, and environmental challenges. This report has already highlighted the pressing need for building high-quality human capital so that these challenges may be confronted and overcome successfully. The mechanisms through which such a confrontation and overcoming become possible are enterprise and innovation.

Entrepreneurship and innovation not only create jobs and increase economic productivity, but they also enable the cultivation of human virtues such as courage, honesty, and generosity, and the actualization of human values such as trust in and respect for one's self and others.

Human beings have a natural affinity to be curious and creative, and to seek control over their own lives. Therefore, successful entrepreneurs and innovators are not only exemplary leaders, but they are also an inspiration to younger generations. Their leadership and inspiration are critical components of social wealth because the ability of a society to adapt to new situations and challenges is greatly enhanced by the creativity and dynamism of such individuals.

Accordingly, this subcategory of Human Capacity Indicators attempts to measure the flourishing of entrepreneurship and innovation as vital aspects of the flourishing of human capacity in a society.

2.7.1 NEW BUSINESS DENSITY IN 120+ COUNTRIES

This measure reflects the number of newly registered firms with limited liability per 1000 working-age people (ages 15-64) per calendar year, for years ranging from 2009 to 2012 (as per data availability). Limited liability is a concept whereby the financial liability of the firm's members is limited to the value of their investment in the company. Partnerships and sole proprietorships are not covered by this concept because of the differences with respect to their definition and regulation worldwide.

As the following table indicates, countries such as Hong Kong, Cyprus, Luxembourg, and New Zealand top the rankings, while countries from Africa and Asia come in at the bottom. Among OECD countries, Australia, and the UK also demonstrate high levels of entrepreneurship (after Luxembourg and New Zealand).

There is no data on this measure for either the US or Canada.

[See Table](#) *New Business Density, Many Countries*
Source: World Bank

2.7.2 PATENT APPLICATIONS FILED BY RESIDENTS IN 80+ COUNTRIES

This measure tracks the number of worldwide patent applications filed by residents of a particular country in 2012 through the Patent Cooperation Treaty procedure or with the country's patent office for exclusive rights for an invention, usually a product or process that provides a new way of doing something or offers a new technical solution to a problem.

The following table indicates that China was, by far, the highest innovating country in 2012. The US comes in third worldwide (after Japan), with a number of patents significantly larger than that of any European country. Newly "emerging" countries such as Russia, India, and Brazil are also in the top 20, but, by this measure, they innovate far less than the first three countries on the list. The only Nordic nation in the top 20 is Sweden, at 20th position.

[See Table](#) *Patent Applications by Residents, Many Countries*
Source: World Bank

2.7.3 RESEARCHERS IN R&D IN 60+ COUNTRIES

Researchers in R&D are professionals engaged in the conception or creation of new knowledge, products, processes, methods or systems and in the management of the projects concerned. Postgraduate PhD students engaged in R&D are also included.

Data from 2011 indicate that the three Nordic countries of Finland, Iceland, and Denmark have the highest number of researchers in R&D (per million people), with Norway and Sweden also figuring in the top 10. The US ranks 17, after Singapore (rank 5), Portugal (rank 11), and Slovenia (rank 14).

[See Table](#) *Researchers in R&D, Many Countries*
Source: World Bank

2.7.4 HIGH-TECH EXPORTS IN 110+ COUNTRIES

High-tech exports are products with high R&D intensity, such as in aerospace, computers, pharmaceuticals, scientific instruments, and electrical machinery. Data is available for 2012 on high-tech exports as a share of manufactured exports. In countries such as Philippines, Singapore, and Costa Rica, this share is above 40%, whereas in the US, it is only 18%. European countries that outperform the US include Switzerland, France, Ireland, the UK, Netherlands, and Norway.

[See Table](#) *High-Tech Exports, Many Countries*
Source: World Bank

2.7.5 LEGATUM PROSPERITY INDEX OF ENTREPRENEURSHIP & OPPORTUNITY IN 140+ COUNTRIES

One of the sub-indices that constitute the [Legatum Institute's 2014 Prosperity Index](#) is an index of [Entrepreneurship & Opportunity](#), which measures a country's entrepreneurial environment, its promotion of innovative activity, and the evenness of opportunity. Among 142 countries, the US ranks 11 in this sub-index, with all the Nordic countries surpassing the US (Sweden and Denmark at ranks 1 and 2 respectively, Finland at 4, Norway at 7, and Iceland at 9). The other countries that rank ahead of the US are Switzerland, Luxembourg, Hong Kong, the UK, and the Netherlands.

2.7.6 GLOBAL INNOVATION INDEX FOR 140+ COUNTRIES

The [Global Innovation Index 2014](#) captures the state of innovation along both an input dimension (elements of a national economy that enable innovation: institutions, human capital and research, infrastructure, market sophistication, and business sophistication) and an output dimensions (innovation outputs: knowledge and technology outputs, and creative outputs). Data is available for 143 countries, and [shows the US at rank 6](#) among them, behind Switzerland (rank 1), the UK (2), Sweden (3), Finland (4), and the Netherlands (5).

3. CARE INVESTMENT INDICATORS

Social Wealth Economic Indicators reveal the drivers in a society that make possible the development and maintenance of our most important assets: our human capacities. This section looks at the extent of awareness of and investment in these drivers, again comparing the United States with other nations, especially other developed ones.

So while the previous section on Human Capacity Indicators primarily focuses on what statisticians call outputs (present conditions), this section focuses on inputs (the factors that produce different outputs or outcomes).

In other words, social wealth hinges on inputs, and just as in the case of financial wealth, these inputs must be accumulated. Understanding this process of accumulation requires measuring how the different institutions of society, such as government and businesses, invest in the creation of social wealth.

CARE INVESTMENT SUB-CATEGORIES

3.1 GOVERNMENT
INVESTMENT IN
CARE WORK

3.2 BUSINESS
INVESTMENT IN
CARE WORK

3.3 PUBLIC AND
PRIVATE INVESTMENT
IN PROTECTING THE
ENVIRONMENT

3.4
COMPARATIVE
INVESTMENT DATA

INTRODUCTION TO CARE INVESTMENT INDICATORS

Since caring and caregiving are foundational for creating and growing social wealth, the successful accumulation of social wealth requires that government and business leaders enact policies that promote caring as a core cultural value. A first step towards this goal is to ensure that economic indicators measure the value of care work, including the unpaid work of caring and caregiving performed in the household and community economy. These economic measurements are a foundation for a caring economic system where government and business policies and practices encourage and support caring and caregiving.

Such policies and practices may take the form of adequate levels of public funding for health care, childcare, and other caring activities. They may consist of laws and business practices that grant parents paid leave for the care of children and a certain degree of autonomy to balance their time at work with their time at home. Caring for the future of society also means caring for the environment, so public and private sector investment in environmental protection matters for promoting the cultural value of caring.

The Care Investment Indicators that follow include a variety of measures that describe the degree to which the public and private sectors in a country are engaged in nurturing and supporting a culture of caring that promotes human capacity development.



CARE INVESTMENT WHERE THE US STANDS

- The US is the only developed nation with no national funding for paid parental leave.
- The US invests less than half as much in family benefits as other OECD nations, investing 1% of GDP in family spending, as compared to the OECD average of 2.6% GDP.
- The US invests one third as much in environmental protection as the EU average.
- Among major developed nations, the US invests the least in early childhood care and education.
- In most developed nations, long-term care (LTC) work is predominately publicly funded. The Nordic countries, along with the Netherlands - where these gender norms have been replaced by more flexible gender roles where men do more of the care work - are the highest public spenders at 1.5% GDP or higher. In the US, public spending on LTC is just above 0.5% GDP.
- Although direct care is the fastest growing job sector in the country, it is also one of the lowest-paid. The population aged 65+ is projected to grow 90% by 2030, opening thousands upon thousands of jobs in the care work sector. However, currently care workers are paid about \$10 an hour. That is \$7 an hour less than the average wage earner in the US.

3.1 GOVERNMENT INVESTMENT IN CARE WORK

3.1 GOVERNMENT
INVESTMENT IN
CARE WORK

3.2 BUSINESS
INVESTMENT IN
CARE WORK

3.3 PUBLIC AND
PRIVATE INVESTMENT
IN PROTECTING THE
ENVIRONMENT

3.4
COMPARATIVE
INVESTMENT DATA

While both the public and private (for-profit and not-for-profit) sectors can influence the extent to which the act/work of caring is valued, the public sector has an especially important role because of the societal tasks that have been deemed in most countries a government's responsibility, such as education and health care. The reason for this is that the benefits resulting from a healthy and well-educated population accrue across the entire society, and thus society as a whole ought to contribute to the cost of ensuring the provision of an education and health care system. In addition, the government has the infrastructure and financial capacity to manage and provide services. This investment in human infrastructure is critical for both wellbeing and economic effectiveness, especially in the postindustrial knowledge-information era.

Today, policymakers face a multitude of choices in terms of how to distribute what are often shrinking budgets across not only healthcare and education, but a large range of public programs. In making these funding/investment choices, governments can support and encourage caring and caregiving, thereby building social wealth. Or they can choose to neglect and destroy social wealth by failing to invest in this essential component of personal, social, and economic success.

Measures of this investment include a number of components. One essential component is investment in caring for and educating children through investment in childcare and early education, education for caregiving (such as education for childcare and for parenting), pay for professions that entail caregiving (such as childcare and elementary school teaching), family benefits (both cash and in kind), and mandated paid leave for caregiving and family time.

Another important area, especially in our time when the elderly population is soaring, is investment in caring for the elderly. A society's elders are its repositories of wisdom, and so deserve a special consideration from governments. Populations all across the developed world are aging rapidly, yet the wages and working conditions for caregivers to the elderly are generally poor, inhibiting employment growth and contributing to growing excess demand in the important sector of long-term care (also sometimes called direct-care). Our measures of government investment in care work include, therefore, measures of public expenditure on long-term care and policy actions that mandate leave for caregivers to the elderly.

3.1.1 GOVERNMENT INVESTMENT IN FAMILIES IN OECD COUNTRIES

In OECD countries, governments support caring and caregiving by instituting family-friendly legislation. This may take several forms and in what follows, we look at three different forms of government support: all kinds of spending on families, specifically cash assistance, and spending on children.

3.1.1.a Public Spending on Family Benefits in OECD Countries

Public spending on family benefits in OECD countries includes financial support that is exclusively for families and children. It does not include spending in other social policy areas (such as health and housing) that also assist families, though not exclusively.

The chart that follows indicates that OECD countries spent on average 2.6% of their GDP on family benefits in 2009. It also shows that there are large variations across countries. Whilst public spending on family benefits was above 4% of GDP in Luxembourg, Ireland, and the UK (in the latter two partly due to increase in income-tested benefits during the economic crisis), it was only around 1% of GDP in Korea and Mexico, and a little over 1% in the US.

See [Chart](#) *GDP Share of Family Benefits, OECD Countries*
Source: *OECD Family Database*

Data Issues

Information on cash transfers and in-kind benefits concern budgetary allocations that can largely be derived from administrative records on which national statistical offices base their statistics. By contrast, information on the value of fiscal support for families concerns estimates by tax authorities. Nevertheless, as the chart shows, not including estimates on the value of tax support for children would distort international comparison of public spending on family benefits.

Data on cash transfers for Ireland, New Zealand, and the UK include spending on categorical income support benefits for sole parent families. Other countries also support sole parent families in need, but through general social assistance type payments (which do not allow for separate identification of public spending on sole parent families). As a result, the spending on cash transfers in the chart is relatively high for the aforementioned three countries.

Coverage of spending on family and community services in the OECD Social Expenditure database may be limited as such services are often provided, and/or co-financed, by local governments. The latter may receive general block grants to finance their activities, and reporting requirements may not be sufficiently detailed for central statistical agencies to have a detailed view of the nature of local spending. In Nordic countries (where local government is heavily involved in service delivery) this does not lead to large gaps in measurement of spending, but it does for some countries with a federal structure, for example, Canada and Switzerland.

More: Public spending on family benefits typically takes one of three forms.

The first is child-related cash transfers to families with children. This includes child allowances, with payment levels that in some countries vary with the age of the child, and sometimes are income-tested; public income support payments during periods of parental leave; and income support for single parent families.

The second is public spending on services for families with children. This includes direct financing and subsidizing of providers of childcare and early education facilities; public childcare support through earmarked payments to parents; public spending on assistance for young people (and residential facilities); public spending on family services, including centre-based facilities and home-help services for families in need.

The third is financial support for families provided through the tax system. This includes tax exemptions (e.g. income from child benefits that is not included in the tax base); child tax allowances (amounts for children that are deducted from gross income and are not included in taxable income); and child tax credits (amounts deducted from the tax liability).

In many OECD countries, including Belgium, Germany, France, Ireland, Portugal, and Switzerland, support for families with children is embedded in the tax unit, so that at a given income level, the larger the family the lower the taxable income. These measures may not be tax expenditures (they do not establish a deviation from the national standard tax system), but such policies clearly establish financial support for families with children, and indicators on such support are included in the data.

The proportional total amount spent in cash, services and tax measures is variable. The majority of countries spend a higher proportion on cash benefits than on services or tax benefits. Exceptions include Chile, Denmark, France, Iceland, Israel, Italy, Korea, Mexico, Netherlands, Norway, Spain, Sweden and the US, where spending on services is same or higher. Also, the proportion spent on tax breaks towards family is of considerable size in Belgium, the Czech Republic, France, Germany, Japan, the Netherlands, Slovenia, and the US (more than 0.5% of GDP).

3.1.1.b Family Cash Benefits in OECD Countries

Family cash benefits (FCB) are monetary transfers to families, generally towards the cost of raising children. The table that follows provides an overview of family benefit schemes across countries.

In over half of the countries, FCB amounts do not depend on family income and are paid as universal benefits. Among those countries, Austria, France, and Germany pay additional income-tested benefits to low-income families, families with young children, or unemployed parents.

In most countries, benefits are restricted to families with children. Universal FCB for a one-child family are most generous in Hungary, Ireland and Luxembourg, where cash transfers for such a family can exceed 5% of the average wage of the average worker. In several countries, FCB amounts depend on family income. For example, in Ireland, benefits decrease after an income limit with withdrawal rates that vary with the number of children.

In Australia, Canada, Germany, New Zealand, and the UK, cash transfers may take the form of “refundable” or “non-wasteable” tax credits, as these benefits involve cash transfers to families. In these countries, the family tax credits are income-tested, except in Germany. In the latter country, the tax credit does not phase out when earnings increase. As with most of the universal FCBs, the payment rate on the tax credit increases with the number of children but only from the fourth child onwards.

The table shows that the maximum benefit for one child aged 3-12 represents 2% of the average wage of a worker in the US, whereas the numbers for Australia, Canada, Denmark, Germany, and New Zealand are between 6 and 7%, 5%, 4%, 5% and 9% respectively.

See Table *Family Cash Benefits, OECD Countries*
Source: *OECD Family Database*

Note: For the US, the table fails to report the provision (according to 26 U.S.C. Sec. 24) of a Child Tax Credit, which reduces tax liability for families making less than \$130,000. After \$110,000 it phases out at the rate of \$50 for each additional \$1,000 (or portion of \$1,000) earned above \$110,000. The child tax credit is available to taxpayers who have a “qualifying child” within a family making less than \$130K per year. The full credit is only available if the family makes less than \$110K per year. A person is a “qualifying child” if he or she has not attained the age of 17 by the end of the taxable year and meets the requirements of 26 U.S.C. Sec. 152(c). In general, a qualifying child is any individual for whom the taxpayer can claim a dependency exemption and who is the taxpayer’s son or daughter (or descendent of either), stepson or stepdaughter (or descendent of either), or eligible foster child. The per-child amount was originally capped at \$1000 by The American Taxpayer Relief Act of 2012.

Data Issues

Data for family benefits have been taken from a questionnaire sent to national authorities in the context of their *Benefits and Wages* database.

Family benefits may be unrelated to the income of the family or they can be income-tested. Where they are income-tested, benefits are usually paid only when family income is below a specified level, and child benefits are reduced as the family income increases. The nature of such benefit rules varies across countries.

More: The value of family benefits concerns child allowances for families with children aged 3-12 (in some countries payment rates vary with the age of the child).

The table also shows the maximum age of children at which families are eligible to FCB if children have income of their own, are married, or do not live with their parents. Payment rates can be uniform, but more often they vary by age and/or number of children across countries. The different age profiles of child benefit amounts are referred to in the third column of the table: a “+” and “-” indicate that benefit amounts for children increase or decrease with age, respectively.

Universal FCB may vary depending on the household’s work situation. For example, in Belgium, FCB are increased from the seventh month of unemployment.

3.1.1.c Public Expenditures for Children by Age Groups in OECD Countries

The table that follows compares public expenditure per child in each of the three major stages of childhood in OECD countries in 2009. The three age groups covered are: early childhood (ages 0-5 years), middle childhood (ages 6-11 years), and late childhood (ages 12-17 years).

Most countries show an increase in spending as children get older, with most spending in late childhood. Iceland, Denmark, and Mexico have significantly higher spending in middle childhood than in late childhood. Iceland is the only country in which social expenditure decreases from early to middle to late childhood. The US is one of the highest spenders in middle and late childhood, but one of the lowest in early childhood.

The types of spending include: cash benefits and tax breaks, childcare, other benefits in kind, and education (primary and secondary).

See Table *Public Spending on Children, OECD Countries*
Source: *OECD Family Database*

Data Issues

Social expenditure figures are taken from the *OECD Social Expenditure Database (SOCX)* while education spending and enrolment figures are from the *OECD Education Database*. Non-central government spending amounts are not readily available for certain countries and are not captured in SOCX. This limitation needs to be borne in mind for more decentralized federal member countries, for example, Canada and Switzerland, as figures in this indicator may be underreporting the total amount of public spending on children for these OECD countries.

The spending profiles reported in this indicator include cash benefit amounts adjusted for direct tax. However, spending on in-kind benefits and education is not adjusted for taxation. All spending figures are disaggregated using the rules for each benefit (for example, eligibility by age or enrolment in education, and payment amounts) into child age-cohorts. The sizes of child-age cohorts are defined by population figures by age of children and are taken from OECD official data sources.

The difference between spending directly attributed to the child and that which is attributed to the family is not distinguished. All cash transfers are provided to families of children with no enforcement by law on how this cash is spent. Typically adults in families make decisions on how money is spent, and spending may or may not be on the child. On the other hand, in-kind benefits such as education can be attributed directly to the child.

Some child-related cash transfers simply provide money with no additional requirements imposed (for example, child benefits), while other cash transfers have conditions attached (for example, social insurance contributions, for the parent to be on leave, or work conditions). Analysis undertaken for this indicator makes no distinction in value between the conditional and non-conditional forms of cash transfer.

More: Public spending on children by age group and by type of spending is calculated using data on public spending on education, social expenditure data, benefit rules, and enrolment rates.

3.1.2 GOVERNMENT INVESTMENT IN CHILDCARE AND EARLY EDUCATION IN OECD COUNTRIES

3.1.2.a Percentage of GDP for Public Funding for Childcare and Early Education in OECD Countries

The chart that follows measures all public financial support (in cash, in-kind, or through the tax system) for families with children participating in formal day-care services (e.g. crèches, day care centers, and family day care for children under 3), and pre-school institutions (including kindergartens and day-care centers which usually provide an educational content as well as traditional care for children aged from 3 to 5, inclusive).

In 2009, total public spending on these outside services was over 1.0% of GDP in France, the Nordic countries, and the UK. It was below 0.4% of GDP in the US, Portugal, Estonia, Slovak Republic, Cyprus, Poland and Switzerland.

[See Chart](#) GDP Share of Public Spending on Early Childcare, OECD Countries
Source: OECD Family Database

Data Issues

Public expenditure on childcare and early education services is taken from the bi-annual OECD Social Expenditure data collection and the annual UOE (UNESCO/OECD/Eurostat) data collection on education respectively. Data for non-OECD countries is taken from Eurostat statistics. However, it only covers expenditure on pre-primary education (ISCED-0) not on childcare for the under 3s. All data collections used here refer to 2009. GDP data is taken from the OECD national accounts database. Public expenditure on pre-primary and childcare per child were converted into USD using OECD purchasing power parity rates.

In order to get a better comparison of childcare support, indicators were adjusted for cross-national differences in the compulsory age of entry into primary school. For example, in some (Nordic) countries children enter primary school at age 7, while attending pre-primary schooling the year beforehand. In order to improve the comparison, expenditure on these 6 year olds was excluded (using estimates derived on the basis of available data on spending on education and the number of 6 year olds). Similarly, for countries where children enter school at age 5 (and which are not included in the childcare and pre-school data), such as Australia, New Zealand and the UK, pre-school expenditure data was adjusted by adding up the expenditure corresponding to children aged 5 years who are enrolled in primary school.

Local governments often play a key role in financing, and sometimes provide childcare services. This spending is recorded in Nordic countries, but in some other (often federal) countries, it is not properly captured in the data and it is much more difficult to get a good view of public support for childcare across such countries. This is because local governments may use different funding streams to finance childcare services, for example, non-earmarked general block-grants, as in Canada (no data presented here), or because information on spending by local governments on childcare is not reported to national authorities, for example, in Switzerland (data presented here do not include all local government spending on childcare and thus underestimates public spending on day-care). These issues are not restricted to federal countries. In the Netherlands, municipalities can provide childcare support for their inhabitants, and they may finance this out of the general block-grant to municipalities. Also, they can use the central government funding stream to municipalities to support labor

market integration for income support recipients, to finance, for example, childcare support for social assistance clients.

More: Most countries spend more on pre-school care than childcare, which could partly be a reflection of coverage of a larger age group. Pre-school spending is highest at over 0.7% of GDP in Bulgaria, Denmark, Iceland, Israel, New Zealand, and Romania, while childcare spending is only over 0.7% in the Nordic countries.

3.1.2.b Public Funding for Childcare and Pre-School per Child in OECD Countries

The chart that follows shows the expenditure on childcare divided by the number of children in a country aged under three. Public spending on pre-school care and education per child is calculated by dividing public spending on educational institutions by the number of children enrolled in those programs.

As the chart indicates, there is relatively limited variation in public spending on early education of 3 to 5 year olds; the average was around USD PPP 3600 per child in 2008, and only Finland, Japan, Korea, Mexico, Poland, and the Slovak republic spent less than USD PPP 2500 per child.

There is much more variety in spending on formal childcare per child not yet three years of age. It is highest in Nordic countries at around USD PPP 5700 or more.

Lower public spending on childcare in southern European countries is typical, as informal care is predominantly used for the younger children and mainstream participation in pre-school begins earlier (often at age three). Public spending on childcare per child is typically also lower in countries where private provision of day care is predominant, as for example, in the US. In countries such as Japan and Korea, household expenditure plays a significant role in care and education services throughout the early years.

[See Chart](#) Public Spending on Early Childcare, OECD Countries
Source: OECD Family Database

Data Issues

Public expenditure on childcare and early education services is taken from the bi-annual OECD Social Expenditure data collection and the annual UOE (UNESCO/OECD/Eurostat) data collection on education respectively. Data for non-OECD countries is taken from Eurostat statistics. However, it only covers expenditure on pre-primary education (ISCED-0) not on childcare for the under 3s. All data collections used here refer to 2009. GDP data is taken from the OECD national accounts database. Public expenditure on pre-primary and childcare per child were converted into USD using OECD purchasing power parity rates.

In order to get a better comparison of childcare support, indicators were adjusted for cross-national differences in the compulsory age of entry into primary school. For example, in some (Nordic) countries children enter primary school at age 7, while attending pre-primary schooling the year beforehand. In order to improve the comparison, expenditure on these 6 year olds was excluded (using estimates derived on the basis of available data on spending on education and the number of 6 year olds). Similarly, for countries where children enter school at age 5 (and which are not included in the childcare and pre-school data), such as Australia, New Zealand and the UK, pre-school expenditure data was adjusted by adding up the expenditure corresponding to children aged 5 years who are enrolled in primary school.

Local governments often play a key role in financing, and sometimes provide childcare services. This

spending is recorded in Nordic countries, but in some other (often federal) countries, it is not properly captured in the data and it is much more difficult to get a good view of public support for childcare across such countries. This is because local governments may use different funding streams to finance childcare services, for example, non-earmarked general block-grants, as in Canada (no data presented here), or because information on spending by local governments on childcare is not reported to national authorities, for example, in Switzerland (data presented here do not include all local government spending on childcare and thus underestimates public spending on day-care). These issues are not restricted to federal countries. In the Netherlands, municipalities can provide childcare support for their inhabitants, and they may finance this out of the general block-grant to municipalities. Also, they can use the central government funding stream to municipalities to support labor market integration for income support recipients, to finance, for example, childcare support for social assistance clients.

3.1.3 GOVERNMENT INVESTMENT IN EDUCATION

3.1.3.a Public Spending on Education as Percentage of GDP in OECD Countries

Public expenditure on education as a percentage of GDP gives an indication of how a country prioritizes education in relation to its overall allocation of resources. In the chart that follows, public expenditure on education includes spending on schools, universities, and other public and private institutions involved in delivering or supporting educational services.

All OECD countries invest a substantial proportion of national resources on education. Taking into account only public sources of funds, OECD countries, on average, spend around 4.6% of their GDP on educational institutions at primary, secondary, and tertiary levels.

However, total expenditure on education ranges from 5.5% of GDP or more in the Nordic countries to around 3% in Japan, Luxembourg, and the Slovak Republic. Public spending on education in the US is slightly above the OECD average.

[See Chart](#) *GDP Share of Public Spending on Education, OECD Countries*
Source: OECD Family Database

Data Issues

The organization of education systems varies between countries as does the length of time for a student to complete an educational level. This makes primary programs more costly in some countries than others. For example, in Iceland, the typical age group ranges from 6 to 12 years inclusive (7 years); whereas in Germany it is 6 to 10 years inclusive (5 years) and in Hungary only 6 to 9 years inclusive (4 years). The length of the program thus affects the amount of educational investment per education level and does not necessarily reflect a country's policy to place more importance on one part of the education system than another.

By the same token, although participation in primary and secondary education is very high in most OECD countries, the proportion of students enrolled in university programs varies between 10 and 50 percent, which obviously affects spending differentials across countries (see *OECD Education at a Glance 2010* for more detailed information).

This indicator only shows public expenditure in education. Countries which look to private investment to fund educational programs spend less on education, particularly at university level, than others.

More: Expenditure on educational institutions is not limited to expenditure on instructional services but also includes public expenditure on ancillary services for students and families, where these services are provided through educational institutions.

At the tertiary level, spending on research and development can also be significant and is included in this indicator to the extent that the research is performed by educational institutions.

Public spending on secondary education is larger than on primary and tertiary education, except for Iceland, Israel, Luxembourg, and Mexico, where more is spent on primary education than secondary education, and Slovenia where more is spent on both primary and tertiary education than secondary education.

3.1.3.b Public Spending on Tertiary Education as Percentage of GDP in OECD Countries

The following chart demonstrates that in 2010, although the US was the world's largest spender on tertiary education, most of this spending was sourced privately and public spending on tertiary education amounted to 1% of GDP, relative to countries such as Norway, Finland, Denmark and Canada, where public spending on tertiary education amounted to more than 1.5% of GDP.

[See Chart](#) *Public Spending on Tertiary Education, OECD Countries*
Source: OECD Directorate for Education and Skills

3.1.4 GOVERNMENT INVESTMENT IN FAMILY LEAVE

Government investment in family leave typically takes the form of laws that enable workers to take time off from work to devote to their families, whether it be for raising children or taking care of the elderly and/or disabled. There are several different ways to group these laws into sub-headings for an organized perspective. As part of this section, we focus on the groupings of maternity leave and family leave. In Section 3.1.6, we turn to care leave, and in Section 3.2.1, which appears under "Business Investment in Care Work," we focus on parental leave.

3.1.4.a Maternity Leave in the US vs. Other Countries

According to a [2014 ILO](#) report, there has been a gradual global shift towards maternity leave periods that meet or exceed the ILO standard of 14 weeks. The longest average statutory durations of maternity leave are in Eastern Europe and Central Asia (almost 27 weeks), and the Developed Economies (21 weeks). The shortest regional average is in the Middle East (9.2 weeks). The following map illustrates this information for 185 countries and territories.

[See Map](#) *Maternity Leave, Many Countries*
Source: International Labor Organization

The US offers statutory leave of 12 weeks (which does not meet the ILO standard and is significantly less than other Developed Economies), but it is unpaid leave. In fact, it is one of only two countries among the 185 studied (the other being Papua New Guinea) that does not

provide paid leave; that is, it does not provide statutory cash benefits during maternity leave. A few U.S. states are now offering paid leave following the lead of California.

See Map *Paid Maternity Leave, Many Countries*
Source: International Labor Organization

As the report also states: “More than 100 countries now finance benefits through social security, reducing employers’ liability. However, analysis showed that benefits in more than half were neither financially adequate nor sufficiently long-lasting.”

Caveat: These are laws and regulations on the books, but often do not reflect realities on the ground, as they are frequently not enforced or very selectively enforced.

More: See also this report which covers 188 countries (information on maternity leave begins on p. 60): http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_245201.pdf

3.1.4.b Paid Family Work Leave in OECD Countries

In addition to leave entitlements around childbirth, employed parents can be entitled to further days of leave to help them match their work and family life commitments. Some “family-leave” provisions are specifically intended to provide support with elderly care. Days of paid annual leave refer to the statutory holiday entitlements and public holidays.

For European countries, the 1993 EU Working Time Directive set a benchmark of a minimum of 4 weeks of paid annual leave. The table below indicates that most OECD countries set a statutory minimum of annual paid leave for those in employment. In practice, European workers are typically entitled to around 30-35 days per year of paid vacation, when including public holidays. In Japan and Korea, the relatively high number of public holidays ensures that the overall number of holidays is comparable with practices in Europe.

As the table indicates, the US is the only OECD country where such a legal minimum of paid leave does not exist at the federal level.

See Table *Family Work Leave, OECD Countries*
Source: OECD Family Database

Data Issues

Many countries provide workers with entitlements to (paid) leave to help them take care of sick children or other relative for a short period of time. It is not known to what extent parents can use their own sick-day entitlement or have to use holiday entitlements to deal with “care emergencies.” In addition, some countries (including Belgium, Finland, France, Greece, Hungary, Italy, the Netherlands, Norway, Portugal, Spain, and the UK) provide support towards care needs through legal entitlements to reduced working hours, which is addressed in the next set of measures (“Business Investment in Care Work”).

More: Public holidays are at set dates, while annual holidays can generally be taken at the choice of employees (mindful of key production periods and due notice). The number of holidays stipulated by collective agreements is frequently higher than the statutory minimum. Support provided by individual employers over and above what is stipulated by law is not covered in the table above.

3.1.5 GOVERNMENT INVESTMENT IN LONG-TERM CARE IN OECD COUNTRIES

In most OECD countries, long term care (LTC) work is predominantly publicly funded, as the following figure indicates. Switzerland is the only European exception with private spending accounting for more than 60% of total LTC spending.

The significant cross-country variation observed in the figure below is accounted for by differences along a variety of dimensions – care needs, the structure and comprehensiveness of LTC systems, and family roles and cultural traditions, such as traditions where women are supposed to do all care work for free.

The Nordic countries, along with the Netherlands, where these gender norms have been replaced by more flexible gender roles where men do more of the care work, are the highest public spenders at 1.5% of GDP or higher. In the US, public spending on LTC is just above 0.5% of GDP.

See Figure *LTC Spending: Public vs. Private, OECD Countries*
Source: OECD Health Policies and Data

More: There is a need for creating LTC coverage mechanisms because the cost of LTC is high and the need for LTC is associated with uncertainties (such as when the need will arise, as well as its duration and intensity). The need for public funding of such coverage mechanisms is especially acute since the market for private LTC insurance is small in most OECD countries, being highest in the US at only 7% of total LTC spending. Public spending on LTC takes three forms – universal coverage within a single program, mixed systems, and means-tested safety net schemes. For more details on these public spending systems, and how OECD countries may be categorized, see Ch. 7 (in particular, Table 7.1 on pp. 216-219) of the 2011 OECD report *Help Wanted? Providing and Paying for Long-Term Care*. For more details on the private LTC insurance market, see Ch. 8 (in particular Figure 8.1 on pp. 248) of the same report.

3.1.6 GOVERNMENT INVESTMENT IN CARE LEAVE IN OECD COUNTRIES

According to the 2011 OECD report entitled *Help Wanted? Providing and Paying for Long-Term Care*:

“In three-quarters of the countries where it is available, paid care leave is limited to less than one month or to terminal illness. Belgium provides the longest publicly paid leave, for a maximum of 12 months, which employers may refuse only on serious business grounds. In Japan, paid leave is also fairly long, since carers can take leaves up to 93 days with 40% of wage paid through the employment insurance if the company does not compensate during the leave. In terms of remuneration, Scandinavian countries tend to pay the most. For instance, in Norway and Sweden paid leave is equivalent to 100% and 80% of the wage respectively. In Denmark, in exchange for employers continuing to pay full wages during care leave, municipalities reimburse a minimum equivalent to 82% of the sick benefit ceiling.”

As for unpaid leave, the report states that “there is a geographical divide. A group of countries provides long leave of one or more years (e.g. Belgium, France, Spain and Ireland). While being relatively long, unpaid leave is not a statutory right for workers in Ireland and Spain and may be refused by employers on business grounds. In the case of France, while employers may not oppose the leave, eligibility criteria remain strict: leave is only available to care for a relative with an 80% autonomy loss. A second group provides relatively short leave of up to three months (e.g. English-speaking countries and the Netherlands), with a couple of countries providing medium-term leave of six months (Austria, Germany). In Austria the availability of unpaid leave is limited to care for terminally ill relatives.”

The US does not mandate paid care leave. Countries such as the Netherlands, New Zealand, Norway, Sweden, Slovak Republic and the UK offer an allowance both to the carer who takes leave and to the person being cared for (usually, so that the latter might be able to hire carers for themselves, thereby reducing the burden on the carer who would otherwise have to take leave). The US does not offer the former type of allowance and has no federal mandates for the latter type of allowance (although these may exist at the state level, for e.g. in Arkansas and New Jersey).

More: For more details, see [Ch. 4](#) of the report, and in particular Table 4.A1.1 on p. 139, Table 4.A2.1 on pp. 142-150, and Table 4.A3.1 on pp. 152-158.

3.2 BUSINESS INVESTMENT IN CARE WORK

3.1 GOVERNMENT INVESTMENT IN CARE WORK

3.2 BUSINESS INVESTMENT IN CARE WORK

3.3 PUBLIC AND PRIVATE INVESTMENT IN PROTECTING THE ENVIRONMENT

3.4 COMPARATIVE INVESTMENT DATA

The private sector may invest in care work through businesses adopting family-friendly workplace practices. Such practices are key determinants of families’ ability to reconcile employment and family life. They are also key determinants of the ability of families to care for their members, be it for children, the elderly, or the sick and disabled.

Family-friendly arrangements include: leave from work arrangements; employer-provided childcare; out-of-school-hours-care; elderly care supports; and flexible working time arrangements.

In what follows, we present data for OECD countries. In most of them, businesses are seen to support care work by offering some form of parental leave. In some cases, as for Australia’s Insurance Australia Group (which, in 2012, announced 20 weeks of parental leave at full pay, and 6 weeks of double pay for employees who return to work after 14 of the 20 weeks), such support is especially generous.

Businesses also often allow flex-time and employees have some control over their working hours, though this varies a lot across countries. There does not appear to be much business investment in the form of childcare support. However, this may be a reporting issue since businesses are not required to report the extent of such support. Moreover, in most OECD nations, with the notable exception of the US, governments provide or subsidize childcare.

3.2.1 EMPLOYMENT-PROTECTED PARENTAL LEAVE IN 21 DEVELOPED COUNTRIES

Parental leave laws can offer job-protected leave and/or financial support during leave.

According to a [2009 Center for Economic and Policy Research study](#) of 21 developed/advanced countries: “In terms of time, all 21 countries analyzed here protect at least one parent’s job for a period of weeks, months, or years around the birth of a child. This job protection allows parents to take time to care for their infant or young child secure in the knowledge that they will be able to return to the same (or a comparable) job at the end of the leave period. Total protected job leave available to couples varies widely across the 21

countries, from only 14 weeks in Switzerland to over 300 weeks (about six years) in France and Spain. The United States, with 24 weeks of combined protected job leave for a two-parent family, ranks 20th (out of 21); Switzerland provides fewer weeks of protected job leave (14), but provides financial support of 80 percent of a mother's usual earnings during that leave. In terms of money, almost all of the 21 countries also provide direct financial support for parents during at least part of the protected leave. Most countries provide between three months and one year of full-time-equivalent paid leave; Sweden, the most generous of the countries examined, provides 40 weeks of full-time-equivalent paid leave."

The following chart illustrates these provisions.

See Chart *Parental Leave in 21 Developed Countries*

Source: Center for Economic and Policy Research

As evidenced by the chart, the US is one of only two countries to offer no paid parental leave. The other country, at the time of the report's writing, was Australia, which however supported parents with a substantial "baby bonus" regardless of whether they take parental leave. In January 2011, Australia introduced its first national paid parental leave scheme.

More: The report also states: "Our review of 21 countries lead us to identify four countries with policies that are strongest on both generosity and gender equality. These countries include three Nordic countries – Finland, Norway, and Sweden – plus Greece. Across these high-performing systems, five policy practices stand out as the most important: (1) generous paid leave; (2) non-transferable quotas of leave for each parent; (3) universal coverage combined with modest eligibility restrictions; (4) financing structures that pool risk among many employers; and (5) scheduling flexibility.

3.2.2 PERCENTAGE OF EMPLOYERS PROVIDING CHILDCARE OR OTHER CARE SUPPORT IN OECD COUNTRIES

In addition to public spending on childcare support and early education services, employers may also provide childcare support to their employees. However, because companies often have no reasons to report such support to authorities, information on this issue can only be gleaned from surveys.

The Establishment Survey on Working Time held by the European Foundation for the Improvement of Living and Working Conditions reported in 2004/05 that on average for some 21 European countries for which information was available, about 7% of the companies reported providing childcare and/or service support to some of their workforce. The proportion is considerably higher in Latvia, the UK, and particularly the Netherlands, where many employers (in line with collective labor agreements) provide significant financial childcare supports to their employees.

See Table *Employer Care Support, OECD Countries*

Source: OECD Family Database

In the US, the Fair Labor Standards Act (FLSA) does not require an employer to provide childcare assistance. These benefits are generally a matter of agreement between an employer and an employee (or the employee's representative). In a 2012 US survey conducted by the [Families and Work Institute](#), only 7% of the employers surveyed offered childcare at or near the worksite. Employers were much more likely to offer Direct Care Assistance Plans (62%) that help employees pay for childcare with pre-tax dollars, and Child Care Resource and Referral (38%) that provide employees with access to information to help locate childcare in the community.

More: For more details on the US, see [the report](#) published by the Families and Work Institute, in particular Table 9 on p. 22.

3.2.3 PERCENTAGE OF EMPLOYERS PROVIDING FLEX-TIME IN OECD COUNTRIES

The chart below presents information on the proportion of companies (establishments) that provide flexible working time arrangements to their employees. Austria, Denmark, Finland, Germany, and Sweden are the countries with the highest proportion of time providing flexibility in working time arrangements. The percentage of companies providing flex-time is also relatively large in Ireland and the UK, but in these countries flexibility is often limited to variance in working hours without the possibility to convert accumulated hours in holidays. In Greece employers are the least inclined to allow flexibility of working hours.

The extent to which flex-time practices help workers balance employment and family life is co-determined by the extent to which workers have control over these arrangements.

See Chart *Flex-Time Arrangements, OECD Countries*

Source: OECD Family Database

Data Issues

Indicators on family-friendly workplace supports are taken from different national surveys with different sample sizes, categorizations and questions for employers and employees. Comparisons are therefore difficult.

More: Examples of flex-time practices are: allowing the start and end times to vary on the same day, but not the total number of hours per day, and without the possibility of accumulating credit or debit hours; the accumulation of credit or debit hours within certain limitations, over a long period of time (such as a week or a month); full days off to compensate for accumulated credit hours, etc.

3.2.4 EXTENT OF EMPLOYEE CONTROL OVER THEIR WORKING HOURS IN OECD COUNTRIES

The chart that follows presents information on the extent to which employees have some sort of control over their working hours, which varies considerably. It considers the proportion of employees who (i) face working times entirely set by the company; (ii) can choose between fixed working schedules; (iii) can adapt working time within certain limits; and (iv) are free to decide their own working hours. These factors play a large role in the extent to which employees can provide care for their families. For example, flexibility in working time allows parents to adjust their working schedule with school and/or childcare center hours.

Finland, Denmark, the Netherlands, Norway, Sweden, and Switzerland are countries where many employees often have at least some freedom in choosing their working hours. By contrast, the control of working time by employees is limited in Hungary, Portugal and Spain where more than 70% of employees report that working time is entirely fixed by the company.

See Chart *Setting of Working Times, OECD Countries*
Source: OECD Family Database

Data Issues

Indicators on family-friendly workplace supports are taken from different national surveys with different sample sizes, categorizations and questions for employers and employees. Comparisons are therefore difficult.

3.2.5 CARE LEAVE VS. PARENTAL LEAVE IN OECD COUNTRIES

Although care leave is provided by many OECD countries (as described in Section 3.1.6), the use of such leave is often limited in practice because employees fear that it will have a negative impact on their careers and household incomes. Data collected in 2004 by the [European Establishment Survey on Working Time and Work-Life Balance](#) and published in the 2011 OECD report [Help Wanted? Providing and Paying for Long-Term Care](#) indicate that about 37% of European companies offer LTC leave but more offer parental leave than LTC leave, except in Denmark and Poland.

See Chart *Care Leave vs. Parental Leave, OECD Countries*
Source: OECD Health Policies and Data

In a 2012 US survey conducted by the [Families and Work Institute](#), almost two-thirds of the employers surveyed allowed a period of 12 weeks for unpaid parental leave or unpaid leave to care for seriously ill family members. 75% of employers surveyed allowed time off (paid or unpaid) for employees to provide elder care without jeopardizing their jobs.

More: With regard to elder care, a [report](#) published by the Families and Work Institute states: "Elder care leave is not specifically required by the federal Family and Medical Leave Act, though 'family leave for seriously ill family members' is. This high prevalence of elder care leave is perhaps indicative of the fact that decision makers in organizations are typically older and more likely to experience elder care issues than those not in decision-making positions and thus the former may be more sensitive to providing help to others who have similar needs. It may also be a response to the aging workforce and the high prevalence of elder care needs." For more details, see the report, in particular Table 5 on p. 18 and Table 11 on p. 24.

3.3 PUBLIC AND PRIVATE INVESTMENT IN PROTECTING THE ENVIRONMENT

3.1 GOVERNMENT
INVESTMENT IN
CARE WORK

3.2 BUSINESS
INVESTMENT IN
CARE WORK

3.3 PUBLIC AND
PRIVATE INVESTMENT
IN PROTECTING THE
ENVIRONMENT

3.4
COMPARATIVE
INVESTMENT DATA

The prevention, reduction and elimination of pollution or any other degradation of the environment is a vital task confronting all societies in the world today. The scope of this work is so vast that usually the responsibility for leading it is vested with the public sector, which is primarily responsible in most parts of the world for waste management and wastewater treatment.

But strategies for protecting the environment may also involve joint efforts by the public sector, industry (mining and quarrying, manufacturing and industry, gas and water supply) and specialized producers of environmental services (public and private enterprises specialized in producing environmental services).

Cooperation between the public and private sectors can take a variety of forms. For example, with worldwide energy demand likely to increase in the future, there is a great need for innovative sources of clean, renewable energy. Governments can invite private sector R&D in this area by instituting appropriate policies that make such innovation financially worthwhile.

We report below some measures of investment by the public and private sectors in environmental protection, mostly in Europe.

3.3.1 PUBLIC INVESTMENT IN ENVIRONMENTAL PROTECTION AS A PERCENTAGE OF GDP IN EUROPEAN COUNTRIES

On average, in 2011, the public sector in the EU-27 spent approximately 0.67% of GDP on environmental protection, with countries such as the Netherlands, Malta, Lithuania, and Romania being the highest spenders, and Estonia, Slovakia, Spain and Cyprus being the lowest.

See Chart *GDP Share of Public Spending on Environmental Protection, European Countries*
Source: European Commission Eurostats

3.3.2 INVESTMENT IN ENVIRONMENTAL PROTECTION BY SPECIALIZED PRODUCERS AS A PERCENTAGE OF GDP IN EUROPEAN COUNTRIES

“Specialized producers” are public and private enterprises that specialize in producing environmental services. On average, in 2011, such producers in the EU-27 spent approximately 1.2% of GDP on environmental protection, with countries such as Estonia, Austria and Romania being the highest spenders, and Finland and Slovakia being the lowest.

See [Chart](#) *GDP Share of “Specialized Spending” on Environmental Protection, European Countries*
Source: European Commission Eurostats

3.3.2 FEDERAL SPENDING ON THE ENVIRONMENT AS A PERCENTAGE OF GDP IN THE US

According to the [Public Agenda Archives](#), federal spending on natural resources and the environment in 2008 amounted to \$31.9 billion. US GDP in 2008 was \$14.7 trillion, and therefore federal spending on the environment amounted to 0.22% of GDP.

3.4 COMPARATIVE INVESTMENT DATA

3.1 GOVERNMENT
INVESTMENT IN
CARE WORK

3.2 BUSINESS
INVESTMENT IN
CARE WORK

3.3 PUBLIC AND
PRIVATE INVESTMENT
IN PROTECTING THE
ENVIRONMENT

3.4
COMPARATIVE
INVESTMENT DATA

Our purpose in compiling a list of Social Wealth Economic Indicators is partly to emphasize those public sector expenditure items that create social wealth. These are such items as education, health, environment, and the work of caring and caregiving. But the public sector also spends on items that do not contribute to social wealth. These are expenditure items such as the military and prisons.

We would argue that the second kind of expenditure is necessitated by the absence or paucity of social wealth, so that the more of the first kind of expenditure that the public sector is able to undertake, the less there is a need for the second kind of expenditure.

In order for policymakers to prioritize the creation of social wealth, it is necessary, therefore, to report on the relative amounts of the two kinds of expenditures. This we do below for the US. The picture that emerges clearly indicates a disproportionate emphasis on the second kind of expenditure, and points to the need for a renewed set of policies to address the creation and sustenance of social wealth.

3.4.1 EDUCATION VS. PRISON COSTS IN US

The following survey of 40 US states shows that in every one of them the public sector spends more per prisoner than per elementary/secondary student, despite the fact that studies (see Section 4.1.2 below for references to such studies) show that spending on education is an effective way of preventing crime and hence high prison costs.

See [Chart](#) *Education vs. Prison, US*
Source: CNN Money

3.4.2 US MILITARY BUDGET VS. OTHER PRIORITIES

The following chart shows that US military spending was the largest spending item for tax collections in 2012, two times that of the next highest spending item (health care).

See Chart *Large Military Spending, US*
Source: *Global Issues*

3.4.3 SHARE OF WORLD MILITARY EXPENDITURES

In 2012, the US, China and Russia were among the highest military spenders.

See Chart *Military Spending, Many Countries*
Source: *Stockholm International Peace Research Institute*

4. IMPLICATIONS FOR POLICY: INTERACTIONS & CORRELATIONS

The Social Wealth Indicators in the previous two sections measure key dimensions of social wealth. By focusing on matters ignored in GDP and marginalized in the current economic and social discourse as “women’s issues” or “children’s issues,” they highlight how the work of caring and caregiving matters for both equity and economic efficiency.

In this section, we highlight critical correlations and their implications for policy.

We show that investing in caring for children and early childhood education not only supports families and parents in the work of raising children through family-friendly policies and provides children the start they need to grow up into productive and caring adults, but also yields significant social and economic returns in both the short and long term.

We also point to another correlation still generally overlooked by both policy makers and the public: that the status of women is an especially important driver of long-term economic prosperity. Where women are honored and treated with respect, national policies are also designed to build human, social and natural capital, with the causation running both ways between the status of women and national capital accumulation policies.

In particular, violence against women imposes significant economic costs on a country, not to mention the human costs of intimate partner violence that threaten to destabilize the very basic unit of economic decision making, which is the family.

In what follows, we present the results of research that demonstrates the vital economic contribution of caring for our children and families and the significant economic implications of gender relations in a country.

4.1 EARLY CHILDHOOD EDUCATION AND CARE

In the new knowledge-service era, our children should be able to think in new and creative ways and work collaboratively with others from all over the world when they reach working age. These skills are to be deliberately cultivated, and the only way to achieve this is through extensive investment in early childhood development.

A growing body of research is revealing that the most important factors in building these skills are early childhood education and care (ECEC). Quality ECEC is shown to have positive effects in both the short and long terms, for children and for the society and economy, and is shown to address problems of equity as well as efficiency.

Much of the inequity that we see in our societies today can be traced to inequities in early childhood development, and therefore the universal provision of quality ECEC will go a long way toward addressing wider social inequity. Also, caring for our children is shown to reduce the incidences of deviance and violence in societies. Furthermore, proper early childhood development is shown to benefit a country's long-term economic productivity by enhancing the physical and mental capabilities of children growing into adulthood and therefore enhancing their earnings potential and lifetime earnings.

Ultimately, the resources that a country invests in early childhood development matter not only for violence and crime reduction, and improved health, but also for national economic success. We present below the results of research pertaining to a number of countries.¹

4.1.1 US

US evidence on long-term effects of ECEC comes from small-scale trials, such as the Perry Preschool project, which provided high-quality early childhood education to a randomly selected group of disadvantaged children in Michigan and followed these children into their forties. These studies find positive long-term effects on educational attainment, employment and earnings, as well as social benefits such as reduced criminal activity.²

Other, similar, experimental programs (i.e., small, high-quality interventions on very disadvantaged children) demonstrate significant gains in cognitive achievement owing to the availability of quality ECEC.³

Whereas the above research pertains to small-scale studies, research into the long-term effects of universal prekindergarten programs is not yet available because such programs have only recently been implemented in the US. Research into the short- and medium-term effects of such programs is, however, available and mostly focuses on school readiness, and to some extent, on performance in primary school. This research indicates positive effects on math and reading skills, and socio-emotional development.⁴

¹The discussion that follows (for the rest of Section 4.1) is sourced mainly from two recent publications: (a) Ruhm, Christopher J. and Jane Waldfogel. 2012. "Long-term effects of early childhood care and education." *Nordic Economic Policy Review: Economics of Education*, 23(1): 23-51, and (b) Gambaro, Ludovica, Kitty Stewart and Jane Waldfogel (Eds.). 2014. *An Equal Start?: Providing Quality Early Education and Care for Disadvantaged Children*. Bristol, UK: Policy Press. Also, note that the citations for research papers/books in this section of the report (Section 4.1) are reproduced exactly as they appear in these two sources.

²Karoly, L.A., Kilburn, M.R. and Cannon, J.S. (2005) *Early Childhood Interventions: Proven Results, Future Promise*, Santa Monica, CA: RAND Distribution Services; Heckman, J.J., Moon, S.H., Pinto, R. and Savelyev, P.A. (2010) 'The rate of return to the HighScope Perry Preschool Program', *The Journal of Public Economics*, vol 94, no 1-2, pp 114-28.

³Waldfogel, J. (2006) *What Children Need*, Cambridge, MA: Harvard University Press.

⁴Gormley, J., Gayer, T., Phillips, D. and Dawson, B. (2005) 'The effects of universal pre-K on cognitive development', *Developmental Psychology*, vol 41, no 6, pp 872-84; Gormley, W.T., Phillips, D. and Gayer, T. (2008) 'Preschool programs can boost school readiness', *Science*, vol 320, no 5884, pp 1723-4; Magnuson, K.A., Ruhm, C. and Waldfogel, J. (2007) 'Does prekindergarten improve school preparation and performance?', *Economics of Education*

Children attending prekindergarten are also shown to have fewer behavioral problems, and lower suspension or grade retention rates during the first few years of primary school, especially for disadvantaged children.⁵

Returning to long-term effects, kindergarten programs (serving children aged 5) introduced in the 1960s and 1970s are shown to reduce the share of 21 to 35 year old adults who were high school dropouts or were incarcerated, although these effects were only found for whites.⁶ The absence of comparable effects for blacks may be due to the fact that kindergarten substituted for enrollment in other early childhood education programs (in particular, Head Start) for many poor black children.

Kindergarten expansions also lead to reduced grade retention among Hispanic children, non-English speakers, children of immigrants, and children from low socio-economic status households.⁷

Studies by US economist and Nobel Prize winner James Heckman and his colleagues find that:

- Inequality in early childhood learning experiences and learning produces inequality in ability, achievement, health, and professional and personal success in adulthood.
- Adverse impacts of genetic, parental, and environmental resources can be overturned through investments in quality early childhood education that provide children and their parents the resources they need to properly develop the cognitive and personality skills needed for productive lives.
- Investment in early education for disadvantaged children from birth to age 5 helps reduce the achievement gap, reduce the need for special education, increase the likelihood of healthier lifestyles, lower the crime rate, and reduce overall public costs. In fact, every dollar invested in high-quality early childhood education produces a 7-10% per annum return on investment. Policies that provide early childhood educational resources to the most disadvantaged children produce greater social and economic equity.
- An economically advantaged child exposed to low-quality parenting is more disadvantaged than an economically disadvantaged child exposed to high-quality parenting.

In an article entitled "Effectiveness of Early Educational Intervention" (published in the August 2011 issue of *Science*), W. Steven Barnett, Director of the National Institute for Early Education Research at Rutgers University, presents evidence that:

- Early educational intervention (programs that provide for both the educational needs of children and childcare needs of parents) can have substantial short- and long-term effects on cognition, social-emotional development, school progress, antisocial behavior, and even crime.
- Early educational intervention can improve the development and adult success of disadvantaged children in the developing world as well as in advanced economies.

Review, vol 26, no 1, pp 33-51; Magnuson, K.A., Ruhm, C. and Waldfogel, J. (2007) 'The persistence of preschool effects: Do subsequent classroom experiences matter?', *Early Childhood Research Quarterly*, Vol 22, no 1, pp 18-38; Wong, V.C., Cook, T.D., Barnett, W.S. and Jung, K. (2008) 'An effectiveness-based evaluation of five state pre-kindergarten programs', *Journal of Policy Analysis and Management*, vol 27, no 1, pp 122-54.

⁵Figlio, D. and Roth, J. (2009), *The behavioral consequences of pre-kindergarten participation for disadvantaged youth*, in J. Gruber (ed.), *The Problems of Disadvantaged Youth: An Economic Perspective*, University of Chicago Press, Chicago.

⁶Cascio, E. (2009), *Do investments in universal early education pay off? Long-term effects of introducing kindergarten into public schools*, NBER Working Paper 14951; Cascio, E. (2010), *What happened when kindergarten went universal?*, *Education Next* 10, 62-69.

⁷Dhuey, E. (2011), *Who benefits from kindergarten? Evidence from the introduction of state subsidization*, *Education Evaluation and Policy Analysis* 33, 3-22.

- The potential return to societies on such investments is high and includes increased maternal earnings, decreased K-12 schooling costs, increased lifetime earnings, and decreased costs related to smoking.

Similarly, [Barnett and Nores](#) (2013) demonstrate that investments in high quality ECEC lead to greater educational success and higher economic productivity through:

- Higher achievement test scores
- Lower rates of special education and grade repetition
- Higher rates of high school graduation
- Fewer behavior problems such as delinquency and crime
- Greater chance of employment
- Higher lifetime earnings
- Lower dependency on welfare
- Lower incidences of smoking, drug use, and depression

Findings by the National Institute for Early Education Research also show that investments in high quality early childhood education lead to decreased costs to government through:

- Lower schooling costs
- Lower social services costs
- Lower crime costs
- Lower health care costs (in part through lower teen pregnancy and smoking)

More: See

[http://nieer.org/sites/nieer/files/Investing in Early Childhood Education A Global Perspective.pdf](http://nieer.org/sites/nieer/files/Investing%20in%20Early%20Childhood%20Education%20A%20Global%20Perspective.pdf)

and,

<http://nieer.org/sites/nieer/files/health%20brief.pdf>

4.1.2 UK

Evidence on the benefits of ECEC is available from the Effective Provision of Preschool Education (EPPE) project, which observed children in a range of different preschool settings in 1997 and tracked their progress on into compulsory schooling. Research has shown that preschool produces higher cognitive and social-behavioral outcomes on entry into primary school.⁸ These positive effects are shown to be still apparent at the end of primary school.⁹ Higher-quality preschool continued to predict math, science and social-behavioral outcomes at age 14.¹⁰

⁸Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2004) *The Effective Provision of Preschool Education (EPPE) Project: Final Report*, London: Department for Education and Skills.

⁹Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2008) *Final Report from the Primary Phase: Preschool, School and Family Influences on Children's Development during Key Stage 2 (7–11)*, Research Report DCSF-RR061, London: Department for Children, Schools and Families.

¹⁰Sylva, K., Melhuish, E.C., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2012) *Effective Pre-school, Primary and Secondary Education 3–14 Project (EPPSE 3–14): Final Report from the Key Stage 3 Phase: Influences on Students' Development from Age 11–14*, Research Report DFE-RR202, London: Department for Education.

4.1.3 Denmark

Research into the long-term effects of preschool expansions that occurred in the late 1970s and early 1980s shows positive effects of preschool on school completion rates, especially for disadvantaged children and daughters of less-educated mothers, and adult earnings.¹¹

In comparison to children who are under family day care or parental care, preschool attendees are shown to have significantly higher test scores, with the largest effects for children from the bottom of the income or reading score distribution.¹²

4.1.4 France

Research into the long-term effects of preschool expansions that occurred in the 1960s and 1970s shows positive effects of preschool on grade repetition, test scores, high school graduation, and adult wages, particularly for children from disadvantaged or intermediate (rather than advantaged) backgrounds.¹³

4.1.5 Norway

Expanded preschool availability, following the passage of the Kindergarten Act of 1975, is found to raise children's subsequent educational attainment (more years of schooling, higher rate of college attendance, and lower rate of high school dropout) and labor market participation, while reducing welfare receipts, with the effects being largest for children of low-educated mothers.¹⁴

Preschool attendance at ages 3-5 is found to have a positive effect on children's future national exam grades, with the largest impacts for children from low-income families.¹⁵

4.1.6 Germany

Immigrants attending kindergarten are more likely to be placed in the intermediate or university preparatory tracks of 7th grade school placement.¹⁶

¹¹Bingley, P. and Westergaard-Nielsen, N. (2012), Intergenerational transmission and day care in Denmark, in J. Ermisch, M. Jantti and T. Smeeding (eds.), *Inequality from Childhood to Adulthood: A Cross-National Perspective on the Transmission of Advantage*, Russell Sage Foundation, New York.

¹²Esping-Andersen, G., Garfinkel, I., Han, W.-J., Magnuson, K., Wagner, S. and Waldfogel, J. (2012), Child care and school performance in Denmark and the United States, *Children and Youth Services Review* 34, 576-589.

¹³Dumas, C. and Lefranc, A. (2012), Early schooling and later outcomes: Evidence from pre-school extension in France, in J. Ermisch, M. Jantti and T. Smeeding (eds), *Inequality from Childhood to Adulthood: A Cross-National Perspective on the Transmission of Advantage*, Russell Sage Foundation, New York.

¹⁴Havnes, T. and Mogstad, M. (2011), No child left behind: Subsidized child care and children's long-run outcomes, *American Economic Journal: Economic Policy* 3, 97-129.

¹⁵Black, S., Devereux, P., Loken, K. and Salvanes, K. (2010), The perils of pre-school? The effect of child care on academic performance, manuscript, Norwegian School of Economics, <http://client.norc.org/jole/soleweb/11228.pdf>.

¹⁶Spiess, C.K., Büchel, F. and Wagner, G.G. (2003), Children's school placement in Germany: Does kindergarten attendance matter?, *Early Childhood Research Quarterly* 18, 255-270.

Center-based care provided to 0-3 year olds positively impacts social development, language skills, and school grades measured at ages 2-10.¹⁷

4.1.7 Sweden

Preschool attendance is found to significantly close a portion of the language score disparity between children of immigrants and their peers with native-born parents.¹⁸

4.1.8 Canada

Research shows that low-quality ECEC provision can have a negative impact. A universal \$5-a-day childcare subsidy program (designed to limit parents' maximum child care expense to \$5 per day, but not necessarily provide preschools or prekindergarten) produced a large increase in non-parental childcare, but negative effects on socio-emotional outcomes, health, and the vocabulary of young children, due in part to the informal nature and poor quality of the childcare that was taken up as a result of the subsidy.¹⁹

4.1.9 Argentina

An additional year of preschool increases language and math test scores, and also produces improved attention, effort, class participation, and discipline, particularly for children living in high-poverty areas.²⁰

4.1.10 Uruguay

Children who attend preschool are more likely to be enrolled in school and complete more grades, with both effects being particularly large for children with low-educated parents or living outside the capital city of Montevideo.²¹

4.1.11 India

Participation in government-sponsored early childhood developmental facilities (called Anganwadi) raises the school enrollment of 7-19 year olds by 31 percentage points and also speeds the grade progression conditional on enrollment.²²

¹⁷Felfe, C. and Lalive, R. (2011), How does early childcare affect child development? Learning from the children of German unification, manuscript, University of St. Gallen.

¹⁸Fredriksson, P., Hall, C., Johansson, E.-A. and Johansson, P. (2010), Do pre-school interventions further the integration of immigrants? Evidence from Sweden, in E.-A. Johansson (ed.), *Essays on Schooling, Gender, and Parental Leave*, Economic Studies 121, Department of Economics, Uppsala University.

¹⁹Baker, M. and Milligan, K. (2008) 'Maternal employment, breastfeeding, and health: Evidence from maternity leave mandates', *Journal of Health Economics*, vol 27, no 4, pp 871-87; Lefebvre, P., Merrigan, P. and Roy-Desrosiers, F. (2011) *Quebec's Childcare Universal Low Fees Policy 10 Years After: Effects, Costs and Benefits*, CIRPEE Working Paper 11-01 (www.cirpee.org/fileadmin/documents/Cahiers_2011/CIRPEE11-01.pdf).

²⁰Berlinski, S., Galiani, S. and Gertler, P. (2009), The effect of pre-primary education on primary school performance, *Journal of Public Economics* 93, 219-234.

²¹Berlinski, S., Galiani, S. and Manacorda, M. (2008), Giving children a better start: Pre-school attendance and school-age profiles, *Journal of Public Economics* 92, 1416-1440.

²²Hazarika, G. and Viren, V. (2010), The effect of early childhood developmental program attendance on future school enrolment and grade progression in rural north India, IZA Discussion Paper 5209, Bonn.

4.1.12 OECD's Education Survey

Analysis of the OECD's education survey, the Program for International Student Assessment (PISA), indicates that early education can have lasting effects. In nearly all OECD countries, 15 year olds who attend pre-primary education outperform those who do not, with a year of preschool associated with a test score improvement of 33 points (close to the 39 points linked to a year of formal schooling), and the strongest associations being registered for countries that have invested to improve the quality of provision.²³

4.2 PARENTAL LEAVE

The importance of high-quality parenting cannot be overstated. Even if a child is economically advantaged, the quality of parenting that that child receives remains crucial for his or her adult success.

It is important, therefore, to design family-friendly policies that will allow working parents to balance their paid work and family lives. Only then will high-quality parenting become a reality, as more mothers and fathers are able to spend time with their children and help them grow into strong, mature, creative and caring individuals.

In what follows, we present the results of research pertaining to the US (unless otherwise stated) that show the numerous benefits of paid parental leave. Not only do children benefit directly, but families are more cohesive, divorce rates are lower, the health of mothers is improved, businesses prosper through greater worker retention, the state bears a lesser burden in terms of welfare expenditures, and even productivity growth is enhanced. In other words, paid parental leave delivers benefits for businesses, for the economy, and for families.

4.2.1 Benefits for Businesses

4.2.1.a Women and Men are More Likely to Stay in the Workforce when they take Paid Parental Leave

In a 2012 study by the Rutgers Center for Women and Work, women who worked at least 20 hours a week prior to a child's birth who took paid leave were 93% more likely to return to work postpartum 9-12 months than those who did not take leave.²⁴

Women with access to leave have an increased likelihood of working prior to having their child and also an increased likelihood of returning to the labor market after giving birth.²⁵

²³OECD (2011) *PISA in Focus : Does Participation in Pre-primary Education Translate into Better Learning Outcomes at School?*, Paris: OECD.

²⁴Houser, Linda and Thomas P. Vartanian. 2012. *Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and the Public*. New Brunswick, NJ: The Center for Women and Work. <<http://smlr.rutgers.edu/paymatters-cwwreport-january2012>>

²⁵Berger, Lawrence M. and Jane Waldfogel. 2004. "Maternity Leave and the Employment of New Mothers in the United States." *Journal of Population Economics*, 17(2): 331-349.

Offering paid family leave increases the number of hours that a woman works after returning to work by about 2 to 3 hours per week.²⁶

The availability of paid leave increases use of leave in the early months for mothers, but also increases their likelihood of returning to work by 9 to 12 months after the birth.²⁷

While all of the above studies focus on women, Diversity Council Australia has recently published a report entitled *Men Get Flexible! Mainstreaming Flexible Work in Australian Business*, which finds that workplace flexibility is a key driver of employment decisions for men, including young men, men approaching retirement and especially men who are both younger and are fathers. Having the flexibility to manage family/personal life was in the top five job characteristics for all men, and for young fathers, it was the third most highly valued job characteristic. 18% of men indicated that they had seriously considered leaving their organization because of a lack of flexibility. Young fathers and men under 35 years of age with caring responsibilities were much more likely to indicate this – 37% and 29% respectively.

4.2.1.b Businesses Save Money on Employee Replacement Costs as Paid Parental Leave Reduces Turnover

It is more costly for a firm to undergo a search for a replacement and to invest time and money training that replacement than it is to temporarily arrange for coverage of the workers' duties while they are on leave.²⁸

Replacement costs vary by type of employee with an average replacement cost of \$4039 per worker overall with a substantial standard deviation of \$9800.²⁹

4.2.1.c Firms Don't Suffer when Employees Take Leave, and Often Benefit in Improved Morale and Cost-Savings

Most firms studied simply did without any replacement workers, and fewer than 15% of firms reported any additional costs attributable to leaves of six weeks or longer, such as losses in productivity.³⁰

99% of employers studied reported that paid family leave produced an increase in employee morale.³¹

87% of employers studied reported that paid family leave had not caused costs to increase.³²

8.8% of employers studied reported that paid family leave had resulted in cost savings because employees were able to use the paid family leave (financed by worker payroll taxes) instead of employer-provided benefits such as paid sick leave and vacation days. Because 60% of employers reported that they had coordinated their benefits, the authors of this research surmise that the actual share of employers experiencing cost savings was much higher than 8.8%.³³

The Diversity Council Australia report, mentioned earlier, also finds that men who have greater access to flexible work that results in a reduction of either work/life conflict or reduced work to family/personal life spillover are more effective in their jobs, report higher work performance, are less troubled by work overload, take fewer risks that can compromise productivity and are absent for fewer days; and they also have lower levels of personal stress and burnout.

4.2.2 Benefits for the Economy

4.2.2.a Women are Less Likely to Receive Public Assistance when they take Paid Parental Leave

Paid family leave reduces the likelihood of receiving public assistance in the year after the birth of a child.³⁴

Women who are offered paid family leave are 39% less likely to receive assistance than women who keep working and have no leave at all.³⁵

New mothers who are offered paid leave report \$413 less in public assistance than mothers who were not offered paid leave.³⁶

Nearly 10% of eligible and covered workers (under the FMLA) receiving partial or no pay during leave went on some form of public assistance.³⁷

²⁶Rossin-Slater, Maya, Christopher J. Ruhm, and Jane Waldfogel. 2011. "The Effects of California's Paid Family Leave Program on Mothers' Leave-Taking and Subsequent Labor Market Outcomes." *NBER Working Papers* 17715. Cambridge, MA: National Bureau of Economic Research, Inc.

²⁷Baum, Charles L. and Christopher J. Ruhm 2013. "The Effects of Paid Family Leave in California on Labor Market Outcomes." *NBER Working Paper No. 19741*. Cambridge, MA: National Bureau of Economic Research <<http://www.nber.org/papers/w19741>>

²⁸Trzcinski, Eileen and Matia Finn-Stevenson. 1991. "A Response to Arguments against Mandated Parental Leave: Findings from the Connecticut Survey of Parental Leave Policies." *Journal of Marriage and the Family*, 53(2): 445-460.

²⁹Dube, Arindrajit, Eric Freeman, and Michael Reich. 2010. *Employee Replacement Costs*. UC Berkeley: Institute for Research on Labor Employment. Retrieved from: <<http://escholarship.org/uc/item/7kc29981>>

³⁰Trzcinski, Eileen and Matia Finn-Stevenson. 1991. "A Response to Arguments against Mandated Parental Leave: Findings from the Connecticut Survey of Parental Leave Policies." *Journal of Marriage and the Family*, 53(2): 445-460.

³¹Appelbaum, Eileen and Ruth Milkman. 2011. *Leaves That Pay: Employer and Worker Experiences with Paid Family Leave in California*. Washington DC: Center for Economic and Policy Research. <<http://www.cepr.net/documents/publications/paid-family-leave-1-2011.pdf>>

³²*Ibid.*

³³*Ibid.*

³⁴Houser, Linda and Thomas P. Vartanian. 2012. *Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and the Public*. New Brunswick, NJ: The Center for Women and Work. <<http://smlr.rutgers.edu/paymatters-cwwreport-january2012>>

³⁵*Ibid.*

³⁶*Ibid.*

³⁷Kleman, Jacob, Kelly Daley, and Alyssa Pozniak. 2013. *Family and Medical Leave in 2012: Technical Report*. Cambridge, MA: Abt Associates. <<http://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>>

4.2.2.b Paid Parental Leave Increases Women's Labor Force Participation

Increasing women's labor force participation rates to equal that of their male counterparts would increase GDP substantially in most countries (in the US, 5%; in some other countries, more than 30%).³⁸

Higher labor force participation of women mitigates the effects of a shrinking work force due to aging.³⁹

4.2.2.c Paid Parental Leave Reduces Unemployment

Parental leave policies are associated with higher employment to population ratios (by about 3 to 4 percentage points) as well as decreased unemployment.⁴⁰

4.2.2.d Paid Parental Leave Boosts Overall Productivity

A one-week increase in available family leave is associated with an increase in aggregate labor productivity and multifactor productivity.⁴¹

Both paid and unpaid leave increase productivity but paid leave has a larger effect.⁴²

The US would see an increase in multifactor productivity of approximately 1.1% over time if it were to institute paid maternity leave at the average OECD level of 15 weeks.⁴³

4.2.2.e Paid Parental Leave is an Investment in Children's Human Capacity Development and therefore High Quality Future Human Capital

Paid parental leave allows parents to invest more time and attention towards early childhood care and education, and the latter has been shown to deliver substantial benefits for the development of human capacity.

Schweinhart et al. (2005) demonstrate that early childhood care and education initiatives consistently show higher returns than spending on policing or incarceration and also a high ROI in terms of economic independence of participants throughout their lifetimes. In a 35-year study of a Michigan preschool program, those who participated in pre-school were 19% less likely to have multiple arrests, 15% less likely to commit a violent crime, 20% less likely to use

illegal drugs, 20% more likely to earn a living wage, 14% more likely to be employed, and 16% more likely to have a savings account.⁴⁴

4.2.3 Benefits for the Family

4.2.3.a Paid Parental Leave Catalyzes Lasting Health and Wellbeing Benefits for Children

In their early years, children experience rapid rates of brain and nervous system development.⁴⁵

In their early years, children form important social bonds with their caregivers.⁴⁶

Breastfeeding can increase bonding between the child and nursing mother, stimulate positive neurological and psycho-social development, and strengthen a child's immune system.⁴⁷

Breastfeeding can reduce the risk of health problems like diarrheal disease, respiratory illnesses, asthma, acute ear infection, obesity, Type 2 diabetes, leukemia, and sudden infant death syndrome.⁴⁸

Women are more likely to breastfeed when they take maternity leave, and longer leave increases both the likelihood and duration of breastfeeding.⁴⁹

Children whose mothers take time from work after childbirth are more likely to receive well-baby checkups in the first years of life.⁵⁰

When mothers stay home with an infant for at least 12 weeks after giving birth, their children have a greater likelihood of receiving all the recommended vaccinations.⁵¹

After controlling for per capita GDP, health care expenditures, and societal factors, each 10% increase in the duration of full-time equivalent paid leave in a country results in increased rates of vaccinations.⁵²

⁴⁴Schweinhart, L. J., J. Montie, Z. Xiang, W. S. Barnett, C. R. Belfield and M. Nores. 2005. "Lifetime effects: The High/Scope Perry Preschool Study Through Age 40." *Monographs of the High/Scope Educational Research Foundation*, 14. Ypsilanti, MI: High/Scope Educational Research Foundation.

⁴⁵Shonkoff, Jack P. and Deborah Phillips, eds. 2000. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press.

⁴⁶Schore, Allan N. 2001. "Effects of a Secure Attachment Relationship on Right Brain Development, Affect Regulation, and Infant Mental Health." *Infant Health Medical Journal* 22(1-2): 7-66.

⁴⁷U.S. Department of Health and Human Services. 2000. *HHS Blueprint for Action on Breastfeeding*. Washington, DC: Department of Health and Human Services, Office on Women's Health.

⁴⁸U.S. Department of Health and Human Services. 2011. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

⁴⁹Appelbaum, Eileen and Ruth Milkman. 2011. *Leaves That Pay: Employer and Worker Experiences with Paid Family Leave in California*. Washington DC: Center for Economic and Policy Research. <<http://www.cepr.net/documents/publications/paid-family-leave-1-2011.pdf>>

⁵⁰Berger, Lawrence M., Jennifer Hill, and Jane Waldfogel. 2005. "Maternity Leave, Early Maternal Employment, and Child Health and Development in the U.S." *The Economic Journal* 115 (February): F29-F47.

⁵¹*Ibid.*

⁵²Daku, Mark, Amy Raub, and Jody Heymann. 2012. "Maternal leave policies and vaccination coverage: A global analysis." *Social Science & Medicine* no 74 (2): 120-124.

³⁸Aguirre, DeAnne, Leila Hoteit, Christine Rupp, and Karim Sabbagh. 2012. *Empowering the Third Billion: Women and the World of Work in 2012*. Booz & Company Inc. <http://www.booz.com/media/file/BoozCo_Empowering-the-Third-Billion_Full-Report.pdf>

³⁹Elborgh-Woytek, Katrin, Monique Newiak, Kaplana Kochhar, Stefania Fabrizio, Kangni Kopdar, Philippe Wingender, Benedict Clements, and Gerd Schwartz. 2013. *Women, Work, and the Economy: Macroeconomic Gains from Gender Equity*.

⁴⁰Ruhm, Christopher J. 1998. "The Economic Consequences of Parental Leave Mandates: Lessons from Europe." *The Quarterly Journal of Economics* 113 (1): 285-317

⁴¹Bassanini, Andrea, and Danielle Venn. 2008. "The Impact of Labour Market Policies on Productivity in OECD Countries." *International Productivity Monitor* 17 (Fall): 3-15.

⁴²*Ibid.*

⁴³*Ibid.*

The longer the duration of leave from work that a mother takes after giving birth – up to six months – the lower are her postpartum depression scores on the Edinburgh Postnatal Depression Scale.⁵³

4.2.3.b Mother's Overall and Psychological Health Improves

Women who took a maternity leave longer than 12 weeks reported fewer depressive symptoms, a reduction in severe depression, and, when leave is paid, an improvement in overall and mental health.⁵⁴

There is a positive association between the duration of breastfeeding and a reduction in a woman's risk of breast cancer (especially in women with a family history of the disease) and ovarian cancer.⁵⁵

There is a positive association between the duration of breastfeeding and a reduction in a woman's risk of rheumatoid arthritis.⁵⁶

There is a positive association between the duration of breastfeeding and a reduction in the risk of Type 2 diabetes among young and middle-aged mothers.⁵⁷

4.2.3.c Fathers who take Paid Leave Spend More Time with their Children Throughout their Childhood

Fathers who take time from work around childbirth are more likely to spend more time with their children in the months following childbirth.⁵⁸

The Diversity Council Australia report, entitled *Men Get Flexible! Mainstreaming Flexible Work in Australian Businesses*, argues that men want and need access to flexible working to support their important roles as fathers, carers and engaged volunteers in their communities, but their uptake of flexible working is limited and most commonly involves informal 'flextime' and ad hoc working from home structured around full-time work. The report also finds that when fathers are able to avail of flextime, they experience lower levels of work to family conflict, greater psychological wellbeing, higher quality parenting and higher quality family relationships.

⁵³Dagher, Rada, Patricia M. McGovern, Bryan E. Dowd, and Ulf Lundberg. 2011. "Postpartum depressive symptoms and the combined load of paid and unpaid work: a longitudinal analysis." *International Archives of Occupational and Environmental Health* 84:735–743.

⁵⁴Chatterji, Pinka, Sara Markowitz, and Jeanne Brooks-Gunn. 2011. "Early Maternal Employment and Family Wellbeing." *NBER Working Paper Series* No. w17212. Cambridge, MA: National Bureau of Economic Research. <http://www.nber.org/papers/w17212.pdf?new_window=1>

⁵⁵Stuebe, Alison M., Walter C. Willett, Fei Xue, and Karin B. Michels. 2009. "Lactation and Incidence of Premenopausal Breast Cancer, A Longitudinal Study." *Archives of Internal Medicine* 169 (15): 1364-71.

⁵⁶Karlson, Elizabeth W., Lisa A. Mandl, Susan E. Hankinson, and Francine Grodstein. 2004. "Do breastfeeding and other reproductive factors influence future risk of rheumatoid arthritis? Results from Nurses' Health Study." *Arthritis & Rheumatology*. 50(11): 3458-3467.

⁵⁷Stuebe, Alison M., Janet W. Rich-Edwards, Walter C. Willett, JoAnn E. Manson, Karin B. Michels. 2005. "Duration of Lactation and Incidence of Type 2 Diabetes." *Journal of the American Medical Association* 294 (20): 2601-2610.

⁵⁸Nepomnyaschy, Lenna and Jane Waldfogel. 2007. "Paternity Leave and Fathers' Involvement with Their Young Children: Evidence from the American Ecls-B." *Community, Work and Family* 10 (4): 427- 453.

4.3 ELDERLY/DISABLED CARE

As we have noted earlier, in Section 2.1.6, direct-care workers make a significant contribution to our society but suffer from poor working conditions. So as the US population ages, and the proportion of older citizens (above 65 years of age) swells in the coming years, there is a real possibility of critical shortages developing in the numbers of direct-care workers.

According to a [2008 PHI \(Paraprofessional Healthcare Institute\) report](#),

"The eldercare/disability services industry employs more people than nearly any other industry in the country. Direct-care jobs are the employment core of this industry and are among the nation's fastest-growing occupations. Improving the quality of these jobs—home health aide, certified nurse aide and personal care attendant—is not only vital to our social infrastructure, but has the potential to drive economic growth, particularly within low-income communities. Given the sheer numbers of these occupations today as well as their tremendous expected growth, direct-care jobs are uniquely positioned to help repair and stabilize our faltering economy."

Furthermore,

"Eldercare/disability services is projected to be one of the country's leading employment growth industries, with jobs in this sector increasing three times as fast as jobs within the economy as a whole."

To realize these job growth numbers, however, policymakers and businesses will need to, as stated earlier, improve the quality of these jobs. As the report suggests, such policy action will not only benefit families (by supporting employed family caregivers) and local communities (since direct-care workers spend largely on locally produced goods and services in their communities), but also create economic resilience (since direct-care jobs are usually recession-proof and can't be outsourced) and alleviate the strain on public resources.

4.4 STATUS OF WOMEN

Research shows that a higher status for women is positively correlated with economic success and overall quality of life. A higher status for women means the empowerment of young girls through education, equality of access between women and men to all levels of education, employment and health care, and inclusion of women in the political process.

When women are accorded the same position and respect in society as men, several benefits to society at large follow. Mothers and children are healthier, educational attainment among children is higher, human capacity flourishes, national policies are more geared towards the work of caring and caregiving, democratic process is more widespread, and most importantly, economic productivity and competitiveness increase.

Gender equity also means respect for the person and physical integrity of a woman. Violence against women, whether inside the household (where it manifests in the form of intimate partner violence) or outside, is shown to be very costly, not only in human terms but also in economic terms. Investing in the physical safety and security of women through the crafting of women-friendly policies and laws is shown to significantly reduce economic waste.

In what follows, we present evidence that gender relations are an important correlate of a country's overall success in economic, political and social domains.

4.4.1 Global Gender Gap report

Closing gender gaps is not only a matter of human rights and equity – it is also a matter of efficiency, productivity and economic growth. The [2013 Global Gender Gap report](#) demonstrates that countries with a smaller gender gap (which is the gap between men and women in four key domains – economic participation and opportunity, educational attainment, health and survival, and political empowerment) are also more competitive economically, have greater GDP per capita, and score higher on the Human Development Index. The following graphs illustrate these correlations.

See Chart *Economic Competitiveness, Many Countries*
Source: World Economic Forum

See Chart *GDP Per Capita, Many Countries*
Source: World Economic Forum

See Chart *Human Development, Many Countries*
Source: World Economic Forum

Countries that have made investments in women's health and education generally see the returns on this investment in terms of women's economic and political participation. These countries include the Nordic countries, the US, the Philippines, Canada, New Zealand and Australia. These countries have not, however, fully closed economic and participation gaps – in particular, the gaps in senior positions, wages and leadership levels still persist. For example, [data collected by the Inter-Parliamentary Union](#) indicate that women's congressional political participation in the US almost 100 years after achieving women's suffrage is still a mere 18%.

According to research, closing the male-female employment gap would have massive economic implications for developed economies, boosting US GDP by as much as 9% and Eurozone GDP by as much as 13%.

See Graph *Education And Economic Opportunity, Many Countries*
Source: World Economic Forum

Research demonstrates that investment in girls' education has significant multiplier effects – it reduces high fertility rates, lowers infant and child mortality, lowers maternal mortality rates, increases women's labor force participation rates and earnings and fosters educational investment in children.

4.4.2 Gender Equity and Quality of Life

In its study *Women, Men and the Global Quality of Life*, the Center for Partnership Studies found that measures of the status of women can be an even better predictor of quality of life than conventional indicators such as GNP or GDP. For example, gender equity variables correlated more highly with overall literacy than GDP.

A higher literacy gap between females and males correlated strongly with lower life expectancy and higher infant mortality. Of particular interest was that the prevalence of contraception had a stronger relation to basic quality-of-life indicators such as infant mortality and life expectancy than GDP.

One of the main reasons that gender equity correlates strongly with better quality of life is that in countries where women have higher status, caring and caregiving are given more value, whether it is performed by women or men. For example, in countries such as Sweden, Norway and Finland, caregiving professions such as childcare, nursing, and teaching have higher status and higher wages. Caring for people and nature is also given more priority in national budgets and other policies. All this contributed to a higher quality of life for all.

For more details, see <http://www.partnershipway.org/Economics-Politics/economics-public-policy/excerpts-from-women-men-and-the-global-quality-of-life>

4.4.3 Gender Equity and Democracy

The World Values Surveys are the largest international surveys of attitudes and how they correlate with economic development and political structure. For the first time in 2000, the World Values Survey focused attention on attitudes toward gender equity. And based on data from 65 countries representing 80% of the world's population, it found that the relationship between support for gender equality in politics and the society's level of political rights and civil liberties is remarkably strong. It also found that greater power for women is important for success in the postindustrial economy.

These results are reported in a paper entitled "[Gender Equality and Democracy](#)" by Ronald Inglehart, Pippa Norris, and Christian Welzel who write: "In advanced industrial societies authority patterns seem to be shifting from the traditional hierarchical style toward a more collegial style that parallels the differences between stereotypically 'male' and 'female' styles of social interaction." They further note that, along with other cultural changes associated with higher status for women, this "feminization of leadership styles" is closely linked with the spread of democratic institutions.

The 2000 World Values Survey found that the belief that women and men should be equal goes along with a shift from traditional authoritarian styles of child rearing to increasing emphasis on imagination and tolerance as important values to teach a child. And these shifts in attitudes about gender and child rearing, in turn, are linked with greater interpersonal trust, a lessening of reliance on outside authority, a rising sense of subjective wellbeing, a higher living standard, and other aspects of what Inglehart, Norris and Welzel call post-modern "self-expression" rather than traditional "survival" values.

4.4.4 Violence against Women

According to a [2005 UN report](#) surveying the literature on the economic costs of violence against women: “Costs of violence against women are widespread throughout society. Every recognizable effect of violence has a cost whether it is direct or indirect. Direct costs come from the use of goods and services for which a monetary exchange is made. Direct costs exist for capital, labour and material inputs. Indirect costs stem from effects of violence against women that have an imputed monetary value even though they do not involve an actual monetary exchange, such as lost income or reduced profits. Effects of violence against women also include intangible costs such as premature death, and pain and suffering for which there is no imputed monetary value in the economy. Costs can also be borne in the short-run or the long-run.”

Pages 59-66 of the report lists chronologically the studies that have attempted to estimate the costs of such violence in countries such as the UK, the US, Canada, Australia, New Zealand, Finland and Spain. As described in this list, the costs of violence against women can be very high, reaching up to 23 billion British pounds in the UK when direct and indirect costs, including pain and suffering, are counted, and up to \$450 billion in the US when tangible and intangible costs are counted.

A [2012 Council of Europe document](#) similarly presents the results of studies performed mainly for European countries and reports costs in hundreds of millions of euros for countries such as the Netherlands, Finland, and Denmark. One of the studies finds that domestic violence costs in the EU25 total EUR 16 billion for 2006 or EUR 33 per capita in Europe and EUR 1 million every 1/2 hour. The study shows that a EUR 1 increase in spending to prevent intimate partner violence can save EUR 87 in total costs, out of which EUR 30 are direct costs.

A [more recent European study](#) from July 2013 (hence, not included in the Council of Europe survey) finds that violence against women is estimated to cost the EU EUR 226 billion each year, including EUR 45 billion for services and EUR 24 billion in lost economic output. The costs of preventive measures are substantially less than the cost of the violence.

5. MOVING FORWARD: THE FUTURE OF SWEIs & RECOMMENDATIONS

In their current iteration, SWEIs provide the missing metrics to assess what the US has to do to catch up with other OECD countries on both human capacity development and investment in its key determinants, such as care and care work, gender and racial equity, and early childhood development. These new metrics provide a basis for more effective government and business policies, and show how the two are interconnected.

This current set of indicators serves as an adaptable template that, in the future, can be used as a framework for creating new measurement systems for social wealth. Social wealth is defined as both the care investment inputs required for human capacity development, and the economic and social benefit outputs from those investments. SWEIs are a bridge between the state of a nation’s human capacity and economic prosperity. As such, they provide a useful framework for attempts in the public and private sectors to bridge these two concepts in their own ways.

Across the US, **two parallel efforts in the public sector** are underway at the local government levels that would benefit from SWEIs as a robust and creative measurement framework.

1) **An ongoing effort to make the economic and business case** for supporting policies such as: paid parental leave, tax credits for child care, tax credits for caregivers, and other forms of government support for parents and parenting.

2) **An ongoing effort to quantify, and track over time, wellbeing indicators**, such as: health, social cohesion, educational attainment, and gender and racial equity.

The challenge that lies ahead is ensuring SWEIs – as the first metrics that adequately reflect an economic system in which care, care work, and social equity in all shapes counts and is counted – are used by our national policy makers. At the same time, further development of SWEIs will focus on adapting these metrics for pilot projects on the state and local levels in the public sector as well as for specific business uses in the private sector.

5.1 SWEIS AS A PUBLIC SECTOR TOOL ON THE STATE AND LOCAL LEVELS

Traditional public sector performance metrics are overwhelmingly shortsighted and granular. This is a major obstacle to long-term planning. For instance, not having the tools to articulate long-term ROI of public investment in care and care work makes it difficult for public administrators and officials to push these policies forward, especially with current budget cuts in public spending at all levels.

With continued development, SWEIs will provide a template for local and state governments to incorporate long-term ROI metrics into their existing performance measures. The current iteration of SWEIs provide the foundation for the inclusion of these metrics, offering the jump start needed to draft indicators for state and local governments. Having laid the groundwork, we plan to work with state and local agencies to provide trainings to adapt a template version of SWEIs for state and local use in a process that is less resource and time intensive than starting from scratch.

5.2 SWEIS AS A TOOL FOR BUSINESS

SWEIs show the long term ROI of investment in paid parental leave, childcare support, gender balance, and flexible time for families. This makes them a useful tool for long-term business planning as well as to help business leaders persuade government officials that public investment in these policies has a tremendously positive impact on a nation's economy.

We plan to provide trainings and in other ways work with businesses to adapt SWEIs to measure the impact within their organizations of adopting family-friendly policies and obtaining support for them.

5.3 SWEIS AS A TOOL FOR HIGHLIGHTING THE DYNAMIC INTERACTIONS BETWEEN THE PUBLIC AND PRIVATE SECTORS

In developing SWEIs for businesses and for government at all levels, critical attention will be accorded to the dynamic interaction between policy changes in the public sector and policy changes in the private sector. For it is the case that the conceptual framework that underwrites the measurement of SWEIs incorporates spillover effects from one sector to the other.

Thus, for example, we have seen that governments mandating paid parental leave help businesses reduce turnover and save costs, and conversely, businesses instituting family-friendly workplace practices help reduce the need for public assistance and help curtail public spending on health and law and order.

Therefore, SWEIs will become the anchor for a new kind of public discourse in which both government officials and business leaders can persuade each other and the wider public about the tremendous positive impact of instituting caring policies on the social and economic conditions of life in a country.

5.4 SWEIS AS A COMPOSITE INDEX

We are also embarking on a research project that will combine all of the SWEIs into a single, composite index. The objective will be to create a single, composite index for each country. This will be accomplished in steps. First we will create sub-indices for each subcategory of HCIs and CIIIs. That is, we will aggregate up from the measures themselves, such as life expectancy rates, infant and maternal mortality rates, and infant vaccination rates, to a subcategory index HM for Health. Once seven subcategory indices are available for HCIs, and four for CIIIs, we will create two category indices, one for HCIs and one for CIIIs. Finally, the two indices, one each for HCIs and CIIIs, will be aggregated "up" to a single composite country-level Social Wealth Index.

The methodology of this work will be to select all the measures that will enter the index, to standardize these measures (as they use many different units of measurement), and then to find an appropriate weighting scheme for each measure and/or each subcategory index, so that the necessary aggregations can be performed. This weighting scheme could be arrived at by regression analysis or some other statistical method.

Because the single composite index will be constructed from separate indices for HCIs and CIIIs, it will become easier to study the relationship between inputs into the creation of social wealth, represented by the CIIIs index, and outputs, represented by the HCIs index. It will also become easier to drill down into either the HCIs index or the CIIIs index and identify what a country needs to do in these domains to improve its overall index score in that domain. The same kind of analysis can be performed at the level of the single, composite SWEIs index. Furthermore, once a set of indices is available, not only will comparisons with other social wealth measures become simpler and more efficient, but the indices can also be used for cross-country regression analysis in order to verify and illustrate the central conclusion from our new conceptual framework: that care work matters for economic competitiveness, growth, and prosperity.

In short, the benefits of a single, composite index will be manifold, for economists, policymakers, and society at large.

5.5 RECOMMENDATIONS

In concluding this report, we present several recommendations targeted specifically at US policymakers and business leaders. As we have seen, the US lags behind other developed countries not only in key domains of present conditions of Human Capacity (output measures), but also, not surprisingly, in the inputs required for developing human capacity, namely Care Investment (the input factors that produce outputs or outcomes). Consequently, there is much that the US can do to effectively close the "care gap."

5.5.1 Government Investment in Care Work

To support families and children, the US should broadly increase public investment in three major types of family benefits: child-related cash transfers, spending on services for families with children (such as child care, early education, center- and home-based care), and benefits provided to families via the tax system (such as child tax allowances, tax exemptions, and child tax credits). These investments in family benefits should be considered an investment in future economic competitiveness, and not simply a cost incurred towards a more just society and improved wellbeing. The US in aggregate invests around 1% of GDP on these family benefits, compared to the OECD average of 2.6% and the 4% GDP investments of many Nordic countries. With respect to family cash benefits, the maximum benefit for one child aged 3-12 represents 2% of the average wage of a worker in the US, whereas the numbers for Australia, Canada, Denmark, Germany, and New Zealand are between 6 and 7%, 5%, 4%, 5% and 9% respectively.

The US should also increase public spending on early childhood education and care (ECEC). Although the US is a high spender on middle and late childhood, public spending on young children (aged 0 to 5 years) is lower in the US than in nearly all OECD countries, where this spending includes cash benefits and tax breaks, childcare, other benefits in kind, and

education. When measured as a percentage of GDP, US spending on formalized childcare and preschool programs is less than half of that in most developed countries. Although private provision of these early childcare services is commonplace in the US, many families cannot afford private childcare and preschool because it is prohibitively expensive. Since findings from neuroscience and economic research on early childhood care and education substantiate the importance of the first five years with respect to cognitive development and future success, the US should broadly work to boost investment in children aged 0 to 5.

The US government should **invest in programs that support work/life balance**. This can take several forms. The first is paid parental leave. The US is the only developed nation without public funding for such leave. Although the US offers 12 weeks of statutory leave, it is unpaid, and does not meet the ILO standard of 14 weeks. Paid leave is associated with numerous economic and health benefits, and is connected to better infant and maternal health outcomes, a reduction of the gender wage gap, and increased productivity. The US government should also mandate paid Family Leave, to allow employees to provide care for children, the elderly, or attend to other family care commitments. Most OECD countries have a minimum number of days of paid leave (typically around 20 days, plus 10-15 paid public holidays). The US is the only country where a legal minimum for this type of family leave does not exist. Finally, the US needs to also increase investment in public mechanisms to assist with the costs associated with Long-Term Care (LTC), especially since private provision of these mechanisms is small in most OECD countries, including the US.

5.5.2 Business Investment in Care Work

Businesses should **invest in programs that support work/life balance**. Out of 21 developed countries studied by the Center for Economic and Policy Research in 2009, the US ranks 20th in its offer of job protection and financial support during parental leave. In the countries that rank ahead of the US on this score, five policy practices stand out as the most important: (1) generous paid leave; (2) non-transferable quotas of leave for each parent; (3) universal coverage combined with modest eligibility restrictions; (4) financing structures that pool risk among many employers; and (5) scheduling flexibility (flex-time and employee control over working hours). Business leaders in the US should look to these policy practices to improve the ways in which they support their workers. They should pay more attention to the long-term ROI from supporting childcare and parental leave, and not simply consider these programs a cost in the short term.

5.5.3 Public and Private Investment in Protecting the Environment

US government and business leaders should invest more in protecting the environment. In 2011, European countries spent an average of 0.67% of GDP on environmental protections, while the US, in 2008, spent only 0.22% GDP on such protections. Although environmental protections can, and should, be directed jointly by the private and public sectors, governments at all levels should lead the way. Ultimately, such investments will not only improve health and wellbeing, but will also secure high-quality jobs in the clean and renewable energy sectors projected to grow rapidly in the coming years.

5.5.4 Comparative Investment

The overarching thrust of the recommendations is the importance of effective investments that reflect the economic and social concerns of US citizens and benefit our economy and society. US government and business leaders are called to tip the balance of public and private investments towards supporting women and families, early childhood care and education, and care giving broadly, in the home as well as in the market.

APPENDIX A: DATA SOURCES USED IN THIS REPORT

American Association for Retired Persons	http://www.aarp.org/
American Federation of Teachers	https://www.aft.org/
Annie E. Casey Foundation	http://www.aecf.org/
Bill Moyers	http://billmoyers.com/
Caring Economy Campaign	http://www.caringeconomy.org/
Center for Economic and Policy Research	http://www.cepr.net/
Center for Partnership Studies	http://www.partnershipway.org/
CNN Money	http://money.cnn.com/
Council of Europe	http://hub.coe.int/
Diversity Council Australia	http://dca.org.au
Diversity Data Kids	http://www.diversitydatakids.org/
Economic Policy Institute	http://www.epi.org
Economic Security 4 Women	http://www.security4women.org.au/
Eldercare Workforce Alliance	http://www.eldercareworkforce.org/
European Commission Eurostats	http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/
European Foundation for the Improvement of Living and Working Conditions	http://www.eurofound.europa.eu/
European Parliament	http://www.europarl.europa.eu/
European Social Survey	http://www.europeansocialsurvey.org/
Faculdade De Direito Universidade Nova De Lisboa	http://www.fd.unl.pt/
Families and Work Institute	http://www.familiesandwork.org/
Global Footprint Network	http://www.footprintnetwork.org/en/index.php/GFN/
Global Innovation Index	https://www.globalinnovationindex.org/content.aspx?page=GII-Home
Global Issues	http://www.globalissues.org/
Indices of Social Development	http://www.indsocdev.org/home.html
Institute for Women's Policy Research	http://www.iwpr.org/
Intergovernmental Panel on Climate Change	http://ipcc-wg2.gov/
International Country Risk Guide	https://www.prsgroup.com/about-us/our-two-methodologies/icrg
International Labor Organization	http://www.ilo.org/global/lang-en/index.htm
Inter-Parliamentary Union	http://www.ipu.org/english/home.htm
Legatum Prosperity Index	http://www.prosperity.com/

Measure of America	http://www.measureofamerica.org/
National Center for Law and Economic Justice	http://www.ncej.org/
National Congress of American Indians	http://www.ncai.org/
National Institute for Early Education Research	http://nieer.org/
National Urban League	http://nul.iamempowered.com/
National Women's Law Center	http://www.nwlc.org/
New Yorker	http://www.newyorker.com/
OECD	http://www.oecd.org/
- Directorate for Education and Skills	http://www.oecd.org/edu/
- Environment Directorate:	http://www.oecd.org/env/
- Family Database:	http://www.oecd.org/els/family/oecdfamilydatabase.htm
- Health Policies and Data:	http://www.oecd.org/els/health-systems/
- Ilibrary:	http://www.oecd-ilibrary.org/
- Society At A Glance:	http://www.oecd-ilibrary.org/content/book/soc_glance-2014-en?contentType=&itemId=%2Fcontent%2Fchapter%2Fsoc_glance-2014-28-en&mimeType=text%2Fhtml&containerItemId=%2Fcontent%2Fserial%2F19991290&accessItemIds=%2Fcontent%2Fbook%2Fsoc_glance-2014-en
Paraprofessional Healthcare Institute	http://www.phinational.org/
Pell Center for International Relations and Public Policy, Salve Regina University	http://www.salve.edu/pell-center
Pew Research Center	http://www.pewresearch.org/
Public Agenda Archives	http://www.publicagendaarchives.org
Save The Children	http://www.savethechildren.org/site/c.8rKLXMGlpI4E/b.6115947/k.8D6E/Official_Site.htm
Shriver Report	http://shriverreport.org/
Social Care Workforce Research Unit, King's College, London	http://www.kcl.ac.uk/sspp/kpi/scwru/index.aspx
Social Science Research Council	http://www.ssrc.org/
Stockholm International Peace Research Institute	http://www.sipri.org/
UNESCO Institute for Statistics	http://www.uis.unesco.org/Pages/default.aspx
UNICEF Statistics	http://data.unicef.org/
United Nations Research Institute for Social Development	http://www.unrisd.org/
United Nations Statistics Division	http://unstats.un.org/unsd/default.htm
United Nations Women Watch	http://www.un.org/womenwatch/
Urban Institute	http://www.urban.org/

- Data:	http://www.urban.org/toolkit/databases/
- By Topic:	http://www.urban.org/race/index.cfm (e.g. Race, Ethnicity & Gender)
U.S. Bureau of Economic Analysis	http://www.bea.gov/
U.S. Bureau of Labor Statistics	http://www.bls.gov/
U.S. Census Bureau	http://www.census.gov/
U.S. Government Accountability Office	http://www.gao.gov/
Wellington Region Genuine Progress Index	http://www.gpiwellingtonregion.govt.nz/
Woman Stats Project	http://www.womanstats.org/
World Bank	http://data.worldbank.org/
World Economic Forum	http://www.weforum.org/
- Global Gender Gap	http://www.weforum.org/issues/global-gender-gap
World Health Organization	http://www.who.int/en/

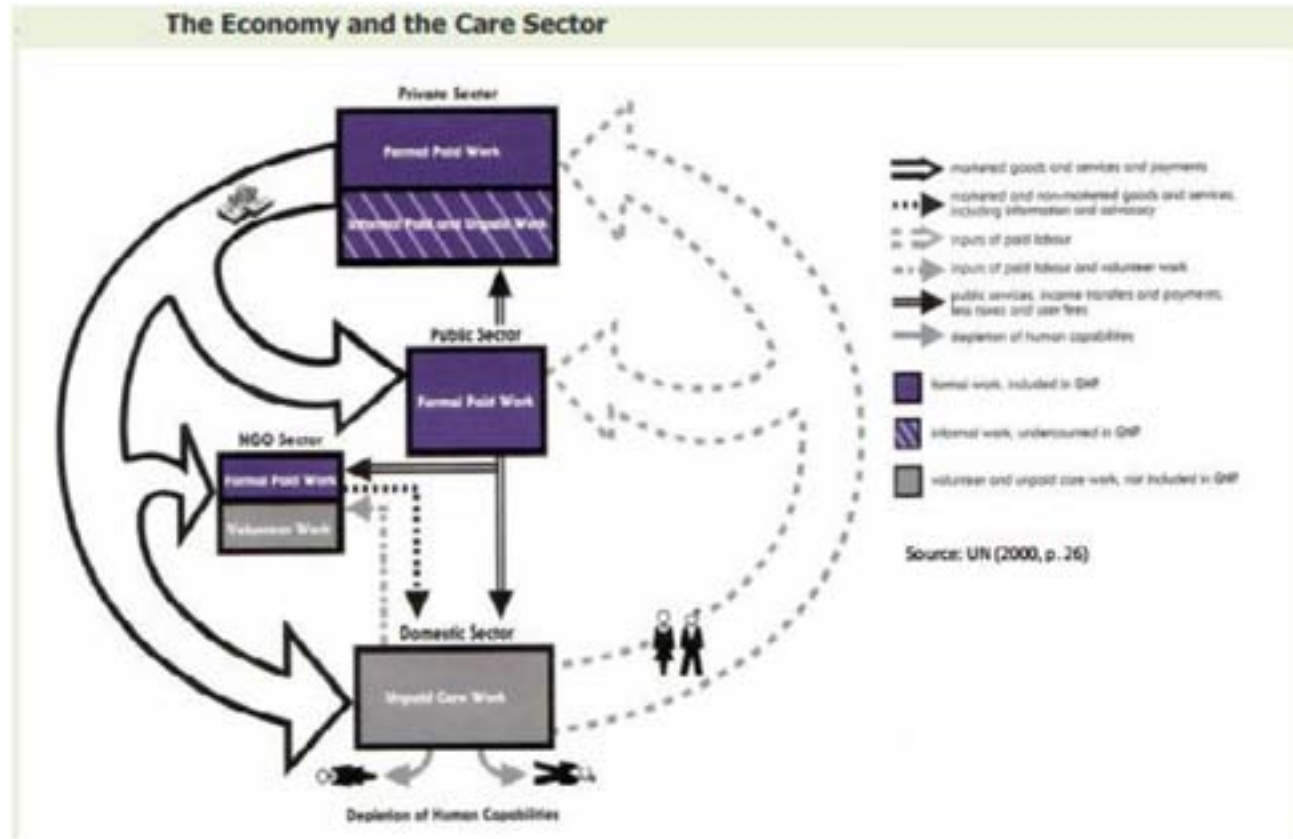
APPENDIX B: OTHER INDICES, DATA & INFORMATION SOURCES

Beyond GDP	http://ec.europa.eu/environment/beyond_gdp/index_en.html
- Social Indicators:	http://ec.europa.eu/environment/beyond_gdp/indicators_social_en.html
- Environmental Indicators:	http://ec.europa.eu/environment/beyond_gdp/indicators_environment_en.html
- Wellbeing:	http://ec.europa.eu/environment/beyond_gdp/indicators_wellbeing_en.html
Boston College Center for Work and Family	http://www.bc.edu/content/bc/centers/cwf.html
-Research and Publications:	http://www.bc.edu/content/bc/centers/cwf/research/publications.html
Caring Across Generations	http://www.caringacross.org/
Community Indicators Consortium	http://www.communityindicators.net/
- Indicators Projects:	http://www.communityindicators.net/projects
Companies That Care	http://www.companies-that-care.org/
Counting Women's Work	http://www.cww-dpru.uct.ac.za
Gallup-Healthways Well-Being Index	http://info.healthways.com/wellbeingindex
Gender Action	http://www.genderaction.org/
Gender Inequality Index	http://hdr.undp.org/en/statistics/gii
Genuine Progress Indicator	http://genuineprogress.net/
- Indicator:	http://genuineprogress.net/genuine-progress-indicator/
- Resources:	http://genuineprogress.net/resources/
- Maryland:	http://www.dnr.maryland.gov/mdgpi/
- Vermont:	http://www.uvm.edu/giee/research/VTGPI_ExecSum_29Jul13.pdf
Global Creativity Index	http://martinprosperity.org/2011/10/01/creativity-and-prosperity-the-global-creativity-index/
Global AgeWatch Index	http://www.helpage.org/global-agewatch/
Global Peace Index	http://www.visionofhumanity.org/#/page/indexes/terrorism-index
Global Youth Wellbeing Index	http://www.youthindex.org/
Good Country Index	http://www.goodcountry.org/overall
Gross National Happiness Index	http://www.grossnationalhappiness.com/
Gund Institute	http://www.uvm.edu/giee/
- Vermont GPI:	http://www.uvm.edu/giee/research/VTGPI_ExecSum_29Jul13.pdf

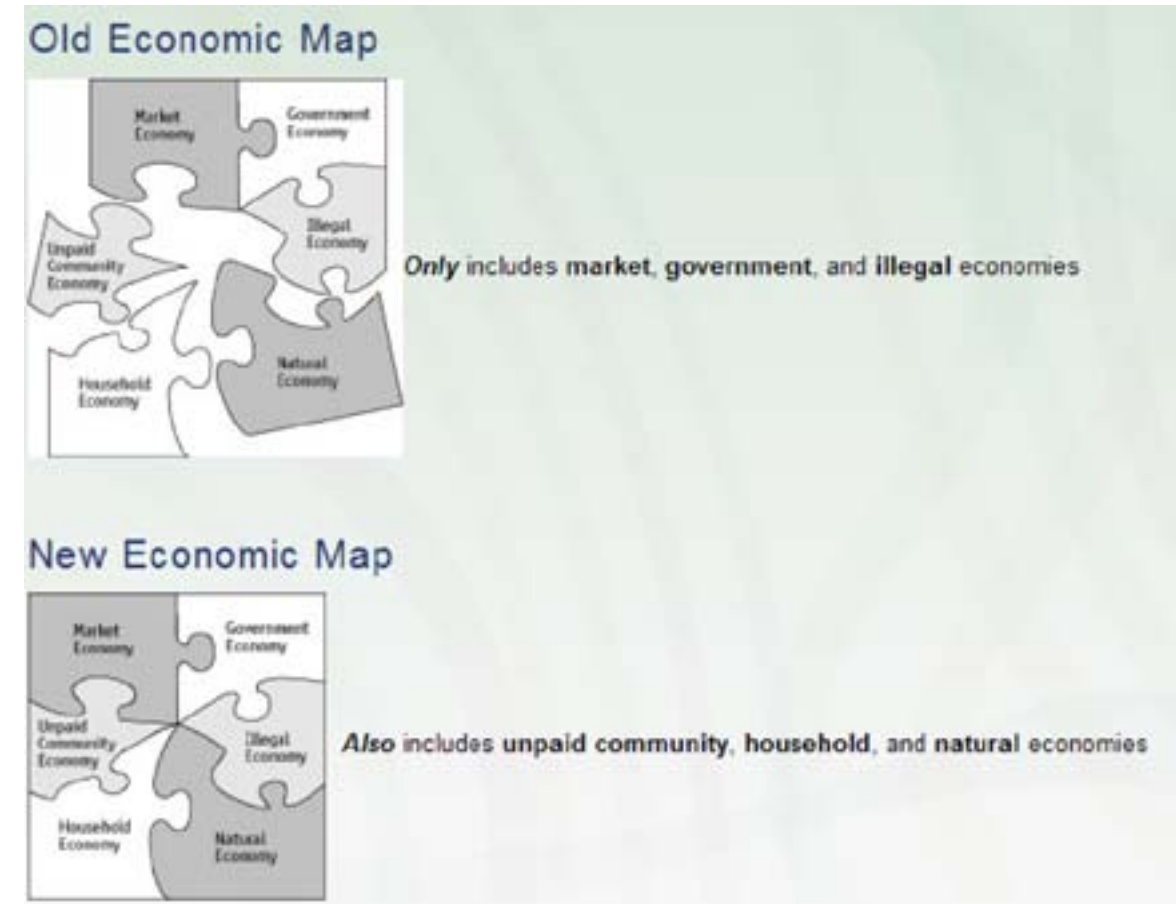
Healthy People 2020	http://www.healthypeople.gov/2020/default.aspx
Holistic Early Childhood Development Index (still in development)	http://www.unesco.org/new/en/education/themes/strengthening-education-systems/quality-framework/technical-notes/holistic-early-child-development-index/
Human Development Indices	http://hdr.undp.org/en/statistics/hdi
Inclusive Wealth Report	https://www.ihdp.unu.edu/article/read/iwr
Labor Project for Working Families	http://www.working-families.org/#social=twtr
Levy Institute Measure of Economic Wellbeing	http://www.levyinstitute.org/research/the-levy-institute-measure-of-economic-wellbeing
The Demographic and Health Surveys (DHS) Program	http://dhsprogram.com/
Measure of America	http://www.measureofamerica.org/
- American HDI:	http://www.measureofamerica.org/human-development/#human%20development%20index
- Maps:	http://www.measureofamerica.org/maps/
- 2013 Opportunity Index:	http://www.measureofamerica.org/2013-opportunity-index/
- Common Good Forecaster:	http://www.measureofamerica.org/forecaster/
Nancy Folbre	http://people.umass.edu/folbre/folbre/
National Alliance for Caregiving	http://www.caregiving.org/
- Research:	http://www.caregiving.org/research
National Domestic Workers Alliance:	http://www.domesticworkers.org/
- Home Economics:	http://www.domesticworkers.org/homeeconomics/
National Partnership for Women & Families	http://www.nationalpartnership.org/
- Maps and Info-graphics:	http://www.nationalpartnership.org/issues/
OECD Better Life Index	http://www.oecdbetterlifeindex.org/
- Compendium/Info	http://www.oecd.org/general/compendiumofocedwellbeingindicators.htm
Social Progress Index	http://www.socialprogressimperative.org/data/spi
State of the USA	http://www.stateoftheusa.org/
- Info-graphics:	http://www.stateoftheusa.org/visualize.php
State of the World's Mothers Index	http://www.savethechildren.org/site/c.8rKLIXMGlpI4E/b.8585863/k.9F31/State_of_the_Worlds_Mothers.htm
State of Working America:	http://www.stateofworkingamerica.org/
- Data:	http://www.stateofworkingamerica.org/data/
- Charts/Tables:	http://www.stateofworkingamerica.org/subjects/poverty/ (e.g. Poverty)

The Equality of Opportunity Project	http://www.equality-of-opportunity.org/
- Map:	http://www.nytimes.com/2013/07/22/business/in-climbing-income-ladder-location-matters.html?pagewanted=all&r=1&#map-search
- Data:	http://www.equality-of-opportunity.org/index.php/data
UNESCO's Legal Protection Indicators in Early Childhood	http://unesdoc.unesco.org/images/0021/002157/215738e.pdf
UNICEF Education Inequality Index	http://www.education-inequalities.org/
U.S. Dept. of Health and Human Services' 13 Indicators of Quality Childcare	http://aspe.hhs.gov/hsp/ccquality-ind02/
U.S. Time-Use Surveys	http://www.bls.gov/tus/ https://www.atustdata.org/atus/
Women in America	http://www.whitehouse.gov/administration/eop/cwg/data-on-women
World Bank's Environmental Economics and Indicators	http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/ENVIRONMENT/EXTTEEI/0,,menuPK:408056~pagePK:149018~piPK:149093~theSitePK:408050,00.html
World Future Council	http://www.worldfuturecouncil.org/
- Brainpool:	http://www.worldfuturecouncil.org/brainpool.html
Working Mother	http://www.workingmother.com/

APPENDIX C: FIGURES & TABLES



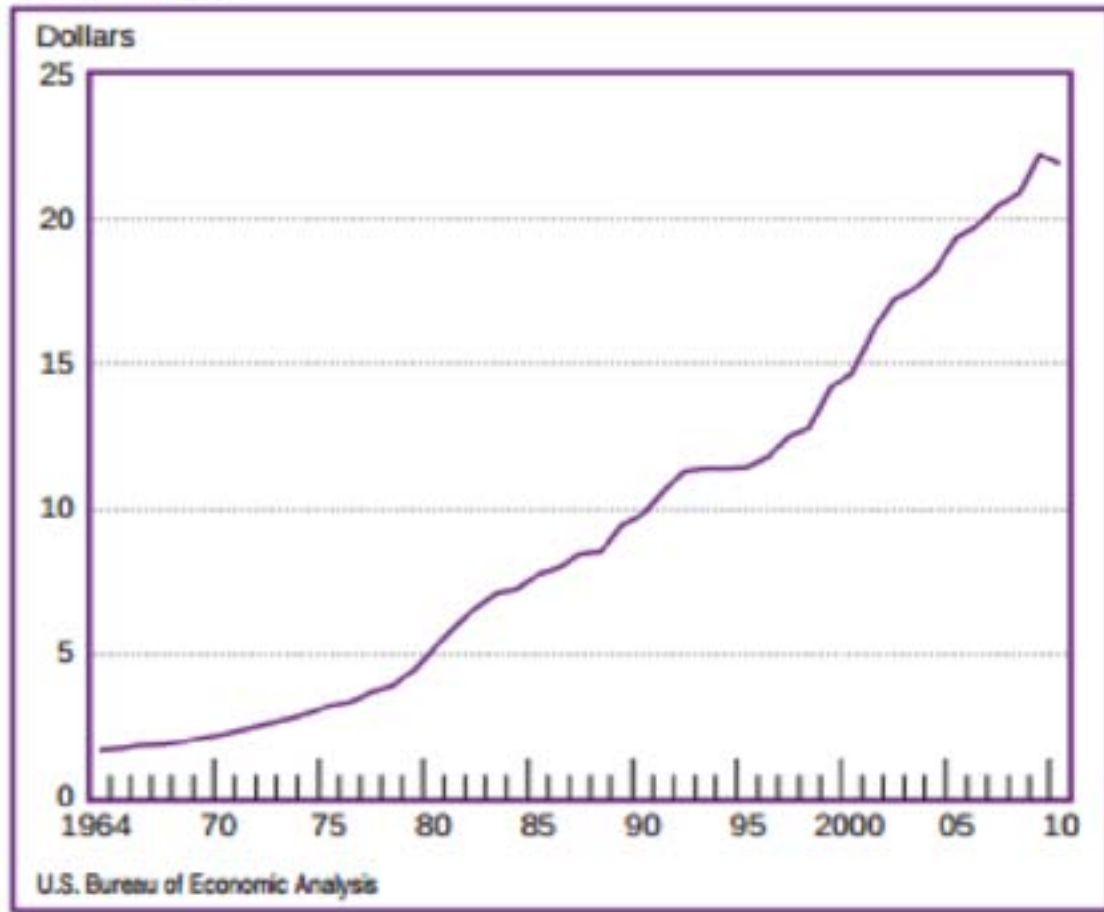
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This image originally appeared in *The Real Wealth of Nations*, 2007, by Riane Eisler. Reproduced here with permission from Berrett-Koehler Publishers.

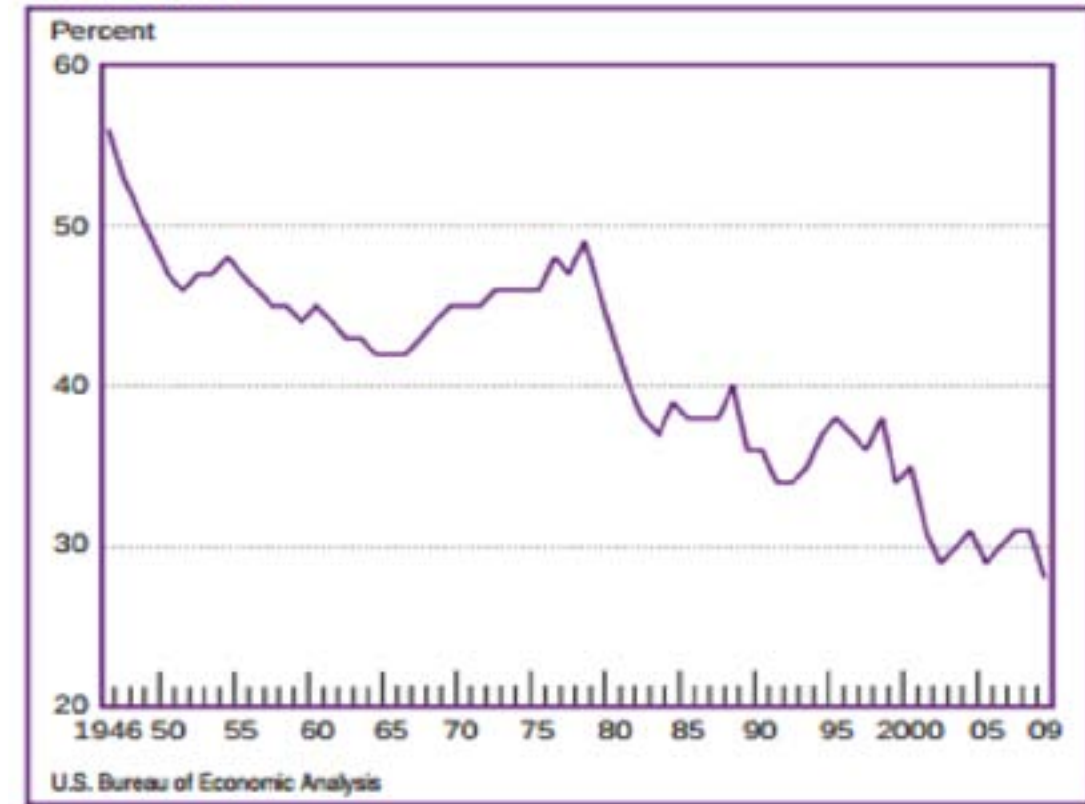
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Differential Between the Average Hourly Wages of All Workers and of Household Workers, 1964–2010



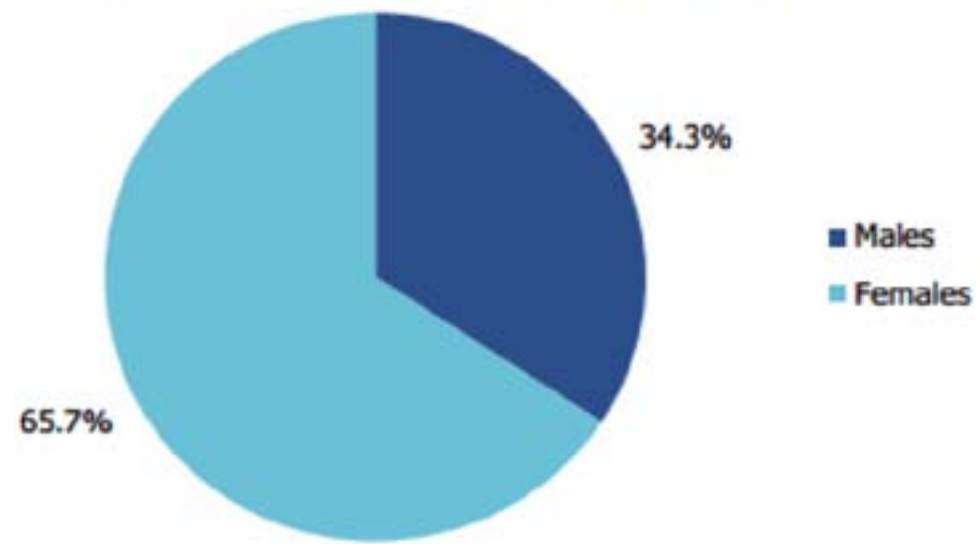
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Average Wages of Household Workers as a Percentage of the Wages of All Employed Workers, 1946–2009



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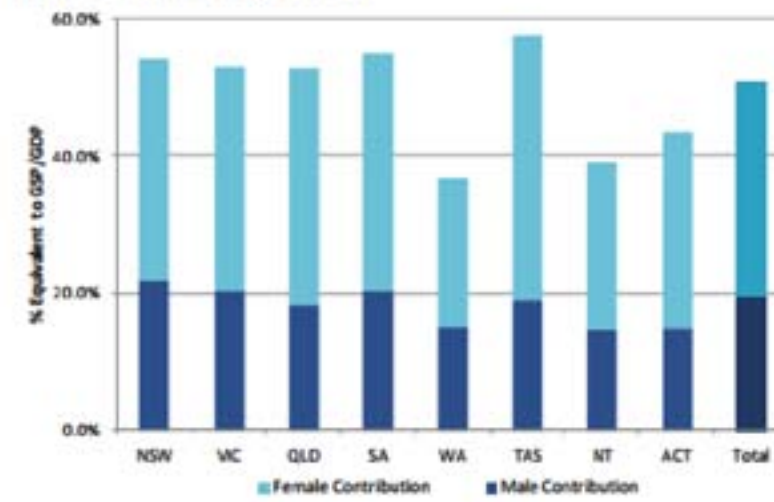
Total Unpaid Care Sector Hours, 2006



Source: ABS (2008a)

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Total Unpaid Care Work Imputed Value, as a Percentage of GSP/GDP 2009-10 by Sex (Mid-Point) 2009-10



Source: ABS (2007, 2008a, 2010a, 2010c, 2011a, 2011b, 2011f), AECgroup

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Summary of Key Findings from this Study

Indicator	Care Economy Statistic
Paid Care	
Number of Australian workers (in FTE) employed by the care sector in 2009-10	1.8 million (providing nearly 20% of all paid employment in Australia)
Total value of wage and salaries earned in the paid care industry in 2009-10	\$112.4 billion (equates to 8.8% of GDP and \$5,033 per capita)
Earning of the average care sector worker compared to the average Australian worker	96 cents for every dollar
Earning of the average female care sector worker compared to the average male care sector worker	84 cents for every dollar ¹
Unpaid Care	
Total number of hours on unpaid care work undertaken in 2009-10	21.4 billion
Equivalent number of FTE positions in 2009-10	11.1 million (1.2 times the total Australian FTE workforce)
Imputed value of the unpaid care sector in 2009-10	\$650.1 billion ^(a) (equivalent to 50.6% of GDP and \$29,120 per capita)
Contribution of women aged between 25 and 64 years to unpaid care provision	60%
Percentage of female carers who are primary carers	36%
Percentage of male carers who are primary carers	21%
Government Investment in the Care Sector	
Total investment in 2009-10 ²	\$135.9 billion (10.6% of GDP)
Federal Government Investment in 2009-10 per capita	\$3,540
Total Government Investment in 2009-10 per capita	\$6,084

Note: (a) Estimates of the imputed value of unpaid care work range between \$601 billion (replacement cost valuation method) and \$699 billion (opportunity cost valuation method). This is not a transacted value and examines the imputed value against GDP for comparison purposes only. Source: ABS (2008a, 2010a, 2010c, 2011c, 2010d, 2011a, 2011c, 2011d, 2011f)

¹ This is influenced by the higher number of males in higher-level roles.

² Excludes wages and salaries and social security payments.

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Percentage of time dedicated to care work, by number of children under school age¹, 1999-2008*

Care declared as primary and secondary activity²

Men age 25 to 44³

Women age 25 to 44³

	Men age 25 to 44 ³			Women age 25 to 44 ³			
	No Child	1 child	2 children or more	No Child	1 child	2 children or more	
Mexico	2.8	6.2	6.7	Mexico	7.5	17.6	22.6
United Kingdom	1.3	6.9	8.3	United Kingdom	3.1	16.3	22.2
Germany	1.2	5.9	8.4	Germany	2.6	14.4	21.2
Finland	1.0	6.0	7.7	Finland	1.9	13.5	20.6
Slovenia	1.4	5.1	6.9	Slovenia	1.9	11.2	18.9
Italy	0.8	5.5	6.3	Italy	2.4	13.9	18.8
Poland	1.8	6.4	7.3	Poland	2.8	14.0	18.3
Norway	1.0	5.2	8.3	Norway	2.5	11.4	18.1
Lithuania	1.3	3.3	7.5	Lithuania	1.9	10.3	17.9
Estonia	1.7	5.6	6.2	Estonia	2.7	12.8	17.5
Spain	0.7	4.8	6.9	Spain	1.9	11.5	17.2
Sweden	1.6	6.5	9.0	Sweden	2.9	13.0	17.2
Japan	0.3	2.5	4.1	Japan	2.2	11.7	16.6
Bulgaria	1.2	4.2	5.6	Bulgaria	1.8	11.4	15.6
Belgium	0.6	4.0	5.6	Belgium	1.4	8.9	14.6
France	1.1	3.6	4.5	France	2.2	8.8	12.8
United States ²	2.3	6.8	7.5	United States ²	2.3	11.0	12.5
Latvia	1.3	3.5	3.1	Latvia	2.4	11.4	11.3
Canada ²	2.1	5.6	6.6	Canada ²	1.9	7.7	8.8

Countries are ranked by decreasing percentage of time dedicated to care activities by women with two children or more.

* Year: 1999: France; 2000: Estonia, Finland, Hungary; 2001: Norway, Slovenia, Sweden, United Kingdom; 2002: Germany; 2003: Italy, Latvia, Lithuania, Spain; 2004: Poland; 2005: Canada; 2006: Belgium, United States.

1) School age refers generally to children under age 7, except for the US and Japan where data refer to children under 6, and to children under 5 in Mexico.

2) Care work includes here all episodes of care work declared as primary or secondary activity, except for the United States and Canada. It also includes the time spent to care for household members or to informally help other households.

3) Except Japan, where data concern those age 15 and over.

Source: For European countries, National Time Use Surveys as reported in the HETUS dataset.

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Average weekly hours allocated to care activities
Women age 18 and over

	Caring for and educating children	Caring for elderly/disabled relatives	Total
Estonia	44	9	53
Netherlands	48	5	53
Germany	35	15	50
Poland	37	12	49
United Kingdom	35	14	49
Ireland	32	16	48
Spain	28	17	45
Norway	40	5	45
Czech Republic	35	9	44
Greece	25	18	43
Luxembourg	32	10	42
Sweden	33	5	38
Austria	29	8	37
Cyprus (1,2)	27	10	37
Malta	23	14	37
Slovenia	26	11	37
France	29	7	36
Lithuania	29	7	36
Portugal	23	11	34
Slovakia	22	12	34
Bulgaria	20	13	33
Romania	19	14	33
Latvia	22	10	32
Hungary	22	8	30
Belgium	23	6	29
Italy	20	9	29
Denmark	23	5	28
Turkey	21	7	28
Finland	17	5	22

Countries are ranked by decreasing percentage of time dedicated to care activities by women.

1) Footnote by Turkey: The information in this document with reference to « Cyprus » relates to part of the island. There is no single authority representing both Turkish and Greek Cypriot people. Turkey recognizes the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable arrangement is found within the context of United Nations, Turkey shall preserve its position concerning the "Cyprus problem".

2) Footnote by all the European Union Member States of the OECD and the European Commission: The Republic of Cyprus is recognized by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of Cyprus.

Source: Second European Quality of Life Survey, 2007, in Anderson R. et al., 2009.

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Participation rates in formal care and pre-school for children under six, 2008*

	Enrolment in formal care for the under 3s and pre-school from 3 to 5 years (%)					Expected years in education for 3 to 5 year olds
	Under 3 years	3 years	4 years	5 years	3 to 5 years	
Australia	29.0	12.1	52.6	99.8	54.6	1.6
Austria	12.1	52.4	85.6	94.8	77.6	2.3
Belgium	48.4	99.3	99.6	99.5	99.4	3.0
Bulgaria	14.6	64.3	71.7	76.1	70.7	2.1
Canada	24.0	15.7	41.7	99.2	56.8	1.6
Chile ¹	9.8	23.2	80.7	83.9	62.6	1.9
Cyprus ^{1,2}	32.7	45.1	75.2	100.0	73.4	2.2
Czech Republic	2.2	58.3	86.8	95.0	79.7	2.4
Denmark	65.7	94.1	95.3	85.1	91.5	2.7
Estonia	17.5	85.3	91.2	90.4	89.0	2.7
Finland	28.6	68.5	75.4	78.9	74.2	2.2
France	42.0	99.0	100.0	100.6	99.9	3.0
Germany	17.8	86.9	95.4	95.8	92.7	2.8
Greece	15.7	0.0	52.4	88.0	46.6	1.4
Hungary	8.8	72.1	92.5	96.6	87.1	2.6
Iceland	55.0	95.4	95.6	96.8	95.9	2.9
Ireland	30.8	13.1	54.8	101.5	56.4	1.7
Israel	23.0	79.6	86.3	94.7	86.8	2.6
Italy	29.2	94.8	96.6	99.0	97.4	2.9
Japan	28.3	75.4	95.7	98.2	90.0	2.7
Korea	37.7	73.3	79.3	86.3	79.8	2.4
Latvia	16.1	71.0	78.6	92.1	80.6	2.4
Lithuania	13.7	61.4	65	70.0	65.5	2.0
Luxembourg	38.6	69.3	95.2	93.4	85.9	2.6
Malta	6.8	83.0	97.6	100.0	93.5	2.8
Mexico ¹	5.8	34.3	93.2	117.9	82.8	2.5
Netherlands	55.9	0.1	99.5	99.3	67.1	2.0
New Zealand	37.9	87.5	95.1	99.9	94.1	2.8
Norway	51.3	92.3	95.3	95.9	94.5	2.8
Poland	7.9	36.1	46.1	57.7	47.3	1.4
Portugal	47.4	63.0	81.3	92.6	79.2	2.4
Romania	14.3	55.3	75.8	86.4	72.5	2.2
Slovak Republic	3.0	62.9	74.8	83.5	73.5	2.2
Slovenia	33.8	69.5	79.3	83.7	77.5	2.3
Spain	37.5	97.6	96.7	99.3	96.5	3.0
Sweden	46.7	88.6	91.8	93.0	91.1	2.7
Switzerland	..	9.6	39.5	93.1	47.5	1.4
Turkey	..	2.8	13.0	55.4	23.8	0.7
United Kingdom	40.8	82.4	97.3	98.8	92.7	2.8
United States ¹	31.4	36.3	57.5	73.3	55.7	1.7
OECD -average	30.1	59.7	80.0	91.8	77.3	2.3
EU 27 -average	28.2	68.8	85.6	91.1	81.8	2.5

Sources: For children 0-2: Australia, ABS Childcare service (2008); Canada, National Longitudinal Survey of Children and Youth (2006); Chile, CASEN (2006); New Zealand, Education Counts' statistics (2008); European countries, EU-SILC (2008); Germany, administrative data; Nordic countries, NOSOSCO (2007-08); the US, Early Childhood Program Participation Survey (2005). For children 3-5: OECD Education database and Eurostat (2008) for non-OECD countries








* or latest year available

Notes: 1) Data for children aged 0-2 concern 2005; 2) Data for children aged 0-2 concern 2006; 3) Data for children aged 0-2 concern 2009; 4) and 5) see notes Chart PF3.2.A

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Summary

Quick Facts: Childcare Workers	
2012 Median Pay 	\$19,510 per year \$9.38 per hour
Entry-Level Education 	High school diploma or equivalent
Work Experience in a Related Occupation 	None
On-the-job Training 	Short-term on-the-job training
Number of Jobs, 2012 	1,312,700
Job Outlook, 2012-22 	14% (As fast as average)
Employment Change, 2012-22 	184,100

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Summary

Quick Facts: Plumbers, Pipefitters, and Steamfitters	
2012 Median Pay 	\$49,140 per year \$23.62 per hour
Entry-Level Education 	High school diploma or equivalent
Work Experience in a Related Occupation 	None
On-the-job Training 	Apprenticeship
Number of Jobs, 2012 	386,900
Job Outlook, 2012-22 	21% (Faster than average)
Employment Change, 2012-22 	82,300

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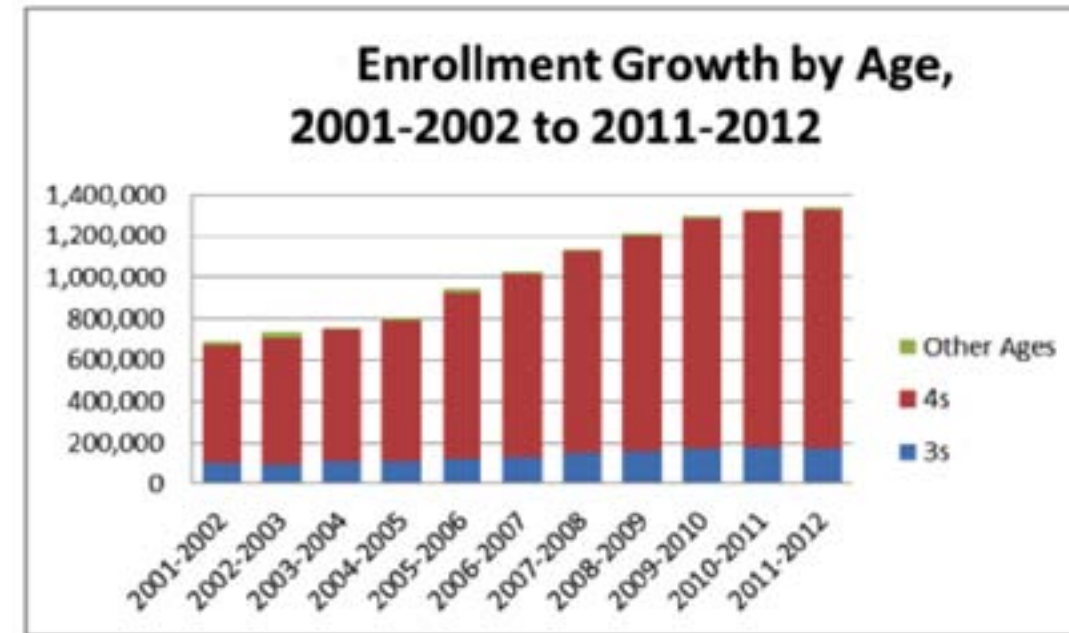
Educational attainment expressed in average number of years in formal education (2009)

Average years of schooling weighted by proportion of the population participating in different levels of education

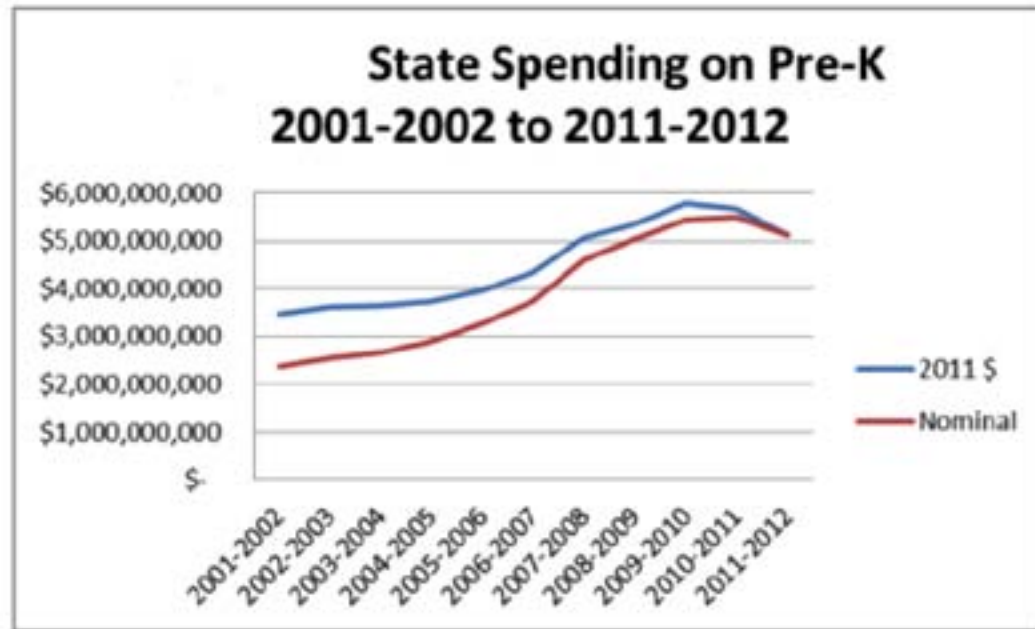
	25-to-64-year-old population										
	Total ¹	Males ¹	Females ¹	Males ²				Females ²			
				25-34	35-44	45-54	55-64	25-34	35-44	45-54	55-64
Australia	12.6	12.8	12.5	13.2	12.8	12.7	12.2	13.3	12.4	12.3	11.7
Austria	12.0	12.3	11.7	12.4	12.4	12.2	12.0	12.3	12.0	11.4	10.8
Belgium	11.3	11.4	11.4	12.4	11.7	11.1	10.3	12.8	11.9	10.7	9.5
Canada	13.2	13.2	13.3	13.6	13.3	13.0	12.2	14.1	13.6	13.0	11.8
Czech Republic	12.5	12.6	12.4	12.6	12.8	12.6	12.5	12.8	12.6	12.1	11.9
Denmark	13.4	13.5	13.3	13.6	13.6	13.4	13.6	13.6	13.3	13.3	13.0
Finland	11.2	10.9	11.4	12.5	12.3	10.5	8.5	13.5	13.0	11.2	8.5
France	11.6	11.7	11.4	12.8	12.1	11.3	10.3	13.1	12.0	10.7	9.6
Germany	13.4	13.7	13.2	13.6	13.6	13.8	13.7	13.5	13.4	13.2	12.5
Greece	10.9	11.0	10.7	11.9	11.7	10.9	9.4	12.6	11.7	10.0	8.2
Hungary	11.7	11.8	11.6	12.1	12.1	12.0	11.3	12.4	12.1	11.5	10.5
Iceland	10.5	9.7	11.4	10.1	10.4	9.2	9.0	12.6	11.9	10.5	9.7
Ireland	13.0	12.9	13.1	14.0	13.4	12.3	11.2	14.5	13.6	12.5	11.4
Italy	10.1	10.2	10.0	11.2	10.5	10.0	8.7	11.7	10.7	9.5	7.6
Japan ³	12.4	12.6	12.1	13.3	13.3	12.4	11.2	13.2	12.9	11.9	10.5
Korea	12.0	12.5	11.4	13.7	13.2	11.6	10.2	13.6	12.2	10.0	8.0
Luxembourg	13.3	13.6	13.0	14.2	13.5	13.5	13.1	14.1	13.3	12.6	11.6
Mexico	8.8	9.1	8.6	9.5	9.4	8.6	7.8	9.4	8.9	8.0	7.1
Netherlands	11.2	11.4	11.1	12.0	11.5	11.3	10.6	12.5	11.4	10.5	9.8
New Zealand	12.6	12.6	12.6	11.8	11.4	11.0	9.6	12.1	11.5	10.7	8.4
Norway	13.9	13.9	13.9	14.2	14.1	13.7	13.4	14.7	14.2	13.8	13.1
Poland	11.8	11.6	11.9	12.2	11.7	11.4	11.0	12.9	12.2	11.7	10.7
Portugal	8.5	8.3	8.7	9.3	8.4	7.8	7.3	10.3	8.8	7.9	7.2
Slovak Republic	12.5	12.5	12.4	12.8	12.7	12.6	12.1	13.0	12.7	12.4	11.3
Spain	10.6	10.6	10.6	11.9	11.2	10.1	8.9	12.5	11.4	9.7	8.0
Sweden	12.6	12.4	12.8	13.1	12.7	12.2	11.3	13.6	13.0	12.7	11.8
Switzerland	13.0	13.5	12.5	13.7	13.7	13.5	13.2	13.0	12.7	12.3	11.7
Turkey	9.6	9.9	9.2	10.3	9.8	9.6	9.2	9.5	9.1	8.9	8.6
United Kingdom	12.0	12.7	12.4	13.0	12.6	12.7	12.4	12.9	12.4	12.3	12.0
United States	13.3	13.2	13.4	13.1	13.2	13.4	13.2	13.4	13.4	13.5	13.1
OECD average	11.9	11.9	11.8	12.5	12.2	11.7	11.0	12.8	12.1	11.4	10.3
EU19 average	11.8	11.8	11.7	12.5	12.1	11.7	11.0	12.9	12.2	11.4	10.3

¹ data concern 2004
² data for age groups concern 2003
³ Year of reference is 2003

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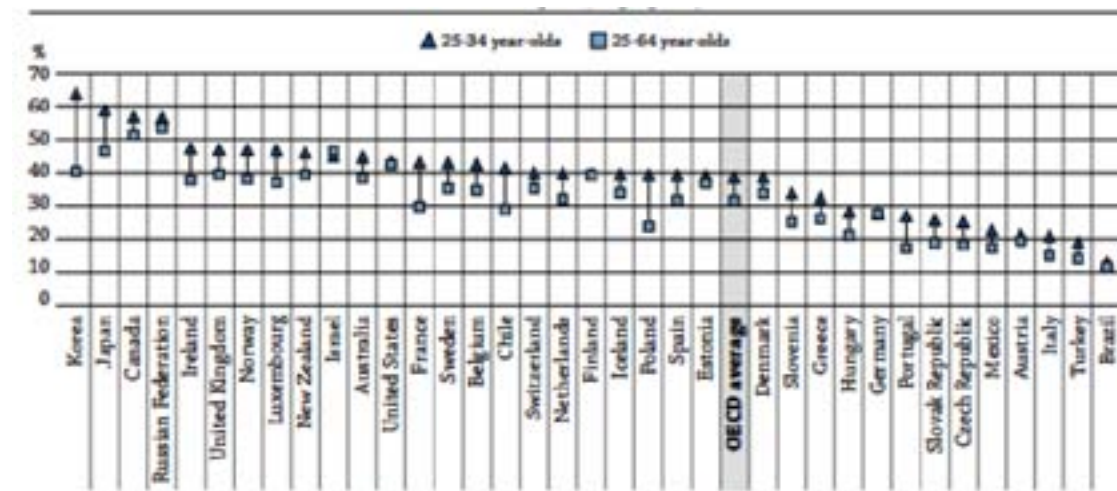


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Population that has attained tertiary education (2011)
Percentage, by age group



Countries are ranked in descending order of the percentage of 25-34 year-olds who have attained tertiary education.
Source: OECD, Table A1.3a. See Annex 3 for notes (www.oecd.org/edu/taq.htm).
StatLink <http://dx.doi.org/10.1787/888932846215>

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Infant mortality rates, 2010

	Neonatal mortality	Post-neonatal mortality	Infant Mortality Rate
Mexico	8.9	5.2	14.1
Romania	6.0	5.6	11.6
Turkey	8.5	1.6	10.1
Bulgaria	5.0	3.8	8.8
Latvia	5.0	2.9	7.9
Chile	5.4	2.5	7.9
United States	4.0	2.1	6.1
Lithuania	3.0	3.1	6.1
Slovak Republic	3.6	2.1	5.7
Malta	2.0	3.5	5.5
Hungary	3.5	1.8	5.3
New Zealand	3.1	2.1	5.2
Canada	3.7	1.4	5.1
Poland	3.5	1.5	5.0
OECD average	2.9	1.4	4.3
United Kingdom	2.9	1.3	4.2
Australia	2.9	1.2	4.1
Austria	2.7	1.2	3.9
Switzerland	3.1	0.7	3.8
Ireland	2.7	1.1	3.8
Netherlands	2.8	1.0	3.8
Israel (3)	2.5	1.3	3.8
Greece	2.5	1.3	3.8
Belgium	2.6	1.1	3.7
France	2.5	1.1	3.6
Cyprus (1,2)	2.0	1.5	3.5
Denmark	2.6	0.8	3.4
Germany	2.3	1.1	3.4
Luxembourg	2.2	1.2	3.4
Estonia	1.9	1.4	3.3
Italy	2.3	1.0	3.3
Korea	1.8	1.4	3.2
Spain	2.1	1.1	3.2
Norway	1.6	1.2	2.8
Czech Republic	1.7	1.0	2.7
Portugal	1.7	0.8	2.5
Slovenia	1.8	0.7	2.5
Sweden	1.6	0.9	2.5
Finland	1.5	0.8	2.3
Japan	1.1	1.2	2.3
Iceland	1.2	1.0	2.2
OECD34 average	2.9	1.4	4.3
OECD34+EU average	3.0	1.7	4.7

2009 for Chile and New Zealand; 2008 for Belgium, Bulgaria, Canada, Cyprus, Ireland, Italy, Latvia, Lithuania, Malta &

Note:

1 Footnote by Turkey: The information in this document with reference to « Cyprus » relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the island. Turkey recognizes the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of United Nations, Turkey shall preserve its position concerning the "Cyprus issue".

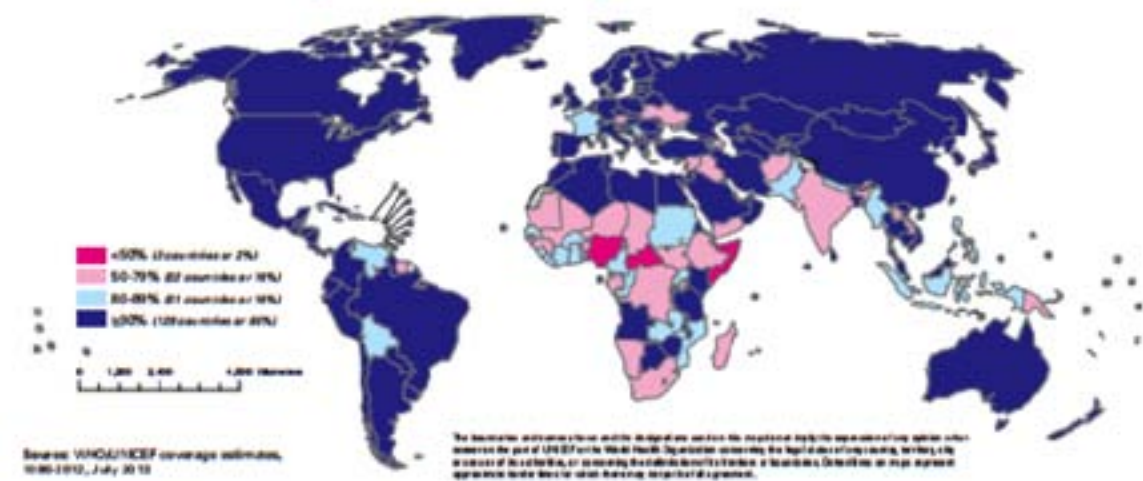
2 Footnote by all the European Union Member States of the OECD and the European Commission: The Republic of Cyprus is recognized by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

3 The data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Source: OECD Health Data (version March 2013) and WHO Global Health Observatory 2013

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Immunization coverage with measles-containing vaccines in infants, 2012



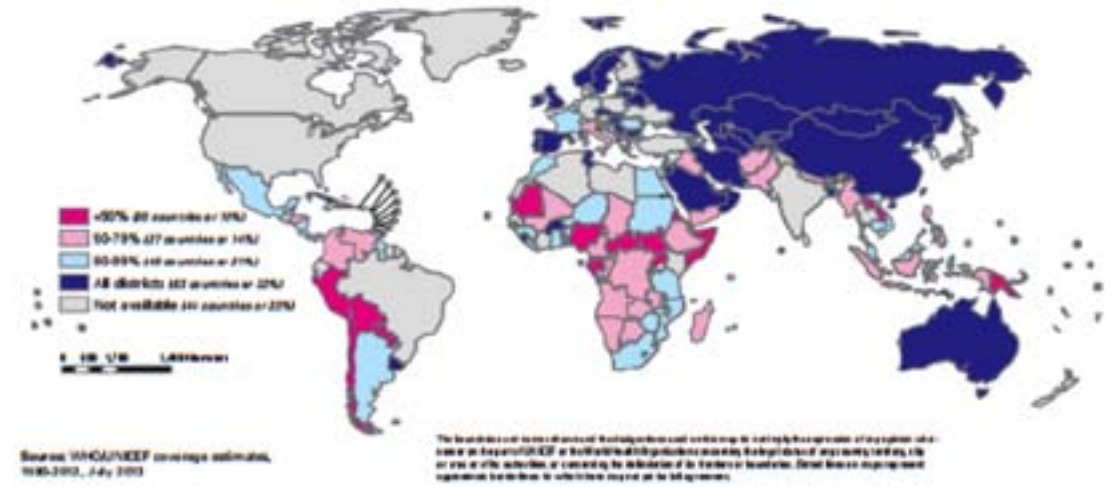
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Developing and transition countries and territories* with all districts achieving at least 80% DTP3 coverage, 2012



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Countries by percentage of districts achieving at least 80% DTP3 coverage, 2012



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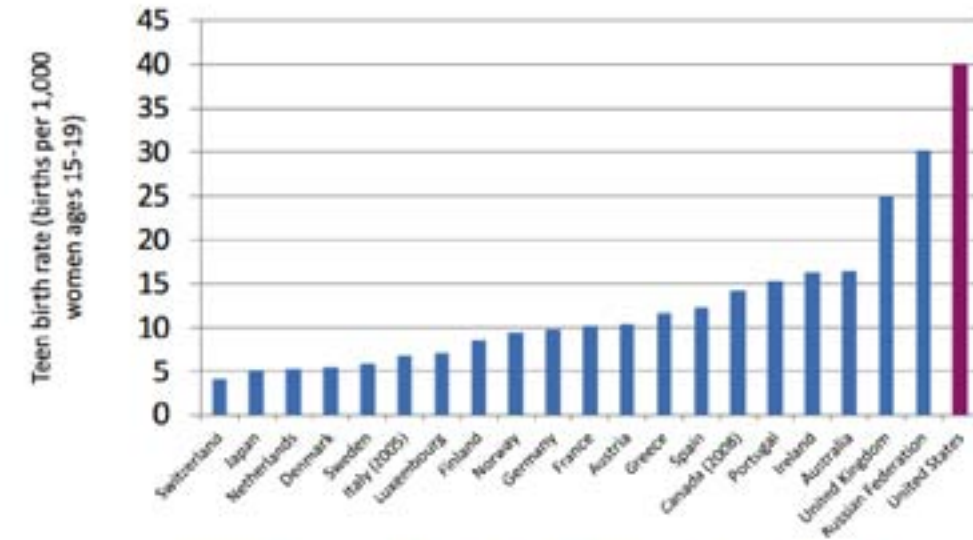
Life expectancy at birth and Healthy Adjusted Life Expectancy at birth (HALE), in years, females and males, 2008

Countries	sorted Females			Males			Population		
	Life expectancy	Healthy life expectancy	Diff LE - HALE (in years)	Life expectancy	Healthy life expectancy	Diff LE - HALE (in years)	Life expectancy	Healthy life expectancy	Diff LE - HALE (in years)
Japan	86.0	78.0	8.0	79.0	73.0	6.0	82.7	76.0	6.7
France	84.0	76.0	8.0	77.0	71.0	6.0	81.0	73.0	8.0
Italy 1	84.0	76.0	8.0	79.0	73.0	6.0	81.5	74.0	7.5
Spain	84.0	76.0	8.0	78.0	71.0	7.0	81.2	74.0	7.2
Switzerland	84.0	76.0	8.0	79.0	73.0	6.0	82.2	75.0	7.2
Australia	84.0	75.0	9.0	79.0	72.0	7.0	81.5	74.0	7.5
Canada 1	83.0	75.0	8.0	78.0	71.0	7.0	80.7	73.0	7.7
Finland	83.0	75.0	8.0	76.0	70.0	6.0	79.9	72.0	7.9
Germany	82.0	75.0	7.0	77.0	71.0	6.0	80.2	73.0	7.2
Iceland	83.0	75.0	8.0	80.0	73.0	7.0	81.3	74.0	7.3
Luxembourg	83.0	75.0	8.0	77.0	71.0	6.0	80.6	73.0	7.6
Sweden	83.0	75.0	8.0	79.0	72.0	7.0	81.2	74.0	7.2
Austria	83.0	74.0	9.0	77.0	70.0	7.0	80.5	72.0	8.5
Belgium	82.0	74.0	8.0	77.0	70.0	7.0	79.8	72.0	7.8
Greece	82.0	74.0	8.0	77.0	71.0	6.0	80.0	72.0	8.0
Ireland	82.0	74.0	8.0	77.0	71.0	6.0	79.9	73.0	6.9
Korea	82.0	74.0	8.0	76.0	68.0	8.0	79.9	71.0	8.9
Malta	82.0	74.0	8.0	78.0	71.0	7.0	80.0	72.0	8.0
Netherlands	82.0	74.0	8.0	78.0	72.0	6.0	80.2	73.0	7.2
New Zealand	83.0	74.0	9.0	78.0	72.0	6.0	80.4	73.0	7.4
Norway	83.0	74.0	9.0	78.0	72.0	6.0	80.6	73.0	7.6
Slovenia	81.0	74.0	7.0	75.0	69.0	6.0	78.8	71.0	7.8
OECD average	81.9	73.6	8.4	76.3	69.7	6.7	79.1	71.7	7.4
Denmark	81.0	73.0	8.0	76.0	70.0	6.0	78.8	72.0	6.8
Portugal	82.0	73.0	9.0	76.0	69.0	7.0	79.3	71.0	8.3
United Kingdom 1	82.0	73.0	9.0	77.0	71.0	6.0	79.7	72.0	7.7
Chile	81.0	72.0	9.0	75.0	67.0	8.0	77.8	70.0	7.8
Czech Republic	80.0	72.0	8.0	74.0	68.0	6.0	77.3	70.0	7.3
United States 1	81.0	72.0	9.0	76.0	68.0	8.0	77.9	70.0	7.9
Estonia	79.0	71.0	8.0	67.0	61.0	6.0	73.0	66.0	7.0
Poland	80.0	70.0	10.0	71.0	64.0	7.0	75.6	67.0	8.6
Slovak Republic	78.0	70.0	8.0	71.0	64.0	7.0	74.8	67.0	7.8
Bulgaria	76.0	69.0	7.0	69.0	63.0	6.0	73.0	66.0	7.0
Hungary	78.0	69.0	9.0	69.0	62.0	7.0	73.8	66.0	7.8
Mexico	78.0	69.0	9.0	73.0	65.0	8.0	75.1	67.0	8.1
Latvia	76.0	68.0	8.0	66.0	60.0	7.0	71.0	64.0	7.0
Lithuania	77.0	68.0	9.0	65.0	58.0	7.0	71.0	63.0	8.0
Romania	77.0	68.0	9.0	70.0	63.0	7.0	73.0	65.0	8.0
Turkey	76.0	67.0	9.0	71.0	64.0	7.0	73.6	66.0	7.6

Notes: sorted by women's HALE; 1) Data refer to 2006
Source: WHO statistical information system (WHOSYS), v. April 2011

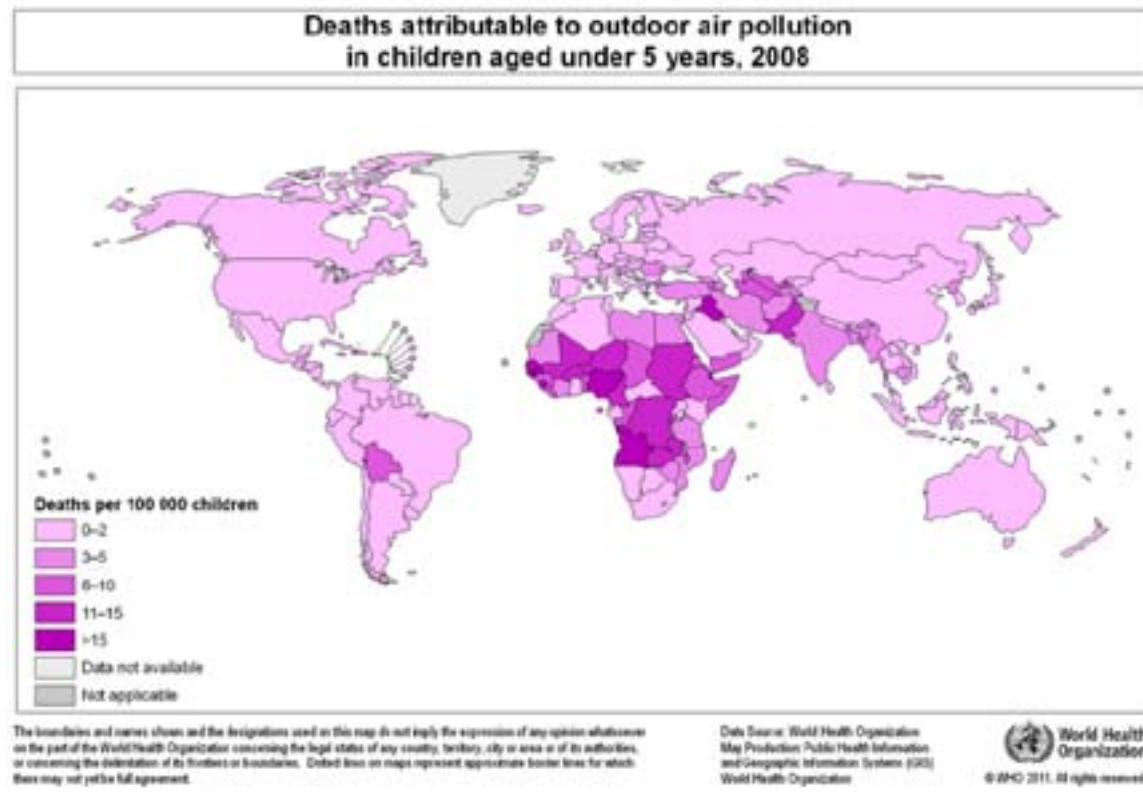
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TEENAGE BIRTH RATES BY COUNTRY



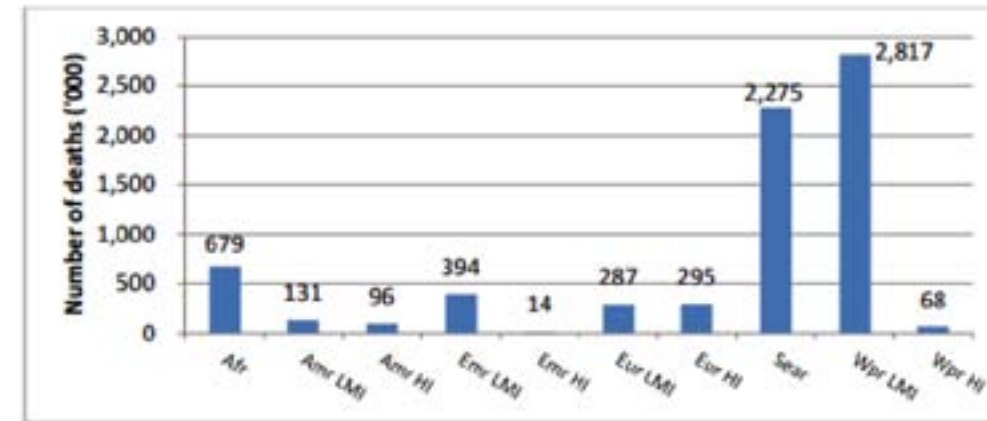
Sources: CDC's National Center for Health Statistics, UNECE Statistical Database, and United Nations Demographic Yearbook, 2005-2010

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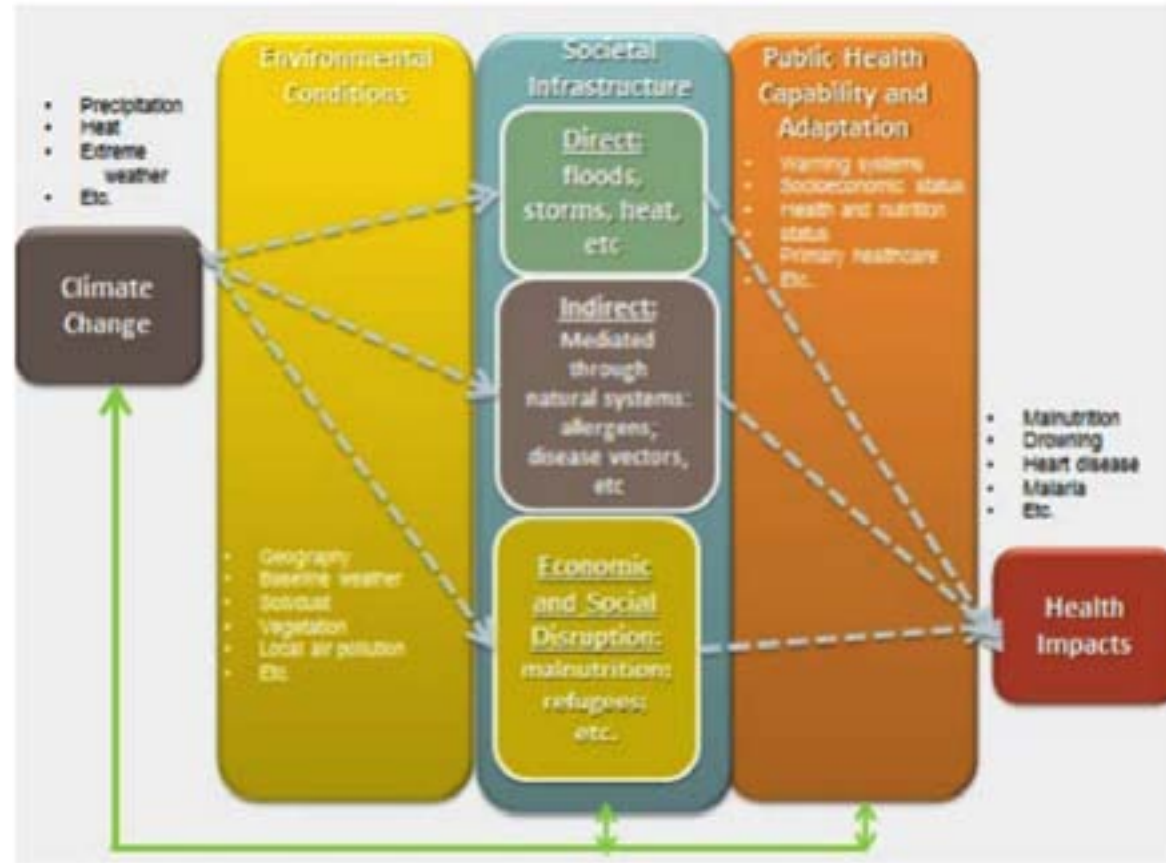
Total deaths attributable to the joint effects of HAP and AAP in 2012, by region



HAP: Household air pollution; AAP: Ambient air pollution; Amr: America, Afr: Africa; Emr: Eastern Mediterranean, Sear: South-East Asia, Wpr: Western Pacific; LMI: Low- and middle-income; HI: High-income.

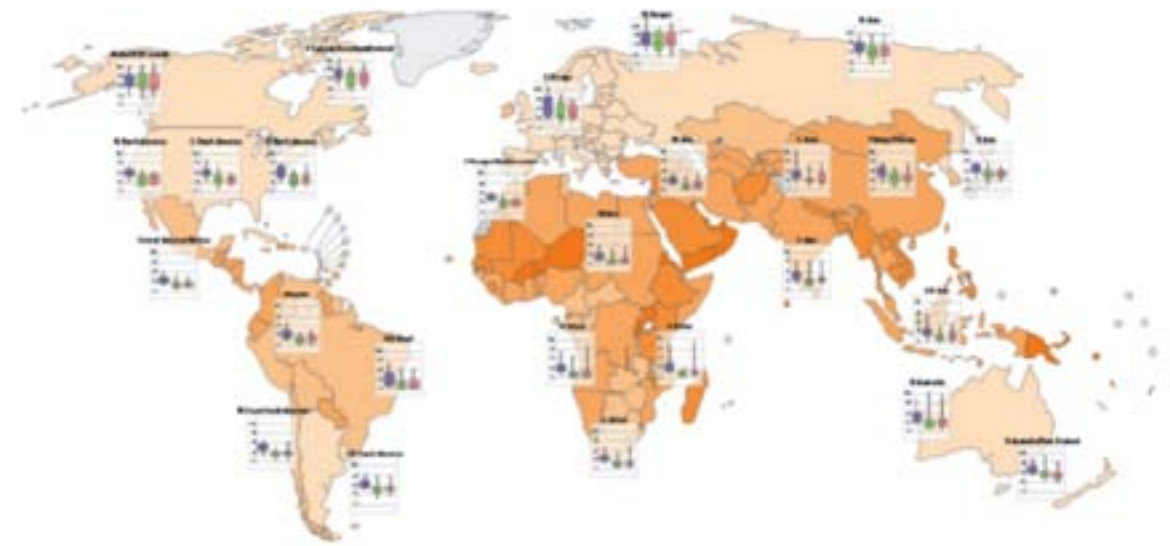
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EXPOSURE PATHWAYS BY WHICH CLIMATE CHANGE AFFECTS HEALTH



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FREQUENT HEAT EXTREMES AND THE RAPIDLY GROWING NUMBER OF OLDER PEOPLE LIVING IN CITIES



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Co-benefit category	Benefits for health	Benefits for climate	References in chronological order
Reduction of co-pollutants from household solid fuel combustion [see also WGIH-7, WGIH-8, WGIH-9, WGIH-10]	Potentially reduce exposures that are associated with disease, chronic and acute respiratory illnesses, lung cancer, low birth weight and stillbirths, and possibly tuberculosis	Reduces CAP emissions associated with household solid fuel use including CO ₂ , CO, black carbon, and CH ₄	Bell et al., 2008 Smith et al., 2008 Williamson et al., 2009 Lefcha et al., 2010 Venkataraman et al., 2010 World Health Organization Regional Office for Europe, 2010 Po et al., 2011 Azeberg et al., 2012
Reduction of GHGs and associated co-pollutants from industrial sources, such as power plants and landfills by more efficient generation or substitution of low carbon alternatives [27.3.7.2]	Reductions health-damaging co-pollutant emissions would decrease exposures to outdoor air pollution and could reduce risks of cardiovascular disease, chronic and acute respiratory illnesses, lung cancer, and preterm births.	Reductions in emissions of CO ₂ , black carbon, CO, CH ₄ and other CAPs	Bell et al., 2008 ApSimon et al., 2009 Jacobson, 2009 Poppo de Oliveira et al., 2009 Smith et al., 2009 Tollerhan et al., 2009 Demekamp et al., 2010 Jacobson, 2010 Nemet, et al., 2010 Rive and Aunan, 2010 Shoukail et al., 2011 Shirdell et al., 2012 West et al., 2012 West et al., 2013
Energy efficiency. Actual energy reduction may sometimes be less than anticipated because part of the efficiency benefit is taken as more service	Reductions in fuel demand potentially can reduce emissions of CAPs associated with fuel combustion and subsequent exposures to pollutants that are known to be health damaging.	Reductions in emission of CAPs due to decreases in fuel consumption	Marandya et al., 2009 Williamson et al., 2009
Increases in active travel and reductions in pollution due to modifications to the built environment, including better access to public transport and higher density of urban settlements [see also 24.4, 24.5, 24.6, 24.7, 25.8.]	Increased physical activity; reduced obesity; reduced non-communicable disease burden, health service costs averted, improved mental health; reduced exposure to air pollution; increased local access to essential services, including food stores; enhanced safety.	Reductions of CAP emissions associated with vehicle transport. Replacing existing vehicles with lower emission vehicles could reduce air pollution	Babey et al., 2007 Reed and Altonwirth, 2007 Kacynski and Henderson, 2008 Casagrande et al., 2009 Jansen et al., 2009 Rundle et al., 2009 Woodcock et al., 2009 Duand et al., 2011 Gobew et al., 2011 McCormack and Shiell, 2011 Jensen et al., 2013 Woodcock et al., 2013
Healthy low GHG emission diets which can have beneficial effects on a range of health outcomes [see also Table 11.3]	Reduced dietary saturated fat in some populations (particularly from ruminants) and replacement by plant sources associated with decreased risk of (ischemic) heart disease, stroke, colorectal cancer (processed meat consumption) Increased fruit and vegetable consumption can reduce risk of chronic diseases. Reduced CH ₄ emissions due to a decreased demand for ruminant meat products would reduce the tropospheric ozone.	Reductions in CO ₂ and CH ₄ emissions from energy-intensive livestock systems.	McMichael et al., 2007 Friel et al., 2009 Stein et al., 2009 Smith and Balakrishnan, 2009 Jakups et al., 2011 Hooper et al., 2012 Fan et al., 2012 Xu et al., 2012
Greater access to reproductive health services	Lower child and maternal mortality from increased birth intervals and shifts in maternal age.	Potentially slower growth of energy consumption and related CAP emissions; less impact on land use change, etc.	Tsui et al., 2007 Griddle et al., 2009 Prata, 2009 O'Neill et al., 2010 Diamond-Smith and Potts, 2011 Potts and Henderson, 2012 Kozuki et al., 2013
Increases in urban green space [Table 15-5]	Reduced temperatures and heat island effects; reduced noise; enhanced safety; psychological benefits; better self-perceived health status.	Reduces atmospheric CO ₂ via carbon sequestration in plant tissue and soil	Mitchell and Popham, 2007 Babey et al., 2008 Mans et al., 2009 van den Berg et al., 2010 van Dillen et al., 2011
Carbon sequestration forest plantations, REDD and carbon offset sales [see Chps 13, 15.3.4, see also 20.4.1, 26.8.4.3]	Poverty alleviation and livelihood/job generation through sale of CDM and voluntary market credits. Attention declines in production or competitiveness in rural communities.	Reduces emissions of CAPs and promotes carbon sequestration through REDD	Holmes, 2010 Ezzine-de-Blas et al., 2011

Proportion of young people who are active or inactive group members by type of group, around 2005¹
Men and women age 15 to 29

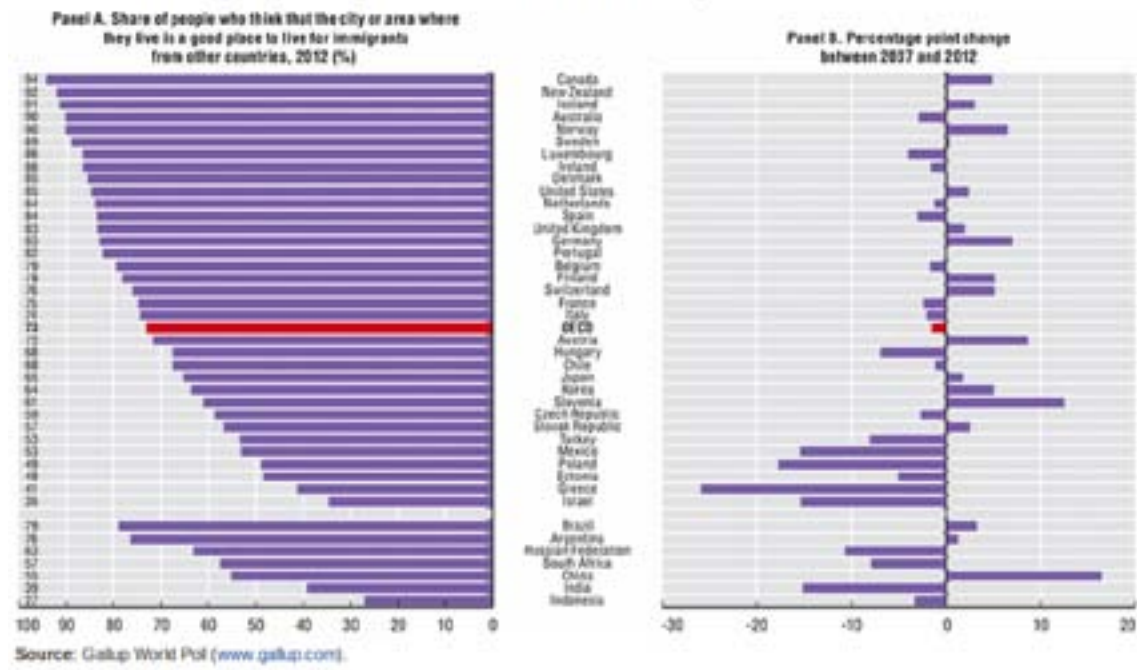
	Church or religious organisation	Sports and Cultural association	Trade unions and association with political orientation	Humanitarian or Charitable organisation	Other groups
Australia	32	62	23	25	36
Bulgaria	4	9	4	2	3
Canada	45	70	33	33	42
Cyprus ^{2,3}	20	47	22	17	25
Finland	82	44	47	17	14
France	6	43	8	19	21
Germany	27	45	6	4	10
Italy	19	51	10	18	17
Japan	9	30	13	1	14
Korea	38	45	9	6	14
Mexico	62	49	20	23	30
Netherlands	21	66	13	15	18
New Zealand	32	63	22	21	41
Norway	35	60	39	27	39
Poland	28	30	11	14	13
Romania	11	3	10	1	2
Slovenia	38	59	16	12	17
Spain	15	23	9	8	7
Sweden	63	58	49	32	48
Switzerland	53	82	12	22	44
Turkey	2	6	4	2	3
United Kingdom	27	59	18	23	27
United States	60	44	40	20	34
OECD average	35	49	20	17	25

1), 2) and 3) see corresponding notes to Table CO4.1.A
Source: 2005 World Values Surveys.

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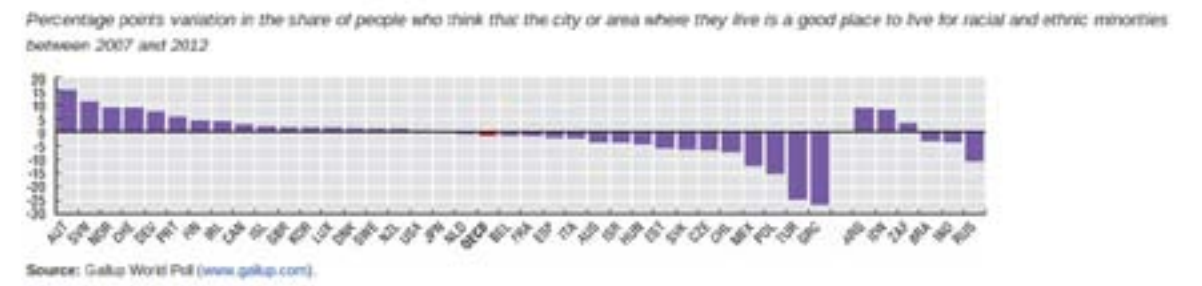
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Tolerance perception: large differences around a stable average



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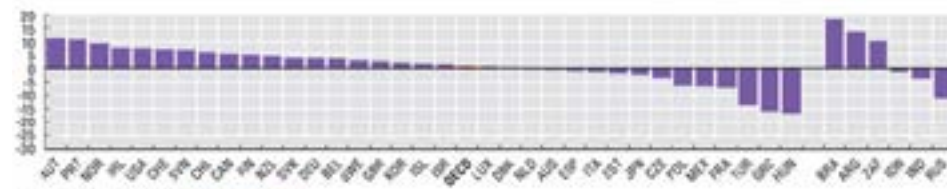
Variation in trends in tolerance perception for ethnic minorities



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Variation in trends in tolerance perception for gays and lesbians.

Percentage points variation in the share of people who think that the city or area where they live is a good place to live for gay or lesbian people between 2007 and 2012.



Source: Gallup World Poll (www.gallup.com).

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Select Prison Populations per 100,000 of the National Population

Ranking	Country	Rate
1	United States of America	716
10	Russian Federation	475
47	Brazil	274
67	Mexico	210
102	United Kingdom	148
103	Argentina	147
117	Australia	130
126	China	121
133	Canada	118
149	France	101
151	South Korea	99
161	Netherlands	82
167	Germany	79
172	Denmark	73
176	Norway	72
179	Sweden	67
189	Finland	58
198	Japan	51
201	Iceland	47

Source: International Centre for Prison Studies

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Select Rates of Recidivism

Australia	39% ¹
Ireland	62% ²
Japan	43% ³
Scotland	50% ⁴
United Kingdom (England & Wales)	46% ⁵
United States	52% ⁶

¹ Reimprisonment rate within 10 years of release, Australian Bureau of Statistics, March 16, 2010.

² Irish Prison Service Recidivism Study, May 2013.

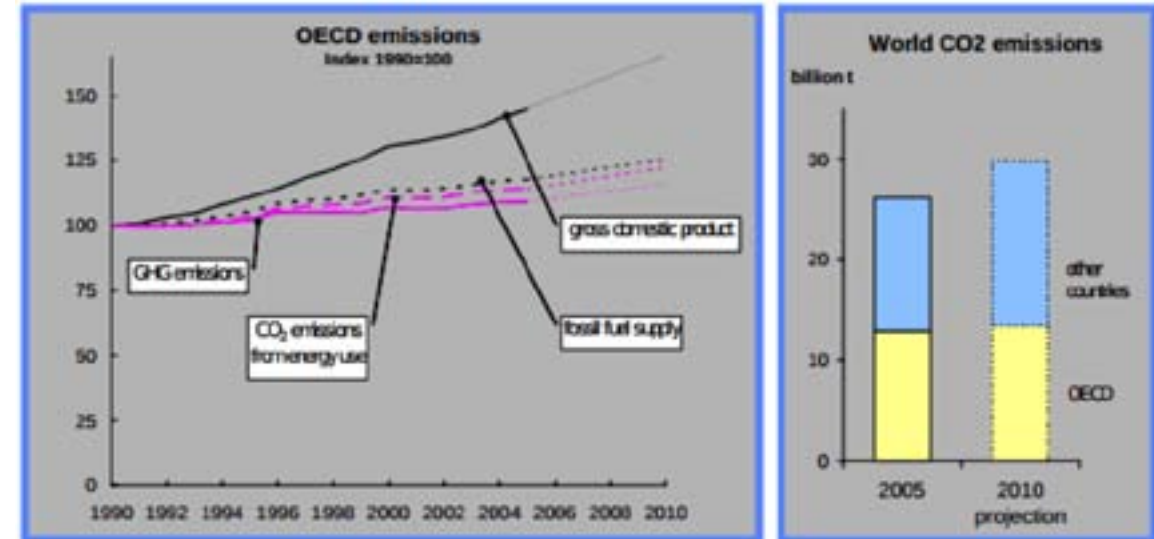
³ "Reducing the Rate of Recidivism," *The Japan Times*, July 8, 2013.

⁴ Reconviction Rates in Scotland: 2010-2011 Offender Cohort, Scottish Government.

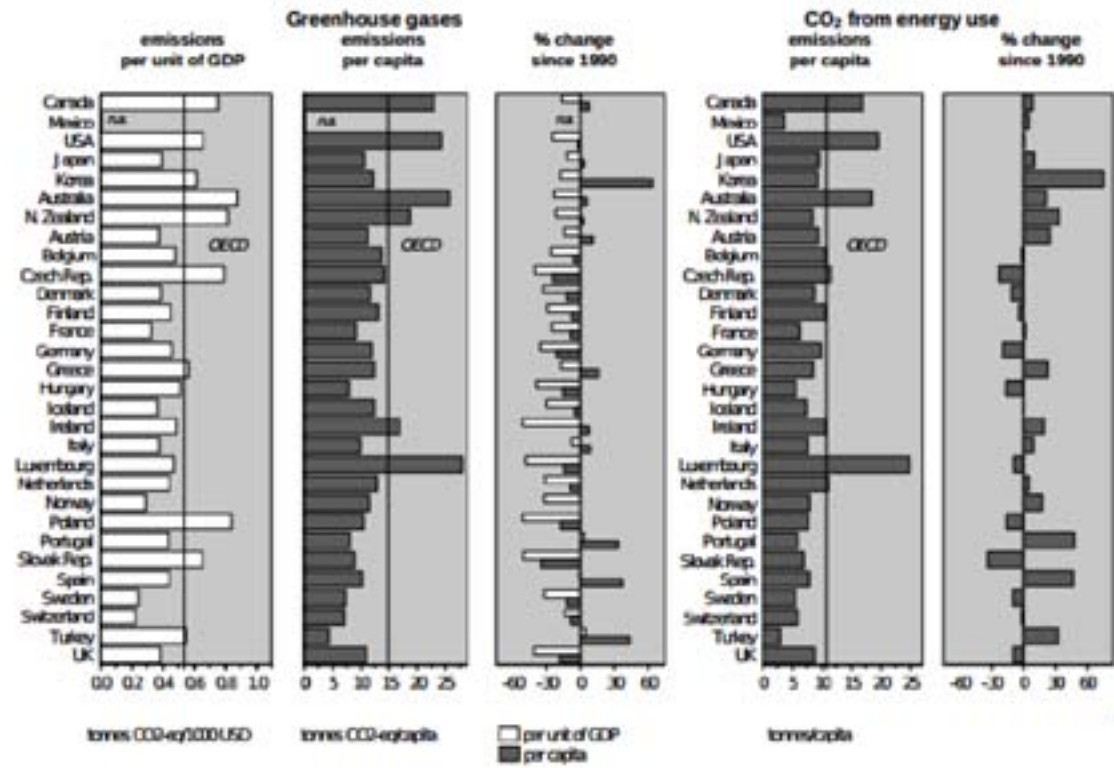
⁵ Rate applies to adult offenders in England and Wales released from custody in 2011. "Proven Re-Offending Quarterly Jan-Dec 2011," Ministry of Justice released October 31, 2013.

⁶ "Confronting Confinement," Commission on Safety and Abuse in America's Prisons, June 2006.

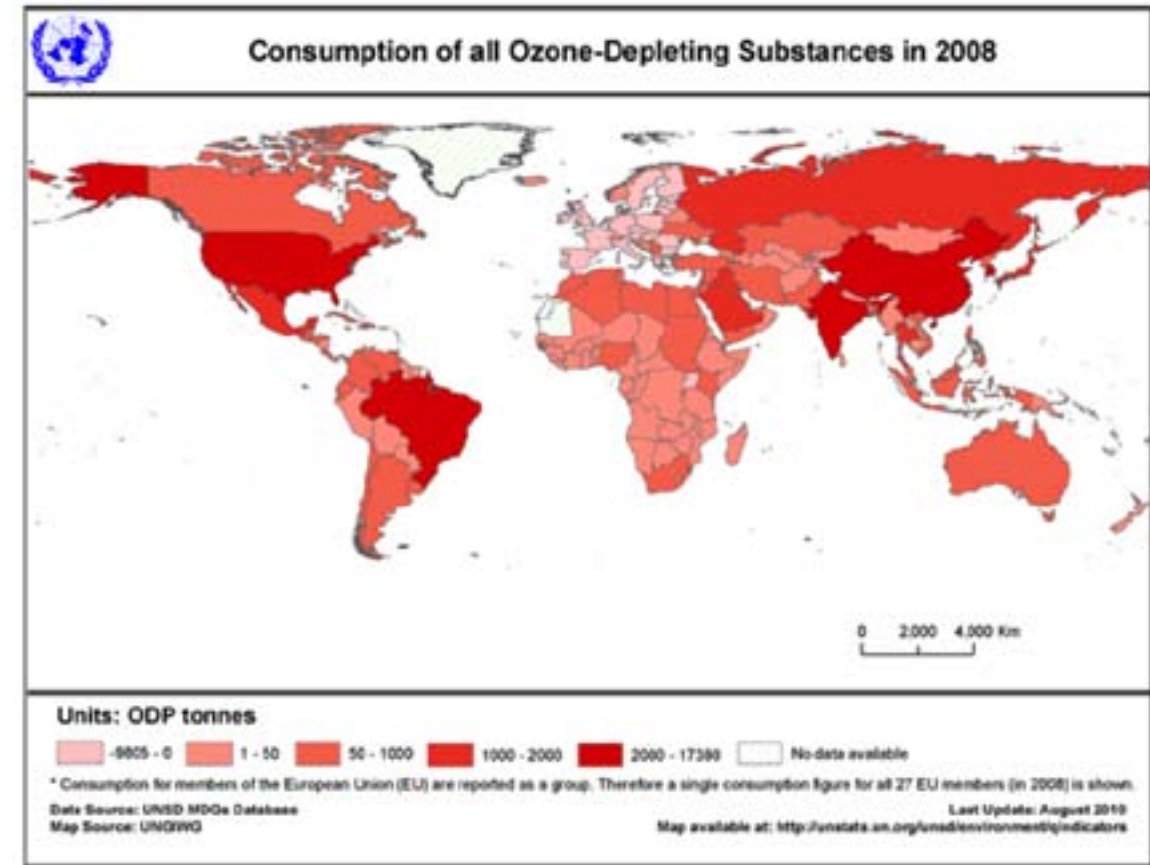
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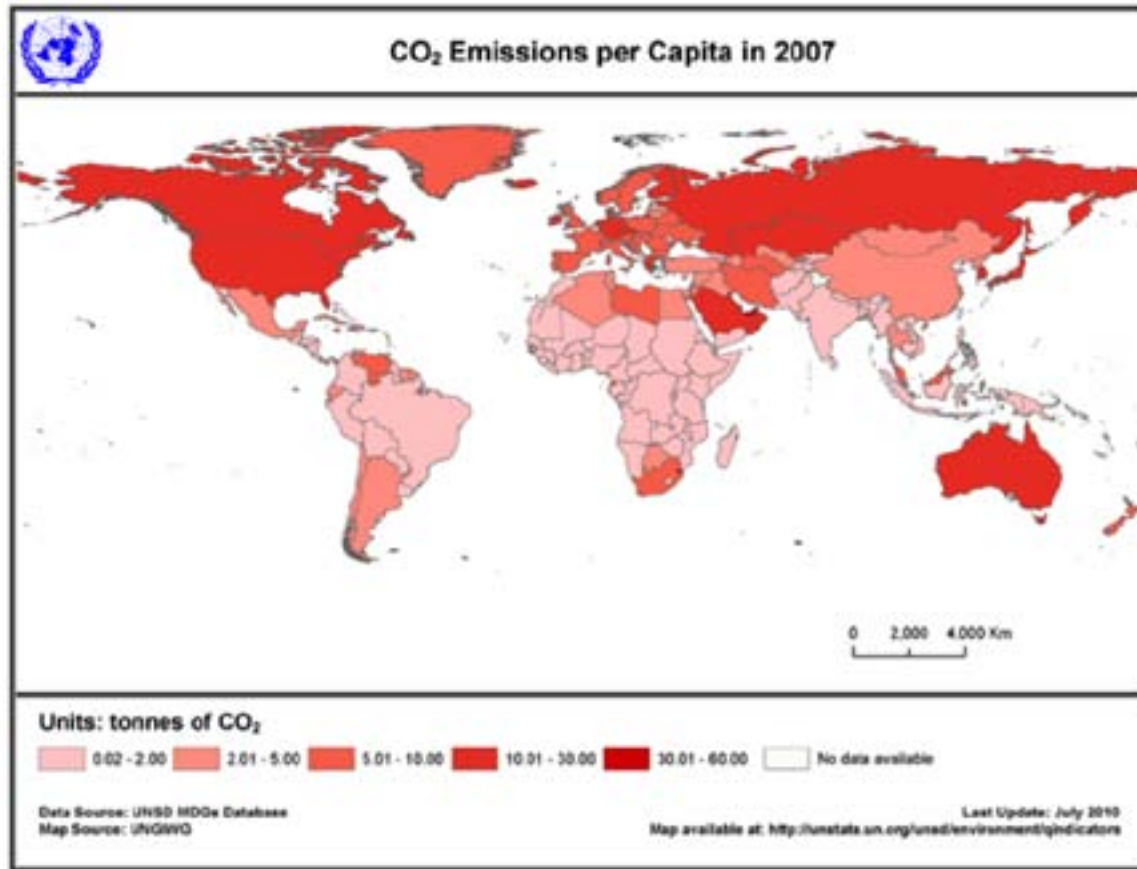
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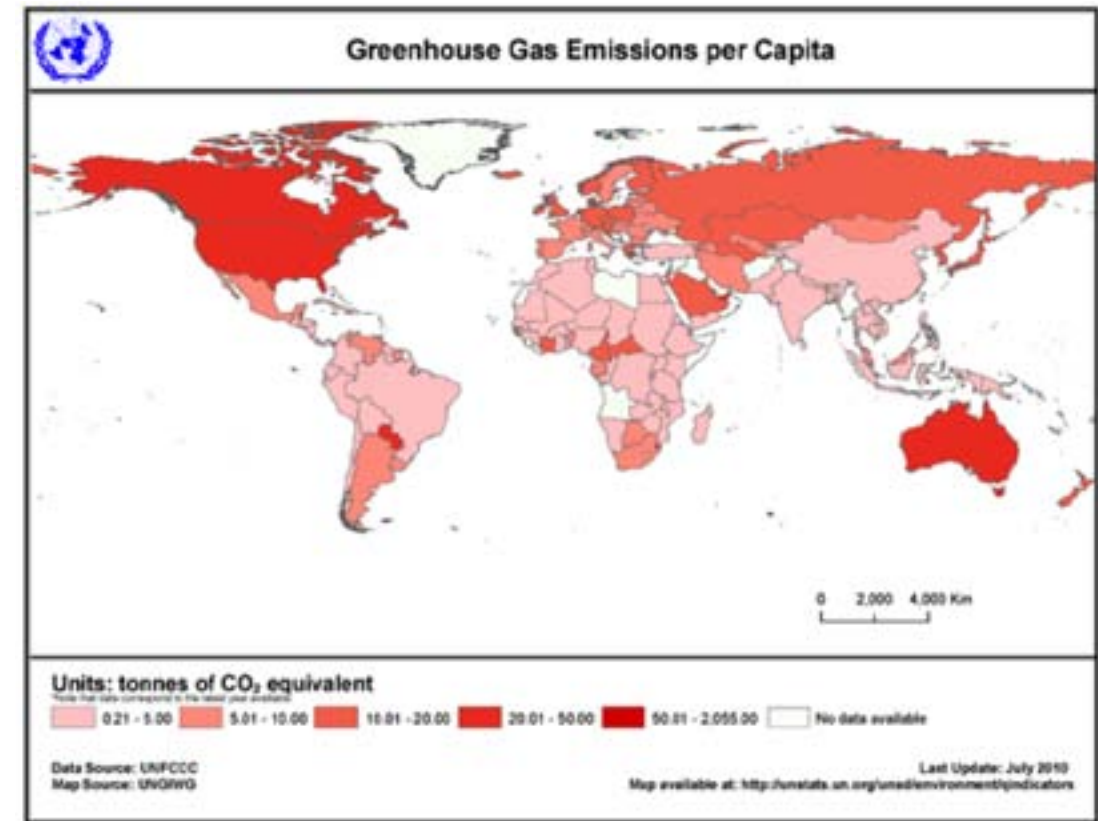
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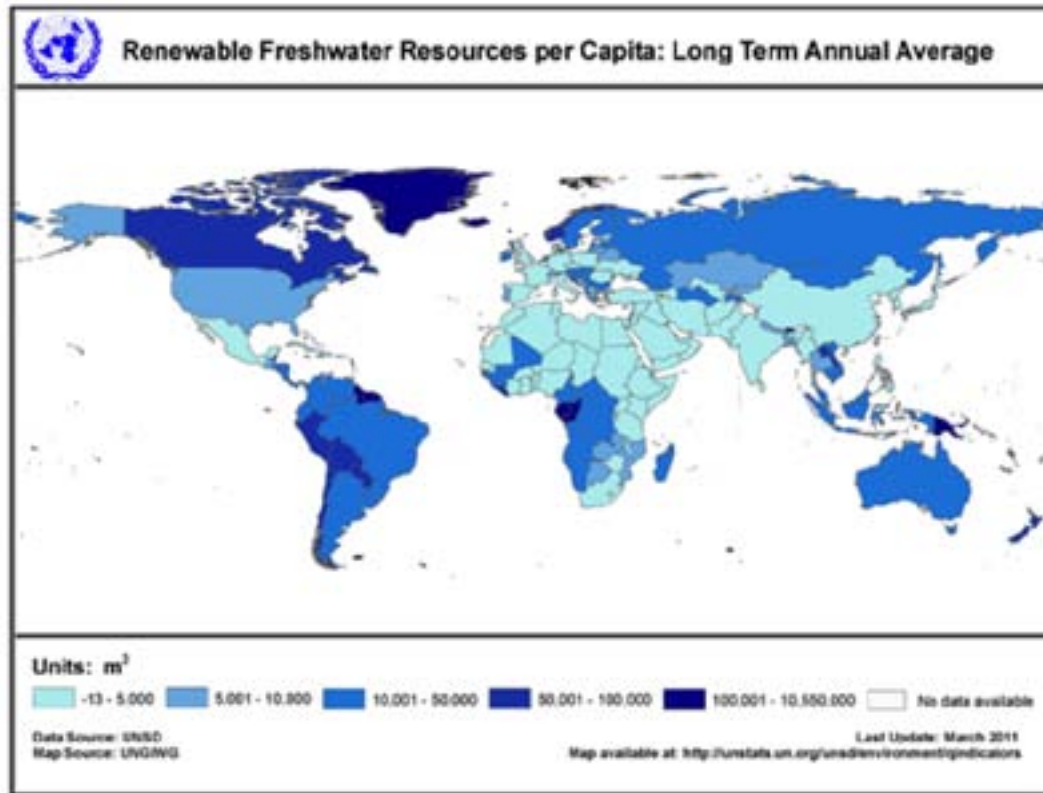
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GINI INDEX, 2009-2013



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Poverty rates for children and the total population, 2009-11

	Total population	Children <18	
Denmark	6.0	3.7	-2.3
Finland	7.3	4.4	-2.9
Norway	7.5	5.1	-2.5
Cyprus (1,2)	10.7	7.6	-3.2
Iceland	6.3	7.7	1.4
Slovenia	8.7	8.0	-0.7
Austria	7.5	8.2	0.7
Sweden	9.1	8.2	-0.9
Germany	8.8	9.1	0.3
Hungary	6.8	9.4	2.6
Korea	15.2	9.7	-5.5
United Kingdom	9.9	9.8	-0.2
Switzerland	9.5	9.8	0.3
Netherlands	7.5	9.9	2.4
Ireland	9.0	10.2	1.2
Czech Republic	5.9	10.3	4.4
France	7.9	11.0	3.1
Malta	9.4	11.2	1.8
Luxembourg	8.1	11.8	3.7
Slovak Republic	7.7	12.2	4.4
Belgium	9.4	12.3	2.9
Estonia	11.1	12.7	1.6
OECD34 average	11.2	13.2	2.0
New Zealand	10.3	13.3	3.0
Canada	11.9	14.0	2.2
Poland	11.3	14.2	2.9
Australia	14.5	15.1	0.6
Portugal	12.0	15.6	3.6
Japan	16.0	15.7	-0.4
Greece	13.0	16.0	2.9
Italy	12.1	17.3	5.2
Lithuania	15.8	19.4	3.5
Latvia	15.4	19.5	4.1
Spain	15.5	20.1	4.6
Bulgaria	15.7	20.8	5.2
United States	17.4	21.2	3.8
Chile	18.0	23.9	5.9
Mexico	20.4	24.5	4.1
Romania	16.0	24.9	8.9
Turkey	19.3	27.5	8.2
Israel (3)	20.9	28.5	7.6

Poverty thresholds are set at 50% of the median income of the entire population.

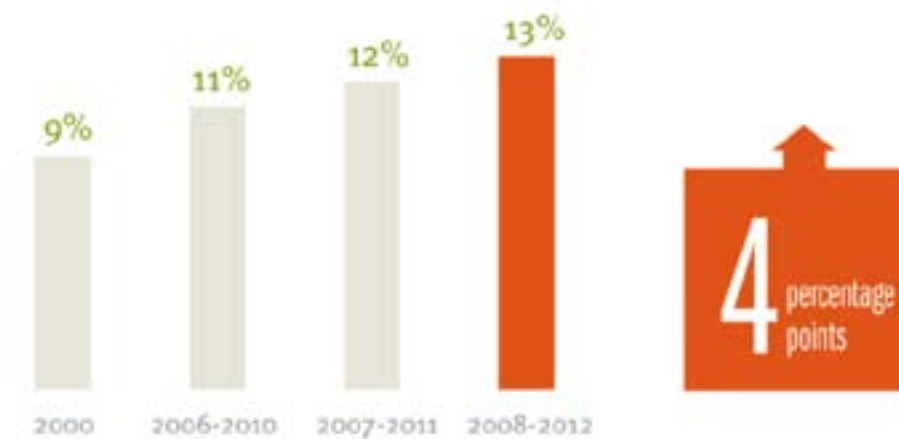
1) Footnote by Turkey: The information in this document with reference to « Cyprus » relates to the

2) Footnote by all the European Union Member States of the OECD and the European Commission:

3) The data for Israel are supplied by and under the responsibility of the relevant Israeli authorities.

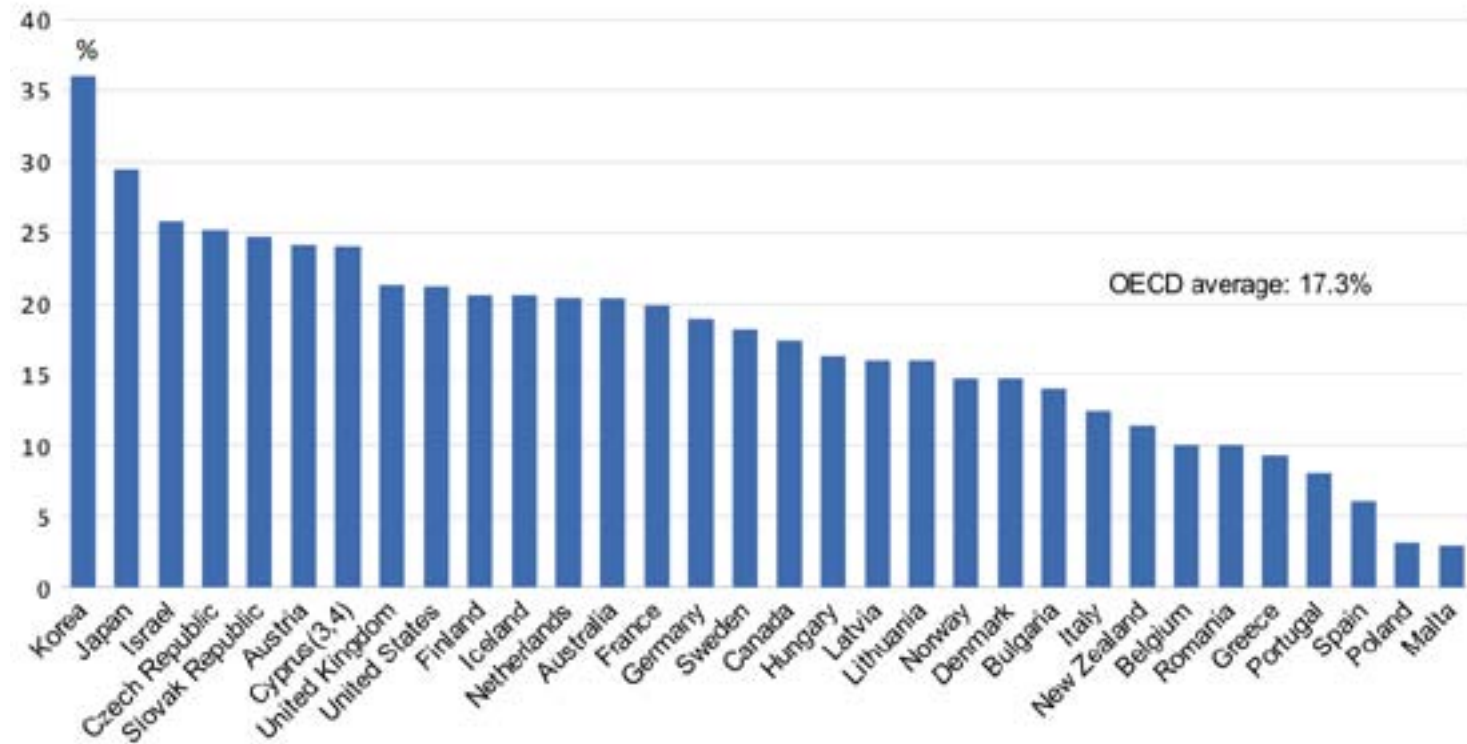
Source: OECD Income distribution questionnaire, version March 2013, for OECD countries

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GENDER GAP IN AVERAGE EARNINGS OF FULL-TIME EMPLOYEES, 2011 OR LATEST YEAR AVAILABLE



1) Data for Estonia, Cyprus, Slovak Republic, Latvia, Lithuania, Bulgaria, Luxembourg, Romania, Ireland, Slovenia and Malta refer to all employees who work at least 15 hours per week and is likely to result in comparatively lower gender gaps

2) Data refer to 2000 for Estonia; 2006 for Cyprus, the Slovak Republic, Latvia, Lithuania, Bulgaria, Luxembourg, Romania, Ireland, Slovenia and Malta and Romania, to 2010 for Austria, Finland, Australia, Germany, Sweden, Denmark, Italy, Belgium, Greece Portugal, Spain and Poland, to 2009 for Netherlands and France and to 2008 for Iceland.

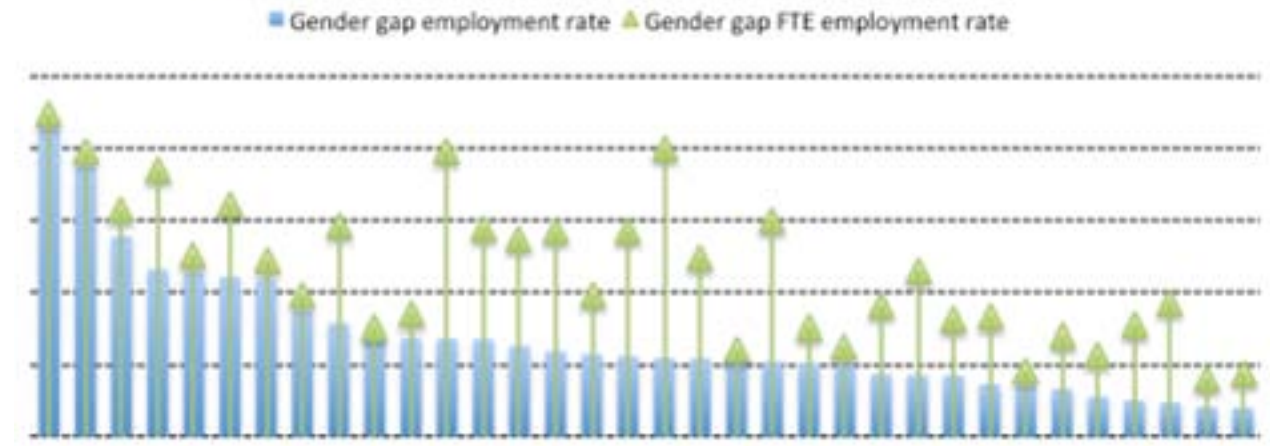
3) Footnote by Turkey: The information in this document with reference to " Cyprus " relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognizes the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of United Nations, Turkey shall preserve its position concerning the "Cyprus issue".

4) Footnote by all the European Union Member States of the OECD and the European Commission: The Republic of Cyprus is recognized by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

Source: OECD Employment Database, June 2013; and EU Survey on Income and Living Conditions and national sources, 2008

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Gender differences in full-time employment rates, 2011



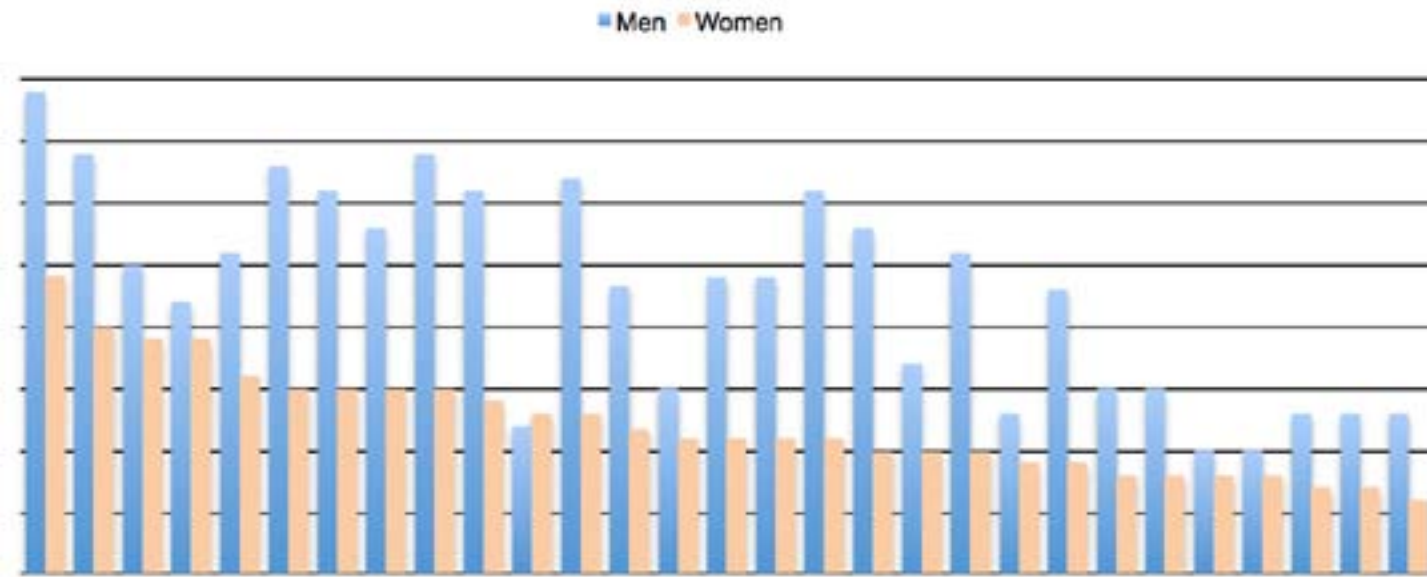
1) Full-time employees refers to persons who usually work more than 30 hours per week in their main job. Data include only persons declaring usual hours.

2) see note (3) for Chart LMF1.6.A

Source: OECD Employment Outlook, 2012

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FEMALE EMPLOYMENT IS CONCENTRATED IN A RELATIVELY LIMITED NUMBER OF OCCUPATIONS



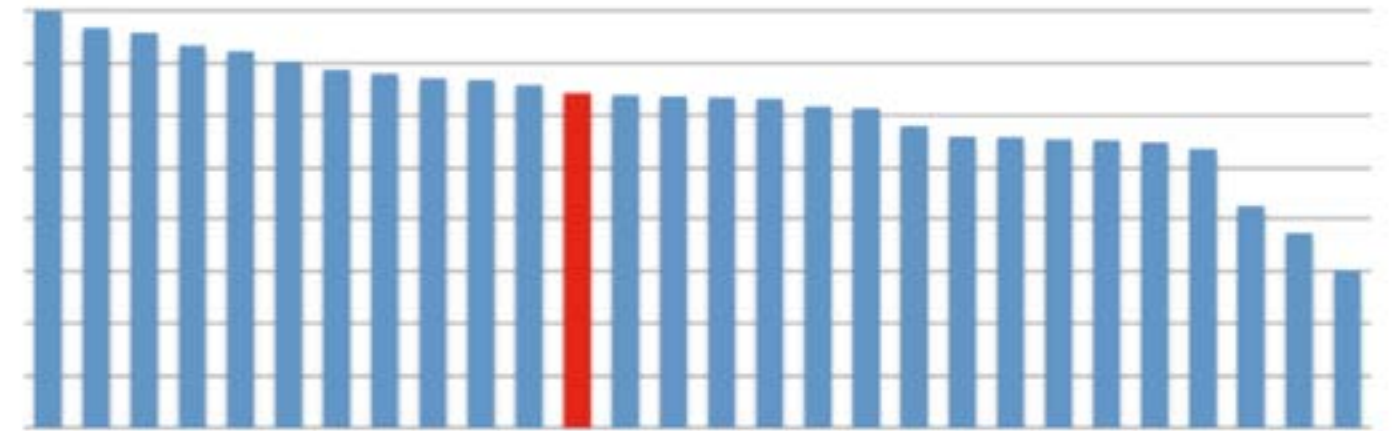
Countries are ranked by decreasing number of occupations for women.

1) 2009 for the United States
 2) and 3) see notes (4) and (5) for chart LMF1.6.A

Source: ELFS, 2007; and Current Population Survey, March 2009, for the United States.

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Proportion of women among staff with managerial responsibilities, 2007¹



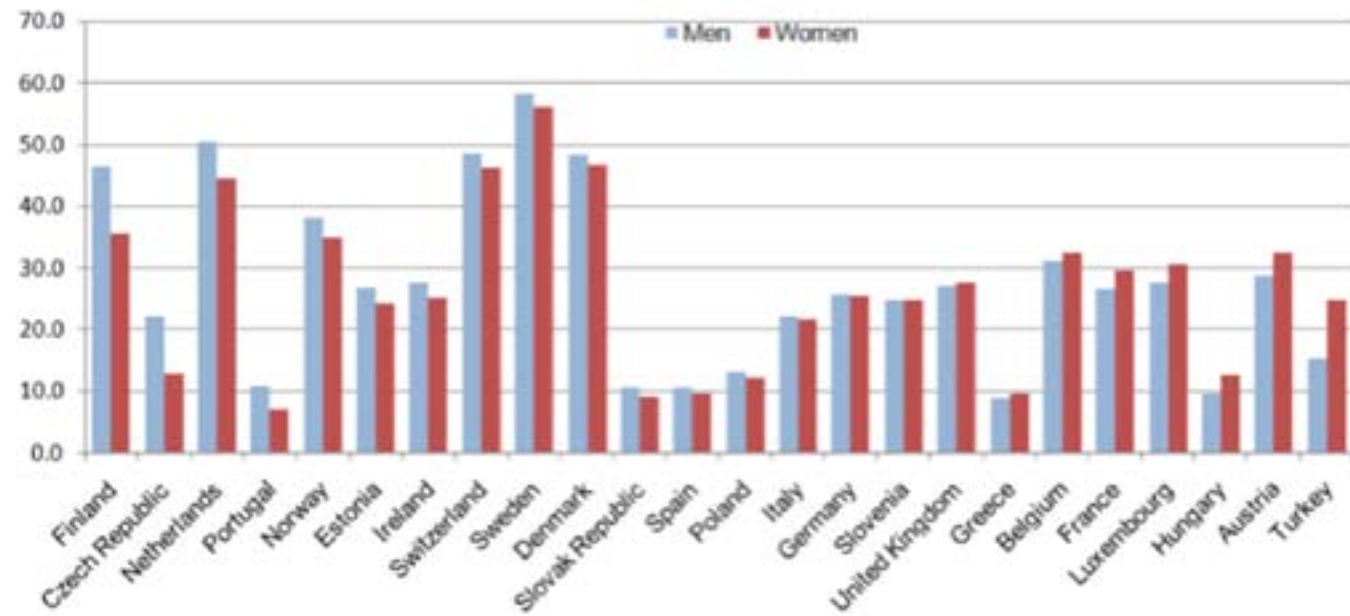
1) March 2009 for the United States
 2) and 3) see notes (1) and (2) for Chart LMF1.6.A

Source: ELFS, 2007; and Current Population Survey, March 2009, for the United States.

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Gender gaps in opportunities to change working hours, 2009

Proportion of male and female employees who can adjust and/or decide their working time



Source: Fifth European Survey on Working Conditions, 2010..

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Global Gender Gap Index Rankings, 2013

Country	Overall		Economic Participation and Opportunity		Educational Attainment		Health and Survival		Political Empowerment	
	Rank	Score	Rank	Score	Rank	Score	Rank	Score	Rank	Score
Iceland	1	0.8731	22	0.7684	1	1	97	0.9696	1	0.7544
Finland	2	0.8421	19	0.7727	1	1	1	0.9796	2	0.6162
Norway	3	0.8417	1	0.8357	1	1	93	0.9697	3	0.5616
Sweden	4	0.8129	14	0.7829	38	0.9977	69	0.9735	4	0.4976
Philippines	5	0.7832	16	0.7773	1	1	1	0.9796	10	0.376
Ireland	6	0.7823	29	0.745	34	0.9988	65	0.9737	6	0.4115
New Zealand	7	0.7799	15	0.7797	1	1	93	0.9697	12	0.3703
Denmark	8	0.7779	25	0.7639	1	1	64	0.9739	11	0.3738
Switzerland	9	0.7736	23	0.7681	66	0.9919	72	0.9733	16	0.361
Nicaragua	10	0.7715	91	0.6218	28	0.9996	55	0.9758	5	0.4889
Belgium	11	0.7684	34	0.7367	67	0.9918	47	0.9787	14	0.3664
Latvia	12	0.761	17	0.7767	1	1	1	0.9796	26	0.2875
Netherlands	13	0.7608	26	0.7592	44	0.9954	93	0.9697	22	0.3191
Germany	14	0.7583	46	0.712	86	0.9818	49	0.978	15	0.3611
Cuba	15	0.754	65	0.6736	30	0.9995	63	0.9743	13	0.3685
Lesotho	16	0.753	18	0.7756	1	1	1	0.9796	35	0.257
South Africa	17	0.751	78	0.6505	54	0.9941	102	0.9677	8	0.3919
United Kingdom	18	0.744	35	0.732	31	0.9994	92	0.9698	29	0.2747
Austria	19	0.7437	69	0.6642	1	1	47	0.9787	19	0.3318
Canada	20	0.7425	9	0.7959	1	1	49	0.978	42	0.1959
Luxembourg	21	0.741	7	0.8162	1	1	85	0.9719	51	0.1757
Burundi	22	0.7397	3	0.8307	114	0.8895	99	0.9685	31	0.2702
United States	23	0.7392	6	0.8185	1	1	33	0.9792	60	0.1593
Australia	24	0.739	13	0.7879	1	1	69	0.9735	43	0.1945
Ecuador	25	0.7389	90	0.6253	52	0.9942	55	0.9758	17	0.3604
Mozambique	26	0.7349	11	0.7897	124	0.8355	112	0.9612	18	0.3533
Bolivia	27	0.734	57	0.6841	99	0.9623	84	0.9719	23	0.3175
Lithuania	28	0.7308	21	0.7688	60	0.9928	34	0.9791	47	0.1826
Barbados	29	0.7301	10	0.7907	1	1	1	0.9796	63	0.1503
Spain	30	0.7266	76	0.6521	40	0.9971	75	0.973	27	0.2841
Costa Rica	31	0.7241	98	0.5955	1	1	62	0.9747	21	0.3263
Kazakhstan	32	0.7218	20	0.7706	69	0.9913	1	0.9796	65	0.1458
Mongolia	33	0.7204	2	0.8338	49	0.9946	1	0.9796	108	0.0734
Argentina	34	0.7195	101	0.5887	42	0.9962	1	0.9796	24	0.3136
Colombia	35	0.7171	39	0.7275	45	0.9954	34	0.9791	55	0.1662

Trinidad and Tobago	36	0.7166	47	0.7112	51	0.9944	130	0.9516	38	0.2092	Ghana	76	0.6811	24	0.7662	111	0.897	104	0.9674	95	0.0937
Panama	37	0.7164	45	0.7136	43	0.9958	61	0.9753	48	0.1811	Uruguay	77	0.6803	58	0.6833	41	0.9967	1	0.9796	116	0.0617
Slovenia	38	0.7155	43	0.7189	26	0.9999	75	0.973	54	0.1702	Kenya	78	0.6803	44	0.7146	107	0.923	102	0.9677	85	0.1157
Malawi	39	0.7139	4	0.8253	112	0.8961	101	0.9683	56	0.166	Cyprus	79	0.6801	85	0.6353	83	0.9853	91	0.9701	76	0.1298
Bahamas	40	0.7128	5	0.8244	1	1	1	0.9796	124	0.0471	Peru	80	0.6787	88	0.6278	88	0.9796	109	0.9658	69	0.1417
Cape Verde	41	0.7122	96	0.602	97	0.9663	1	0.9796	25	0.3011	Greece	81	0.6782	79	0.647	46	0.9953	65	0.9737	92	0.0969
Serbia	42	0.7116	59	0.6791	55	0.994	111	0.9642	39	0.2089	Honduras	82	0.6773	94	0.6061	35	0.9988	52	0.9762	78	0.128
Bulgaria	43	0.7097	49	0.7067	64	0.9924	34	0.9791	58	0.1606	Czech Republic	83	0.677	95	0.6039	1	1	46	0.9788	79	0.1254
Namibia	44	0.7094	53	0.698	1	1	105	0.9671	52	0.1727	Malta	84	0.6761	108	0.5655	58	0.9935	65	0.9737	53	0.1716
France	45	0.7089	67	0.669	1	1	1	0.9796	45	0.187	Botswana	85	0.6752	48	0.7108	1	1	127	0.9549	127	0.0353
Uganda	46	0.7086	37	0.7285	123	0.8425	1	0.9796	28	0.2839	Georgia	86	0.675	64	0.6741	89	0.979	126	0.9553	97	0.0915
Jamaica	47	0.7085	36	0.7317	80	0.9884	1	0.9796	74	0.1345	Hungary	87	0.6742	68	0.6677	62	0.9925	34	0.9791	120	0.0574
Guyana	48	0.7085	102	0.5885	1	1	45	0.9789	33	0.2668	Brunei Darussala	88	0.673	33	0.7372	76	0.9889	109	0.9658	135	0
Croatia	49	0.7069	61	0.6753	47	0.9951	34	0.9791	50	0.1779	Paraguay	89	0.6724	83	0.6363	61	0.9928	55	0.9758	104	0.0847
Venezuela	50	0.706	89	0.6256	33	0.9993	1	0.9796	37	0.2196	Tajikistan	90	0.6682	38	0.7284	110	0.8993	123	0.9559	100	0.0891
Portugal	51	0.7056	66	0.6726	56	0.994	83	0.9724	46	0.1834	Chile	91	0.667	112	0.5445	32	0.9993	1	0.9796	67	0.1448
Moldova	52	0.7037	32	0.7407	74	0.9907	34	0.9791	87	0.1043	Angola*	92	0.6659	92	0.6163	127	0.8062	1	0.9796	34	0.2614
Israel	53	0.7032	56	0.6915	82	0.9874	93	0.9697	57	0.1643	Bhutan*	93	0.6651	27	0.7528	116	0.8843	82	0.9725	122	0.0509
Poland	54	0.7031	73	0.6563	37	0.9983	34	0.9791	49	0.1786	Armenia	94	0.6634	82	0.6384	29	0.9995	131	0.9497	115	0.0662
Sri Lanka	55	0.7019	109	0.559	48	0.9946	1	0.9796	30	0.2744	Indonesia	95	0.6613	103	0.5881	101	0.9574	107	0.9663	75	0.1334
Madagascar	56	0.7016	51	0.7033	93	0.975	74	0.9732	61	0.1547	El Salvador	96	0.6609	114	0.5345	79	0.9886	1	0.9796	70	0.1409
Macedonia	57	0.7013	71	0.6611	75	0.9903	128	0.9533	40	0.2007	Maldives	97	0.6604	99	0.5914	1	1	112	0.9612	101	0.089
Singapore	58	0.7	12	0.7883	105	0.9409	85	0.9719	90	0.0989	Mauritius	98	0.6599	105	0.5735	72	0.9907	1	0.9796	93	0.0959
Estonia	59	0.6997	41	0.7228	59	0.9931	34	0.9791	88	0.1038	Azerbaijan	99	0.6582	72	0.6591	85	0.982	136	0.9254	114	0.0663
Lao PDR*	60	0.6993	8	0.7999	113	0.8948	106	0.9669	73	0.1355	Cameroon	100	0.656	40	0.7258	122	0.847	112	0.9612	99	0.0902
Russian Federation	61	0.6983	42	0.7204	36	0.9984	34	0.9791	94	0.0951	India	101	0.6551	124	0.4465	120	0.8574	135	0.9312	9	0.3852
Brazil	62	0.6949	74	0.6561	1	1	1	0.9796	68	0.144	Malaysia	102	0.6518	100	0.5904	73	0.9907	75	0.973	121	0.053
Kyrgyz Republic	63	0.6948	60	0.6789	77	0.9888	75	0.973	71	0.1383	Burkina Faso	103	0.6513	28	0.7467	128	0.7987	99	0.9685	98	0.0914
Ukraine	64	0.6935	30	0.7426	27	0.9998	75	0.973	119	0.0587	Cambodia	104	0.6509	77	0.6514	117	0.8811	1	0.9796	96	0.0916
Thailand	65	0.6928	50	0.7035	78	0.9888	1	0.9796	89	0.0992	Japan	105	0.6498	104	0.5841	91	0.9757	34	0.9791	118	0.0603
Tanzania	66	0.6928	70	0.6635	118	0.8779	112	0.9612	32	0.2684	Nigeria	106	0.6469	54	0.6965	126	0.8115	122	0.9607	83	0.119
Senegal	67	0.6923	81	0.6401	125	0.827	71	0.9734	20	0.3286	Belize	107	0.6449	80	0.6458	103	0.9445	1	0.9796	133	0.0099
Mexico	68	0.6917	111	0.5499	70	0.9911	1	0.9796	36	0.2463	Albania	108	0.6412	87	0.6324	92	0.9755	134	0.9313	130	0.0256
China	69	0.6908	62	0.6752	81	0.988	133	0.9398	59	0.1604	United Arab Emirates	109	0.6372	122	0.4672	1	1	112	0.9612	81	0.1206
Romania	70	0.6908	55	0.6928	50	0.9945	34	0.9791	91	0.097	Suriname	110	0.6369	119	0.4986	39	0.9973	1	0.9796	110	0.0723
Italy	71	0.6885	97	0.5973	65	0.9924	72	0.9733	44	0.1912	Korea Republic	111	0.6351	118	0.5036	100	0.9592	75	0.973	86	0.1046
Dominican Republic	72	0.6867	63	0.6751	84	0.9822	89	0.9711	84	0.1184	Bahrain	112	0.6334	117	0.5146	71	0.9911	112	0.9612	113	0.0667
Vietnam	73	0.6863	52	0.7023	95	0.9741	132	0.9441	80	0.1247	Zambia	113	0.6312	84	0.6354	121	0.8472	98	0.969	109	0.0732
Slovak Republic	74	0.6857	86	0.635	1	1	1	0.9796	77	0.1284	Guatemala	114	0.6304	113	0.5422	102	0.9522	1	0.9796	123	0.0475
Bangladesh	75	0.6848	121	0.4954	115	0.8846	124	0.9557	7	0.4036	Qatar	115	0.6299	106	0.5735	53	0.9941	129	0.9522	135	0
											Kuwait	116	0.6292	115	0.5252	57	0.9936	112	0.9612	126	0.037

Fiji	117	0.6286	120	0.4975	63	0.9925	1	0.9796	125	0.0448
Ethiopia	118	0.6198	93	0.6148	131	0.7451	68	0.9737	66	0.1457
Jordan	119	0.6093	128	0.4145	68	0.9915	90	0.9706	117	0.0607
Turkey	120	0.6081	127	0.4269	104	0.9431	59	0.9755	103	0.0868
Nepal	121	0.6053	116	0.5151	130	0.7462	112	0.9612	41	0.1989
Oman	122	0.6053	123	0.4489	94	0.9745	59	0.9755	132	0.0221
Lebanon	123	0.6028	126	0.442	87	0.9796	1	0.9796	133	0.0099
Algeria	124	0.5966	133	0.3307	106	0.9387	108	0.9661	62	0.1511
Egypt	125	0.5935	125	0.4426	108	0.9199	51	0.9768	128	0.0348
Benin	126	0.5885	31	0.7419	136	0.5127	112	0.9612	72	0.1383
Saudi Arabia	127	0.5879	134	0.3223	90	0.9761	52	0.9762	105	0.0769
Mali	128	0.5872	107	0.5668	132	0.7291	54	0.9761	106	0.0769
Morocco	129	0.5845	129	0.3949	109	0.9002	88	0.9712	111	0.072
Iran Islamic Republic	130	0.5842	130	0.3655	98	0.9653	87	0.9714	129	0.0346
Côte d'Ivoire	131	0.5814	110	0.5561	133	0.7141	1	0.9796	107	0.0758
Mauritania	132	0.581	131	0.3651	119	0.8591	1	0.9796	82	0.1201
Syria	133	0.5661	136	0.2508	96	0.9682	58	0.9756	112	0.0697
Chad	134	0.5588	75	0.6547	135	0.5311	112	0.9612	102	0.0883
Pakistan	135	0.5459	135	0.3108	129	0.7685	124	0.9557	64	0.1487
Yemen	136	0.5128	132	0.3577	134	0.698	81	0.9727	131	0.0227



VIOLENCE AGAINST WOMEN: PREVALENCE

1 in 3 women throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner



All statistics can be found in the report entitled *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*, by the World Health Organization, the London School of Hygiene & Tropical Medicine, and the South African Medical Research Council, found here: <http://www.who.int/reproductivehealth/publications/violence/09/index.html>

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VIOLENCE AGAINST WOMEN: HEALTH IMPACT

Women exposed to intimate partner violence are →

Mental Health

TWICE
as likely to experience depression

ALMOST TWICE
as likely to have alcohol use disorders

Sexual and Reproductive Health

16%
more likely to have a low birth weight baby

1.5 TIMES
more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

Death and Injury

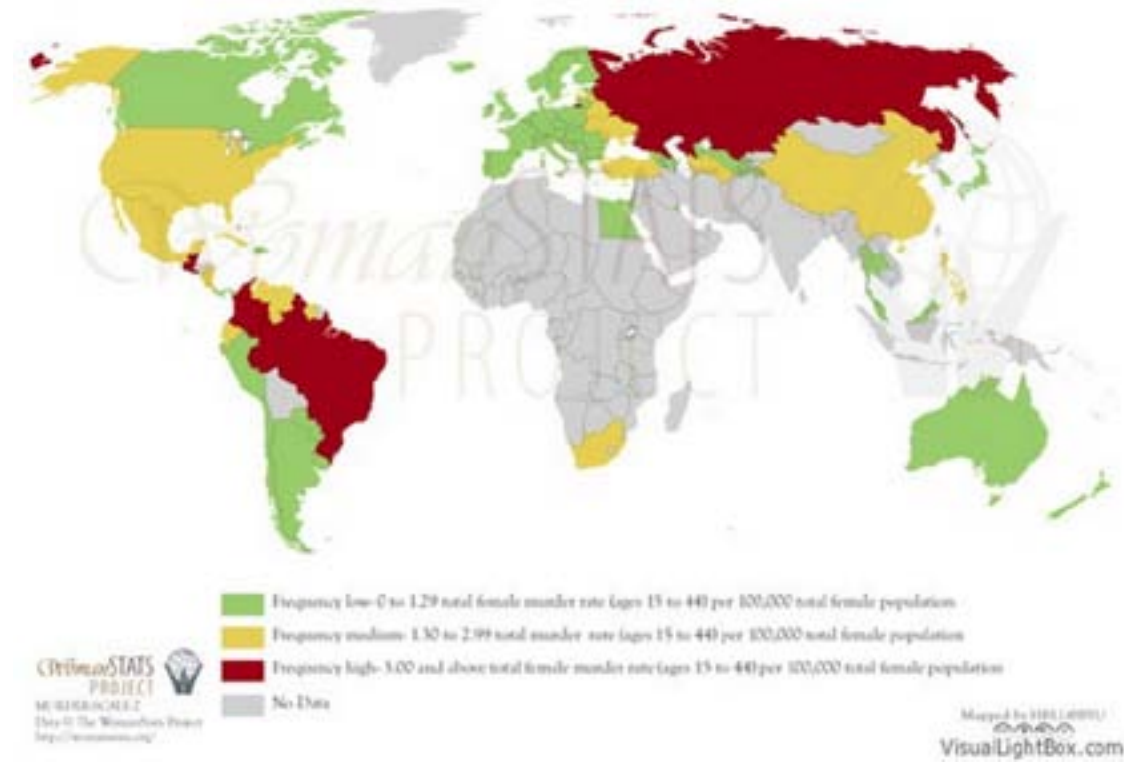
42%
of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result

38%
of all murders of women globally were reported as being committed by their intimate partners

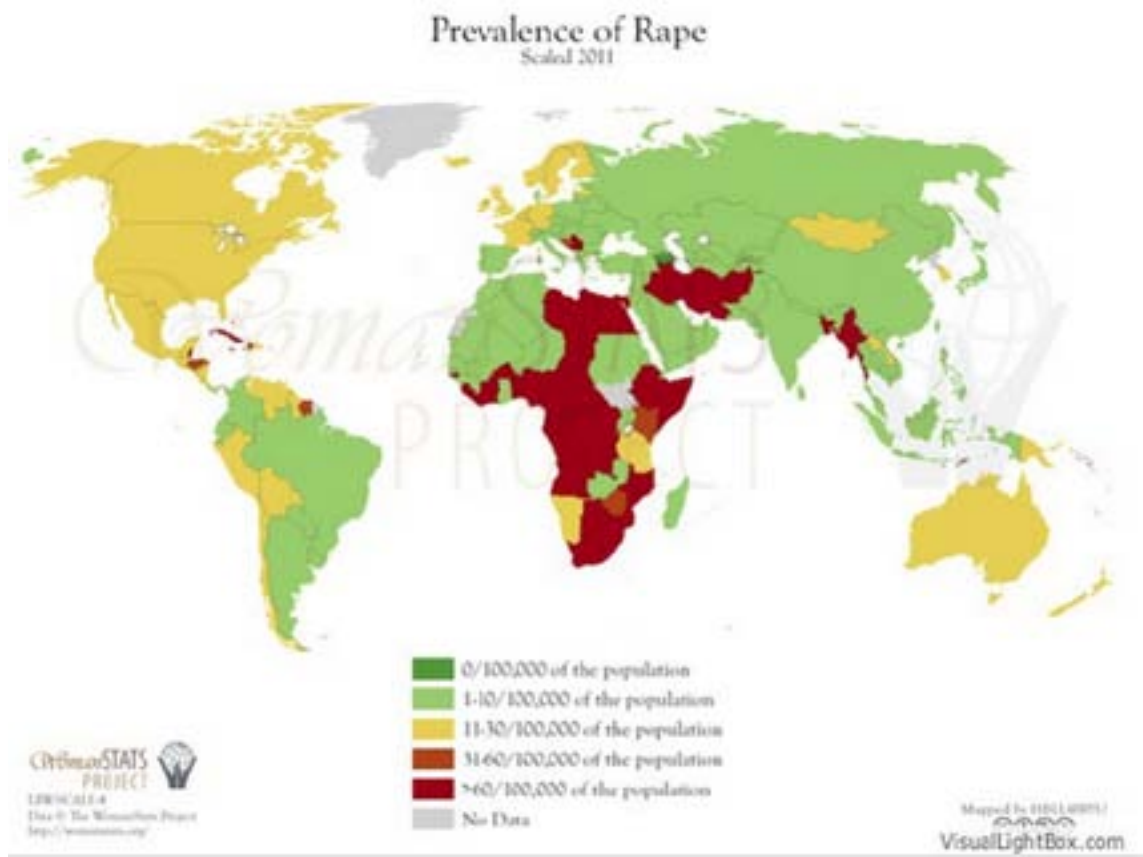
All statistics can be found in the report entitled Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence, by the World Health Organization, the London School of Hygiene & Tropical Medicine, and the South African Medical Research Council, found here: <http://www.who.int/reproductivehealth/publications/violence/en/index.html>

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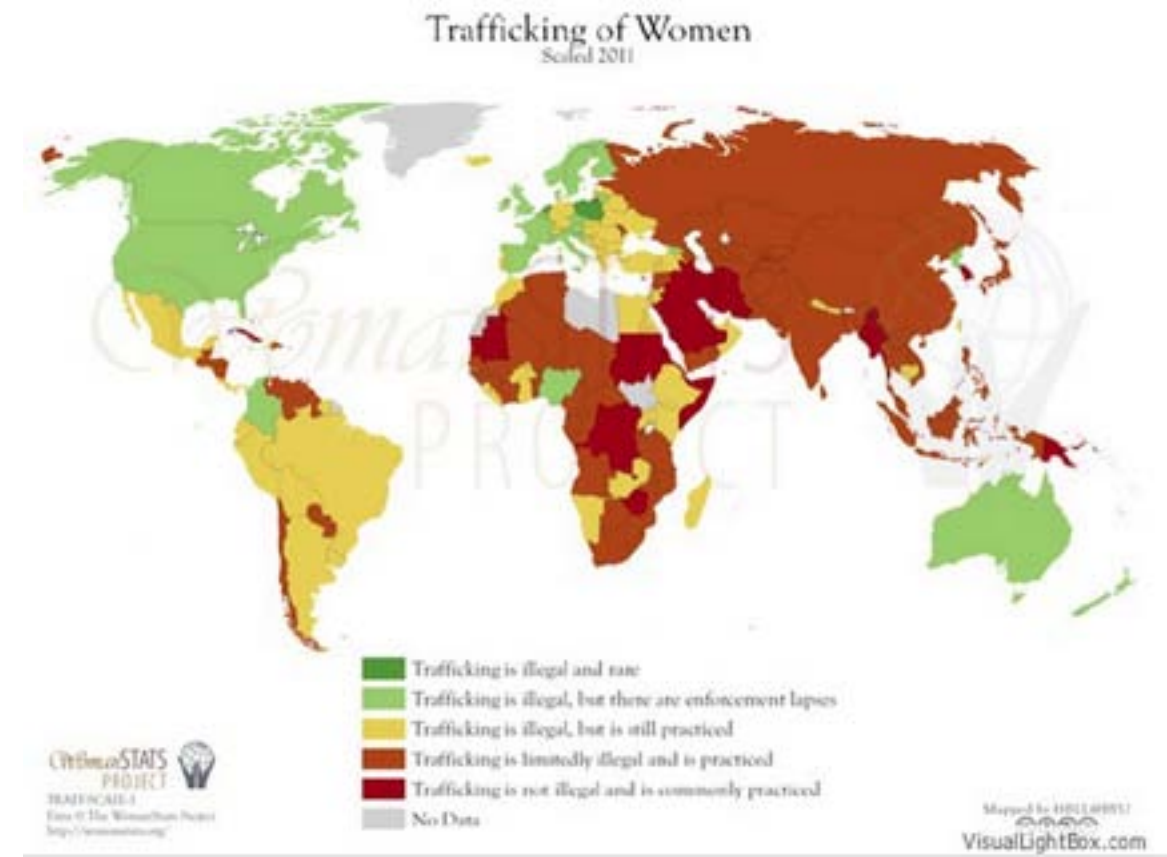
Rate of Murder of Women
Scaled 2010



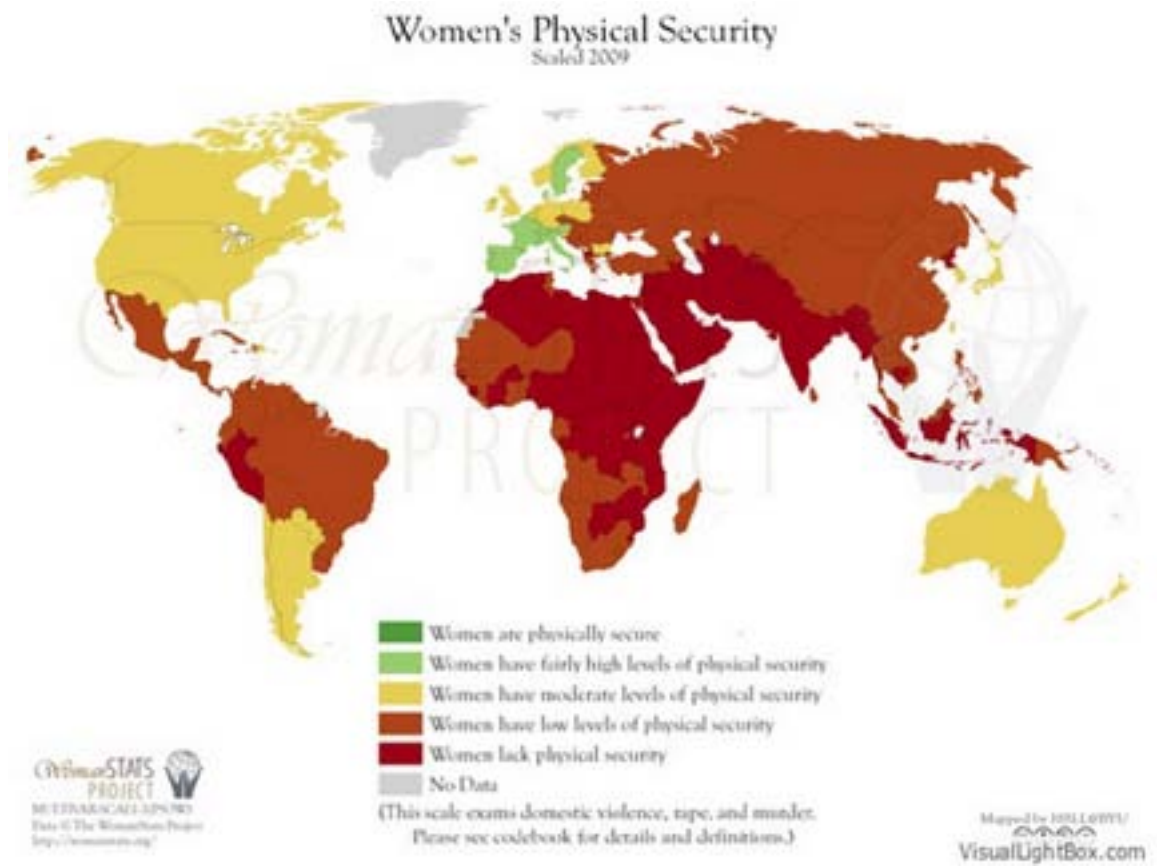
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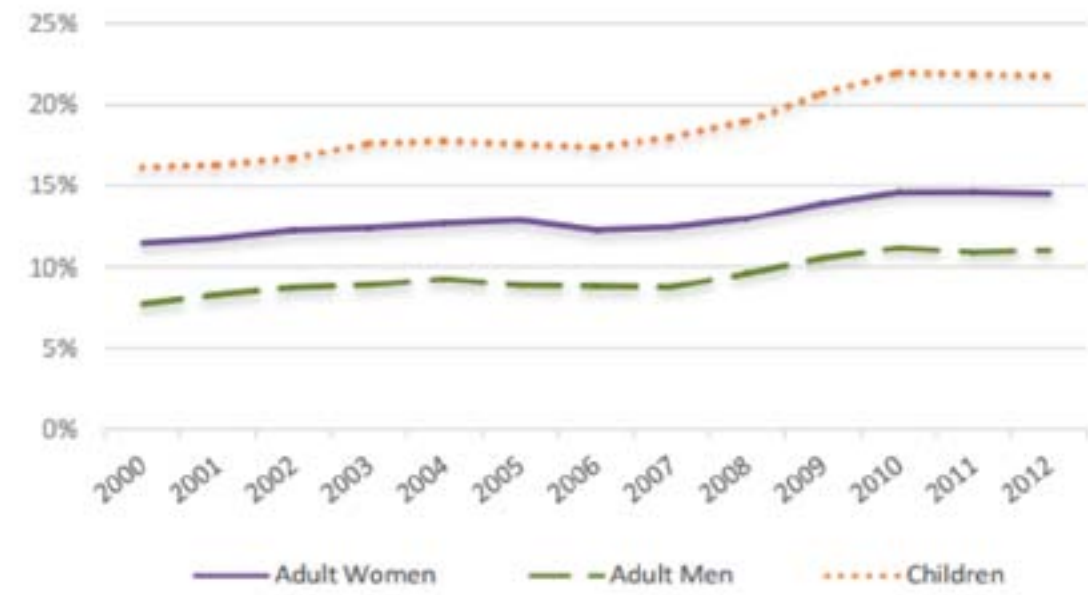


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POVERTY RATES FOR WOMEN, MEN, AND CHILDREN, 2000-2012

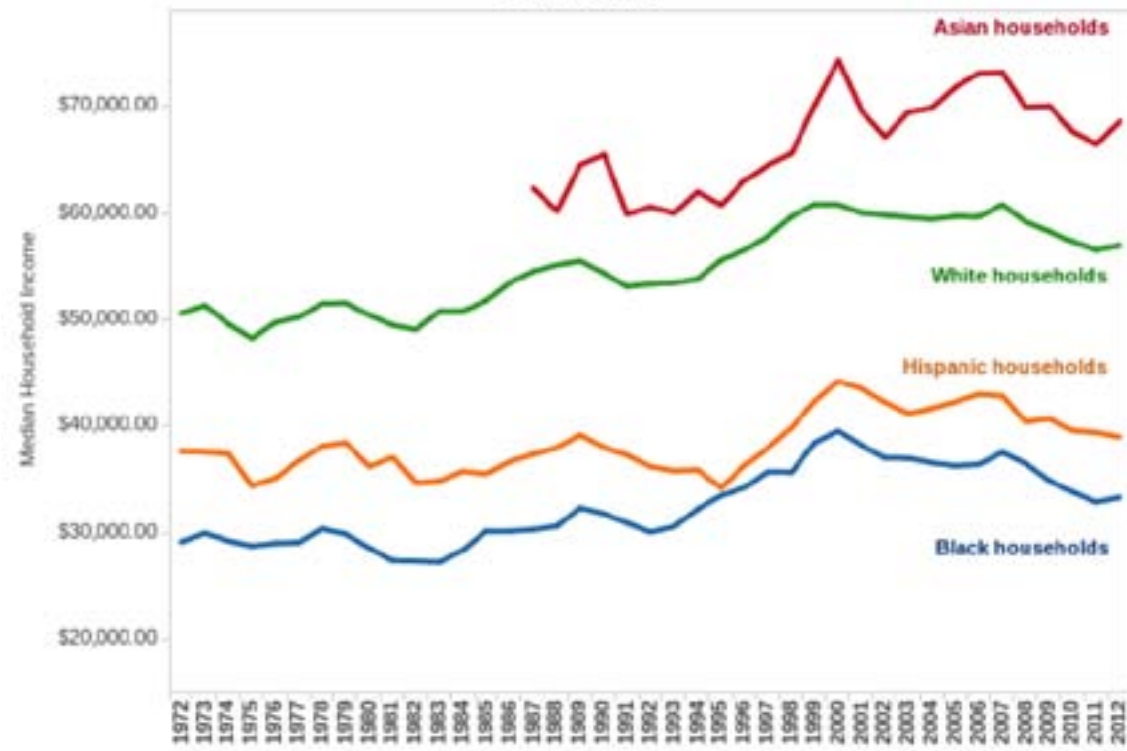


Source: Census Bureau, Current Population Survey



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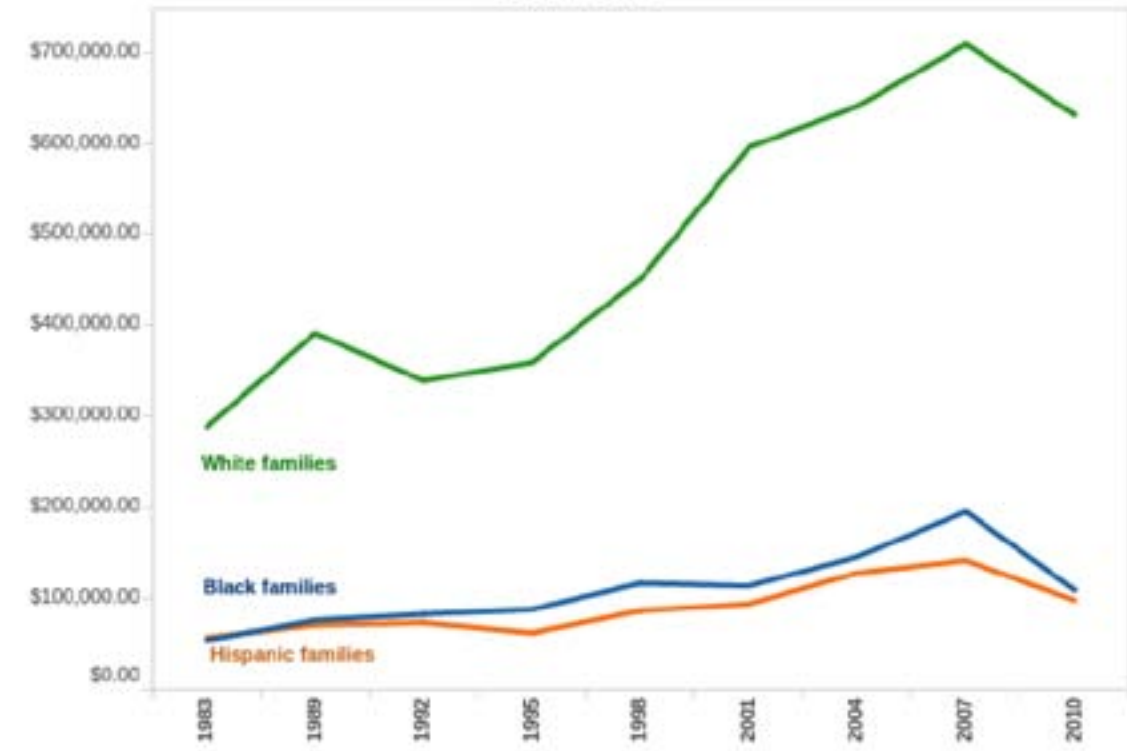
MEDIAN HOUSEHOLD INCOME, BY RACE 1972-2012



Figures from the US Census Bureau. (Chart: John Light/Moyers & Company)

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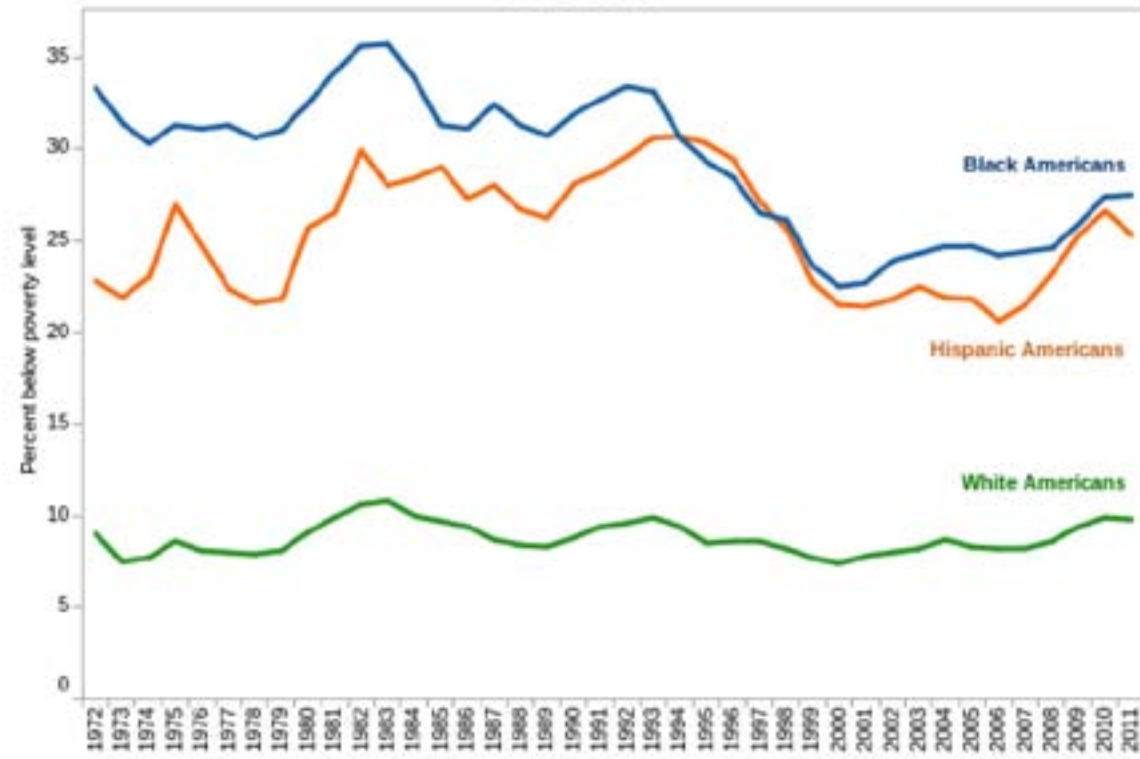
AVERAGE FAMILY WEALTH, BY RACE 1983-2010



Figures from the Urban Institute. (Chart: John Light/Moyers & Company)

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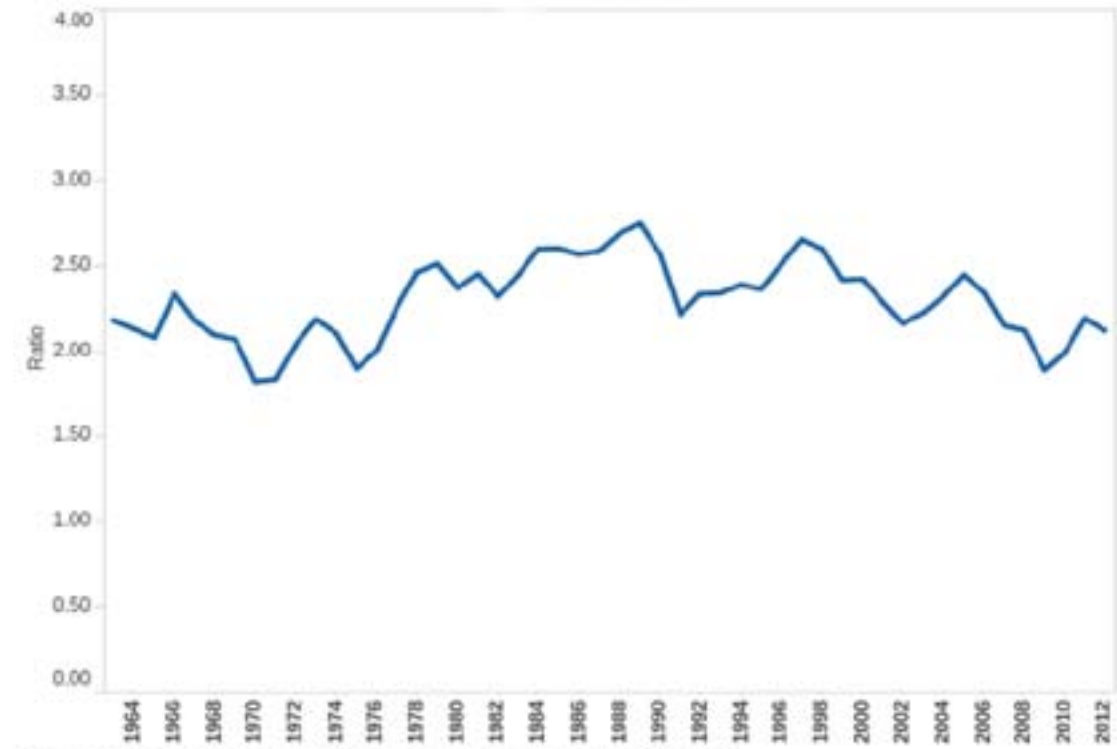
PERCENTAGE OF AMERICANS IN POVERTY, BY RACE 1972-2011



Figures from the US Census Bureau. (Chart credit: John Light/Moyers & Company.)

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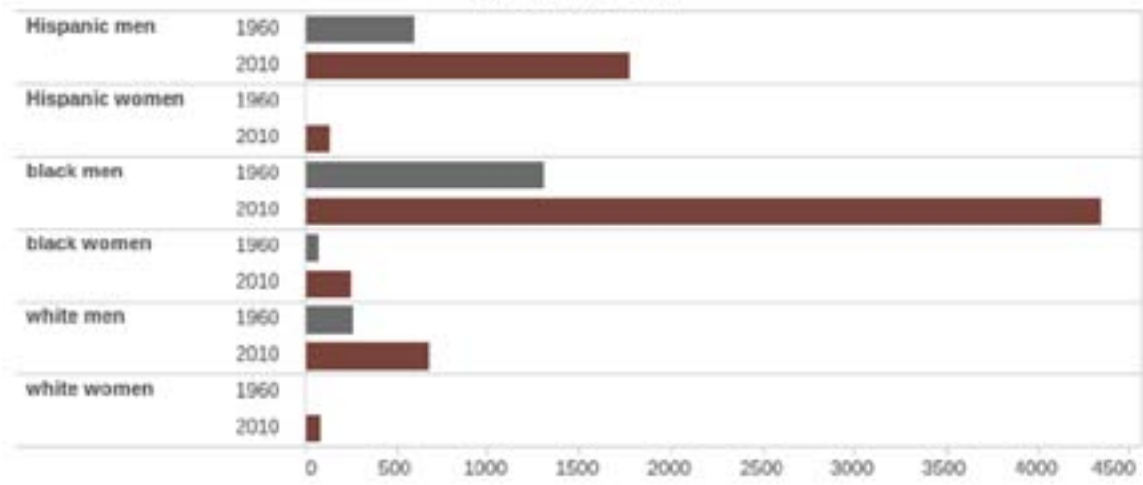
BLACK-TO-WHITE UNEMPLOYMENT RATIO 1964-2012



Figures from the Economic Policy Institute. (Chart: John Light/Moyers & Company)

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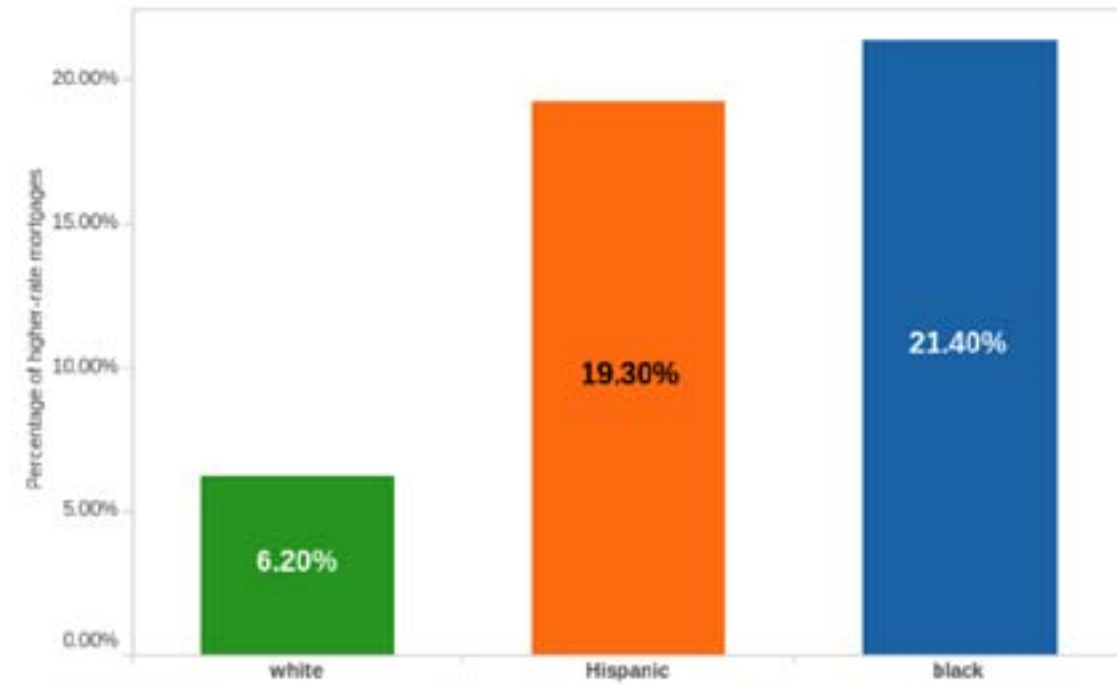
INCARCERATION RATES PER 100,000 US RESIDENTS, BY RACE 1960 and 2010



Figures from the Pew Research Center. (Chart: John Light/Moyers & Company)

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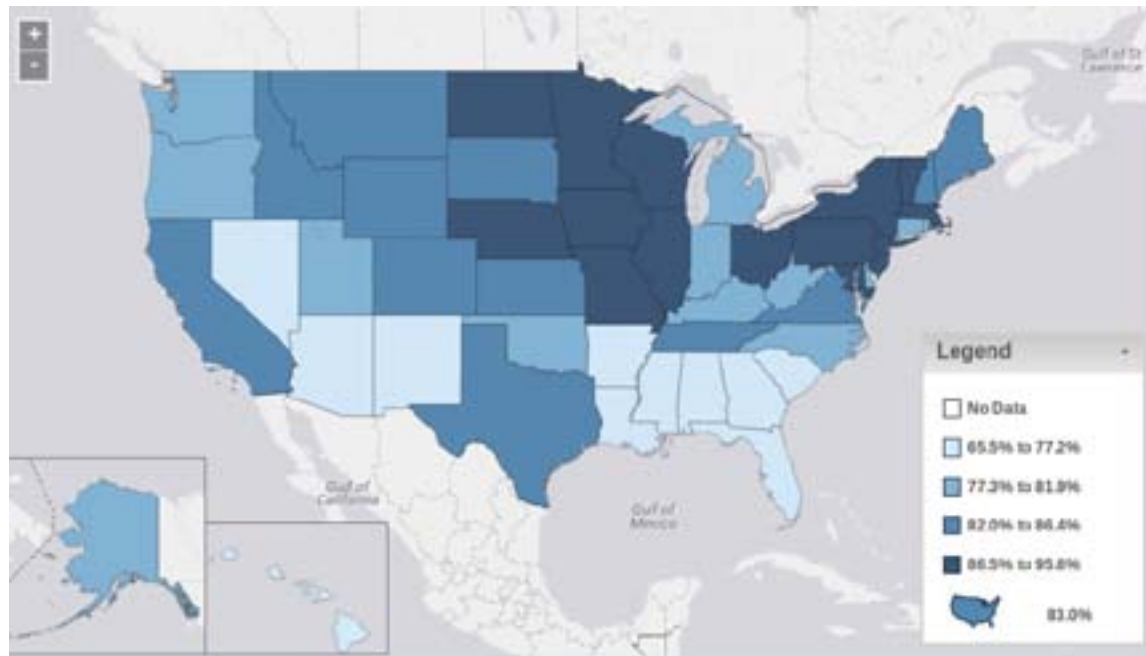
PERCENTAGE OF HIGHER-RATE MORTGAGES GIVEN TO BORROWERS WITH GOOD CREDIT, BY RACE 2004-2008



Data includes only borrowers with a FICO score of 660 or higher. Figures from the Center for Responsible Lending via the Economic Policy Institute. (Chart: John Light/Moyers & Company)

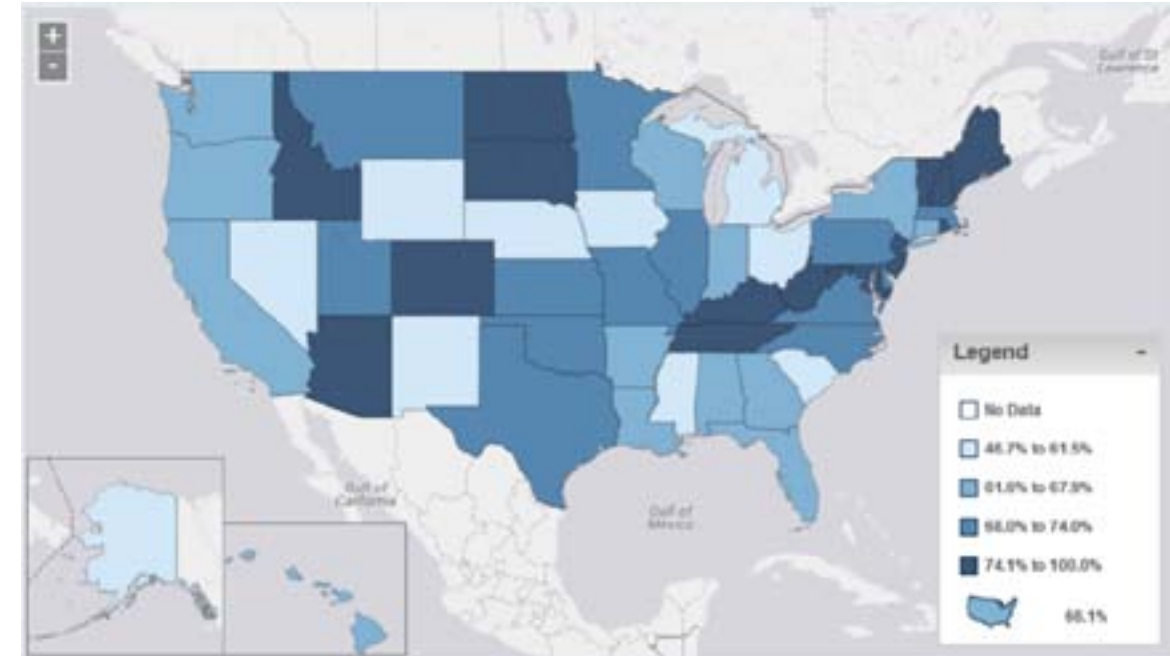
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HIGH SCHOOL GRADUATION FOR WHITES (NON-HISPANICS), UNITED STATES, 2009-2010



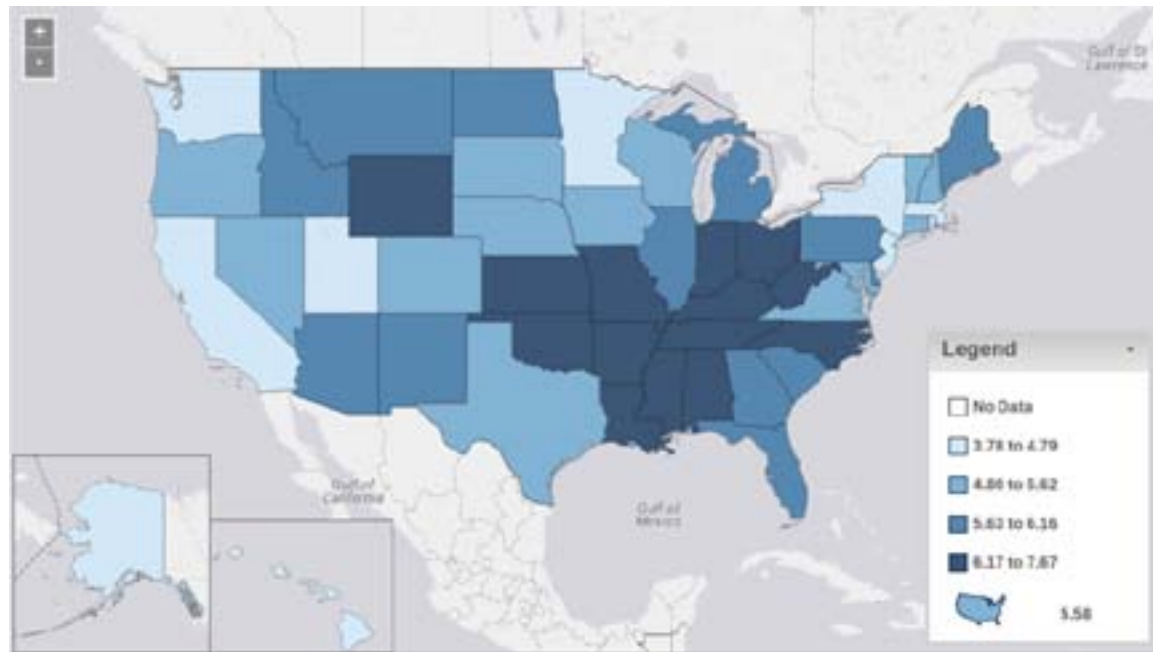
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HIGH SCHOOL GRADUATION FOR BLACKS (NON-HISPANICS), UNITED STATES, 2009-2010



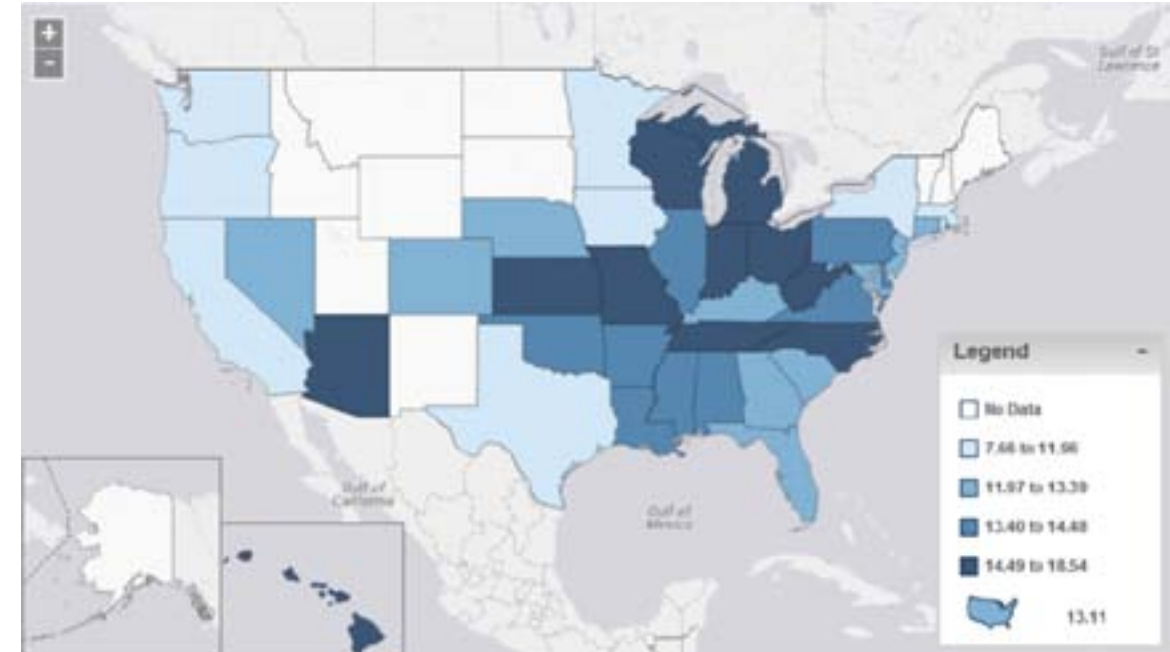
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INFANT MORTALITY FOR WHITES (NON-HISPANICS), UNITED STATES, 2006-2008



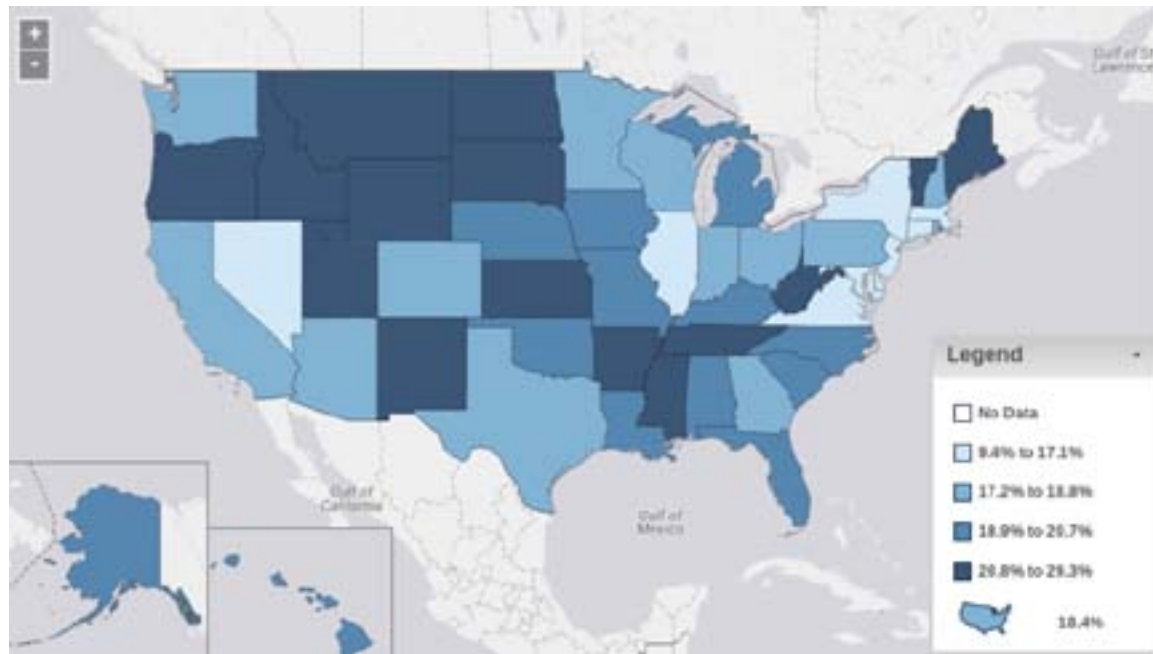
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INFANT MORTALITY FOR BLACKS (NON-HISPANICS), UNITED STATES, 2006-2008



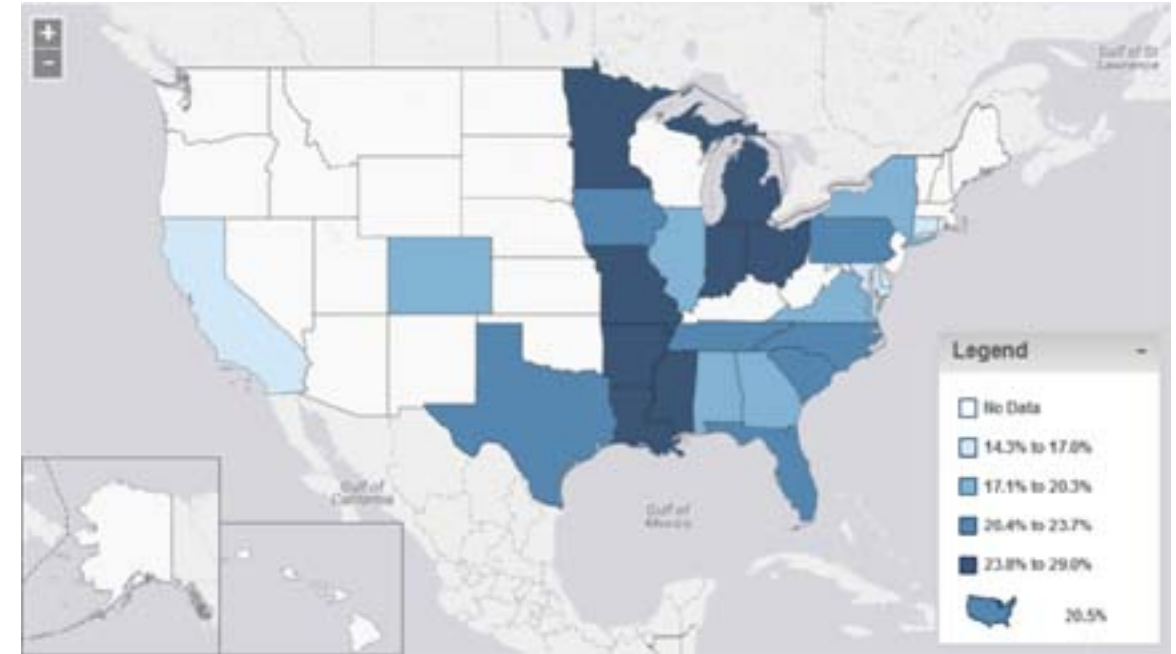
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JOB QUALITY FOR WHITES (NON-HISPANICS), UNITED STATES, 2007-2011



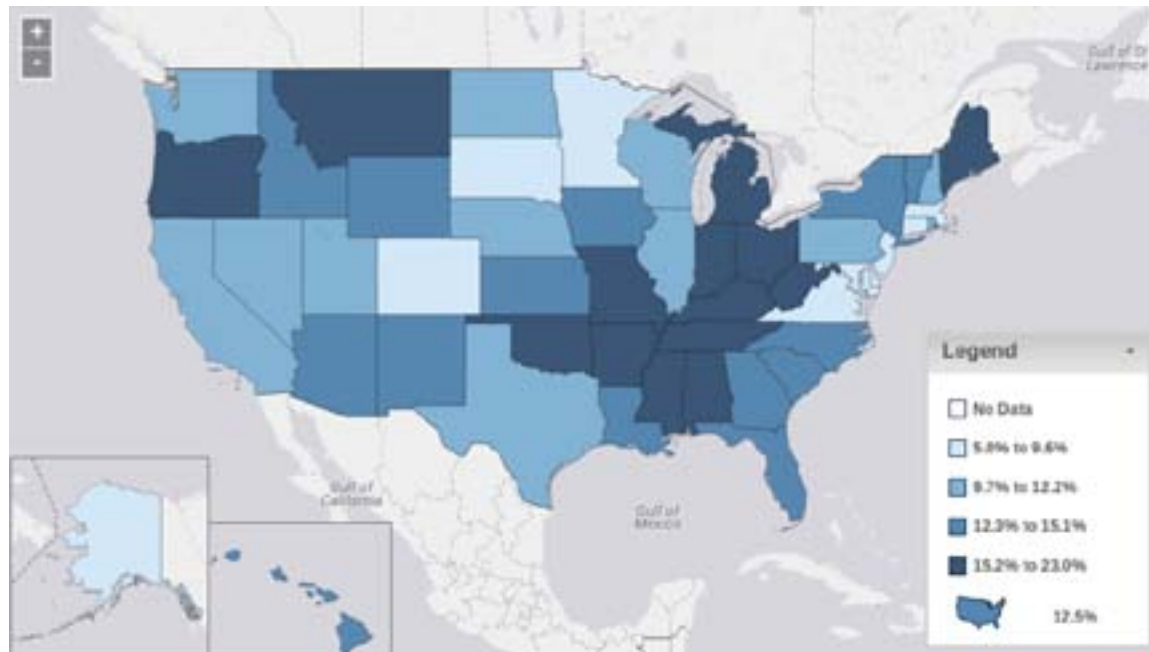
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JOB QUALITY FOR BLACKS (NON-HISPANICS), UNITED STATES, 2007-2011



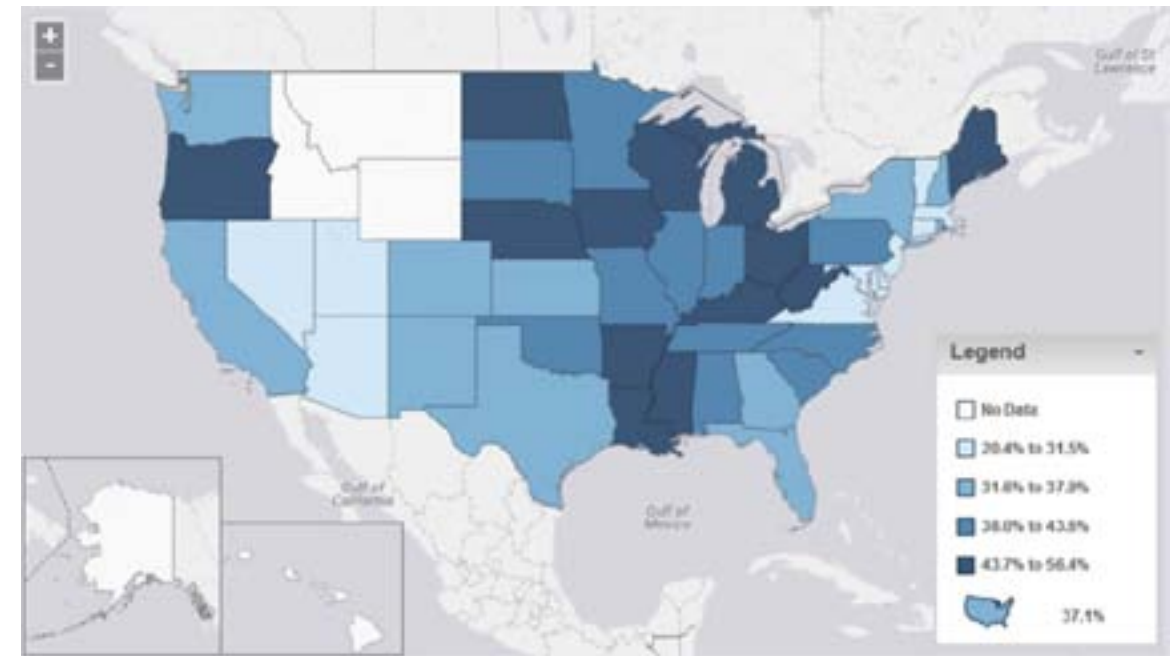
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CHILD POVERTY FOR WHITES (NON-HISPANICS), UNITED STATES, 2008-2012



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CHILD POVERTY FOR BLACKS (NON-HISPANICS), UNITED STATES, 2008-2012



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Children Living In High Poverty Areas By Race And Ethnicity

Year(s): 2008-2012 | Race: All | Data Type: Percent

Data Provided by: National KIDS COUNT

Location	Race	Data Type	2008 - 2012
United States	American Indian	Percent	28%
	Asian and Pacific Islander	Percent	7%
	Black or African American	Percent	30%
	Hispanic or Latino	Percent	23%
	Non-Hispanic White	Percent	4%
	Two or More Races	Percent	11%
	Total	Percent	13%

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Teen Births By Race And Ethnicity

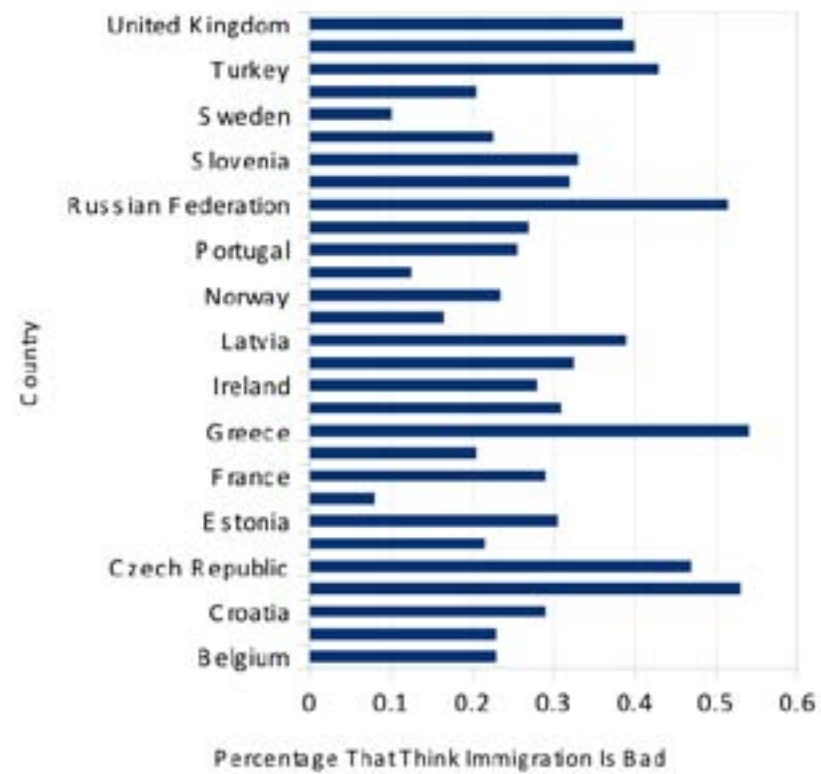
Year(s): 5 selected | Race: All | Data Type: Rate per 1,000

Data Provided by: National KIDS COUNT

Location	Race	Data Type	2004	2006	2008	2010	2012
United States	American Indian	Rate per 1,000	53	55	58	39	35
	Asian and Pacific Islander	Rate per 1,000	17	17	16	11	10
	Black or African American	Rate per 1,000	63	65	63	51	44
	Hispanic or Latino	Rate per 1,000	83	83	78	56	46
	Non-Hispanic White	Rate per 1,000	26	26	26	23	20
	Total	Rate per 1,000	41	42	41	34	29

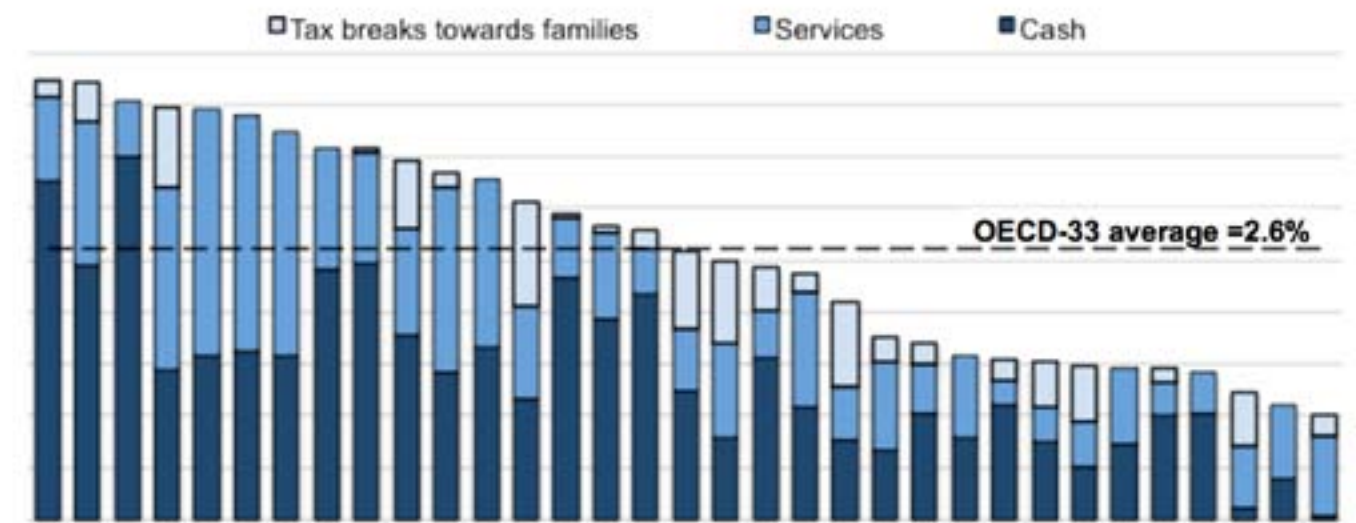
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Public Opinion That Immigration Is Bad For The Culture



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Public spending on family benefits in cash, services and tax measures, in per cent of GDP, 2009



Notes:

- Public support accounted here only concerns public support that is exclusively for families (e.g. child payments and allowances, parental leave benefits and childcare support). Spending recorded in other social policy areas as health and housing support). Spending recorded in other social policy areas as health and housing support also assists families, but not exclusively, and is not included here.
- Data missing for Turkey. Data on tax breaks towards families is not available for Greece and Hungary.

1 The data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Source: Social Expenditure Database (www.oecd.org/els/social/expenditure), December 2013

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Family Cash Benefits¹, 2011

	Maximum benefit for one child aged 3-12		Benefit amount per additional child varies with(2)		Upper age limit for children (student)	Means test on	Observations
	National currency	% of A W	Age of child	Number of children			
	[1]	[2]	[3]	[4]	[5]	[6]	[7]
Australia(3)	4,803	7	+/-	+	20 (24)	Family income.	Family tax benefit (FTB) part A to help families with cost of raising children.
	3,829	6	-	from 3rd 0	15 (18)	Income of secondary earner in a couple.	FTB part B paid to families with one main income.
Austria	2,272	6	+	+	19 (27)	No	Maximum amount comprises benefit and non-wastable tax credit. For low income families there is an extra supplement for each additional child from the 3rd.
Belgium	1,266	3	+/-	+/-	17 (24)	No	For unemployed, family benefits are increased as from 7th month of unemployment.
Canada	1,348	3	0	+	17	Family taxable income.	Canada child tax benefit (non-wastable tax credit).
(Ontario)	2,068	5	0	from 3rd -	17	Family taxable income.	National Child Benefit (NCB) supplement for low income families.
	1,100	2	0	0	17	Family taxable income.	Ontario Child Benefit
Czech Republic	7,320	3	+	0	14 (25)	Family income relative to minimum living standard.	
Denmark	13,448	4	-	0	17	No	Parents can also receive a means-tested "Green cheque" of EUR 300 per child through the tax system in respect of their first two children.
Estonia	3,600	2	0	+	15(18)	No	Payment triples for third and subsequent children.
Finland	1,200	3	0	+	16	No	
France	747	2	+	+	19	No	Family allowance: zero benefit for first child. For 2 children (under age 11) the amount per child would be EUR 747 (2% of AW).
Germany	2,208	5	0	+	18 (25)	No	Kindergeld is a non-wastable tax credit in the form of a monthly tax refund (reduces SA if there is no tax liability).
	1,680	5	--	--	--	Yes	Supplementary child allowance (kinderzuschlag) is paid to parents to

Greece	99	0	0	+/-	17 (21)	No	prevent them from having to apply for unemployment benefit II/social welfare benefits only because of the maintenance of their children. Employment condition: 50 days of work prior to the claim. In addition, the employer usually grants 5% of gross earnings to each worker for each child and 10% for the wife independently of her income status. The employer benefits are taxable.
Hungary	146,400	6	0	+	18 (22)	No	
Iceland	152,331	3	-	+	17	Allowance is reduced by a percentage of income above limit.	Basic allowance has an income limit of ISK 3 600 000 for a couple. Reduction is 3, 5 and 7% for 1, 2 and 3 children respectively.
	61,191	1	0	0	6	Means-tested along with the basic family allowance.	Supplement for children aged under 7.
Ireland	2,298	7	0	+	15 (18)	No	--
Israel	1,980	2	0	-	17	No	Increment to child allowance available for families with three or more children.
Italy(4)	1,092	4	0	+	17	Household taxable income.	Benefit is paid by employers and is only granted if at least 70% of household taxable income is employment income (or earnings replacement benefits including unemployment benefits and employment pension). A spouse is considered a dependant so a couple with no children can receive family allowance. Benefits are reduced in proportion to days not worked. Temporary additional benefit available in 2010 for children aged less than 3 years, this is not included in the modelling as it is only payable to home- and car-owners.
	800	3	-	0	17	Household taxable income.	Wastable family tax credits.
Japan	156,000	3	0	0	15	No	Supplementary child allowance available as part of SA.
Korea	--	--	--	--	--	--	--
Luxembourg	2,809	6	+	+	17 (26)	No	Maximum amount by age is reached at age 12.
Netherlands	1,114	2	+	-	17	No	Universal child benefit.
	1,242	3	+	-	17	Family taxable income.	The benefit is withdrawn at a rate of 7.6 per cent when the family's yearly taxable income exceeds EUR 28897.
New Zealand	4,487	9	+	-	18	Family income.	Family Tax Credit
Norway	11,640	2	0	0	17	No	Lone-parents receive payment for one more child than they have, as well as a

							supplement for children aged between 1 and 3.
Poland	1,092	3	+	+	17 (20)	Net income per family member.	Supplementary benefits available in specific circumstances.
Portugal	568	3	-	-	15 (23)	Family gross income (including some benefits)	Higher benefits for children aged under 1. Benefits also vary relative to family income (six levels). For first income level households, benefit amount is doubled in September for schooling expenses for children between 6 and 16.
Slovak Republic	264	3	0	0	15 (25)	No	The child allowance is provided at a uniform amount. Child tax credit is described in employment-conditional benefits table.
Slovenia	1,372	8	0	+	17(25)	Gross income	Large family allowance is paid as a lump sum payment for families with three and more children. Benefit amount is increased by 10% for lone parents.
Spain	291	1	-	0	17	Gross family income.	Not taxable.
Sweden	12,600	3	0	+	15 (19)	No	--
Switzerland (Zurich)	3,000	4	+	0	15 (24)	No	Amounts are fixed at the level of the cantons and paid by the employer. Benefits are taxable but not subject to social contributions.
Turkey	--	--	--	--	--	--	--
United Kingdom	1,056	3	0	-	15 (18)	No	Fixed rate from 2nd child.
	2,845	8	0	-	15 (18)	Gross family income.	Child Tax Credit. Withdrawn after Working Tax Credit has been exhausted where families are also eligible for the WTC.
United States(4) (Michigan)	1,068	2	0	+/-	--	Yes	Temporary Assistance for Needy Families (TANF): benefit is based on family size at the time of application rather than number of children. The benefit amounts and durations vary by State.
Additional EU countries							
Bulgaria	420	6	0	0	17 (19)	Gross per capita family income	
Latvie	96	2	0	0	14 (18)	No	--
Lithuania	624	3	-	0	18	Net family income.	Only paid till age 7 if two children or less.
Malta	1,156	6	0	+	15 (20)	Income excluding SSCs	--
Romania	1,254	5	-	-	18	Universal component and means-tested component	Means-tested component is increased if family receives SA.

1. Family benefits including non-wastable tax credits. All benefit amounts are shown on an annualised basis. "--" indicates that no information is available or not applicable. In general family benefits are not taxable unless otherwise indicated.
2. "+": increases, "-": decreases, "0": remains the same, "+/-": increases or decreases (some countries give higher rates to the youngest and oldest age groups).
3. See also the Parenting Payment in lone-parents benefits table.
4. Benefit amount for the first child is calculated as the difference in benefit between a 3-member and a 2-member household.
5. Benefit amount for a household with no declared income. Benefit amount as 6% (1 child percentage) of household income limit LM 10 270.

6. Footnote by Turkey: The information in this document with reference to « Cyprus » relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognizes the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of United Nations, Turkey shall preserve its position concerning the "Cyprus issue".

7. Footnote by all the European Union Member States of the OECD and the European Commission: The Republic of Cyprus is recognized by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus. 8. The data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Source: Source: OECD Benefits and wages database 2013

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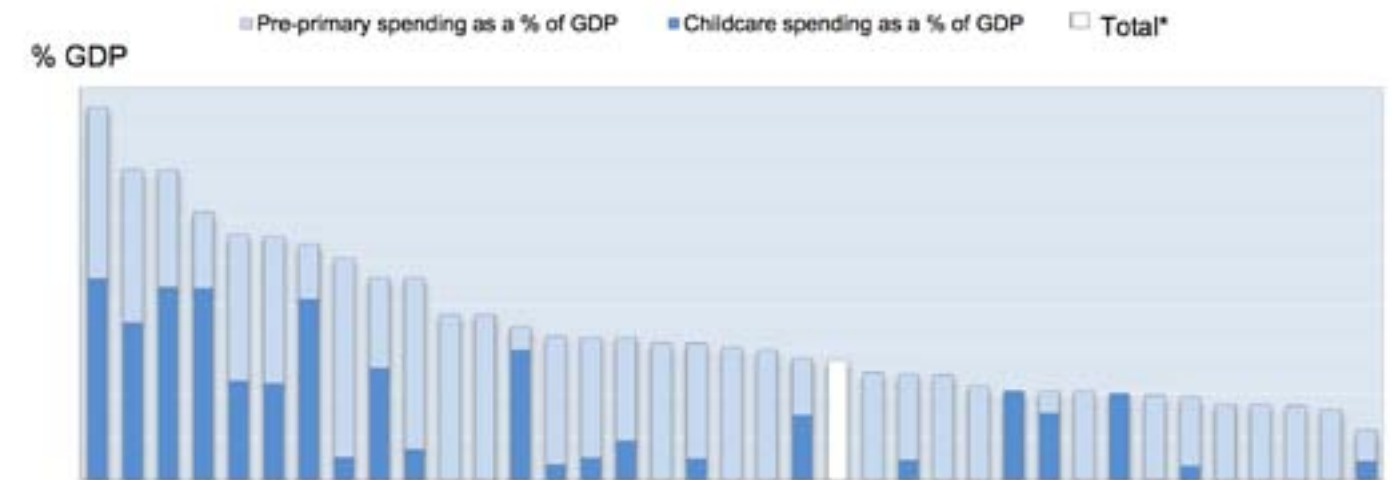
Public social expenditure by age group, 2009
Proportion of total spending per child

Age group	Early childhood	Middle childhood	Late childhood
Iceland	36.8	33.5	29.7
Hungary	34.1	32.3	33.6
Czech Republic	34.1	28.2	37.7
France	30.4	30.1	39.5
Finland	30.2	29.7	40.1
Slovak Republic	30.2	35.1	34.7
Germany	29.7	33.2	37.2
Australia	29.5	33.3	37.2
Norway	29.3	34.1	36.6
Estonia	29.2	31.4	39.5
Slovenia	29.0	37.0	34.0
Sweden	27.9	35.5	36.7
United Kingdom	27.6	35.1	37.3
Luxembourg	27.1	33.4	39.5
Chile	26.0	38	36
New Zealand	26.0	34.7	39.3
Netherlands	24.8	32.4	42.8
Denmark	24.5	39.7	35.8
Italy	24.1	37.6	38.3
Spain	23.1	34.1	42.8
Ireland	22.4	34.9	42.7
Israel	22.0	39.6	38.4
Belgium	21.7	31.8	46.6
Greece	21.5	35.7	42.7
Austria	20.5	37.6	42.0
Mexico	20.4	42.9	36.7
Korea	19.1	40.3	40.6
Portugal	18.7	34.4	46.9
Poland	16.6	41.5	42.0
Japan	15.0	42.8	42.1
United States	12.0	41.9	46.1
Switzerland	11.1	40.6	48.3

Note: Data missing for Canada and Turkey.
Source: OECD Social Expenditure Database and OECD Education database.

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Public expenditure on childcare and early education services, per cent of GDP, 2009
Public spending on childcare and pre-primary education



* For Spain only aggregate spending data are presented.

1) Footnote by Turkey: The information in this document with reference to « Cyprus » relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognizes the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of United Nations, Turkey shall preserve its position concerning the "Cyprus issue".

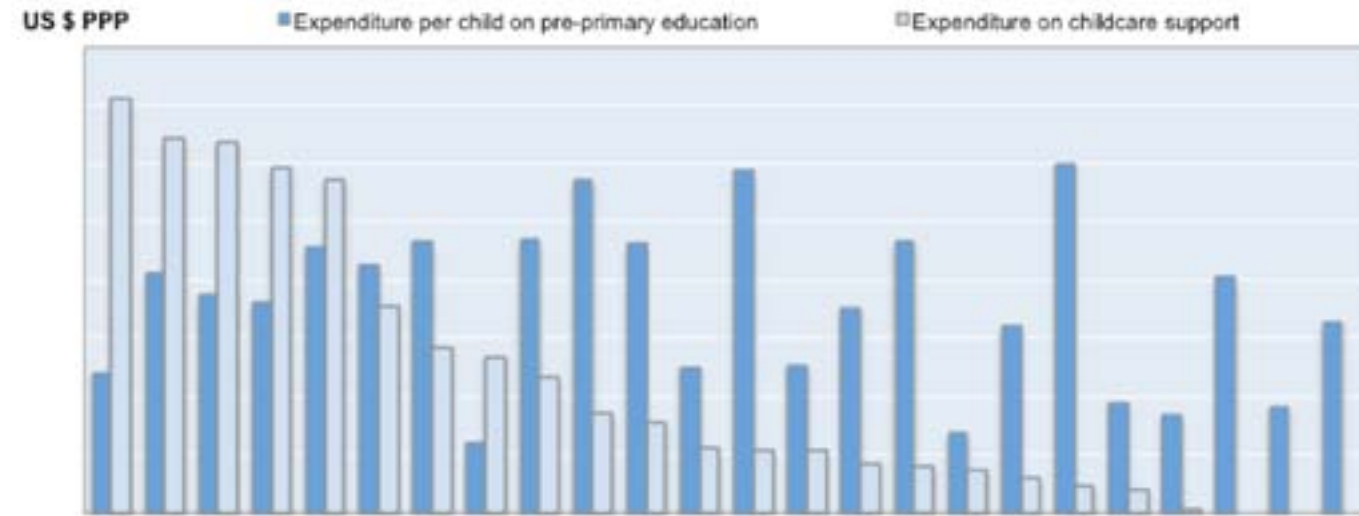
2) Footnote by all the European Union Member States of the OECD and the European Commission: The Republic of Cyprus is recognized by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

3) The data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Source: Social Expenditure database 2012; OECD Education database 2012; Eurostat for EU-countries outside the OECD.

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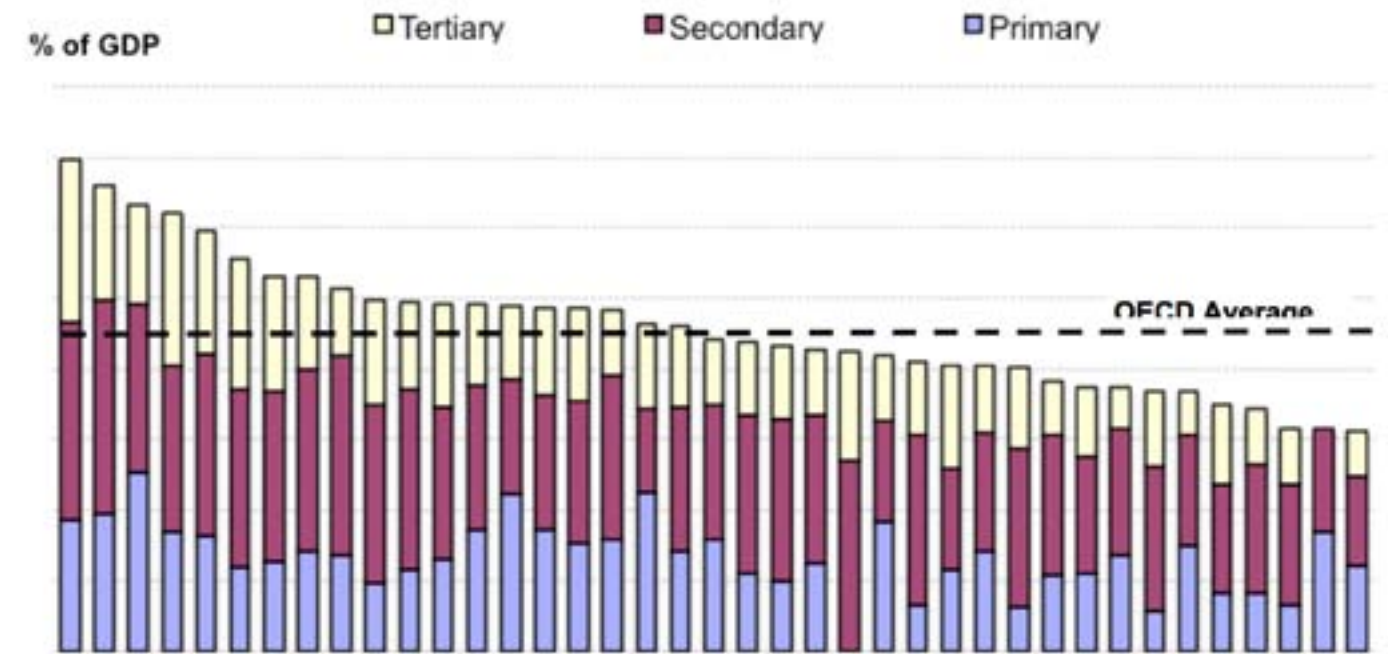
Public expenditure on childcare and pre-school, per child, 2008
Expenditure per child on childcare and pre-primary education in US\$ (PPP converted)



Source: Social Expenditure database 1980-2007; OECD Education database; and, US Department of Health and Human Services.

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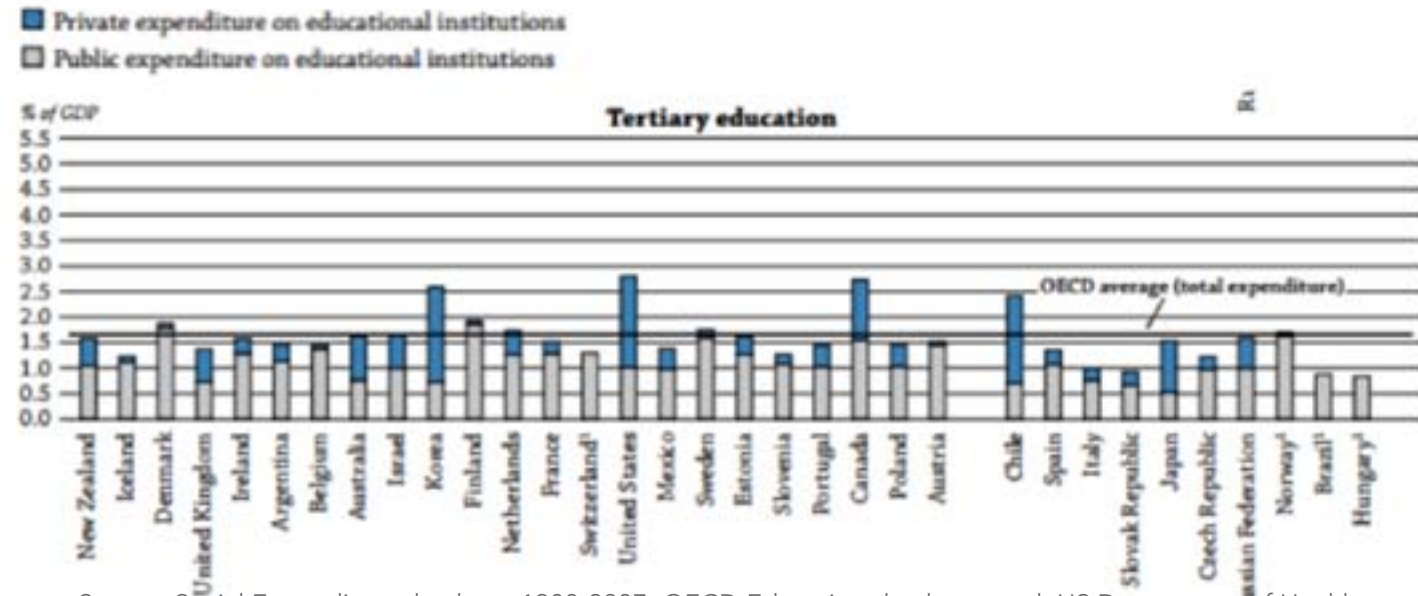
Public Expenditure on Education by level, per cent of GDP, 2009



Countries ranked in descending order of total spending on education as a percentage of GDP
 Notes: Data for Canada on primary education and data for Luxembourg on tertiary education is unavailable.
 1. Data refers to 2005 for Canada and Greece.
 2. Footnote by Turkey: The information in this document with reference to « Cyprus » relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognizes the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of United Nations, Turkey shall preserve its position concerning the "Cyprus issue".
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 4. The data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.
 Source: OECD Education Database, 2013, and Eurostat Education Database, 2013.

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Expenditure on educational institutions as a percentage of GDP (2010) From public and private sources, by level of education and source of funds



Source: Social Expenditure database 1980-2007; OECD Education database; and, US Department of Health and Human Services.

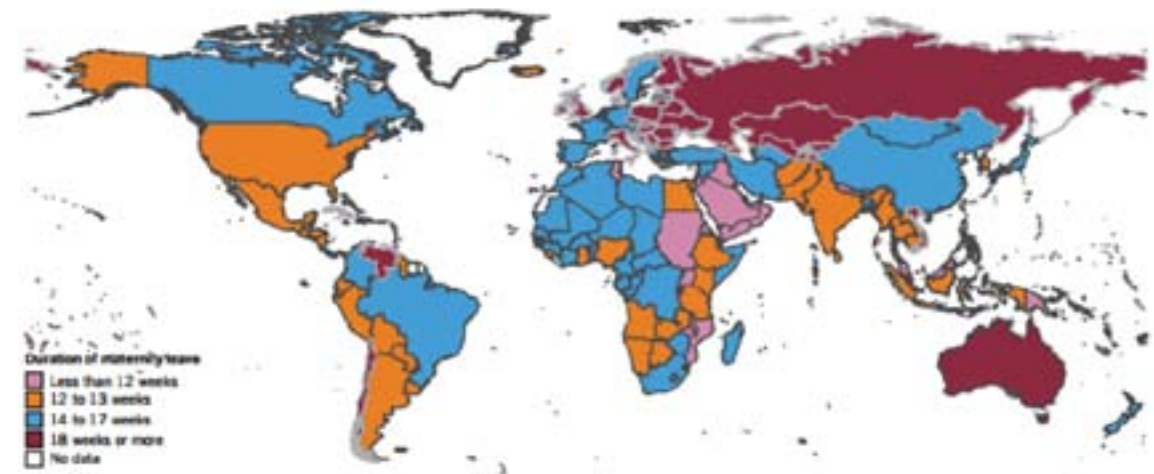
1. Public expenditure only (for Switzerland, in tertiary education only; for Norway, in primary, secondary and post-secondary non-tertiary education only). Countries are ranked in descending order of expenditure from both public and private sources on educational institutions in primary, secondary and post-secondary non-tertiary education.

Source: OECD. Argentina: UNESCO Institute for Statistics (World Education Indicators Programme). Table B2.3. See Annex 3 for notes (www.oecd.org/edu/eag.htm).

StatLink <http://dx.doi.org/10.1787/888932844899>

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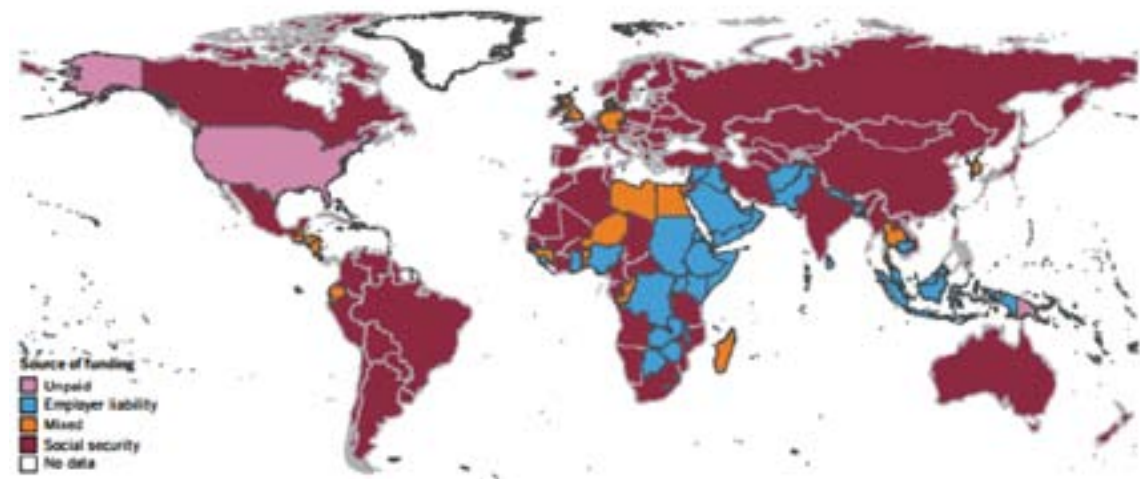
Map 1. Statutory duration of maternity leave, 2013 (185 countries and territories)



Source: ILO Working Conditions Laws Database – Maternity Protection, 2013. Available at: <http://www.ilo.org/travdatabase>.

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Map 2. Source of funding of maternity leave cash benefits, 2013 (185 countries and territories)



Source: ILO Working Conditions Laws Database – Maternity Protection, 2013. Available at: <http://www.ilo.org/travdatabase>.

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Statutory and collectively agreed annual leave, 2007

	Days of paid annual leave		
	Statutory minimum ¹	Collectively agreed (Avg.)	Public holidays ²
Australia	20	..	8 to 10
Austria	25	25	10
Belgium	20	..	8
Bulgaria	20	24	10
Canada ¹	10 to 20	..	10
Czech Republic	20	25	8
Cyprus ^{2,3}	20	20	15
Denmark	25	30	9
Estonia	20	20	10
Finland	20	25	10
France	25	25	11
Germany	20	30	9
Greece	20	23	10
Hungary	20	..	6
Iceland			
Ireland	20	..	9
Japan ¹	10 to 20	..	15
Italy	20	28	10
Korea ¹	8 to 20	..	14
Latvia	20	..	11
Lithuania	20	..	12
Luxembourg	25	28	10
Malta	24	..	14
Netherlands	20	25.6	8
New Zealand	(15) 20 ³	..	11
Norway	21	25	8
Poland	20	..	11
Portugal	22	24.5	12
Romania	20	21	7
Slovak Republic	20	21.1	12
Slovenia	20	..	16
Spain	22	..	11
Sweden	25	33	9
Switzerland ¹	20 to 25	..	8
Turkey
UK	24	24.6	8
US	0	..	10

Countries ranked in descending order of total spending on education as a percentage of GDP

Notes: Data for Canada on primary education and data for Luxembourg on tertiary education is unavailable.

1. Data refers to 2005 for Canada and Greece.

2. Footnote by Turkey: The information in this document with reference to « Cyprus » relates to the southern

2 Footnote by Turkey: The information in this document with reference to "Cyprus" relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognizes the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of United Nations, Turkey shall preserve its position concerning the "Cyprus issue".

3 Footnote by all the European Union Member States of the OECD and the European Commission: The Republic of Cyprus is recognized by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

4 20 days from 1 April 2007 onwards (beforehand 15 days).

5. For federal countries, this is subject to variation across Cantons/Provinces and States. Typically, these jurisdictions recognize one or two additional public holidays, but in the Canadian province of Newfoundland there are six additional public holidays.

Sources: For EU countries EIROnline, Working time developments – 2007; and, OECD (2007), Babies and Bosses for other countries.

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Employers' provision of childcare/other domestic support
Proportion of companies offering services¹

	Companies offer childcare and/or other service support		Companies offer childcare and/or other service support	
	With employees on parental leave	With no employees on parental leave	With employees on parental leave	With no employees on parental leave
Austria	6	7	Ireland	5
Belgium	3	3	Italy	2
Czech Republic	3	3	Luxembourg	9
Cyprus (2,3)	4	3	Netherlands	41
Denmark	5	4	Poland	3
Germany	5	3	Portugal	7
Greece	9	5	Slovenia	1
Hungary	4	5	Spain	8
Latvia	22	15	Sweden	3
Finland	7	4	United Kingdom	17
France	7	8	EU21	8

1) Companies with 10 or more employees form all economic sectors except agriculture

2) and 3) see notes (1) and (2) for Chart PF3.1.A

Source: Establishment Survey on Working Time, 2004-2005 (management interviews), in Anxo et al. (2007), Parental leave in European companies, European Foundation for the Improvement of Living and Working Conditions.

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Incidence of employer-provided flexible working time arrangements, 2009 Proportion of companies (establishment)s providing flexi-time

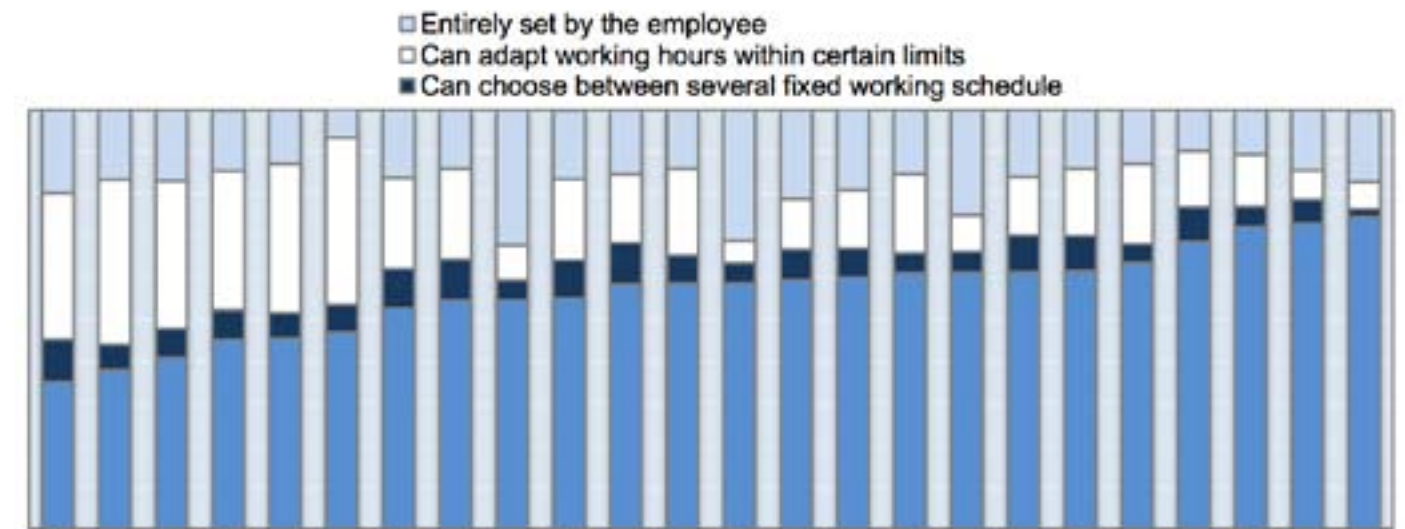


Establishments with 10 or more employees; all economic sectors are covered, except for agriculture. Countries are ranked by decreasing percentage of establishment allowing employees to either use accumulated hours for full days off or for longer period of leave. Source: Source: European Companies Survey, 2009. Eurofound.

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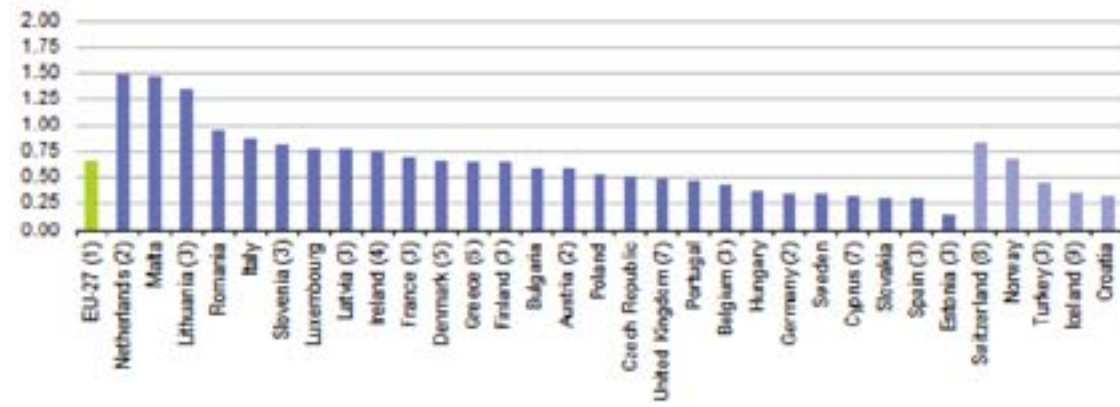
How working time arrangements are set, 2009



Countries are ranked by decreasing proportion of employees having some opportunity to adapt their working time. Source: Fifth European Survey on Working Conditions, 2010

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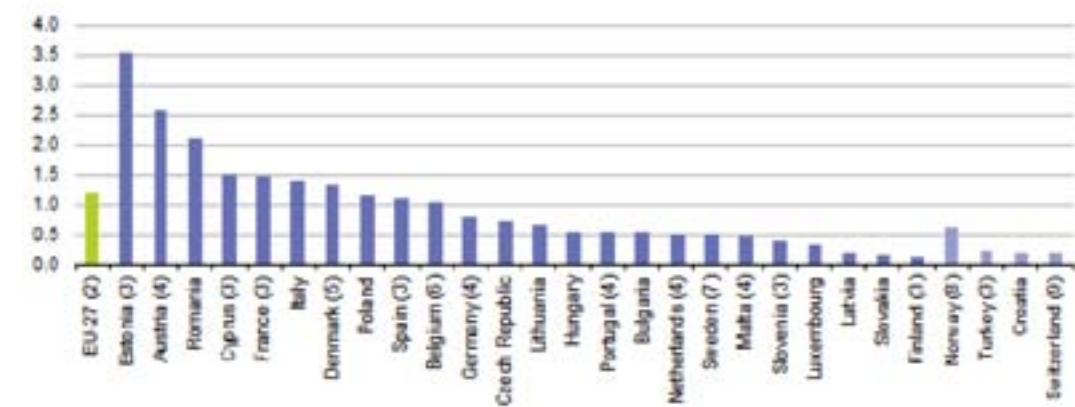
PUBLIC INVESTMENT IN ENVIRONMENTAL PROTECTION AS A PERCENTAGE OF GDP IN EUROPEAN COUNTRIES



(1) Estimate.
 (2) 2009.
 (3) 2010.
 (4) 1998.
 (5) 2008.
 (6) 1999.
 (7) 2004.
 (8) 2003.
 (9) 2002.
 Source: Eurostat (online data codes: env_ac_exp2)

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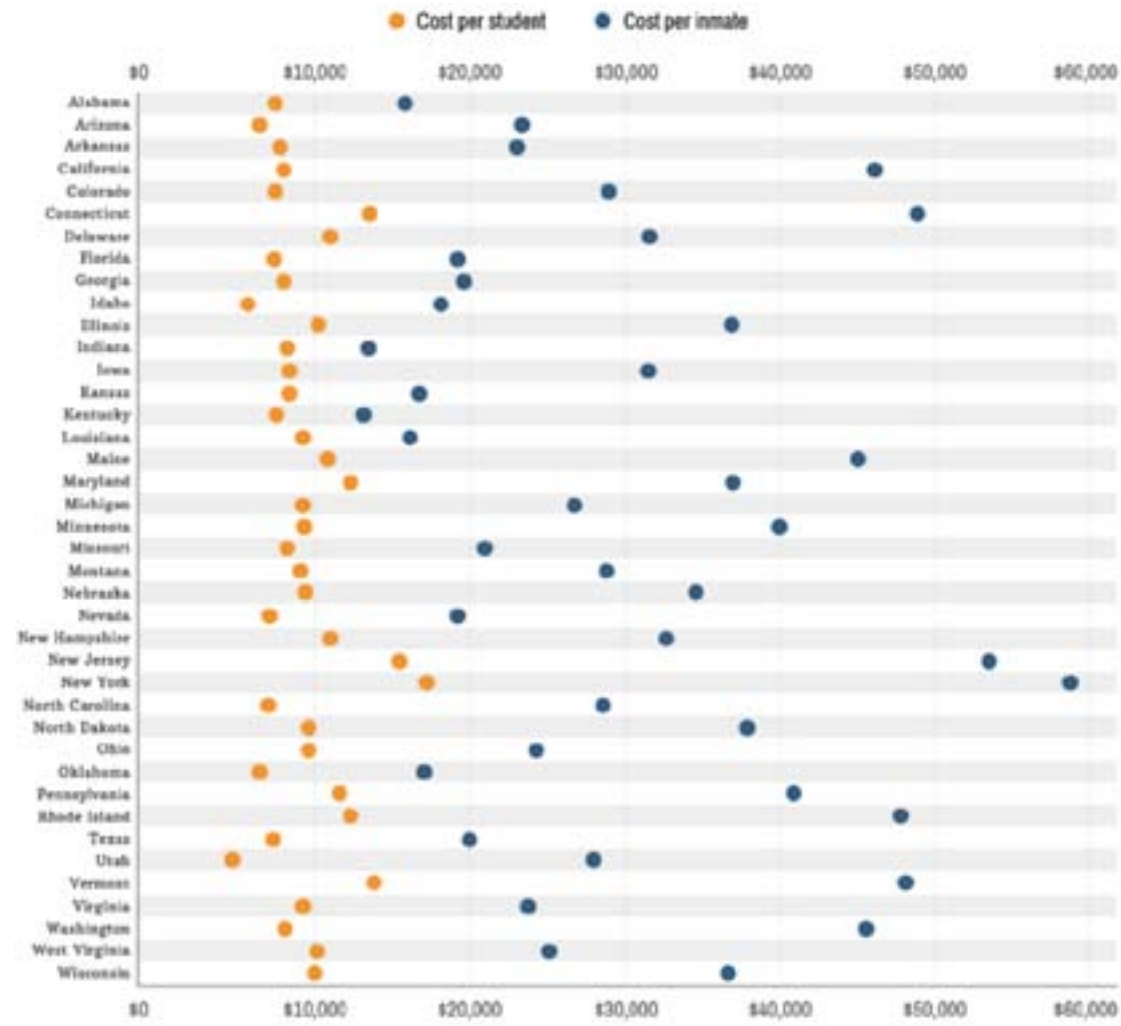
INVESTMENT IN ENVIRONMENTAL PROTECTION BY SPECIALIZED PRODUCERS AS A PERCENTAGE OF GDP IN EUROPEAN COUNTRIES



(1) Ireland, Greece and United Kingdom, not available.
 (2) Estimate.
 (3) 2010.
 (4) 2009.
 (5) 2008.
 (6) 2007.
 (7) 2006.
 (8) 2005.
 (9) 2003.
 Source: Eurostat (online data codes: env_ac_exp2)

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EDUCATION VS. PRISON COSTS, UNITED STATES



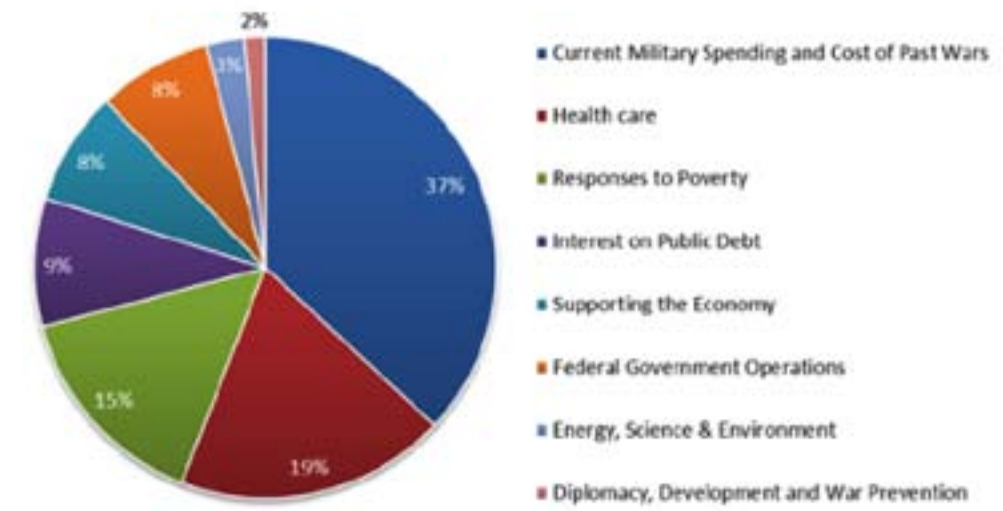
Source: U.S. Census Data and Vera Institute of Justice

Graphic: Tai Yeh / CNNMoney

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Allocation of US 2012 Taxes

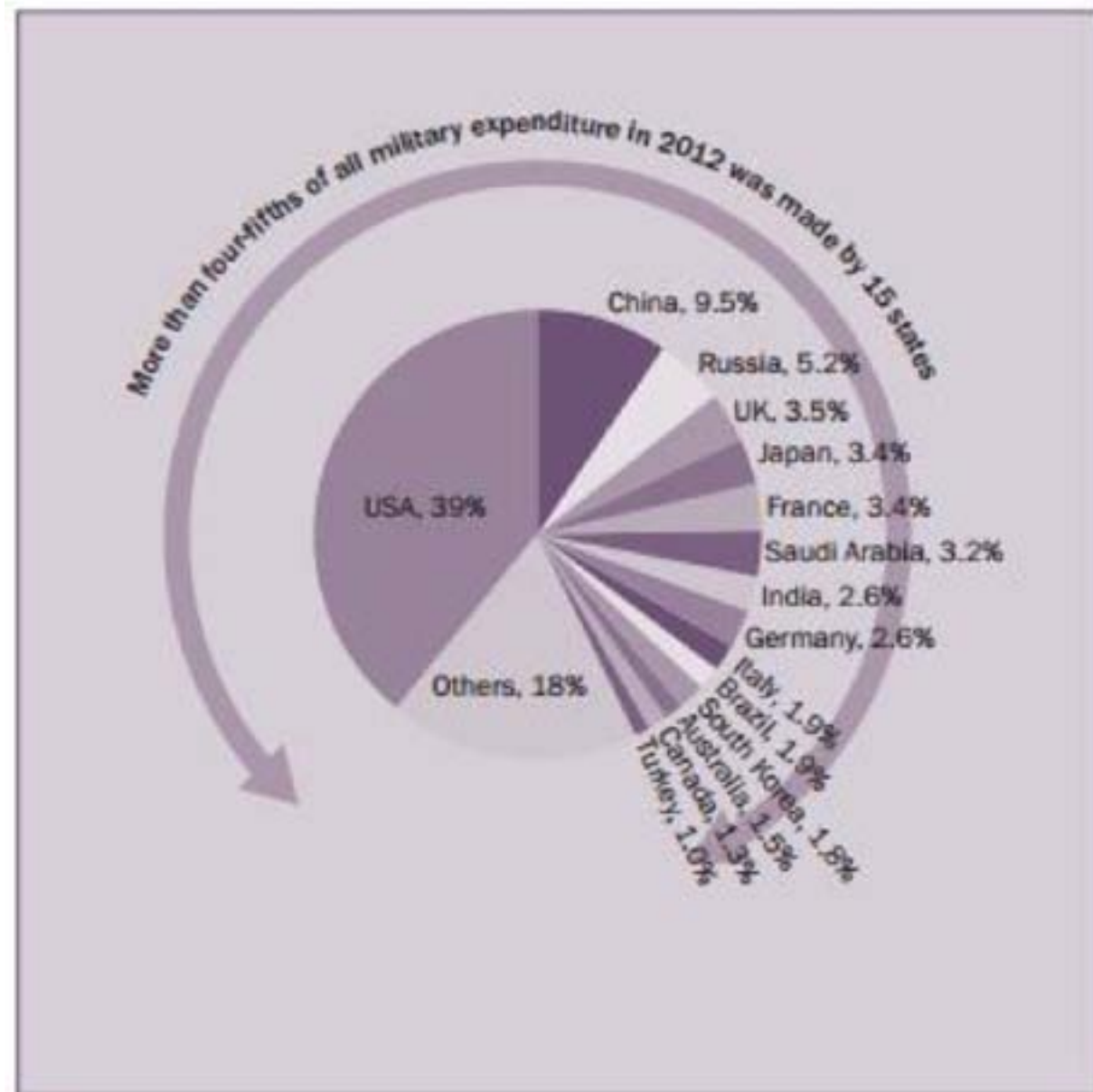
www.globalissues.org



Source: Friends Committee on National Legislation, April 2013

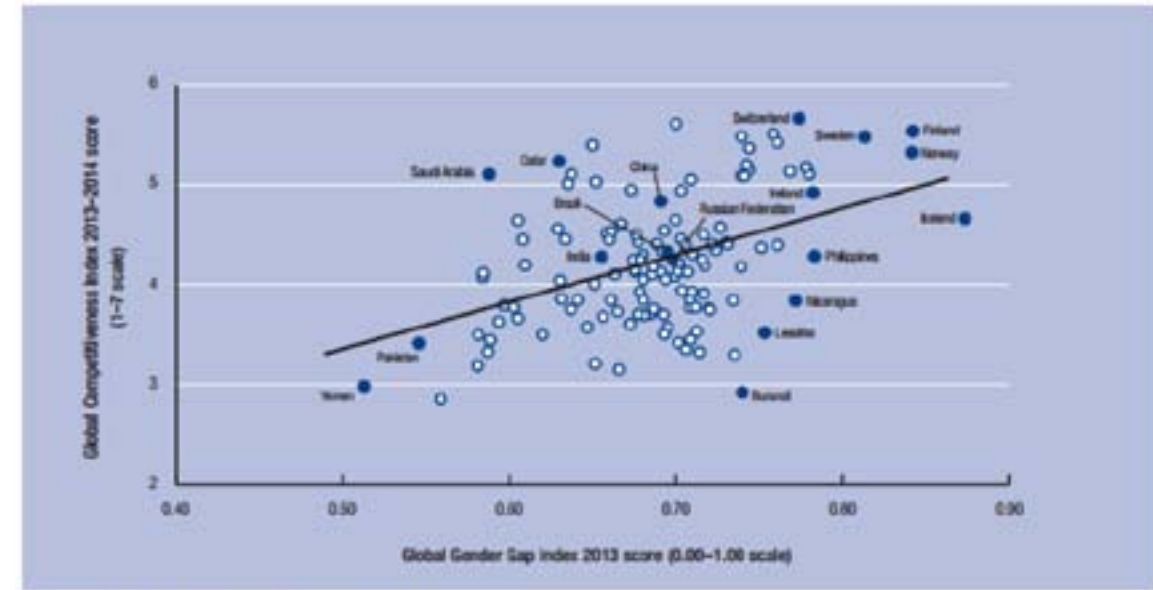
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THE SHARE OF WORLD MILITARY EXPENDITURE OF THE 15 STATES WITH THE HIGHEST EXPENDITURE IN 2012



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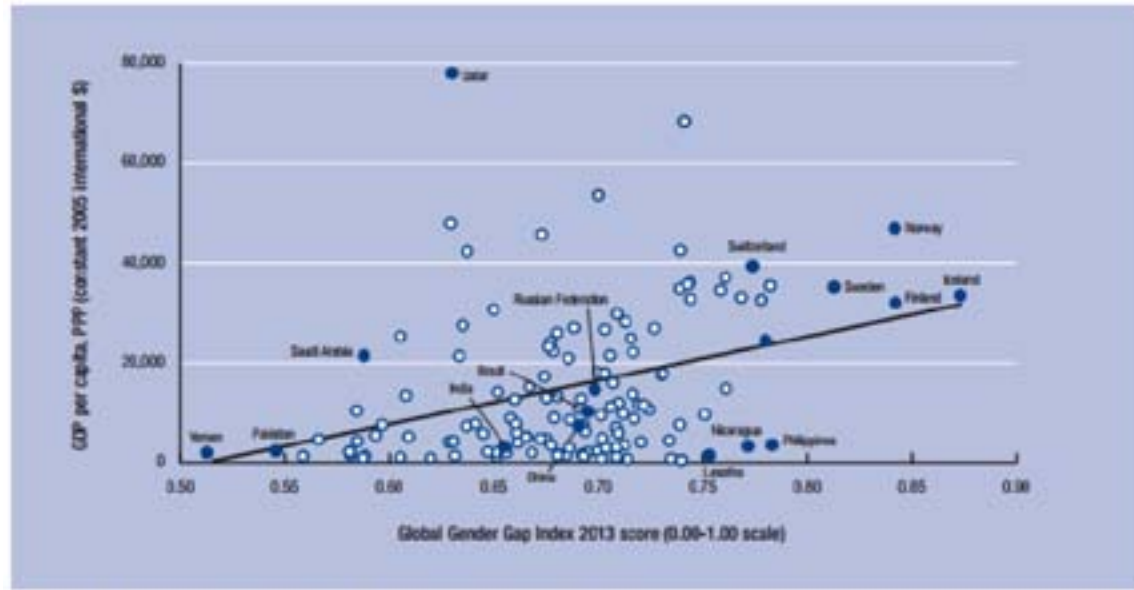
Relationship between the Global Competitiveness Index 2013-2014 and the Global Gender Gap Index 2013



Source: Global Gender Gap Index 2013 and Global Competitiveness Index 2013-2014.
 Note: Global Gender Gap Index and Global Competitiveness Index scales have been truncated to enhance readability.

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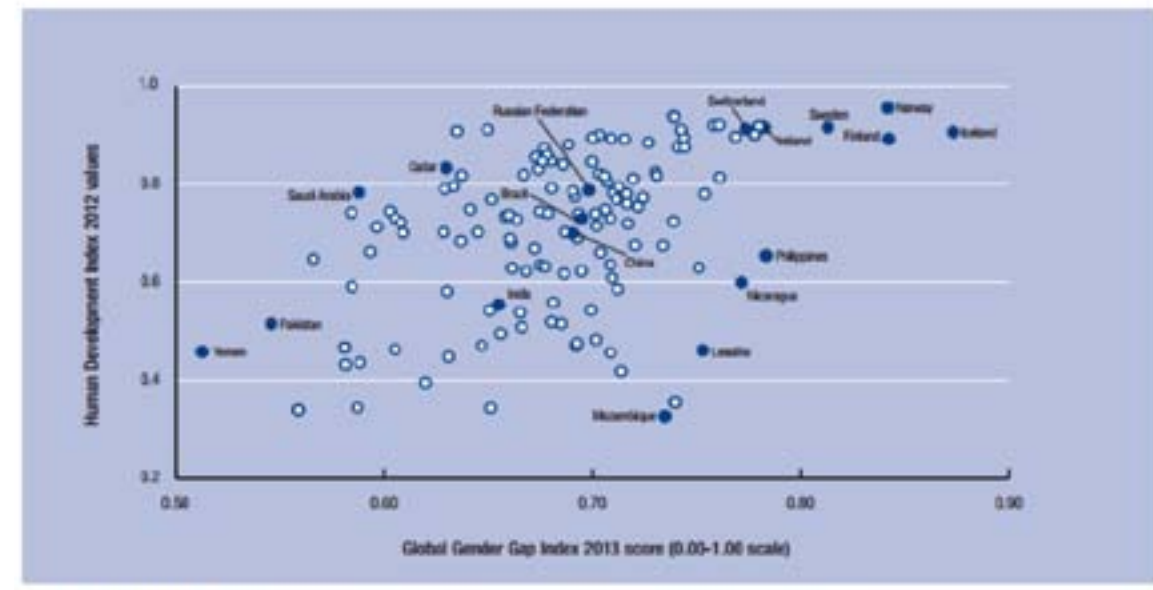
Relationship between GDP per capita and the Global Gender Gap Index 2013 score



Source: Global Gender Gap Index 2013 and the World Bank's World Development Indicators (WDI) online database, accessed May 2013.
 Note: The Global Gender Gap Index has been truncated to enhance readability.

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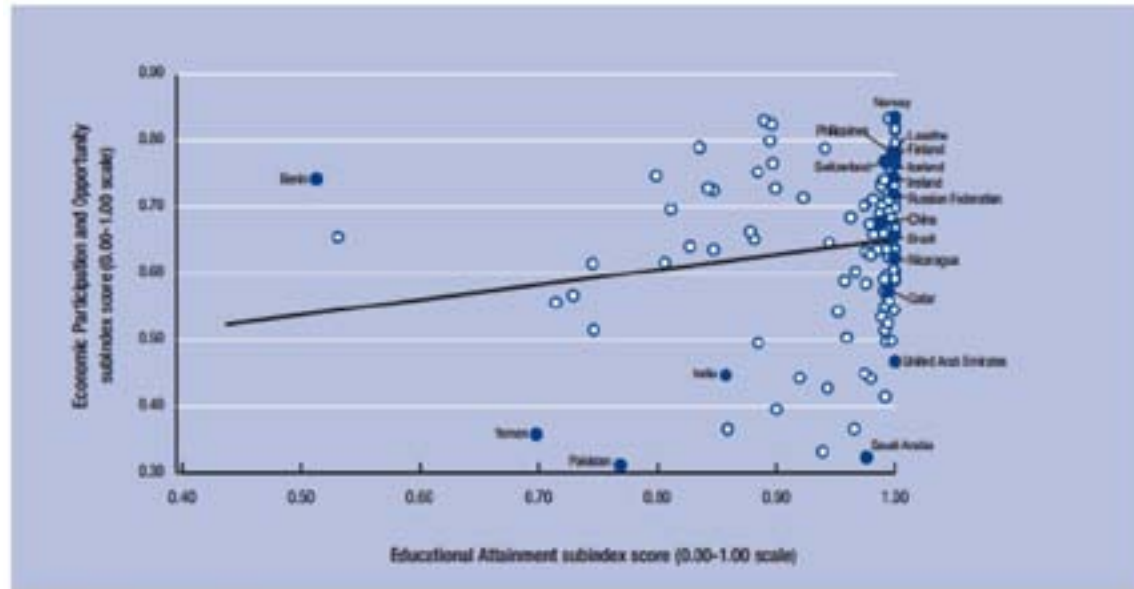
Relationship between the Human Development Index 2012 and the Global Gender Gap Index 2013



Source: Global Gender Gap Index 2013 and UNDP, International Human Development Indicators online database, 2012 (accessed September 2013).
 Note: Global Gender Gap Index and Human Development Index scales have been truncated to enhance readability.

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Relationship between Economic Participation and Opportunity and Educational Attainment subindex scores



Source: Global Gender Gap Index 2013.
 Note: Economic Participation and Opportunity and Educational Attainment subindex scores have been truncated to enhance readability.

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PHI Quality Care
INTEGRATION
Quality Jobs

The direct-care worker at a glance (2011)

Demographic Characteristics

Gender
 Male 11% Female 89%

Race/Ethnicity
 White, Non-Hispanic 47%
 African American 30%
 Hispanic 16%
 Other 7%

Average Age
 All direct-care workers: 42
 In nursing care facilities: 37
 In home health care: 45
 Self-employed or working directly for private households: 48

Immigration Status
 Born in the U.S.: 79%
 Foreign born: 21%

Education
 Some college or advanced degree: 46%
 High school or less: 54%

Employment and Income Characteristics

Employment Status
 Employed part-time or full-time part of the year: 47%
 Employed full-time year-round: 53%

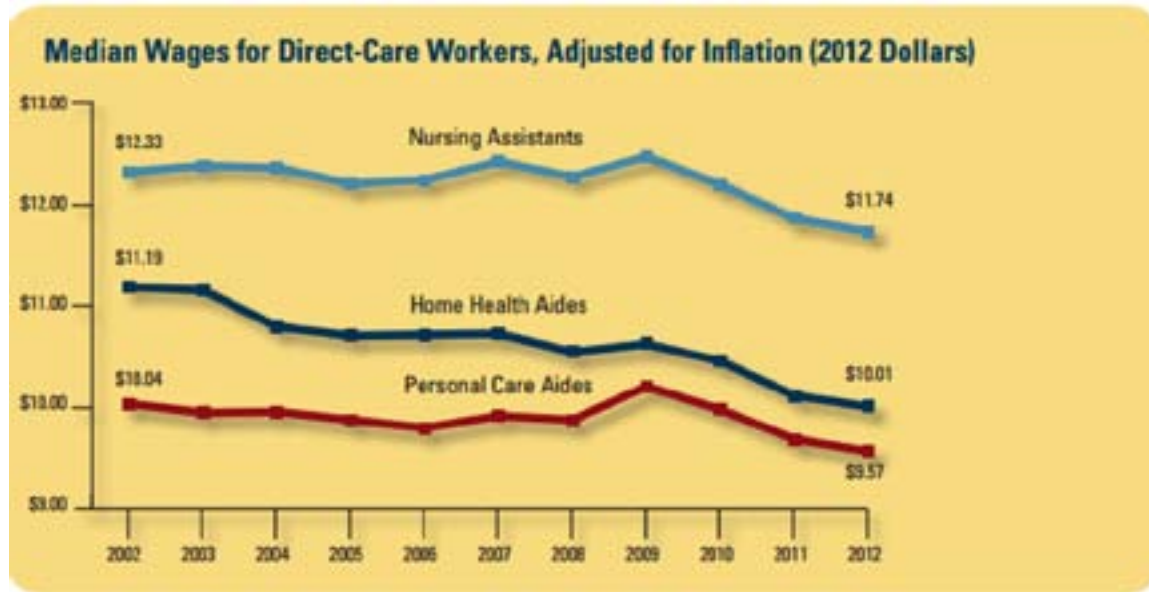
Median Annual Earnings (accounting for part-time hours)
 Personal care aides: \$14,000
 Nursing, psychiatric & home health aides: \$20,000
 All direct-care workers: \$17,000
 U.S. Annual Earnings: \$39,947

Health Insurance Status
 All direct-care workers, uninsured: 30%
 Uninsured in nursing care facilities: 28%
 Uninsured in home health care services: 37%

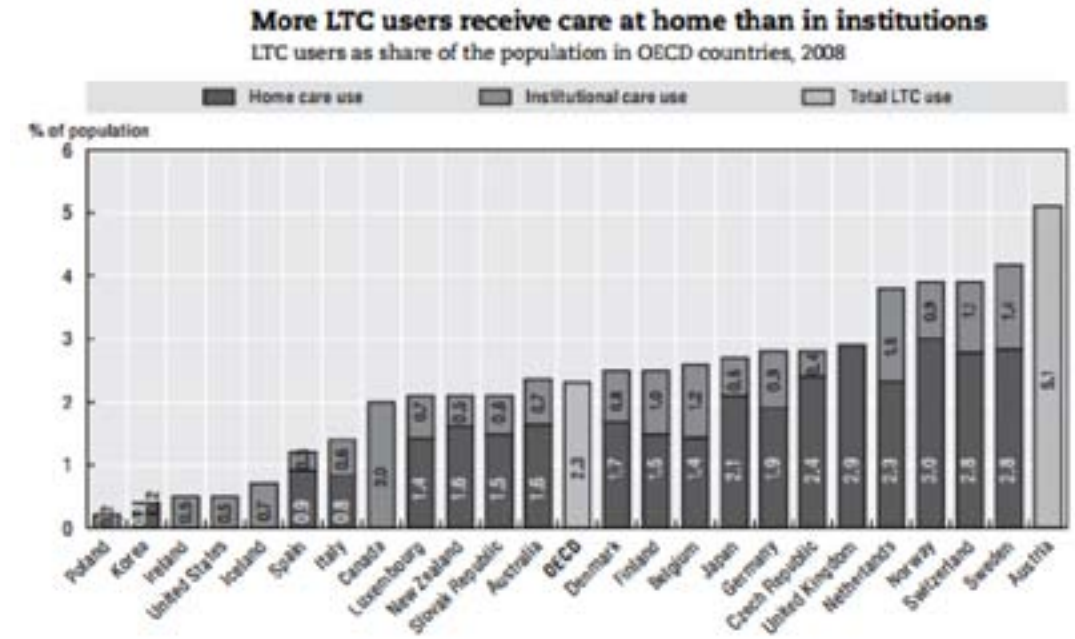
Family Poverty Status & Reliance on Public Benefits
 49% of direct-care workers receive public benefits such as Medicaid or food stamps

Data Sources Statistics are based on PHI analysis of the U.S. Census Bureau, Current Population Survey (CPS), 2011 Annual Social and Economic (ASEC) Supplement, with statistical programming and data analysis provided by Carlos Figueroa.

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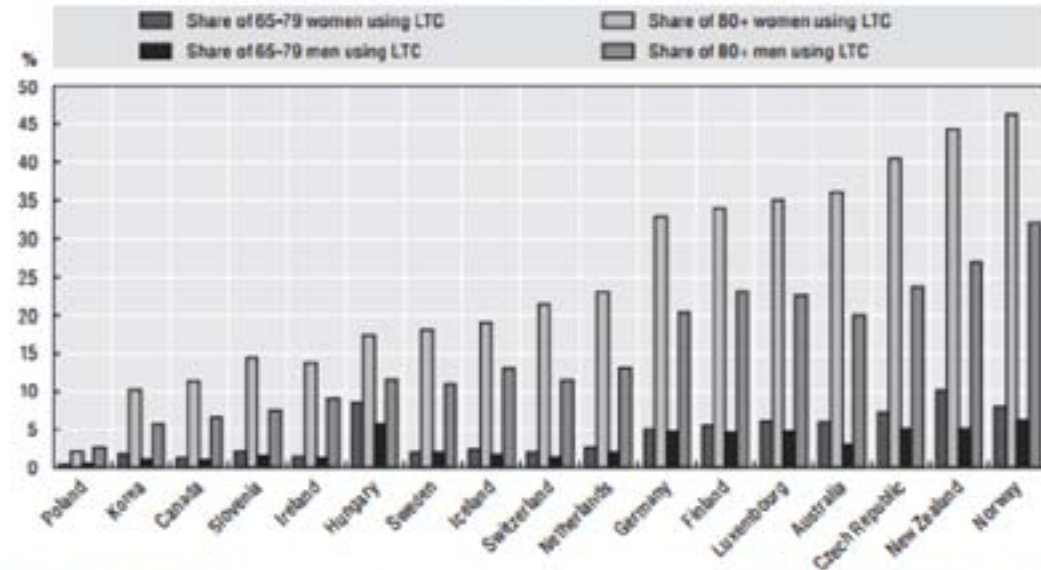
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Most LTC users are women aged over 80 years

LTC users by age and gender, as a share of respective population group, 2008



Note: Data for Austria, Belgium, France and Poland refer to 60 years instead of 65; data for the Slovak Republic refer to 62 years; for Norway, data refer to 67 years and over. For home-care users in Poland, the age breakdown refers to 60-74 years and those aged over 75, instead of 65-79 and those over 80. Data for Sweden refer to institutional care only. Data for Canada, the Netherlands, Australia and Luxembourg refer to 2007. Austrian data represent recipients of cash allowances.

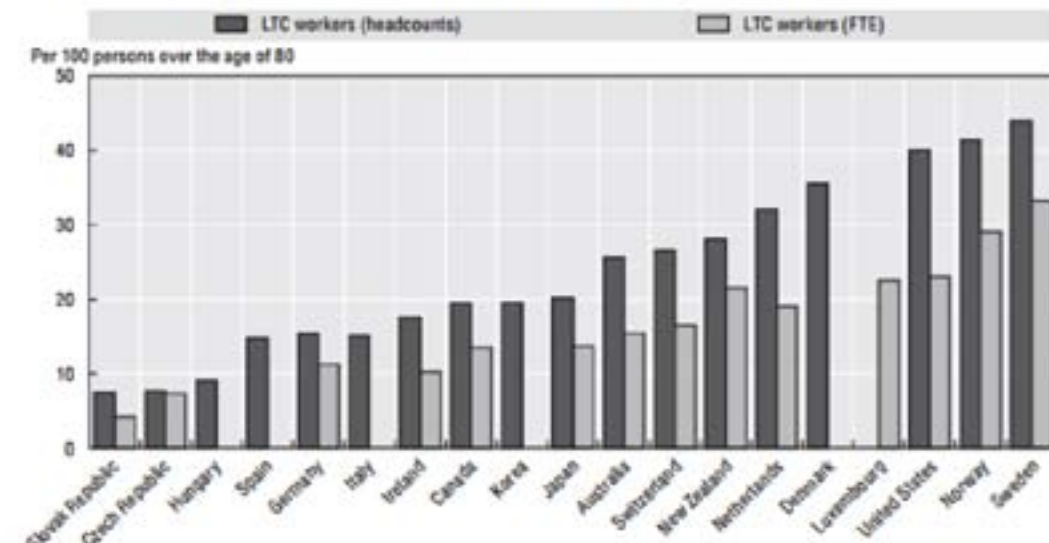
Source: OECD Health Data 2010 and additional Australian and Swedish data.

StatLink <http://dx.doi.org/10.1787/888932400627>

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The size of the LTC workforce is limited compared to the number of those in need

LTC-worker density per 100 persons over 80 years across OECD countries, 2008 or latest available year



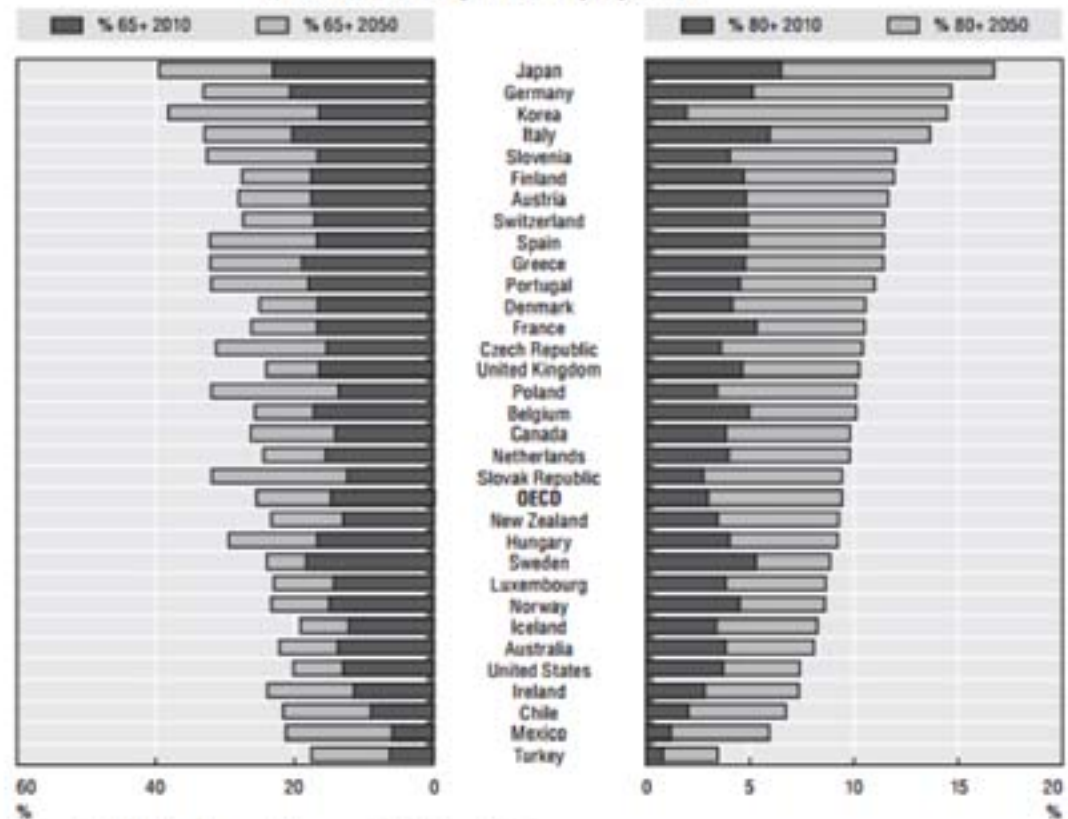
Note: The definition of full-time equivalent (FTE) varies across countries. Data Italy are from 2003; data for New Zealand and the United States are from 2006; data for the Slovak Republic, Germany, Australia, Denmark, Canada, Hungary and Luxembourg are from 2007; data for Spain, Korea, the Netherlands and Sweden are from 2009. Data from Germany exclude elderly care nurses (circa 170 000, 2007); data for the Netherlands are limited to nurses and ADL assistants in employment.

Source: OECD Health Data 2010 and Korea National Statistical Office.

StatLink <http://dx.doi.org/10.1787/888932400703>

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The shares of the population aged over 65 and 80 years in the OECD will increase significantly by 2050



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Table 5.3. Wages in LTC

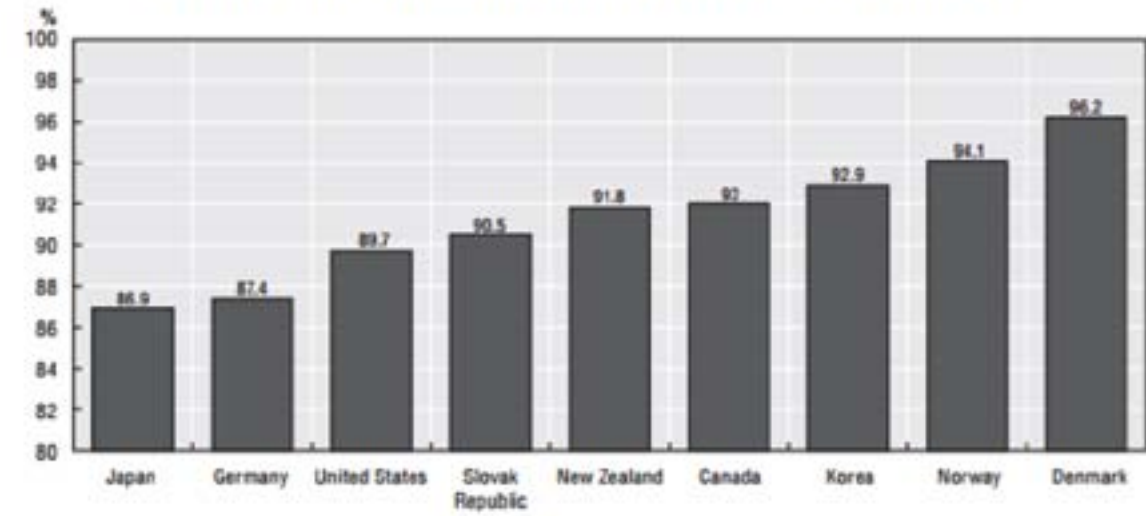
	Wages (monthly gross, unless mentioned otherwise)	Remarks/sources
Australia	Registered nurses (RN) Level 1 top per annum wages: AUD 55 123 (around EUR 40 122) to 61 869 (around EUR 45 038). Personal care worker: AUD 28 079-37 267 (around EUR 20 440-27 128) to AUD 36 131-38 986 (around EUR 26 299-28 377) (levels around 2009)	Wages vary according to function and jurisdiction. Wages for personal care workers at max classification may include managerial positions Wages are 50% more than minimum weekly in 2002 (Fujisawa and Colombo, 2009)
Belgium	Basic annual (gross) wages 2009: EUR 21 997-34 562: Nurse assistant EUR 22 798-37 598: Registered nurse	www.werk.belgie.be/CAO/330/330-2009-000655.pdf Exclude additional payments (inconvenience, annual leave, etc.)
Canada	Home-care workers: CAD 16.1 (around EUR 11.8) per hour. LTC workers: CAD 12.7 (around EUR 9.3) (home-service workers) to CAD 24.4 (around EUR 17.9) hourly (RNs)	Fujisawa and Colombo (2009)
Czech Republic	Nurses: CZK 22 900 (around EUR 944) Nurses auxiliary and ambulatory attendants: CZK 14 400 (around EUR 593) Salaries in social services sectors: Nurses: CZK 24 009 (around EUR 989) Nurses auxiliary: CZK 18 395 (around EUR 758) Ambulance attendants: CZK 16 179 (around EUR 667) per month	2008 data. Average salary: CZK 24 282 in 2008 (according to Czech Statistical Office)
Estonia	Nursing care hospital workers salary (March 2009) EEK 22 800 (around EUR 1 458) (March 2008: EEK 18 500; around EUR 1 185)	
Finland	(end 2008) Average salary licensed practical nurse: EUR 2 370 RN: EUR 2 860	There are no significant differences in salary levels between local government and private sector
France	Monthly wages (2009) at 31 years of age in private not-for-profit sector: - infirmier diplômé d'État EUR 2 442 - aide-soignant (personal care) EUR 1 852 - aide médico-psychologique EUR 1 856 - auxiliaire de vie sociale EUR 1 856	LTC workers in private contract earn minimum wage, while those working through agencies earn 50% more (Fujisawa and Colombo, 2009)
Germany	72% of all elder care full-time employees interviewed earn under EUR 2 000; 48% earn less than EUR 1 500	Nöls and Goemann (2009); Fuchs (without year); reported in: Oschmiansky (2010)
Ireland	Annual Home Help: EUR 29 302-EUR 30 858 (levels: 2008) Nurses aides (Dublin, non-payroll): EUR 29 268-EUR 30 430	
Japan	Home helper, age 43.9 years, 4.4 years service, nine overtime hours: JPY 211 700 (around EUR 1 858) monthly; special annual wage: JPY 278 600 (around EUR 2 485) Nursing care worker of welfare facility, age 35.8 years, 5.2 years service, four overtime hours: JPY 215 800 (around EUR 1 924) with special annual wage JPY 505 000 (around EUR 4 502) Home-visit care workers, average monthly: JPY 207 541 (around EUR 1 844) Institutional care workers: JPY 217 415 (around EUR 1 937)	(data reported June 2008) Heisei Nijyu Jyuhachi Nendo Kaigo Rodo Jitai Chosa (2008 Fact Finding Survey on Long-term Care Work) Wages approx. 64-67% of average (Fujisawa and Colombo, 2009)
Luxembourg	Infirmier: EUR 2 978-EUR 6 071 Aide-soignant: EUR 2 373-EUR 4 402	Excl. inconveniences, annual leave, etc.
Netherlands	Example: "Ziekteverzuimorganisatie in de wijk": Wages: EUR 1 729 to EUR 2 558 (2008), depending on experience	Wages based on collective labour agreements (CAO-VVT-2008-10). Employers receive compensation for "wage sensitive" costs. Wages exclude overtime, inconvenience rostering, annual extras
New Zealand	Median hourly wage for personal and home-care akds (2000): NZD 7.50 (around EUR 4.2)	Health Outcomes International (2007)
Norway	(as of end 2008): NOK 29 000 (around EUR 3 657) per month	
Slovak Republic	2009: EUR 276-EUR 385 gross monthly (both institution and home care)	Overall average salary: EUR 766.41; minimum (2008): EUR 295.5

Slovenia	Basic monthly wages: Nursing assistant II, 15 wage grade (WG): EUR 817.43 Nurse holding secondary education degree, 21 WG: EUR 1 034.30 The basic wage for a social care, 13 WG: EUR 755.76	Wages between 50-70% of national average (Fujisawa and Colombo, 2009)
United Kingdom	Median hourly wages for LTC in adult social care: GBP 6.56 (around EUR 7.62)	14% above minimum; lower than in health care, esp. in home care Private sector pays lower than not for profit, lower than public sector (Cargiano et al., 2009a, 2009b)
United States	2007: Direct care workers: Median hourly wages USD 10.48 (around EUR 7.67) (2007). In 2008: 0.5% decrease	Wages are 31% below US median. 2008: US Median increases by 3% (PH, 2007, 2010) Wages approx. 51% of average wage in 2007 (Fujisawa and Colombo, 2009)

Note: Country currencies are converted into euros using the 2011 exchange rates. LPN: Licensed professional nurse. RN: Registered nurse.
Source: OECD 2009-10 Questionnaire on Long-term Care Workforce and Financing, unless other sources are mentioned.

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Most LTC workers are women
Share of women in the LTC workers, selected OECD countries, latest available year



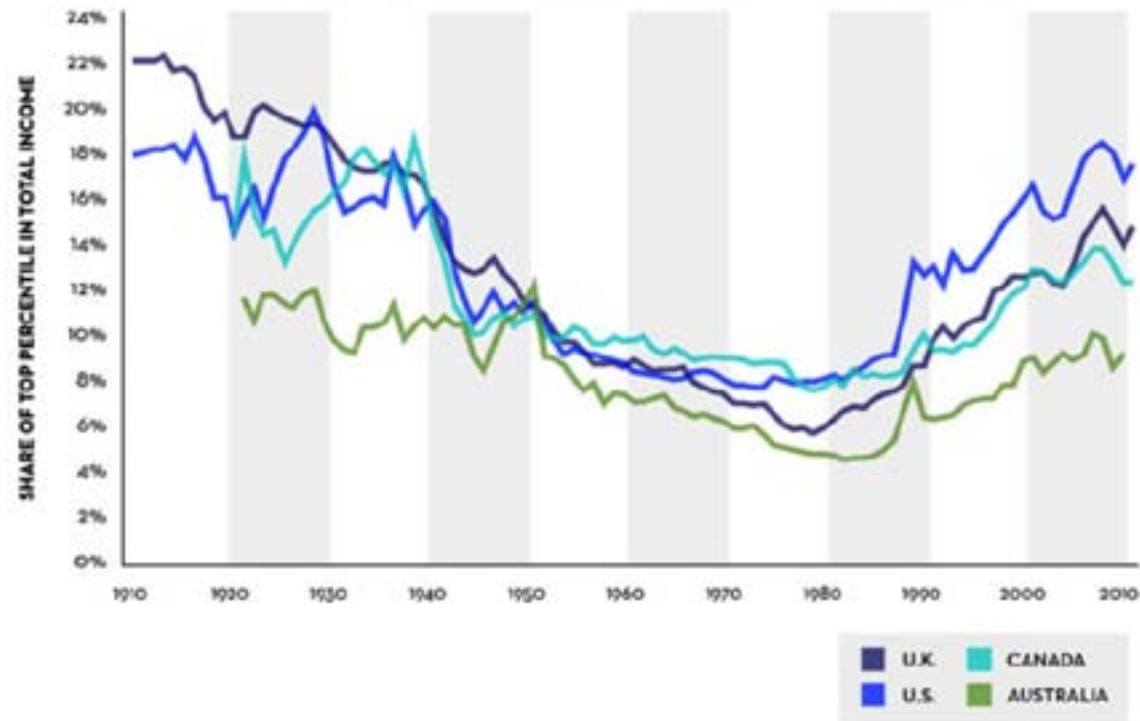
Note: Data for Japan refer to 2003. Data for the United States, New Zealand, Canada refer to 2006. Data for Denmark refer to 2007. Data for the Slovak Republic and Norway refer to 2008. Data for Korea refer to 2009. German data do not include elderly care nurses (170 000 in 2007).

Source: OECD Health Data 2010.

StatLink <http://dx.doi.org/10.1787/888932401501>

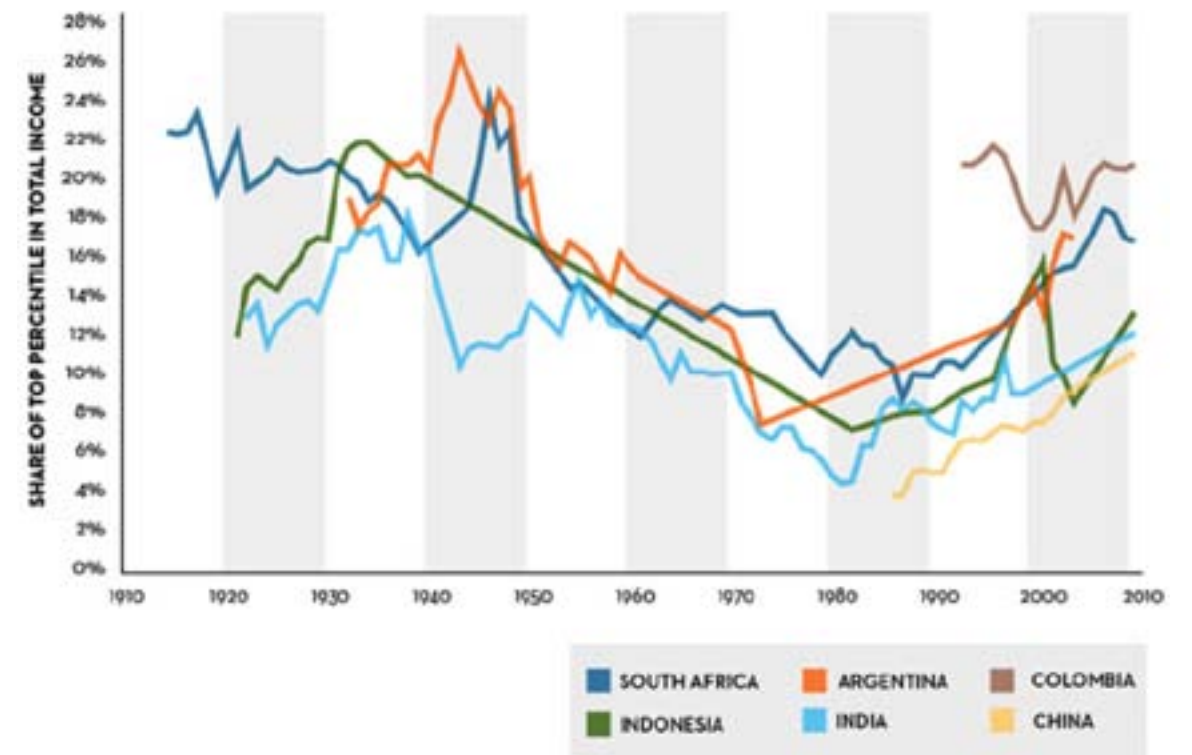
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INCOME INEQUALITY IN ANGLO-SAXON COUNTRIES, 1910-2010



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INCOME INEQUALITY IN EMERGING COUNTRIES, 1910-2010



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WEALTH INEQUALITY: EUROPE AND THE U.S., 1810-2010



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Large Gaps In Well-Being Separate America's Major Racial And Ethnic Groups Nationwide

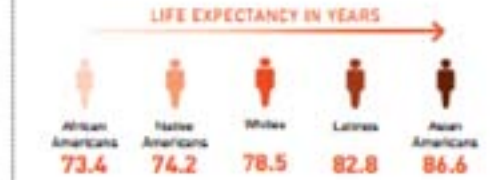
Human Development

Asian Americans score the highest on the American HD Index, followed by whites, Latinos, African Americans, and Native Americans and Alaskan Natives. Based on 2007 Census Bureau figures, non-Hispanic whites make up about 66 percent of the U.S. population; Latinos, 15 percent; African Americans, 12 percent; Asian Americans, 4 percent; American Indians and Alaskan Natives, 1 percent.



Health

In terms of health, which is measured by life expectancy, Asian Americans are the longest-lived (86.6 years), followed by Latinos (82.8 years), who outlive whites by more than four years. In seven states, Latinos can expect to live over 85 years (NJ, MA, NV, IL, RI, WA, OR). Native Americans and African Americans live the shortest lives.



Education

In terms of access to knowledge, the Index measures a combination of educational attainment and school enrollment. On the attainment scale, nearly one in five Asian American adults has a graduate degree. Latinos lag in education; nearly four in ten adults 25 and older did not complete high school.

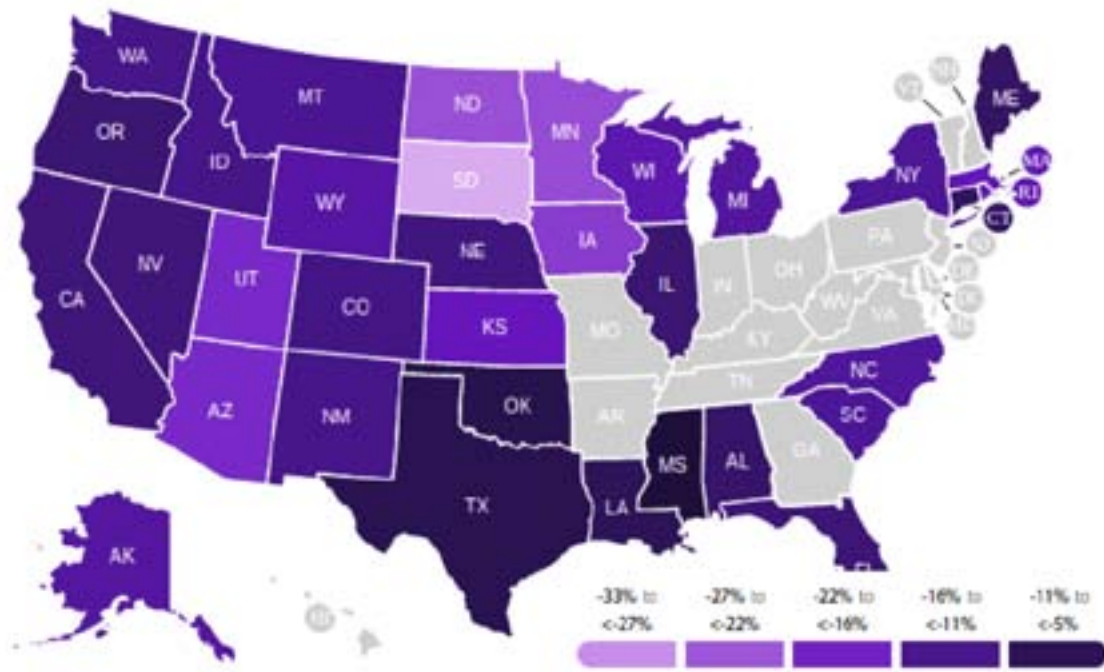


Income

In terms of income, U.S. median earnings are \$29,740 per person. Asian Americans and whites earn the most; Latinos and Native Americans earn the least. Native Americans median earnings are less than \$22,000.

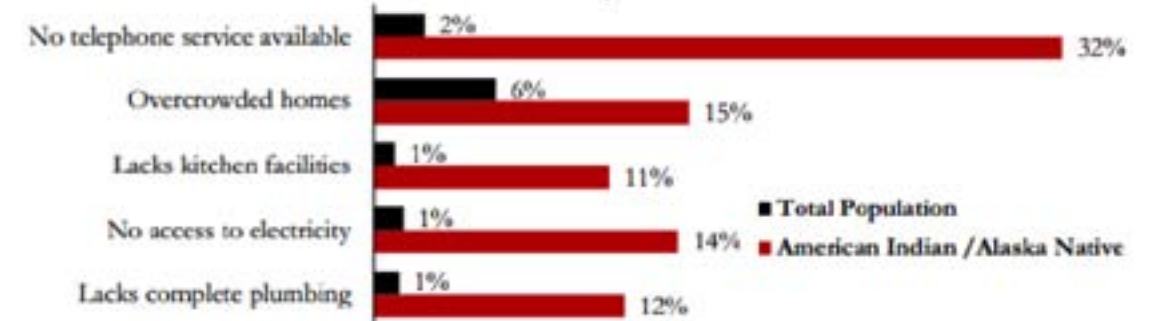


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Basic Living Characteristics²⁰¹⁴



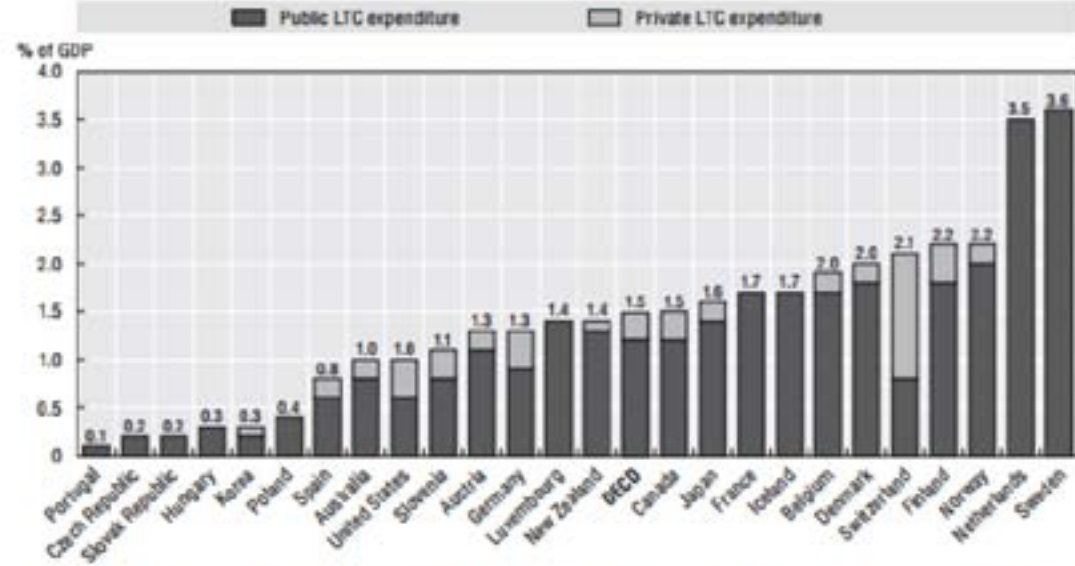
Unemployment and Poverty



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The share of public LTC expenditure is higher than that of private LTC expenditure in OECD countries

Percentage of GDP, 2008



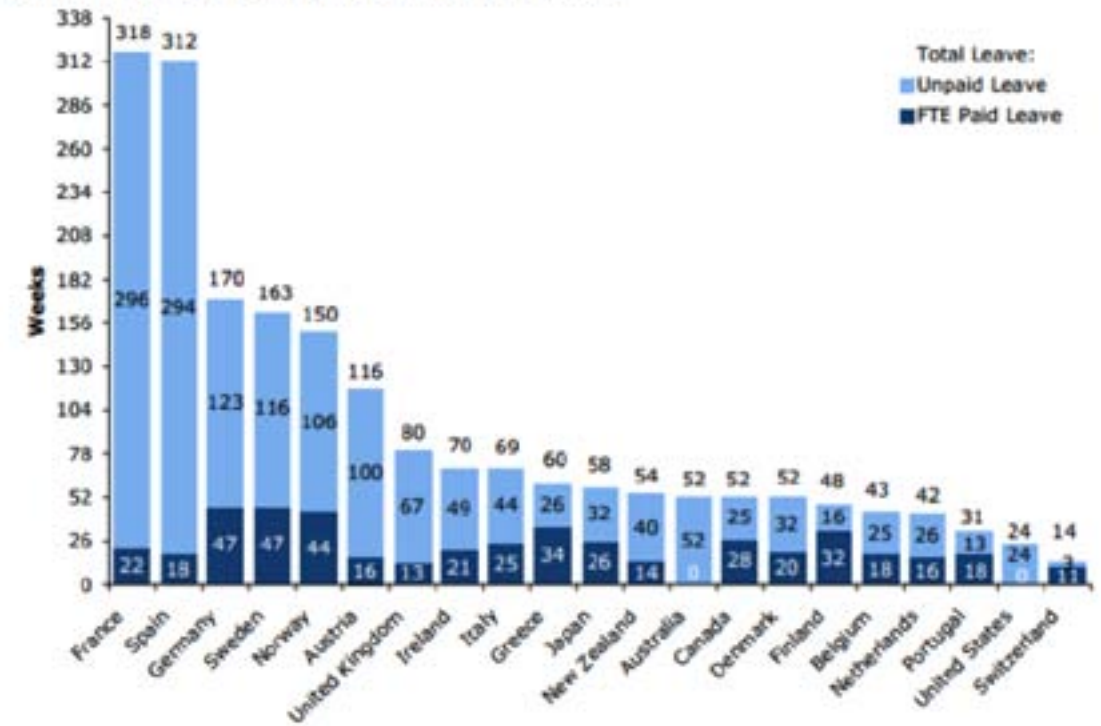
Note: Data for Austria, Belgium, Canada, the Czech Republic, Denmark, Hungary, Iceland, Norway, Portugal, Switzerland and the United States refer only to health-related long-term care expenditure. In other cases, expenditure relates to both health-related (nursing) and social long-term care expenditure. Social expenditures on LTC in the Czech Republic are estimated at 1% of GDP (Source: Czech Ministry of Health, 2009). Data for Iceland and the United States refer only to nursing long-term care in institutions. Data for the United States underestimate expenditure on fully private LTC arrangements. Data for Poland exclude infrastructure expenditure, amounting to about 0.25% of GDP in 2007. Data for the Netherlands do not reflect user co-payments, estimated at 8% of total AWBZ expenditure in 2007. Data for Australia refer to 2005; data for the Slovak Republic and Portugal refer to 2006; data for Denmark, Japan and Switzerland refer to 2007.

Source: OECD Health Data 2010.

StatLink <http://dx.doi.org/10.1787/888932400722>

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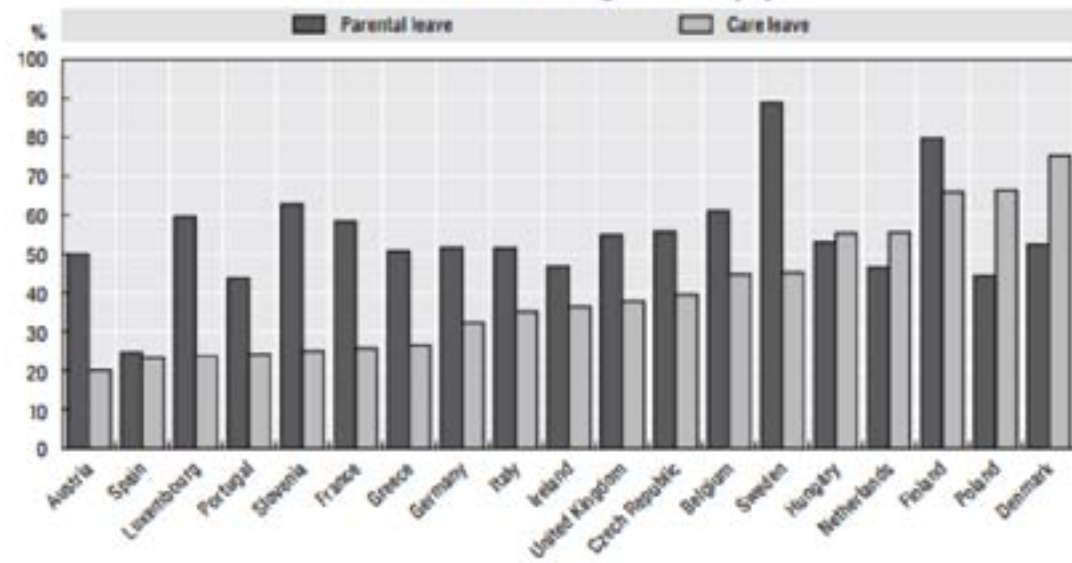
Total and FTE Paid Parental Leave for Two-Parent Families



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Care leave is less frequent than parental leave

Share of establishments offering leave to employees



Source: European Establishment Survey on Working Time and Work-Life Balance, 2004.
 StatsLink <http://dx.doi.org/10.1787/888932401387>

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Country or Territory	NATIONAL HEALTH	CHILDREN'S WELL-BEING	EDUCATIONAL STATUS	ECONOMIC STATUS	POLITICAL STATUS	Mothers' Index Rank (out of 176 countries)
	Lifetime risk of maternal death (1 in number stated)	Under-5 mortality rate (per 1,000 live births)	Expected number of years of formal schooling	Gross national income per capita (current US\$)	Participation of women in national government (% seats held by women)*	
	2010	2011	2012	2011	2013	2013
Albania	32	101.1	8.8 (b)	470	27.4	145
Albania	2,200	14.3	11.3	3,900	15.7	81
Algeria	430	29.8	13.4	4,670	25.8	74
Angola	39	132.6	10.2	3,030	34.1	123
Argentina	540	14.1	14.4	9,740	37.7	36
Armenia	1,700	17.5	12.8	3,440	10.7	95
Australia	8,100	4.5	19.4 (a)	49,130	29.2	10
Austria	18,200	4.2	15.4	40,190	28.7	11
Azerbaijan	1,800	44.7	11.3	5,290	14.8	98
Bahamas	1,100	14.2	12.4 (a)	21,970	14.7	47
Bahrain	1,800	10.8	14.1	15,730	18.8	44
Bangladesh	170	44.0	8.1 (a)	700	19.7	134
Barbados	1,300	19.7	14.4	12,440	19.4	48
Belarus	14,300	5.4	15.3	5,030	29.5	26
Belgium	7,500	4.3	14.5	45,990	38.9	8
Belize	410	14.9	13.1	3,710	13.3	88
Benin	53	104.0	11.3 (b)	700	8.4	140
Bhutan	210	53.7	12.4	2,130	13.9	120
Bolivia, Plurinational State of	140	58.4	13.5	2,020	30.1	93
Bosnia and Herzegovina	11,400	7.7	13.4	4,700	19.3	47
Botswana	230	25.9	11.8	7,470	7.9	116
Brazil	910	15.4	14.2	10,720	9.4	78
Brown Democratic	1,900	7.2	15.1	31,000	—	—
Bulgaria	5,900	12.1	14.0	4,530	22.9	43
Burkina Faso	55	144.4	4.9	570	15.7	141
Burundi	31	139.1	11.9 (b)	250	34.9	137
Cambodia	150	42.3	11.0	820	18.5	130
Cameroon	31	127.2	11.5	1,210	13.9	153
Canada	5,300	5.4	15.1	45,540	28.0	22
Cape Verde	400	21.3	13.0	3,540	20.8	81
Central African Republic	24	143.3	7.2	400	12.5	171
Chad	15	149.0	8.2	490	14.9	148
Chile	2,300	8.1	14.9	12,200	13.9	51
China	1,700	14.4	11.9	4,940	21.3	48
Colombia	410	17.1	11.4	4,070	11.4	83
Comoros	47	79.3	10.2	770	3.0	143
Cong. Democratic Republic of the	30	147.7	8.5	190	8.3	174
Congo	39	90.8	9.8 (b)	2,250	9.4	157
Costa Rica	1,300	10.1	13.5	7,440	38.4	41
Cote d'Ivoire	53	114.9	4.4 (b)	1,090	10.4	147
Croatia	4,100	5.1	14.1	13,530	23.8	34
Cuba	1,800	5.8	15.4	5,400	45.2	33
Cyprus	4,300	3.1	14.0	29,430	10.7	39
Czech Republic	12,100	3.9	15.8	18,420	20.4	24

Country or Territory	MATERNAL HEALTH	CHILDREN'S WELL-BEING	EDUCATIONAL STATUS	ECONOMIC STATUS	POLITICAL STATUS	Mothers' Index Rank (out of 176 countries)
	Lifetime risk of maternal death (1 in number stated)	Under-5 mortality rate (per 1,000 live births)	Expected number of years of formal schooling	Gross national income per capita (current US\$)	Participation of women in national government (% seats held by women)*	
	2010	2011	2012	2011	2013	
Denmark	4,500	3.7	14.8	48,170	39.1	6
Djibouti	140	89.5	5.8 (h)	1,270	11.8	155
Dominican Republic	240	24.7	12.3	5,240	19.1	92
Ecuador	350	22.8	11.7 (h)	4,200	32.3	71
Egypt	490	21.1	12.4	2,600	2.8	118
El Salvador	490	15.2	12.2	1,400	26.2	74
Equatorial Guinea	80	118.1	7.9	15,670	18.8	140
Eritrea	84	67.8	4.6	410	22.8	147
Estonia	25,100	3.7	14.8	15,240	38.8	21
Ethiopia	67	77.8	9.1	370	25.5	141
Fiji	1,400	14.4	15.7	3,720	—	—
Finland	12,200	2.9	14.9	41,770	42.5	1
France	4,200	4.1	14.3	41,420	25.1	14
Cuba	170	45.4	11.8 (h)	8,000	14.7	108
Gambia	54	188.4	8.4	500	7.5	170
Georgia	940	28.5	11.2	7,840	17.8	94
Germany	18,600	4.8	14.4 (x,d)	44,270	32.4	9
Ghana	68	77.4	11.3	1,410	18.3	146
Greece	25,500	4.4	14.3	24,480	21.8	19
Grenada	1,700	12.8	15.8	7,350	17.9	52
Guatemala	190	38.4	10.7	2,870	11.3	128
Guinea	30	125.8	9.5	410	— (f)	—
Guinea-Bissau	25	188.4	9.5	400	14.8	165
Guyana	150	35.9	10.4	2,900	31.3	109
Haiti	83	78.8	7.4 (x,d)	700	1.5	164
Honduras	270	21.4	11.7	1,980	19.5	111
Hungary	3,300	4.3	15.5	12,770	8.8	52
Iceland	8,900	2.5	18.5	34,820	39.7	4
India	170	61.3	10.7	1,410	18.9	142
Indonesia	210	31.8	12.9	2,940	18.4	106
Iraq, Islamic Republic of	2,400	25.8	13.9	4,520	3.1	85
Iraq	310	37.9	10.8	2,440	25.2	113
Ireland	8,100	4.8	18.7 (h)	39,920	19.8	20
Israel	5,100	4.3	15.7	28,920	21.7	25
Italy	28,300	3.7	14.1	35,210	28.4	17
Jamaica	370	18.2	12.9	3,300	15.5	96
Japan	13,100	3.4	15.3	44,900	11.3	31
Jordan	470	28.7	12.7	4,380	11.9	103
Kazakhstan	770	28.3	15.4	8,240	18.2	65
Kenya	55	72.8	11.1	820	9.8	156
Kiribati	—	47.4	12.8	2,810	8.7	—
Korea, Democratic People's Republic of	470	32.2	—	510 (h)	15.4	—
Korea, Republic of	4,800	4.8	12.2	28,870	15.7	31
Kuwait	2,900	18.9	14.2	48,900	4.2	55

Country or Territory	MATERNAL HEALTH	CHILDREN'S WELL-BEING	EDUCATIONAL STATUS	ECONOMIC STATUS	POLITICAL STATUS	Mothers' Index Rank (out of 176 countries)
	Lifetime risk of maternal death (1 in number stated)	Under-5 mortality rate (per 1,000 live births)	Expected number of years of formal schooling	Gross national income per capita (current US\$)	Participation of women in national government (% seats held by women)*	
	2010	2011	2012	2011	2013	
Kyrgyzstan	480	38.4	12.5	880	22.3	104
Laos People's Democratic Republic	74	41.9	10.5	1,120	25.8	121
Latvia	2,800	8.3	14.5	12,350	21.8	38
Lebanon	2,100	9.3	14.4	9,140	3.1	68
Lesotho	53	84.8	10.8	1,220	24.8	131
Liberia	34	78.3	10.5	320	11.7	166
Lithuania	620	14.2	14.2	12,320	14.5	57
Lithuania	9,400	5.7	15.5	12,280	24.5	26
Luxembourg	3,200	3.2	15.5	71,580	21.7	29
Madagascar, the former Republic of	4,300	9.4	11.4	4,730	32.5	40
Maldives	81	61.4	10.4	430	15.8	151
Malawi	34	82.4	10.8	340	22.3	144
Malaysia	1,300	4.5	12.4	8,770	13.2	70
Maldives	870	18.7	12.4	5,720	4.5	84
Mali	28	175.4	7.5	410	18.2	173
Malta	8,900	5.9	15.1	18,420	8.7	45
Mauritania	44	112.1	8.7	1,800	19.7	154
Mauritius	1,800	15.1	13.4 (h)	8,840	18.8	62
Mexico	790	15.7	13.7	9,420	34.8	49
Micronesia, Federated States of	290	41.5	11.7 (h)	2,840	8.8	133
Moldova, Republic of	1,500	14.8	11.9	1,980	19.8	84
Mongolia	480	38.7	14.5	2,310	14.9	91
Montenegro	7,400	7.2	15.8	7,140	17.3	42
Morocco	480	32.8	11.8 (h)	2,970	11.8	124
Mozambique	43	183.1	9.7	470	39.2	138
Myanmar	250	62.4	9.5 (h)	1,140 (h)	4.4	152
Namibia	140	41.3	11.3	4,700	25.8	101
Nepal	190	48.8	8.9	340	13.2	121
Netherlands	18,500	4.8	17.8	49,450	37.8	5
New Zealand	3,100	5.9	19.7 (h)	29,140	32.2	17
Nicaragua	350	25.4	10.8	1,510	40.2	89
Niger	23	124.5	5.3	340	13.3	172
Nigeria	29	124.1	9.8	1,280	4.4	169
Norway	2,900	3.1	17.5	48,890	19.4	3
Occupied Palestinian Territory	330	22.8	13.4	1,250	—	—
Oman	1,200	8.7	13.8	19,240	9.4	63
Pakistan	118	72.4	7.5	1,120	21.1	139
Panama	418	19.3	13.2	7,420	8.5	96
Papua New Guinea	118	57.2	5.8 (x,d)	1,480	2.7	158
Paraguay	318	22.4	11.9	3,820	13.4	114
Peru	578	18.1	13.2	5,150	15.5	73
Philippines	380	25.4	11.3	2,210	22.1	106
Poland	14,400	5.8	15.4	12,480	11.8	28
Portugal	9,200	3.4	14.2	12,210	38.7	13

Country or Territory	MATERNAL HEALTH	CHILDREN'S WELL-BEING	EDUCATIONAL STATUS	ECONOMIC STATUS	POLITICAL STATUS	Mothers' Index Rank (out of 176 countries)
	Lifetime risk of maternal death (1 in number stated)	Under-5 mortality rate (per 1,000 live births)	Expected number of years of formal schooling	Gross national income per capita (current US\$)	Participation of women in national government (% seats held by women)*	
	2010	2011	2012	2011	2013	
Qatar	5,000	7.7	12.9	88,440	8.8	58
Romania	2,600	12.5	14.5	7,918	11.6	41
Russian Federation	2,300	11.9	14.3	18,730	12.1	59
Rwanda	54	54.1	11.1	570	51.9	117
San Marino	1,000	15.6	12.9	4,820	17.2	72
Saint Vincent and the Grenadines	940	28.9	13.3	4,870	17.4	79
Sao Tome and Principe	240	18.7	13.8	3,160	4.1	115
San Jose and Principe	330	88.8	11.2 (b)	1,350	18.2	129
South Arabia	1,000	9.2	13.7	17,820	19.9	46
Senegal	54	64.8	8.2	1,870	42.7	126
Serbia	4,900	7.1	13.6	5,490	33.2	36
Sierra Leone	23	185.3	7.4	300	12.4	174
Singapore	25,300	2.6	14.4 (x,c)	42,920	24.2	15
Slovakia	12,300	7.7	14.7	14,870	18.7	35
Slovenia	5,900	2.8	17.0	23,410	24.6	14
Solomon Islands	240	21.6	12.3 (b)	1,110	2.8	133
Somalia	14	188.8	2.4 (b)	110 (d)	13.8	175
South Africa	140	46.7	13.1 (x,d)	4,960	41.1 (g)	77
South Sudan ‡	31	128.5	6.3 (b)	1,370	24.3	147
Spain	12,300	4.2	14.8	38,890	35.2	7
Sri Lanka	1,200	12.2	13.8	2,580	5.8	89
Sudan ‡	31	84.8	6.3 (b)	1,310	24.1	143
Suriname	320	29.5	13.8 (b)	7,440	11.8	100
Swaziland	95	183.6	11.3	3,380	21.9	119
Sweden	14,100	2.8	16.8	53,150	44.7	2
Switzerland	9,500	4.4	15.7	34,480	27.2	12
Syrian Arab Republic	460	15.3	11.7 (x,d)	2,750	12.8	112
Tajikistan	430	43.3	11.5	870	17.5	124
Tanzania, United Republic of	31	47.6	9.2	540	34.8	135
Thailand	1,400	12.3	12.3	4,440	15.7	80
Timor-Leste	55	54.1	11.7	2,730	38.5	110
Togo	80	118.1	12.9	570	11.1	150
Tonga	230	15.4	14.7	3,820	3.4	102
Trinidad and Tobago	1,300	27.7	11.8	15,340	24.8	64
Tunisia	840	16.2	14.9	4,670	24.7	56
Turkey	2,300	15.2	13.8	18,410	14.2	40
Turkmenistan	590	52.5	12.4 (x,d)	4,880	14.8	99
Uganda	49	89.9	11.1	110	35.8	132
Ukraine	2,300	18.1	14.8	3,130	9.4	74
United Arab Emirates	4,800	4.4	12.8 (b)	48,740	17.5	50
United Kingdom	4,600	5.1	16.7	37,840	22.6	23
United States	2,400	7.5	14.8	48,420	18.2	30
Uruguay	1,400	18.3	15.5	11,840	12.3	54
Uzbekistan	1,400	48.6	11.6	1,510	19.2	105

Country or Territory	MATERNAL HEALTH	CHILDREN'S WELL-BEING	EDUCATIONAL STATUS	ECONOMIC STATUS	POLITICAL STATUS	Mothers' Index Rank (out of 176 countries)
	Lifetime risk of maternal death (1 in number stated)	Under-5 mortality rate (per 1,000 live births)	Expected number of years of formal schooling	Gross national income per capita (current US\$)	Participation of women in national government (% seats held by women)*	
	2010	2011	2012	2011	2013	
Yemen	128	13.2	11.1 (b)	2,750	8.8	127
Yemen, Democratic Republic of	410	15.8	14.3	11,820	17.8	65
Yemen	870	23.7	11.9	1,270	24.4	86
Zanzibar	90	74.3	8.7	1,870	8.7	162
Zambia	37	82.9	9.3 (x,c)	1,140	11.5	159
Zimbabwe	52	67.1	10.1 (b)	600	17.9	147
REGIONAL MEDIANS						
Sub-Saharan Africa	53	94	10	775	16	147
South Asia	180	51	10	1,285	17	129
East Asia and Pacific	295	22	12	2,750	16	106
Latin America and Caribbean	525	18	13	4,870	18	76
Middle East and North Africa	355	18	13	4,425	12	74
OECD	2,200	14	14	4,880	18	65
Industrialized countries	8,900	4	14	34,545	25	18
WORLD	188	51	11	4,511	18	

Note: Data refer to the year specified in the column heading or the most recent year available. For indicator definitions and data sources see Methodology and Research Notes.

— Data are not available.

* Figures correspond to the number of seats currently filled in parliament.

‡ Data for maternal health, educational and economic status are pre-secession estimates.

§ UNICEF regions. For a complete list of countries and territories in these regions see: UNICEF, *The State of the World's Children 2012*, p.124. Medians are based only on the countries included in the Index table.

a Discounted to 18 years prior to calculating the Index rank.

b Refers to primary and secondary education only.

c Calculated by the Singapore Ministry of Education.

d Based on cross-country regression.

e Estimate excludes years spent repeating grades.

f Parliament was dissolved following the December 2008 coup.

g Figures are calculated on the basis of permanent seats only.

x Data are from a secondary source.

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Maternal mortality ratio (modeled estimate, per 100,000 live births)

Country name	2010	2013
Afghanistan	500	400
Albania	21	21
Algeria	92	89
Antigua and Barbuda	530	460
Argentina		
Armenia	76	69
Aruba	31	29
Austria	5	6
Azerbaijan	3	4
Bahamas, The	27	26
Bahrain	38	37
Bangladesh	24	22
Barbados	200	170
Belarus	83	52
Belgium	2	1
Belize	7	6
Benin	60	45
Bermuda	370	340
Bolivia	140	120
Bosnia and Herzegovina	230	200
Botswana	9	8
Brazil	210	170
Brunei Darussalam	68	69
Bulgaria	27	27
Burkina Faso	8	5
Burundi	440	400
Cabo Verde	820	740

Cambodia	58	53
Cameroon	200	170
Canada	640	590
Cayman Islands	13	11
Chad	960	880
Chile	1,100	980
China	24	22
Colombia	36	32
Comoros	85	83
Congo, Dem. Rep.	380	350
Congo, Rep.	810	730
Costa Rica	450	410
Cote d'Ivoire	33	38
Croatia	750	720
Cuba	15	13
Curacao	80	80
Czech Republic	10	10
Denmark	5	5
Djibouti	9	5
Dominica	250	230
Ecuador	130	100
Egypt, Arab Rep.	90	67
El Salvador	50	45
Equatorial Guinea	71	69
Eritrea	330	290
Estonia	450	380
Ethiopia	6	11
Faeroe Islands	500	420
Finland	62	59
France	6	4
French Polynesia	12	12

Gambia, The	260	240
Georgia	460	430
Germany	42	41
Ghana	7	7
Greece	410	360
Greenland	5	5
Guam	23	22
Guinea	140	140
Guinea-Bissau	690	650
Guyana	600	560
Haiti	230	250
Honduras	420	360
Hong Kong SAR, China	120	120
Iceland	21	14
India	5	4
Indonesia	220	190
Iran, Islamic Rep.	210	190
Iraq	25	23
Ireland	73	67
Isle of Man	10	9
Italy	5	2
Jamaica	4	4
Japan	82	80
Jordan	6	6
Kazakhstan	53	50
Kenya	40	26
Kiribati	460	400
Korea, Dem. Rep.	140	130
Korea, Rep.	98	67
Kosovo	21	27
Kyrgyz Republic	13	14
Lao PDR	79	75
Latvia	270	220
Lebanon	29	13
Lesotho	18	16
Liberia	540	490

Libya	680	640
Liechtenstein	15	15
Luxembourg	9	11
Macao SAR, China	13	11
Madagascar	7	7
Malawi	480	440
Malaysia	540	510
Maldives	31	29
Mali	38	31
Malta	600	550
Marshall Islands	8	9
Mauritius	360	320
Mexico	72	73
Micronesia, Fed. Sts.	47	49
Moldova	100	96
Monaco	41	21
Montenegro	74	68
Morocco	7	7
Mozambique	130	120
Myanmar	540	480
Namibia	220	200
Nepal	160	130
Netherlands	220	190
New Caledonia	7	6
Nicaragua	12	8
Niger	110	100
Nigeria	690	630
Northern Mariana Islands	610	560
Oman	5	4
Pakistan	12	11
Palau	190	170
Papua New Guinea	62	65
Paraguay	240	220
Peru	110	110

Philippines	100	89
Poland	120	120
Portugal	4	3
Puerto Rico	11	8
Qatar	20	20
Romania	7	6
Russian Federation	30	33
Rwanda	31	24
Samoa	390	320
San Marino	62	58
Saudi Arabia	230	210
Senegal	16	16
Serbia	360	320
Seychelles	14	16
Singapore	1,200	1,100
Sint Maarten (Dutch part)	4	6
Slovenia	7	7
Solomon Islands	8	7
Somalia	140	130
South Africa	930	850
South Sudan	140	140
Spain	830	730
Sri Lanka	6	4
St. Kitts and Nevis	32	29
St. Martin (French part)	25	34
Sudan	47	45
Suriname	390	360
Swaziland	150	130
Sweden	350	310
Switzerland	5	4
Syrian Arab Republic	8	6
Tajikistan	50	49
Tanzania	48	44

Thailand	460	410
Timor-Leste	28	26
Togo	330	270
Tonga	480	450
Trinidad and Tobago	120	120
Tunisia	82	84
Turkey	48	46
Turkmenistan	22	20
Turks and Caicos Islands	65	61
Ukraine	410	360
United Arab Emirates	29	23
United Kingdom	8	8
United States	11	8
Uruguay	27	28
Uzbekistan	23	14
Vanuatu	40	36
Venezuela, RB	90	86
Vietnam	110	110
Virgin Islands (U.S.)	51	49
Yemen, Rep.	53	47
Zambia	290	270
Zimbabwe	320	280
	610	470

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NATIONAL ECOLOGICAL FOOTPRINT AND BIOCAPACITY for 2007

Results from National Footprint Accounts 2010 edition, www.footprintnetwork.org. Extracted on October 13, 2010

	Population (million)	Income Group	Ecological Footprint of Consumption	Total Biocapacity	Ecological (Deficit) or Reserve
World	6,671.6	-	2.7	1.8	(0.9)
High Income Countries	1,031.4	-	6.1	3.1	(3.0)
Middle Income Countries	4,323.3	-	2.0	1.7	(0.2)
Low Income Countries	1,303.3	-	1.2	1.1	(0.1)
Unclassified Countries	13.5	-			
Africa	963.9	-	1.4	1.5	0.1
Algeria	33.9	LM	1.6	0.6	(1.0)
Angola	17.6	LM	1.0	3.0	2.0
Benin	8.4	LI	1.2	0.8	(0.4)
Botswana	1.9	UM	2.7	3.8	1.2
Burkina Faso	14.7	LI	1.3	1.3	(0.0)
Burundi	7.8	LI	0.9	0.5	(0.4)
Cameroon	18.7	LM	1.0	1.9	0.8
Central African Republic	4.3	LI	1.3	8.4	7.1
Chad	10.6	LI	1.7	3.2	1.4
Congo	3.6	LM	1.0	13.3	12.3
Congo, Democratic Republic of	62.5	LI	0.8	2.8	2.0
Côte d'Ivoire	20.1	LI	1.0	1.7	0.7
Egypt	80.1	LM	1.7	0.6	(1.0)
Eritrea	4.8	LI	0.9	1.6	0.7
Ethiopia	78.6	LI	1.1	0.7	(0.4)
Gabon	1.4	UM	1.4	29.3	27.9
Gambia	1.6	LI	3.4	1.1	(2.3)
Ghana	22.9	LI	1.8	1.2	(0.6)
Guinea	9.6	LI	1.7	2.8	1.2
Guinea-Bissau	1.5	LI	1.0	3.2	2.3

Kenya	37.8	LI	1.1	0.6	(0.5)
Lesotho	2.0	LM	1.1	0.8	(0.3)
Liberia	3.6	LI	1.3	2.5	1.2
Libyan Arab Jamahiriya	6.2	UM	3.1	0.4	(2.6)
Madagascar	18.6	LI	1.8	3.1	1.3
Malawi	14.4	LI	0.7	0.7	(0.0)
Mali	12.4	LI	1.9	2.5	0.6
Mauritania	3.1	LI	2.6	5.5	2.9
Mauritius	1.3	UM	4.3	0.6	(3.7)
Morocco	31.2	LM	1.2	0.6	(0.6)
Mozambique	21.9	LI	0.8	1.9	1.1
Namibia	2.1	LM	2.2	7.6	5.4
Niger	14.1	LI	2.3	2.1	(0.3)
Nigeria	147.7	LI	1.4	1.1	(0.3)
Rwanda	9.5	LI	1.0	0.6	(0.5)
Senegal	11.9	LI	1.1	1.2	0.1
Sierra Leone	5.4	LI	1.1	1.2	0.1
Somalia	8.7	LI	1.4	1.4	(0.0)
South Africa	49.2	UM	2.3	1.1	(1.2)
Sudan	40.4	LM	1.7	2.4	0.7
Swaziland	1.2	LM	1.5	1.0	(0.5)
Tanzania, United Republic of	41.3	LI	1.2	1.0	(0.2)
Togo	6.3	LI	1.0	0.6	(0.4)
Tunisia	10.1	LM	1.9	1.0	(0.9)
Uganda	30.6	LI	1.5	0.8	(0.7)
Zambia	12.3	LI	0.9	2.3	1.3
Zimbabwe	12.4	LI	1.2	0.8	(0.5)
Other	3.5				
Asia	4,031.2	-	1.8	0.8	(1.0)
Afghanistan	26.3	LI	0.6	0.5	(0.1)
Armenia	3.1	LM	1.8	0.7	(1.0)
Azerbaijan	8.6	LM	1.9	0.8	(1.1)
Bangladesh	157.8	LI	0.6	0.4	(0.2)
Cambodia	14.3	LI	1.0	0.9	(0.1)
China	1,336.6	LM	2.2	1.0	(1.2)
Georgia	4.4	LM	1.8	1.2	(0.6)
India	1,164.7	LM	0.9	0.5	(0.4)
Indonesia	224.7	LM	1.2	1.4	0.1
Iran, Islamic Republic of	72.4	LM	2.7	0.8	(1.9)
Iraq	29.5	LM	1.3	0.3	(1.0)
Israel	6.9	HI	4.8	0.3	(4.5)
Japan	127.4	HI	4.7	0.6	(4.1)
Jordan	5.9	LM	2.1	0.2	(1.8)

Kazakhstan	15.4	UM	4.5	4.0	(0.5)
Korea, Democratic People's Republic of	23.7	LI	1.3	0.6	(0.7)
Korea, Republic of	48.0	HI	4.9	0.3	(4.5)
Kuwait	2.9	HI	6.3	0.4	(5.9)
Kyrgyzstan	5.3	LI	1.2	1.3	0.1
Lao People's Democratic Republic	6.1	LI	1.3	1.6	0.3
Lebanon	4.2	UM	2.9	0.4	(2.5)
Malaysia	26.6	UM	4.9	2.6	(2.3)
Mongolia	2.6	LM	5.5	15.1	9.6
Myanmar	49.1	LI	1.8	2.0	0.3
Nepal	28.3	LI	3.6	0.5	(3.0)
Occupied Palestinian Territory	4.0	LM	0.7	0.2	(0.6)
Oman	2.7	HI	5.0	2.1	(2.8)
Pakistan	173.2	LI	0.8	0.4	(0.3)
Philippines	88.7	LM	1.3	0.6	(0.7)
Qatar	1.1	HI	10.5	2.5	(8.0)
Saudi Arabia	24.7	HI	5.1	0.8	(4.3)
Singapore	4.5	HI	5.3	0.0	(5.3)
Sri Lanka	19.9	LM	1.2	0.4	(0.8)
Syrian Arab Republic	20.5	LM	1.5	0.7	(0.8)
Tajikistan	6.7	LI	1.0	0.6	(0.4)
Thailand	67.0	LM	2.4	1.2	(1.2)
Timor-Leste	1.1	LM	0.4	1.2	0.8
Turkey	73.0	UM	2.7	1.3	(1.4)
Turkmenistan	5.0	LM	3.9	3.2	(0.7)
United Arab Emirates	6.2	HI	10.7	0.8	(9.8)
Uzbekistan	26.9	LI	1.7	0.9	(0.8)
Viet Nam	86.1	LI	1.4	0.9	(0.5)
Yemen	22.3	LI	0.9	0.6	(0.3)
Other	3.0				
Europe	730.9		4.7	2.9	(1.8)
Albania	3.1	LM	1.9	0.9	(1.0)
Austria	8.3	HI	5.3	3.3	(2.0)
Belarus	9.7	UM	3.8	3.3	(0.5)
Belgium	10.5	HI	8.0	1.3	(6.7)
Bosnia and Herzegovina	3.8	LM	2.7	1.6	(1.1)
Bulgaria	7.6	UM	4.1	2.1	(1.9)
Croatia	4.4	UM	3.7	2.5	(1.2)
Czech Republic	10.3	HI	5.7	2.7	(3.1)
Denmark	5.4	HI	8.3	4.9	(3.4)
Estonia	1.3	HI	7.9	9.0	1.1

Finland	5.3	HI	6.2	12.5	6.3
France	61.7	HI	5.0	3.0	(2.0)
Germany	82.3	HI	5.1	1.9	(3.2)
Greece	11.1	HI	5.4	1.6	(3.8)
Hungary	10.0	HI	3.0	2.2	(0.8)
Ireland	4.4	HI	6.3	3.5	(2.8)
Italy	59.3	HI	5.0	1.1	(3.8)
Latvia	2.3	UM	5.6	7.1	1.4
Lithuania	3.4	UM	4.7	4.4	(0.3)
Macedonia TFYR	2.0	LM	5.7	1.4	(4.2)
Moldova	3.7	LM	1.4	0.7	(0.7)
Netherlands	16.5	HI	6.2	1.0	(5.2)
Norway	4.7	HI	5.6	5.5	(0.1)
Poland	38.1	UM	4.3	2.1	(2.3)
Portugal	10.6	HI	4.5	1.3	(3.2)
Romania	21.5	UM	2.7	2.0	(0.8)
Russian Federation	141.9	UM	4.4	5.7	1.3
Serbia	9.8		2.4	1.2	(1.2)
Slovakia	5.4	HI	4.1	2.7	(1.4)
Slovenia	2.0	HI	5.3	2.6	(2.7)
Spain	44.1	HI	5.4	1.6	(3.8)
Sweden	9.2	HI	5.9	9.7	3.9
Switzerland	7.5	HI	5.0	1.2	(3.8)
Ukraine	46.3	LM	2.9	1.8	(1.1)
United Kingdom	61.1	HI	4.9	1.3	(3.6)
Other	2.1				
Latin America and the Caribbean	569.5		2.6	5.5	2.9
Argentina	39.5	UM	2.6	7.5	4.9
Bolivia	9.5	LM	2.6	18.8	16.3
Brazil	190.1	UM	2.9	9.0	6.1
Chile	16.6	UM	3.2	3.8	0.6
Colombia	44.4	LM	1.9	4.0	2.1
Costa Rica	4.5	UM	2.7	1.9	(0.8)
Cuba	11.2	UM	1.9	0.7	(1.1)
Dominican Republic	9.8	LM	1.5	0.5	(1.0)
Ecuador	13.3	LM	1.9	2.3	0.4
El Salvador	6.1	LM	2.0	0.7	(1.4)
Guatemala	13.4	LM	1.8	1.1	(0.6)
Haiti	9.7	LI	0.7	0.3	(0.4)
Honduras	7.2	LM	1.9	1.8	(0.1)
Jamaica	2.7	UM	1.9	0.4	(1.5)
Mexico	107.5	UM	3.0	1.5	(1.5)
Nicaragua	5.6	LM	1.6	2.8	1.3

Panama	3.3	UM	2.9	3.1	0.3
Paraguay	6.1	LM	3.2	11.2	8.0
Peru	28.5	LM	1.5	3.9	2.3
Trinidad and Tobago	1.3	HI	3.1	1.6	(1.5)
Uruguay	3.3	UM	5.1	9.9	4.8
Venezuela, Bolivarian Republic of	27.7	UM	2.9	2.8	(0.1)
Other	8.1				
United States and Canada	341.6		7.9	4.9	(3.0)
Canada	32.9	HI	7.0	14.9	7.9
United States of America	308.7	HI	8.0	3.9	(4.1)
Oceania	34.5		5.4	11.1	5.8
Australia	20.9	HI	6.8	14.7	7.9
New Zealand	4.2	HI	4.9	10.8	5.9
Papua New Guinea	6.4	LI	2.1	3.8	1.6
Other	3.0				

Notes

List is limited to countries with populations greater than 1 million in 2007. More detailed results, or results for other countries are available on request from data@footprintnetwork.org.

Unless otherwise noted, all data from Global Footprint Network, 2010. The Ecological Footprint Atlas 2010, www.footprintnetwork.org/atlas

Regional totals include all countries in the region, as listed by UNStats. World total is calculated from regional totals and slightly varies from FAO world total..

Income groups reflect World Bank classification.

Population data are from the UN FAO, with the exception of those of the United Arab Emirates, where numbers were obtained directly from the UAE government. Note that this change also affects the Asia and World total.

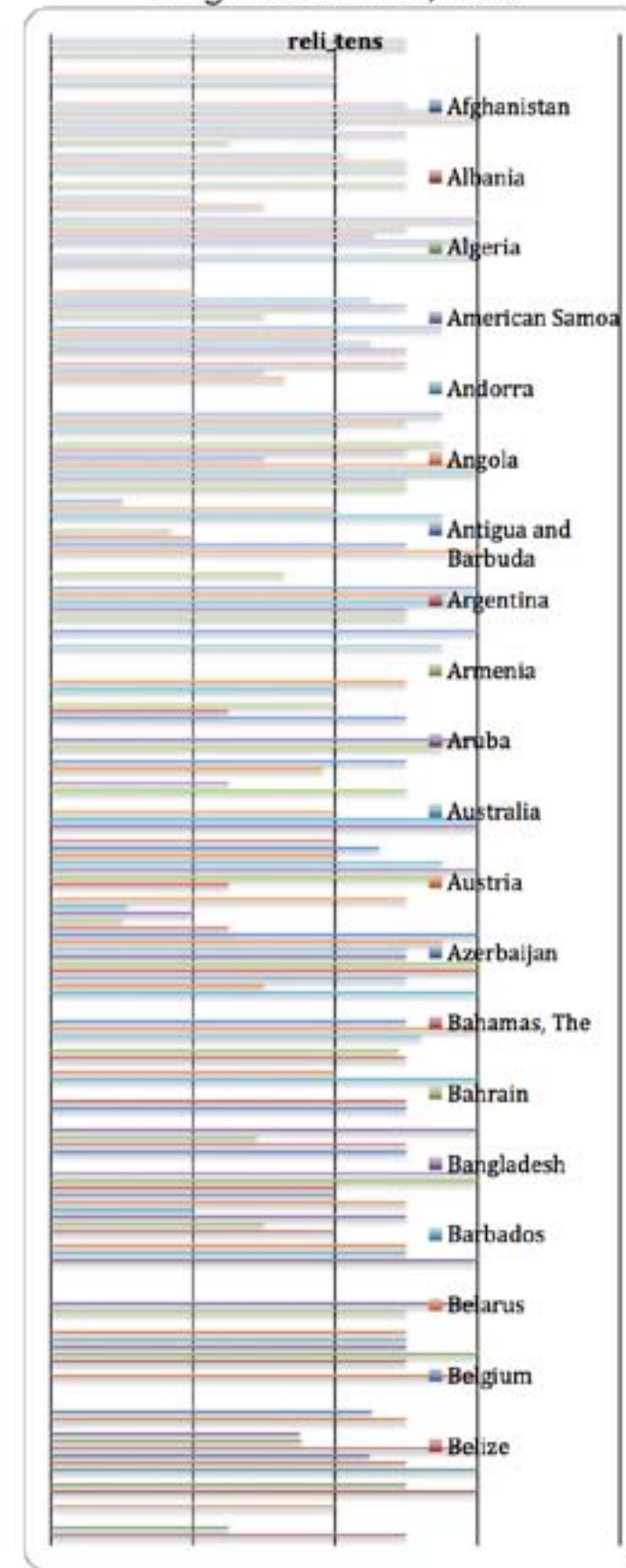
0.00 = less than 0.005

Totals may not add up due to rounding

For results in acres, multiply hectare numbers by 2.471

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Religious Tensions, 2010



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New Business Density (sorted in decreasing order)

Economy	Region	Year	New business density				
Hong Kong SAR, China	East Asia & Pacific	2012	28.12	Macedonia, FYR	Europe & Central Asia	2012	3.6
Cyprus	Europe & Central Asia	2012	22.51	Costa Rica	Latin America & Caribbean	2012	3.55
Luxembourg	OECD high income	2012	20.98	Dominica	Latin America & Caribbean	2009	3.3
New Zealand	OECD high income	2012	15.07	St. Lucia	Latin America & Caribbean	2011	3
Panama	Latin America & Caribbean	2012	14.1	Uruguay	Latin America & Caribbean	2012	2.98
Malta	Middle East & North Africa	2012	13.61	Czech Republic	OECD high income	2012	2.96
Botswana	Sub-Saharan Africa	2012	12.3	Israel	OECD high income	2012	2.96
Australia	OECD high income	2012	12.16	France	OECD high income	2012	2.88
Latvia	Europe & Central Asia	2012	11.63	Croatia	Europe & Central Asia	2012	2.82
United Kingdom	OECD high income	2012	11.04	Timor-Leste	East Asia & Pacific	2012	2.76
Montenegro	Europe & Central Asia	2011	10.66	Spain	OECD high income	2012	2.71
Bulgaria	Europe & Central Asia	2012	9.03	Switzerland	OECD high income	2012	2.53
Iceland	OECD high income	2012	8.17	Belgium	OECD high income	2012	2.48
Singapore	East Asia & Pacific	2012	8.04	Vanuatu	East Asia & Pacific	2009	2.34
Estonia	OECD high income	2007	7.92	Finland	OECD high income	2012	2.32
Norway	OECD high income	2012	7.83	Malaysia	East Asia & Pacific	2012	2.28
Mauritius	Sub-Saharan Africa	2012	7.4	Brazil	Latin America & Caribbean	2012	2.17
South Africa	Sub-Saharan Africa	2012	6.54	Korea, Rep.	OECD high income	2012	2.03
Sweden	OECD high income	2012	6.41	Colombia	Latin America & Caribbean	2012	2
Chile	OECD high income	2012	5.69	Italy	OECD high income	2012	1.91
Slovak Republic	OECD high income	2012	5.11	Tonga	East Asia & Pacific	2012	1.91
Georgia	Europe & Central Asia	2012	4.86	Oman	Middle East & North Africa	2009	1.74
Hungary	Europe & Central Asia	2012	4.75	Qatar	Middle East & North Africa	2012	1.74
Lithuania	Europe & Central Asia	2012	4.71	Kazakhstan	Europe & Central Asia	2012	1.71
Ireland	OECD high income	2012	4.5	Serbia	Europe & Central Asia	2012	1.68
Netherlands	OECD high income	2012	4.44	Moldova	Europe & Central Asia	2009	1.63
Maldives	South Asia	2009	4.39	Suriname	Latin America & Caribbean	2012	1.63
Denmark	OECD high income	2012	4.36	Armenia	Europe & Central Asia	2012	1.55
Slovenia	OECD high income	2012	4.36	Tunisia	Middle East & North Africa	2011	1.52
Belize	Latin America & Caribbean	2012	4.31	Lesotho	Sub-Saharan Africa	2012	1.49
Russian Federation	Europe & Central Asia	2012	4.3	United Arab Emirates	Middle East & North Africa	2012	1.38
Romania	Europe & Central Asia	2012	4.12	St. Vincent and the Grenadines	Latin America & Caribbean	2012	1.37
Gabon	Sub-Saharan Africa	2009	4.11	Zambia	Sub-Saharan Africa	2012	1.36
Peru	Latin America & Caribbean	2012	3.83	Germany	OECD high income	2012	1.29
São Tomé and Príncipe	Sub-Saharan Africa	2012	3.75				
Portugal	OECD high income	2010	3.62				

Morocco	Middle East & North Africa	2009	1.26
Kosovo	Europe & Central Asia	2012	1.22
Uganda	Sub-Saharan Africa	2012	1.17
Belarus	Europe & Central Asia	2012	1.14
Jamaica	Latin America & Caribbean	2012	1.11
Canada	OECD high income	2012	1.07
Rwanda	Sub-Saharan Africa	2012	1.07
Dominican Republic	Latin America & Caribbean	2012	1.05
Samoa	East Asia & Pacific	2012	1.04
Jordan	Middle East & North Africa	2012	0.98
Kyrgyz Republic	Europe & Central Asia	2012	0.92
Ukraine	Europe & Central Asia	2012	0.92
Nigeria	Sub-Saharan Africa	2012	0.91
Albania	Europe & Central Asia	2012	0.88
Mexico	Latin America & Caribbean	2012	0.88
Thailand	East Asia & Pacific	2012	0.86
Namibia	Sub-Saharan Africa	2012	0.85
Kenya	Sub-Saharan Africa	2008	0.84
Turkey	Europe & Central Asia	2012	0.79
South Sudan	Sub-Saharan Africa	2012	0.73
Azerbaijan	Europe & Central Asia	2012	0.7
Bosnia and Herzegovina	Europe & Central Asia	2012	0.7
Nepal	South Asia	2012	0.66
Uzbekistan	Europe & Central Asia	2012	0.64
Bolivia	Latin America & Caribbean	2012	0.56
Algeria	Middle East & North Africa	2012	0.53
Poland	OECD high income	2009	0.53
Guatemala	Latin America & Caribbean	2012	0.52
Sri Lanka	South Asia	2012	0.51
Austria	OECD high income	2012	0.5
El Salvador	Latin America & Caribbean	2012	0.48
Argentina	Latin America & Caribbean	2012	0.47
Sierra Leone	Sub-Saharan Africa	2012	0.32
Indonesia	East Asia & Pacific	2012	0.29
Philippines	East Asia & Pacific	2012	0.27
Senegal	Sub-Saharan Africa	2012	0.27

Tajikistan	Europe & Central Asia	2012	0.26
Guinea	Sub-Saharan Africa	2012	0.23
Bhutan	South Asia	2012	0.2
Afghanistan	South Asia	2012	0.15
Burkina Faso	Sub-Saharan Africa	2012	0.15
Iraq	Middle East & North Africa	2012	0.13
India	South Asia	2012	0.12
Japan	OECD high income	2012	0.12
Togo	Sub-Saharan Africa	2012	0.12
Kiribati	East Asia & Pacific	2011	0.11
Lao PDR	East Asia & Pacific	2011	0.1
Bangladesh	South Asia	2012	0.09
Malawi	Sub-Saharan Africa	2009	0.08
Haiti	Latin America & Caribbean	2012	0.06
Madagascar	Sub-Saharan Africa	2012	0.05
Pakistan	South Asia	2012	0.04
Syrian Arab Republic	Middle East & North Africa	2011	0.04
Ethiopia	Sub-Saharan Africa	2009	0.03
Congo, Dem. Rep.	Sub-Saharan Africa	2012	0.02

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**Patent Applications by Residents (sorted
in descending order)**

Country name	2012
China	535,313
Japan	287,013
United States	268,782
Korea, Rep.	148,136
Germany	46,620
Russian Federation	28,701
United Kingdom	15,370
France	14,540
India	9,553
Italy	8,439
Korea, Dem. Rep.	8,354
Brazil	4,804
Canada	4,709
Turkey	4,434
Poland	4,410
Spain	3,266
Australia	2,627
Ukraine	2,491
Netherlands	2,375
Sweden	2,288
Austria	2,258
Finland	1,698
Belarus	1,681
Switzerland	1,480
New Zealand	1,425
Denmark	1,406
Israel	1,319
Mexico	1,294
Malaysia	1,114
Singapore	1,081
Romania	1,022
Thailand	1,020
Norway	1,009
Czech Republic	867
Belgium	755
Argentina	735

Hungary	692
Egypt, Arab Rep.	683
Greece	628
Portugal	621
South Africa	608
Ireland	492
Vietnam	382
Chile	336
Uzbekistan	257
Bulgaria	245
Colombia	213
Morocco	197
Latvia	193
Serbia	192
Hong Kong SAR, China	171
Slovak Republic	168
Philippines	162
Azerbaijan	144
Georgia	139
Armenia	137
Kenya	123
Algeria	119
Kyrgyz Republic	110
Lithuania	109
Luxembourg	109
Pakistan	96
Moldova	93
Bangladesh	67
Peru	54
Jordan	48
Rwanda	40
Cuba	38
Iceland	37
Montenegro	37
Yemen, Rep.	36
Cote d'Ivoire	26
Uruguay	22
Estonia	20
Dominican Republic	18

Malta	11
Costa Rica	10
Honduras	8
Guatemala	7
Zambia	7
Macao SAR, China	5
Cyprus	4
Madagascar	4
Monaco	4
Nicaragua	4
Bahrain	3
Qatar	3
Tajikistan	3
Bosnia and Herzegovina	2
Cambodia	1

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Researchers in R&D per million people (sorted in descending order)

Country name	2011
Finland	7,423
Iceland	7,012
Denmark	6,806
Israel	6,602
Singapore	6,494
Korea, Rep.	5,928
Luxembourg	5,814
Norway	5,508
Japan	5,158
Sweden	5,142
Portugal	4,724
Canada	4,563
Austria	4,401
Slovenia	4,255
Germany	4,085
United Kingdom	4,026
United States	3,979
France	3,918
Belgium	3,878
New Zealand	3,693
Netherlands	3,507
Estonia	3,485
Ireland	3,355
Russian Federation	3,120
Czech Republic	2,891
Slovak Republic	2,817
Spain	2,800
Lithuania	2,756
Hungary	2,303
Greece	2,219
Latvia	1,904
Malta	1,780
Italy	1,748
Poland	1,679
Malaysia	1,643

Bulgaria	1,623
Croatia	1,584
Costa Rica	1,289
Ukraine	1,253
Argentina	1,236
Serbia	1,221
Turkey	987
China	963
Morocco	864
Cyprus	820
Moldova	781
Montenegro	763
Romania	737
Kazakhstan	652
Uzbekistan	534
Uruguay	525
Egypt, Arab Rep.	524
Macao SAR, China	476
Iraq	426
Mexico	386
Venezuela, RB	228
Colombia	184
Oman	160
Pakistan	149
Kuwait	132
Angola	57
Cabo Verde	51
Madagascar	51
Paraguay	48
Gambia, The	34
Guatemala	25
Lesotho	6

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High-tech Exports as a % of Manufactured Exports (sorted in descending order)

Country name	2012
Philippines	49
Malta	46
Singapore	45
Malaysia	44
Costa Rica	40
Kiribati	38
Kazakhstan	30
China	26
Korea, Rep.	26
Switzerland	26
France	25
Mozambique	25
Ireland	23
United Kingdom	22
Thailand	21
Uganda	21
Netherlands	20
Norway	19
Hungary	18
United States	18
Japan	17
Czech Republic	16
Germany	16
Hong Kong SAR, China	16
Israel	16
Mexico	16
Denmark	14
Iceland	14
Sao Tome and Principe	14
Australia	13
Austria	13
Brunei Darussalam	13
Cyprus	13
Sweden	13
Barbados	12

Canada	12
Belgium	11
Estonia	11
New Caledonia	11
Aruba	10
Brazil	10
Croatia	10
Latvia	10
Lithuania	10
New Zealand	10
Tanzania	10
Bolivia	9
Dominica	9
Finland	9
Greece	9
Slovak Republic	9
Uruguay	9
Argentina	8
Bulgaria	8
Luxembourg	8
Russian Federation	8
Azerbaijan	7
Bermuda	7
Ghana	7
India	7
Indonesia	7
Italy	7
Paraguay	7
Poland	7
Spain	7
Tonga	7
Morocco	6
Niger	6
Romania	6
Slovenia	6
South Africa	6
Ukraine	6
Zimbabwe	6
Chile	5

Colombia	5
El Salvador	5
Guatemala	5
Kyrgyz Republic	5
Moldova	5
Namibia	5
Nicaragua	5
Cameroon	4
Macedonia, FYR	4
Portugal	4
Armenia	3
Belarus	3
Burundi	3
Dominican Republic	3
Oman	3
Papua New Guinea	3
Peru	3
Bosnia and Herzegovina	2
Ecuador	2
Ethiopia	2
Fiji	2
French Polynesia	2
Georgia	2
Lebanon	2
Nigeria	2
Pakistan	2
Rwanda	2
Turkey	2
Turks and Caicos Islands	2
Botswana	1
Egypt, Arab Rep.	1
Jamaica	1
Mali	1
Mauritius	1
Senegal	1
Sri Lanka	1
Albania	0
Algeria	0
Antigua and Barbuda	0

Bahamas, The	0
Cambodia	0
Guyana	0
Macao SAR, China	0
Madagascar	0
Samoa	0
St. Vincent and the Grenadines	0
Togo	0
Yemen, Rep.	0

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