

CLOSING THE LEADERSHIP GAP: GENDER EQUITY AND LEADERSHIP IN THE GLOBAL HEALTH AND CARE WORKFORCE

POLICY ACTION PAPER

JUNE 2021



**World Health
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The literature review on gender, equity and leadership in the health and care workforce will be made public as part of a GEH policy bank.

Abbreviations

GEH	Gender Equity Hub
ILO	International Labour Organization
LMIC	low- and middle-income countries
PPE	personal protective equipment
SDG	Sustainable Development Goal
STEM	science, technology, engineering and medicine
UHC	universal health coverage
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. About this policy action paper

1.1 Unpacking the leadership paradox in health and social care

The health and social care sector is one of the largest and fastest growing employment sectors in the world, particularly for women (1). Women provide essential health and care services for around 5 billion people and contribute an estimated US\$ 3 trillion annually to global health; half in the form of unpaid work (2).

Women comprise almost 70% of health and social care workers globally (3) and nearly 90% of the nursing and midwifery workforce (4) and yet it is estimated that they hold only around 25% of leadership roles in health (3). This paper examines the paradox of why so few women are leaders in a majority female profession and explores actions that can be taken to redress this gender imbalance which impacts on health security and health and care delivery for all.

In March 2019 WHO launched a landmark report, *Delivered by women, led by men: a gender and equity analysis of the global health and social workforce* (3). The report, a product of the WHO Gender Equity Hub (GEH) of the Global Health Workforce Network, calls for urgent action to address gender inequities in the health and social care workforce in order to reach universal health coverage (UHC) and other Sustainable Development Goal (SDG) targets.

The four thematic areas in the report were: gender parity in leadership; occupational segregation; decent work free from bias, discrimination and harassment, including sexual harassment; and the gender pay gap. In March 2020, building on the report, the WHO GEH launched a public consultation on “gender equity and leadership in the global health and social workforce”.

Following a literature review, the GEH is launching this policy action paper, incorporating feedback received from public consultation and focusing on pragmatic policy actions. The leadership gap between women and men in health can only be closed by addressing systemic barriers to women's advancement.

Since *Delivered by women, led by men* was published, the world has been hit by the COVID-19 pandemic, which has stress tested the resilience of health, social and economic systems in all countries and produced additional evidence and lessons on gender, equity and the health and care workforce, the subject of this paper. COVID-19 has had a profound impact on women in the health and care workforce and threatens to widen the leadership gap for women in the sector.

“The leadership gap in health can only be closed by addressing the systemic barriers women face.”

“COVID-19 threatens to widen the leadership gap for women.”

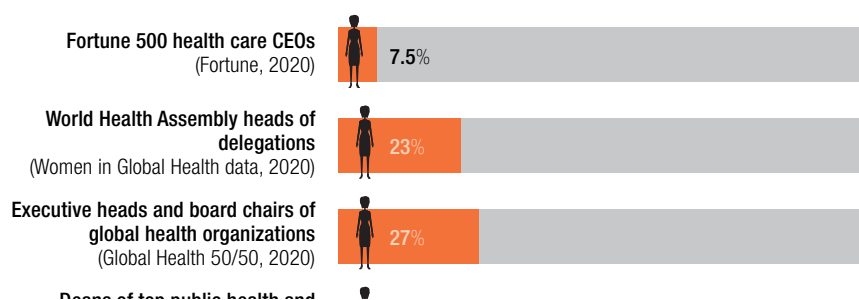
2. Mapping the problem: global health and care – delivered by women, led by men

Key findings on gender, equity and leadership in the global health and social workforce from *Delivered by women, led by men* (3) are:

- Gender leadership gaps are driven by stereotypes, discrimination, power imbalance and privilege.
- Women's disadvantage intersects with and is multiplied by other identities, such as race and class.
- Global health is weakened by excluding female talent, ideas and knowledge.
- Women leaders often expand the health agenda, strengthening health for all.
- Gendered leadership gaps in health are a barrier to reaching the SDGs and UHC.

Women are almost 70% of the global health and social workforce but it is estimated they hold only 25% of senior roles. Only 23% of national delegations to the World Health Assembly in 2020 were headed by women and fewer than 5% of the chief executive officers of Fortune 500 health care companies are female (5).

Fig. 2.1 Women's representation in global health



“Women are almost 70% of the global health and

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