Research in Gender and Ethics (RinGs): Building stronger health systems

The role of women's leadership in health system strengthening

Equity is at the core of the Sustainable Development Goals (SDGs), including SDG 3: 'ensure healthy lives and promote well-being for all at all ages'. Improving health requires accelerated efforts to address inequity, in particular, among marginalised populations who are most affected by the burden of disease. Increasingly, the importance of gender equity within global health leadership is being recognised, and SDG 5: 'achieve gender equality and empower all women and girls' is supported by a target on ensuring women's equal opportunities for leadership. In many countries, more than 75% of people engaged and working in global health are women, but this proportion of women is not reflected at the top levels of leadership. Governance is a core pillar of health systems and greater parity and gender responsive, transformative leadership are essential in our efforts to strengthen health systems and meet the gender- and health-related SDGs

Gender bias is apparent in personal, political, economic and public life. The health sector is no exception. Empirical research by Women in Global Health (WGH) and the Research in Gender and Ethics (RinGs) consortium draws on three data sources to explore the ways in which gender affects progression and leadership in global health at many levels. Researchers present a radical new agenda for change aimed at strengthening health systems, and making them more equitable and responsive.

Methodology

Working in partnership, WGH and RinGs carried out empirical research to assess and better understand the challenges and opportunities of women's leadership in global health, and the realities of health workers' lives in Cambodia, Zimbabwe and Kenya. A range of research methods was employed:

1. An extensive literature review, looking at women's leadership in global health, gender and health system resilience.
2. A quantitative analysis of gender and leadership positions in global health organisations, institutions and donor agencies to identify the proportion of leaders who are male and female.
3. Qualitative research in three countries into health workers' perceptions of how gender roles and expectations have over time shaped work and leadership. The focus was on access to training, promotion and career advancement. Women and men were interviewed using a life history approach, a valuable tool in capturing people's experiences. Informed consent was sought from all participants.

Key findings

Despite championing the rights and empowerment of women and girls, the global health community has largely failed to promote women's leadership within its own sector.

Results from the literature review and quantitative research. In many countries, women make up more than three-quarters of the people working in global health, and yet rarely hold leadership positions in the public and private sectors.

- Only 27% of ministers of health were women in 2015. Just 23% of delegations at the World Health Assembly of May 2015 were led by women. Only a quarter of the executive leadership team of the Bill & Melinda Gates Foundation were female.
- Women's substantial contribution to global health care amounts to US$3.05 trillion, however, almost half of this is unpaid, reflecting women's role as carers for family members.

Research in three countries illustrates how gender norms, roles and responsibilities shape entry to the health sector, progression and leadership:

- **At the individual level** – in Cambodia women make up just 20% of those who hold senior roles in the Ministry of Health. Before taking on leadership positions, Cambodian women first sought approval from families. Confidence, determination and hard work all contributed to these leaders' success.

UKaid from the British people

- **Within households and communities** – in Zimbabwe, women's child care responsibilities often held them back while men pursued training and gained better qualifications. The expectation that wives moved with their husbands as these men pursued employment and careers, meant that women lost out on training and promotion. In Kenya, women having and looking after children was seen to hinder their career progression.
- **Within health systems and institutions** – in Zimbabwe, rural postings, which can create opportunities for training and promotion, are usually offered to men. In Kenya, professional hierarchies and gender shape the appointment of health leaders: medical doctors, who are often male, are usually recruited for senior positions. In Cambodia, positive initiatives at the national and provincial government level include developing health workers' gender and leadership skills.

An agenda for change

"If people can see nurses and other health professionals can also lead, doctors will also learn."
(Male senior manager, Kenya)

Limited evidence suggests that when women lead in global health, health outcomes are more equitable. As leaders, women usually take decisions that have a direct impact on women and children's lives, affecting their health and well-being. What's more, the impact of women's leadership transcends health: a study found that women-led villages in India were more likely to enable girls to thrive by investing in education and promoting a role outside the home.

Fundamental shifts are required within the family, community and health institutions to boost women's leadership. Personal beliefs and attitudes must be transformed, and women supported through policies and practices relating to recruitment, supervision, training and child care. Governance – which underpins strong health systems – should be looked at from a gender perspective so that bias is identified and addressed. Key actions to advance women's leadership include:

- Ensuring that leadership is gender-responsive and institutionalised throughout the health system in order to address gender discrimination. Everyone working within global health and the health sector, particularly those in leadership roles, should undergo gender training.
- Creating an enabling environment by increasing the visibility of women's leadership in global health. This entails holding events on women's role in global health; recognising women's leadership in global health; and actively recruiting female leaders at all levels. Strategies also include fostering leadership development; building women's capacity; nurturing mentorship in the early and middle stages of a career; creating networking opportunities for women; and increasing flexibility for women and men in global health.
- Making a substantial and sustained investment in data. Disaggregating data to reflect sex and gender is key. More research is needed on the impact of women's leadership on health system strengthening and health outcomes: this will help build an evidence-informed case for gender equity in health leadership.

Promoting gender equity in leadership has many benefits. It is an opportunity to create stronger, fairer and more resilient health systems. Taking action to advance women's leadership in health can reduce overall health inequities and maximise use of valuable resources. This will improve people's health, not only enhancing the lives of women and girls, but also men, boys and people of all genders.

A few key references

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