**Business unusual: The time is ripe for gender transformative change in the health workforce**

Global Health Workforce Network’s Gender Equity Hub

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**Abstract**

The viewpoint, submitted on behalf of the Global Health Workforce Network's Gender Equity Hub, seeks to briefly introduce the issues currently facing women in the health workforce including, lack of women in leadership and decision-making, the gender wage gap, and discrimination, violence and harassment. The piece focuses on identifying solutions utilizing the learnings from other sectors. With the end goal of creating a gender transformative approach to promote gender equity in the health workforce.

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**Introduction**

The dominant narrative of women and global health commonly focuses on women as the recipients of health care services, particularly maternal and reproductive health services, but this misses the point that it is largely women who make health for all possible both as caregivers and health workers. Women comprise seven out of ten health and social care workers and contribute $3 trillion annually to global healthcare, half in the form of unpaid care work.1,2 The reduction of mortality rates across all age groups over the past half century is largely due to this under-recognized contribution of women.3 Under-investments into health and social workforce, undermines the prospects of achieving health related Sustainable Development Goals (SDGs). A shortfall of almost 18 million health workers are projected by 2030 - and investments in women health workers are the answer to reversing these trends4. There is dire need for global health leaders to recognise importance of gender-transformative changes in the health and social workforce and to rectify the lack of attention to gender dimensions of health service provision.

Global development dialogues deplore the stagnating rates of women’s labour participation.5 It is estimated that if G20 leaders reach their commitment to reduce the gender gap in labour participation by 25 per cent by the year 2025, it would add US$ 5.8 trillion to the global economy.5 The health and social sectors offer a solution as women’s participation in these sectors is more than any other sector. Connecting the gender, health workforce and decent work agendas is a win-win that could generate gender-transformative dividends across the SDGs. This calls for a new narrative, one that rightfully recognises women in global health as the change agents driving health for all.

**Key problems**

A key challenge to gender transformative change in the health workforce can be traced to women’s relative absence from decision-making and leadership positions. This is true of professions typically occupied by women6, and those where more women have recently made inroads.7 Female representation in policy making positions remains low even in global health agencies such as the World Health Organization (WHO), where until recently women made up less than 25% of senior positions.8 Consequently, policy making remains a male dominated space and policies are implicitly set to male norms. The lack of gender parity in healthcare leadership is not due to lack of interest, difference in career commitment, or years of education; it is due to systemic gender bias, lack of opportunity for advancement, and a 'glass ceiling' that exists within health care just as in other sectors.9

Other forms of discrimination include wage gaps between men and women. The 2017 Global Gender Gap Report estimates the average gender wage gap in each country at between 16% and 21%.10 The gender pay gap may be even greater in the health and social care sector, estimated at 26% in high-income countries and 29% in upper-middle income countries.1 What is clear is that more evidence and data is needed from middle- and low- income countries, WHO is currently working with the ILO to analyse labour force survey data to generate more insights. In sectors that are female dominated, work is often undervalued and pays less. This is evident in the case of community health workers, where women do not have decent work opportunities. Both un- and under-compensation – can be traced to the devaluing of skills of [largely female] health workers, where their tasks/roles are assumed to be an extension of the undifferentiated role of women in the household.

The devaluation of women’s work in the health sector can also be linked to their disproportionate experience of violence and harassment in the workplace from both internal sources, i.e. male counterparts, and external sources, i.e. patients or clients.11 Health workers in Canada had twice the number of violence-related lost-time injuries in 2015 when compared to police and correctional services combined.12 In Rwanda, female health workers experience much higher rates of sexual harassment than male colleagues11 and in Pakistan, ‘Lady Health Workers’ have reported harassment from both upper management and lower level male staff.13 Violence and harassment not only limits many health workers’ abilities to effectively complete their life saving duties but stifles their voice when advocating for advancement and increased responsibility.

**Solutions**

While a plethora of literature highlights the problems outlined above, there is little focus on the policies and interventions that tackle the patriarchal gender norms and practices. We require a fundamental shift in the way women are perceived in global health and the workplace. We propose gender transformative approaches14 to promote gender equity in the health workforce that equally support the recruitment, retention and upward mobility of women in the health workforce, across all cadres, including at the community level, from pre-service to in-service. Failure to do so would result in a missed opportunity to promote gender transformative change from the ground up.15 Greater female representation in policy making positions is also critical to ensuring women’s voice is active in policy making, thereby bringing about gender transformative policy change at national, district and community levels. To this point, we must recognise that men have a vital role to play in the fight for gender equity. Candid and open dialogue within the workplace can be an effective springboard into action but more so we need to change the narrative, challenging the misconception that gender is synonymous with women. We require more emphasis on the benefits that gender equity brings to society as a whole; gains for women do not equate to losses for men.

Comprehensive maternity and paternity leave structures across all health workforce cadres, reserving a representative proportion of leadership roles for women, working exclusively with partners and suppliers who show commitment to gender equity and establishing mentoring schemes for women may prove effective starting points. There are many lessons we can draw from other industries and sectors. The International Labour Organization, for example, has developed policies to address issues around decent work, sexual harassment, gender pay gap, maternity leave and flexible working hours at both national and international levels.16

It will be necessary, however, to go beyond traditional workplace trainings and policies and employ social behaviour change strategies, which may draw on the fields of social psychology, behavioural psychology, anthropology, and economics, to design multi-pronged strategies to facilitate change. For example, an evidenced-based method for transforming gender norms in health and development programs, drawn on critical pedagogy, is an educational method that awakens critical consciousness through continuous reflective dialogue in groups.17 These interventions can create socio-cultural shifts within health workforce institutions and can promote accountability when policies are violated by creating on-going feedback loops. Emerging qualitative methodologies such as life histories, have also been shown to be a valuable tool in contexts where health workers constitute a marginalized community (e.g. mid-level cadres, rural health workers areas, and post-conflict staff).18

The need to employ gender transformative approaches is critical to meaningful, lasting change. Failures of sexual harassment policies and training constitute just one example of well-intentioned policy or awareness-raising approaches that have fallen short of preventing what we now know as commonplace, yet often unreported sexual harassment in the workplace.19 Evidenced-based strategies include empowering bystanders to intervene, teaching civil behaviour for all staff, and facilitating participatory dialogue about power relations repeatedly over time.20 All these interventions draw on established theories of behaviour change, such as social learning theory, theory of planned behaviour and the stages of change—all of which acknowledge that individuals need help not only recognizing a problem, but also a community that fosters change through positive reinforcement of desired behaviours.

**Conclusion**

Women are the power behind health for all and it is time to assert this missing narrative at the centre of global health. Gender transformative interventions and reforms in the health and social workforce offer solutions not only to address gender discrimination in health systems, but given that women contribute more to the health and social sector than any other sector, to also advance the broader gender equity agenda. Gender transformative approaches require implementation across all levels of the health system to address the multiple barriers to women’s empowerment. Critically, a gendered lens needs to be adopted in order to rapidly reduce the sexual harassment and violence plaguing the sector, progress on this to date has been too slow.

The Global Health Workforce Network’s Gender Equity Hub was established at the 4th Global Forum on Human Resources for Health as an action oriented community to connect the dots across contexts and catapult progress in the gender-transformative approaches to health workforce. It seeks to do this by achieving two key deliverables in the ILO-OECD-WHO *Working for Health* five-year action plan: the development of gender-transformative global policy guidance, and support to build implementation capacity to overcome gender biases and inequalities in the education and labour market. Action is needed now to develop a fit for purpose, gender transformative health workforce.

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