GenderCollab
Advancing Gender Intentionality in Health Systems

ICRW INTERNATIONAL CENTER FOR RESEARCH ON WOMEN

SUMMARY NOTE | Virtual Learning Event | 26th July 2023
Women's Leadership in Health

The following document summarises the discussion during the second virtual learning event organised by GenderCollab in partnership with International Center for Research on Women (ICRW) on 26 July 2023. The discussion was moderated by **Dr Priya Das**, Oxford Policy Management. It featured **Dr Roopa Dhatt,** Executive Director and Co-Founder, Women in Global Health, India | USA, **Dr Rosemary Morgan,** Associate Scientist, Department of International Health, Johns Hopkins Bloomberg School of Public Health, USA, and **Ms Sapna Kedia,** International Centre for Research on Women, Asia Office as panellists.

In the session, Dr Priya Das invited the speakers to share their thoughts on women's leadership in health. This was followed by a panel discussion on practical entry points for enabling women's leadership and a Q&A with the audience.

See the event recording here and the presenter slides here.

CONTEXT

There is a clear deficit of women's leadership positions within the health system. As the evidence suggests, women constitute 70% of the global health workforce but are underrepresented in leadership within health systems. Women occupy only 25% of senior roles as managers and decision-makers[1][2]. **Within the health system, women are often left out of selection or denied leadership positions based on gender-biased presumptions and stereotypes[3].** Discrimination faced by women leaders in the health system deters women from taking on these roles[4]. The gender deficit in leadership is also attributed to policy- and institutional-level barriers— there are not adequate leadership positions and existing positions are either being kept vacant or being occupied by men.

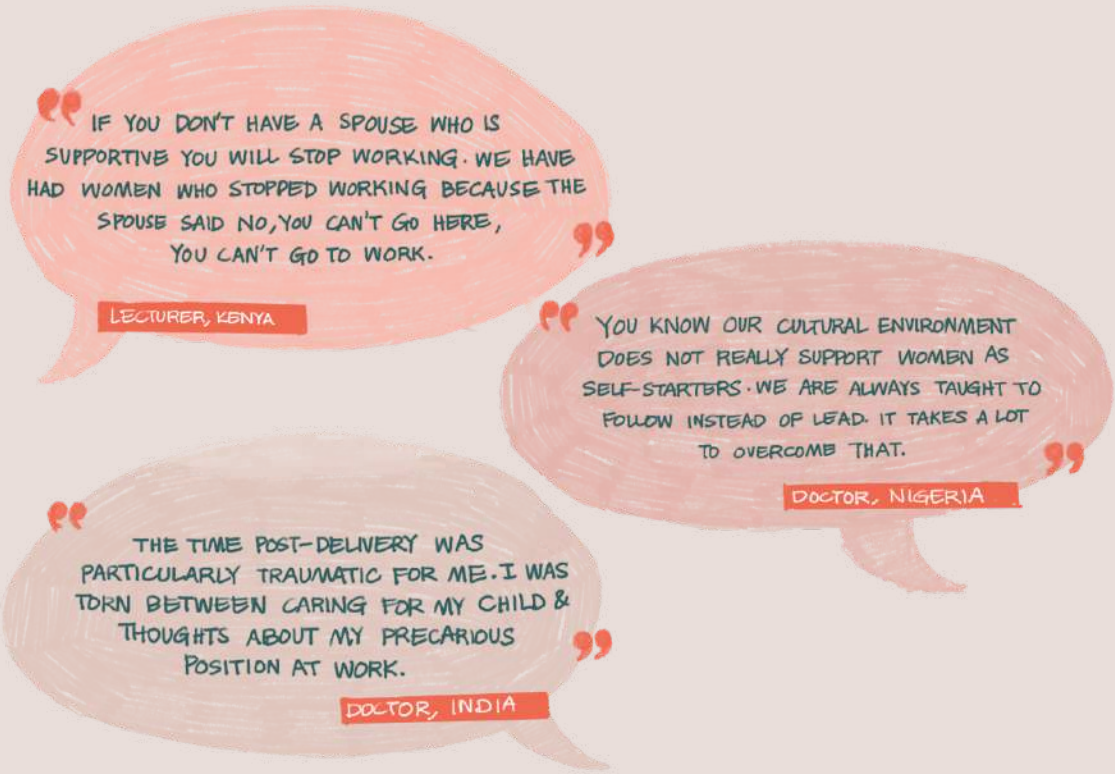
Enabling women's leadership in the health system has always been needed both in terms of addressing gender inequities as well as enabling women cadres to have greater decision-making in policies and practices related to their performance, and career growth trajectories. This would help address issues of occupational segregation and existing gender pay gaps. Read more on the agenda note here.

State of Women's Leadership in Health at the Global Level

Dr Roopa Dhatt began by describing the founding of Women in Global Health in 2015 following the question 'Why are there so many incredible women in global health but so few in leadership positions?' In 2023, **the global movement has 51 national chapters** and works on policy advocacy for issues such as gender equity in leadership, a new social contract for all women health and care workers, and gender responsive universal health coverage; alliance building, as well as generating novel evidence on gender equity in health systems (see more in resources below).

[1] (Muraya *et al*., 2019; WHO, 2019; Ayaz *et al*., 2021; Dhatt *et al*., 2017; Juma *et al*., 2014; Vong *et al*., 2019; Zeinali *et al*., 2021).
[2] Women in Global Health. Policy Brief: The State of Women and Leadership in Global Health: The XX Paradox. Women in Global Health; 2023. Available at: https://womeningh.org/sheshapes/
[3] (Dhatt *et al*., 2017; Vong *et al*., 2019; Ayaz *et al*., 2021; Muraya *et al*., 2019).
[4] (Downs *et al*., 2014; Muraya *et al*.; 2019; Vong *et al*., 2019; Morgan *et al*., 2018).

She shared key findings from a 2023 publication: **The State of Women and Leadership in Global**



Health, which collates global and national level data on barriers and enablers to women's leadership in health; country case studies from India, Kenya, and Nigeria; as well as recommendations. Across contexts and cultures of the three countries of study, women experience common challenges accessing leadership in health due to **gender norms that discriminate against women in their homes, workplaces and societies**. These include biases that affect women's participation in work and leadership, discrimination that women face linked to the 'motherhood penalty', as well as gender stereotypes around leadership deter and penalise women.

Describing the leadership pyramid, she noted that **global health is still delivered by women and led by men**. Some facts shared to substantiate her point included:

- Compared to 2018, while there has been a slight increase in the proportion of Fortune 500 healthcare companies led by women, the proportion of female Ministers of Health and World Health Assembly (WHA) delegations led by women has decreased.

- **Women lost ground in leadership in the COVID-19 pandemic** as gender stereotypes of men as 'natural leaders' took hold and it was clear that the pandemic was a high-profile and powerful area to work in.

- Speaking about the groups of women that are most excluded from health leadership, Dr Dhatt noted that despite their critical roles in delivering primary health care and as community leaders, **women community health workers are typically excluded from formal leadership opportunities** often due to limited levels of education and literacy.

Dr Dhatt noted **that global commitments are not being implemented fast enough or with enough accountability at the national level**, and added that it is women in leadership at the national level that will feed female talent into global health leadership. She concluded by saying that as long as societal and systemic gender barriers are not addressed, men who make the vast majority of health leaders at the national level, will continue to dominate global health decision-making.

Gender Responsive and Transformative Leadership in Health Systems

Dr Morgan began by arguing that **equitable health outcomes cannot be achieved without having equitable inputs and processes**, so it's important to look at how inequity manifests in the health system. She stated that **a gender-responsive health system is one which takes into consideration the intersectional needs of women, men, and gender minorities in the development, delivery, and management of health systems, across all health systems areas and levels.**

Using a definition from UN Women, she stated that Gender Transformative Leadership seeks to cultivate individuals, including decision-makers, who empower themselves and their organizations **to pay close attention to gender power structures and discriminatory practices**—both formal and informal—in order to advance gender equity in their organizations" as well as in the communities and constituencies they serve. She added that gender transformative leadership **seeks to address discrimination, bias and inequities in the system at its core** across decision-makers, the institutions they work in, and to the health system itself.

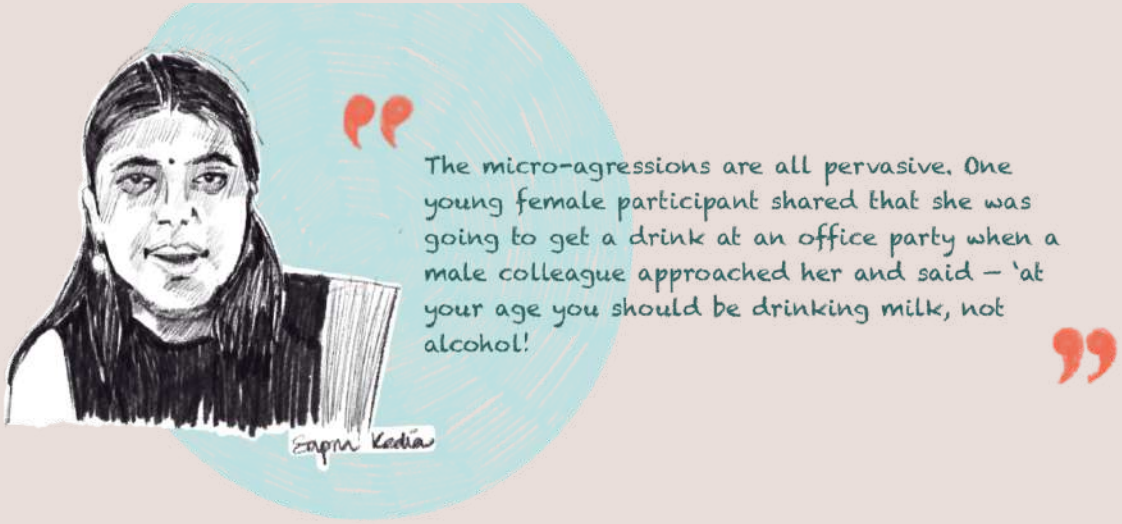
She also mentioned an outline of qualities that included being grounded in gender equality and women's rights, challenging privilege and imbalances in power, and being intersectional, among others.

She referred to the Women at Work framework to suggest that the gender transformative leadership approach explores how **formal (policies, laws) and informal (norms, workforce cultures) systems** present opportunities and barriers to achieving gender equality in health sector organizations from the individual to the systems level. She added that there are challenges including **a lack of political will, formal and informal resistance from persons that benefit from the status quo, limited capacities of health systems, and a lack of disaggregated data** by gender and sex.

She concluded by sharing practical actions towards gender-responsive (and transformative) leadership that included conducting **a gender situational analysis and developing a gender action plan**, **evaluating appointment criteria** to ensure that they do not replicate existing biases, providing supportive supervision, **ensuring flexible working arrangements**, having zero tolerance for harassment or discrimination, among others. To the question '**What can we do'**, she shared some entry points that development partners in health could take up as an entry point to enable women's leadership in health:

Sustaining Leadership in the Health Sector in India

Ms Sapna Kedia shared findings from a 2023 study on **Women in Leadership Health Sector in India** which was a formative research study to inform the women in leadership strategy of the Bill & Melinda Gates Foundation. The aim of the research was to **understand the barriers, the enablers and the opportunities that exist for women**, especially from marginalised groups to grow into leadership roles in the health sector in India. The study looked at organisations and employees working within the formal health sector workforce and not community health workers. She focused on sharing findings from the organisational review that included an analysis of policies to promote gender equality and women's career progression; analysis of workforce data & interviews with staff and experts.



Sharing about organisational-level barriers and enablers, she described how **masculine work cultures create an environment that normalises a series of microaggressions**— not listening to women in meetings, passing sexist and ageist comments, informal boys clubs that keep women away from critical information and decision-making, among others. This is at the root of the inequity that women face in the workplace. The study also found that most male respondents do not fully understand the biases and challenges being faced by women in the workplace.

Some of the organisational barriers to women's leadership she highlighted include:

With respect to what interventions work, she mentioned the following —

- **gender-inclusive policies** around maternity, POSH, childcare, flexible working hours, menstrual leaves, etc.,
- **informal measures** that include **creating spaces and forums where women and marginalised persons feel heard**, and **supportive supervision** from leaders and managers, that create a positive work culture.

She noted **the key takeaway from the study** was **that both men and women workers appreciate leaders who are firm but also responsive, kind, and accommodating**. It was found that while men and women show a mix of leadership styles, women were judged if they are assertive and also if they were not assertive.

She concluded by sharing some key constituents of gender-inclusive organisations, and **factors that enable women to become successful leaders**—access to quality education and mentors, support from their partners encouraging and trusting supervisors, opportunities for capacity building and networking, and inclusive and clear workplace policies.

What defines exemplary organizations with gender-equitable leaders? Source: Ms Sapna Kedia

Entry Points for Enabling Women's Leadership

Dr Das invited the speakers to share some practical entry points for interventions, especially for contexts where resources are constrained and political will is limited. Dr Dhatt encouraged the audience to join communities to drive collective action. She added that **gender equity cannot be attained by just focusing on individuals only**; that we need to move beyond 'let's train women to fit into systems that are made for men' towards systems change. She shared the following practical steps:

- Creating all-women shortlists for leadership roles.
- Implementing rotational leadership models, as has been made in the case of the United Nations Secretary-General.
- Working towards a critical number of 30% women leaders
- Implementing workplace policies to support women's lives, including normalising paternity leaves and creating safer spaces for women workers.
- Mobilizing men to practice allyship by leaning out such that if they are occupying senior leadership roles, they think about how they can mentor, support, connect, and rally women to take that role next.

Dr Morgan encouraged the audience **to think about interventions now for the long term**, so that when the system is ready for when the change is going to come with respect to more women leaders. At the organizational level, she suggested the following:

- Getting buy-in from the leadership at all levels.
- Conducting gender situational analyses or gender assessments to identify issues and develop action plans.
- Delivering gender training.
- Providing supportive supervision.

Sapna shared that the starting point is **to embody that intent of becoming a gender-inclusive workplace**. She added the following:

- Asking women and other minority groups about the challenges they're facing in accessing policies that are already in place for them.
- Engaging with men to make them more gender-sensitive.
- Creating Gender Toolkits within organisations that talk about formal policies, informal measures, gender-sensitive provisions from the HR around hiring and care, gender sensitization around sexism, micro-aggressions and what it means to be heard.

Annie-May Gibb asked a question about **overcoming obstacles that are faced while negotiating the ability to hold women-only spaces** in traditionally patriarchal institutions with senior men staff. Dr Dhatt emphasised the need for organisations to support the creation of **formal and informal spaces for women's networks** within organisations. She noted that among some of the most gender-imbalanced global health organisations, she has seen an increase in **women's**

affinity groups based on multiple intersecting identities. She added that it helps if the head of the organisation makes a **public commitment to gender equality**. Moments such as International Women's Day can be used as opportunities to go beyond applauding women and create inflexion points to demonstrate action points towards women's leadership and gender equality. Dr Morgan added further that opportunities and safe spaces can be created for **women-only groups to meet with male allies** within the organisation so as to discuss points of discomfort.

Sharing an anecdote from the Personal Advancement & Career Enhancement Program (P.A.C.E.) project of ICRW Asia with Gap Inc. with women garment factory workers, Dr Priya Nanda shared about a **succinct sensitisation programme that was run for male workers** so that they didn't feel isolated from the process of creating an enabling environment. Ms Kedia emphasised the value of **gender-responsive executive training programmes for men** in leadership positions so as to help them break the biases they hold. She added that what she has learnt from programmes is to have **separate spaces for women and men, but have points in the programme such as joint workshops or campaigns where they are brought together**.

On the issue of reintegrating women workers after a maternity break, Dr Nanda shared the need to create **enabling opportunities that can be embedded in the culture** of an organisation. Some of these micro-interventions like a **buddy system** need to be tailor-made-for-purpose after undertaking a gender audit. Citing the example of PwC's 'Bring back to Business' Programme, Ms Kedia shared the need for organisations and funders to **budget and financially support reskilling and reintegration** programmes.

In her closing remarks, Dr Pranita Achyut shared that it's important that women don't just reach the decision-making tables but also **have the influence to make decisions** in the health sector. She added that while the normative barriers are somewhat understood, the challenge is in **operationalising transformative solutions** while engaging those stakeholders who have gained from the status quo. She also emphasised the **need to create aspirations** among young girls to become future women leaders at work and in society. She concluded by articulating the need to **undertake more rigorous systems-oriented research to monitor and evaluate interventions** in order to deduce what is working and what isn't. This needs financial resources, a long-term view, and urgent action.

RESOURCES

The following knowledge resources were shared by the speakers during the session:

1. Gender Tools Library — Monitoring and Action for Gender and Equity (MAGE) project
2. Gender-Transformative Leadership: A Participatory Toolkit for Health Workers — Jhpiego
3. Gender & Equity — Jhpiego
4. Reports - Women in Global Health
5. Closing the Leadership Gap: Gender Equity and Leadership in the Global Health and Care Workforce — WHO
6. Delivered by women, led by men: A gender and equity analysis of the global health and social workforce — WHO
7. Fit For Women: Improving PPE for women in health — Women in Global Health
8. Pay Women Report: Women's Unpaid Work in Health Systems — Women in Global Health
9. The State of Women and Leadership in Global Health — Women in Global Health
10. Heroines of Health — Women in Global Health

BACKGROUND

Oxford Policy Management (OPM) is currently implementing a project on '**Adaptive Learning for Gender Responsive Health System'** supported by the Bill & Melinda Gates Foundation (India Country Office) following their continued support to action towards gender integration in health systems in their areas of investment. As a part of the project, OPM has set up the GenderCollab—a new Community of Practice, that brings together partners to work towards advancing gender intentionality within the health systems. It is anchored by OPM and facilitated by Quicksand.

Towards the objective of fostering knowledge exchange with practitioners and researchers who work on Gender and Health System Strengthening (GHSS) related issues, GenderCollab hosts virtual learning sessions.