

Gender Equal Health and Care Workforce: Enabling Women to Lead

65rd Commission on the Status of Women Side Event
UN Headquarters, New York

Background:

The Beijing Fourth World Conference on Women in 1995 set a goal to achieve the ‘full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power.’ This goal is particularly significant for health care, where an estimated 164 million women worldwide work. Although **women comprise 70% of the global health workforce**, participation in the decision-making process and access to power has remained a pervasive challenge. **In health women hold only 25% of senior roles.**

Although it is increasingly recognized that to achieve the SDGs, including Universal Health Coverage (UHC) gender transformative action is needed in the health workforce. Policies need to maximize women’s economic participation and empowerment, address gender biases and inequities in education and the health labour market and **institutionalize women’s leadership.**

Indeed, a central theme of the Beijing declaration was the importance of the participation and leadership of women for sustainable development. However, a report published in 2019 - ‘Delivered by Women, Led by Men’ - highlighted a gender leadership gap in the health and social care workforce. The report further noted that one of the **greatest gaps in knowledge is evidence on policy implementation.**

In this session we present the state of women’s leadership in health and care sectors, including in response to the COVID19 pandemic. COVID19 has shone a light on the paucity of women in key pandemic response roles. The low representation of women in leadership roles in health and care weakens health systems and global health security. Women are the experts in the health systems they largely deliver and there are feasible policy interventions to ensure a more gender equitable and representative leadership. In this session we outline what can be done to improve women’s leadership and participation in decision making. A toolkit on leadership within the health sector will be presented **proposing policy actions needed to achieve gender transformative policies for women’s leadership in health and care.** This Beijing +25 objectives of developing leadership training and opportunities for all women to encourage them to take leadership roles, and specifically to Strategic Objective C.4 “Increase the number of women in leadership positions in the health professions including researchers and scientists, to achieve equality at the earliest possible date.”

This Policy Action Paper is a product of the WHO’s Global Health Workforce Network Gender Equity Hub. It builds on a brief *Gender Equity and Leadership in the Global Health and Social Workforce* Issued by the Hub for consultation in 2020. The Paper will contribute insights into the status of women’s leadership in health and care, why gender parity in health and care leadership makes a positive difference and policy actions different stakeholders can take to enable women’s leadership in the sector.

This session supports the Priority theme of CSW65 - **Women’s full and effective participation and decision-making in public life.** It also supports 2021 as the International Year of Health and Care Workers, designated by the World Health Assembly.

The interactive panel will explore opportunities to advance women's leadership in the health workforce.

Session Objectives:

1. Present overview the state of women's leadership in the health and care workforce.
2. To discuss the impact of women leaders in health.
3. To explore how to accelerate large-scale gender-transformative progress to address gender leadership gap in the health and care workforce in line with the Beijing Declaration and Platform for Action.
4. To present and discuss a Policy Action Paper with feasible policy options to increase women's leadership in the health and care workforce.

Key messages:

- 1) **Women deliver health and care, but men lead it.** Men hold the majority of senior roles in health from the community to the global level. This pattern has been repeated in decision making on the COVID-19 pandemic.
- 2) **Health systems and health security will be stronger** when the women who deliver health and care have an equal say in the design of national health plans, policies and systems.
- 3) We need to adopt **gender transformative policies** that challenge the underlying causes of the gender leadership gap in the health and care workforce. Policies need to address the underlying inequities in the system and work environment to create decent work condition where women thrive and achieve their full leadership potential.
- 4) Beyond gender parity in health and care leadership, health and care systems will be strongest when **leaders of all genders adopt a Gender Transformative Leadership approach**, addressing the gendered inequities that weaken health delivery. Gender equality benefits the health of everyone.
- 5) Policy solutions to date have typically focused on 'fixing women' to fit into organisations, systems and work cultures designed for men. Feasible and effective policy options exist that focus on **fixing systems not women**.

Date & Format:

Date: 23 March, 2021 9.00-10.30 EST (TBC)

Format: Virtual side event

Speakers:

TBC

Organizers:

Government of France

World Health Organization

Women in Global Health

Global Health Workforce Network