

## “Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health Workforce” Launch

*An Intersectoral Dialogue on Gender and Health  
Post Event Summary*

Women are 70% of the world’s health workers and deliver care to around 5 billion people. Majority of female health workers are concentrated into lower status, lower paid and unpaid roles. Even within the same health care occupation, women are earning 89 cents for every dollar a man earns. To achieve Universal Health Coverage (UHC), 18 million health and social care worker jobs must be filled, particularly in low income countries. To achieve this, we need to work intersectorally, across health, education, labour, finance and gender. Multi-partner programs like Working for Health (launched in 2017) by the World Health Organization (WHO), the International Labour Organization (ILO), and the Organisation for Economic Co-operation and Development (OECD) support countries to expand and transform the health and social workforce for the SDGs. The Working for Health programme drives investments in skilled, trained and empowered health and social care workers to enable countries to meet not only the SDG on health and well-being, but also on employment and decent work, education and gender equality. The Working for Health programme is being implemented through a Five-Year ILO-OECD-WHO Action Plan on Health Employment and Inclusive Economic Growth: 2017-2021 - in response to the UNGA Resolution on ‘Global Health and Foreign Policy.’ Gender transformative policies are needed. On the 20th of March 2019, at the 63rd Commission Status of Women in New York, at an event hosted by the Republic of Niger, France and additional partners ILO WHO, Women in Global Health and Global Health Workforce Network (GHWN), two new reports were launched that shed light on the root causes of the pervasive gender inequality in the health sector.

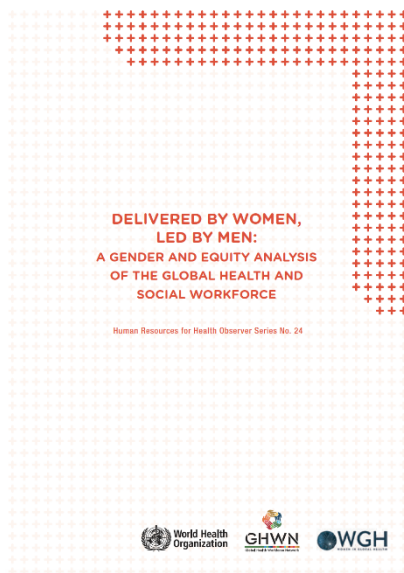


They called for a gender transformative approach that goes beyond just promoting gender equality, but also assesses and addresses the root causes of this inequality and builds implementation capacity to overcome gender biases and inequities in the education and health labour market. **Therefore, transforming health and social care work into jobs that work for women:**

- “Global health: delivered by women, led by men: A gender and equity analysis of the global health and social workforce” addresses gender inequality in the global health workforce and concludes that investing in Decent Work for female health workers will be critical to achieving Universal Health Coverage (UHC).
- “Gender equity in the health workforce: Analysis of 104 countries” which using labour force survey data to estimate occupation segregation and gender pay gap in the health sector.

Gender inequities are pervasive in the health sector. A large amount of work done by women in the health sector goes unpaid (about \$1.5 trillion worth). Female health workers are also burdened by a lack of decent work, including sexual harassment and violence; leadership opportunities; gender pay gap; and occupational segregation. There is a pressing need to change the narrative on gender transformative policy action in the health workforce in order to achieve the ambitious goals set out by the Sustainable Development Goals.

The “Delivered by Women, Led by Men” report was presented by Dr. Roopa Dhatt, a practicing physician and the Executive Director of WGH. Key recommendations include:

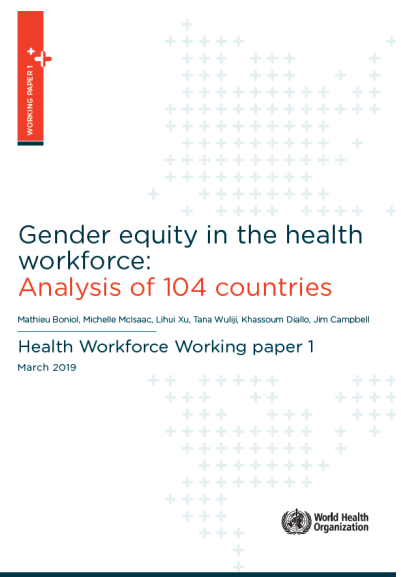


- It is time to change the narrative: women form the base of the pyramid on which global health rests and should be valued as change agents of health, not victims.
- It is time to change the narrative: It is critical to record and recognize all the work women do in health and social care—paid and unpaid—and bring unpaid health and care work into the formal labour market.
- Gender Transformative Policies should be adopted to challenge the underlying causes of gender inequities. Instead of policies that fix women to fit into inequitable systems, we need to fix the systems to create decent work for women and close gender gaps in leadership and pay.
- The focus of research in the global health and social workforce should be shifted to prioritize low and middle-income countries, apply a gender and intersectionality lens, and include sex- and gender-disaggregated data.
- A Mid-Term Review of the Working for Health Action Plan:

assess progress on deliverables on gender equality and recommend steps to ensure the delivery of action plan commitments by 2021.

The Working Paper: “Gender equity in the health workforce: Analysis of 104 countries” which using labour force survey data to estimate occupation segregation and gender pay gap in the health sector by WHO was presented by Dr. Werner Obermeyer, Deputy Executive Director of the World Health Organization, Office at the United Nations. Policy considerations include:

- Gender Pay Gap remains 11% even when considering “equal pay for equal work,” while the total gap is 28% in the health sector.
- Labour rights against sexual discrimination should be enforced to ensure equal remuneration for both men and women for work of equal value.
- Working conditions should address barriers to access full time employment and decent work.
- Occupational segregation is a driver of the gender pay gap among health workers



- Health Workers need support access to professional development and leadership roles.
- Gender transformative policy needs to go beyond gender aware and create an enabling environment.

130 attendees joined to hear from community voices, including health and social workers, and a broad range of speakers that provide multilateral, technical, governmental and NGO perspectives. A discussion moderated by Ann Keeling, Senior Fellow at WGH, highlighted necessary changes to be made in both high, low, and middle-income countries – **calling for gender equality to be everyone's business**. Here are my key takeaways from the report, working paper and its launch event:

## S P E A K E R S

MADAME ELBABACK  
ZEINABOU TARI BAKO  
Minister of the Promotion of  
the Woman and the  
Protection of the Child  
(Niger)



SARAH WALJI  
Board Member of Nursing  
Now, Registered Nurse  
(Canada)



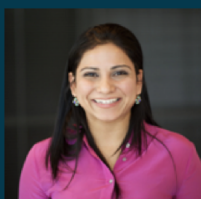
ANN KEELING  
Senior Fellow and Board of  
Directors, Women in Global  
Health



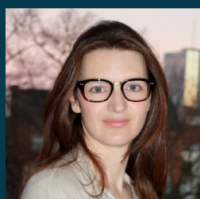
MADAME MARIAMA  
CHIPKAOU  
Director of the Promotion  
of Girls Schooling Ministry  
of Education  
(Niger)



DR. ROOPA DHATT  
Executive Director, Women  
in Global Health, Co-Chair of  
Gender Equity Hub, Global  
Health Workforce Network &  
(USA)



MICHELLE McISAAC  
Economist, World Health  
Organization



WERNER OBERMEYER  
Deputy Executive Director of  
World Health Organization,  
Office for the UN



VINICIUS PINHEIRO  
Deputy Director of  
International Labour  
Organization, Office for the  
UN



ERMAZE LOUIS  
OVC/GBV program manager,  
Zanmi Lasante/Partners In  
Health  
(Haiti)



ANNE GUÉGUEN  
Deputy Permanent  
Representative to the UN  
from France  
(France)



*Partners in Health (Haiti)*

Ermaze Louis Pierre, OVC/GBV program manager, Zanmi Lasante/Partners in Health, encouraged us to “sow in gender equality into health systems or inequities will persist.” Moreover, she emphasized that gender roles in the health workforce and more broadly in society must be challenged. Many positions are being codified and formalized now, so there is an opportunity to change occupation segregation. Additionally, parent engagement is crucial for modelling gender equal behaviour at home and ensuring that gender roles are not set in stone before children can even speak.

Anne Guéguen, Deputy Permanent Representative of France to the United Nations, spoke about the situation in France, where deep rooted gender norms are perceived as status quo, especially the entrenchment of men as assumed leaders. She shared a personal narrative on her mother being declined to take a high level medical exam in the assumed fear that she would take the spot of a man and be a limited performer at work. While matters are improving in France, employers may still view women as less flexible or adaptable to their assumed domestic tasks. She cited a need for a societal shift to a more equal sharing of domestic tasks between women and men to enable equal working opportunities.

Mrs Mariama Chipkaou, Director of the Promotion of Girls' Schooling at the Ministry of Primary Education in the Republic of Niger, shared the realities of girls in her country. For a variety of reasons, girls end up leaving school well before they have completed their education. Education interventions are needed to keep girls in school, but also to allow them to return – the barriers to re-enrollment need to be addressed. Girls stay out of school as they are not allowed to come back, reducing or changing their career options and keeping the rates of girls' graduation low. She urged attention at the supply side and called for a renewed effort to support girls' education to address inequities before the employment level.

Sarah Walji, a Registered Nurse and Nursing Now Young Board Member, shared examples from her training and experience in Canada- a country that has demonstrated evidence of the positive outcomes of gender equal leadership in several sectors. Walji urged to complement women's leadership initiatives with the creation of more, and varied, opportunities for young women. The development of the health sector opens up the door to catalyzing change for young women just entering the workforce. Providing young people with decent work, including gender-equal workplaces could have cascading effects on the social and cultural norms that dictate women's roles for decades to come.

Vinicius Pinheiro, Special Representative to the UN and Director of the International Labour Organization (ILO) Office for the United Nations provided an inter-sectoral perspective alongside the international views. Specifically, many jobs are threatened by the rising rate of automation - like manufacturing and construction - health is not. We will continue to need the “human touch” when people need care and treatment. The global health sector may not need to be concerned that jobs will be displaced, but it does mean that men will soon be looking to health for guaranteed work. Implementing policies to achieve gender equality in the health workforce now is critical, before the opportunity is lost.

Michelle Mcisaac, Labour Economist at the WHO, emphasized the importance of gender transformative action and working with other sectors to root out the gender inequities that are challenging the health workforce. Gender transformative policy action includes education,



labour, wage and social protection policies and strong labour rights, in particular, can help redress persistent gender inequalities in the health and social sectors.

Other highlights from the launch include, that there is a great deal to be gained from diverse perspectives and the importance of intersectional dialogue. Issues of gender discrimination, bias, inequities, including male dominance and unequal pay are both global and widespread, and therefore require a global and wide-ranging response that transcends the health sector. Moreover, there is a need for contextualizing problems and solutions, therefore, greater research is needed in the global south, in implementation, and with a gender and intersectionality lens.

Best practice and lessons learned should be shared across sectors- such as the need to foster girls' reintroduction to school and the need to normalize returning to work after pregnancy or childcare. Young people face mounting debt, stagnant wages, and declining social welfare on top of the issues covered in the report. There must be a realization that specific policies need to be developed for the needs of youth and women.

As Walji said, "If we don't hear from the invisible, how can we integrate these perspectives?" This report goes a long way toward making what has long been invisible – whispered about in hushed tones – visible. It is a testament to what is possible when everyone is given a seat at the table.

In closing, Dhatt, called for gender transformative action at all levels, including valuing and investing in women in the health and social workforce, such that **Women Deliver Health and Lead it!** And we can achieve the Triple Gender Dividend: health, gender equality and development and economic growth.

Join the Gender Equity Hub, co-hosted by Women in Global Health and the World Health Organization to engage in the next phase of gender transformative policy action.

Additional info:

Recording of Launch [LINK].

Key messages and recommendations can be found here [LINK].

Report and Working Paper is available on the Human Resources for Health (HRH) home page: <https://www.who.int/hrh/en/>

WHO corporate feature story: <https://www.who.int/news-room/feature-stories/detail/10-key-issues-in-ensuring-gender-equity-in-the-global-health-workforce>

Director General of the WHO commentary piece: <https://www.who.int/news-room/commentaries>

Gender Equity Calendar of Events can be found here [LINK].

Join the hub: <https://www.womeningh.org/gender-equity-hub> and [info@womeningh.org](mailto:info@womeningh.org) .

[Include a few photos]

	
<p>Ann Keeling Senior Fellow Women in Global Health</p>	
<p>Dr. Roopa Dhatt Executive Director and Co- Founder of Women in Global Health</p>	
<p>Dr. Werner Obermeyer, Deputy Executive Director of the World Health Organization, Office at the United Nations</p>	
<p>Ermaze Louis Pierre, OVC/GBV program manager, Zanmi Lasante/Partners In Health</p>	

Sarah Walji, a Registered Nurse and Nursing Now Young Board Member



Vinicius Pinheiro, Special Representative to the UN and Director of the International Labour Organization Office for the United Nations



Anne Guéguen, Deputy Permanent Representative of France to the United Nations





Mrs Mariama Chipkaou,  
Director of the Promotion of  
Girls' Schooling at the  
Ministry of Primary  
Education  
**Niger**



Michelle Mcisaac, Labour  
Economist at the WHO



Gender Equity Hub  
Members at Launch, Co-  
Chaired by WHO and WGH





Packed Room

