

DELIVERED BY WOMEN, LED BY MEN: A GENDER AND EQUITY ANALYSIS OF THE GLOBAL HEALTH AND SOCIAL WORKFORCE

Executive summary

Demographic changes and rising health care demands are projected to drive the creation of 40 million new jobs by 2030 in the global health and social sector. In parallel, there is an estimated shortfall of 18 million health workers, primarily in low- and middle-income countries, required to achieve the Sustainable Development Goals (SDGs) and universal health coverage. The global mismatch between health worker supply and demand is both a cause for concern and a potential opportunity. Since women account for 70% of the health and social care workforce, gaps in health worker supply will not be closed without addressing the gender dynamics of the health and social workforce. The female health and social care workers who deliver the majority of care in all settings face barriers at work not faced by their male colleagues. This not only undermines their own well-being and livelihoods, it also constrains progress on gender equality and negatively impacts health systems and the delivery of quality care.

In November 2017, the World Health Organization (WHO) established the Gender Equity Hub (GEH), co-chaired by WHO and Women in Global Health under the umbrella of the Global Health Workforce Network. The GEH brings together key stakeholders to strengthen gender-transformative policy guidance and implementation capacity for overcoming gender biases and inequalities in the global health and social workforce, in support of the implementation of the Global Strategy on Human Resources for Health: Workforce 2030, and the Working for Health five-year action plan (2017–2021) of WHO, the International Labour Organization (ILO) and the Organisation for Economic Co-operation and Development (OECD).

In 2018, the GEH identified and reviewed over 170 studies in a literature review of gender and equity in the global health workforce, with a focus on four themes: occupational segregation; decent work free from bias, discrimination and harassment, including sexual harassment; gender pay gap; and gender parity in leadership.

This report will inform the next phase of the work of the Global Health Workforce Network GEH, which seeks to use these research findings to advocate gender-transformative policy and action.

Key findings from the four thematic areas of the review

The key findings in each of the four thematic areas covered by the GEH review are summarized in Figure ES.1 and covered in detail in Chapters 3–6 of this report.

Overarching findings and conclusions from the review

In addition, the report identified eight overarching findings and conclusions, summarized in Figure ES.2 and further elaborated in the text below.



Figure ES.1 Key findings of GEH review of female health workforce, by thematic area

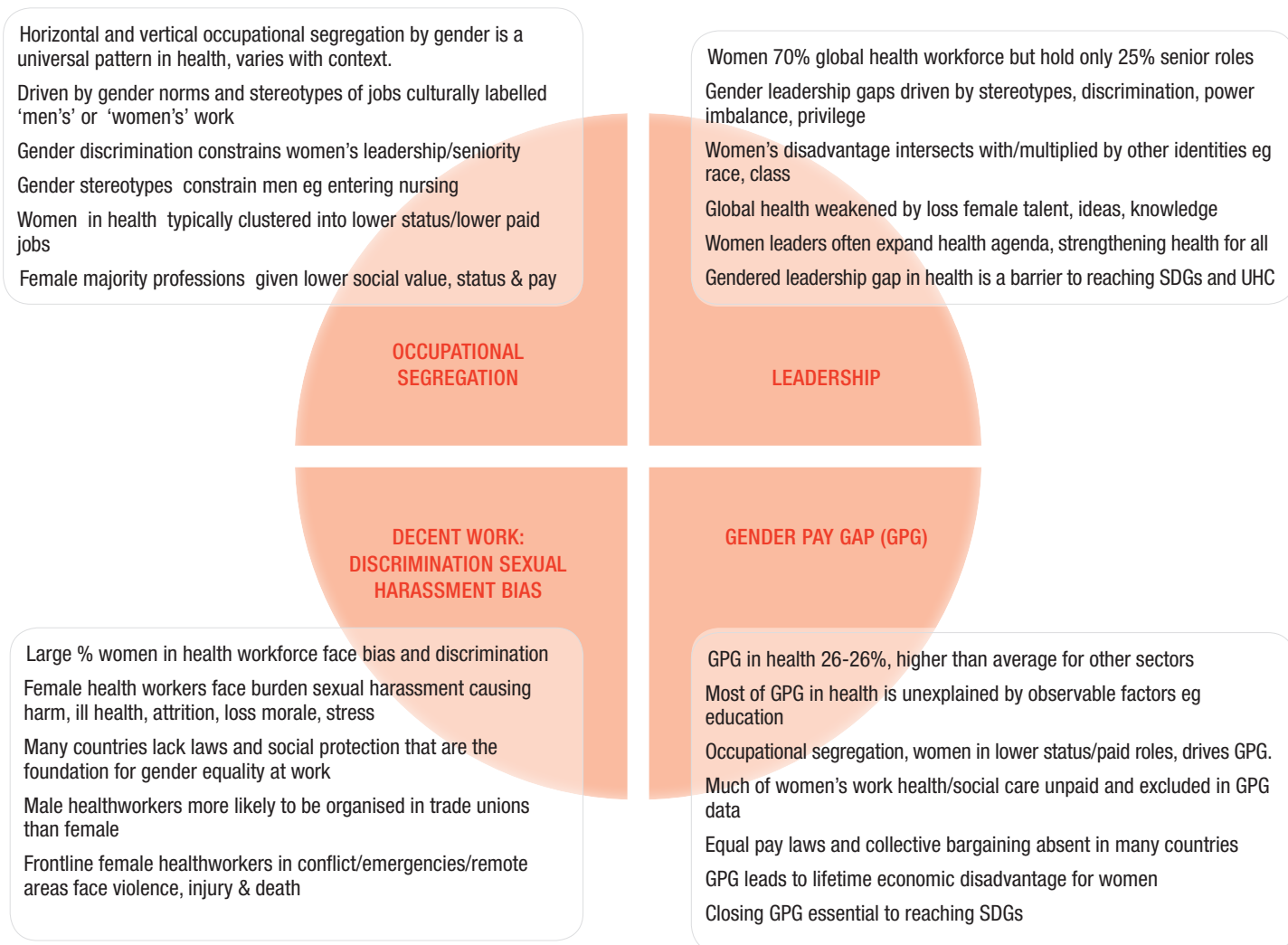
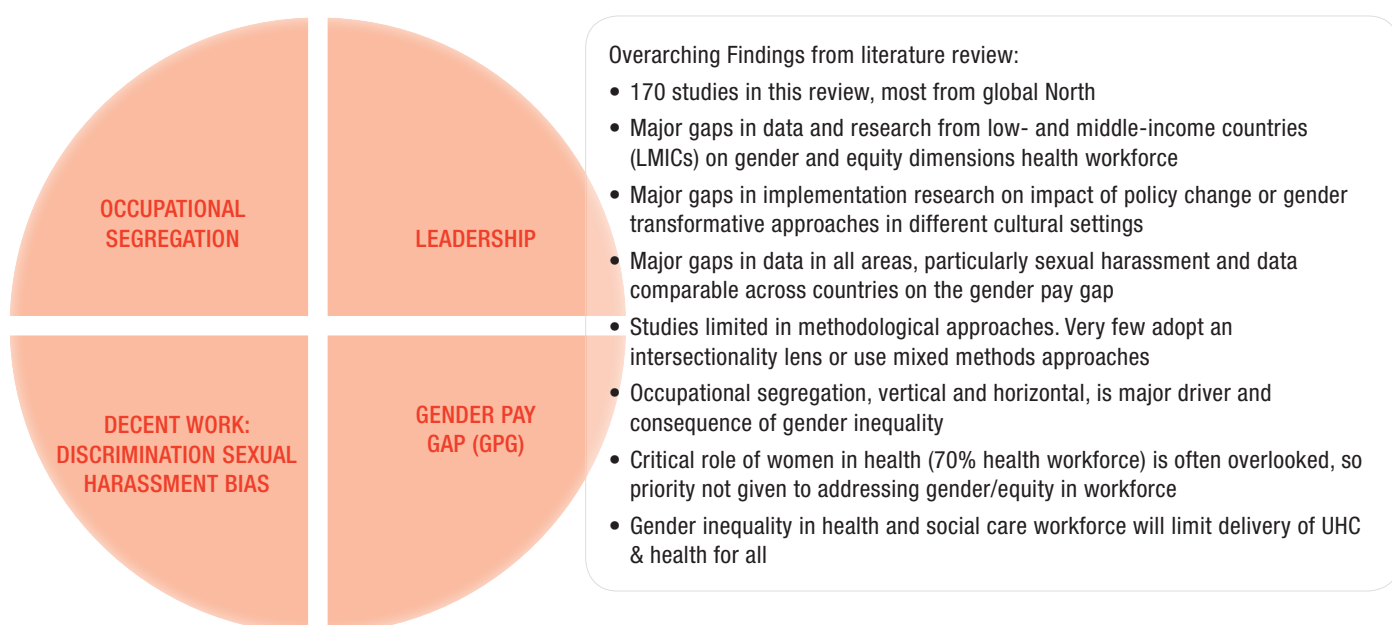


Figure ES.2 Overarching findings and conclusions of review



- A key conclusion of this report is that gender inequality in the health and social workforce weakens health systems and health delivery. These gender inequities, however, can be fixed, and an alternative, positive future scenario is possible.

Adopting gender-transformative policies, addressing gender inequities in global health, and investing in decent work for the female health workforce offer a wider social and economic multiplier – a “triple gender dividend” – comprising the following.

- **Health dividend.** The millions of new jobs in health and social care needed to meet growing demand, respond to demographic changes and deliver universal health coverage by 2030 will be filled.
- **Gender equality dividend.** Investment in women and the education of girls to enter formal, paid work will increase gender equality and women's empowerment as women gain income, education and autonomy. In turn, this is likely to improve family education, nutrition, women and children's health, and other aspects of development.
- **Development dividend.** New jobs will be created, fuelling economic growth.

This triple gender dividend will improve the health and lives of people everywhere. The health and social care worker shortage is global, and addressing gender inequality in the health workforce is everybody's business.

Key messages from this review

The following key messages emerged from this review.

- In general, **women deliver global health and men lead it.** Progress on gender parity in leadership varies by country and sector, but generally men hold the majority of senior roles in health from global to community level. Global health is predominantly led by men: 69% of global health organizations are headed by men, and 80% of board chairs are men. Only 20% of global health organizations were found to have gender parity on their boards, and 25% had gender parity at senior management level. Health systems will be stronger when the women who deliver them have an equal say in the design of national health plans, policies and systems.

- ## Key recommendations

- 4

