RESEARCH ARTICLE

Gender Inequities in Global Health Leadership

Serena Tejpar, University of Toronto

ABSTRACT

An increasing number of studies show that gender-diverse teams are more innovative, productive, and better equipped to make advancements in their fields. Despite this, women continue to be underrepresented in global health leadership positions worldwide. Women make up over 75 percent of the global health workforce yet continue to face traditional gender norms and numerous systemic barriers that prevent them from moving up the leadership ladder. This concept paper discusses these barriers to obtaining leadership positions in order to address the gender imbalances that continue to exist today. Among the growing literature in the field, this paper aims to inform staffing processes, redesign institutional policies, and improve global health organizations to reduce the inequities that women face in global health leadership roles.

INTRODUCTION

The road to achieving health equity is complex and fraught with challenges. Unlike equality, equity accounts for the social, cultural, political, or economic factors that put groups of people at a disadvantage and often results in unequal opportunities. In the context of global health, women represent approximately 75 percent of the industry, yet only hold about 25 percent of leadership roles [1].

Women have been systematically excluded from the decision-making table and are consistently underrepresented across sectors. Within the United Nations (UN) family of organizations, only 23 percent of leaders are women and only two agencies have a woman at the helm [2,3]. Only 25 percent of Chief Delegates at the World Health Assembly are women and only 33 percent of the individuals in the World Health Organization's (WHO) Director-General's office are women [4].

According to a landmark study conducted by Hawkes et al. (2017), 15 of the 18 global public-private partnerships had governing boards with five times more men than women, and GAVI was the only partnership with an explicit gender equality policy for its governing boards (p. 5). This research suggests that there are significant gaps in the gender equity policies and strategies within global health institutions.

Today's global health challenges cannot be effectively addressed without the voices and input from those who are disproportionately affected by health inequities. This representation is essential to improving policy, health decision-making, and overall public health outcomes. Thus, this concept paper will address the following questions: 1) what are the implications of gender disparity in leadership?; and 2) what barriers do women face in obtaining leadership positions in the realm of global health?

METHODOLOGY

A literature search of OVID Embase and Medline, Web of Science, CINAHL, and Google Scholar was carried out from inception until May 25, 2019. The database searches were supplemented with a hand search of The Lancet, WHO, WEF, CanWaCH, and OECD websites. The search included commentaries, discussion papers, reports, conference abstracts, and editorials.

A total of 92 records were found after duplicates were removed. Documents were screened for eligibility using the following criteria: discussed gender disparity, discrimination, or inequity in the field of global health, including organizations, institutions, and governing bodies across all sectors. Documents that solely discussed gender as a contributor to health inequities, increased morbidity and mortality, or gender discrimination in academic medicine were excluded. This was followed by a full-text review of the eligible documents.

DISCUSSION

Implications of Gender Disparity

Many papers have shed light on the impact that gender disparity in global health leadership has on societal health [1,5,6,7]. In the absence of women in the management of gender sensitive tools and global funding, key issues including child health and survival, violence against women, and maternal health are not adequately reflected in agendas and priorities [6]. As such, there is a strong link between female representation in the area of global and public health and improvements in social welfare. From a business perspective, studies have also illustrated that gender diversity on leadership teams has a positive and direct impact on the company's risk management and productivity [5,8].

Barriers to Attaining Leadership Positions

1. Cultural Norms, Career Pathways, and Mentorship

Gender roles that socialize individuals to act according to the expectations of their sex further limits the career paths that men and women typically choose [9]. Women seek and are selected for positions that tend to be narrowly defined and vertically segregated [1]. Women tend to hold positions in service delivery, quality assurance, marketing, and care services in areas including nutrition, community health, and nursing [9,10]. These positions, however, are often not typically seen as career pathways to executive leadership positions. Furthermore, the absence of professional role models and mentors who can offer both career and personal advice presents additional barriers to women accepting promotions or considering applying to positions of leadership [5].

2. Balancing Personal Life and Career

In a study conducted by Mathad et al. (2019) to investigate the gender-based challenges faced by women in global health, 47 percent of participants from three affiliated international centres reported that global health work left them with little to no time to spend with their families, and 37 percent of women reported that this impacted their decision to have children. In addition to the non-accommodating and rigid work arrangements; motherhood, pregnancy, and family are often seen as being synonymous with absenteeism, unreliability, and incompetence [1]. Consequently, mothers are often passed over for promotions, demoted after maternity leave, or fired after child-birth, leading to what is known as "reproductive role discrimination".

3. Health and Safety Risks

Acts of violence are all too common in the workplace, and women often tolerate significant trauma and hardships in order to achieve their professional goals [11]. In fact, in a study conducted by Mathad et al. (2019), 55 percent of women who

participated reported experiencing either sexual harassment or assault throughout their career in global health. In recent years, the UNAIDS has been scrutinized for a number of allegations of sexual harassment, abuse of power, and bullying [14]. According to the results of a survey conducted by the UNAIDS Secretariat Staff Association between 2011 and 2018, 270 of the 465 respondents reported that they experienced some form of ill-treatment, discrimination, sexual harassment, or abuse of authority at least once by a supervisor or peer [14].

4. Wage Gap

As of 2017, women's pay was approximately that of men's pay in 2006 [15]. Across all education levels, women continue to be paid less for completing the same type of work as men [6]. Critics note that, at this rate, it will take women across the world 118 years to earn the same wage as men [15]. This difference prevents many women from striving for positions with more responsibilities as it does not necessarily translate into increased compensation, nor does it fairly acknowledge their contributions [17].

5. Institutional Policies

Global health workplace policies may not be implemented to accommodate the needs and roles of women. For example, biased recruitment policies may discriminate against women of childbearing age due to concerns of frequent absence and perceived lack of focus on their career [1]. Additionally, the absence of support for dependents like childcare and flexible scheduling may prevent women from having the necessary support to make professional advancements [7,17].

CONCLUSION

Combatting the gender gap in global health leadership is long overdue and needed now more than ever. Women in global health experience numerous barriers to attaining leadership positions due to the inherent social and cultural differences between men and women and the associated roles, responsibilities, and behaviours attributed to members of each gender. It should be noted that although this paper focused on the barriers that women experience in attaining senior positions in the realm of global health, numerous barriers also exist for other groups of people.

As we move forward towards combatting gender inequity, global health organizations must also make efforts to ensure their approaches are intersectional. Initiatives to improve gender representation should be mindful of underrepresented groups and the vast definition of gender identity. These actions are essential to ensuring that the organizations working to improve global health equity and outcomes are, in fact, representative of the populations they serve.

REFERENCES

1. Newman, C., Chama, P. K. K., Mugisha, M., Matsiko, C. W. W. & Oketcho, V. Reasons behind current gender imbalances in senior global health roles and the practice and policy changes that can catalyze organizational change. *Glob. Health Epidemiol. Genomics* 2, 1–26 (2017).

2. Ludwig, S., Dhatt, R. & Kickbusch, I. Women in Global Health—Germany network. *The Lancet* (2018) doi:10.1016/S0140-6736(18)31205-4.

3 .Clark, J., Zuccala, E. & Horton, R. Women in science, medicine, and global health: call for papers. *The Lancet* 390, 2423–2424 (2017).

4. Dhatt, R., Kickbusch, I. & Thompson, K. Act now: a call to action for gender equality in global health. *The Lancet* 389, 602 (2017).

5.Percival, V., Richards, E., MacLean, T. & Theobald, S. Health systems and gender in post-conflict contexts: Building back better? *Confl. Health* 8, 1–14 (2014).

6.Marmot, M., Friel, S., Bell, R., Houweling, T. A. & Taylor, S. Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet* 372, 1661–1669 (2008).

7.Sen, G., Piroska, O. & George, A. Unequal unfair ineffective and inefficient. Gender inequity in health: Why it exists and how we can change it. Final report to the WHO Commission on Social Determinants of Health. (2007).

8. Johns, M. L. Breaking the glass ceiling: structural, cultural, and organizational barriers preventing women from achieving senior and executive positions. *Perspect. Health Inf. Manag.* (2013).

9. Constance, N. (2014). Time to address gender discrimination and inequality in the health workforce. *Human Resources for Health*, 12(25), 1–11. Retrieved from http://www.human-resources-health.com/content/12/1/25

10. Shung-King, M., Gilson, L., Mbachu, C., Uguru, N., Molyneux, S., Muraya, K. W., & Govender, V. (2018). Leadership experiences and practices of South African health managers: what is the influence of gender? -a qualitative, exploratory study. *International Journal for Equity in Health*, 17(148). https://doi.org/10.1186/s12939-018-0859-0

11. Dworkin, S. L., Fleming, P. J. & Colvin, C. J. The promises and limitations of gender-transformative health programming with men: critical reflections from the field. *Cult. Health Sex.* 17, S128–S143 (2015).

12. Mathad, J. S. *et al.* Female global health leadership: data-driven approaches to close the gender gap. *The Lancet* 393, 521–523 (2019).

13. Mills, M. B. Gender and Inequality in the Global Labor Force. *Annu. Rev. Anthropol.* 32, 41–62 (2003).

14. UNAIDS Independent Expert Panel. *Report on the work of the Independent Expert Panel on Prevention of and response to harassment, including sexual harassment; bullying and abuse of power at UNAIDS Secretariat*. (2018).

15. Mastracci, S. The effect of women's representation on the Global Gender Gap Index. *Int. J. Public Sect. Manag.* 30, 241–254 (2017).

16. Seo, G., Mathad, J., Downs, J. & Reif, L. Closing the Gender Gap in Global Health Leadership and Why it Matters. *Ann. Glob. Health* 83, 203 (2017).

17. Bryant, T., Leaver, C. & Dunn, J. Unmet healthcare need, gender, and health inequalities in Canada. *Health Policy* 91, 24–32 (2009).