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HUMAN RESOURCES FOR HEALTH IN 2030



# A STUDY OF TRENDS AND INITIATIVES IN WOMEN'S LEADERSHIP IN THE HEALTH AND SOCIAL SECTORS

## PROGRESS IN SENEGAL AND MADAGASCAR

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## INTRODUCTION

- Women comprise seven out of ten health and social care workers globally and contribute US\$3 trillion annually to global health, half in the form of unpaid care work.<sup>1</sup>
- However, they are woefully underrepresented in executive and management positions due to considerable systemic and cultural barriers.
- Gender dynamics in the health workforce are underexplored, leading to poor retention, ineffective distribution, and missed opportunities in leadership and governance.<sup>2</sup>
- As the United States Agency for International Development's (USAID) flagship program for human resources for health, the Human Resources for Health in 2030 (HRH2030) conducted multi-method explanatory research on this topic.

1. Boniol et al., 2019

2. Buchan, 2017

## METHODS

The main research questions included:

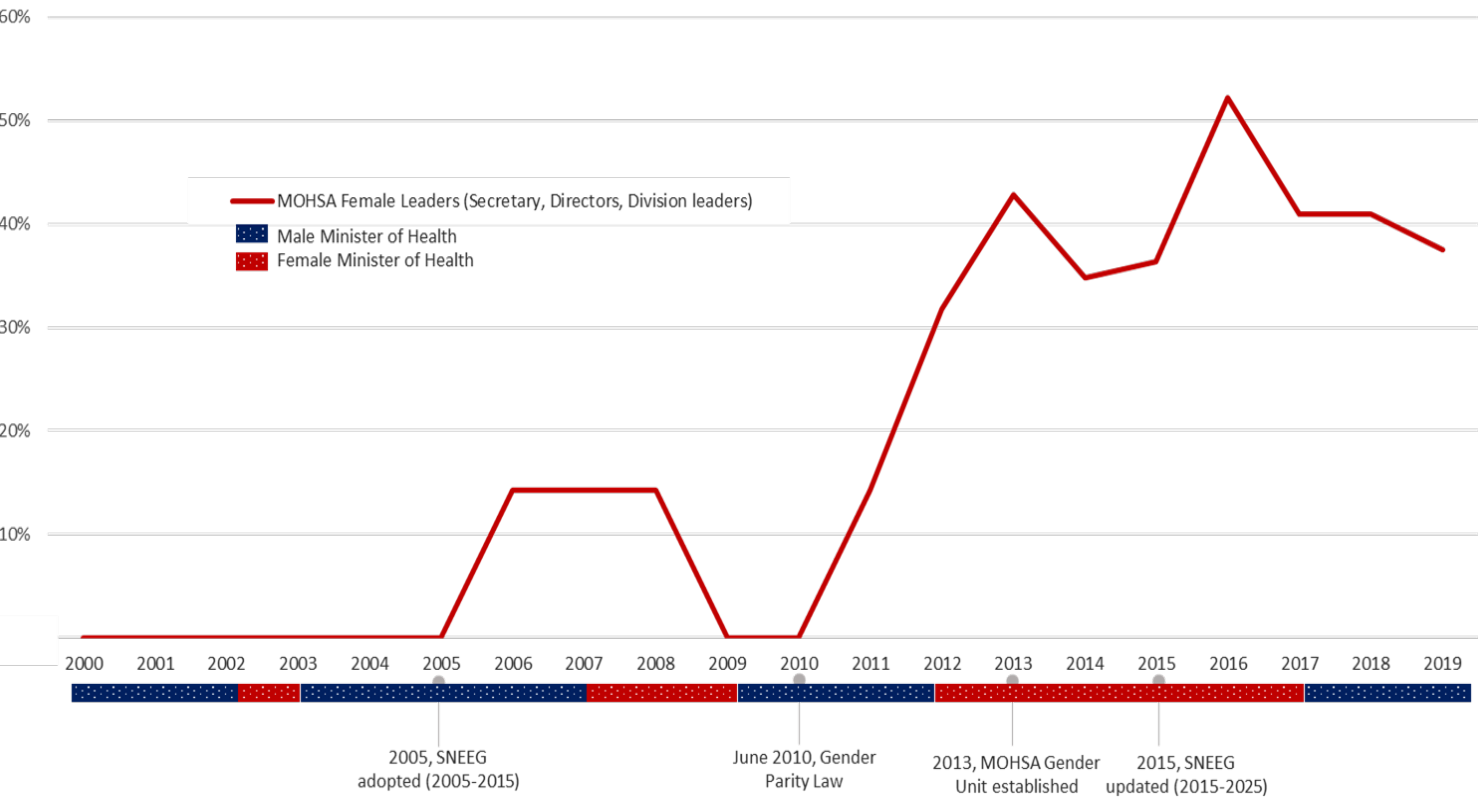
- Did the number of women in leadership positions in the health and social services sectors increase after specific measures or initiatives?
- What is the impact of an increase of female leaders in the health and social sectors?
- What is the remaining gender gap?

The study design included a global literature review to identify two case study countries—Senegal and Madagascar—for the quantitative and qualitative phase. In each country, HRH2030 created a sex-disaggregated leadership inventory and conducted key informant interviews from a purposive sample of the women leaders identified in the inventory. Quantitative and qualitative data were collected in Senegal from May to August 2019 and is ongoing in Madagascar.

# RESULTS

Between 2000 and 2019, Senegal showed dramatic increases in the proportion of women in leadership positions within the Ministry of Health and Social Action, from almost zero in the decade prior to 52 percent in 2016 following enactment of national gender policy and a female minister of health (Figure 1).

**FIGURE 1: CHANGE IN FEMALE REPRESENTATION IN THE HEALTH SECTOR IN TERMS OF THE MAJOR INITIATIVES, 2010-2019**



The position of Minister of Health and Social Action (MOHSA) was held by women 45 percent of the time between 2000 and 2019, and the proportion of female leaders seems to have spiked during these times. A gender equity strategy (SNEEG) and total gender equity law preceded the upsurges in 2010 and 2015. However, within the Ministry of Health and Social Action relatively more women serve in lower-level positions. For example, at the division level, 53 percent of the positions were filled by women between 2000 and 2019. The highest proportion of 86 percent was reached in 2016 and remained at 83 percent in 2019. Many strategic, highest-level positions have been occupied by men from 2000 to 2019, such as the secretary general (100 percent male) and the 16 ministerial directorates (78 percent male).

# RESULTS, continued

There are many promising initiatives contributing to the advancement of women in leadership roles in Senegal, which include [illustrative examples in quotes from key informant interviews]:

- *Policies and legislation* – “Finally, there is a policy that proves that the state really does care about the well-being of women to the degree of a national intervention. Also, regarding laws, alongside the policy for parity, awareness raising is always necessary.”
- *School, scholarships, and training* – “I think that the participation of women in leadership positions is the result of educating girls and maintaining their education.”
- *Intentional recruiting of female candidates* – “Even in recruitment policies, we sometimes ask if there is a female [candidate] preferred for this or that position. This is all to encourage the establishment of women to leadership.”
- *Organizational practices and movements* – “The coordinator of the gender unit, who is very dynamic, must tell us not to forget the gender approach, otherwise we even forget during planning.”
- *Representation and female role models* – “It is impactful seeing a woman in a leadership position. As director, I saw Mimi Toure as my [role] model. She said we need to step up the pace into fast track mode and it was motivating. She’s a role model for people who know her. It’s motivating – we say it’s possible since this woman succeeded. We no longer say it’s a man’s job, or that we’re not going to succeed.”

Additional results and details are available: <https://hrh2030program.org/rise-of-women-in-leadership-in-senegals-health-and-social-action-sector/>

# DISCUSSION AND CONCLUSION

An average annual increase of almost 3 percent in the number of women in leadership positions over the last 20 years is a major accomplishment for Senegal's health and social sectors. One large factor in Senegal is the parity or quota law. Many respondents cited the parity law and political will for initiatives, noting specific political agendas for gender equity.

There is strong circumstantial evidence from the quantitative and qualitative data that policies or laws to remedy historic inequalities, as well as champions for gender equity and female role models, are influential in increasing the number of women in leadership positions. The diversification and expansion of some strategic positions for women occurred at the same time that a woman returned as minister and the gender unit was created. Between 2012 and 2016, under a female minister of health, the representation of women in the leadership positions at MOHSA averaged 40 percent, while under the current minister who is male, the rate fell to 36 percent.

Despite Senegal's progress, the achievement is fragile, with a declining rate across all levels of health and social sector leadership over the last two years. While this research sought to comprehensively document both quantitative and qualitative trends in female leadership, there are gaps in data availability, particularly at the lower-level leadership and management levels. Further research covering all leadership and management levels could reveal important differences. Likewise, the various intersectional identities of women may contribute to initiatives serving as enablers or barriers to leadership and management roles and requires further study. Research in Madagascar is ongoing.



Senegal, General Hospital. Credit: Andrew Murphy, HRH2030