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HRH2030 HUMAN RESOURCES FOR HEALTH IN 2030

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Addressing Women's Leadership in the Health and Social Service Sectors

Learning from Jordan, Senegal, and Madagascar

Based on findings from Jordan, Senegal, and Madagascar, this brief provides effective interventions for consideration by country leaders and implementing partners to facilitate the rise of women into leadership roles in the health and social sectors. An increase in the number of women in leadership positions can foster gender equality throughout the sectors and lead to more responsive health systems and more equitable health outcomes.

Introduction

Women comprise 70 percent of health and social care workers globally and contribute US$3 trillion annually to global health, half in the form of unpaid care work. Evidence suggests linkages between women's leadership in health and a more responsive health system with more equitable health outcomes for girls and women. Despite the evidence, women 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 missed opportunities in leadership and governance.

Through this technical brief, the United States Agency for International Development (USAID) Human Resources for Health in 2030 Program (HRH2030) presents the lessons learned about strategies to increase women's leadership in the health and care sector based on multi-method explanatory research in three countries. The Jordan study assessed reasons for gender imbalances at top-level positions, highlighting barriers and enablers to women's career progression in the health sector. In Senegal and Madagascar, we examined whether female participation in leadership positions increased after institutions took specific measures or initiatives. This brief compares trends from the three studies to help inform policies and interventions in support of women's career advancement to executive, management, and other leadership and decision-making positions in the health and social service sectors.

Lessons Learned

In Jordan, Senegal, and Madagascar, women who choose to enter paid employment outside of the home oftentimes face challenges resulting from deeply rooted socio-cultural beliefs and attitudes. While the beliefs themselves may vary by country, they have similar outcomes—inhibiting women from advancing their careers. Women may be deemed less capable of management roles than men or may face backlash from men who do not like to share authority with women.

> "When a woman is given a [management] position, people fight her… pushing her to resign."
> *– Study respondent, Jordan*

Other gender stereotypes project contrasting traits on female leaders. Though traditional norms in Madagascar denote women as the weaker sex, often referring to them as 'fragile furniture,' they may be called 'Iron Lady' or 'rigid and inhuman' when they occupy leadership positions.

There are other barriers to women's leadership that are a little more nuanced. For example, in Jordan women may not become doctors because they see it as too demanding once they are mothers. However, being a doctor is a requirement for many leadership positions in the health sector so that is a reason they cannot advance past a certain point.

We found three core strategies across the studies that can help counteract some barriers to women's career progression in the health and social service sectors. They include:

- Policies and legislation
- Organizational practices
- Representation and female role models

Policies and legislation

Circumstantial evidence from the quantitative and qualitative data collected in Jordan, Senegal, and Madagascar, showed that policies and laws— from workplace mandates to national legislation—have been powerful interventions to remedy historic inequalities.

In Jordan, the study considered workplace policies to address institutional discrimination. At the time of the study, 50 percent of female respondents and 40.5 percent of male respondents reported that a lack of commitment by senior management to gender equality was a barrier to women's career advancement. The findings suggest that policies and regulations at the national or institutional level could have a positive impact on women's participation at the executive and management levels. These types of policies ensure the institution upholds **gender equity as a workplace value**, maintains gender-disaggregated human resources data, and instills mechanisms to report and address gender discrimination.

"Today, there is national political will; there is a policy to better involve women in leadership responsibility… when you go to local communities, there are as many women as men [out and about], when before that was unthinkable. Same for the rural areas where women were considered inferior. Today these women have reclaimed their position. Because the law is there."
– Study respondent, Senegal

In Senegal, the enactment of a national parity or **gender quota law** was credited for the country's average annual increase of almost 3 percent in the number of women in leadership positions in the health and social sectors over the last 10 years, rising from 0% in the Ministry of Health and Social Actions in 2010 to almost 40% in 2019. Of note is that in the year 2016, women held more leadership positions than men in the Ministry. Several respondents cited the parity law and political will for spurring initiatives to enhance gender equity or even influencing the overall perceptions of women and career opportunities available for them.

In Madagascar, the sharp increase of women in leadership roles in government ministries from six to 26 percent between 2007 and 2011, was preceded or accompanied by major **legislative initiatives explicitly promoting gender equality**. Respondents highlighted the importance of women-friendly policies, laws, and leadership in their personal decisions and ability to assume leadership positions.

In addition, several study respondents called for laws, quotas, and policies to level the playing field and open more opportunities for educated women to advance to leadership roles in the health and social service sectors.

Organizational practices

In all three studies, a barrier cited repeatedly by male and female health professionals for inhibiting a woman's career advancement into management positions was her family and household obligations. The juggle between workplace demands and women's expected responsibilities on the home front, often perceived as a woman's primary duty, could not only alter career goals but even interest in entering the workforce at all. In Jordan, marital status is associated with the probability and expectation of pregnancy, and just its possibility is perceived as a barrier to women's career progression, especially by men. Furthermore, study participants averred that women of childbearing age tend to be bypassed for promotion and other opportunities.

The establishment of clear and transparent organizational practices can improve work/life balance. For instance, an institution may consider the needs of both male and female workers when **scheduling shifts** or can **offer flexible working options** to reconcile staff's professional, family, and personal lives. By providing quality, licensed **childcare services**, female and male health and social service providers may find it easier to fulfill work and home responsibilities.

Several international businesses promote childcare as a method to attract and retain qualified women, increase productivity, and reduce absenteeism. In Senegal, many respondents noted that childcare was not yet offered, but in Madagascar, the flexibility for women to care for and breastfeed babies at the office, even during professional development or training sessions in the early 2000s, proved to be an effective way for women of that time to continue working and thus advance their careers.

"At the time of [Minister of Health] Professor Henriette, women could work and pursue their studies at the same time, even if pregnant or breastfeeding… Breastfeeding women could also take care of their children at the office and there were even specific places for this in all the departments of the ministry. Because of those initiatives, women like me could aspire for leadership roles."
– Study respondent, Senegal

Other organizational practices may include openly sharing why and how employees are promoted to leadership levels. Respondents in Jordan and Madagascar noted the lack of **clear promotion criteria** as a barrier to women's advancement. Instead, they noted that promotions can often be based on seniority, nepotism, personal relationships with decision-makers, or corruption. All three countries underscored that the path to promotion can be made fairer between men and women by making promotional practices and criteria—and **professional development** opportunities to meet said criteria—transparent and accessible to all.

In Jordan, the training gap for women impacted perceptions of women's managerial qualifications. Nearly half (49%) of male health professionals surveyed reported that women are not equipped with the managerial skills necessary for career progression. Meanwhile, women who reached management positions reported having adequate training as the sixth most required tool or resource to overcome career barriers.

Organizational practices can ensure that all staff is informed about opportunities for advancement, that learning activities are offered during work hours and made available to women and men, and that training is linked to career planning and promotion. In turn, such practices can foster gender diversity in selection processes, and advance gender parity across a range of roles in the health and social service sectors.

Representation and female role models

In Jordan, Senegal, and Madagascar, the representation of women in top-level positions had a noteworthy impact on other women. Women in leadership roles are **champions for gender equity**, providing motivation and a sense of possibility, as well as real opportunities for other women to excel in the sectors.

> "It is impactful seeing a woman in a leadership position. As a director, I saw Mimi Touré as my [role] model. She said we needed to step up the pace into fast-track mode. 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."
> *– Study respondent, Senegal*

In Madagascar, female leaders have served as **role models for women** who aspire to have careers in the health system. While a female minister of health was in office from 2011 to 2013, there was a gain of six percent in the number of women in leadership positions. Several respondents credited changes in opportunities for female leaders as their reasons to stay in the field. Former female ministers were often cited by interview participants as significant influences for aspiring to leadership positions in the health sector.

> "At the beginning, there were not many women who applied for entrance examinations or positions that led them to become head of department or director. But the leadership of Professor Henriette [as minister of health] pushed many women to make efforts and gave them motivation to participate because they knew that it was possible for a woman to become a leader."
> *– Study respondent, Madagascar*

In Jordan, 79 percent of female health professionals reported that successful women have **influential mentors** to support their challenging assignments and to ensure they consistently exceed performance expectations. Additionally, 89 percent said that ambitious women develop **social networks** and enter **mentoring relationships**. It was noted that finding a mentor in Jordanian organizations can be difficult given the rarity of mixed-gender mentorships and because there are few women in top-level management positions to provide support. As a result of the HRH2030 study, a **national network for women's leadership in health** was formed to establish formal and informal institutional mentoring programs.

The importance of female role models for women to aspire to and follow, cannot be undervalued. Such female champions help other women to network, provide opportunities and support, and help to define paths for career advancement. Just the presence alone of female leaders is motivating to other women, and their contributions to the health and social sectors are of utmost importance.

Sustaining Leadership Gains

The increase in the number of women in leadership positions in the health and social service sectors in Jordan, Madagascar, and Senegal over the past twenty years provides us with clear evidence-based interventions to improve gender equity in health management and leadership. Across the three countries, the strongest interventions that could address or

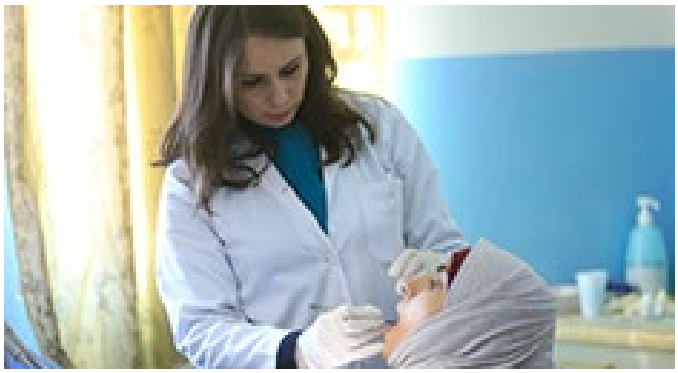

Photo: A dentist in Jordan examines a patient. Credit: HRH2030 Jordan.

even supersede deeply rooted socio-cultural beliefs and attitudes and promote women's career progression in the sectors included the establishment of policies and legislation, the implementation of organizational practices, and the representation of women and/or female role models.

However, the achievements in gender-equal leadership are fragile. While Senegal made commendable progress over the past decade, the country has experienced a declining rate across all levels of leadership across the health and social service sectors over the last two years. In Madagascar, though there has been notable progress in the representation of women in leadership in the Ministry of Public Health over the last three years, deeply rooted gender disparities derived from sociocultural beliefs and attitudes bring to question if the narrowing of the gender gap can be maintained. Thus, to ensure that interventions geared toward enhancing gender equity in the health and social sectors are sustainable, we provide three final recommendations:

First, country leaders should invest in access to complete and quality health workforce data to improve understanding of what is happening across the health and social service sectors at multiple levels of leadership positions. A well-functioning **human resource information system (HRIS)** can provide much-needed evidence about the status and progress of gender equality throughout the sectors. Also, an efficient and accurate HRIS can evaluate existing health staff and facilitate decision-making regarding the appointment of staff for leadership positions.

Second, country leaders should work to better understand and dismantle the root causes of gender disparity in leadership positions and advance the health and social service sectors' commitment to gender equality and social inclusion. The creation of **gender directorates** can elevate the importance of women-specific guidelines, processes, policies, and actions for making gender equality in leadership a reality throughout all organizational levels.

Third, country leaders should think about the health and social service sectors of tomorrow by focusing on the youth of today. What can be done to ensure all girls and boys have access to **education, training, scholarships**, and other opportunities in the health and social service sectors?

> "I think that the participation of women in leadership positions is the result of educating girls and maintaining their education."
> *– Study respondent, Senegal*

Overall, while the three HRH2030 country studies are only a small step toward improving knowledge gaps, they provide valuable lessons which may inform effective interventions to propel more women to leadership positions within the health and social service sectors. The presence of women in top-level positions is essential for a more responsive health system, better health outcomes (especially for girls and women), and further fostering gender equality in these sectors and beyond.

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