Breaking Barriers

Recommendations for Program Implementers in Addressing Gender Inequities Facing Global Health Workers

Drawing upon the rich discussion points that emerged from the 2023 Interagency Gender Working Group (IGWG) Plenary, Breaking Barriers: Addressing Gender Inequities Facing Global Health Workers, this brief provides examples of common gender inequities facing global health workers and offers **recommendations for program implementers** on how to address these inequities based on evidence-building practices and resources.

KEY STATISTICS

Women make up

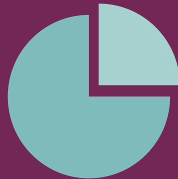
67%

of health and care workers globally.[1]

Women tend to be clustered into lower status, low paid, and unpaid roles and occupy only

25%

of senior roles in the health sector.[6]



Women make about

24%

less per hour than male health workers with similar jobs.[1]

62%

of health workers across all genders have experienced sexual harrassment and violence in the workplace.[6]

How Gender Discrimination and Bias in the Workplace Affect Health Workers

Globally, two in every three health workers are women.[1] The health and care sector [2] is a major source of employment globally; one in 30 paid jobs worldwide is in health.[3] While this sector has a high potential for decent jobs,[4] there are still many barriers to paid employment for women and other marginalized groups. Gender inequities are a systemwide problem for health workers, entrenched in the policies, practices, institutional culture, and behaviors of national health systems.[5] These inequities are rooted in societal expectations, gender norms, and intersectional factors that perpetuate discrimination and disadvantages for women and other groups of health workers, including transgender and nonbinary individuals, men who work in traditionally female-dominated health professions, and working parents and caregivers. These inequities weaken health systems and health delivery. **Some examples of inequities faced by health workers include:**

1. **Unfair labor laws and practices,** including differential pay gaps by gender, precarious or absent work contracts, and inflexibility to attend to unpaid care work[1,3]
2. **Discriminatory human resources (HR) practices** that reinforce recruitment and promotion inequities, including occupational segregation[6] by gender identity, inflexible work policies for working parents, and gaps for women in leadership positions[7]
3. **Gender-based workplace harassment and violence,** perpetrated by supervisors, coworkers, and clients, which is common worldwide and often under-reported[8,9]
4. **Lack of leadership commitment and accountability practices** in the health and care sector to ensure gender equity and fairness for health workers[10,11]
5. **Systematic lack of data about gender inequities facing health workers,** making it difficult to advocate for change[4,12]
6. **Lack of mechanisms for health workers to provide input** into the organization, governance, and accountability of health systems that can ensure an equitable, fair, and safe workplace[13]

Recommendations for

Program Implementers

Addressing Gender Discrimination in Health Sector HR Practices

Health system leaders need to ensure implementation of and accountability for HR policies that promote equitable and fair contracts, pay, leave, benefits, recruitment, and promotion practices. Program implementers should:

- **Improve the successful completion of pre-service academic education** for female students seeking a career in health care through access to academic, financial, and psychosocial support
- **Establish a structure or mechanism for health workers,** such as an equal employment opportunity unit, that promotes nondiscrimination, equal opportunity, and gender equality and implements interventions to address discrimination
- **Offer gender sensitization and skills-building trainings** for HR staff that use practical tools and approaches to help them promote changes in gender norms, policies, and other structural inequities in the workplace
- **Support improved contract quality and benefits packages** that help recruit and retain health workers and include features like on-site child care, parental leave, flexible scheduling for caregivers and pregnant or lactating workers, mentoring programs, promotion timelines, and salary equity
- **Provide mentoring and leadership training** and facilitate women's recruitment and advancement into positions traditionally filled by men, such as physicians, researchers, and supply chain management
- **Improve the recruitment of men into nursing and other areas of the health and care sector** where they are under-represented, through improved career guidance at school, peer support initiatives, clinical placement counseling, and efforts to reduce stigma around men doing care work
- **Establish employee and student feedback mechanisms**, including surveys on workplace concerns, HR policies, and practice decisions
- **Undertake research** to better understand gender and other cultural norms within the health care system and inform programs that implement and evaluate interventions to shift workplace gender inequities

RESOURCES FOR PROGRAM IMPLEMENTERS

- Transforming the Health Worker Pipeline
- Gender Transformative Leadership for Health Workers: A Toolkit
- Closing Gender Pay Gaps
- Subsidizing Global Health: Women's Unpaid Work in Health Systems
- Gender Discrimination and Health Workforce Development: An Advocacy Tool
- Gender Transformative Supportive Supervision Framework and Technical Brief

Addressing Gender-Based Violence and Harassment in the Health Workplace

Health and legal systems must be able to effectively hold perpetrators accountable and protect the rights of those affected by gender-based violence and harassment (GBVH) in the workplace. Program implementers should:

- **Work with health system leaders** to establish workplace norms of safety, fairness, respect, and equity and ensure a culture of accountability
- **Set up a task force,** including representatives of a full spectrum of workers across intersecting identities and experiences, to oversee action plans, policy changes, and grievance mechanisms
- **Support development of formal policies and practices** to prevent and respond to sexual harassment, including a clear code of conduct
- **Establish confidential and safe grievance procedures** to enable reporting of GBVH incidents and systems for follow-up investigation and disciplinary action, where necessary
- **Hold trainings for leaders, managers, and workers** to raise awareness, build empathy, clarify values and strengthen skills to address GBVH. These should also include practical training in institutional policies and practices, including how to report incidents. Ensure that managers know how to ask about GBVH, and support their direct reports in preventing and addressing GBVH
- **Support representative health worker associations, unions, and networks** of allies in advocating for safe working conditions, supporting those who report grievances, and holding leaders accountable for ensuring a safe and respectful workplace
- **Support actions to redress identified safety concerns,** such as improved lighting and security for workers at night
- **Advocate for, make use of, or advance legal protections** for those affected by GBVH

RESOURCES FOR PROGRAM IMPLEMENTERS

- Transforming the Health Worker Pipeline
- Her Story: Ending Sexual Violence and Harassment of Women Health Workers
- Uganda's Response to Sexual Harassment in the Public Health Sector: From "Dying Silently" to Gender-Transformational HRH Policy
- Gender Transformative Leadership for Health Workers: A Toolkit
- Gender Transformative Supportive Supervision Framework and Technical Brief

Fostering Leadership Commitment and Accountability to Promote Intersectional Gender Equity for Health Workers

Program implementers should engage health system leaders in efforts to create a workplace culture that prioritizes accountability for diversity, equity, and inclusion among health workers by doing the following:

- **Develop a multi-stakeholder, multi-year action plan** that establishes targets, timelines, areas of responsibility, and necessary government resource allocations
- **Support leaders in building trust and establishing a regular communication plan** to build awareness of, commitment to, and promotion of a workplace culture that values safety, inclusion, and fairness
- **Facilitate reporting of progress on key performance indicators** such as equal pay and representation to governing bodies and staff
- **Facilitate implementation of nondiscrimination and equal opportunity policies** that set standards for equal opportunity, access, and benefits in the workplace and in pre-service academic settings
- **Promote gender transformative supervision and leadership skills and processes** among health workforce leaders and educators to help participants overcome unconscious bias and promote safe discussions about gender bias and discrimination

RESOURCES FOR PROGRAM IMPLEMENTERS

- Time to Address Gender Discrimination and Inequality in the Health Workforce
- Integration of Gender-Transformative Interventions Into Health Professional Education Reform for the 21st Century: Implications of an Expert Review
- Gender Transformative Supportive Supervision Conceptual Framework and Technical Brief

Filling the Data Gap on Gender Inequities Faced by Health Workers

Program implementers are encouraged to work with researchers, donors, and leaders of health systems to improve the measures and tools for gathering and using data to understand the gender inequities faced by health workers, document results of program activities, and advocate for change. Program implementers should:

- **Support health system leaders to analyze and report on gender and other intersectional issue disparities** from anonymized HR data, including measures of pay, promotions, resignations, and diversity among staff, decision-makers, and governing bodies
- **Establish data monitoring systems for HR process metrics,** which can pinpoint bias in hiring, evaluation, promotions, and salary adjustment processes
- **Evaluate the impact of gender transformative program interventions** to assess the viability and effectiveness of programs and policies in order to inform future interventions, practices, policies, and legislative reforms
- **Coordinate with health workforce researchers to advance a research agenda** on gender inequities faced by health workers globally

RESOURCES FOR PROGRAM IMPLEMENTERS

- Systemic Structural Gender Discrimination and Inequality in the Health Workforce: Theoretical Lenses for Gender Analysis, Multi-Country Evidence and Implications for Implementation and HRH Policy

Involving Health Workers in Creating a Safe, Equitable Workplace

Meaningful engagement with health workers in health systems design and organization is essential to improving gender equity in HR for health. Active participation of workers' representatives in addressing safety and equity issues in the workplace has proven to be an effective tool for action, though more worker input and voice are needed at all levels of the health system. Program implementers should:

- **Ensure that health system managers and directors are fully committed to listening to health care workers,** creating a safe space for employees to voice their perspectives
- **Gauge perceptions on gender equality** through anonymous employee surveys
- **Support establishment of joint employee-management committees or task forces** representing health workers across diverse genders and intersecting factors of discrimination and bias to assess and solve for issues of inequity
- **Support the efforts of representative health worker associations** in advocating for a safe, equitable workplace, including collective action

RESOURCES FOR PROGRAM IMPLEMENTERS

- Caring for Those Who Care: Guide for the Development and Implementation of Occupational Health and Safety Programmes for Health Workers
- Improving Health in the Workplace: ILO's Framework for Action

Conclusion

Eliminating gender inequities in the health and care sector requires an extensive, sustained effort by numerous stakeholders—including program implementers, health system leaders and workers, governments, and donors—and must be understood as an iterative process. Multilevel strategies implemented consistently over time are needed to ensure a comprehensive approach that targets the complex roots of the gender discrimination that affects health workers.

Coordinated work is needed to address the widespread sexual harassment and violence affecting health workers, including better systems of support for those affected and greater accountability for prevention and response. Complementary efforts to address discriminatory gender norms in the health care system and in facilities are also needed at the community and societal levels. More gender-disaggregated data analysis is needed to better understand the forms of gender discrimination affecting health workers. More program evaluations and action research are also needed to inform future health system interventions and policies. All relevant stakeholders—including the affected workers—need to be involved in the planning and implementation of efforts to stop gender discrimination in the health and care sector.

References and Notes

1. World Health Organization and International Labour Organization. 2022. The Gender Pay Gap in the Health and Care Sector: A Global Analysis in the Time of COVID-19. https://www.who.int/publications/i/item/9789240052895.

2. International classification standards for wage employment do not allow for distinguishing the health sector from the care sector in many parts of the world. WHO explains that the analysis of data referenced here combines ambulatory health care, hospital work, nursing and residential care, social assistance, human health activities, residential care activities, and social work assistance without accommodation.

3. International Labour Organization. 2017. Report for Discussion at the Tripartite Meeting on Improving Employment and Working Conditions in Health Services. https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_548288.pdf.

4. Decent jobs are defined as those that have attributes that reflect the promotion of rights at work, employment, social protection, and social dialogue, as defined by the International Labor Organization.

5. Boniol, M., M. McIsaac, L. Xu, T. Wuliji, K. Diallo, et al. 2019. Gender Equity in the Health Workforce: Analysis of 104 Countries. World Health Organization. https://www.who.int/publications/i/item/gender-equity-in-the-health-workforce-analysis-of-104-countries.

6. Occupational segregation occurs when one demographic group is overrepresented or underrepresented in types of jobs. In health care, women are over-represented in the lowest-paid, lower-status jobs.

7. World Health Organization. 2019. Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce. https://www.who.int/publications/i/item/9789241515467.

8. Chatterjee, M. and A. Keeling. 2022. Her Story: Ending Sexual Violence and Harassment of Women Health Workers. Women in Global Health. https://womeningh.org/healthtoo/.

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13. Schaff, M., W. Warthin, A. Manning, and S. Topp. 2018. “Report on the ‘Think-in’ on Community Health Worker Voice, Power, and Citizens’ Right to Health.” Learning Exchange Report (3). https://accountabilityresearch.org/publication/report-on-the-think-in-on-community-health-worker-voice-power-and-citizens-right-to-health/.

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