

Women in Global Health

Women account for 70% of the health care workforce, but we are seeing huge gaps in health worker supply which cannot be closed without addressing the gender issues that are faced within the health workforce.

It is estimated that by 2030, demographic changes and rising health care demands will drive the creation of 40 million new jobs in the global health sector.

However, there is a projected 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. This global mismatch between health worker supply and demand is both a great cause for concern but poses a potential opportunity.

It is reported that the female health 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, but it also constrains progress on gender equality and negatively impacts health systems and the delivery of quality care.

Delivered by women, led by men: A gender and equity analysis of the global health and social workforce, published by WHO and WGH in 2019 gives us a global picture of the health and social care workforce.

A key conclusion of this report is that gender inequality in the health and social workforce weakens health systems and health delivery.

Health systems will be stronger when the women who deliver them have an equal say in the development and implementation of national health plans, policies and systems.

Supporting 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 self-sufficiency.

The report further highlights 4 key themes which contribute to gender inequity within the global health workforce; gender pay gap, decent work, occupational segregation and leadership.

Gender Pay Gap:

Women in global health are mostly underpaid and often unpaid. The World Economic Forum Global gender gap report 2018 estimates the average gender pay gaps by country at around 16%.

The gender pay gap in men's favour is nearly universal and largely unexplained. It has a lifelong economic impact for women, contributing to poverty in old age. In sectors that are female dominated, work is typically undervalued and lower paid.

Decent Work:

Female health workers are more likely to face sexual harassment from male colleagues, male patients and members of the community. It is often not recorded, and women may not report it due to stigma and fear of retaliation. In Rwanda, female health workers experience much higher rates of sexual harassment than male colleagues, and in Pakistan, lady health workers have reported harassment from both management and lower-level male staff.

Occupational segregation:

Occupational segregation by gender is deep and wide spread. Women dominate nursing and men dominate surgery. Men dominate senior, higher-status, higher-paid roles.

Leadership:

Women deliver global health and men lead it. 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.

Pakistan – A case study

We know that Women form 70% of the global health workforce. However, in Pakistan, over 50,000 qualified female doctors are excluded from the health workforce. Aligned to this is the fact that roughly 48% of Pakistani women still don't have a say in their healthcare and this makes the problem clearer.

Over 80% of rural communities in Pakistan continue to lack access to affordable, quality healthcare resulting in the highest rates of infant and maternal mortality in South Asia.

There is also a severe shortage of skilled, technology-enabled frontline health workers in rural village communities. The debilitating effects of illness and disease has led to loss of productivity, exclusion and a downward socioeconomic spiral for hard-to-reach communities.

To address this disparity, we must look into innovative solutions that leverage technology to capacitate and reintegrate women into the workforce by cultivating a digitally integrated, public-private, national healthcare delivery system.

We have seen these interventions make a considerable impact on the lives of women across the country. It has mobilized the entire female workforce in the healthcare ecosystem, from doctors to nurses to pharmacists.

Opportunities were provided to improve their economic autonomy. It has empowered women in peri-urban and far flung villages to take charge of their healthcare, giving them access to quality healthcare which was otherwise inaccessible.

Let me tell you the story of Rabia, she is a 36 year old lady from Rahim Yar Khan in Punjab, Pakistan. Rabia was fortunate enough to be educated to Grade 8 unlike many of her peers. She then enrolled onto the Lady Health Worker Government program and was one of the 160,000 women across Pakistan who were trained as a Female Health Worker. That's the good news. The bad news is that 60% of these women remain unemployed or underemployed in 2020.

Back in 2019, we at doctHERs enlisted Rabia as a community health worker – *Guddi Baji (Good Sister)*; one of the 70 female frontline health workers we inducted into the TRANSFORM program, a collaboration at scale with Unilever and DFID. In this model, CHW such as Rabia are

equipped with a tablet and a 4G wifi connection and are able to use a digital health platform to connect rural village patients to our network of trained female healthcare professionals such as doctors, nurses and pharmacists. This is something we are extremely proud of, being the first, not only in Pakistan but globally to integrate the entire healthcare ecosystem into the telemedicine pathway.

We then trained Rabia, our CHW on how to use our telemedicine platform and how to connect a patient to one of our healthcare professionals using her tablet. We also equipped Rabia with screening tests and we empowered her with medical knowledge on what to do in specific clinical scenarios.

This year, we launched our CHW Pharmacy Access Points. Rabia will be able to conduct home-health visits, connect patients to our remotely located doctors via telemedicine and then connect the same patients in real-time to an online, licensed female pharmacist who can review the prescription and counsel the patient. This has been proven to have a huge impact on patient adherence to therapy.

Once the online pharmacist authorises dispensation, the patient is able to collect the relevant medication from the CHW.

Using the UK's primary healthcare model, the pharmacist will counsel the patient on the correct use of the medication and follow-up on the patient's progress. If the patient requires further healthcare intervention, the pharmacist will refer them back to the doctor.

Rabia is a lynchpin in the delivery of 'Connected Care' a continuity-of-care model that continuously disseminates digital information across these shared care pathways. This gives Rabia and her healthcare team a 360 degree view of the patient and enables them to navigate the patients accordingly.

In 2019, CHWs such as Rabia impacted over 1 million women, covering all of the major provinces in Pakistan. By impact we mean either health educational sessions attended by female villagers or clinically relevant health outcomes. The success of this program proves that we must continue to work tirelessly to connect women in order to achieve their fullest potential, enabling them to live healthy and socioeconomically empowered lives. We have seen that transformed people, transform lives.

The rights, inclusion and representation of women should be at the center of any modern healthcare delivery system and at DoctHERs we are proud to be doing exactly that; the HERs in DoctHERs.

This International women's day lets choose to challenge;
....to challenge the status quo, to challenge the inequities which
surround us – Lets choose to stand together - and stronger.

N Bukhari