

**DELIVERED BY WOMEN,
LED BY MEN:
A GENDER AND EQUITY ANALYSIS
OF THE GLOBAL HEALTH AND
SOCIAL WORKFORCE**

Human Resources for Health Observer Series No. 24



**World Health
Organization**



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Foreword: Women in Global Health as co-chair of Gender Equity Hub

On behalf of Women in Global Health I am delighted to receive this important report and acknowledge the many expert partners who gave their time to generate the evidence that will underpin gender equality in health, and therefore better global health.

When I graduated as a medical doctor I knew I was standing on the shoulders of the pioneer women who had fought their way into medicine and carved a path for me and other women. In some countries this is very recent history, since women did not qualify as doctors until the 1940s.

Today women account for 70% of the health and social care workforce and deliver care to around 5 billion people. But as this report shows, despite progress, women remain largely segregated into lower-status and lower-paid jobs in health, are subject to discrimination, and, in some contexts, are under the constant threat of violence. Global health is delivered by women and led by men, and that is neither fair nor smart.

Large numbers of women in health are working without the protection of legislation to guarantee them decent work and equal pay. Many are underpaid or unpaid. The gender pay gap in the health sector is higher than other sectors despite it being a female-majority profession.

Disadvantage is multiplied by the intersection of gender with race, ethnicity, caste, or religion – depending where you are in the world.

We cannot wait for the global health system to correct its own course. Approximately 40 million new health and social care jobs will be needed by 2030 to keep up with changing demographics and increased demand for health. Around 18 million health and social care jobs must be filled in low-income countries to reach the Sustainable Development Goals (SDGs) and achieve the game-changing ambition of universal health coverage. Gender-transformative change is needed to stop the leakage in the pipeline and loss of female ideas and talent. Similarly, we want to increase male talent and perspectives in fields such as nursing where men are underrepresented.

Doing things differently by addressing gender inequities in global health and investing in the global health and social workforce will have a wider multiplier effect, offering a “triple gender dividend” comprising the following.

- **Health dividend.** We can fill the millions of new jobs that must be created to meet growing demand and reach universal health coverage and the health-related SDGs by 2030.

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