Investing in the Health Workforce

For Women's Economic Empowerment

Greater investment the frontline health workforce in low- and middle-income countries (LMICs), coupled with policy changes to address critical barriers women in the health workforce face, holds massive potential for women's economic empowerment, both for health workers themselves and the communities they serve. Women's large share of the health workforce means opportunity is ripe for improving leadership opportunities, working conditions, and improving social and cultural recognition of women as economic agents.

Investment can open up opportunities for women to move into higher levels and more diverse roles, both within the health sector and in other areas of their lives. However, significant barriers exist in realizing the potential of the health workforce to empower women. Removing these barriers would show commitment to increasing women's economic empowerment. While data on numbers, distribution, and level of health workers remains inadequate, the data we do have tells us that women make up 70% of the health and social workforce globally, compared with 40% across all sectors[1]. However, women only make up 27% of health ministers around the world[2]. In addition, informally employed, home-based, unpaid, or otherwise off-the-record health services comprise up to 77% of all health care interactions in some countries, yet the economic impact of that work is largely unaccounted for[3]. Globally, women's labor contributes $3 trillion into the health system, roughly half of which goes unpaid[4]. Given that women comprise a majority of the health workforce, investments in this sector have huge potential to yield significant gains in women's economic empowerment, in addition to an estimated 9:1 return on investment overall[5].

Why investments in the health sector are a boon for women

Effects of health sector investment meet the definition of empowerment for women - providing tangible resources and capacity for advancement and growth. With a projected shortfall of 18 million health workers worldwide, particularly in LMICs, investment in the health workforce to meet these needs would directly employ millions of women in health[5]. Investment would also open up avenues to support underutilized cadres and positions, diversifying the levels of employment possible and opening up access to vulnerable populations.

Recommendations:

1. Governments should create and implement a multi-stakeholder financing plan to invest in health employment in underserved settings that aligns with the Global Workforce 2030 Strategy and the ILO-WHO-OECD Working for Health Action Plan 2017-2021. The plan must address occupational sex segregation, skills and training gaps, and sexual harassment in the workplace.
2. Governments should undertake and make publicly available a systematic review of the sex distribution among pay grades and career advancement practices that includes evidence-based solutions.
3. Governments should be held accountable to commitments made to the SDGs, the UN Committee on the Status of Women, and other declarations by formally recognizing and including all cadres of health workers as contributors to the health system and by fostering opportunities for training, growth, and leadership.

Impact Cases

Ethiopia Health Extension Workers
Ethiopia developed a new cadre of female frontline health care workers (called health extension workers) that have taken on primary health care roles throughout the country. With the mobilization of 38,000 health extension workers, primary care access has improved and many of the women who have taken on these roles have become community leaders due to their education and status in the program[6], underscoring increased women's empowerment beyond financial benefits.

PMI Africa Indoor Residual Spraying (AIRS) Project
In sub-Saharan Africa, the U.S. Presidential Malaria Initiative AIRS Project sought to promote gender equality in its programming by employing more women and ensuring their safety. The project posted sexual harassment guidelines at each site and provided trainings for program employees[7]. The project also instituted a buddy system for female employees to address cultural norms that would otherwise prevent them from working alone with men they were not related to. In addition to transforming the work environment, the project provided growth and training opportunities for all employees and focused on identifying women for supervisory roles. The project saw an increase of female supervisors from 25% in 2013 to 46% in 2015.

Barriers to women's empowerment in the health workforce

The UN Secretary General's High-Level Commission on Health Employment and Economic Growth has shown that investment in health provides a 9-to-1 return[5]. Maximizing the impact of investment in the health workforce for women's economic empowerment requires addressing several barriers, including:

- **Occupational sex segregation:** This inhibits women's economic empowerment by devaluing jobs and positions that are held primarily by women and by not providing adequate opportunities for career advancement[8,9].
- **Uncompensated or undercompensated labor for health and social care:** Primarily female frontline health workers make up for gaps in health systems, sometimes at risk to themselves and their livelihoods[10].
- **Sexual harassment and assault on the job:** Violence and harassment limits many health workers' abilities to effectively complete their life saving duties and stifles their voice when advocating for advancement and increased responsibility[11].
- **Discrimination in education and training:** Policies that are nominally "gender-neutral" often mask inequities in opportunity, such as penalizing women who work part-time or take time off for family reasons or strict certification requirements that prevent workers in female-dominated lower cadres from expanding their skillset[12].

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18M projected shortage of health workers by 2030 without immediate and strategic investments[5]

70% of the health workforce in many LMICs is comprised of women, compared to 41% in other sectors[1]

$28 trillion increase in global GDP if women were able to participate in the economy equally[14]

96% of maternal dealths occur in 73 countries, and only 4 of those have the potential midwifery workforce to provide essential health services

Citations
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The Frontline Health Workers Coalition is an alliance of United States-based organizations working together to urge greater and more strategic U.S. investment in frontline health workers in low- and middle-income countries as a cost-effective way to save lives and foster a healthier, safer and more prosperous world.

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