

IN SIGHT, IN MIND: WHY RAISING VISIBILITY OF WOMEN'S LEADERSHIP IN HEALTHCARE IS KEY IN THE BATTLE FOR EQUALITY AND AGAINST COVID-19



INTRODUCTION



As little as a few months ago, the circumstances we find ourselves in today would have been considered by many as improbable. But nurses, doctors, midwives, surgeons and active members of the healthcare community have had to steel themselves against the surging tide of an unprecedented pandemic with little time, and often meager access to resources, to process what is happening.

Their courage, leadership and compassion are the cornerstone of every national and international response plan.

Women, as a majority of the healthcare workforce, act as a strong foundation for comprehensive healthcare solutions. Yet, they are still missing from decision-making panels, task forces and response groups at an alarming rate. This is not due to women's lack of leadership, on the contrary, women political leaders in health and women leaders in healthcare have already demonstrated some of the best responses to COVID-19 worldwide.

but their commitment and dedication to global health?

On the International Day of Nurses, and in the International Year of Nurses and Midwives, WPL curated a discussion with some of the leading women in healthcare to help raise visibility and awareness surrounding women's roles in the COVID-19 healthcare response.

The proverb goes "out of sight, out of mind." These women need to be seen to ensure they will be heard.



photo:<https://yearofthenurseandmidwife.org/>

PART 1: OVERCOMING OBSTACLES FOR BETTER LEADERSHIP: TO LEAD BETTER, WE MUST HAVE WOMEN AT THE TABLE



Featuring **Elise Pokossy-Doumbe**, Member of the National Assembly, Cameroon

Today, the whole world is shaken by the COVID-19 pandemic. In the battle against this scourge, women occupy a special place. As a bearer of hope and of life, as a sensitive and generous soul, women fight daily for the well-being of humanity. Everywhere in the world and especially in Cameroon, women's leadership is making significant progress because women are leading their struggle with determination.



In spite of their competencies, in spite of this willingness to act, women face certain obstacles that prevent them from occupying their rightful place. These obstacles are the weight of culture, tradition and society's viewpoint. Because of this, women experience difficulties communicating and making their actions visible, which sometimes prevents them from being recognized by the general public.



The midwife who accompanies the woman from the beginning of pregnancy to the birth of the child plays an essential role in the fight against maternal, neonatal and infant mortality. As a woman politician, I hope that women's leadership will be better recognised and, above all, that women's involvement in decision-making bodies will have a real dimension.

Aujourd'hui, le monde entier est secoué par la pandémie du covid-19. Dans cette bataille contre ce fléau la femme occupe une place de choix. Porteuse d'espérance, de vie, âme sensible et généreuse, elle se bat au quotidien pour le bien-être de l'humanité. Les qualités de cœur et la compétence de la femme ne sont plus à démontrer. Partout dans le monde et spécialement au Cameroun, le leadership féminin connaît des progrès importants car, la femme mène son combat avec acharnement.

Malgré la compétence, malgré cette volonté d'agir la femme est confrontée à certains obstacles qui l'empêchent d'occuper la place qui lui revient. Le poids de la culture, la tradition et le regard de la société. La femme a du mal à communiquer et à rendre visible ses actions ce qui empêche parfois sa reconnaissance par le plus grand nombre.

La sage-femme qui accompagne la femme du début de la grossesse jusqu'à l'accouchement joue un rôle essentiel dans la lutte contre la mortalité maternelle néonatale et infanto juvénile. En ma qualité de femme politique, je souhaite que le leadership féminin soit mieux reconnu et surtout que l'implication de la femme dans les instances de prise de décision soit réelle.



photo: <https://yearofthenurseandmidwife.org/>

PART 2: SHATTERING THE GLASS CEILING: WHY DO WE DISMISS THE ESSENTIALITY OF CARE WORK?



Featuring **Ilze Viņķele**, Minister of Health, Latvia.

I truly celebrate the achievements of all the talented and strong women who have proven that glass ceilings can be broken. As a Minister for Health, I also applaud our nurses and midwives for their dedicated work on the frontline. Their leadership inspires all of us. While this pandemic undeniably highlights gendered segregation of work among health care workers, it is known that this issue runs deeper than the current pandemic. I believe, however, that we can use this time wisely to raise awareness about the disproportionate and often invisible division of labour.



Since on average nurses spend more time with patients than doctors, their exposure to Covid-19 might be higher. Moreover, I am worried not only about the physical danger of exposure but also mental. I salute every front-line health practitioner, male or female, out there, however, we also know that nurses are much more involved in bonding care relations with patients: and it is especially their emotional care work that goes unnoticed. We know from empirical and ethnographic studies that there is a direct relation between underrated care work and gender.

Professional caring skills are often considered as self-evident and naturally predisposed to women and thus comfortably swept under the carpet. The opinion that nurses “do only care work” is as obsolete and distasteful, as saying that “care work is not essential”. I cannot stress enough their highly invaluable medical skills, although such a strict distinction between “care” and “cure” should be avoided, as in health care both activities are dynamically intertwined.



PART 3: FRONTLINE WORKERS: ACKNOWLEDGING THE ESSENTIAL CONTRIBUTIONS OF WOMEN ACROSS LEVELS



Featuring **Dr. Inaya Ezzedine**, Member of the National Assembly, Lebanon

Covid-19 did not spare a single country in this world. While decision and policy makers have been caught by the elements of a painful surprise and are in fact overwhelmed with this untimely and devastating reality, brought on by a global epidemic, healthcare professionals have proven once and once again to be the first line of defense in protecting the wellbeing of the human inhabitants on earth. Not only are they being pushed to the limits to care for the victims of this pandemic, but they also face the dangers of contracting the same virus. It is noteworthy that 70 per cent of health care workers and professionals are females including doctors, nurses, hospital administrators, lab technicians as well as hygiene and sanitation workers. They embrace their calls to duty daily, working long hours, loaded with stress and psychological pressure without hesitation knowing that their work subjects them to a high degree of risk.



Few outside the medical field realise the level of psychological stress and risk health care workers and professionals are subjected to in their daily routines to care for patients. Doctors, nurses, lab and hospital workers form the nucleus of health care troops.

While fighting pain and death is an integral part of the healthcare profession, the current context is complex and in fact, devastating. Not only do they put their lives at risk, they also must ensure that they do not carry the virus home to their parents, grandparents, siblings or children. They also deal with the challenges of supporting the daily cycle of those mentioned whether it is working from home, homeschooling earning a daily wage for survival. The consequences of Covid -19 go beyond the typical threat and risk to the overall health of humans and, therefore societies. It has further caused a global economic meltdown that made many economists concerned and unsure about the impact of this pandemic and whether recovery can be achieved soon enough. In my country, Lebanon, we have been able to keep this virus from spreading widely through a structured net of public health partnership between the public and private health sectors in spite of an economic calamity that has recently resulted in a 50 per cent devaluation of our national currency coupled with a surge of a record high unemployment rate and pushing more of the population under the poverty line.



With great burden comes great responsibility: so why aren't we giving women more decision making responsibility?

Female healthcare workers are going above and beyond the call of duty to serve humanity. They have proven and illustrated a high level of leadership and remarkable skills in their professions. Nevertheless, they have not been given equal opportunities to lead. Whether it is within the health sector, its various syndicates or public institutions, the rate of female participation remains far from what it should be, especially when it comes to governance including policy and decision making. Out of the many lessons of this pandemic, should be a revisit of gender participation and gender parity to normalize and balance the different paradigms of our professional lives. This should be a practiced social value, that when implemented and is part of our daily lives we will prove more resilient. Is it by coincidence that – with a few exceptions – all countries headed by female leaders fared much better in dealing with the pandemic?



PART 4: FRONTLINE WORKERS: ACKNOWLEDGING THE ESSENTIAL CONTRIBUTIONS OF WOMEN ACROSS LEVELS



Featuring Dr. **Kirsten Kappert-Gonther**, Member of Parliament, Germany

If midwives got to decide how to run the response to Coronavirus, pregnant women would not be made to feel even more worried being told they cannot bring a partner or companion to the birth. Midwives doing home visits before and after birth, not all of which can be replaced by phone calls, would not have been forgotten in plans to distribute masks and other protective equipment.



The Coronavirus pandemic shows us sharply: Women are not equal decision-makers in our health system. Sex and gender determine whose needs and contributions are acknowledged and met and whose aren't. Before the Coronavirus hit, Germany had finally got in line with the rest of Europe to offer midwives an academic education – essential to equal relationships with other health professions, to setting the agenda. But now even more loudly than before we Greens demand a sea change in healthcare: we need women's equal leadership, gender health and health in all policies. There is no denying it now: Unequal power to women in the health system means inferior health care which we cannot and must no longer afford.

PART 5: CONFRONTING SEXISM BY CHANGING THE OPERATIONAL FRAMEWORKS



Featuring **Monica Macha**, Member of Parliament, Argentina

Female leadership, as long as we remain in a patriarchal society, is always going to be biased and restricted. Of course women lead work processes, they have always done it, and more and more women are participating in decision making. But for this to be reflected, it is also necessary that both power and work should be exercised in a non-sexist way. There are two concrete actions that can contribute to greater equality and democratisation of the health sector, historically taken by conservative corporations. First, we need to create gender-equal directories for women to be part of decision-making. On the other hand, we need to have gender-sensitive processes. Otherwise, leadership remains patriarchal and the way of working excludes or oppresses women.



Care work has historically been neglected and we are still working to have it recognized as a work. This is a key point of the feminist agenda. In a context of social, preventive and compulsory isolation, such tasks and chores are multiplied and intensified. But, I insist, this is not new for women who have always had a double professional and domestic work. Now the situation has become more critical.

El liderazgo femenino, en tanto sigamos en una sociedad patriarcal, siempre va a ser sesgado y restringido. Por supuesto que las mujeres lideran procesos de trabajo, siempre lo han hecho, y cada vez más mujeres participan de la toma de decisiones. Pero para que eso se vea reflejado también es necesario que el poder y el trabajo se ejerza de un modo que no sea machista. Hay dos acciones concretas que pueden contribuir a una mayor igualdad y una mayor democratización del sector salud, históricamente tomado por las corporaciones conservadoras, y se trata de crear directorios con paridad de género para que las mujeres sean parte de la toma de decisiones y, por otra parte, contar con procesos que tengan perspectiva de género. De otro modo, el liderazgo es patriarcal y la forma de trabajar excluye u oprime a las mujeres.

Recognition is the first step to restitution

Care work has historically been neglected and we are still working to have it recognized as work. This is a key point of the feminist agenda. In a context of social, preventive and compulsory isolation, such tasks and chores are multiplied and intensified. But, I insist, this is not new for women who have always had to double professional and domestic work. Now the situation has become more critical. In the health sector, there are protocols and precautions in place to reduce the risks of female workers who are exposed to pandemic devices. But in the face of a crisis of this magnitude, it is never enough, we are always adding resources and adapting to a dynamic scenario. Like all crises, in this case it is a medical one but with economic consequences, this pandemic has more profound effects on populations that already suffer from inequality, such as women, trans and transvestite communities.

Las tareas de cuidado históricamente fueron invisibilizadas y aun seguimos trabajando para que sean reconocidas como trabajo. Es un punto clave de la agenda feminista. Y en un contexto de aislamiento social, preventivo y obligatorio esas tareas se multiplican y se hacen más intensas. Pero, insisto, no es nuevo esto para las mujeres que tuvieron siempre un doble trabajo profesional y doméstico. Ahora se vuelve más crítico. En el sector sanitario existen protocolos y cuidados necesarios para reducir los riesgos de las trabajadoras que están afectadas a los dispositivos para combatir la pandemia. Frente a una crisis de esta envergadura nunca es suficiente,

siempre estamos agregando recursos y leyendo un escenario dinámico.

Como toda crisis, en este caso sanitaria y con consecuencias económicas, tiene efectos más profundos en las poblaciones que sufren la desigualdad, como es el caso de las mujeres y las poblaciones trans y travesti.



PART 6: CHANGING THE LEADERSHIP DYNAMIC: WOMEN ARE IN A UNIQUE POSITION TO LEAD



Featuring **Soher El Sukaria**, Member of the Chamber of Deputies, Argentina.

Women's leadership in the face of a global health crisis, such as the COVID-19 pandemic, demonstrates a very positive first side and that is the high degree of success in those countries that are led by women. It seems that some of the characteristics attributed to female leadership contribute to better dealings with the pandemic but also, fundamentally, to accompanying societies and building reliable and responsive governments.



However, it is in crisis contexts that women are most burdened. Many of them must continue with their daily work - from home or outside, as is the case with health professionals - with the added burden of the unpaid work they do every day in their homes. In addition, those who have children often incorporate hours of work by accompanying them in their distance learning. Today, more than ever, it is necessary to highlight the importance of women's leadership. By this I mean leadership that puts the care of others first, acts quickly and efficiently, and is built from a perspective of empathy, love and perseverance.



photo: <https://www.hovione.com/>

One area where this kind of leadership can be clearly seen is undoubtedly in the area of health and care workers. Considering that, according to WHO data, 50% of the world's health personnel are nurses and childbirth support staff, and of these, 70% are women. Women are the first to receive a baby into the world and they are the ones who accompany all sick people in their daily lives.

Women put their bodies on the front lines of the battlefield, in this struggle against COVID-19. Moreover, these women support those who need it most on a daily basis, providing a word of calm and clarity, containing and providing help in times of maximum emergency, with efficiency and celerity.

This is the kind of leadership that must survive this pandemic. A leadership of truth and containment; of empathy and construction from the other's point of view. A leadership that invites us to find ourselves more humane, tolerant and understanding, and that unites all citizens in an equal way.

El liderazgo femenino al momento de enfrentar una crisis sanitaria global como lo es esta pandemia de COVID-19 tiene una primera cara muy positiva y es el nivel de éxito que están teniendo aquellos países que son conducidos por mujeres. Parece ser que algunas de las características atribuibles a los liderazgos femeninos contribuyen a lidiar mejor con la pandemia pero, fundamentalmente, a acompañar a las sociedades y construir gobiernos confiables y que den respuesta.

Sin embargo, es en los contextos de crisis cuando más se recarga a las mujeres. Muchas de ellas deben continuar con sus trabajos diarios -desde el hogar o fuera de él, como es el caso de las profesionales de salud- y le deben sumar una mayor carga al trabajo no remunerado que hacen todos los días en sus casas y, aquellas que tienen hijos, incorporan horas de trabajo acompañando en la enseñanza a distancia de ellos. Hoy, más que nunca, es necesario visibilizar la importancia de los liderazgos femeninos. Me refiero a liderazgos que anteponen el cuidado del otro, actúan rápido y son eficientes y se construyen desde una mirada de empatía, amor y perseverancia.

Un área en la que se pueden ver claramente estos liderazgos es, sin duda, el personal sanitario y de salud, considerando que -según datos de la OMS- el 50% del personal sanitario mundial es personal de enfermería y soporte al parto y de éstos, el 70% son mujeres.

Son mujeres las primeras en recibir a un bebé que llega al mundo y las que acompañan en el día a día a todos los enfermos. Son mujeres que ponen el cuerpo y que se encuentran al frente de este campo de batalla que es la lucha contra el COVID-19. Pero además, son mujeres que acompañan en el día a día a quienes más lo necesitan, que brindan una palabra de calma y claridad, que contienen y que brindan ayuda en momentos de máxima emergencia, con eficiencia y celeridad.

Este es el tipo de liderazgo que debe sobrevivir a esta Pandemia. Un liderazgo de verdad y contención. De empatía y construcción desde la mirada del otro. Un liderazgo que nos invite a encontrarnos más humanos, tolerantes y comprensivos, y que una a todos los ciudadanos por igual.

PART 7: LEADING BY EXAMPLE: ICELAND'S APPROACH TO COVID-19



Featuring **Svandís Svavarsdóttir**, Minister of Health, Iceland.

Globally, nearly 70 percent of frontline health and social workers are women. Women are also more likely to look after sick family members.

Yet, the majority of important policy decisions in the world are made by men. It is extremely important that women be included at all-level of decision-making regarding the current pandemic. The strength of our healthcare systems is based to a large degree on women's empowerment within it and we should ensure that women are also visible leaders in this crisis.

The present Director of Health here in Iceland is Alma D. Möller, who took office on 1 April 2018. She is the 18th holder of the office since the establishment of the Directorate of Health in 1760 and the first woman to hold that position in Iceland.

She is a key player in Iceland's reaction to the pandemic and a strong, visible leader.



I also want to mention that we have a female led government here in Iceland, as our prime minister is Katrín Jakobsdóttir. She has emphasised gender equality in her work as Prime Minister.

Now's not the time to back down: step up for women's equality

I am afraid that there might not be sufficient measures addressing this issue in all the countries of the world. We must ensure that gender responsive measures are included in all response and recovery decisions during these times. We are aware of this problem here in Iceland and I have decided that hospital and primary care workers who have been at the frontline in our response to the crisis will get bonus payments from the government, as they have been working under challenging circumstances and are at risk for getting infected.

The majority of these workers are women, as I mentioned. The hard-earned progress made on gender equality and human rights of women and girls around the world must be protected in these challenging times.

PART 8: AN EYE FOR EVIDENCE, AN EAR FOR LEADERSHIP: WHY LISTENING TO WOMEN IN HEALTHCARE IS AN ESSENTIAL COMPONENT OF ANY COVID-19 RESPONSE PLAN.



Featuring **Toyin Saraki**, Founder & President of the Wellbeing Foundation Africa & Goodwill Ambassador for The International Confederation of Midwives.



For a long time the healthcare sector has not adequately recognised the important representation of female leadership regardless of the fact that the data shows us women make up 7 out of 10 healthcare and social workers.

Whilst I proudly stand with the rest of the health sector in applauding female leaders such as Taiwan's President Tsai Ing-Wen and New Zealand's prime minister Jacinda Ardern, who have successfully led and implemented public health policies and actions in combating the SARs-Cov2 pandemic, we have long way to go to ensure women are included in the decision making spaces to have greater influence in advocating for gender inclusive policies. By doing so, we can increase the visibility of women's leadership initiatives. In order to achieve this, I believe that it is important to have the frontline health care and community workers advising and contributing to COVID19 strategy and operational plans. In tandem to this, it is equally as important that women are part of national and global COVID19 outbreak, preparedness and response teams in

governments and multilateral international organisations.



In my opinion it is as important to recognise frontline grassroots leadership, as it is to recognise high-level health leaders, and in this respect, I particularly commend the role of midwives, nurses and key health workers, who have kept exceptional essential services consistent and resilient during this pandemic when vital resources have been directed to the challenges of the COVID-19 response. This integrated approach is key to increase women's visibility in the healthcare sector, address the most vulnerable in society during this pandemic and champion gender equitable healthcare.

Supporting midwives for a sustainable future

In every country, there is no doubt that frontline health workers are bearing a disproportionate risk of being infected, even as they are providing care to save lives, and a significant number have lost their lives. We must ensure that we bridge the gaps between critical supply needs, and ensure that all health workers are given the training and tools,

including expanded protective hygiene mechanisms, to be able to ensure that they, and their own families are not adversely affected by the pandemic. My organisation, The Wellbeing Foundation is doing a lot of work to ensure that the midwives and healthcare workers we work with are adequately supported to ensure minimal risk in their everyday work.

Pregnant women that are six weeks from giving birth are recognised as part of the most vulnerable group during COVID19. Women are unable to access their regular health facilities due to fear of infection, there is only so much antenatal treatment that can be administered at home via the telephone.

Given this reality, our midwives are working to adapt to this new normal.

WHO recommends eight antenatal contacts with medical professionals, and they maintain that is necessary during the lockdown--but they also advise that some of the contacts can be remote. So we are working with our virtual resources to ensure that women know what they should be asking for during the lockdown, and know what resources they should use.



We've moved some classes online and are providing more guidance via our social media channels.

This is the Year of the Nurse and Midwife and as such should be a catalytic moment to ignite the respect and recognition for women's leadership in health, at every tier of policy actions and advocacy.

The key findings in this report brilliantly illustrate that "Midwives are directly responsible for providing reproductive, maternal and newborn health services, yet they are largely absent or ignored from designing policies and programs at all levels"-Betsy McCallon, CEO , White Ribbon Alliance.



It is imperative that we stand together with midwives and call investment in and respect for midwives and midwifery so that all women receive the quality and dignified care they deserve.