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Dr. Roopa Dhatt, WGH Executive Director and Co-Founder, is a passionate advocate for gender equality in global health and a leading voice in the movement to correct the gender imbalance in global health leadership. She is also a practicing Internal Medicine physician at Georgetown University Hospital in Washington, D.C, and has faculty appointments as an Assistant Professor at Georgetown University and the University of Miami. Dr. Dhatt co-founded Women in Global Health in 2015. Today, Women in Global Health has 47 chapters and 100,000 supporters in more than 90 countries and continues to grow. Dr. Dhatt has worked in global health for nearly 15 years, collaborating with 120+ countries. She holds numerous advisory and board roles. She advises global health institutions on matters of the health workforce, gender equity, and universal health coverage. She has published in the Lancet, BMJ, Devex, Forbes and has been interviewed in National Geographic, Nature, NPR, EuroNews, and numerous other channels. Dr. Dhatt was recognized in the Gender Equality Top 100, the most influential people in global policy 2019.

Involvement in G7 process 2022

Dr. Roopa Dhatt was a W7 advisor for the G7 in Germany in 2022. She was a member of the working group on Women's economic empowerment, justice and rights, contributing to the recommendations and the overall communiqué. In addition, Women in Global Health, in collaboration with its German chapter, submitted gender recommendations to the Presidency of the G7, focusing on a gender-responsive pandemic instrument, protection of the health workforce, recognizing women's unpaid work in health, gender-sensitive data collection and ensuring women's participation in leadership and decision-making.

Women in Global Health's key messages

1. Increasing women's leadership in health

Women make up 70% of the health workforce, and 90% on the frontlines, yet hold only 25% of senior leadership roles in health. Approximately 70% of global health organizations are headed by men and 80% of board chairs are men. Only 20% of global health organizations have reached gender parity on their boards and only 25% have gender parity at senior management

level. The marginalization of women health workers in leadership has continued during the pandemic with 85% of national COVID-19 task teams were made up of majority men.

Women health and care workers have expertise, especially knowledge of the populations they serve, and should be equally represented in health leadership. Including equal numbers of women in leadership (and women from diverse social groups and geographies) in this pandemic is about effectiveness and saving lives, not only representation. Diverse leadership groups make better, more informed decisions.

2. Ensuring gender-responsive health systems

Gender inequalities and harmful socio-cultural norms limit enjoyment and recognition of the right to health for all. Evidence shows that gender equality and women's rights are critical drivers of health, wellbeing, and socio-economic development, and that gender-responsive health services—in particular SRHR interventions—are health promotive, preventive, low cost, and cost effective.

Governments must strengthen gender-sensitive health services that address gender-related barriers to health for all genders and secure women and girls' equitable access to health, prioritizing the most marginalized women and girls. In addition, they should address the social determinants of health (including income, education, food security, environment, and punitive and discriminatory laws) that drive ill health based on socially constructed gender roles for all genders. Finally, it is crucial that they Include a comprehensive package of essential services that are integrated, high quality, affordable, accessible, and acceptable to all girls and women throughout the life course; and incorporate sexual and reproductive health services free of stigma, discrimination, coercion and violence.

2.1. Gender equal Universal Health Coverage (UHC)

It is crucial that governments:

(1) Stand by and deliver on the commitments made in the Political Declaration at the 2019 United Nations High-Level Meeting on UHC, including the strong commitments made to gender equality, the rights of women and girls, and women health workers;

(2) Commit to and act on delivering comprehensive SRH services as central to the UHC essential package of services (including those that can be self-managed/self-administered and comprehensive sexuality education (CSE));

(3) Address gender inequities in leadership and ensure fair and equal compensation and opportunities in the health workforce, and support health workers in health budgets;

(4) Ensure women's meaningful participation in UHC design, implementation and monitoring, and ensure their perspectives and voices are fully reflected by engage with and funding women's rights organizations, feminist leaders and community groups to understand the priorities of diverse girls and women, especially from marginalized groups;

(5) Reinforce and reinvigorate the promotion, protection and fulfillment of women's and girls' human rights as crucial to advancing achievement of UHC;

(6) Approach health financing with a gender equality lens as fundamental for the path toward UHC;

(7) Collect and analyze data disaggregated by sex and gender, as well as other intersecting characteristics such as age, race, class, (dis)ability, ethnicity and sexual orientation, in order to effectively identify and break down barriers that prevent girls and women from accessing health promotion, prevention, diagnosis, treatment and care.

3. Gender equity in the health and care workforce

Requires:

1. Increasing the proportion of women in health and care leadership roles;

Women make up 70% of the health workforce, yet are largely clustered into lower paid jobs compared to men who are clustered into higher status occupational groups and leadership positions. Trends show women entering more diverse and higher status sectors of health over time whilst the percentage of men entering nursing remains below 20% among all age groups, with only a slight trend toward increasing male representation in younger age groups.

2. Recognizing the value of unpaid health and care work and the importance of equal pay in the health and social care sectors;

The World Health Organization estimates the gender pay gap in the health workforce to be at 24%. After accounting for occupation and working hours, this difference can be attributable to a wide range of factors including women's under-representation in senior positions, fewer opportunities for career advancement and gender discrimination. In addition, it is estimated that women in health contribute 5% to global GDP (US$3 trillion); of which almost 50% is unrecognized and unpaid.

3. Protecting women in health and care against sexual harassment and violence at work;

Women in all parts of the world in the health sector experience work-related Sexual Exploitation, Abuse and Harassment (SEAH) that includes sexualized verbal abuse, sexual assault and rape. Women face SEAH from male colleagues, patients and men in the community. Women's experience of SEAH and trauma is currently downplayed in the health sector and is even normalized.

4. Ensuring safe and decent working conditions for all health workers, everywhere.

Women health and care workers also face unsafe working conditions, and are subjected to violence and harassment from patients and colleagues. A Women in Global Health survey

conducted in 2021, found that out of 1000 respondents, only 14% reported having access to adequately fitting Personal Protective Equipment. PPE is modeled on the male body and is often poorly fitting for women, exposing them to increased risk from COVID-19 infection, as well as discomfort during menstruation and menopause.

Women health and care workers need a new social contract, with fair pay, leadership opportunities, safe and decent working conditions and protection from violence and harassment.