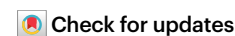


# Empowering African women leaders is key for health equity

Oyeronke Oyebanji & Ebere Okereke



The African Union has committed to gender equity for the continent. Yet women are underrepresented in education, in the workplace and in leadership positions. We must act now to achieve gender equity and combat existing structures of discrimination. We propose actions to help women to get there, stay there and thrive as leaders.

Gender inequity is endemic and adversely affects global development and health outcomes. In 2015, the African Union in Agenda 2063 (its strategic framework for sustainable development) declared a [commitment](#) to “an Africa, whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children.” Despite this declaration, the COVID-19 pandemic has exacerbated gender disparities, and there have been increases in gender-based violence and more women forced out of work or into unpaid labour. Today, women and girls still face disadvantages in access to education, work and opportunities to contribute to the development of our societies through leadership. A pathway to change the current ecosystem, which undermines the potential of African women, is needed.

## African women leaders in history

There is strong evidence in written and oral history about the role of women as leaders in precolonial African societies<sup>1</sup>. Nwando Achebe’s analysis of women as leaders and healers in precolonial African societies highlights their active involvement in politics and religious life, and challenges the common misconception of women as passive members of these spheres<sup>2</sup>. The authority and influence demonstrated by figures such as Nana Afua Nsiah – a priestess healer – further exemplify the crucial role of women in shaping and sustaining their communities.

The current prevailing view among traditional and conservative groups within African societies is that leadership roles for women are contrary to African culture<sup>3</sup>. But this belief about the role of women in African society and healthcare in Africa is a consequence of recent colonial experience. Following independence of most African countries, a Eurocentric view of the role of women became dominant and adopted as the ‘African view’.

## Gender inequity in Africa today

In Africa today, women are [underrepresented](#) in education at all tiers – especially in STEM – and are disproportionately expected to deliver care for children and other dependents, which affects their career progression. Women are given opportunities in times of crisis but are subsequently dismissed or unsupported. Across research and other



health sector-related activities, women are asked to design interventions – but when they are successful, men are asked to lead them. Women are often the ‘only’ female individual in a leadership position in their network, which leads to isolation and mental challenges. We need to explore the specific factors that are inhibiting women from taking up leadership positions on the continent, particularly in health.

Although improvements have been made, women remain underrepresented in STEM [worldwide](#). This is exaggerated in Africa where educational attainment of women remains amongst the lowest. Women are more [likely](#) to drop out of formal education early under economic pressures. However, when women are given the opportunity to access education, there is strong [evidence](#) that they perform – at the very least – on par with their male counterparts. Improvements in gender parity in tertiary education (such as they are) are not reflected in the number of women in leadership positions. Although times have changed since the 19th century when women were barred from universities, gender inequity persists in science and global health.

An effective health system needs to recognize the need of all its users, from recipients to providers to leaders. Across the world, healthcare is delivered by women but led by men. Seventy per cent of the global health workforce are women, but women hold only 25% of senior roles<sup>4</sup>. Women are missing from decisions related to healthcare,

including in policy making and budgeting. It is no surprise that the health issues of women are often underfunded.

Lives are lost as a result. About 800 women **die** every single day from preventable causes related to pregnancy and childbirth, and more than half of these deaths occur in **Africa**. In Africa, adolescent **girls** are three times more likely to be infected with HIV, as compared to boys of the same age.

In addition to being denied access to education, women and girls do over 60% of the total amount of unpaid care work and spend at least three times as much time on this as compared to men and boys<sup>5</sup>. Women remain the primary carers of children, older parents or individuals who are physically challenged. Irrespective of socioeconomic status, providing care for the family is seen as the role of women, which often affects the careers and development of women.

Poverty is also a manifestation of gender inequality and is more severe and extreme for girls and women. The COVID-19 pandemic has exacerbated the gendered impact of economic deprivation in Africa, as girls and women have been **disproportionately** affected. The pandemic is expected to result in a substantial increase in the number of girls and women who are living in poverty worldwide in the years ahead, with the highest burden in Africa.

## The way forward

In Africa, we cannot afford to wait for existing systems to correct at the current slow pace. We must do things differently to recognize and address the effects of gender discrimination that are holding women back. This will have a catalytic effect on health and economic indices and the overall development of our region. We frame our recommendations in three parts to address gender inequity in the continent.

**Getting them there — improving education access and gendered policy.** To address gender inequity, it is essential to ensure that girls and women have equitable access to education and resources. Governments and private organizations should invest in education and develop gender-sensitive policies that enable women to remain in education (including enabling access to menstrual hygiene products), and encourage women to pursue so-called male-dominated fields. This approach should encompass not only the provision of scholarships, mentorship programmes and career counselling to women and girls, but also policies that facilitate flexible work arrangements to help women to balance work and family responsibilities, equal pay policies and even gender quotas that establish targets for the representation of women in male-dominated fields. Schools and universities should review academic curricula to ensure they are inclusive and representative of diverse perspectives and experiences. Providing training on gender equity to faculty and staff will also help to identify and address biases, and create and promote inclusive and supportive learning environments for all students, regardless of gender.

**Keeping them there — providing mentorship, peer support and gender-sensitive workplaces.** The authors have a mentor–mentee relationship and, by learning from each other, we are challenging the patriarchy that has affected our region for years and across generations. We believe that it is essential for employers to enable access to mentorship and peer support, for all women in the workforce — particularly in male-dominated industries.

We call for intentional investment in mentoring girls and young women, so they are better equipped to navigate the disadvantages that women face early on and contribute to addressing this. We recognize

that this is not a responsibility for girls and women alone, and even boys should be mentored from a young age so that they do not perpetuate oppressive patriarchal attitudes.

Mentors can help women to navigate the workplace and provide advice on how to overcome and challenge gender bias and discrimination. Mentors do not necessarily have to be women, but it is important to have mentors who are committed to advancing gender equity and who are willing to challenge the status quo. To mitigate the potential adverse effects of women being disproportionately responsible for mentoring new employees, organizations can take steps to create formal mentorship programmes that distribute the responsibility for mentoring more evenly among employees. These programmes should ensure that mentoring roles are recognized as valuable to the organization or profession and that mentors receive appropriate recognition and compensation, in terms of career progression and financial reward. Employers should be required by law to create gender-sensitive workplaces that are free from harassment, discrimination and gender-based violence. This should be included as a key indicator for monitoring by relevant government agencies that enforce labour laws and regulations. Employers must implement policies to address sexual harassment, including a clear and comprehensive sexual harassment policy that outlines prohibited behaviours, the reporting process and the consequences for violating the policy. In addition, they should provide regular training to employees on how to recognize and appropriately address sexual harassment in the workplace.

**Thriving there — ensuring representation, respect and pay equity.** Women thrive where they are valued. To value women in the workplace, it is crucial that employers in government, private sector, academic institutions, professional associations and civil society organizations ensure that women have representation in leadership positions and such women are treated with respect.

Women should not continue to bear the burden of unpaid work. In many African societies, women are often expected to fulfil traditional gender roles such as caring for children and older individuals, cooking, cleaning and managing household affairs. This expectation is carried over into the workplace, with women expected to take on often undervalued and unpaid pastoral roles that leave them with less time to focus on career development and advancement than their male counterparts.

There should be deliberate investment to have more women and girls in formal, paid work. The work that ‘women do’ — including caring for children and older individuals, maintaining links between families and formal institutions such as schools and healthcare facilities — should be valued and included in the measurement of the economy. Employers should provide fair and equitable pay for all employees regardless of gender. This can be achieved by conducting regular pay equity audits and addressing any disparities. Employers should move beyond tokenistic gestures such as using diversity as a marketing or public relations tool without actually changing recruitment and other decision-making processes. Instead, such diversity, equity and inclusion should move from being ‘add-ons’ to being core to the workplace values, backed up by enforcement, reward and penalty mechanisms.

## Bold ambitions for change

It is critical for the world to acknowledge and address the pervasive effect of patriarchy, gender-based violence, poverty and other challenges faced by women, and particularly African women. These obstacles not only undermine our health and well-being, but also limit our access to essential healthcare services with serious consequences.

Addressing these challenges must be prioritized and pursued simultaneously, as they all contribute to the development of our region. These changes will not happen just because we desire them, and they are the right thing to do. The pace of change is so slow that gender parity in the health system is unlikely to be achieved in the next 100 years. Therefore, we must be ready to disrupt the status quo to accelerate the pace of change.

It is time to step away from 'business as usual' and set our sights on greater ambitions, for our continent.

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## Competing interests

The authors declare no competing interests.