Greater investment in 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. However, women only make up 27% of health ministers around the world. 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. Globally, women’s labor contributes $3 trillion into the health system, roughly half of which goes unpaid. 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.

**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. 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:**


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.
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. 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.

- **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.

- **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.

- **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.

**BY THE NUMBERS: Frontline Health Workers and Women’s Economic Empowerment**

- **18M**: Projected shortage of health workers by 2030 without immediate and strategic investments.

- **70%**: Of the health workforce in many LMICs is comprised of women, compared to 41% in other sectors.

- **$28 trillion**: Increase in global GDP if women were able to participate in the economy equally.

- **96%**: Of maternal deaths occur in 73 countries, and only 4 of those have the potential midwifery workforce to provide essential health services.

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Citations:

Photos: Jonathan Torgovnik and Trevor Snapp. IntraHealth International