



Women's Leadership In Private Health Care

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Table of Contents

1	Acknowledgements
2	Foreword
3	Leadership in Private Health care: Where are the Women?
4	The Business Case for Women in Leadership
8	Part I: Women's Advancement in Health care Companies
9	Challenges and Barriers
14	Recommendations
20	Part II: Profiles of Women Leaders
39	Conclusion



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Foreword

Access to high quality health care is a cornerstone of human capital development and is essential for reducing poverty and establishing productive, sustainable economies. The role of women's participation as leaders in health care is an underexplored but important part of the conversation around improving health care systems. Women comprise an estimated 70 percent of the 43 million health care employees around the world. They are overwhelmingly the decision makers for meeting the health needs of their families, making four-fifths of health purchases. Given this, it would seem beneficial for all if women were strongly represented in the senior leadership of health care companies and firms. Yet this is not the case. Despite women's employment as doctors, nurses, pharmacists and other health care personnel, available data consistently shows a lack of gender parity in leadership.

IFC has long been committed to advancing gender equality and creation of quality jobs. Central to this is ensuring that women have access to leadership positions. Through initiatives such as the **SheWorks Global Partnership** and the **Women's Employment Program** for clients in Manufacturing, Agribusiness and Services, IFC is supporting clients and stakeholders with analysis of sector dynamics and challenges to help them understand gaps and find the concrete opportunities for promoting women's employment and leadership.

The launch of the World Bank's **Human Capital Index** in 2018 has re-focused efforts to ensure that the health care industry serves both men and women by providing access to both quality care and quality employment. This report examines the global dynamics of women's leadership in private health care. We have analyzed available data to determine overarching trends in this area and opportunities for improvement. In this publication, you will meet six senior women leaders of IFC portfolio clients and stakeholders in emerging markets and learn about their

individual paths to leadership, what they have learned on the way, and the challenges they see remaining. The women represent an interesting mix of entrepreneurs and professionals who have climbed the corporate ladder.



We are grateful to the health care companies in IFC's portfolio that provided data. We also thank the phenomenal clients — Helene Echevin, Hend El Sherbini, Meena Ganesh, Roberta Lipson, Faith Muigai and Clare Omatseye — for their commitment to this important agenda and their willingness to share their experiences and perspectives. By participating in this conversation, they helped IFC add a new dimension to emerging global conversations on women's leadership in private health care.

IFC's committed investment portfolio in the health sector in emerging markets totals \$2.2 billion. IFC has more than 100 active investments in health services, life sciences and medtech. Over the last 15 years IFC has invested more than \$4 billion in the private health sector in these markets.

There are very few studies on gender equality in private health care, particularly outside the United States and other developed economies. At IFC, we are committed to advancing efforts to fill this gap and understand and challenge the lack of women in leadership through our work with our partners, clients and stakeholders.

Tomasz Telma

Director and Global Head
Manufacturing, Agribusiness and Services
IFC



Introduction

LEADERSHIP IN PRIVATE HEALTH CARE: WHERE ARE THE WOMEN?

The health care industry, when taken at face value, seems overwhelmingly “female.” Women represent 70 percent of the 43 million workers in the global health care industry.¹ In most countries — regardless of overall female labor force participation — women’s share of employment in health care and social sectors is higher than their share of employment in the economy as a whole.² In OECD countries, the number of female physicians increased from 29 percent in 1990 to 45 percent by 2013.³ Ninety percent of registered nurses globally are women.⁴ Women are also the backbone of the informal workforce of unpaid caregivers of sick relatives, community members and children at home. A global study by the Lancet Commission on Women and Health estimates this to contribute US\$3 trillion in health care annually.⁵

It is easy to overlook another reality in the health care industry. Despite their dominance in the workforce, women are largely under-represented in the senior leadership ranks of the industry. Their participation in senior and executive leadership varies by country and region and is affected by whether they are working in the private or public sector. According to the World Economic Forum, just 35 percent of the leadership roles in the global health care industry are held by women.⁶ For global health organizations, only 25 percent have gender parity in senior management, compared to 20 percent on their governance boards.⁷ Of 191 countries reviewed in 2015, 51 had female ministers of health.⁸

A 2018 report⁹ on women’s employment in the private health care sector in the United States found that women’s leadership in the industry has remained stagnant since 2015. In Fortune 500 health care companies, women represented 23 percent of board directors and 22 percent of executives, however, there were no female CEOs. Furthermore, in the

largest 100 US hospitals, women represent 33 percent of executives and 11 percent of CEOs.¹⁰ In a 2019 study of 134 US-based companies, women represented 13 percent of CEOs, 29 percent of COOs, and 23 percent of CFOs (or Chief Actuaries).¹¹ The study determined that on average, it took women three to five years longer to become CEOs when compared to their male colleagues.

An emerging development in the future of health care is the provision of health services via digital platforms, such as apps and other mobile platforms. These technology-based platforms are usually designed, developed and led by men. Women represent only 10 percent of CEOs of funded digital health care startups and 12 percent of digital health Venture Capital partners in the US.¹² In addition to jobs for professionals with expertise in health care, pharmaceuticals, insurance and business administration, digital health care companies will create jobs for software coders, app developers, data analysts and other technology officers. Given the lower participation rate of women in Science Technology Engineering and Math (STEM), the expansion of the digital health subsector could further exacerbate the gaps in women’s leadership in the health care sector.

For this report, IFC conducted desk research on global women’s leadership and employment in health care and reached out to several private health care companies within its portfolio to obtain a snapshot of the dynamics of women’s employment and leadership within their institutions. Our team spoke with six women senior executives and entrepreneurs leading client companies within the IFC portfolio. IFC also solicited responses from client companies operating in eleven emerging economies across Latin America, the Middle East, Africa, and Asia on gender equality and employment within their organizations. In total, these companies employ over 20,000 persons in hospitals and clinics, pharmaceutical companies and diagnostic labs.

The Business Case For More Women In Leadership

Extensive global research from McKinsey, the International Monetary Fund and other organizations has demonstrated a positive correlation between more women and diversity in leadership for companies and better financial performance. A global study conducted on 21, 980 publicly traded companies across 91 countries found that “the presence of more female leaders in top positions of corporate management correlates with increased profitability of these companies.”¹³ In a study which ranked Fortune 500 companies by number of women board directors, researchers found that the companies in the highest quartile of women on boards had a 42 percent greater return on sales and 53 percent higher return on equity than the rest of the cohort.¹⁴ Fortune 500 US health care companies with higher percentages of women in leadership were more highly rated by employees.¹⁵ Furthermore, research shows that gender-diverse leadership teams are more innovative; develop more creative solutions to problems; avoid group-think; and are better able to respond to diverse customer needs by developing the customized products and services.¹⁶ In these companies, the organizational culture may be more inclusive, leading to increased employee engagement and satisfaction, higher productivity and better financial performance.

Women dominate the market of health care consumers. They are responsible for no less than 80 percent of purchasing and access decisions which affect their health and those of their family members.¹⁷ Health care consumers are focused on receiving timely and quality care for themselves and their loved ones. Improved health outcomes, quality of patient care and customer service all directly impact client retention and patient referrals, thus

affecting the company's bottom line. Having more persons in leadership attuned to the clients' needs, experiences and perspectives can translate into increased innovation and business opportunity. Health care companies can therefore benefit by understanding their workforce dynamics and maximizing their opportunities for increasing women's representation in senior leadership and management.

WHY EXPLORE GENDER DIVERSITY IN LEADERSHIP

IFC has long prioritized gender equality, access to quality employment, and access to quality health care as crucial to poverty reduction and sustainable economic development. Through research and advisory, IFC has supported clients in industries, such as manufacturing and agribusiness, and on understanding the business case for increasing women's access to jobs and leadership positions.

IFC sought to understand why, despite the overwhelming presence of women as employees of health care, they were not equally represented in leadership positions in the private sector. Is the pathway for leadership different in private health care when compared to other industries? Or do talent pipelines function the same? Will new avenues of private health care, such as digital health, provide new opportunities for women to access leadership positions? What challenges, barriers and opportunities exist for women to be leaders in this sector and how can they be addressed?

The aim of this report is to explore those questions and share the professional experiences and lessons learned of several women leading companies in emerging markets around the globe. For the purposes of this report, private health care refers to inpatient and outpatient services (including hospitals, clinics, diagnostic labs, home health care, digital health) and pharmaceutical companies. Senior leadership refers to entrepreneurs, founders, board directors, Presidents, Vice-presidents and C-suite executives (CEO, CFO, COO, CTO, CMO and others).





PART I.

**Women's Advancement in
Health Care Companies**

Challenges and Barriers

The health care sector is unique in that the majority of the workforce globally is comprised of women, however, the pipeline for leadership positions is not proportional to this large worker base. Due to factors such as occupational segregation, underlying biases and power dynamics prevalent in the health care industry — such as the empowerment and authority of doctors versus nurses — women are more likely to be represented in roles that limit their career development and access to leadership, decision-making and power. In the research, responses from client companies, and interviews with the selected women health care leaders, several recurring issues surfaced regarding women's opportunities to progress to leadership positions in health care.

1. SOCIOCULTURAL AND LEGAL BARRIERS

Pervasive socio-cultural and gendered norms, stereotypes regarding women's occupational choices or desire to work, and beliefs greatly affect the access, perceptions and achievements of women who aspire to leadership positions in private health care. As one company representative reflected: **"The expectation of different roles of women at home sometimes has prevented bright women employees from picking up larger roles."** Another stated, **"Women are still perceived to be better at home."**

In some countries, laws which restrict women's mobility, the sectors in which they can seek employment and the hours during which they can work affects their recruitment and career development. According to Women, Business and the Law 2018, in 29 of 189 economies reviewed, women are legally restricted from working the same night hours as men.¹⁸ These restrictions are most common in South Asia and Middle East/North Africa,

where 63 percent and 55 percent of those economies, respectively, have such laws in place.

One client noted **"Gender is not a consideration or a barrier for selection [for a job] at any level except where there is physical labor or which involves working beyond 8 pm."** In the patient services sector, this poses a serious limitation for career growth, since many hospitals and clinics run under extended hours, or 24-hour operations, and require employees to be on call or work different shifts. It may lead supervisors or middle management decision-makers to subconsciously question a woman employee's commitment to her career, or, alternatively, to "protect" her in consideration of the law. The unintended effect remains the same: impaired career development.

2. CONFLICT BETWEEN WORK AND FAMILY LIFE

A study in the United Kingdom of women's under-representation in medical leadership found that social expectations around motherhood was one of the top three themes that affected women's advancement. While the focus on "maternal identity" — the expectation of becoming a mother — is a cultural pressure, it is also another indicator of a significant barrier for women, the issue of work and life balance.

As in other sectors, the conflict between work and the responsibilities of family life are considered to pose greater challenge for female employees than for their male counterparts. Women are considered responsible for household affairs and spend more hours per week on household chores than men. At different stages in both professional and personal life, women may be faced with either sacrificing their career or family goals, as the early and mid-career period is typically "when the fast track and

the reproductive track are on a collision course.”¹⁹ Weill Cornell Medicine surveyed female practitioners and medical students in their organization and affiliated centers in Haiti, India and Tanzania. The company found that 78 percent cited work-life balance as a challenge, stating that their work allowed for insufficient time with family and negatively affected decisions on childbearing.²⁰

For many professional women, the decision to have children is only the beginning of the conflict. The working environment that employees face daily is key to employee engagement, productivity and worker retention. Unpleasant or harsh working conditions and lack of flexibility significantly increases women’s interest in “opting out”, particularly when family responsibilities are in conflict. The workplace culture also affects women’s decisions to return to work after childbirth and how long they choose to remain with the company. Several of the women IFC interviewed spoke of the need to access practical childcare solutions for working parents and other support at home.

“Our company has an open-door policy based on meritocracy with no gender discrimination. If an employee shows good business results and solid leadership, among other factors, [they are eligible for] promotions (women included). However, [t]here is room for positions in the field. Demanding work hours and working away from main cities might [pose] a challenge for employees [who are mothers] with toddlers or underage children.”

Several of the women leaders IFC interviewed alluded to the importance of international travel and relocation to be able to progress in the sector. For this, it is crucial to have spouses and partners who were supportive, had flexible careers, willing to travel or spend time apart during parenting years.²¹ While this is true for both men and women, gender dynamics suggest that women are more likely to be expected to be the “trailing spouse” that relocates based on their partner’s career, work from home

or be a full-time homemaker than men. Ensuring that men, as colleagues and spouses, are aware and engaged regarding work-life tensions is necessary for addressing this barrier.

3. SEXUAL HARASSMENT

It is commonly reported that sexual harassment is ‘rampant’ in the health care industry. Women employees have reportedly experienced harassment by supervisors, colleagues, patients and their visitors. An article by the Harvard Business Review estimates that 30 percent to 70 percent of female physicians and approximately 50 percent of female medical students in the US report have been sexually harassed.²² Health care companies and organizations may be prone because they typically have a male-dominated, hierarchical structure and a work environment which “tolerates transgressions.”²³ Additionally, workplaces which are not transparent, do not have an inclusive culture or provide space for meaningful dialogues can harbor sexual harassment issues. If the harasser has direct control over the victim’s career development, the victim may be forced to choose either to stay silent for the sake of their career aspirations within the organization, or to exit the company to improve their chances of career success. This is the power of sexual harassment to hinder potential.

In their study, Weill Cornell Medicine found that 55 percent of respondents had faced sexual harassment or assault in the workplace in the form of unwanted sexual advances and coercion into participating in undesired sexual behavior.²⁴ Given the persistent and undeniable fear of the negative impact that reporting may have on job security and career growth, only 22 percent of the survey respondents who had experienced this harassment reported it. When questioned, many responded that sexual harassment is so ‘normalized’ in the workplace, that they didn’t think it was necessary to report it; they didn’t expect the issue to be resolved; they lacked a reporting

mechanism; and they feared negative consequences. In the age of #MeToo and heightened global discussions on harassment, #MeTooMedicine has surfaced as an outlet for women working in health. Rock Health's 2018 report includes a list of ten US-based companies which settled sexual harassment and gender discrimination lawsuits or had male senior leaders step down amid sexual harassment allegations.²⁵ Several of these suits were filed by female employees who were fired *after* reporting their harassment, and further explains why victims are not likely to speak up.

Research conducted by IFC in the Solomon Islands showed that sexual harassment and domestic violence had negative affect on the workplace, regardless of industry. Companies report significant losses in productivity as measured. Sexual harassment reduces employee productivity since victims are usually distracted, anxious, embarrassed or have mentally "checked out" of the workplace.²⁶

Sexual harassment is a matter of power dynamics. To change this dynamic, companies must put into place structural mechanisms for transparency, accountability, trust and action in order to conclusively reduce this barrier and ensure that working conditions are more favorable for women employees and leaders.

4. OCCUPATIONAL SEGREGATION, SKILLS AND GENDER PAY GAPS

Two factors which further exacerbate access to leadership positions are the occupational segregation and gender pay gaps. Gender pay gaps, if not addressed, can prevent women from staying in the workforce. If they opt out, particularly in mid-career, this can further delay or prevent opportunities to later access leadership positions. In the client patient services companies IFC reviewed, women consistently dominated as nurses, clinical staff and health technicians. Our sample was evenly split among male and female doctors, however that gender breakdown varied by

"My biggest challenge was self-confidence. I thought I was too young for the position. I've never felt diminished or blocked by any of the employers I had. If I was blocked it was [me] putting [myself] into a situation [and] blocking myself."

—Interviewee

location — for example clients in the Middle East tended to have more male doctors than in other regions. For four of the six companies, the middle management had significantly higher percentages of men than women.

A technical career in health care does not always segue into a future senior leadership position; the acquisition of specific skills for management and leadership success is an important factor. Of the women leaders IFC interviewed, several had obtained MBAs or worked in the private sector with no prior experience in the health care field before they opened their own companies or started their current positions. They relied on their business management skills and perspective to successfully enter the market and navigate the field. Others began their careers as nurses, clinicians and researchers but quickly understood the need for experience managing revenue generation and overseeing strategic growth to move into senior leadership positions. Anecdotal evidence suggests that in advanced economies, nurses are given more senior roles, exposure and opportunities for career progression. In emerging economies, nurses tend to play a more subservient role to doctors, have slower career development and are less

likely to take on a leadership position. One of IFC's interviewees shared her experience as a nurse in both advanced and emerging economies and of the bias and disregard for the voice and expertise of nurses in the medical leadership establishment.

Similarly, Oliver Wyman found that of the 112 CEOs they interviewed, 86 percent had Profit & Loss experience, 50 percent of payer (insurance company) CEOs had a background in finance or government relations and 69 percent of provider CEOs had previously been COOs or held other clinical leadership roles. This is significant because they found in their sample that men were three times more likely to hold P&L C-suite positions than women. Furthermore, 65 percent of those women who had made it to the C-Suite obtained roles which required technical expertise and C-suites with at least 40 percent women tended to have more technical positions than companies with fewer women in their C-suites.²⁷ As will be seen in the profile of senior leaders, several have complemented their technical and medical training with MBAs or management education to increase their P&L skills.

The overrepresentation of women in the sector — both paid and unpaid — has led to what has been considered a “devaluing of skills of (largely female) health workers”, considered to be an extension of their roles as caretakers in the home and community.²⁸ Occupational segregation factors into the gender pay gap because not only are women more likely to be in the lower-paid fields within the sector, data suggests that unexplained gender pay gaps are reported in all specialties and within the same professions, men are better remunerated.²⁹ The gender pay gap is estimated at 26 percent in high income countries and 29 percent in upper-middle income.³⁰ Gender pay gaps at entry level and mid-career can become exacerbated over time and can affect retention, particularly during mid-career. One of the women interviewed reflected that with her current position she was now sufficiently

compensated and could afford the help and support she needed. Prior to this promotion, however, her mid-career salary was stretched trying to balance the costs at home (childcare, domestic support) that would enable her to continue to dedicate time to her career.

5. UNCONSCIOUS BIAS AND THE IMPOSTOR SYNDROME

In Rock Health's study, an overwhelming 71 percent of women respondents cited ‘underselling skills’ as their number one barrier to career advancement, followed by confidence (55 percent).³¹ Taken together, these are strong components of the Impostor Syndrome, a term used to describe a professional's sense of self-doubt, incompetence or lack of qualification regarding their work performance. These anxieties can be reinforced when working in environments where men may dominate middle management and leadership positions and are likely to be promoted at faster rates. In unconsciously biased workplace cultures, women can be made to feel inferior and discouraged from seeking promotions or leadership positions,³² particularly if they are seen as too outspoken.³³ Other biased behavior such as microaggressions, unclear communication or undisclosed gender pay gaps can further serve to erode the confidence and career development of women employees, particularly when they are the only woman in the room. As one interviewee reflected, **“My biggest challenge was self-confidence. I thought I was too young for the position. I've never felt diminished or blocked by any of the employers I had. If I was blocked it was [me] putting [myself] into a situation [and] blocking myself.”**

According to Oliver Wyman, “women overly rely on competence, since affinity bias is against them.”³⁴ This is an important finding as it suggests that men are using their network of peers to support and sponsor their career development, while women may rely more on their prior

work experience and tested abilities. This may explain why women often do not apply for new opportunities and promotions into leadership positions, unless they are certain they meet all qualification criteria.

6. LACK OF NETWORKS AND FEMALE LEADERSHIP ROLE MODELS

In research and conversations, the lack of women in leadership roles who can serve as role models to other women in the industry continues to be an issue in medical and organizational leadership. Fifty percent of women surveyed by Rock Health listed “Ability to Connect with Senior Management” as a barrier to career advancement. In the client companies IFC reviewed, all but one had more men on their board of directors, with an average of two to three times more men than women. There is much research around the business value that gender diversity brings to boards, however women board directors also serve as an important and visible role model for women employees. Having women on boards, in the C-suite and other leadership enables more junior professionals to see themselves in those roles and to connect with leaders and learn from their experience. Given the prominence of women in nursing, it is also important for nurses to have role models of nurses in senior leadership roles, particularly in the emerging economies.

The lack of women in leadership serves as a challenge also for women who find themselves the only women in the room, regardless of their level in the company. McKinsey found that such women are significantly more likely to face microaggressions,^a be “on guard”, feel pressure to perform or feel left out of the proverbial ‘boys club’. This is similar to what the gender research organization Catalyst

refers to as the “Emotional Tax”, the extra mental burden of ensuring that the woman is performing her role successfully, so as to not negatively affect her reputation or jeopardize the path for other women to have access to such positions in the future. Women who are the “only one” are 1.5 times more likely to leave their jobs when compared to women with other female colleagues in similar positions.³⁵

“It’s not always easy to understand the silent signals when you are meeting with only men. They might have their internal codes and I don’t always get them.”

Another issue which may come up in companies and industries with very few senior female leaders is the ‘Queen Bee Syndrome’ where the senior women may feel threatened or jealous of female colleagues and therefore are not supportive and collaborative. One interviewee shared that when she decided to move on to another company, the most senior woman in her organization angrily remarked, **“Where are you going? I made you.”**

Without formal and informal mentorship and networking programs, women may find it difficult to connect with other female colleagues and senior leaders in an impactful way. Additionally, time constraints due to family responsibilities — such as childcare — can limit women’s abilities to build networks outside office hours or outside the workplace.

Changing the entrenched structural hierarchies and patterns in the sector and addressing the dearth of women in senior leadership, requires us to overcome these barriers. Companies can put in place intentional institutional policies, programs and metrics to start to shift these dynamics.

^a Microaggressions are subtle or indirect behaviors which communicate demeaning, discriminatory or derogatory messages against an individual. Microaggressions can be verbal or non-verbal and heavily influenced by hidden or subconscious biases.

Recommendations for Increasing Women's Leadership in Private Health Care

Given the complexity and interconnectedness of the various barriers and challenges discussed, the following multifaceted recommendations are designed to address the identified issues holistically, rather than challenge by challenge.

1. INCLUSIVE LEADERSHIP AND COMMUNICATION

Health care company executives and senior leaders have the power to change the current state of women's leadership and to change workplace culture. One client company recommended that leadership teams **"learn from international best practices proving that [this] is good for business."** Another referred to the use of reputational surveys within the local private sector. **"One of the KPIs is the commitment level of senior management to address or take actions in relation to gender gaps. If a company wants credibility and to have a positive image [among] its stakeholders, [the company] has to work on gender."**

Senior leaders should start by setting the tone of a work environment that is inclusive of gender and diversity and communicating this to their employees. Done authentically, this serves as the framework for an inclusive work culture, upon which all other actions must be based so as to achieve successful and meaningful results. This means leading conversations on gender equality and setting the tone for respectful behavior within the workplace. Leaders can then mandate transparency in Human Resource activities (such as promotions and pay equity) and communicate no tolerance for discriminatory behavior or sexual harassment by instituting corrective actions.

"Each company needs policies supporting women in management. Our organization is quite advanced. The President of the Board is an open-minded woman and shareholders are attentive to issues that could affect the company reputation and credibility."

Externally, there are several opportunities for health care companies and their senior executives to demonstrate leadership in this area. By participating in external initiatives, such as signing the United Nations Women's Empowerment Principles, obtaining an EDGE Gender Certification or being active in other national and regional gender initiatives, health care companies can brand themselves as an employer of choice, thus attracting women leaders and employees to their organization. Given that women are the majority of health care consumers, encouraging a more inclusive environment could also be a good financial decision for the company.

"Historically, women have had high level presence in our company....to date, 6 out of 10 employees are women and they occupy leadership positions in our organization, which is uncommon in the [pharmaceutical] industry. It is frequent to see women in charge of points of sales in the field, or leading task forces or managing critical projects with direct impact on business results."

In regions where sociocultural and legal barriers continue to restrict women's employment, companies can "promote the image of the career woman" to help address the perceptions and expectations of women in the workforce, influence laws and lobby for change by partnering with other stakeholders and private sector entities. As national legal frameworks around gender issues become more

complex, companies can demonstrate leadership by being proactive and helping to set the agenda.

“Currently, gender issues are top of mind in the social agenda in [our country], as well as in our organization [due to changes in gender-related laws.]”

2. ANALYZE TALENT MANAGEMENT DATA, ESTABLISH TARGETS AND DEVELOP A STRATEGY

To better understand gender dynamics and to increase women’s leadership, companies should conduct a thorough analysis of their talent management through a gender lens by regularly sex-disaggregating all their employment data. They should review the following areas.

- What is the representation of men and women on the board, C-suite, middle management and all other areas of the company?
 - What is the gender breakdown by occupation to determine if there are any gendered patterns in how men and women are recruited for positions and if there may be any hidden biases in the recruitment process that need to be eliminated?
 - **“Elevate recruitment standard practices [without revealing] gender, age, marital status and other features.”**
 - Are the skills required for senior executive positions different from those in the core workforce? Are women in the talent pool at a disadvantage? What actions can be taken to bridge these gaps?
 - What are promotion rates by gender and level: are women and men equally represented in promotions data? Does it take longer for women to be promoted than men and, if so, what factors affect this.
- Conduct a gender pay gap analysis to determine if there are any unexplained differences in pay between men and women across the organization. Paying women fairly, including when they are early or mid — career, is one key determinant in career advancement, as this helps them to make the necessary arrangements to address family issues and manage a full-time career.
 - Gather employee feedback through engagement surveys, focus groups and other channels.

“Each company needs policies supporting women in management. Our organization is quite advanced. The President of the Board is an open-minded woman and shareholders are attentive to issues that could affect the company reputation and credibility.”

—Health care company representative

By taking this evidence-based approach, companies can develop customized actions and set the appropriate targets and deadlines for improving the workplace culture, enhance the pipeline of women in leadership and create targeted recruitment strategies for leadership positions.

3. IMPLEMENT EFFECTIVE POLICIES AND ADDRESS SEXUAL HARASSMENT

Sexual harassment is damaging to a company's work environment and its reputation, and can cost millions of dollars in lawsuits. Establishing effective anti-sexual harassment and workplace bullying mechanisms are crucial to address this issue. These measures should be founded within a framework of gender — sensitive workplace policies that punish discrimination and foster positive career development for both men and women. Quantifying the financial and business costs of sexual harassment to the company helps to communicate the negative impacts. Resources, such as effective grievance mechanisms, must be complemented with customized training programs which rely on evidence — based strategies that empower employees (including bystanders) to speak up, provide guidelines of respectful workplace behavior and sustain transparent dialogue on power dynamics.³⁶ While each of the six companies IFC analyzed reported having an anti-sexual harassment policy, five had instituted formal grievance mechanisms and four provided employee training on how to identify and address sexual harassment issues.

According to one company representative, health care companies **“must lead by enabling a Code of Conduct in order to demonstrate commitment, responsibility and [establish] a credible reputation.”** The company representatives noted the importance of the legal and regulatory framework in shaping private sector response by prompting the organizations to create responsive workplace policies, for example on issues such as sexual harassment and maternity leaves. The company representatives shared:

Reflections from Anonymous Client Survey Respondents

“In 2017 new labor laws were approved which sanction sexual harassment in workplaces.”

“Compliance with local labor laws linked to gender [such as] maternity leaves and addressing harassment [is necessary to increase women's leadership].”

“Our company has an open-door policy and anti-sexual harassment committee to address any type of concern of women in [our] workforce.”

Working with industry stakeholders in both the public and private sector can enable regulatory progress.

4. LEADERSHIP DEVELOPMENT, MENTORSHIP PROGRAMS AND NETWORKS

Unsurprisingly, a focus on training, mentorship and other career development programs was repeatedly cited as the main solution to increasing women's representation in leadership in health care in interviews, client company responses and other research. Yet, of the client companies consulted, only one had instituted a formal mentorship program. Leadership and management training, formal mentorship and sponsorship programs and employee

resource groups (such as a women's network) are critical to building the leadership pipeline and removing barriers around access to senior leadership, confidence and unconscious bias. Formal mentorship and sponsorship programs, instituted by the company, allow for an exchange of guidance on skills development, provide opportunities for developmental assignments and enable executives — particularly male managers — to better understand the challenges and concerns of female colleagues. By supporting employee resource groups such as women's networks and related external initiatives, health care companies would enable women employees to better identify female role models; strengthen their affinity with colleagues and the company; and reduce the isolation of women professionals and leaders who may be considering exiting the organization. Company-sponsored initiatives which occur during the workday would also ensure that women and men with family care responsibilities after work hours are accommodated. In emerging economies in particular, specific efforts can be made to identify highly talented and high potential female nurses and ensure that they are included in the mentoring and training programs and provided developmental assignments.

Finally, human resources can invest in providing the appropriate and most impactful leadership and management education programs. This should be based on talent development planning, skills analysis, feedback mechanisms and objective data to ensure that women are receiving the appropriate knowledge and skills — technical and soft — needed to perform their roles successfully and/or be promoted. Where appropriate, providing high-potential mid-career women and senior leaders with executive coaching can complement structured training programs.

Reflections from Anonymous Client Survey Respondents

"We need to provide leadership and mentorship programs to bring more women into leadership roles."

"Organize workshops aimed at enhancing women's leadership, innovation management, strategic agility, risk decision-making and the like."

"Mentorship, open-door policy and leadership programs are good practices that can be adopted to develop [women] for leadership roles."

"Give training to women to develop their self-confidence."

"We provide sabbatical leave for study and learning purposes."

"Support young professionals at their early career stages, backed by solid career plans (route map)."

"Sponsor mentorship, management education and career counselling for women."

"Our company has an open-door policy based on meritocracy with no gender discrimination. If an employee shows good business results and solid leadership, among other factors, they [are put up for] promotions (women included)."

5. NOMINATE WOMEN TO COMPANY AND INDUSTRY BOARDS

Increasing the representation of women on company and industry boards have business benefits. Companies can address this issue by striving to achieve gender parity. EDGE Strategy recommends a benchmark of at least 30 percent of either gender on the board to ensure effective representation. Leaders can begin by expanding the search for new board members beyond a limited pool and nominate more women to board seats. To further improve the leadership opportunities of female nurses in emerging economies, they can be tapped for opportunities to serve on boards and other leadership committees.

6. ENSURE WORK-LIFE INTEGRATION

To address the challenge of managing work and family responsibilities, health care companies must provide flexible work solutions to all employees, regardless of gender and parental status. Companies also need to be supportive of working parents and employees who may have responsibilities for other family members such as elderly parents. Active communication and encouragement to utilize these flexible work solutions is critical for reducing stigma; overcoming biases that visibility is always synonymous with productivity; and increasing uptake.

One IFC client representative emphasized that companies need to **“understand that there are specific needs (for example family responsibilities, children) and adapt.”**

Flexible work arrangements such as telework, compressed work hours, alternative work schedules and part-time schedules must be customized to the job function and location in order to work successfully within the health care industry. Phased re-entry schedules after maternity leaves help mothers to balance competing demands, perform more efficiently and remain with the company, as

“One of the KPIs is the commitment level of senior management to address or take actions in relation to gender gaps. If a company wants credibility and to have a positive image [among] its stakeholders, [the company] has to work on gender.”

—Health care company executive

this can be one of the periods in which a company is most likely to lose talented female employees.

The provision of adequate parental and family leaves is key to addressing barriers of work-life conflict. The client companies surveyed provide maternity leaves ranging from 45 to 180 days, either meeting or exceeding legal requirements in their companies of operation. As is typical in other industries, paternity leave was considerably less generous, ranging from five to 15 days and influenced by local regulations. The equitable participation of fathers in the active care of their children is an important factor for enabling women to succeed at work. By providing more generous paternity and parental leave (for adoptive parents and other caregivers), companies can create a more equal playing field for women employees with leadership aspirations. Five of the six employers offer some form of parental benefits and support such as lactation rooms. Four offer lactation hours, while only one each reported providing onsite childcare, support through third-party childcare providers and back-up care for elders and sick relatives. Employer-supported childcare provided

through on-site centers, third-party providers or financial support (vouchers, reimbursements) can effectively address the childcare issues faced by working parents. IFC's Tackling Childcare report found that these childcare options do not need to be costly investments and have significant positive impacts for both employees and employers.³⁷

7. SUPPORT WOMEN ENTREPRENEURS IN THE HEALTH CARE INDUSTRY

Support for women entrepreneurs and women-led companies is also critical for increasing women's leadership in the industry, particularly when they are early stage. One strategy is to support access to finance, for example in sub-sectors such as digital health, to ensure that women-owned and led startups can obtain the funding needed to take their products to market or to scale their companies. Stakeholders can invest in or support health care venture capital firms, funds, pitch competitions, incubators, research and development and other mechanisms that can be targeted to women-led firms. Another opportunity is through procurement by ensuring that women-owned and led companies in the health care industry are included in the value chain. Organizations such as WEConnect International can help firms identify the appropriate women-led suppliers.

8. ENGAGE MEN

Each of the recommendations above cannot be implemented successfully without engaging men. Male leaders should set the appropriate tone for inclusive leadership; speak out on issues such as sexual harassment; ensure that the best policies are instituted and implemented; and hold human resources, managers and other colleagues accountable. Particularly in an industry where men are more likely to be in senior positions, male leaders can serve as mentors to female colleagues, actively include women-owned businesses in the supply chain and serve as champions by nominating women to boards and to other leadership positions.

As colleagues, men should model appropriate workplace behavior to promote gender equality. This includes supporting greater workplace flexibility by utilizing flexible work arrangements themselves; participating in trainings and dialogues on gender issues; and taking advantage of benefits such as paternity leave. It also means creating an environment where female colleagues feel welcome by not participating in sexist jokes, excluding female co-workers from activities, or staying quiet when a colleague is being harassed.





PART II.
Profiles of Women Leaders

THE INNOVATOR

Faith Muigai

PharmAccess Foundation
Regional Director, SafeCare Program

KENYA

STARTING FROM THE GROUND UP

Faith Muigai always knew that she wanted to pursue a career in healthcare. Growing up in Kenya, the typical trajectory was to study medicine, law or finance. She did break with tradition, however, by making the decision to begin her career journey as a nurse as a stepping stone to embarking on a degree in medicine. **“I moved to the U.S. and was employed as a nursing assistant,”** she said. **“I often refer to it as starting from the ‘ground up’.”**

Faith started with an Associate degree, completed her Bachelor of science in Nursing, then a Master of Science in Nursing and Administration. She simultaneously progressed from clinical bedside nursing to research and program development, then to the executive management of network healthcare organizations.

It is through these experiences that Faith began to realize the “business of health” — that a skilled and passionate workforce, the delivery of high-quality patient-centered care and responsible fiscal management were key ingredients to running a successful healthcare organization. She strategically sought employment in leading institutions, such as Johns Hopkins Institutions (JHI), which allowed her to oversee programs and develop staff. She grew into other leadership roles at various institutions. She also embraced the need to engage with visionary leaders in both health and business. She attributes the shift in her approach and all-inclusive view of healthcare to ‘powerhouse’ mentors. **“I took strategic**



COMPANY FACTS

SERVICE:

Safecare Provides Internationally Accredited Standards To Measure The Quality Of Healthcare Providers

MARKET:

Ghana, Kenya, Nigeria and Tanzania

WORKFORCE:

200

FEMALE EMPLOYEES:

65%

roles so that I could purposefully learn. I also gained critical experience managing systems, people, processes and finances. You have to learn the trade to gain credibility,” she said.

Today, Faith is Regional Director of the SafeCare Program for PharmAccess Foundation and an elected board member of the Kenya Health Care Federation. PharmAccess Foundation is a Dutch organization committed to utilizing technology and innovative mobile solutions to improve access to health care in Africa. Faith leads the SafeCare program for East and West Africa, an initiative which utilizes internationally accredited standards to measure, benchmark and rate the level of the quality, safety and risk offered by health care service providers through certification.

Simultaneously, she serves as a Board Member for the Kenya Health Care Federation (KHF), the health sector representative of the Kenya Private Sector Alliance. Forty-nine percent of health service providers in Kenya are now private. KHF serves as an industry alliance that

advocates for the role and contribution of non-state actors in health -the private health providers, pharmaceutical companies, insurance companies, and other stakeholders engaging government agencies- with the goal of improving national access to high-quality health care.

TAPPING INTO THE BUSINESS CASE

As she progressed in her career, the importance of the business case of healthcare delivery became very evident to Faith, particularly as it related to quality and customer experience. **“The key was to make sure that your client — the patient — was satisfied with the level of care. When the patient receives value for money, the patient becomes your marketing engine and subsequently you experience greater referrals which translates to increase volumes of patients accessing your facility. You create your own investment case.”** She also affirmed the impact of independent validation on the quality of care provided through programs such as SafeCare; highlighting that the comprehensive assessment provides added

Country Facts — KENYA

WOMEN'S LABOR MARKET

Women's Labor Force Participation (WLFP)	63%
Percent Women in the Workforce	49%
Women Graduates	
<i>in Health and Welfare</i>	11%
<i>in Business, Administration and Law</i>	31.1%
Can women work in the same sectors as men?	Yes
Does the law mandate equal pay for equal work? . .	Yes
Can women work the same night hours as men? . .	Yes

WOMEN IN LEADERSHIP

Women in managerial positions	—
Firms with female top managers . . . .	.15
Firms with female (co-)owners . . . . .	.95
Women in parliament	21.8%
Women in ministerial positions	22.7%

Source: World Bank Group *Women, Business and the Law* 2019; World Economic Forum *The Global Gender Gap Report* 2018; International Labor Organisation *ILOSTAT Database* 2017.

transparency and accountability, ultimately translating to trust — a key pillar to attracting investments.

Faith acknowledges that her combined business and health systems management perspective is particularly in need in emerging markets. She stresses that front line care providers have much to add to the overall business value of their organizations and thus should be provided a voice. Specifically, she has observed that female practitioners, proprietors and women-led health organizations have a distinct focus on quality of care in service delivery and patient engagement and interaction, which is reflected in their management style and in the ratings captured by the SafeCare program.

BREAKING BARRIERS

Faith admits that her career progression hasn't been without its challenges, the principal of which has been her perceived role. **"I am a registered nurse operating in an environment where accolades and acronyms, provide an advantage and amplifies your value. You get to the decision-making table faster when you're not 'just a nurse.'"** Another challenge she faced has been the proverbial 'old boys club', particularly in workspaces that valued Ivy League degrees and where there were few women in senior positions.

One of the most difficult challenges for Faith, however, has been work-life integration, particularly with a fast-paced international career. **"In the United States, if you were running late from work and picking up your children late from daycare, you incurred a high financial cost. On the other hand, there was the corporate pressure to perform."** While working in the U.S., Faith and her family could not afford an in-house care provider for the children. However, upon returning to Africa, she realized that being able to afford supportive resources, translated to long hours in the office in a workplace culture that emphasized being seen. Faith credits reflection, leadership development trainings and working with individual

coaches to helping her better manage these tensions. She emphasizes the importance of making active decisions at different points, knowing when to re-evaluate, prioritize and delegate. This allows her to balance work with personal responsibilities and ultimately give the best she can in her varied roles.

THE CHANGING FACE OF HEALTH CARE LEADERSHIP

In Faith's experience, she has seen a shift, particularly in Africa, towards more women in leadership positions in health care, particularly in the private sector. **"Health care, globally, has traditionally been a male-driven industry. In Kenya, there has been a dramatic shift. I sit on the board of KHF and six of the ten board members are women. I feel that the ecosystem has dramatically shifted, and that Africa is changing and leading on this,"** she said. She sees the private sector as a space or incubation and innovation where women are thriving and can influence country policies and drive public sector strategies to scale.

Her advice to female colleagues is to start with a dream and anchor it in strategy. **"I am a trained neuroscience nurse who ran hospitals with the role of Chief Medical Officer. We can achieve the desired goals but must map out the way to get there,"** Faith said.

Faith believes that men have a role and responsibility in increasing women's representation in healthcare leadership. She advises that they actively contribute to mentoring more women to build the pipeline. Faith hopes that male colleagues listen, truly internalize and acknowledge the contributions of their female colleagues bring to problem solving.

Faith jokes that her father has asked when she will become a doctor. **"My overarching mission is to demonstrate the value of the role of nurses in our overall healthcare eco-system."**

THE TRAILBLAZER

Roberta Lipson

United Family Healthcare (UFH)
CEO and Founder

CHINA

PIONEERING PRIVATE HEALTH CARE IN CHINA

When American-born Roberta Lipson finished high school, she considered becoming a doctor, due to her fascination with human studies. Instead, she channelled her interest into a Bachelor of Arts Degree in History at Brandeis University. She later studied Mandarin at Cornell University and obtained an MBA from Columbia University. She was very keen to move to China immediately after her studies, but these plans were delayed once she was accepted into a management development program at the multi-national company Schering Plough. After one year of training, she was transferred to their pharmaceutical department and worked on product development. She then received the opportunity to work in Beijing for an American training company. In 1979, a few years after her arrival in China, she had the chance to co-found a medical equipment company, Chindex International, which imported supplies into the country.

The company went public on the NASDAQ in 1992 as the largest American distributor of medical equipment in China. At that time, the health care sector in China was closed, and the fragmented market was dominated by public-sector provision. The policy environment was complex, and the state hospitals were known for their long waiting lines, lack of human resources, shortages of supplies and significant variations in access dependent on geographic location. There were no western-style private hospitals, which were increasingly in demand, as more expatriates moved to China.



COMPANY FACTS

SERVICE:

A healthcare platform in China providing care over the entire life cycle through its integrated network of primary care clinics, acute care hospitals, cancer care centers, rehab and home health services

MARKET:

China — Beijing, Bo'ao, Guangzhou, Hangzhou, Qingdao, Shanghai and Tianjin

WORKFORCE:

3,313 employees

FEMALE EMPLOYEES:

Approximately 80%

Seeing a gap in the health care services industry in China, Roberta began negotiating with the Chinese government to get approval to form one of the first private hospitals, Beijing United Family Hospital, in the country. Since funding was not easily available, Roberta led a successful IPO in 1994 to fund the facility, which eventually opened in 1997. This hospital, which initially started as a maternal unit, evolved into today's United Family Healthcare Network (UFH). From the 50-bed hospital, UFH has since transformed into a wide range of clinics, hospitals and centres of excellence, across seven regions of China.

Under Roberta's leadership, UFH pioneered the concept of quality accreditation in China, with the system among the earliest in the country to be accredited by the prestigious Joint Commission International (JCI). This award reflects the high-quality international standards that she has been able to achieve in her facilities locally in China. The focus for UFH has shifted over the years from the initial target population of the international community to the rapidly growing local Chinese population.

“When we first opened, we relied on the business of the international community. As the Chinese economy developed, the local market became the largest growth opportunity for us; we had to figure out how to design our systems to deliver the best experience for our local patient base while not losing the international aspects of our offering that set us apart – never losing our core value of evidence-based practice. We continue to adapt as the mix and knowledge evolve.”

Roberta strives to maintain a patient-centric focus in all UFH's facilities, as she is passionate about demonstrating that **“a different approach to health care is possible on the ground in China,” she said.** Her model seeks to provide continuity of care across the entire spectrum of health care needs that a patient would have. She is very proud that the UFH's full-service offerings allows them to *“become the lifelong health care partner”* for their customers.

Country Facts — CHINA

WOMEN'S LABOR MARKET

Women's Labor Force Participation (WLFP)	68.8%
Percent Women in the Workforce	44%
Women Graduates	
<i>in Health and Welfare</i>	—
<i>in Business, Administration and Law</i>	—
Can women work in the same sectors as men?	No
Does the law mandate equal pay for equal work? . .	No
Can women work the same night hours as men? . .	Yes

WOMEN IN LEADERSHIP

Women in managerial positions	16.8%
Firms with female top managers . . .	.21
Firms with female (co-)owners	1.79
Women in parliament	24.9%
Women in ministerial positions	10%

Source: World Bank Group *Women, Business and the Law* 2019; World Economic Forum *The Global Gender Gap Report* 2018; International Labor Organisation *ILOSTAT Database* 2017.

CHALLENGES OF BUILDING A HEALTH SYSTEM ABROAD

Although she did not study medicine, Roberta always felt drawn towards the industry because of its “central human purpose”. However, she found entering the health care sector in China was difficult. Starting up a business in a foreign country posed its own challenges, too. At that time, there was no precedent for private investors in health care in China, and the regulatory environment was unclear. There was also a scarcity of professional managers in the health care field, which forced Roberta to develop and train her own people or recruit from abroad. Today, her management team is very diverse, with managers from over 20 countries.

“Our teams are not only multicultural in the Chinese plus foreigner sense, but also gender-balanced and balanced among educational backgrounds (medicine, nursing, management, etc.). Having a management team fostering an environment of mutual respect and appreciation allows us to glean learnings from multiple perspectives. Open dialogue among often varying viewpoints allows us to examine issues a multidimensional way, often coming up with innovative solutions. We celebrate this diversity and it is explicitly reflected in an element of our core values of ICARE (Innovation, Caring, Accountability, Respect and Excellence).”

Given the intense demands of her leadership role, Roberta admits that work and life integration have been challenging. She has relied on the unwavering support of her husband and domestic support at home, particularly when her children were young. She also utilizes technology platforms, business interfaces and teleconferencing to allow her to access documents and monitor business metrics to facilitate telecommuting when necessary.

LEADING BY EXAMPLE

Roberta is extremely proud of the example UFH sets for other health care organizations in China. She sets the tone from the top and has found that her profile has attracted many women employees to UFH in the hopes building fulfilling careers. At UFH, she believes young women are emboldened by mentoring and exposure to role models who provide peer support, day-to-day advice and long-term alliance as these activities support women with their career progression. Roberta also is a sought-after mentor, coach, and speaker who focuses on encouraging women to take action.

Roberta also provides formal leadership training for her female employees, as well as women’s mentoring programs; sexual harassment training at all levels through-out the organization; secure and safe whistle-blower paths for those who have been discriminated against; and a heightened awareness of the need for comparable salaries.

She would like to see male colleagues become as open to female potential, as they are to male potential. For women interested in leadership positions in health care, Roberta’s advice is, **“Work hard; find a senior female leader as a mentor; and work hard”**.

THE DEAL MAKER

Dr. Hend El Sherbini

Integrated Diagnostics Holdings (IDH)
Founder & CEO

EGYPT

MAKING HISTORY IN EGYPT

Raised in an Egyptian family in which both grandparents and both parents were doctors, Dr. Hend developed a commitment to serving in the medical field. Very few women of her generation have had both their mother and grandmother as professional role models. Dr. Hend reflects that their mentorship invariably helped her navigate the field and find her own path in the health sector, build her expertise and build on the family's commitment.

After graduating from medical school in Cairo in 1993, Dr. Hend specialized as a clinical pathologist. She moved to the U.S. to further her studies and completed a PhD in Immunology and a Master's in Public Health (MPH) at Emory University. Her skillset grew to include a combination of clinical, research and health systems capabilities. She obtained a fellowship at the U.S. Center for Disease Control to deepen her experience with hepatitis, a major driver of disease in Egypt. She then returned home to work in the Egyptian diagnostics sector.

Dr. Hend began by working at a local university lab; however, she found it very difficult to continue with her research due to a lack of research facilities. Dr. Hend's mother, also a pathologist, had created a privately-owned laboratory company, Al Mokhtabar. Dr. Hend decided to join her mother's team where she had the opportunity to turn the lab into a company and focus on growing the business, to reach economies of scale and scope, as the Chief Executive Officer.



COMPANY FACTS

SERVICE:

IDH provides over 1400 diagnostic tests from over 400 different locations

MARKET:

Egypt, Jordan, Nigeria and Sudan

WORKFORCE:

4,600 employees

FEMALE EMPLOYEES:

30%

In 2012, with the help of private equity firm Abraaj, Dr. Hend led a merger of the company with Integrated Diagnostics Holdings (IDH). In a ground-breaking move, she took the group to IPO on the London Stock Exchange in 2015 at a value of \$668 million. Not only was IDH the first Egyptian health care company to have an IPO in London, this was the first IPO led by a female CEO in the history of the Egyptian business sector.

Dr. Hend has continued to lead the growth and expansion of IDH, while simultaneously completing an MBA degree in London to enhance her business management skills. She cites continual professional development as one of the key factors to her success.

EMBRACE OPPORTUNITY

Dr. Hend's rise to leadership in the health care sector and the speed at which she accomplished this are in themselves victories for women, given the low participation rate of women in the workforce in Egypt. She

firmly recognizes that her success is due in large part to her parents and her grandparents, and credits them for inspiring and encouraging her, prioritizing her education and supporting her professionally.

She has faced some challenges, particularly in working with male colleagues who weren't accustomed to working with a younger female manager. She found, however, that she was able to win over even the harshest critics by constantly delivering good results and remaining focused on her goals.

Dr. Hend is a member of business platforms and associations, such as the Egyptian Top 50 Women, which she finds useful in building her profile, expanding her network, and increasing her exposure to a broader business environment. Contracts to provide pathology services to government hospitals and clinics can be very lucrative for private sector laboratories, given the large volumes associated with these types of facilities; hence, it is important opportunity to understand the needs and demands of the public sector.

Country Facts — EGYPT

WOMEN'S LABOR MARKET

Women's Labor Force Participation (WLFP)	24.1%
Percent Women in the Workforce	23%
Women Graduates	
<i>in Health and Welfare</i>	8.7%
<i>in Business, Administration and Law</i>	14.2%
Can women work in the same sectors as men?	No
Does the law mandate equal pay for equal work? . .	No
Can women work the same night hours as men? . .	Yes

WOMEN IN LEADERSHIP

Women in managerial positions	6.4%
Firms with female top managers . . . .	.05
Firms with female (co-)owners . . . . .	.22
Women in parliament	14.9%
Women in ministerial positions	11.8%

Source: World Bank Group *Women, Business and the Law* 2019; World Economic Forum *The Global Gender Gap Report* 2018; International Labor Organisation *ILOSTAT Database* 2017.

CREATING A PATH FOR OTHERS

Dr. Hend is intimately aware that she has had unique opportunities that are not yet mainstream for other Egyptian women, only 24 percent of whom participate in the formal workforce. Societal gender roles, lack of access to childcare services and often discriminatory work environments, keep women in the home. Dr. Hend is aware that the battle remains for women to find employment, get promoted and get access to leadership positions in the health care sector, due to these deeply entrenched societal factors. Many Egyptian women are the primary care-givers for their families. **“Women need to care for their families and lack access to help from the society to focus on their career,”** she said.

Dr. Hend would like to see more community support mechanisms to help retain women in the workplace, such as a focus on family planning and attitude shifts from men, including on housework. Companies can provide increased flexibility to career women to enable them to provide care to their families, and provide other support including equal remuneration, leaves, training and development opportunities. Most importantly, she advises that to be successful women need to believe in themselves and in their abilities.

“You need to be passionate... at the same time, perseverance is important.”

“Don’t listen to what people are saying...you have to have a lot of self-confidence, especially here in Egypt and the Middle East. You’re not a second-rate citizen. Trust your gut.”

—Dr. Hend El Sherbini

THE GAME CHANGER

Meena Ganesh

Portea
Managing Director and CEO

INDIA



BREAKING TRADITION

Meena Ganesh is one of India's foremost business leaders and most successful entrepreneurs. She is the co-founder and leader of Portea Medical, one of the country's fastest growing health care organizations, which provides services to more than a million patients per year. Since 2013, the company has grown at a tremendous pace to expand across India, offering a range of clinical services to include primary, chronic, cancer, orthopaedic, post-operative and geriatric care in over 20 cities.

Portea has received numerous awards, such as 'Start-up of the Year', as well as 'Emerging Health Brand of the Year' at the India Health Summit and Awards, due to its rapid growth, innovative strategy and consumer-friendly brand. Meena has been one of Fortune India's 50 'Most Powerful Women in Business' for four consecutive years (2015-2018) and was awarded #WPower Trailblazer by Forbes India in 2017. She has over three decades of experience across multiple sectors, including health care, consulting, technology, education and e-commerce. Her diverse experience across these sectors is reflected in her business ventures, as they are a confluence of consumer-centric services, technology platforms and business process systems.

Meena was raised in Kolkata and Chennai in a traditional family environment. Her father worked as an engineer for the Indian Railways and her mother stayed at home caring for their family. According to Meena, **"In those days, I didn't**

COMPANY FACTS

SERVICE:

Portea provides home-based care for patients with chronic diseases and post-operative, cancer, geriatric and orthopaedic care

MARKET:

Operations in over 20 cities in India

WORKFORCE:

4,000 employees

FEMALE EMPLOYEES:

54%

see too many career-orientated women.” This did not deter her from designing her own vision for the future. Unlike most of her female colleagues at the time, Meena decided to pursue a career as an academic. She obtained a degree in Science (1983); thereafter, influenced by her brother, who was studying at IIM-Calcutta, her focus moved away from Physics and towards Business, which led her to obtain her second degree in Management Studies (1985). At the time, Meena’s move into the commercial sector was unusual, as many of Meena’s peers focused on technical degrees rather than business.

Meena spent the first 16 years of her career working in the corporate sector for companies such as PWC, Microsoft and an Indian firm, NIIT. While she started as part of the junior staff in these organizations, she was quickly able to climb the ladder, gaining experience in local and global corporate structures. During this time, she was exposed to structures, processes, systems and platforms which taught her the building blocks of business; these would later surface in her own ventures.

In 2000, Meena left her corporate position to join forces with her husband, Krishnan Ganesh, who was already thriving as a serial entrepreneur. With her background, Meena provided strong operational expertise to the duo and over the next decade, they both enjoyed great successes in a wide range of businesses — ranging from an outsourced customer support business — CustomerAsset — to a company that provided back-office technology support to the British retailer Tesco in India; to an online tutoring company TutorVista. In 2013, they sold TutorVista to a British publishing and education company, Pearson, for \$213 million.

After her personal experience caring for an ailing loved-one in 2013, Meena became interested in the health care market in India. She saw health care as a very challenging sector at first, given the great burden of disease in the country, the high levels of out-of-pocket expenditure amongst the population, and the overall lack of access to good quality clinical services. In particular, she was aware of the lack of health care service options to patients outside the hospital environment. Her previous experience

Country Facts – INDIA

WOMEN'S LABOR MARKET

Women's Labor Force Participation (WLFP)	28.7%
Percent Women in the Workforce	25%
Women Graduates	
<i>in Health and Welfare</i>	3.8%
<i>in Business, Administration and Law</i>	15.4%
Can women work in the same sectors as men?	No
Does the law mandate equal pay for equal work? . .	No
Can women work the same night hours as men? . .	No

WOMEN IN LEADERSHIP

Women in managerial positions	12.9%
Firms with female top managers . . . .	.12
Firms with female (co-)owners . . . .	.10
Women in parliament	11.8%
Women in ministerial positions	18.5%

Source: World Bank Group *Women, Business and the Law* 2019; World Economic Forum *The Global Gender Gap Report* 2018; International Labor Organisation *ILOSTAT Database* 2017.

in data systems, client services and e-commerce made her acutely aware of the value that platforms could bring to the health care sector, which lacked the advancements in technology that other sectors were benefiting from. She has been working in the health care sector ever since.

BREAKING THE BARRIERS

Building a health care start-up company in the home-based care space was not only new to the Indian market, it is an area which remains underdeveloped in many countries around the world. Despite the obvious need, home-based care services typically have high operating costs, low margins and are labour-intensive. These businesses are particularly difficult to establish in a market that is predominantly driven by out-of-pocket funding, such as is the case in India.

Having identified the lack of companies operating in home-care provision, Meena and her team set out to design a new model of engaging with patients, doctors and hospitals. The market had to be educated on the benefits of home-based care. Stakeholders needed to accept this service as valuable, credible and reliable. In addition, the investments, finances, infrastructure, technology, workforce, logistics and daily operations of the company all needed to be established.

Amidst the extreme demands of building a business, Meena admits that achieving a work-life balance was challenging, especially in the early days. There were many personal sacrifices that had to be made; however, she highlighted that a fulfilling existence depends not on achieving a balance, but rather achieving a *flow*. She never divided her life up into strict compartments between home and work but is a believer in strict prioritization, focusing only on the things that make a real difference in the lives of her family or work.

Meena invested in surrounding herself with an experienced management team. She also tapped into the data the business was generating, including patient data analysis,

to ground her decisions and choices. She believes that the future of medicine is going to be highly dependent on patient data analysis.

“Data is the new oil.”

Meena was responsible for building the brand of the business in the external market by constantly engaging in industry forums, networking, and liaising with key stakeholders.

ACTIVELY LIFTING OTHER WOMEN UP

Having managed to become a leader in the health care sector, Meena is very aware of the obstacles and challenges that aspiring career-women face, such as access to tertiary education, employment, promotions and growth opportunities. She believes that women are still under-represented in senior positions in the health care sector in India, compared to other sectors such as financial services and IT.

Meena hopes that her leadership of Portea can inspire other women and that the company has become an employer-of-choice for young women who want to enter the industry as the policies and work environment have deliberately taken women into account. She believes that it makes good business sense for a company to reflect their customer base internally and that this diversity ensures business priorities are in line with customers' needs.

“Fifty percent of the sky is held up by women — how can any business say that they are not important?”

Meena believes that men also have an integral role to play in creating a diverse, egalitarian workforce. She believes that men should ‘positively interfere’, not only by being supportive, but by playing an active role in mentoring and helping women progress along their paths.

“We need to have the entire team, our peers, our seniors and our stakeholders rooting for us.”

THE PIONEER

Helene Echevin

CIEL Group
Chief Officer Operational Excellence

MAURITIUS

BREAKING THE MOLD

Strong from a solid experience and track record in the food industry, Helene welcomed the opportunity to explore new industries as Chief Officer — Operational Excellence at CIEL Group and Executive Chairman of CIEL Healthcare Limited (CHL) in March 2017. This diverse portfolio of CHL is comprised of six hospitals, 24 clinics, 17 site clinics, two HMOs and one lab, across Mauritius, Nigeria and Uganda. With no prior exposure to the health care sector, Helene admits that she had a steep learning curve.

Helene left Mauritius to obtain a degree in Engineering in food technology in France, followed by a year of research in Canada. She then returned to Mauritius where she started work as a nutritionist and climbed the corporate ladder in various food-technology companies. The experience she gained during these years, in operations and project management, would be fundamental drivers of her career. In conjunction with these skills, her time as president of the Mauritius Chamber of Commerce and Industry gave her practical leadership experience that guided how she led the health care division of CIEL. Helene admits that her personal passion to contribute to society and contributing to a “greater purpose” was also at the core of her success.

RISING TO THE CHALLENGE

The ultimate decision to lead the large health care division of CIEL was not an easy one for Helene. She knew there



COMPANY FACTS

SERVICE:

CIEL Healthcare owns, operates and manages assets in the healthcare sector including HMOs, hospitals, clinics and laboratories

MARKET:

Mauritius, Nigeria and Uganda

WORKFORCE:

2,700 (1,300 in hospitals)

FEMALE EMPLOYEES:

Approximately 43%

was a lot for her to learn. In hindsight, she admits a significant challenge was examining her self-confidence, particularly as she assumed her new role. Her answer was to focus on absorbing as much information as possible and understanding the inner workings of the local health care system. She met regularly with teams in CIEL’s facilities; and engaged proactively with key stakeholders in the industry.

As a young leader who was new to the organization, she recognized that her input was highly-sought after and that her responsibilities had grown significantly. Helene admits that this drove her to work even harder to ensure that she remained calm and could successfully manage the demands of the role. In leading a clinical service organization, Helene recognized up front CIEL was an inherently dynamic entity and it would be highly reliant on its personnel. The challenge was clear.

“When aiming for excellence, you should be absolutely results-driven. It’s also often a matter of courage. Aiming high may call for more effort, and ultimately

more work. But excellence can’t be attained without one important ingredient: passion.”

As a wife and mother of three young children, Helene is only able to manage her demanding schedule by instituting a system at home as well. She relies heavily on the support from her husband, who has always encouraged her ambitions and pursuits by taking an active role in the family life. She finds that having the proverbial ‘work-life balance’ is not always achievable, however she is comfortable that her family is healthy and thriving and enjoys that she is able to be fully present when she is with them. Her energy and drive allow her to fulfill her personal commitment with focus, while nurturing her professional path with passion.

She admits that, like other professional women, she has been in situations where she is the only woman in the room. She recognizes that in the corporate world, men may be more comfortable networking and planning activities with other male colleagues. Unfortunately, these networking events are where business decisions are

Country Facts – MAURITIUS

WOMEN’S LABOR MARKET

Women’s Labor Force Participation (WLFP)	52.1%
Percent Women in the Workforce	39%
Women Graduates	
<i>in Health and Welfare</i>	3.9%
<i>in Business, Administration and Law</i>	27.4%
Can women work in the same sectors as men?	Yes
Does the law mandate equal pay for equal work? . .	Yes
Can women work the same night hours as men? . .	Yes

WOMEN IN LEADERSHIP

Women in managerial positions	30.1%
Firms with female top managers . . .	—
Firms with female (co-)owners . . . .	.2
Women in parliament	11.6%
Women in ministerial positions	10%

Source: World Bank Group *Women, Business and the Law* 2019; World Economic Forum *The Global Gender Gap Report* 2018; International Labor Organisation *ILOSTAT Database* 2017.

sometimes made and women, therefore, are left out of the opportunity for networking, leadership and having their perspectives heard.

STRIVING FOR IMPROVED WORKING CONDITIONS

Given Helene's own experience, she is very committed to helping other women rise within her organization. She actively seeks out potential candidates for leadership positions and takes a personal interest in their progress. She encourages her female employees to be confident, bold, and persistent. She believes that clear communication is key to ensure that biases and barriers between male and female colleagues are overcome. Frustrations can build up at work, which can block progress, she believes, if not managed properly.

“Take your time with your career; it's a marathon not a sprint”.

Helene believes that leaders — men and women — need to make it part of their agenda to actively identify, recognize, and support the growth of female talent in their organizations. She actively advocates for women candidates for senior positions in the clinical operations and for mentorship to ensure that female talent is nurtured and grown within the organization. In addition, she would like to see organizations creating practical arrangements, such as flex-time, home offices, childcare and other support structures to help keep women in the workforce. CIEL Healthcare currently offers lactation hours and lactation rooms for new mothers.

She believes that male leaders play a very important role in creating more female leaders. Her own boss was instrumental in recognizing her capability and facilitating leadership opportunities. She sees the differences in approach to leadership between the genders as synergistic and good for business, particularly in a sector like health care, where empathy and care are required to understand how to better serve the customer.

She encourages male leaders to understand and recognize unconscious biases. This may present itself as a preference for sponsoring the careers of other male colleagues, especially when it comes to hiring and promotions. Helene suggests that both genders need to conscientiously work together to overcome any obstacles that may get in the way of a productive, happy, thriving work environment.

“I am a great believer in that whatever we do, it should be to the best of our abilities. This allows us to look back on our achievements with a sense of satisfaction for having done something positive, be it at work or in personal life. And in doing so, we make things better.”

THE VISIONARY

Clare Omatseye

JNC International (JNCI)
Founder and Managing Director

NIGERIA

IDENTIFYING THE NEED

Clare Omatseye is Vice President of the West Africa Private Healthcare Federation, the President of the Healthcare Federation of Nigeria and the Founder and Managing Director of the award-winning JNC International Limited. Identifying the need for good-quality medical equipment and after-sales service in the Nigerian healthcare sector, Clare founded JNCI in 1994. The name JNCI was created by using the initials of her three children.

Over the last 14 years, she has grown JNCI into a large-scale medical equipment solutions company, which exclusively represents 19 global medical equipment manufacturers with services in three West African countries: The Gambia, Ghana and Nigeria.

JNCI has received several international and Nigerian awards, such as the renowned *Frost & Sullivan Award* for Quality in Customer Service in West Africa, the *Nigerian Health Excellence Award* for Best Biomedical Engineering Company, the Best Medical Equipment Marketing Company and the Best Innovative Service Provider for five years in a row.

TAKING THE LEAP

Clare graduated from Ahmadu Bello University, Zaria with a Bachelor of Science in Pharmacy and a MBA from Universidad De Navarra (IESE) in Barcelona. She started



COMPANY FACTS

SERVICE:

JNCI is a medical equipment solutions and services company

MARKET:

The Gambia, Ghana and Nigeria

WORKFORCE:

100 employees

FEMALE EMPLOYEES:

28

her career working in the Al Razi Hospital in Kuwait and subsequently joined a company in the pharmaceutical industry sector. She worked for companies such as Sterling Health (now GlaxoSmithKline, GSK), May & Baker Nig PLC, and Aventis Pasteur Nigeria. Her portfolio covered a wide range of functions including sales, marketing, business development and product management. After serving as the Country Manager for a British multinational company, Huntleigh Healthcare PLC, Clare decided to leave the corporate role, become an entrepreneur and open her own healthcare company.

“I realized that there was a growing niche to make a difference by providing tailor-made solutions in the medical infrastructure landscape in Nigeria.”

The networks, skills and exposure to global business practices early on in her career helped Clare develop her own approach to business in the life sciences sector. She has worked tirelessly to create a Nigerian entity that could ultimately make a difference to patient care through ensuring the availability of good quality equipment and

technology, excellent after-sales services, and thereby improve diagnostic and clinical interventional services.

ACTIVE LEADERSHIP FOR IMPACT

In addition to her role at JNCI, Clare is an active leader in the broader health care sector of Nigeria and across the continent. She makes time to participate in local women’s forums, such as the Women Corporate Director (WCD) Network and the Women in Business (WIMBIZ) network and mentors women from organizations such as the Women in Successful Careers (WISCAR) NGO, the Tony Elumelu Foundation and the Rotary Club of Nigeria. She is a West African Fellow of the Aspen Global Leadership Network and holds numerous other fellow and leadership roles. While the medical device industry is highly competitive and traditionally male dominated, Clare has made it a priority to support other female colleagues, mentor young career women and include progressive human resources policies in her own company.

Country Facts – NIGERIA

WOMEN’S LABOR MARKET

Women’s Labor Force Participation (WLFP)	50.3%
Percent Women in the Workforce	45%
Women Graduates	
<i>in Health and Welfare</i>	—
<i>in Business, Administration and Law</i>	—
Can women work in the same sectors as men?	No
Does the law mandate equal pay for equal work? . .	No
Can women work the same night hours as men? . .	Yes

WOMEN IN LEADERSHIP

Women in managerial positions	21.5%
Firms with female top managers . . . .	.16
Firms with female (co-)owners . . . .	.19
Women in parliament	5.6%
Women in ministerial positions	12%

Source: World Bank Group *Women, Business and the Law* 2019; World Economic Forum *The Global Gender Gap Report* 2018; International Labor Organisation *ILOSTAT Database* 2017.

“One of the challenges I faced very early in my career motivates me to go out of my way to make a conscious effort to be fair to my female colleagues and subordinates and, to ensure that our HR policies are women-friendly.”

Clare understands how other female entrepreneurs battle to access capital, win business contracts and scale their operations. She hopes to see more female entrepreneurs creating their own opportunities and building companies that bring other women into employment.

“I am involved in the advocacy for providing more incentives for women-led business – more access to finance or developmental loans.”

FINDING BALANCE

Given the extreme demands of travel and work, she is very conscious of creating enough space in her schedule for her family and friends. Her husband has been a great support and her family enjoys quality family time on the weekends. For Clare, family holidays are always prioritized as complete breaks from the outside world.

“Women often need to work harder than men on the same job, as we have more balls to juggle, especially if married and starting a family. It is therefore important that a conscious effort is taken to do self-development – attend training and coaching sessions, have a mentor to speak with from time to time, all to help guide and focus your career path.”

ENSURING FAIR OPPORTUNITY

Clare is concerned about the obstacles women in the workforce continue to face, including challenges with managing child and family care; accessing opportunities for growth; issues of harassment; gender wage gaps; poor access to finance for women owned businesses; and

inadequate consultation and inclusion of women in politics, economics and socio-cultural matters in all tiers of government and corporate boards.

Clare believes that new mechanisms of healthcare delivery, such as e-Health and m-Health platforms, represent significant opportunities for women to take up leadership positions in the healthcare sector.

She would like to see more women access management and executive positions in the healthcare industry. She believes that initiatives like the new Federal Incentive policy for Investments in the healthcare landscape in Nigeria, which will provide tax breaks and import duty exemptions on equipment, can lower the barrier to entry for women who want to enter the private healthcare space.

“We are working very closely with key stakeholders to develop policies for women in the private sector such as the enforcement of maternity leave.”

She would like to see other healthcare companies create environments that encourage women to enter the workplace and grow in their careers. She specifies the need for policies, training and leadership development programs for women, as well as male colleagues who identify and support female team members with leadership abilities.

“With more empowerment and advocacy, the needed transformation can be achieved to support women in leadership and dilute stereotypes like women being more [thought of as the] nurses [rather] than doctors; or surgeon [stereotypically] referring more to males than females.”

Conclusion

Women are major drivers of the health care industry. They are the principle decision makers in the household for nearly all health-related concerns. They are the primary interface and care providers. However, they are not proportionately represented at the upper echelons of health care business management. Although women sustain the global healthcare industry and constitute the majority of the workforce, the challenges and barriers preventing them from promotion to leadership are similar to those of other industries. Increasing women's leadership in healthcare will require deliberate effort at the individual, organizational and societal levels. It requires shifts in attitudes and behaviors about the role of women as colleagues and leaders; and strategic moves by women to build their careers and address challenges as they arise. The shift requires that men participate in efforts to promote gender equality, and it requires new laws and policies to protect women from sexual harassment and accommodate their safety and abilities in their workplaces.

Companies will need to create cultures of inclusion and invest in developing their talent through trainings, networks, mentoring and coaching. Finally, an increase in women's leadership requires companies willing to step out front and set the example for success.

IFC believes that initiating an evidence-based conversation on the state of women's leadership is only an initial step. We are committed to working with our clients, industry leaders, governments and other international stakeholders to taking the concrete measures to dismantle the barriers that limit women's career development. We know, from our clients, that development finance institutions can play a vital role in expediting progress towards this important goal. As one respondent to our survey shared:

"We partnered with IFC to drive women's empowerment and employment opportunities and saw and witnessed an increase in female representation across the organization, from C-suite to ancillary staff. Our 60 percent workforce has been possible with constant drive through the IFC advisory program."

What's Next for IFC in Women's Leadership in Health Care

IFC is committed to continuing the conversation and actions necessary to improve the representation of women leaders in health care globally and in our portfolio. IFC's **Women's Employment Program** provides clients with a customized gender diagnostic that reviews the gender breakdown of staff and personnel, company policies, workplace culture and operational information in order to provide recommendations and impactful support on closing gender gaps. IFC invites interested clients

and stakeholders to partner with us in a peer learning platform or through customized women's employment advisory. These initiatives are designed to improve women's access to senior leadership positions in inclusive work environments, and geared towards making the business case to benefit each company's bottom line.

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Creating Markets, Creating Opportunities

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