An untapped potential: Women's leadership in health in conflict and peacebuilding

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Executive summary

This study shows that there is strong evidence on an emerging relationship between women's leadership, health, and peacebuilding in conflict-affected settings. This correlation is essential for long-term stability, the right to health, and health system responsiveness.

Active and protracted conflict settings demonstrate the need to investigate the peace through health agenda by reorientating attention toward gender diverse leadership and governance within health systems. This approach may enable women and gender minorities to have a voice in the decision-making of health programmes and interventions, thereby enabling the community led and context specific knowledge required to address the root causes of inequalities and inequities in systems and societies.

Eight key lessons emerge from this research:

1.

Connecting women's leadership, health, and peacebuilding is essential for long-term stability, the right to health, and health system responsiveness.

2.

Health is envisaged as an articulator of other fundamental human rights, including protection, education, interlinking aspects that escalate and deescalate conflict.

3.

Women healthcare workers hold a unique position in health systems as they facilitate more inclusive and improved service provision, beyond sexual and reproductive health.

4.

Many peacebuilding projects are subject to political manipulation, while health is an entry point to navigate political differences and fragmented lines of control in complex conflicts.

5.

Women in conflict-affected settings face systematic and structural barriers in advancing to leadership positions in health and women are perceived as less capable of decision-making.

6.

The predominant discourse on gender mainstreaming is not well understood by health actors in most conflict-affected settings.

7.

Most funding focuses on women as victims of violence in conflict settings. There is limited funding and policies at the intersection of women's leadership, health, and peace.

8.

The Women, Peace, and Security (WPS) agenda requires much more engagement with health and health systems.

Overview

Since 2000, several international goals and resolutions have focussed on the role of women's leadership in tackling pressing global problems. The United Nations Sustainable Goals, 3, 5, 10 and 16; UN Planet 50:50 and United Nations Security Council Resolution 1325 are all important international targets aimed at addressing gender equity and equality.

Women are at the forefront of improving health for conflict-affected populations through service delivery, education and capacity strengthening, advocacy, and research. Women are also disproportionately affected by conflict and humanitarian emergencies. Despite recent global momentum on 'Health for Peace' programmes supported by bilateral and multilateral donors, the evidence base to explore how women's leadership, health systems, and peacebuilding are interconnected does not exist.

Rebuilding health services can play an essential role in promoting social cohesion in a nation's post-conflict recovery stage. Strengthening health systems in conflict settings through women's leadership may furthermore support dismantling the entrenched practice of gender-blind social institutions. Women are disadvantaged by the structures that influence health systems in conflict and are frequently excluded from decision-making in not only health, but across systems and society.

Methods

This unique study provides empirical evidence on the link between health, conflict, and peacebuilding through the role of women's leadership. We asked participants, can the advancement of women's leadership at the nexus of health and peacebuilding offer a novel way of creating sustainable peacebuilding in conflict-affected settings? To do this, we investigated the barriers and enablers (Table 1) to women's leadership across conflict-affected settings with an explicit focus on individuals working directly in the health sector or on peacebuilding initiatives. We questioned participants on their understanding of concepts including gender equity, gender equality, gender mainstreaming, and leadership.

Twenty-five semi-structured interviews and two focus groups were conducted in early 2022 with humanitarian workers in local and international non-governmental organisations (NGOs), United Nations (UN) agencies, local health practitioners and peacebuilders, and academics.

Participants worked in the Middle East and North Africa (MENA), Sub-Saharan Africa, and Latin America regions. Conflict-affected countries included Afghanistan, Egypt, Iraq, Lebanon, Syria, Yemen, Cameroon, Somalia, South Sudan, Colombia, and Venezuela.

A policy roundtable was held with academics, the FCDO, and NGO representatives at King's College London (April 2022) to disseminate findings and discuss policy implications.

Results

Five interrelated themes emerged from the research:

1.

Women's leadership, health, and peacebuilding

There is strong evidence on a relationship between women's leadership, health, and peacebuilding in conflict-affected settings. At this nexus, health is framed as a sign of stability and a key pillar of establishing peacebuilding initiatives in conflict settings, as illustrated in Afghanistan, Yemen, Libya, and Iraq. The nexus highlights the right to health, as in the case of South Sudan where war is framed as a public health issue. Furthermore, this nexus is used as a tool to create dialogue with communities as health professionals are trusted, highlighted in the case of Syria. It might therefore play a crucial role in strengthening health systems in conflict settings.

> *"When a Health Partner goes out to deliver services, they can cross lines of battle and go and access communities from the other side [...] even in the most difficult, the most polarized communities, you still have that opportunity to deliver services across these lines. That means you also have an opportunity to deliver peace across the same lines."*
>
> **South Sudan**

If the teams are not a balanced between male and female, you can't go and ask a male, if you're a female about what kind of protection issues are in your area. Because for a man as patriarch, it would be emasculating for him to admit that there are risks of gender-based violence and threats to his own female kin of his family. And for a woman, if she's talking to a man, she would zip up. She would not talk about it."

Sub-Saharan Africa

2.

Leadership

Leadership in health is perceived as the ability to deliver a collective vision as a team and influence decision-making. Improving women's leadership and decision-making authority is therefore crucial to advance the health and peace nexus. Women healthcare workers hold a unique position in health systems as they facilitate more inclusive and improved service provision, beyond sexual and reproductive health. Furthermore, making it easier for beneficiaries to relate, trust, and discuss not only specific women's issues, but issues faced by all community members. More women leaders in health systems may further support inclusive and improved service provision at a policy level. Furthermore, women must be represented at not only high-level decision-making fora, but also at grass-roots levels. However, women in conflict-affected settings face systematic and structural barriers in advancing to leadership positions in health; they face gendered division of leadership and are perceived to be less capable of decision-making, particularly regarding political decisions.

Even when, if [women] succeed, to break into the roles, sometimes growing in the roles is quite difficult, because there's still a societal bias that exists like, 'Oh, you have to be grateful that [...] you are even allowed to get to this point.' So, you should just enjoy that point, position. You don't need to aspire to grow in this position, let the men grow."

Cameroon

When the Taliban came to power, the women were removed. So maybe they kept the title. But they put a man. [...] Like, the woman knows that she can't really open the mouth. If the male colleague say something, then she has to obey, let's say she cannot say much. So I think they should have they should put more women into [health] departments."

Afghanistan

Addressing structural and systemic challenges contributes to retention and fostering women's leadership in health in conflict within organisations. The role of human resources and governance structures of health systems to promote and enforce gender equity in organisational policies is crucial and promotes mutual respect, empowers women to take on leadership positions, and strengthens their self-confidence. Various approaches were highlighted by this research.

- The presence of gender equity policies is itself a progress, even if not fully enforced.
- Ensuring minimum representation in decision-making in organisations, including informal quotas and prioritising women for different opportunities.Informal positive discrimination policies that empower women were more prevalent than formal empowerment policies.
- Child support and care facility emerged as the most critical policy gap that hinders women seeking leadership positions.
- Within institutions, education and capacity building workshops contribute to empowering women and enhances their confidence and self-perception of how capable they are to advance and seek leadership positions.

I think that there are a lot of women who are empowered in medicine, and that they've made their opinions heard, or have been doing so. However, if we look at the hospital director position, for example, I don't believe that the hospital has ever had a woman director. The one where I was working before did, but it was a children's hospital, which could have had something to do with it. As a hospital specialising in paediatrics, maybe the milieu was more feminine, which might help a bit, I suppose."

Venezuela

3.

Armed Conflict

Conflict itself is both a barrier and enabler for women's leadership in health. In Syria, the conflict reinforced prior inequities, including restrictions on movement and consequently women's access to leadership and coordination positions in the humanitarian response. While in Somalia, conflict facilitated women's movement and hence women played the leading role in coordinating the humanitarian response between the different areas of conflict. The need for psychological and mental health support was discussed in several contexts, as a way for people to cope with traumatic experiences during armed conflict without resorting to familiar patterns of violence; addressing microaggressions; and in improving organisational culture.

> *"In fragile contexts like Somalia, the NGOs or the health facilities that work in conflict zones tend to be mostly headed by women. The fact being that they are non-combatant they are not seen as a threat have better access, ability, or freedom to move cross borders."*
>
> **Somalia**

> *"[On ways to address obstacles to women's leadership] are topics of psychosocial accompaniment to all men and all women. Because we have a life story, and that life story is what brings us...if we have not healed internal things it leads us to attack the other, [...] and this [psychosocial accompaniment] improves the organisational climate."*
>
> **Colombia**

4.

Perceptions and concepts

The perceptions and comprehension of concepts including gender equality, equity, mainstreaming, and leadership varied across participants and contexts. For some, gender equality was defined as the affirmative action taken to promote equal representation, while others perceived it as equal rights and responsibilities among both genders. There was limited referencing to the WPS agenda or national gender equality frameworks among health actors. Gender, social and cultural norms guide the perception of leadership across contexts and guides the perception of who is considered a leader for each position, and what kind of decisions they can make. Women are largely still perceived to be less capable to take political decisions in health.

> *"The word 'empowering' may have 1000 interpretations."*
>
> **Syria**

5.

Donors

Funding programmes and organisations that support women's leadership, education and capacity strengthening is a way to empower women. This includes women led civil society organisations, as well as national health system, such as Ministries of Health and directorates of health to address the gap in women leadership and limited gender responsiveness of national health systems. The partnership between a feminist organisation and the Idleb Health Directorate contributed to the co-design and co-delivery of a programme to increase the number of women in the health sector based on attention to the sensitivities of the local community. This further opened the door to discussions on the importance of the gender dimension in designing programmes aimed to strengthen the health system and build human health resources.

Participants noted the importance of developing contextualised evidence-based research as a tool to advocate and turn research into policy. Diplomatic leverage combined with affirmative action and advocacy efforts will ensure stronger women's representation in health responses and health systems. In Afghanistan, there is an initiative to build an in-country advocacy collation for a gender responsive health system and to strengthen women's leadership in health.

> *"I think a large impact can be made particularly on the allocation of funds determined in Brussels for example, if women were present in senior official meetings, it would make a lot of difference."*
>
> **Syria**

Table 1.

Conflict

A key **exacerbator** to already existing barriers; silver lining: **challenging existing norms**

Enablers	Level	Barriers

▪ Organisational culture (ex. INGOs)
▪ Organisational policies (even if not enforced)
▪ Funders introducing progressive topics
▪ Education and capacity building (including all community members)
▪ Family support
▪ Rights based policies
	System-wide	▪ Women framed as victims instead of leaders
		▪ Scarce funding available for women's leadership and other drivers of change.
		  ▪ Nepotism and cronyism
		▪ Interventions set by funders
		  ▪ Funders' ideas vs actual needs for locals
		  ▪ Lack of connection between:
		  ▪ Donors & contexts
		  ▪ Local organisations (competition)
		▪ Variable understanding of key concepts like gender equality, equity and mainstreaming
		▪ Governance and human resource structures that are not gender responsive

	Institutional & Organisational	▪ Gender discrimination policies ▪ Governance and human resource structure ▪ The short-termism of donor grants in humanitarian settings ▪ Short-term contracts re-enforcing existing gender discrimination policies
	Community	▪ Existing social norms, religion and culture ▪ The existing gendered division of labour was cascaded to the understanding of leadership in the health sectors
	Individual	▪ Perception of competency and self-worth ▪ Lack of family support ▪ Childcare ▪ Division and double-burden of labour within the household

Patriarchy
Cross **cutting barrier**

Conclusion

The central messages from this research suggest that there is a strong link between health systems, women's leadership, and peace. Health systems that are inclusive at the decision-making and leadership level enable all individuals to have voice and participate meaningfully within societies. This is particularly crucial in conflict-affected settings and may in turn contribute to sustainable peacebuilding efforts in conflict settings. Given the global status of protracted conflicts and that most of the world's extreme poor could live in fragile, conflict and violence-affected settings by 2030, and the exacerbation of this through COVID-19, investment in research and understanding how to advance health systems for peace has never been more critical.

Key policy recommendations

This research suggests that there is an urgent need for a better understanding of women's leadership in health systems in conflict-affected settings. This would ultimately support peace and stability at the community level and peacebuilding initiatives more widely.

For donors and policy makers

- Develop sustainable long-term, flexible funding streams on women's leadership, health, and peace.
- Engage with local health systems strengthening initiatives and partnerships to develop institutional capacity.
- Utilise diplomatic leverage and affirmative action through policies to influence national or de-facto governments and organisations to ensure greater women's representation in health and health systems at the decision-making level.
- Introduce training programmes on microaggression, mentorship and shadowing, and feminist research design.
- Invest in future and emerging leaders in health, including women and gender minorities.
- Fund evidence-based research: gender disaggregated data and assessment of gender responsiveness (policies) of different national and de facto health systems.
- Shift towards gender responsive budgets as a component of all development and humanitarian aid projects.
- Lead and support collaborative bilateral and multilateral networks aiming to advance women's leadership in health in conflict.

For research community

- Develop methodologies and tools for gender analysis, and standardised terminology to ensure a clear and consistent understanding and communication about gender.
- Fund initiatives that focus on leadership and decision-making at all levels in a multidisciplinary manner.
- Fund activities and initiatives that focus not only on women's empowerment but also work with men to address baseline perspectives, awareness raising of gender inequality and microaggressions.

For national and de-facto health systems

- Establish intersectoral dialogue with gender focal points.
- Implement contextualised training of all health workers on key concepts and practices related to gender that influence the work environment.
- Promote system-wide gender mainstreaming to health and leadership across de facto, national, and international systems.
- Adapt holistic, transformative, and rights-based approaches with gender sensitivity across all activities and system approaches.
- Support enabling and inclusive work environments not based on tokenistic quotas.

For the Women, Peace, and Security community

- Strongly consider the role of health workers and the health system in peace negotiations.
- Enhance multi-sectoral and multidisciplinary approaches to peacebuilding.

Left to right: Dr Hala Alghawi, Dr Ramia Musto, Manal Taha, Dr Ihlas Fattal, Mouna Baker, Kristen Meagher, Nisan Babilli

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