

Understanding Gender Imbalance in the Public Health Supply Chain Workforce



EXECUTIVE SUMMARY

Women are the backbone of the care system, comprising 67% of the global health and social care workforce, and performing 76% of unpaid work. Globally, women in the health workforce are still underrepresented in positions of leadership, overrepresented in unpaid work and earn on average 27% less than men. This includes supply chain management, where **women make up 41% of the overall public health supply chain (PHSC) workforce, and only 26% of supply chain management (SCM) positions.**

Given that women and children are priority targets for primary health care services, and that quality health services require access to health products, women's perspectives are important to ensuring that supply chains are designed with women's needs and preferences in mind. A gender imbalance within the PHSC profession has the potential to impact the accessibility, acceptability and affordability of community health care services, particularly among women. Female supply chain professionals are needed to ensure that supply chains are designed with women in mind; logistics systems must be designed with elements such as last mile delivery, digital tools and supply chain capacity that are compatible with the realities that female health workers face. VillageReach led exploratory research in order to better understand and address gender inequities along the PHSC career pathway in low- and middle-income countries (LMICs).

Who are Public Health Supply Chain Professionals?

The PHSC workforce consists of all the people responsible for forecasting, procurement, storage, distribution and proper use of medicines, vaccines and other health products.



Research Overview

Using [Jhpiego Gender Analysis Framework](#), we set out to answer three research questions.

- 1 **How does the social and cultural context influence the entry and retention of women in the PHSC workforce?**
- 2 **What are women's experiences throughout the educational and career pathways to the PHSC workforce?**
- 3 **How does the enabling environment currently affect gender balance in the PHSC workforce?**

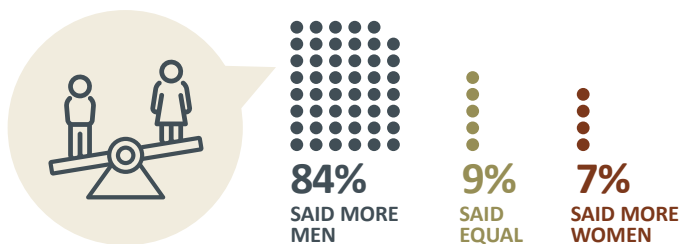
To respond to these research questions, we conducted qualitative interviews with PHSC students, educators and professionals in two African countries (the Democratic Republic of Congo (DRC) and Malawi) and with global stakeholders. We also conducted a brief online survey of PHSC professionals from the [International Association of Public Health Logisticians \(IAPHL\)](#) and received responses from 69 members across 18 countries.

Key Findings

Our findings confirm that a gender imbalance exists in the PHSC workforce and that women experience unique challenges that require tailored solutions to meet their needs. These challenges occur throughout [the educational and career pathway](#) and are related to social and cultural norms as well as practical and environmental factors that hinder female participation in the PHSC workforce.

IAPHL survey findings

QUESTION: In your experience, are there currently more men or women carrying out PHSC roles & responsibilities?



On a scale of 1 to 10, both male and female respondents agreed that gender imbalance is a highly important issue, with 64% of female respondents rating the topic's importance at eight or higher compared to 42% of male respondents.

Challenges experienced by women along the career pathway:

from Education to Advancement



Limited awareness of supply chain as a profession among youth and women

Perceptions that women are not suited to supply chain careers due to perceptions that supply chain work only involves heavy physical labor (i.e., lifting boxes, driving trucks or motorbikes)

Limited networking and mentoring opportunities for women working in PHSC due to few female role models in PHSC and cultural norms around socialization between men and women

Respondents unaware of any supportive policies among employers and academic programs to improve and/or measure gender imbalance and improve work-life balance (i.e., recruitment practices, family leave)

Lack of policy and safe reporting procedures related to sexual harassment in both academic and work settings

Negative perceptions of women who travel to carry out supply chain duties or attend training due to competing domestic responsibilities

Lack of structural and financial support for women, such as safe accommodation and transport for women when traveling to health facilities or scholarship opportunities specifically for women

Cultural and social norms may limit opportunities for women to enter PHSC leadership and participate in decision-making

Recommendations

Our recommendations address challenges women experience at the education stage, early career stage and the advancement stage of their career pathway. They fall under three categories: (1) strengthening PHSC career pathways from education to advancement, (2) creating an enabling environment and (3) elevating female decision-making.



1

Strengthening PHSC career pathways for women from education to advancement

- Increase awareness among women of PHSC as a potential career
- Foster mentorship opportunities among women at all stages of the career pathways (education to advancement)
- Introduce PHSC curricula and degree programs at educational institutions
- Create more internship and training opportunities for women in the PHSC workforce

2

Creating an enabling environment that promotes full participation of women in the PHSC workforce

- Implement gender-responsive processes for recruitment to ensure hiring practices are equitable
- Implement policies that address family leave to help with work-life balance and policies that protect women from sexual harassment
- Create programs that target women for recruitment and advancement in the PHSC
- Provide structural and financial support for women in education and in PHSC professions (e.g., academic scholarships and access to safe transport and accommodation for work-related travel)
- Collect gender-disaggregated workforce data to better track improvements and changes to the workforce over time

3

Elevating female decision-making in PHSC and ensuring women have equitable opportunity for advancement

- Leaders in the PHSC workforce intentionally include women in decision-making bodies, technical working groups and committees to ensure a gender-balanced selection of participants for capacity building opportunities, such as training, site visits and conference participation.

A Call to Action for PHSC Stakeholders



Governments should address policy issues that impede women's entry into the PHSC workforce.



Employers should actively engage women during the early education stage and create mentorship programs for women.



Academic institutions should intentionally recruit female students, and make sure they have access to housing, scholarships and safe environments.



Implementing partners and donors can partner with government in establishing tailored programs to recruit and support women along the PHSC career pathway.

A gender-balanced and professional PHSC workforce contributes to building high-performing supply chains that are equitable, people-centered, resilient and sustainable. We need intentional action and targeted solutions to achieve this goal. Primary health care systems in LMICs are struggling to meet the needs of the most under-reached communities - particularly women, adolescents and children where global health outcomes remain the lowest. Having more women in the PHSC workforce is one way to make supply chains people-centered and gender responsive, which in turn will help serve under-reached communities moving us closer to universal health coverage.

The time to act is now. Stakeholders must collectively develop solutions to increase women's participation in the PHSC.



VillageReach works with governments, partners and communities to [build responsive primary health care systems](#) that deliver health products and services to the most under-reached populations. Our work on [supply chain professionalization](#) focuses on creating clear [educational and career pathways](#) in Africa; and in alignment with our [Gender Strategy](#) we believe women's full participation in the PHSC workforce will enable high-performing supply chains that are equitable, people-centered, resilient and sustainable.



Scan the QR code to read the full report.

Learn more about our efforts to create gender balance in the supply chain workforce. Contact Rebecca Alban, senior manager health systems rebecca.alban@villagereach.org