and acceptance of catheter-based treatment regimens will make a big difference in helping to reduce the number of patients with mitral regurgitation left untreated with their agonising symptoms and poor life expectancy. Ultimately, however, this change in treatment approach requires not only distinguished procedures in centres of excellence but also the awareness and acceptance of cardiologists, general physicians, the authorities, and, last but not least, the affected individual patient.

Georg Nickenig, Robert Schueler
Heart Center, University of Bonn, 53105 Bonn, Germany
georg.nickenig@ukbonn.de

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Report card shows gender is missing in global health

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Gender equality benefits everyone—from contributing more representative and effective organisations, to ensuring better health outcomes. Yet, even in 2018, it remains remarkably hard to achieve. The World Economic Forum's *Global Gender Gap Report 2017*[1] estimates that it will now take 217 years to close the global workplace gender gap; indeed, the gap widened last year for the first time since the report was launched in 2006.

While women earn less than men, they do live longer in every country in the world.[2] The gap in life expectancy is more than 11 years in some countries.[3] It is not biologically determined that men should have shorter lives. Rather, that outcome is driven by social expectations and behaviour—in other words by gender.[3]

Notwithstanding the undisputed role that gender has in health outcomes, however, and in breach of long-standing global commitments to gender equality in the health sector—eg, decisions at the Convention on the Elimination of All Forms of Discrimination against Women in 1979,[4] the International Conference on Population and Development in 1994,[5] and the World Health Assembly in 2007[6]—far too little is being done to ensure that health workplaces are free from discrimination and sexual harassment and that programmes deliver the best value for money through addressing the gendered determinants of health.

That is why I joined the Advisory Council of Global Health 50/50—a new initiative to promote advocacy and accountability for gender equality in global health and contribute to the 2030 Agenda for Sustainable Development. I believe that the inaugural report[7] of Global Health 50/50 can help drive action for gender equality across the leading organisations that are funding, developing guidance for, and delivering health programmes around the world. Global Health 50/50 offers an accountability mechanism that has been sorely lacking.

The Global Health 50/50 Report[7] provides an evidence-informed analysis of the gender policies of a large sample of leading global health organisations and organisations with a declared interest in global health. It is not uplifting reading. The report shows that too few organisations in global health are addressing gender equality in a meaningful way.

Among other findings, *The Global Health 50/50 Report* has revealed that in the 140 organisations under review, only half fulfil the minimum requirement of having a commitment to gender equality in their publicly available policies and strategies. The report also shows that decision-making power at the governance and management levels is predominantly held by men in the organisations studied, and only 40% of

organisations have specific policies or targets in place to support women's career pathways. Furthermore, many organisations conflate addressing gender with having a focus on meeting the health needs of women. Only a handful of organisations specifically tackle the gendered health needs of men and boys, and even fewer mention transgender health as a priority.

Nonetheless, as the top performers in *The Global Health 50/50 Report* samples show, progress is possible. BRAC, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Gavi, the Vaccine Alliance, The Global Fund to Fight AIDS, Tuberculosis and Malaria, the Population Reference Bureau, Save the Children International, Swedish International Development Cooperation Agency (Sida), UNAIDS, and UNICEF are performing well in the extent to which their policies promote gender equality in programmes and activities, the existence of workplace policies to promote gender equality and support women's careers, and progress towards gender parity in senior management and governance.

At WHO, Director-General Tedros Adhanom Ghebreyesus has been lauded for his gender-balanced senior management team. Yet the report finds that fewer than a quarter of organisations have parity at the level of their senior management, and that only about one fifth of the organisations reviewed achieve gender parity on their board.

In my experience, making progress in this area is a matter of leadership and political will, on the one hand, and of proactive and deliberate measures and accountability, on the other. We need more of all that.

A challenging and intractable issue is the global health community's reluctance to apply a gender lens to its programming. This might partly be explained by institutional inertia, and by a "path dependency" in which organisations are continuing to deliver on the Millennium Development Goals agenda rather than on the new and more holistic Sustainable Development Goals.[8] The report reveals, for example, how the focus of non-governmental organisations (NGOs) remains concentrated on maternal health, child health, and infectious diseases (mainly HIV/AIDS, tuberculosis, and malaria). Very few NGOs addressed the changing epidemiology and shifting burden of disease in women by, for example, addressing non-communicable diseases such as heart disease, cancer, or diabetes.

The Global Health 50/50 Report identified a tendency to equate gender with a narrow understanding of women in global health. That approach leads to a failure to apply a gender lens to exposure to health risk, and to the behaviours that influence health-seeking and service delivery and that ultimately determine the gendered natures of health outcomes.[9] The evidence, however, is incontrovertible—if inconvenient—for global health organisations: gender norms affect the health of everyone through gendered social determinants (such as education, occupation, and location), through health behaviours (especially smoking and drinking), and through the gendered nature of health systems responses.

Too few global health organisations examine existing evidence on the drivers, behaviours, and health outcomes from a gender perspective in a significant way. Doing so isn't helped by the fact that the collection of data disaggregated by sex remains the exception rather than the norm, as the report makes clear.

It can be foreseen that *The Global Health 50/50 Report* will meet with objections from some opinion leaders in global health. There will be claims that the data are flawed or dated, that the analysis does not apply to the specific mission of their organisation, and that progress is actually being made. In my experience, efforts to introduce accountability instruments are often resisted. For example, when UNDP releases the annual Human Development Index, which assesses and ranks countries, it not irregularly faces objections from countries that believe that they should have been ranked higher. When lack of progress is in the spotlight, countries and global organisations can be sensitive.

Over time, however, I am convinced that organisations will come to understand that a report like *The Global Health 50/50 Report* can help improve practice and outcomes. As such, I hope that the leadership of global health organisations will welcome this report. I would urge them to share and discuss the findings for their organisation with their staff associations, senior management teams, ethics committees, and boards. They also need to develop a plan of action for progress,

both for their organisation's workplace policies and for policies guiding their operations. Finally, I urge global health organisations to engage with the policy community on gender and global health through Global Health 50/50.

The success of the suffragettes, Iceland's legislation taking the concept of equal pay further than ever before,[10] and the adoption of equality in paternity leave provisions in a number of countries have all shown that radical changes in gender norms are possible. This report should provide much needed impetus for action to achieve health and wellbeing for all, irrespective of gender.

Helen Clark
The Helen Clark Foundation, PO Box 56014, Dominion Road, Auckland 1446, New Zealand
helenclark.invites@gmail.com

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Nursing Now campaign: raising the status of nurses

Nursing Now

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There have been enormous developments in nursing over the past decades, with extended roles, nurse practitioners, and degree level education spreading globally and with, for example, prescribing by nurses now established in countries as different as Botswana and the UK.[1] Nursing and midwifery make up almost half the global health workforce, are at the centre of most health teams, and have a massive impact on health.[2] However, nurses and midwives will assume an even more extensive and influential role in the future for at least six powerful reasons.

Epidemiological change and service delivery relate directly to four of these reasons. First, an ageing world population and increases in non-communicable diseases globally require new, more holistic models of care that address the full bio-psycho-social-environmental aspects of disease and place new emphasis on prevention.[3,4] Second, these changes accompany a general policy shift globally towards primary and community care and the sort of approach envisaged by the Alma Ata Declaration 40 years ago.[5] Third, there is a new emphasis on patient and citizen engagement both in their own care and in disease prevention and health promotion. Fourth, innovative technologies, such as telemedicine and improved communications, enhance and enable these developments.

For the **Buurtzog model of care** see https://www.buurtzorg.com/about-us/buurtzorgmodel/

Nurses are at the heart of all these changes in service delivery. Nursing embodies a holistic and person-centred philosophy and education, with nurses providing continuity of care, being there when other professionals are not. Moreover, they are part of the community they serve, understand the local culture, can access local assets, and are better able to influence behaviour than more distant authority figures.[6] Examples abound globally and range from nurses in rural Africa who supervise community health workers and provide services themselves[6] to the well known Buurtzog model of care in the Netherlands in which nurse-led teams provide high-quality community services.[7]

There are, however, two further reasons why nursing will become more important and influential in the future. One is simply economics: technology and better education mean that, in some countries and for some services, nurses are better equipped than ever before to take greater responsibility for care while maintaining patient satisfaction, health outcomes, and