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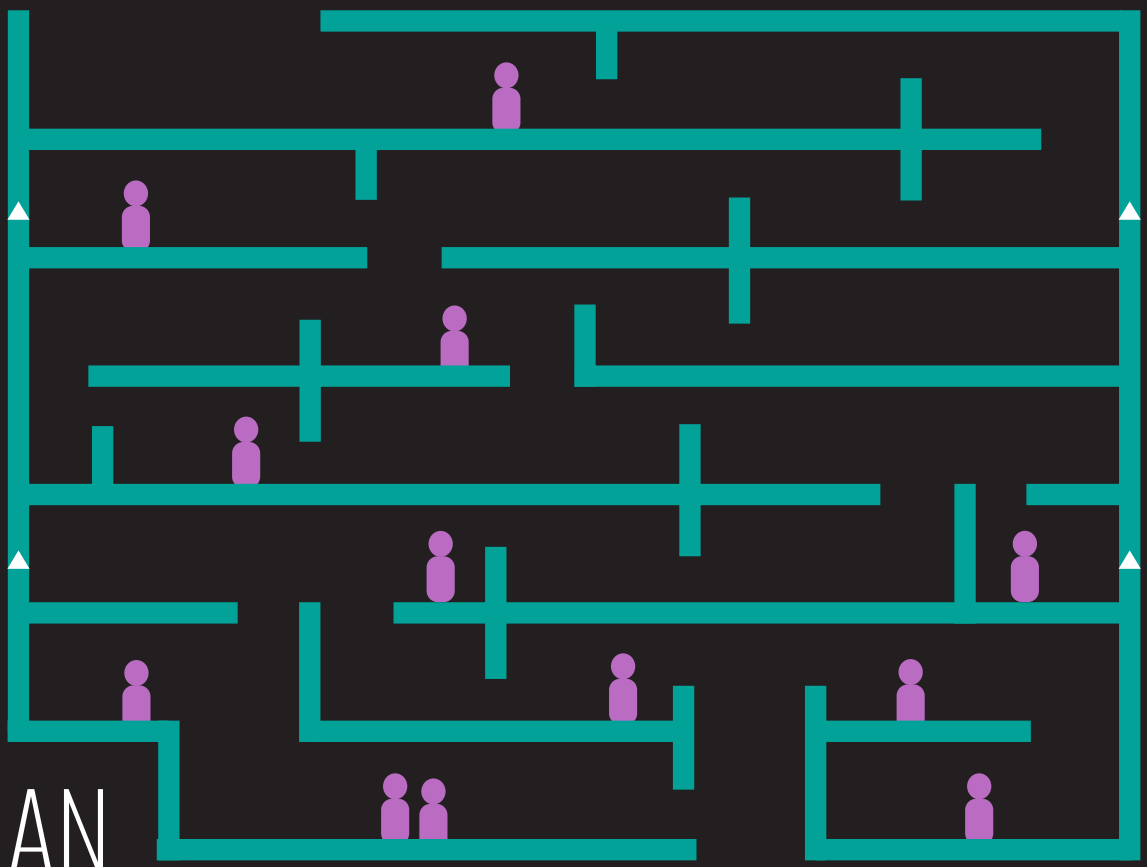
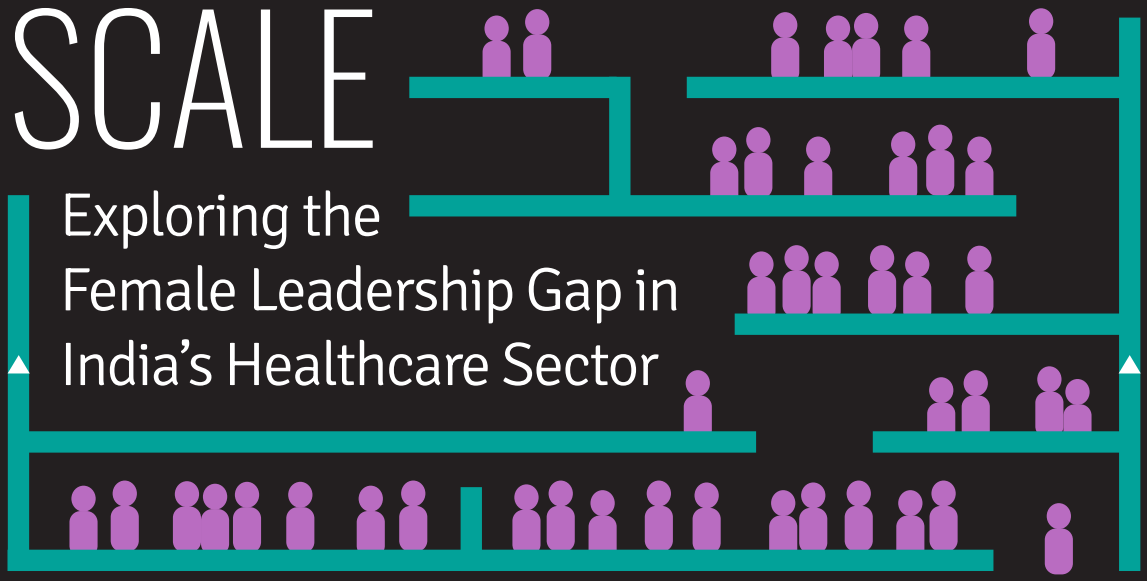


AN UNBALANCED SCALE

Exploring the Female Leadership Gap in India's Healthcare Sector



AN

UNBALANCED SCALE

Exploring the Female Leadership Gap in India's Healthcare Sector

EXECUTIVE SUMMARY

Globally, women make up 67% of the health and social care workforce[1] yet they occupy only 25% of senior positions and a mere 5% of leadership roles in the healthcare sector worldwide.[2] In India, although women account for 29% of medical doctors and 80% of nursing staff, they hold merely 18% of leadership positions, earning 34% less than their male counterparts.[3]

> By 2030, India's private healthcare sector is anticipated to add 8 million employees, generating 40,000 new leadership roles, particularly in private hospitals, pharmaceuticals, biotechnology, and health technology. The increased availability of leadership positions presents a promising opportunity to get more women into these roles.

However, realizing this potential requires concerted actions to support women workers, and a deeper understanding of the current status of women's representation.

This report, '***An Unbalanced Scale***,' examines gender dynamics in India's healthcare leadership, offering insights for actionable interventions to support women's leadership and promote gender equity. It explores the scope, composition, and economic significance of the healthcare sector, shedding light on barriers and opportunities for women in different health sub-sectors and leadership roles.

Despite a significant female presence at entry levels, the report uncovers a stark underrepresentation of women in leadership roles across healthcare sub-sectors,[4] highlighting a 'leaky bucket' phenomenon.

Representation of women at aggregate and leadership levels across select healthcare sub-sectors

	Aggregate representation* % of women in overall workforce.	**Leadership representation**** % of women in leadership positions.
Private hospitals	54%	25–30%
Diagnostics	~30%	15–25%
Pharmacies/distributors	10–15%	~10%
Health Tech	30–40%	10–30%
Pharma & biotech	8%	5–10%
Medical equipment and supplies	15–20%	10–20%
Financial institutions (insurance)	20–30%	~10%

*Aggregate representation is taken from data of 107 organizations and leadership representation is taken from data of 26 organizations.
**Leadership roles considered: C-suite, Heads of businesses and functions, HoDs, Medical Director, Dean, SVPs, etc

- **High representation, low leadership participation:** In private hospitals, a major healthcare employer, women make up over 50% of the workforce but hold only 27.5% of leadership positions.

- **Low representation, low leadership participation:** In sub-sectors like pharmaceuticals and biotech, women face low entry and participation rates. They constitute merely 7.5% of leadership roles, with the overall participation of women in the sub-sector limited to 8%.

Further analysis reveals a notable underrepresentation of women in positions holding significant potential for shaping organizational direction and policy.

- **Low representation in roles with high leadership potential:** Sales and operations, which offer a higher likelihood of promotion into decision-making levels due to their direct impact on profitability indices, exhibit low participation of women even at the entry level. Consequently, these functions provide limited opportunities for women to progress into leadership roles.

- **High representation in roles with low leadership potential:** Conversely, the sectors with the highest representation of women, such as human resources, administration, and nursing/technicians, contribute significantly to people-centric outcomes but demonstrate low involvement in organizational decision-making.

This inverse relationship between women's roles and pathways to leadership underlines perceptions about leadership attributes. Despite actively participating in roles directly influencing service quality, women encounter limitations in reaching leadership levels. This is often attributed to certain roles demanding conditions that do not accommodate women's lived realities, perpetuating a belief that these roles belong to a male-oriented domain.

Barriers To Women's Advancement Into Leadership

While generic challenges exist across industries, the healthcare sector presents distinct barriers. This report identifies three fundamental beliefs underpinning these challenges and maps out specific sub-sectors and roles affected.

> **Change only happens if it is a priority.**
>
> SENIOR LEADER
> **from a prominent private hospital**

Stereotypes regarding women's commitment and competence, social norms influencing work environments, and the misconception that diversity does not enhance profitability contribute to a web of obstacles affecting women's career paths. These can then manifest as stereotyped role assignments, and a lack of flexible work policies. The overarching issue is a scarcity of qualified women candidates, rooted in systemic issues which hinder their entry, retention, and advancement in healthcare leadership roles.

This report reiterates the importance of a nuanced understanding of gender dynamics in healthcare leadership, advocating for increased mentorship, flexible work arrangements, and targeted skill development programs to support women's career progression. Ultimately, the challenge needs a sector-wide shift in perception, policies, and practices to cultivate an inclusive healthcare leadership landscape.

Enablers for Women's Advancement Into Leadership

Interventions at the organizational level can include fairer recruitment practices, diverse interview panels, and broad recruitment pools to enhance diversity. Retention efforts can include strict anti-harassment enforcement, mentorship programs, and flexible work options, while advancement initiatives focus on quality learning opportunities, mentorship/sponsorship programs, and structured job rotations. On the policy level, critical measures such as legislative mandates for women on boards, transparency regulations, incentivization aligned with company interests, public commitment from industry bodies, and legal reforms are essential. Additional research is vital for compelling evidence supporting women's leadership in healthcare. Overall, adopting these strategies holds the potential to dismantle systemic barriers, promote inclusivity, and foster a supportive environment for women in leadership roles.

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FOREWORD

It has been a remarkable journey to be a leader within the healthcare sector – shaped by challenges, a meandering evolution, and an unyielding commitment to progress. It is my privilege to introduce this report, which speaks of the transformative potential of women leaders within the healthcare sector.

My tenure at Cipla began in 2011, a pivotal juncture in the company's trajectory. Shifting from a career as an investment banker in London to the helm of my family's pharmaceutical business in India was a leap of faith, one that came with enormous responsibilities. However, it was an opportunity to infuse fresh perspectives for future growth into the organization. Looking back, I realize the serendipity of that moment.

The transition to pharmaceuticals was not without its challenges. I had to immerse myself in understanding the sector from the ground up. Guided by mentors like my uncle, Dr. Y. K. Hamied, and my father, Mr. M. K. Hamied – I overcame the steep learning curve and worked alongside them to forge a new path for the company. We fortified our management team and empowered them for pivotal decision-making roles, while maintaining our commitment as promoters to long-term strategy and vision. With conviction and a well-thought-through strategy – the disruptive decisions we undertook then led Cipla onto a new path of becoming a major global healthcare organization.

At Cipla, we strive to create a workplace where everyone feels included, celebrated and are able to thrive. An inclusive culture that puts employees' aspirations first and aids them in reaching their true potential. With an endeavor to create a truly inclusive workplace on all fronts –we are creating a culture of meritocracy & inclusion, enabling growth of our talent through new-age leadership skills and focusing on their holistic well-being.

In the journey of inclusion, understanding our own attitudinal barriers is the first step to create a more equal and inclusive world - a learning that we hold very close to our hearts. We invest earnestly in eliminating unconscious biases and creating an inclusive environment that welcomes individuals regardless of their gender, age, race, religion, sexual orientation or impairment.

We acknowledge that women encounter unique challenges, particularly due to their care-giving roles. We prioritize nurturing women's development across levels in the organization, ensuring they have the pathways to become future leaders, through policies, initiatives, and an inclusive culture.

The challenges that women face in their leadership journey are also often linked to their own self-perception and societal pressures. We are frequently battling imposter syndrome and self-doubt. Mentorship has been a cornerstone of my own growth. My experiences have taught me that leadership is not about standing alone but lifting others up. Receiving mentorship and being supported by a network of colleagues, I learned to embrace challenges as opportunities for growth. It is a lesson I endeavor to share with aspiring leaders—have the courage to embrace your potential and voice. Over the years, I have focused on mentoring several women to embrace their accomplishments, amplify their voices, and demand a seat at the table.

My advice to aspiring women leaders is simple. Find your power. Don't self-edit and believe in yourself. Ask for help while balancing work and life priorities. Leverage your emotional quotient consciously to identify with a larger purpose.

It is my personal success mantra to never stop learning and do the right thing even when no one is watching. The pages of this report are filled with insights that can help us learn to do right by women leaders in our organizations and the larger Indian healthcare ecosystem. It's time for a mindset shift!

SAMINA HAMIED,
Executive Vice-Chairperson, Cipla

COLLABORATORS' NOTE

Accelerating women's progress to leadership positions in the health sector, and otherwise, requires streamlined, concerted action on the part of the state, industry bodies and organizations. I am encouraged by the 'Women in Leadership' collaboration led by Dasra. The Udaiti Foundation is a key part of this effort to stem the 'leaky pipeline' of women employees from middle management to leadership positions across health sector organisations.

Having more women executives and women on boards is not only important from a diversity and inclusion lens, but is also imperative from a profitability perspective. Global data shows that companies helmed by women not only have a superior stock performance, an improved reputation and investor perception, but also a vital longer-term role-model effect on employees of all genders within the organization.

In India, the potential and opportunity for women's leadership in the health sector is immense, given the projected 11-13% growth of the sector, and the number of jobs poised to be created over the next decade.

I am hopeful that the health sector organizations supported by the Women in Leadership partners, will prioritize actionable solutions like fostering inclusive work environments, mentorship and sponsorship programs, targeted executive coaching, and providing flexibility during peak childcare years, to move the needle on women in health sector leadership.

MANISHA DHAWAN
Advisor, The Udaiti Foundation
Founding Trustee, The Convergence Foundation

I am pleased to be associated with the drafting of this report that delves into the current state of gender equality in the private healthcare sector in India. The significance of this report lies in its potential to ignite a transformative journey towards gender equity in the sector, a change that is not only ethically imperative but also vital for the sector's sustainability and effectiveness in meeting the healthcare needs of the nation.

By proposing actionable strategies and policy recommendations, the report aims to catalyze change, advocating for a more equitable and efficient healthcare system that benefits all stakeholders – employees, employers, and patients alike.

DIPA NAG CHOWDHURY
Sexual reproductive health and gender expert,
Senior Advisor to Dasra

PREFACE: SETTING THE STAGE FOR CHANGE

Gender equity is an imperative that goes beyond the realm of ethical debates and theoretical discussions; it requires concrete, deliberate actions to dismantle the barriers that have historically disadvantaged certain genders, particularly women. While the rhetoric about its necessity has persisted for years, the case for initiating clear action has never been stronger. To advance gender equity across sectors and organizations diverse approaches are being employed—from promoting agency of adolescent girls and young women, education, healthcare, and skills to ensuring women's participation in the workforce and their meaningful presence and leadership across spheres.

A recent UN report points to the need for an additional $360 billion in annual investments to realize gender equity and women's empowerment across pivotal global Sustainable Development Goals by 2030.[5] It underscores the intersections of gender equity with poverty, rights, violence prevention, skill enhancement, and leadership. At Dasra, these intersections guide and drive our commitment to gender equity: an understanding that diverse leadership can have a catalytic effect, lifting the professional and educational aspirations[6] as a whole.

As part of a continuum of Dasra's gender-focused work and as a first step in exploring the intersection of gender equity and the status of women's leadership, the Women in Leadership (WIL) initiative aims to advancing more Indian women into leadership roles, championing feminist leadership thinking, and moving towards better economic growth and social equity. Dasra is starting this initiative with a focus on India's healthcare sector and making a case for its transformative potential to strengthen women's leadership.

The challenge to get more women into leadership and support them to be effective is distinct. It demands significant shifts across systems, knowledge, attitudes, and practices. The underrepresentation of women in leadership translates into their voice missing from crucial decisions. Fewer women moving up the ladder, also deprives girls and young women of strong role models. There are other inequalities to be mindful of, such as the gender pay gap and gender differences in wealth and economic security.[7]

The healthcare sector, with its profound impact on people's lives, presents a unique opportunity to champion gender equity and women's leadership in particular. This report reveals a landscape where opportunities abound, yet barriers persist. While this report focuses on leadership in the Indian private healthcare sector's senior leadership, we are unpacking this data into dialogues and convenings involving healthcare leaders, community practitioners, gender experts, and grassroots leaders. Through a collaborative and multi-stakeholder approach, we aim to design solutions that prioritize gender equity, and can serve as frameworks for the entire sector, healthcare and beyond.

We extend a deep gratitude to our partners who have made this report possible with their support, insights and expertise. Going forward, we hope to create a nurturing space to share, learn and collaborate, and have you join us in conversation, debate, collective advocacy, and practice.

This report is a call to action to dot the landscape with voices and experiences of increasing numbers of women at the top, leading with vigor and prompting more to dream the same. We call upon Indian policymakers, practitioners, philanthropists, and industry leaders to come together to support this vision of an Indian healthcare ecosystem that is equitable, healthy and inclusive.

The landscape of progress has stories of women's rise, resilience, and grit despite innumerable challenges.

A landscape where gender equity is the norm, and no longer an endeavor.

SHAILJA MEHTA
Director, Dasra

1. BREAKING GROUND:

EXPLAINING GENDER EQUITY AND WOMEN'S LEADERSHIP

Gender equity is the fair treatment of all people without discrimination, regardless of their gender. It is distinct from equality and goes beyond it, by addressing the differentiated challenges that limit a person's ability to access opportunities based on their gender.[8] To ensure such fairness, measures must be taken to compensate for the historical and social disadvantages that prevent people of different genders from operating on a level playing field.

Striving towards gender equity holds promise. Unlike diversity or even gender equality — worthy goals — gender equity encompasses a fairness of treatment for women, men and those across the gender spectrum, according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities.

In the past few decades, India has made much progress on gender equity by addressing key challenges, through approaches to reducing gender-based violence, increasing women's economic empowerment, promoting sexual and reproductive health, digital and financial inclusion, capacity building and leadership development etc. Notably, in September 2023, the Indian Parliament passed the historic Women's Reservation Bill, which reserves 33% of seats for women in Central and State Legislative Assemblies. The 2023 G20 New Delhi Leaders' Declaration is also a landmark commitment to empower women and girls worldwide, with a focus on women-led development.

Despite taking key steps towards affirmative action, the pace of progress has been sluggish, and scaled impact remains a goal to achieve.

Though gender equity is all but guaranteed by the Indian Constitution, several socio-economic obstacles, historical prejudices and discrimination persist. At least nine out of ten men and women hold a fundamental bias against women—according to the Gender Social Norms Index (GSNI),[9] which covers 85% of the global population to quantify biases against women and capture attitudes on women's roles in various dimensions. These stereotypes, biases, masculine culture, and gender-based violence and discrimination have inhibited the progress of women in the workforce and in leadership roles for decades. In India, at least 70% of women aged between 15 to 59 years are missing from the country's paid labor force.[10] Further, Indian women earn at least 25% less when compared to their male counterparts for doing the same job.[11].Not surprisingly, the Global Gender Gap Index 2022[12] estimates that India could take 132 years to reach gender equality.

Where Are the Women Leaders?

The United Nations Gender Snapshot 2023 calls out the lack of women in leadership as one of the top hurdles for gender equity in the world. With just 27% of parliamentary seats, 36% of local government seats, and 28% of management positions held by women worldwide, there is a lack of diverse perspectives in decision-making processes, hindering comprehensive policy formulation.[13]

When gender is overlaid with colonial history and the skewed power relations between the global north and south, the picture gets worse. The Global Health 5050 report that analyzed 2,000 board seats across ~150 leading global organizations active in the health sector, found that 44% of board seats were held by men from high income countries and only 1% of seats were held by women from low-income countries.[14] In India, women make up only 4.7% of Chief Executive Officers (CEOs) and only 3.9% of Chief Financial Officers (CFOs).[15] In the Indian Parliament for instance, as of May 2022, women occupied less than 15% of the seats in the Lok Sabha,[16] which tellingly is also the highest-ever number of women parliamentarians in the House.[17]

Ideally, there should be no need to justify women's leadership beyond the principles of equality and justice. However, there is an expanding body of evidence linking gender-equitable boards and senior leadership with stronger Environmental, Social, and Governance (ESG) standards. Similarly, evidence to link stronger ESG standards and enhanced company performance are substantial.

> Which is to underline, gender equity is not just a good thing to do but smart business as well.

Companies with higher levels of gender diversity on their executive teams were 21% more likely to experience above average profitability.[18] A positive correlation between female partner hires in venture capital firms and fund returns has been convincingly established.[19] Gender-equitable leadership is associated with a range of stronger business and equity practices, including diversity, corporate governance, better products and community engagement.[20]

Several national, regional and global studies have found that if women's participation in the workforce is on par with men's, it could lead to a substantial contribution to the gross domestic product (GDP). A 2015 McKinsey Global Institute report[21] estimates that $12 trillion could be added to global GDP by 2025 by advancing women's equality. The Indian economy alone could grow by an additional 60% by 2025, adding $2.9 trillion, if women were represented in the formal economy at the same rate as men.[22]

Then, there are the intangible but intuitive guarantees that more women in leadership positions and, in general, feminist leadership bring: challenges to traditional power structures, a more collaborative and empathetic approach to decision-making, and a recognition of the interconnectedness of gender equity with broader social issues. Feminist women leaders are more likely to use their power, resources and skills in non-oppressive, inclusive structures and processes to mobilize others—especially other women—around a shared agenda of equity.[23] Women's leadership styles are often marked by collaboration, cooperation, and inclusiveness—all vital in advancing the SDGs forward.[24] Finally, women's stories of success in leadership serve as imitable pathways for other girls and women to have and pursue higher education and professional aspirations, thereby increasing their overall representation and influence in the workforce.

Gender equity in the workplace is a commendable and valuable goal, yet fraught with challenges. As the United Nations, Sustainable Development Goals (SDGs) emphasize, many times, it is women who hold the solutions to these challenges.[25] All this body of evidence is not a call to grant unearned privileges; rather, it is about creating a fair system where meritorious individuals—of all genders—progress, uninhibited by the barriers society, family and other factors may place on them. This pursuit of fairness benefits not only women but society as a whole.

Where Are the Women Leaders in Healthcare?

Globally, women comprise 67% of the employees in the healthcare sector.[26] Only a quarter of these women are senior employees and a miniscule 5% make it as leaders of healthcare organizations.[27]

This report estimates that the healthcare sector in India employs 9.3 million people as of 2021, with approximately 85% working in the private sector which includes various sub-sectors such as hospitals, pharmaceuticals, biotechnology, financial services, diagnostics, medical equipment and supplies, health technology, etc. The remaining 15% are engaged in the public sector, including public hospitals, financial services, and government bodies like the Ministries of Health and AYUSH.[28]

Despite making up over half of the healthcare sector's workforce, there is significant under-representation of women when it comes to leadership roles, especially at the executive and board levels. This imbalance in top-tier positions exists even in sectors that are otherwise heavily staffed by women. Most women are concentrated at the frontline in low-paying jobs. This is evident from data of where women work in the healthcare sector in India. Women are only 29% of medical doctors, at least 80% of nursing staff including midwives, and nearly a 100% of Accredited Social Health Activists (ASHAs).[29] Yet, women occupy only 18%

of leadership positions in healthcare in India; and women across the healthcareworkforce, on average, earn 34% less than their male counterparts.[30]

> The data highlights the predominance of the private sector within India's healthcare industry while emphasizing the need to address gender disparities and the leadership deficit.

The numbers are one vital metric to study and make a strong case for bolstering women's progress in healthcare. More women in leadership positions across healthcare can weave an inspirational narrative socio-culturally, push for equitable healthcare delivery, improve health policy, optimize organizational productivity and maximize the value of fellow women employees.[31] The sector also presents a chance to wield influence and shape the industry's trajectory in India.

2. ABOUT THE 'WOMEN IN LEADERSHIP' INITIATIVE IN INDIA

In 2022, Dasra embarked on a multi-stakeholder Women in Leadership initiative, focused on elevating women from mid-career positions into leadership roles. The initiative in India is anchored by Dasra as the consortium lead. In its current avatar, it includes The Udaiti Foundation as a key partner.

This is a first-of-a-kind undertaking for Dasra in the health sector in India. This array into the formal workforce dedicated to the women leadership cohort is a distinctive yet deliberate advancement in the direction to create transformative impact to positively change societal norms. As part of the initiative, we will identify, engage, and expand the local ecosystem of organizations and stakeholders working within the gender, health, organizational change, and advocacy spaces to advance gender equality efforts.

Among the first outcomes of the initiative is this report, ***'An Unbalanced Scale'***. The report, focused on the private healthcare sector in India, maps macro-trends across sub-sectors and leadership roles. It provides new insights and seeks to establish the groundwork for replicable and scalable models to drive systemic change in policies, organizational practices and cultural norms, all in support of women's leadership.

It is important to acknowledge that individuals from diverse gender backgrounds may encounter varying forms of discrimination and challenges in leadership roles. This report unpacks the experiences of women specifically. The findings can provide insights for enhancing women's leadership in the healthcare industry that may be applicable in other segments of the economy that are not covered by t he study.

Dasra's work on gender equity

With over two decades of commitment to gender equity in India, Dasra integrates a Gender, Equity, Diversity, and Inclusion (GEDI) perspective into all its initiatives. The organization works across areas like education and empowerment of adolescent girls, protection of informal women workers, and establishing industry standards for the dignity and safety of female sanitation workers. The Dasra Adolescents Collaborative has been working to fundamentally change the way adolescent programming is conducted in India and to shift the narrative around the need for access and SRH services, enabling improved quality of life for young people, especially girls. Through the work with Women on Boards, Dasra fosters the active and equitable involvement of women in leadership roles in the social impact sector. With partnerships spanning 600+ civil society organizations and a dedication to diversifying its own organizational structures and practices through a GEDI lens, Dasra continues to work towards catalyzing change and representation in India.

3. GUIDE TO READING THE REPORT

Research questions

'***An Unbalanced Scale***', delves into an examination of women's engagement and leadership in the formal healthcare sector in India, placing an emphasis on the private sector. The report is structured to investigate three broad areas:

1. Which healthcare sub-sectors offer the most opportunities for women's leadership?

In addressing this question, we analyzed various healthcare sub-sectors, based on factors such as employee count, market size, growth rate, and the number of leadership roles available. The aim was to identify sub-sectors that present the most promising opportunities for increased female representation in leadership positions.

→ *Turn to Chapter 4 on page 27 for a landscape scan of healthcare sub-sectors.*

2. Which roles should be prioritized to advance women in leadership?

The research zeroes in on roles with the potential to initiate organizational change that could significantly influence women's representation within an organization.

Typically overseeing a sizable segment of the workforce, these roles can also serve as direct pathways to executive leadership positions, particularly CEO.

→ *Turn to Chapter 5 on page 37 for a landscape scan of leadership roles in healthcare.*

3. Which barriers stand between women and leadership positions?

Qualitative research methods were used to analyze interviews with healthcare sector leaders. The aim was to identify key challenges that highlight core beliefs, and explore potential drivers that can inform the design of organizational and sector-specific solutions to advance women's leadership.

→ *Turn to Chapter 6 on page 43 for a curation and analysis of the barriers women face on their leadership journey.*

In the ongoing exploration of terms such as feminist leadership, leadership itself, empowerment, advancement of women, and gender equity, there remains ample space for further research and sector alignment. Meanwhile, we have taken the liberty to incorporate these terms into our report as per our best understanding and as we have found to be most appropriate.

Figure 1: Scope of the landscape study on women's leadership in private sector healthcare in India

Healthcare sector

- **Providers**
  - Government primary care centers (e.g., PHCs etc.)*
  - Private primary care providers (e.g., clinics etc.)
  - Public hospitals*
  - Private hospitals
  - Diagnostics
  - Pharmacists/Distributors
  - Health Tech
- **Pharma & Medical Products**
  - Pharma & Biotech
  - Medical equipment and supplies
- **Payors**
  - Financial Institutions
  - Government Schemes (e.g., Ayushman Bharat etc.)
- **Ministries**
  - Ministry of Health & Family Welfare
  - Ministry of AYUSH
- **Social Sector***
  - NGOs
  - Philanthropic organizations
- **Others**
  - Regulatory bodies (e.g.,CDSCO)
  - Industry bodies/Association (e.g.,IPA, OPPI)

Leadership roles

Up to CEO(-)2 levels, examples

- CEO
- Chief Operations Officer
- Cluster/ BU Sales & Marketing head
- Medical superintendent, HODs (Hospitals)
- Chief Strategy/ BD Officer
- Head of R&D
- Head of Engineering/ Product
- Chief Regulatory & Medical Affairs officer
- Chief Financial Officer
- Chief Human Resource Officer
- Chief Technology Officer
- Head of Quality Assurance

*Social sector organizations, government primary care centers and public hospitals were not examined in the report; however, they have been mentioned here to give an overview of healthcare in India.

Scope of the Landscape Study

Figure 1 provides an overview of the five key segments of the healthcare sector, the sub-sectors within these and the leadership roles [CEO(-)2] considered in this landscape study. Here, the term CEO represents pivotal leadership positions within organizations, typically possessing the authority to set influential mandates. The report employs this criterion to avoid considering women's representation in tokenistic leadership roles, where they often lack the authority to effect substantial change, as they are bound to follow mandates set by the CEO or the board.

Metrics

Across the segments, sub-sectors and roles mentioned in Figure 1, this report examined various metrics across market size, employment, leadership capacity, women's representation to help identify significant trends,opportunities, and challenges within the healthcare industry to improve equitable participation. In the upcoming chapters, the following characteristics of the private healthcare sector in India are explored in-depth:

1. Market Size:
This refers to the revenue base or funding allocation directed towards a specific sub-sector.
Significance: Changes in market size can lead to a substantial shift in the distribution of influential leadership positions.

2. Employment footprint:
This represents an estimate of the total permanent employees within a sub-sector.
Significance: Sub-sectors with a large employee base have the potential to include a higher proportion of female employees and leaders.

3. Employment growth outlook:
This is an estimated trajectory of job growth within the sub-sector.
Significance: A sub-sector with a high employment growth outlook indicates the potential to hire more female employees, while a slower growth outlook may limit the number of positions available to women.

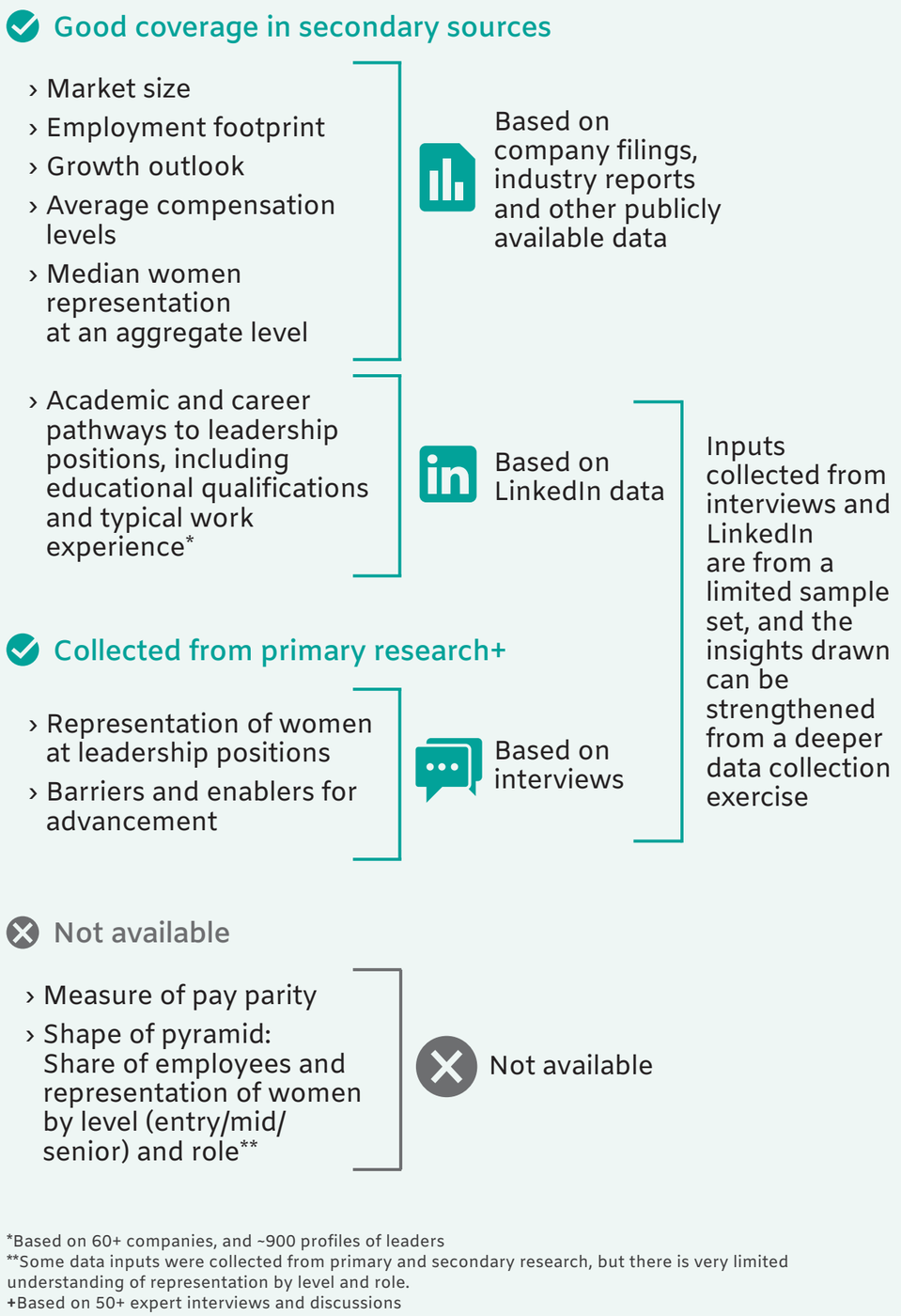
4. Leadership positions:
This estimates the number of leadership roles available within the sub-sector.
Significance: Sub-sectors with a greater availability of leadership roles create opportunities for a larger number of women to advance into leadership positions.

Data Sources and Methodology

The analysis draws on primary qualitative data from 50+ interviews with private healthcare sector leaders. To complement the primary research, we leveraged both qualitative and quantitative secondary data. This entailed an analysis of over 25 research reports and third-party data sources, a review of more than 250 corporate annual reports, and an in-depth exploration of the LinkedIn career profiles of approximately 900 industry leaders.

Other secondary data sources include: Capital IQ; National Health Profile report 2021; BMJ (British Medical Journal) Open; Analyst reports; India Brand Equity Foundation (IBEF) Healthcare sector report; Confederation of Indian Industries (CII)-McKinsey healthcare report; National Health Account India report; National Health Authority, CRISIL (formerly Credit Rating Information Services of India Limited); InvestIndia; LinkedIn company insights; All India Survey on Higher Education 2020-21; and Refinitiv. Other sources include press searches and releases, company websites, investor presentations, Draft Red Herring Prospectus (DRHP), hospital websites, research publications, leader profiles.

Figure 2: Data sources for the landscape study



*Based on 60+ companies, and ~900 profiles of leaders
**Some data inputs were collected from primary and secondary research, but there is very limited understanding of representation by level and role.
+Based on 50+ expert interviews and discussions

Exclusions and Limitations

In our examination of the private healthcare sector, certain dimensions are not covered, namely:

1. **Compensation structures and rates**.
2. **Disparities in pay** across genders or roles.
3. **The total proportion** of female employees within organizations.
4. **The distribution and representation of women** across different hierarchies and functions.

An exploration of the public healthcare sector is not included in this report.

These exclusions stem from the unavailability of standardized and publicly accessible data on these aspects. Readers should bear these limitations in mind while interpreting the findings presented.

We believe this report is a starting point and offers significant insights. It is however crucial to recognize the necessity for additional research and standardized data for equitable practices in the healthcare sector.

4. NAVIGATING THE TERRAIN:

A SCAN OF HEALTHCARE SUB-SECTORS

India's healthcare sector is INR 14 trillion in size and employs 9.3 million people across private and public sectors, projecting an outlook of 11-13% Compounded Annual Growth Rate (CAGR),[32] fuelled by increased healthcare spending, increase in chronic and non-communicable disease burdens, and an increased demand for generic drugs. Given this context, **the primary objective for this study is to deep dive and pin-point sectors in the healthcare ecosystem where the potential for fostering female leadership is most promising.**

Key Sub-Sectors

Within India's healthcare industry, the private sector accounts for 70% of the market size, nearly 85% of the overall employment footprint shows tremendous growth potential, especially with the addition of booming sub-sectors such as health-tech.

> Despite the significant presence of public healthcare in India, especially across Tier-2 and Tier-3 cities, private healthcare dominates the sector.

Given the private sector's influence and data availability, our report strategically focuses on the seven sub-sectors within India's private health systems:

i. Private hospitals

ii. Diagnostics

iii. Health technology
(referred to as health-tech)

iv. Pharmacies & distributors

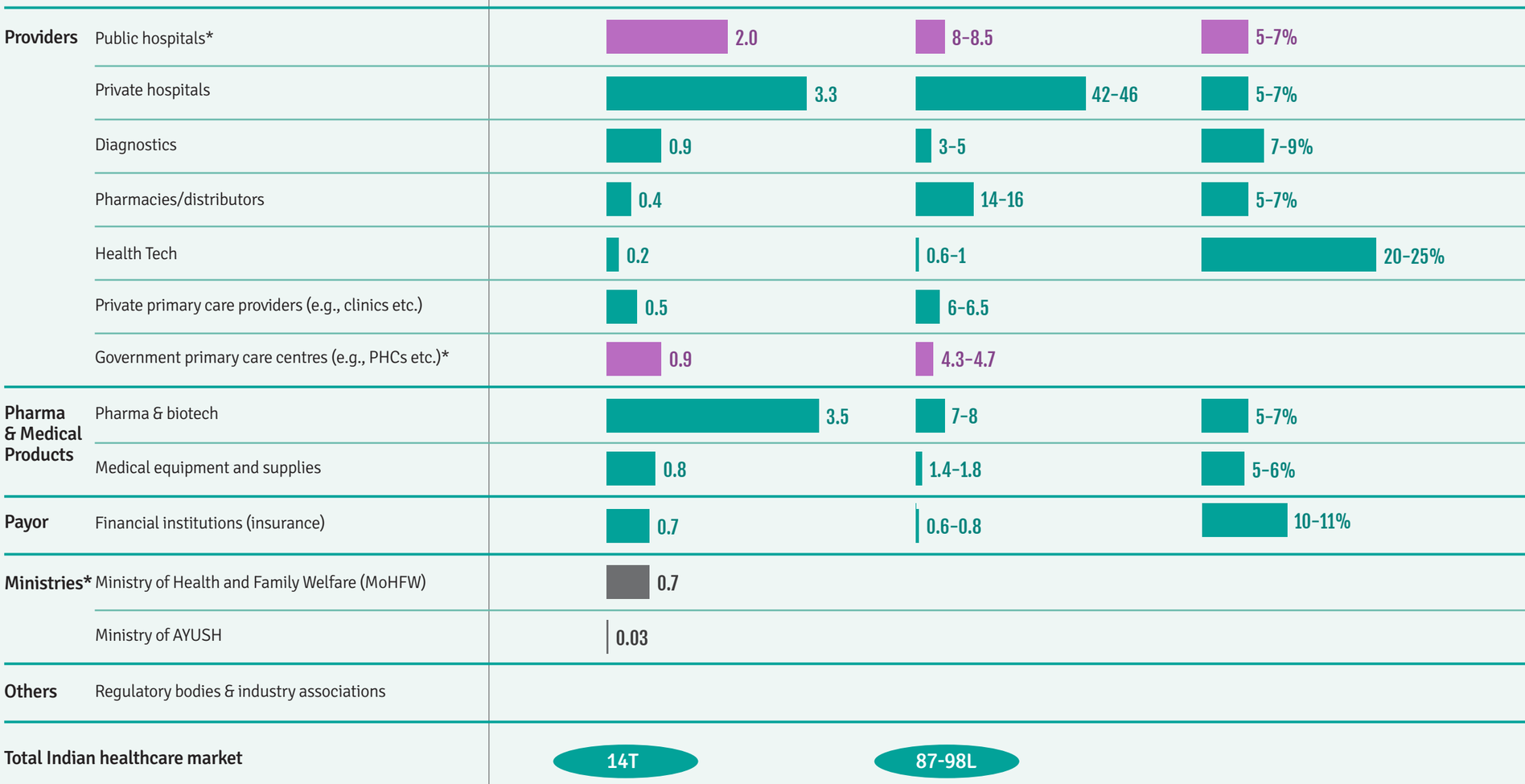
v. Pharmaceuticals & biotechnology
(referred to as pharma & biotech)

vi. Medical equipment & supplies

vii. Financial institutions

Figure 3: Analysis of Indian healthcare by market size, employment footprint and growth projections

Private Formal sector
Public Formal sector
Government



Source: Capital IQ, Annual reports, National health profile report 2021, BMJ Open, Analyst reports, IBEF Healthcare sector report, Press search, Team analysis

1.Only taken for publicly listed companies that publish annual reports
2. For public hospitals calculation is done using the number of beds; for medical equipment and supplies, calculation for lower range is done by extrapolating total number of employees mentioned on LinkedIn and maximum range is taken by using share of revenue by these players. For all other categories it is done using no. of employees.

*Public hospitals, government primary care centers, ministries and others were not examined in the report; however, they have been mentioned here to give an overview of healthcare in India.

Workforce Patterns Across Sub-sectors

An analysis of workforce patterns across the seven sub-sectors reveals varying patterns of how employees are concentrated.

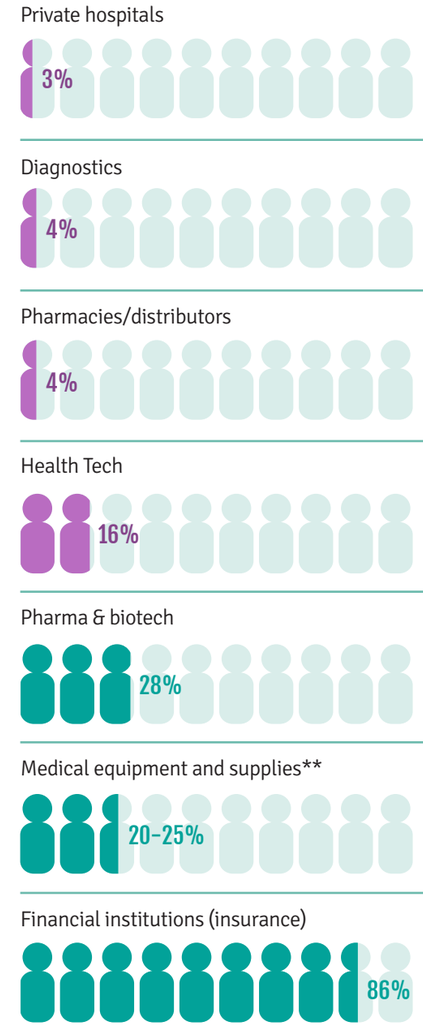
In sub-sectors with low workforce concentration—where the top 10 organizations of the sub-sector employ a mere 4-15% of the workforce, any initiative to achieve widespread impact or lighthouse effect may face challenges due to workforce dispersion.

Conversely, in high workforce concentration, such as pharma & biotech or financial institutions partnering with the leading employers presents an opportunity to reach a majority of the workforce, allowing for industry-wide transformations.

Figure 4: Workforce concentration of top employers across sub-sectors

Low workforce concentration
High workforce concentration

Share of employees of top players in FY 2021*



Top players in each category

Private hospitals: Apollo Hospitals, Aster DM Healthcare, Fortis, Max Healthcare, Narayana Health, Columbia Asia, vasan eye care Hospitals, KIMS, HCG, KMCH

Diagnostics: Metropolis, Dr Lal PathLabs, SRL Diagnostics, Thyrocare, Vijaya, Max Lab, Quest Diagnostics, oncquest laboratories, Suburban Diagnostics, Aspira

Pharmacies/distributors: Apollo Pharmacy, MedPlus, Wellness Forever, Noble Plus Pharmacy & Skin Care, 98.4, Fortis Healthworld, Frank Ross Pharmacy, Thulasi Pharmacies India (Pvt) Ltd., Guardian Pharmacy, Sanjivani

Health Tech: 1mg, netmeds.com, practo, PharmEasy, mfine, MediBuddy, Niramai, Pristyn Care, MEDIKABAZAAR, lybrate

Pharma & biotech: Sun Pharma, Cipla, Dr. Reddy's, Macleods, zydus, Lupin, Alkem, Divi's, Aurobindo, Glenmark

Medical equipment and supplies**: Siemens Healthineers, Philips, Wipro, Johnson & Johnson, Novartis, Abbott, Medtronic, stryker, Opto Circuits (India) Limited, Trivitron Healthcare

Financial institutions (insurance): Star Health, care Health Insurance, Bajaj Allianz, niva Bupa Health Insurance, United India Insurance, Oriental Insurance, National Insurance, Aditya Birla Health, HDFC ERGO, Manipal Cigna Health Insurance

Source: Capital IQ, Company Websites, Press search, DRHP, Industry Reports, National health profile report 2021, BMJ Open, Team analysis

*Calculations are done using no. of employees.
**In the medical equipment & supplies category, top players are MNCs who report employee numbers at a global level. Hence, calculation for India lower range is done by extrapolating total number of employees mentioned on Linkedin and maximum range is taken by using share of revenue.

Estimated Outlook Across Sub-Sectors

A notable positive trend emerges in the availability of leadership roles within the Indian private healthcare sector over the decade. By 2030, there is a projection of nearly 40,000 new leadership positions, reflecting an overall increase of approximately 30% across all sub-sectors.

Private hospitals and pharmaceuticals/ biotechnology are likely to contribute the highest number of leadership positions, with a significant anticipated addition coming in from health-tech.

> By 2030, India's private healthcare sector is projected to witness an increase of eight million employees, creating 40,000 additional leadership roles.

Figure 5: Number of employees and leadership positions FY 2021 v/s FY 2030

	No of employees (in lacs)		Estimated leadership positions	
	FY 2021	FY 2030	FY 2021	FY 2030
Private hospitals*	42-46	65-80	55-75K	65-85K
Diagnostics	3-5	7-9	3-5K	6-10K
Pharmacies/distributors**	14-16	23-28	50-70	80-120
Health Tech+	0.6-1	4-6	1-1.4K	7-10K
Pharma & biotech	7-8	11.5-14	1.2-1.5K	2-2.5K
Medical equipment & supplies	1.4-1.8	2.4-2.7	1.2-1.5K	2-2.5K
Financial institutions (insurance)	0.6-0.8	1.5-1.8	250-300	600-700
Total	77-87	132-157	80-110k	105-140k

*Based on private hospitals with >100 beds, constituting 60% of total private hospital beds in India
**Analysis for pharmacies/distributors covers organized retail which represents less than 5% of industry operations.
+Health Tech with employees > 50 considered

The increased availability of leadership roles presents a promising opportunity for a more substantial representation of women into these positions. However, seizing this potential requires fresh and concerted strategic initiatives to ensure the successful integration of women into these leadership roles.

Women's Representation in Private Healthcare

The current overall representation of women in each of the seven sub-sectors with their representation in leadership roles, as shown in Figure 6 is drawn from expert interviews and publicly available information of 130+ organizations across sub-sectors. Depending on the availability, different sub-sectors derived data from different sample sets.[33] While the sample set is relatively small, it provides an indicative trend on this report's problem statement: a noticeable decline in the number of women in leadership positions as one ascends the professional hierarchy.

> Despite gains in workforce numbers, women are vastly under-represented in leadership roles.

Figure 6: Women in the workforce v/s women in leadership positions as of FY2021

	Aggregate representation* % of women in overall workforce.	**Leadership representation**** % of women in leadership positions.
Private hospitals	54%	25-30%
Diagnostics	~30%	15-25%
Pharmacies/distributors	10-15%	~10%
Health Tech	30-40%	10-30%
Pharma & biotech	8%	5-10%
Medical equipment and supplies	15-20%	10-20%
Financial institutions (insurance)	20-30%	~10%

*Aggregate representation is taken from data of 107 organizations and leadership representation is taken from data of 26 organizations.
**Leadership roles considered: C-suite, Heads of businesses and functions, HoDs, Medical Director, Dean, SVPs, etc

This trend is consistently observed across all sub-sectors, indicating a systematic loss or decline of women's representation at each stage of progression—also known as the 'leaky bucket' in the context of gender disparities in career advancement.

1. Private hospitals have a substantial proportion of women employees in entry and middle managerial roles, accounting for 54% of the workforce and occupying 25-30% of the leadership positions.

2. The pharma and biotech sector has minimal female representation. The data shows that **women represent roughly 1 of every 100 leaders in this sub-sector.**

The research explores the possible hypothesis that a significant portion of leadership roles in this sub-sector are drawn from sales and operations, where women's representation is scarce. The profiles of these roles, combined with the prevailing view that the roles belong to a male-oriented domain, are limiting factors for women.

→ *This and other such contributors are explored in depth across Chapters 5 & 6, starting Page 37.*

Opportunities for Women's Leadership in the Next Decade

With the anticipated expansion of leadership roles within various sub-sectors by 2030, where do the opportunities for female leadership exist in the healthcare sub-sectors?

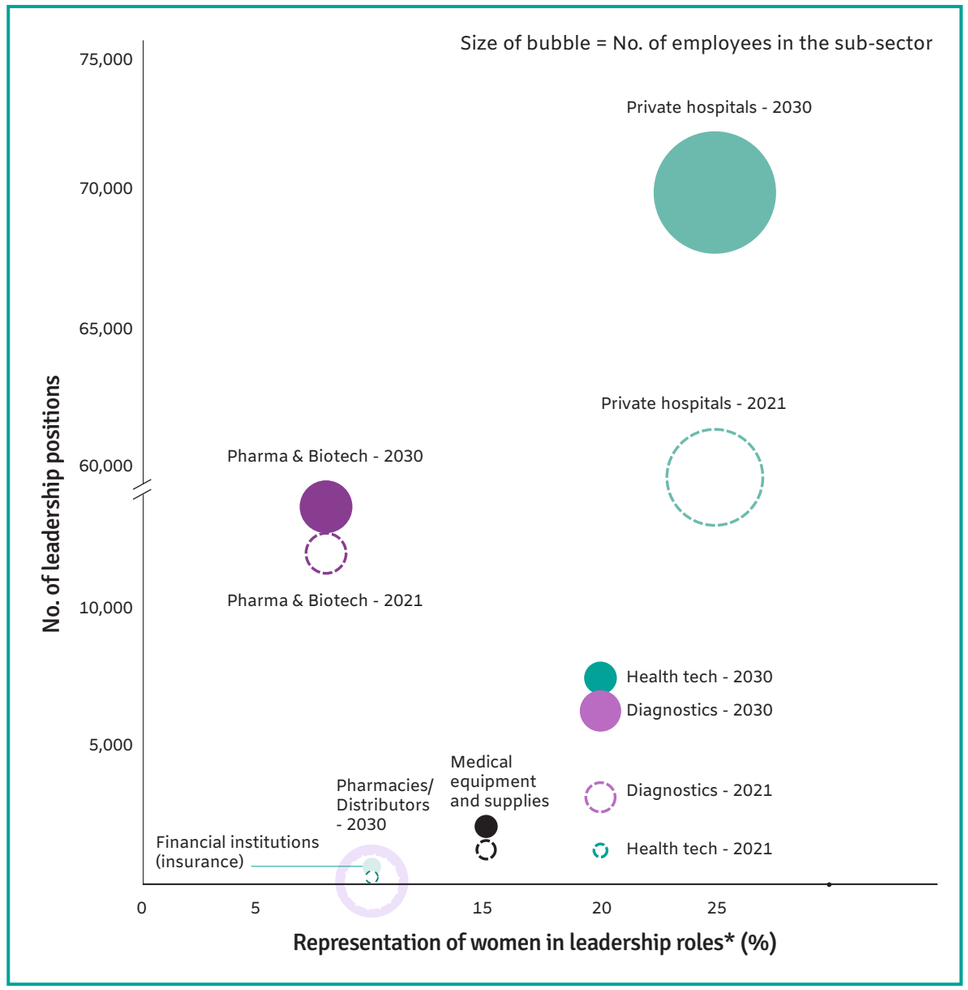
1. Private hospitals are projected to have the largest growth in women's leadership roles by 2030.

This sub-sector boasts the largest employee footprint, accounting for approximately 50% of the overall healthcare sector. Furthermore, around two-thirds of the sector's leadership positions are held by women, indicating a high median representation with a diverse distribution across various levels. This suggests a robust pipeline of women at entry and mid-levels poised for advancement into senior positions. Even if women maintain their current proportion of leadership roles from 2021, this sector stands out as the most promising for facilitating the ascent of women into top roles.

2. Pharma and biotech follow, but with relatively lower growth expectations for women's leadership over the next decade.

The sector wields a disproportionate level of influence bringing in a quarter of the health sector's revenue and top employers contributing to 8% of the

Figure 7: Projected growth of leadership roles by 2030 (Opportunities for women in healthcare sub-sectors)



*Representation of women in leadership roles in 2030 are assumed to be same as 2021
Source: Company filings, expert interviews

employee base. Despite this, there is a notable low level of women's representation, currently standing at approximately 8%. A more optimistic note emerges as leadership role availability surpasses 20%, indicating potential for significant improvement in the representation of women in leadership positions.

3. Health-tech is poised for a significant surge in growth.

While the sector may be smaller compared to private hospitals or the pharmaceutical and biotechnology sectors, it presents promising leadership opportunities for women and the potential to shape the sub-sector early in its growth journey.

In Summary

Despite significant female presence at entry levels, a ‘leaky bucket’ phenomenon is observed, with women representation declining as they move upwards from entry-level roles.

Specific sub-sectors, like pharma and biotech, show low female representation in the workforce correlating with a dearth of women in leadership.

An assessment of top players in each sub-sector, underscores the inverse relationship between market concentration and women’s employment. Low market concentration implies higher competition between players, which results in more competitive wages, opportunities for women to find jobs that best match their qualifications, and leadership roles.[34] This results in a higher presence of women in that sub-sector’s overall workforce.

Opportunities for women’s leadership by 2030 are projected, with private hospitals offering the most growth. The chapter spotlights promising sub-sectors for women’s leadership, emphasizing the need for internal institutional mechanisms to align with favorable conditions for progress.

5. LEADERSHIP IN FOCUS:

A DEEP DIVE INTO HEALTHCARE ROLES

A significant majority of senior leadership roles consistently originate from specific functions within industries. To effectively advance women's leadership, two primary approaches emerge: ensuring increased representation of women across high-influence functions and empowering currently low-influence functions to yield greater influence in the organization.

Given its practicality and the imperative for swift and demonstrable progress, the first approach is explored in the subsequent section.

This report defines 'leadership' as roles in the high-power lane that hold the capacity to set mandates, exemplify equitable participation, establish impactful precedents, and directly shape the organization's policies towards greater inclusivity.

These roles possess significant potential to elevate women's representation and influence, and are characterized by two key attributes:

1. High span of control:
Roles that encompass broad oversight over a substantial portion of an organization's workforce, extending beyond mere high-visibility positions to strategically impact lasting change. Occupants of these roles possess a unique capacity to influence the recruitment and retention of a diverse workforce, particularly women. They can champion inclusive policies and drive various progressive initiatives within the organization.

2. Pathway to CEO(-)2 levels:
Senior leadership roles that were once occupied by current CEOs within the sub-sector play a crucial role in shaping the leadership landscape. In the healthcare industry, the pathway to CEO(-)2 positions often includes senior leadership roles traditionally dominated by individuals with backgrounds in sales and operations. Unfortunately, these areas typically exhibit lower female representation, inadvertently leading to a gender disparity in the highest echelons of leadership. These roles, traditionally centered on revenue generation, operational efficiency, and strategic planning, wield substantial influence over critical decisions and policy implementations. This underscores the urgent need for targeted initiatives that actively promote the advancement of women into these pivotal positions.

A Note on Leadership Roles: WIL Perspective
It is crucial to distinguish between the roles of 'CEO' and 'C-suite.' The CEO typically occupies the highest leadership position within an organization, commanding broad oversight over processes, programs, and policies, and bearing substantial influence and responsibility.

On the other hand, the 'C-suite' refers to a group of high-ranking executives, each responsible for specific aspects of an organization's operation. For instance, a Chief Nursing Officer (CNO) would concentrate on nursing practices, standards, and staff management. While C-suite roles, including CNOs, are undeniably pivotal, they do not wield the same organizational authority or influence as the CEO.

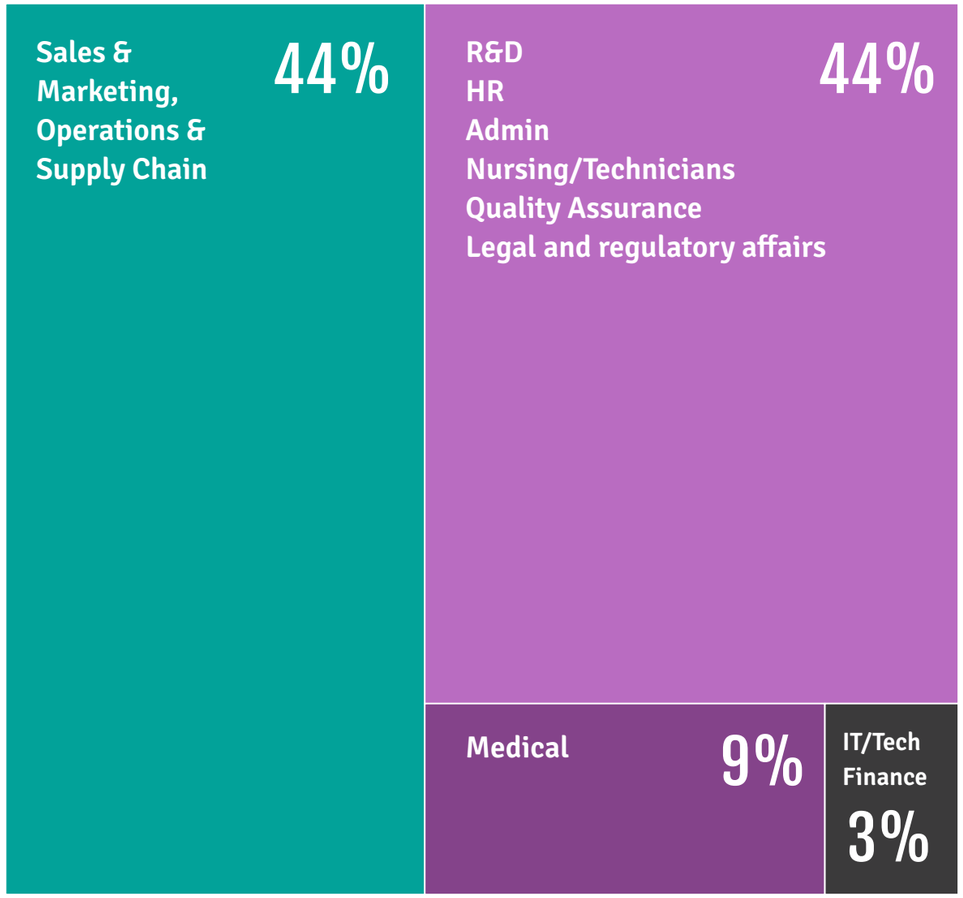
Concentration of Roles & Gender Disparity

When categorizing healthcare roles in India based on their functions, a clear division of four categories emerge: medical, business sales, service delivery and administration, and IT/technology.

This categorization as illustrated in Figure 8, highlights that business sales and service delivery/administration roles hold prominent and pivotal positions in the healthcare sector, exercising significant span of control.

Business sales, service delivery and administration roles dominate Indian healthcare.

Figure 8: Share of employees in the private healthcare sector in the indicated roles

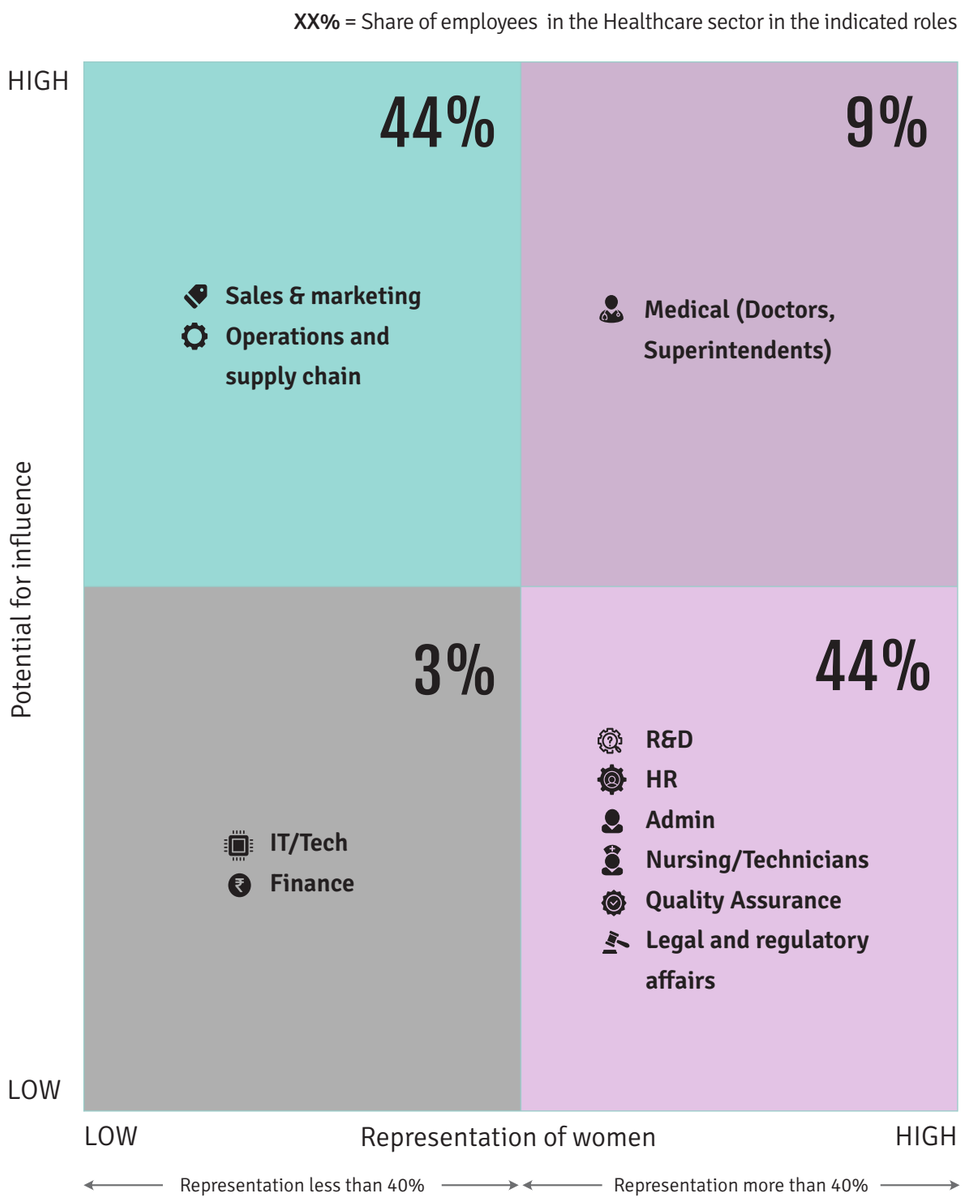


Source: LinkedIn (Career path as reported by leaders on LinkedIn; no verification was conducted), expert interviews

A significant observation emerges when this breakup is compared with roles that are typically situated in high-power lanes.

Figure 9 highlights how roles with a high span of control do not necessarily align with positions that lead towards the CEO track.

Figure 9: Women's representation vs. their potential for influence



Source: LinkedIn (Career path as reported by leaders on LinkedIn; no verification was conducted), expert interviews

Correlating women's participation across sub-sectors with roles of significant influence reveals a distinct pattern: positions holding the most potential for shaping organizational direction and policy currently have a low representation of women. Figure 9 reveals that service delivery and administration roles, despite their extensive span of control, predominantly fall within categories of limited influence, and these roles do not typically lead to CEO positions.

Without an adequate number of women in powerful positions to drive change through mentoring, advocating for talented women, and championing institutional policies, workplaces are less likely to be woman-friendly, resulting in lower women's participation and retention. A case in point is the significant proportion of leadership roles drawn from sales and operations, which are entrenched in a prevailing view that they are male-oriented domains, and known for their demanding nature that often do not align with women's lived realities.

Another interesting observation is evident in businesses focusing on the sale of medical equipment and pharmaceutical products, where the number of women working as sales representatives varies based on the medical specialty they serve and the gender distribution of doctors within those fields. For instance, fields with a higher concentration of female doctors, such as gynecology and pathology, tend to have a higher representation of female sales representatives.

Conversely, in historically male-centric specialties like orthopedics and cardiology, there is a noticeable male dominance in sales roles as well. This trend likely points to gender segregation within medical specialties, influenced by factors including, but not limited to, gender discrimination, socialization, lifestyle considerations, negative perceptions of male-dominated medical specialties, and a lack of female role models.

Leadership Archetypes & The Need for Tailored Strategies

Distinct sub-sectors of the healthcare arena reveal specific preferences concerning the type of leadership experience they value in prospective leaders. Drawing from a LinkedIn analysis of approximately 900[35] leaders occupying roles with a high potential for influence (marked by a broad span of control and pathways leading to the CEO position), Figure 10 defines three primary archetypes of people that are promoted to leadership roles across sub-sectors. This information, though gender-agnostic, can serve as a foundation consideration to increase women's leadership in these sub-sectors. It's important to note that these archetypes are only indicative and can differ from one organization to another.

Figure 10: Primary archetypes in healthcare leadership

Leaders grown from within	Sub-sector specialists	Leaders hired from outside
Certain sub-sectors demonstrate a preference for advancing their existing employees into senior leadership roles. For instance, over two-thirds of the leaders in pharma & biotech (business development, sales and marketing, operations and R&D) and medical equipment and supplies (sales and marketing, operations) were promoted from a more junior role in the same company.	In private hospitals and diagnostics, over three-fourths of leaders from the key roles – medical, sales and operations – have prior experience within the sub-sector and about half of them have advanced internally.	Over half of the leaders in key roles in health tech (sales, operations, business development and IT/tech) and pharmacies/distributors (operations) were recruited at a senior level from other companies. Further, roles such as HR, finance etc., which have a deeper functional depth than sector (tend to be similar in health and non-health settings), see recruitment from outside their respective sub-sector as well.

In Summary

An understanding of key leadership archetypes and concentration of roles with a high span of control offers insights into organizational preferences and potential barriers for women's career advancement—ultimately underscoring the importance of tailored strategies for talent acquisition and development within different sub-sectors.

Challenges intensify at CEO(-)2 levels across the healthcare sector, with CEOs being identified from functional domains with lower female representation. This creates a restricted pool for women ascending to top leadership roles. In private hospitals, where nursing department roles hold significant control but do not conventionally lead to CEO positions, women face limited opportunities for career advancement. These disparities in women's representation across roles with varying levels of influence further emphasize the need for a nuanced understanding of leadership archetypes within sub-sectors.

6. BREAKING BARRIERS:

WOMEN'S LEADERSHIP CHALLENGES IN HEALTHCARE

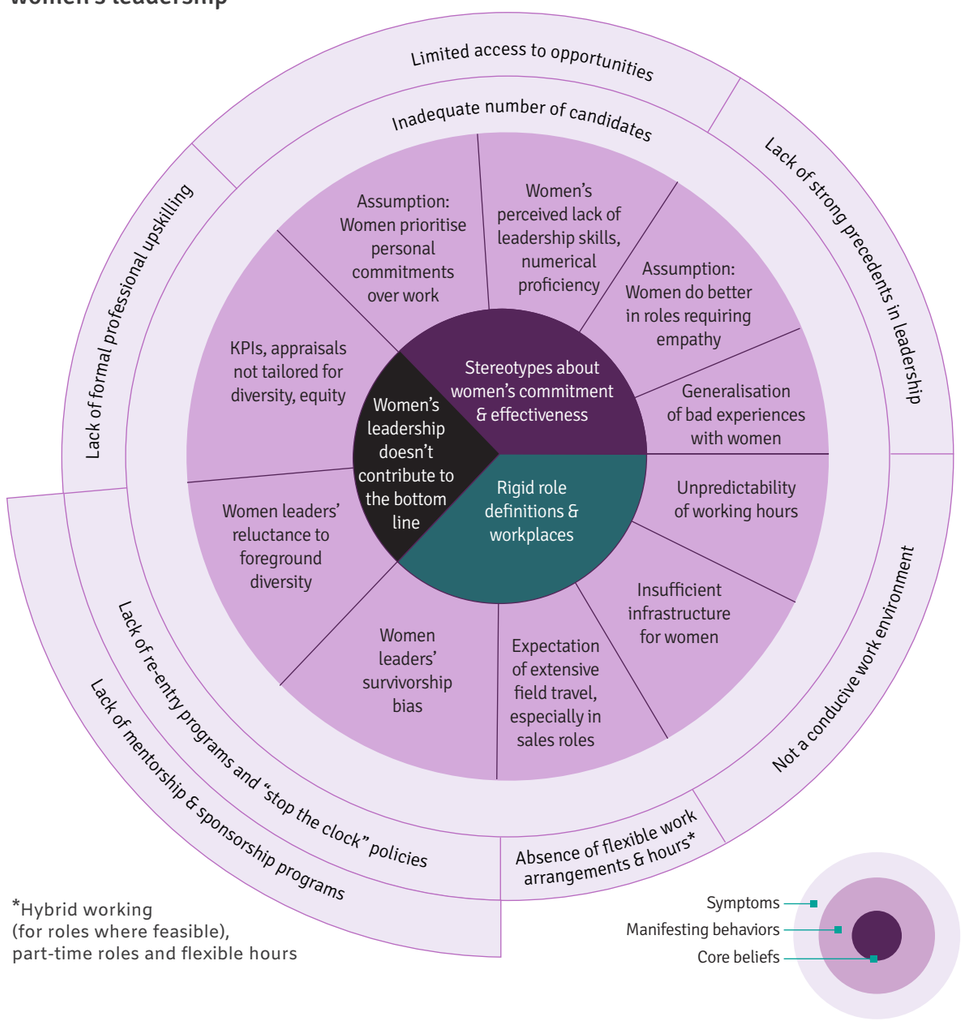
> When it comes to positions of authority and having men reporting to you, there are biases that come into play. Men aren't always open to getting instructions from women. They are not used to having female leaders.

SENIOR DIRECTOR
of a medical equipment organization

While quantitative data offers a glimpse into the extent of the gender inequity in healthcare leadership, it is the personal narratives and experiences shared by female and male leaders that provide a nuanced understanding of the challenges that women face. This report used interviews with over 30 leaders to uncover the challenges that hinder women's progress. While women in other industries also confront similar barriers, some barriers are particular to the healthcare sector.

To understand the characteristics of these barriers, this report uses a framework which identifies three core beliefs and, across them, charts the challenges women encounter. Moreover, it describes the sub-sectors and roles where these barriers are evident. This framework offers a nuanced and deep perspective on the barriers women encounter, facilitating informed strategies to foster gender equity in leadership across the healthcare industry.

Figure 11: Barriers, core beliefs and manifesting behaviors impacting women's leadership



BELIEF #1

Stereotypes about women's commitment & effectiveness

Deeply ingrained gender-based stereotypes consistently give rise to doubts about women's commitment and effectiveness in their jobs. These perceptions, which can be widespread, lead to **limited access to opportunities for women to advance their careers as well as a scarcity of female leaders as role models.**

The perception of women's low commitment to work often arises from the '**presumption that women prioritize family responsibilities over job commitments**' rooted in the historical undervaluation of women's labor and care work. For instance, some leaders might believe that women would not do justice to roles like Medical Superintendents and Heads of Departments (HoDs) in hospitals, which require round-the-clock commitment. This perception is not entirely unfounded, given that women disproportionately shoulder domestic chores and caregiving responsibilities. For instance, Indian women aged 25-44 spend an average of 8.5 hours per day on household or caregiving work, while men in the same age group dedicate less than one hour to these activities.[36]

This disproportionate burden of unpaid work acts as a supply-side constraint for their workforce commitments, and organizational policies, more often than not, fail to accommodate and address it.

There is also an underlying **assumption that women might not desire increased work responsibilities** because of their domestic obligations. Within sub-sectors like pharma and biotech, medical equipment and supplies, and financial institutions, these stereotypes limit women's career progression opportunities. Similarly, these preconceived notions stand in the way of women advancing to senior roles in business development, sales and marketing, information technology (IT/ tech), finance, human resources (HR) and administration. Investors are known to ask female startup founders about their plans to start a family while raising funding and they typically secure less funding compared to men. Such restrictive gender stereotypes act as demand-side barriers that hinder women from accessing job opportunities.

The notion of limited competence often stems from the **perceived inability of women to effectively manage men in subordinate positions.** This perception is closely tied to an existing binary that tends to equate leadership with aggression and assertiveness—considered masculine traits, while compassion, sensitivity, and kindness, considered feminine traits, are perceived as barriers to becoming a good leader. For instance, male employees are often hired for sales and

business development roles, while women are directed towards marketing positions, because of stereotypes regarding a woman's capacity to effectively lead large groups of men. Widespread discomfort towards women in authority and leadership roles results in a notable lack of female role models — a trend observable across two core beliefs. In several sub-sectors, a common perception exists that men may hesitate to accept directions from women and perceive women bosses as 'harsh' or 'unyielding.' When women ascend to leadership positions and manage predominantly male teams, especially if the team members are older, new challenges surface, stemming from the struggle to accept women in positions of authority, where respect doesn't always come automatically with the job title. This scarcity of role models is especially pronounced in sub-sectors such as private hospitals, pharma and biotech, medical equipment and supplies, and financial insurance. It leads to a lack of female mentors and role models for women. If more women occupied such roles, there would naturally be a greater pool of experienced individuals to serve as mentors. This inadequacy of mentors is not confined to specific sectors but extends across functional areas like business development, sales and marketing, and operations and supply chain departments.

The rise in venture capital funding and the trend of hiring MBA graduates for top executive roles have placed a greater emphasis on monitoring financial key performance indicators (KPIs). Some interviewees shared **a stereotype prevalent in their workplace that unfairly portrays women as lacking in leadership skills and numerical proficiency.** Often labeled as 'soft', women are erroneously believed to struggle with making tough decisions, thereby seemingly disqualifying them from C-suite roles. It is important to note that these predominantly male-dominated functions may foster a work culture that may need revaluation if the workforce becomes more diverse in the future. Unfortunately, not all see the benefits of such diversity and resist changes in their way of functioning. In certain industries, particularly healthcare, women are frequently steered towards customer-facing positions, with the gendered assumption that they have more empathy, which will lead to superior service delivery. This stereotype not only reinforces gender-based expectations but also overlooks the diverse skill sets and leadership capabilities that women bring to the table.

The belief that women's commitment and effectiveness at work are less than those of men can also manifest as the **tendency to generalize specific situations to encompass all women**. For instance, if some women choose to temporarily or permanently exit the workforce due to family responsibilities, it can be construed as a 'negative choice' that sets a precedent and impacts future women hires. In the same vein, if people in leadership roles have an objectively negative experience with one woman, there is a sector-wide

tendency to project this to the entire gender.

More **women are generally recruited for roles that have limited leadership paths**. For instance, hospitals recruit women heavily from the airline and hospitality industries and place them in customer service or recovery teams. In pharma and biotech, and medical equipment and supply companies, women are usually placed in research & development and quality assurance roles—but these tend to be smaller departments and rarely lead to C-Suite positions.

BELIEF #2

Rigid role definitions & workplaces

Deep set social norms of what women can/should do, and rigid role definitions in the workplace result in unequal organizational cultures, including unfavorable work environments and policies—which make it harder for women to enter the workforce and progress in their careers.

The **unpredictability of working hours and the expectation of extensive field travel,** particularly in sales roles that account for 50-70% of Project Management Professional (PMP) positions, can be significant deterrents for women. Factors such as extended waiting times at outpatient departments (OPDs), late-night meetings with doctors or distributors, and unexpected travel are realities of these jobs. They are also legacy ways of operating that don't account for the disproportionate burden they put on women which discourages many from even applying for these positions.

Roles in operations and quality are typically shop floor positions that entail substantial physical labor and can be based in remote locations. Working in a plant environment or manufacturing sites poses considerable challenges, including long and sometimes unconventional shift hours, extended periods of standing, insufficient infrastructure for women such as clean toilets and creche facilities. Some roles, particularly in operations, may require frequent relocation among manufacturing sites, which can discourage women from applying for these positions.

Safety concerns are paramount for women whether it is nighttime commutes, or travel to remote locations if working at a manufacturing site. Furthermore, the requirements for extensive travel, the quality of public transportation, and accommodation in sub-par hotels can adversely affect a woman's capacity to excel in her role. Such challenges, as noted by several interviewees, are particularly prevalent in sales, marketing, and business development positions.

This lack of gender sensitivity also results in a lack of flexible work arrangements, re-entry programs and ‘stop the clock’ policies, particularly in private hospitals, diagnostics, pharma and biotech and medical equipment and supplies sub-sectors.

The **absence of remote or hybrid work policies**, even when physical presence is not necessary, is a notable limitation. In healthcare settings like hospitals, there often exists a rigid 'swipe in, swipe out' culture with fixed work timings, which extends even to administrative roles.

In addition, the rigidity of work schedules that do not **accommodate personal commitments** is also a concern. Additionally, there's **a lack of part-time positions and job rotation opportunities**, especially during significant life transitions that require family leave or sabbaticals.

These barriers are amplified by a preference for leaders with direct field experience, particularly in roles tied to sales and operations, business development, and operations in the pharma and biotech and Medical Supplies and Equipment sub-sectors. The scarcity of women in these departments perpetuates a cycle, making such roles less attractive to potential female candidates. This lack of internal upward mobility for women leads to a notable absence of female leadership at the highest levels of the organization.

Interview respondents often highlighted mentorship and sponsorship programmes as an important initiative that has the potential to advance women into leadership roles. Respondents reported that they often faced problems in getting advice and guidance about their professional development. and career growth. The mid-management phase is a critical juncture in a professional's journey, frequently accompanied by significant life events like marriage, parenthood, or tending to elderly family members. Guidance from a mentor who has undergone similar life transitions can provide invaluable support in navigating these challenges.

Some interviews highlight a lack of empathy and support from female leaders towards their female colleagues in addressing professional challenges. Some women leaders, rather than acting as agents of change, align with patriarchal biases, overlooking negative biases against female employees and dismissing the constraints women face at work. Some women leaders may deny the existence of poor gender diversity within their organizations all together, perceiving their advancement as strictly meritocratic, despite evidence to the contrary.

This phenomenon, known as survivorship bias, occurs when women attribute their accomplishments solely to their actions or characteristics, overlooking the role that external factors may have played. They assume that other women can easily follow their path without recognising the systemic barriers that continue to constrain women. As noted by a medical superintendent at a leading private hospital in her interview, this unintentional mindset can inadvertently equate parameters of success with traditional masculine definitions of leadership.

BELIEF #3

Women’s leadership doesn’t contribute to the bottom line

A major barrier is the core belief that Diversity, Equity and Inclusion (DEI)—and by extension, women’s leadership—does not contribute towards an organization’s profitability and hence can be deprioritised. This belief results in an overarching lack of monitoring and accountability for diversity initiatives within the sector, with pharma and biotech faring relatively better than other sub-sectors. In the dynamic environment of start-ups, where meeting key performance indicators (KPIs) is paramount, an emphasis by investors on monitoring diversity and gender equity initiatives could drive change.

The absence of reintegration programs to assist women who take a career break for personal reasons is a significant challenge. This is most prevalent in the private hospitals, health-tech companies, health NGOs, and financial institutions. During these periods of absence, women can fall behind in terms of skills, networks, and job seniority. Thus, while it is important to adopt a robust maternity leave policy, it is crucial to also consider how women can be meaningfully reintegrated when they decide to return to work.

> Most women are exhausted by the time they reach leadership because of the constant fight for their place in home, society and work. [But they] continue working for recognition, new challenges—[more] than for money.
>
> **CEO & TECH ENTREPRENEUR respondent**

Women who make it to leadership positions, against all odds, rarely make public appearances, and when they do, they tend to tread cautiously, and avoid confronting diversity issues. This stems from a concern that drawing attention to issues of diversity may diminish their authority. There is a pervasive belief within the sector that advancements are not always based on merit and the lack of public dialogue around gender (in)equity can even lead some men to mistakenly assume that women advance up the career ladder based

purely on their gender. Addressing this issue requires the presence of female role models who can candidly share their personal and professional struggles without fearing that it will minimize their leadership image.

Finally, a weak sectoral narrative on the importance of gender equity has resulted in a lack of formal professional development and skill enhancement. Again, this is most prevalent in private hospitals, health-tech companies, health NGOs, and financial institutions. This challenge manifests in multiple ways:

→ **A lack of formalized programs** designed to prepare mid-management employees for leadership roles.

→ **A lack of investment in upskilling** employees beyond the technical skills required for their current positions. Few companies have a well-defined Learning and Development plan customized to an employee's tenure and role.

→ **An appraisal process, predominantly focused on salary hikes** and bonuses, with limited attention to developmental goals and future career opportunities.

These structural issues collectively hinder women's career growth and skill development within the workforce.

In Summary

Understanding gender inequity in healthcare leadership involves recognizing core beliefs hindering women's progress. Stereotypes about women's commitment and effectiveness create doubts about their suitability for leadership roles, influenced by the historical undervaluation of women's labor and caregiving work. These biased beliefs further contribute to a scarcity of female role models, thus reducing mentorship opportunities. Rigid role definitions and workplace cultures, such as unpredictable working hours, extensive field travel expectations, and physically-intensive roles discourage women from applying in the first place. Safety concerns, lack of gender sensitivity hinder their advancement, particularly in sales and operational roles. The absence of flexible work arrangements, re-entry programs, and remote work policies, create challenges for women returning to work after significant life transitions. While some female leaders demonstrate empathy and support for peers navigating personal challenges, survivorship bias is reflected in many successful women who attribute achievements solely to personal effort, perpetuating a disregard for systemic barriers. Finally, a prevailing belief that diversity initiatives don't enhance profitability results in a lack of accountability.

7. DRIVING CHANGE:

ENABLING WOMEN'S LEADERSHIP ADVANCEMENT

Addressing the deeply ingrained beliefs and the symptomatic challenges faced by women on their leadership journey in the healthcare sector requires holistic interventions. Based on the research and interviews with healthcare leaders conducted for this landscape report, several enablers have been identified. Some have already been implemented with promising outcomes. These enablers provide a blueprint for a suite of potential solutions. By adopting these strategies at both the organizational and policy levels, it's possible to pave a more equitable path for women's advancement to top-tier positions in healthcare.

Organisational-Level Solutions

The solutions described here have been explored across healthcare sub-sectors and categorized based on three intervention stages:

1. Recruitment

Creating a safe, bias-free recruitment process for potential women leaders to showcase their talent is an essential to every recruitment process, especially for high level positions. Some interventions to realize this include:

→ **A balanced set of resumes,** with 2+ women candidates interviewed per role.

→ **Incorporate diversity in interview panels** to minimize unconscious bias and create a more welcoming environment for women candidates, and candidates from other minority groups, thereby attracting diverse talent.

→ **A wider recruitment pool** with diverse talents in campus recruitment drives.

→ **Improved transport arrangements** including quality hotels, air travel etc. while inviting candidates for interviews.

> Finding qualified women for entry and senior roles in tech is a challenge, compounded by the fast-paced nature of startups and their need to quickly fill job openings to meet aggressive goals.
>
> **CHRO**
> **of a health-tech company**

2. Retention

To avoid high attrition rates for women employees and leaders, it is necessary to create a safe and inclusive work environment. This could be realized through:

→ **Ensuring workplace safety for women**, including a robust and effective grievance redressal mechanism.

→ **A zero tolerance for harassment policy** with strict enforcement of the Sexual Harassment of Women at the Workplace (Prevention, Prohibition and Redressal) Act 2013 internally and externally with vendors/customers.

→ **Informal women's support** like networking groups. For instance, some companies have organized speaker series and mentorship/ sponsorship opportunities.

→ **Diversity as a key result area metric (KRA)** for those in leadership positions. Some organizations have used this to drive collective accountability.

→ **Flexible work options** including remote and part-time work. Inclusive sabbatical and parental leave policy, bolstered by an organizational culture that supports availing them.

→ **Women-friendly workplace infrastructure** which includes clean and separate toilet facilities, lactation rooms, creche facilities, etc.

→ **Customized internships, consultancy roles, and part-time job opportunities,** among other re-entry strategies, to reintegrate women into the workforce. One such approach could be 'second innings' career relaunch programs designed for women looking to rejoin work, incorporating structured training and peer-support mechanisms.

→ **Annual surveys on employee experiences,** tracked by the company and translated into action.

> Decisions are innovative when diverse voices are at the table.
>
> **DIRECTOR**
> **of a health services company**

3. Advancement

Ensuring the seamless reintegration of women into the workforce after career breaks due to personal care responsibilities, without penalizing them in their career progression, is crucial for the advancement of women employees. Additionally, quality learning can facilitate women to develop and sharpen their skill sets, which helps them better lead teams and organizations. Some interventions to this end include:

→ **Customized opportunities for employees** to develop skills and training programs tailored to their career path and tenure.

→ **Formal mentorship/sponsorship programs** to help guide professional growth. Some companies have formal employee resource groups that represent and advocate for specific members, including workers from marginalized and LGBTQIA+ communities. These groups solve for barriers and can actively drive change in the way an organization functions.

→ **Educational support for graduate degrees** from reputed institutes for high performers.

→ **Structured job rotation programs** to help employees build functional and relevant skills.

→ **Internal job opportunities board,** tracked by employee resource groups which check for roles where minority groups are underrepresented and recommend internal advancements.

> Organizations don't invest in grooming their own people [so] there is poor representation in senior roles. This is the reality for most companies.
>
> **CONSULTANT**
> **at a health services company**

Policy-Level Solutions

Effective policy level action can inspire individuals, businesses, and organizations to align their strategies and behaviors with the goals and priorities outlined by governing bodies.

1. Mandates
Legislative mandates by the central or state government play a crucial role in compelling organizations to take measures to enhance women's leadership representation. For instance, laws to establish minimum quotas for women on boards, transparency regulations and diversity policies can serve as powerful drivers for organizational change. Stricter comply-or-explain provisions in corporate governance codes further emphasize the importance of gender diversity.

2. Incentivize
Governments can promote diversity in senior leadership through initiatives to raise awareness on board diversity in listed companies. For instance, the Japanese Ministry of Economy, Trade and Industry collaborated with the Tokyo Stock Exchange to introduce "Nadeshiko Brands," wherein companies that encourage women's empowerment and leadership are highlighted as attractive investment opportunities. Governments can also create tools to incentivise companies by publicizing, celebrating or rewarding diversity in firms. For e.g., certificates in Argentina and Japan, a Memorandum of Understanding between UNFPA and South Korea, and various awards in Australia and the United States.

3. Intentional Public Commitment
Explicit statements by industry bodies and confederations challenging gender essentialism and highlighting the absence of evidence for gender-based differences in technical ability can help shift attitudes about women's leadership. Scientific and medical societies could commit to inclusivity and balance in their conferences, panels, organizing committees and attendees.

4. Reform
Governments can facilitate change by reforming legal and policy frameworks. For example, France introduced a gender equality index to evaluate companies' diversity policies and Switzerland mandates wage equality audits.

5. Additional Research
Organizations, industry associations, governments, and other key players should prioritize further research on aspects of women's leadership in the healthcare sector. Such studies can serve as compelling evidence, encouraging sector stakeholders to acknowledge the broader benefits of elevating more women to leadership roles.

In Summary

Addressing entrenched beliefs and challenges faced by women in healthcare leadership demands holistic interventions at the organizational- and policy-level. Organizational strategies can include bias-free recruitment, diverse interview panels, and inclusive workplace initiatives. Retention efforts to plug women's attrition rates can focus on safety, zero-tolerance harassment policies, and flexible work options. To further women's advancement, strategies can involve seamless reintegration after big breaks, skill development, and mentorship. Policy-level solutions encompass legislative mandates such as transparency regulations, government-backed diversity incentives, industry-wide public commitments to challenge gender stereotypes and legal reforms. Such solutions necessarily need collaboration between organizations, governments and industry associations—towards more equitable healthcare leadership paths.

8. WAY FORWARD:

A ROADMAP AND CALL TO ACTION

This landscape study offers crucial insights into women's leadership representation within the private formal healthcare sector and its sub-sectors in India. It presents data, highlights key barriers and identifies potential opportunities for improving women's representation in leadership roles, with the aim of establishing gender equity as the norm within the sector.

This study also inspires a roadmap for the future. It underscores the critical need for collecting gender-disaggregated data, not only to track pay parity but also to identify nuanced disparities within industries and across employment levels. This data-driven approach forms the foundation for informed decision-making. The call for similar analyses extends to the public health sector, emphasizing the need for transparency achieved through tracking, documentation, and dissemination of diversity, equity, and inclusion outcomes.

This research establishes a replicable framework that not only holds relevance for the healthcare segments not covered in the study but also has the potential for applicability across disciplines such as law, economics, and the STEM domains as well as sectors including philanthropy, non-profits, social enterprises and community-based organizations spanning various thematic areas.

Furthermore, the study underscores the need for robust tracking, documentation, and dissemination of DEI outcomes to foster a culture of transparency and accountability. Establishing a dedicated platform for sharing best practices and lessons learned among organizations and stakeholders is also a priority. This knowledge-sharing platform could serve as a pivotal resource for piloting innovative solutions. Collaboration with lighthouse healthcare organizations recognized for their successful DEI initiatives will be instrumental in driving these innovations forward.

Finally, this study advocates for a broader advocacy effort in the healthcare sector for gender equity. We acknowledge that the problem—absence of women in leadership roles—stems from deeply-ingrained patriarchal structures in society, a challenge that cannot be easily overcome. The journey can be accelerated if industry bodies, organizations and employers actively implement strategies that support women employees in navigating and mitigating the impact of these entrenched societal norms, especially within the workplace. Ultimately, this report advocates for a collective, sector-wide effort to challenge deeply ingrained patriarchal structures impeding gender equity.

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