CELEBRATING WOMEN’S VOICES IN THE WESTERN PACIFIC REGION

LEADERSHIP, DIVERSITY AND HEALTH
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The road towards great gender equality is long. In WHO’s Western Pacific Region, progress has been made over the last decade and more, but we still have a long way to go.

Our Region’s vision document, For the Future, recognises that to achieve our ambition of becoming the healthiest and safest region, we need to ensure that all people – women and men, and boys and girls – have equal chances and opportunities. We cannot achieve our vision of being the healthiest and safest region while ever inequity persists.

We are fortunate that the Western Pacific Region is home to many wonderful women leaders, who, in their own contexts and unique ways, are helping to make our Region safer and healthier.

Celebrating Women’s Voices in the Western Pacific Region shares the experiences and stories of some of these women. This collection of stories shows that there is no simple or one-sizes-fits-all approach to leadership: rather, in this publication we celebrate women from different communities, of different ages, in different jobs and with different levels of responsibilities.

As Regional Director for the Western Pacific, I am personally committed to gender equality. I firmly believe in the value of diversity. Gender equality and women’s empowerment not only benefits women and girls, but organisations and societies as a whole. I am also very proud that the proportion of female staff in the professional category within the Western Pacific Region has increased from 32% to 54% in the last ten years.

I hope that young people in our Region reading this collection of stories will be inspired by the role they too can play in shaping a healthier, safer and more equal future for all.

Takeshi Kasai, MD, Ph.D.
Regional Director for the Western Pacific
World Health Organization
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## Abbreviations

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<tr>
<th>Abbreviation</th>
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<tr>
<td>ARV</td>
<td>antiretroviral</td>
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<tr>
<td>FSM</td>
<td>Federated States of Micronesia</td>
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<td>GDP</td>
<td>gross domestic product</td>
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<td>HRT</td>
<td>hormone replacement therapy</td>
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<td>LF</td>
<td>lymphatic filariasis</td>
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<td>MAC</td>
<td>Malaysia AIDS Council</td>
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<tr>
<td>MSF</td>
<td>Doctors Without Borders (Médecins Sans Frontières)</td>
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<td>NCC</td>
<td>National Cancer Center of Korea</td>
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<td>NGO</td>
<td>nongovernmental organization</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>TB</td>
<td>tuberculosis</td>
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<tr>
<td>SARS</td>
<td>severe acute respiratory syndrome</td>
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<td>TDF</td>
<td>Tropical Disease Foundation</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>XDR-TB</td>
<td>extensively drug-resistant tuberculosis</td>
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Celebrate
Elva Lionel

Deputy Secretary for Health
National Health Policy and Corporate Services
National Department of Health
Papua New Guinea

For Elva Lionel, leadership is about inspiring others to work cooperatively and effectively towards a common goal: “You’ve got to be competent in the areas you’re going to provide leadership in... You have to know a particular area well in order to provide leadership and be competent. You also have to make sure that [to] the people who you will be working with... you are inspirational and have effective management so you work as a team.” Cultural sensitivity and respect are also important, as is respecting those you work with so that you inspire respect in return.

“In some parts of our country there’s still very strong [traditional cultures], whereas in others, through education and exposure, things have changed a little bit... For instance, where I come from people have been exposed to modern living so they are not so strict, whereas in other parts of the country, culture and tradition [are] still very strong. In Papua New Guinea there’s a bit of diversity in terms of cultural tradition, including diversity in how they view gender equality and expectations of women... As a principle, we try to respect each other and when you get the other person on board there’s no discrimination.”

Elva started out working on rural development and improvement projects before coming to the Ministry of Health. Her work implementing these projects included assisting in the
improvement of health service delivery, building health centres and supporting procurement of supplies. The project led to improved health facilities and Elva is to this day proud of her contribution to this. “These were the days when there was transition from rundown health centres to improved health centres with good communications and connected water supply... These are things that make a real difference to people’s lives.” Her team worked to link these projects together, promoting a sector-wide approach that contributed to a coordinated and sustainable mechanism to manage the network of health centres.

Elva understands the difference women’s leadership makes to the health sector: “I think women’s leadership in health is important in living healthily and preventing diseases. If you think about it, women are at the core of the family... So having women in leadership can have a great impact in terms of influencing policy-making in health... Bringing their needs into making health services and policies and programmes from a woman’s perspective.”

“As a woman you must know the environment you work in. Like in leadership generally, in health you have got to know the health system, you’ve got to know the government system, you’ve got to know how the administration works at this level and then bring in the woman’s perspective. That’s how I describe it. It helps in a big way when you look at a policy document presented to you... You think about bringing in the woman’s perspective, and you also think about women in all their diversity, from different cultural perspectives, and in different settings.”

Elva credits Dr Jane Thomson as the person who brought her into the health sector and one of the women who has inspired her in her career. “In a way, she was a very workaholic woman. She has a family but she was always present in the workplace for support... She has retired but the relationship is still there. She is always there to give me some encouragement.”

Elva’s advice to younger women is to commit themselves to whatever career pathway they choose to go down. “Strive to excel and try to have a balance between career and family life. Commit to achieving what you want.” She returns to her earlier advice about what constitutes a good leader: “What’s important is you have to be consistent – to hear out and respect your staff.”
I never think about leadership or being a leader, just how I can assist people. I just use all my heart to help.

If you give people fish they will eat for a day, but if you teach them to fish they will feed themselves for the rest of their lives. This well-known quote is frequently used by Chunying Lin to capture the spirit of the Sino–West Africa Heart Centre for Cooperation Project. The project supports Ghanaian doctors and nurses to undertake a 12-month training programme in China, building their skills to perform a range of cardiology procedures, including coronary angiography, coronary artery stent implantation and pacemaker implantation. Chunying is proud of the project’s achievements to date. “So far, more than 10 doctors have been trained and can now perform these operations. Ghana now has a cardiologist team who are able to provide needed services.”

Cardiovascular diseases are a major cause of death for adults in the African Region, often remaining undiagnosed and untreated. For this reason, the project has aimed to embed specialist knowledge within local medical services rather than simply bringing in external experts like Chunying to perform the surgeries themselves. “If you teach Ghanaian doctors the techniques and give them the knowledge it will help improve everyone’s lives. We have doctors from Ghana who come to China to train for a year to learn the techniques, knowledge and skills required to be a specialist. But they are also building capacity to be leaders in the field, so in this way we are also providing medical leadership training.”
Chunying first travelled to Ghana in 2011 and since then has returned every year, the last three as the leader of the China Medical Team. The project was born out of the need to build the capacity of local medical professionals to treat cardiovascular disease themselves. “In the past, lots of countries had donated equipment but the medical professionals had no training in how to use them. The problem wasn’t that they lacked machines, it was that they lacked the training.”

In addition to supporting Ghanaian doctors to undertake training in China, the project has also provided in-country capacity-building. “In the past, operations would be performed behind closed doors and the Ghanaian doctors were not able to learn. But we have opened the door and let the Ghanaian doctors and nurses in so that they can learn how to do it themselves: how to do the operation, how to manage the patient in ICU – all of it.”

Since 2015, Chunying has overseen more than 30 operations in Ghana. “It is a challenge because often the right equipment is not there, so we need to bring it with us. It has been difficult, but the project has been successful. It is a lot of work because things like open heart surgery require a big team – six doctors, nurses – so there is a lot of capacity to build.”

For Chunying, good leadership is about supporting others to learn and grow. This means knowing how to motivate others, as well as building their capacity to take charge of new challenges. She finds inspiration in the work of Mother Teresa supporting those experiencing poverty and hardship. “I think it is not enough to just have love. We must support people to learn how to alleviate poverty, to get rid of disease.”

Chunying believes that women’s leadership is particularly important in ensuring that the health needs of women and children are not forgotten. “Women leaders in the health field often pay more attention to things like early detection of breast cancer and cervical cancer, the prevention and treatment of AIDS, children’s malnutrition and children’s congenital diseases.”

Her advice for young women seeking to become leaders is to cultivate a strong will and an inclusive heart. “My advice for any woman in leadership is to keep your eyes and ears open. Good leaders support others.” For Chunying, this leadership approach has been part of what has made her work in Ghana so successful. “I never think about leadership or being a leader, just how I can assist people. I just use all my heart to help.”
Jiko Luveni wished to see more women alongside her in positions of leadership. “Because I was the first woman Speaker, I grabbed the opportunity to show other women that a woman can take that leadership position and to know that other women can do the same. I want to encourage women to support other women who would like to reach leadership positions, particularly in politics – to become Ministers, to become Speakers, even to become Prime Minister. If that is the high limits women can aspire to reach, then it is more likely women themselves can support women to get there.”

A champion of the SDGs, Jiko was passionate about encouraging women to value the contributions they make to their communities and to society. “One of the issues in promoting gender equality is that you need to particularly strengthen the capacity of women to address health issues, and to value the inherent skills they have. They may not be formally qualified, but they have inherent skills acquired from being a woman in charge of a family, who has brought up family members of different age groups. To me, a priority is to inspire women to value themselves and their capacity to improve the health of their family members, and this translates to the community and to the nation in general.”

“I’m always saying that when we achieve empowerment of women and gender equality,
this will translate to the achievement of all the other SDGs, because we are empowering the other half of the population, ensuring that no one is left behind. Men are increasingly realizing this, and we need to garner their support for women in achieving the SDG goals, and SDG 5 [Achieve gender equality and empower all women and girls] in particular.”

Jiko spent her lifetime paving the way for other women. In the 1960s she became the first woman to graduate as a dentist from the Fiji School of Medicine. Inspired by the senior girls at her secondary school who had gone on to tertiary qualifications and interesting professions, Jiko wanted to prove to herself that she could succeed in a male-dominated field. “I took it as a challenge and probably this is why I was able to achieve it... I had to prove to the population and to the male dentists that I was able to do it. I did exactly what the male dentists did. They drove the dental mobile that visited the schools, so I drove the dental mobile that visited the schools. They went on their own to the rural areas and treated all these big people, including men, for instance. People thought you needed to be powerful and strong to extract teeth, but I said no, this is not the case, it is about tactics, and I am able to do it as a woman... I wanted to prove to other women, to other girls, that they can also be dentists and to put more focus on preventive dentistry. That was the beginning of having more women dentists in Fiji.”

Across her career, Jiko oversaw countless initiatives to progress gender equality in Fiji. This included institutionalizing women’s groups in communities so that women have the structures and facilities to develop their leadership skills to contribute to development activities. As Minister for Women, she initiated the Declaration of Violence Free Communities in Fiji, which strengthens community capacity to prevent and reduce violence against women and children. More than 50 communities signed on under her leadership to undergo empowerment programmes lasting up to 12 months or more, with significant reductions in violence reported by the police in these communities.

She also created Fiji’s Speaker’s Debates conducted every other month to bring together a range of stakeholders to address the SDGs. Parliamentarians, including ministers, shadow ministers from the opposition, the private sector, civil society organizations, academics and relevant stakeholders act as panellists. The question and answer sessions give citizens the opportunity to directly question Ministers on how they are progressing with the implementation of the SDGs. The debates are becoming increasingly popular in Fiji and gender equality is always an important
consideration when selecting panellists. Jiko also oversaw the development of Fiji’s gender toolkit – adapted from the Inter-Parliamentary Union toolkit – that is utilized by all Standing Committees of Parliament to scrutinize proposed bills and review government budgets and programme implementation, to ensure there is significant increase in women beneficiaries.

Jiko highlighted the importance of leaders influencing others to aspire to also become leaders in their areas of responsibilities. She viewed leadership as being about building the trust of others and investing in ongoing relationships with those that you lead so that they know you care about them. “You also have the confidence to make decisions that make positive differences, and must be ready to defend that decision if needed. Leaders should have the skill to influence people to agree to follow your direction, which should be based on experience and knowledge. This can only happen when the people you serve trust you and know that you care for them, and that you are not being a leader merely to serve in a position that has been given to you.”

Jiko passed away in December 2018, but her legacy and achievements live on. In 2019, she was posthumously bestowed the WHO Global Health Hero award during the seventy-second session of the World Health Assembly; the prestigious award was received by the Minister of Health and Medical Services of Fiji on behalf of her family.
As a woman leader, I encourage our team to smile and be warm and friendly when delivering services.

Shunhua Zhang
Ophthalmologist and Member of the China Medical Team
China

As a young graduate ophthalmologist, Shunhua Zhang never imagined she would end up leading a team of health professionals performing life-changing surgeries in communities around the world. Passionate about helping others, from 2010 to 2011 she provided more than 2000 free cataract surgeries in China, working across Henan, Guangxi and Sichuan provinces. This work did not go unnoticed and in 2014 the National Health and Family Planning Commission (National Health Commission) approached Shunhua and her team to develop what would become the successful Brightness Journey in Africa Project. The project, funded by the Chinese Government, provides free cataract surgery to people in countries where the high cost of surgery makes it otherwise prohibitive.

“When I did the first [pilot] project, I drew up a protocol... Now there are many Brightness Journey projects every year in different parts of Africa, Asia and the Americas. And this project has benefited many cataract patients.”

Cataracts are one of the most common causes of blindness across the world. To date, Shunhua’s teams have performed more than 1300 surgeries. “In 2014, we did more than 300 free cataract surgeries in Ethiopia. In 2015, we did more than 200 free cataract surgeries in Mauritania. In 2016, we completed more than 500 free cataract surgeries in Sri Lanka. And in 2017, we did more than 300 free cataract surgeries in Laos.”
During each trip, the team trained local doctors so that future patients would be able to benefit from the programme long after the team had left. The team also provided the phacoemulsification equipment necessary to perform the surgeries. “In each project, we bring the phacoemulsification equipment to the country and introduce the technique to the hospital. We perform a number of free cataract surgeries and we provide a training programme to the doctors in that hospital. We hope more patients can access surgery opportunities after we leave because the surgery can now be done by the doctors in that hospital.”

For Shunhua, the most rewarding part of her work is seeing her patients smile once the surgery is complete, many of whom have been without their vision for many years. “After we’ve removed the cover from their eyes they can see the world clearly again… I feel incredible happiness every day when I see the post-operation patients. It is an incredible feeling.”

Reflecting on her career, Shunhua recognizes the many opportunities she has had access to. “I’m very lucky. I graduated from the best medical school in China and I became an ophthalmologist in the best hospital in China. I had many opportunities from my chief and colleagues in our department.” However, she acknowledges that in many sectors, including health, women are not always given equal educational or employment opportunities as men. From her perspective, there are two components that must come together to address this. While women need to work hard and show their potential as leaders, more needs to be done to support women to take on leadership positions. This includes rethinking societal attitudes around women in leadership and providing women with more opportunities to demonstrate their leadership skills. “Those two aspects are equally as important.” For Shunhua, one of the biggest obstacles to achieving gender equality in health is overcoming negative social attitudes and perceptions about women and leadership, and about what makes a “good leader”.

Shunhua believes that part of what has made her project so successful is the warmth and compassion her team brings to their work. “The health field is a very complicated field. It’s a mixture of science and humanity… As a woman leader, I encourage our team to smile and be warm and friendly when delivering services.”

Her advice to young women entering the health sector is to keep their compassion and warmth, particularly as they move into positions of leadership. “As a leader, everyone wants to show their strength and power. But there is a saying in China: “Use softness to overcome hardness, just like water.”
Among her many accomplishments, Adeeba Kamarulzaman is particularly proud of her contribution towards the adoption of a harm-reduction approach in Malaysia as part of the country’s response to the HIV/AIDS epidemic. “I was able to convince the Government to initiate and implement the harm-reduction programme – the methadone and needle exchange HIV prevention programme for people who use drugs. This has proven to be successful in terms of reversing the HIV epidemic amongst people who use drugs in Malaysia. It’s still an ongoing problem but [the approach] is entrenched as an accepted programme and policy in Malaysia now.”

Reflecting on the challenge of introducing this new approach, Adeeba believes that a collaborative leadership approach played a strong role in helping to overcome barriers and resistance. “In putting forward what at the time was a somewhat controversial idea that was going against the grain, we succeeded by getting together a group of like-minded people from different spheres. Some were lawyers, some were pharmacists, so it wasn’t just a medical voice. That was one of the key reasons why we succeeded... The key to our success was being collaborative, persistent, and believing that what we were doing was the right thing to do despite the opposition and obstacles.”

“I have set my eye on the big prize but each small achievement – each small plus – is worth celebrating.
Looking back on her professional life, Adeeba recognizes that while she could have spent more time planning her career instead of leaving things to chance, her focus, persistence and tenacity have been key drivers of her success. “Once I set myself on something, then I focus on it and I don’t give up too easily. If I think that whatever I’m pursuing is worthwhile and I know that I’m right, I try and overcome any obstacles that come my way.”

This is her advice for young women in the early days of their careers: “You’re definitely going to fail, big time or small time. But if you think your end goal is something that’s worth achieving, then take it in your stride and find a way of overcoming those barriers and go for it. Having supportive family and friends is also extremely important. People who can support you through thick and thin.”

Looking towards the future, Adeeba believes a refocusing of how nurses are valued in the health sector is one of the priority issues in achieving women’s empowerment and gender equality in the health sector. “Talking about the hierarchical ladder in medicine, although nurses play a very important role, they don’t have that same level of respect… In terms of empowerment, nurses and allied health professionals need to be at the same table as the doctors much more than they are at the moment.”

An important step to seeing change in this area is for nurses themselves to speak up. “I like to tell the story of when I was training in my undergraduate days in Melbourne, when the nurses there went on strike for six months or more… I, as a medical student, had to do nursing duties and that made me appreciate the role of nurses. After that protracted strike, nurses in Australia in general were recognized as being professionals in their own right much, much more. I’m not saying that it’s necessary to go on strike, but having that voice is important.”

While the road to success might seem long, her advice to those in the health sector and beyond is to keep motivated and celebrate small milestones along the way. “I’m a very optimistic person by nature. I see even small wins as being a building block to something bigger. I have set my eye on the big prize but each small achievement – each small plus – is worth celebrating.”
During her time in the Australian Parliament, Nicola Roxon oversaw a number of pivotal achievements that garnered national and international attention. As Health Minister, Nicola led efforts to introduce tobacco control measures, including the world’s first plain packaging legislation. However, some of her proudest achievements are the ones that did not receive the same level of international attention: “[The] ones that recognize the work that women health workers do in areas where they were already far and away the best and most experienced experts in a particular area, but had never been able to be recognized on an equal footing with some of the medical professionals who had traditionally been male.”

This includes proper recognition throughout the health-care system for midwives and acknowledgement of the growing role nurse practitioners play in the health-care continuum. “Because both nurses and midwives have traditionally been women, they’ve always been seen in a hierarchy where the male GPs [general practitioners] and obstetricians were somehow seated at the top of the tree and they weren’t. Whereas we were able to change the system so that they were recognized for their really high levels of skill and experience. And I’m proud of that, because it helps change the dynamic and properly recognize what women are doing in the health sector, but often without proper recognition.”

For Nicola, leadership offers opportunities to bring these otherwise neglected issues into the spotlight.

“We don’t need to despair that there’s a shortage of capable women around. They’re everywhere, bursting to do the next thing.”

Nicola Roxon
Former Health Minister and Attorney-General
Australia
“The most exciting thing about having the opportunity to lead, whether it’s on an issue or a group of people, is the ability to bring people together for a particular cause. To be able to harness what might be energy across lots of different areas where it just needs to be brought together in a particular way.”

Nicola recognizes that these issues will look different for different people around the world, but sees a common thread in terms of basic dignity and health equity. “I think we really have to remember to keep striving for the basic dignity of women being able to control their own lives and their selves and get proper care and support for doing that. And we want men and women to be able to actively participate in the health and development of their children and the communities that they live in.”

It can be easy to overlook the importance of ensuring basic equality, particularly in countries like Australia with higher equality indicators. “You can catch people sometimes saying we’ve got equality. When, actually, women still do not get paid the same as men. Our education system is really good at doing a fabulous job for girls, but reality hits very quickly once you’re in the workplace that all the things you’re hearing are supported aren’t actually delivered everywhere. Whether it’s freedom from harassment and discrimination, or the more serious risk of sexual assault and violence in the workplace, at home, in the community, it’s worth remembering that everything isn’t yet as good as we’d like it to be.”

“You hear people sometimes say feminism has served its purpose. I just don’t think that job is yet done... We’ve still got a fair way to go to make ourselves a genuinely equal and welcoming community where everyone can live a fulfilling life to the best of their ability.”

Nicola has had the good fortune to work alongside a number of women who have inspired her during her career. “I was really privileged to work with Australia’s first female Prime Minister – really, really gutsy and passionate and compassionate. Working close up with Julia [Gillard] was a pleasure. She didn’t always get treated fairly herself, and that was a barrier that was being broken down at the time as well.”

“I also in my early career worked for the first female High Court judge [Mary Gaudron] and she was an amazing force of nature.”

“But for me the most powerful thing has been my mother. I grew up in a family of three girls and my mum. My father died when I was quite young. I think she really walks the talk that girls can be encouraged to do everything and anything that they want to. That gives you a basic confidence in life that is not necessarily always instilled in you from the rest of the community, so it’s hard to go past that.”
These experiences helped develop Nicola’s appreciation of the many different approaches to leadership. She believes ideas of leadership are slowly expanding to include styles that are more collegial and gentle, though there remains some resistance to this. “I don’t mean that’s always women; men too who are taking a different approach are sometimes still a bit misunderstood for the strength and vision of what they’re doing because it doesn’t fit what’s been a classic model of strong and loud and decisive.”

A key lesson Nicola has learnt over her career is the value of incremental progress. “It’s really important to be encouraged to aim high. But it’s also really important not to try to be a perfectionist. Because for people wanting to deliver change, getting change of any type – sometimes gradual, sometimes dramatic – is better than getting no change. You want idealism, but you don’t want so much idealism that it gets in the way of seeing that important steps can be made on the way to bigger change. That’s a hard balance, mostly achieved not within yourself, but by having the young and old, the new and experienced working together.”

This brings her full circle to her earlier point about remembering the importance of basic equality. “We just can’t assume that everybody has heard that message because it’s been raised for a long time... We really need to look at how to help communities – women in those communities – take that next step. And then celebrate that, and still be there to build support for the next step after that. It’s going to be a long journey, but the benefits for the health and well-being of those women in those communities is so worth it that we need to encourage people to stay committed to developing and improving the circumstances of women and girls around the world.”

Reflecting on the long journey ahead, Nicola is optimistic about the state of women’s leadership. “We don’t need to despair that there’s a shortage of capable women around. They’re everywhere, bursting to do the next thing.”
Inspire
Myriam Abel
Former Director General of the Ministry of Health Vanuatu

From a young age, Myriam Abel knew she wanted to be a nurse. At 17, she was too young to start formal nursing studies, so instead she introduced herself to a newly arrived WHO team and joined them travelling around the Vanuatu archipelago delivering vaccinations against smallpox, poliomyelitis and tuberculosis. She did this until she turned 18 and could finally enrol. This determination has driven Myriam across her career, from her time working as a nurse and nurse educator to the variety of government roles she has performed, culminating in her position as Director General of Vanuatu’s Ministry of Health and as Chairperson of the WHO Executive Board 2001–2002.

Myriam credits her upbringing for her drive and her approach to leadership. “There are seven women and two boys on my maternal side. Looking at my mum and her sisters, they’re all women leaders in their own ways. Everything I have learnt from my mum I can see also in my siblings, my sisters. We believe we can do things together and people know that we are able to mobilize and carry out action plans.”

Her father was a paramount chief in their community and island village. After his passing, her mother took on the role. “This is something that is yet to be seen in so many other traditional communities in Vanuatu, but mum was made a woman chief when my father passed away. She met and led the Council of Chiefs of the community in Port Vila. Our mother taught us the customs and traditional values, and disciplined us to be responsible and able to serve our people.”
This sense of purpose found in service to others has shaped Myriam’s approach to leadership, she herself accepting the title of kastom woman chief when she married in 1974. “Leadership means somebody who can inspire people, who can motivate. Someone who walks the talk. I think also leadership means self-esteem. If you are to become somebody, you need to have self-esteem and respect for others and in doing so you can bring change.”

Myriam has been a passionate advocate for gender equality throughout her career. Despite seeing some progress, she worries that not enough is being done to support women to take on positions of leadership. “The current system is very destructive when whoever sets up the committee [consists of] all men, there’s no women. So sometimes I go ask them why we don’t have a woman in this committee, because this is how you involve the woman to enable them to talk in the committee of men. But we also have to encourage women to be able to come out too.”

Myriam wants more women to have the confidence to apply for leadership positions. “They need to show up and demonstrate their leadership style.” However, she believes that women also need to be provided with the education and training opportunities to confidently take on these positions. Myriam understands from personal experience the difference support and training can make in building women’s confidence. In the early 1990s she completed a master’s degree and on her return was made responsible for Vanuatu’s public health and community health programmes. In 1999, she was appointed Director of Public Health, and later, from 2002 to 2008, served as Director General of Health – the first woman to hold this position in Vanuatu.

Today Myriam holds the position of Secretary of the Council of Chiefs of her village. Her advice to young women is to value their own expertise and to have the confidence to speak up. “My own observation is there are some that are really outspoken, and others are quieter, but if given the opportunity to do something, they will perform to their best ability. With my many years [serving] as someone with a lot of knowledge and experience in the ongoing development of the Vanuatu health systems… it is easier for me to contribute in discussions around health systems, programmes and others… This helps to shape the young women to build progressively their confidence and demonstrate their potential to develop.”

Her final piece of advice is to grab every opportunity that presents itself. “I’ve always said that as soon as you have an opportunity, grab it. Because that opportunity will build you. I did that for one whole year while waiting to be able to join the nursing school. We went around every day by boat, walking, climbing and so forth. I have not regretted it at all.”
Angela Pratt’s career has seen her take on a variety of leadership roles across the health sector. As Chief of Staff to Australia’s Health Minister she contributed to key health reforms, including the country’s world-leading tobacco plain packaging laws. During her time at WHO, she has played leading roles in campaigns to introduce 100% smoke-free laws in the Chinese megacities of Beijing and Shanghai and now leads the Office of the Regional Director of WHO in the Western Pacific Region, an area spanning from Mongolia to New Zealand and the Pitcairn Islands.

For Angela, leadership is fundamentally about bringing a team together around a common purpose or objective and helping to keep it focused on that objective. “When trying to deliver change, leadership is not only about articulating that change but also about bringing people with you on the change journey.” In her current role, leadership means supporting and mentoring the younger women in her team and workplace and helping them develop in their careers and skills.

Angela is a strong supporter of “leading from behind”, a form of leadership that is “not always about being the person out in front in the spotlight, but supporting and encouraging others to have their moments in the sun. Some of my proudest moments are when I see a younger, less experienced person shine: when

Don’t be afraid to speak up and use your voice.
they achieve – and get recognition for – something they have done, especially something they may not earlier have thought possible to achieve or believed in themselves to do.”

Angela sees opportunity in a number of areas to make gains in gender equality in health, including mentoring and supporting the career development of younger or junior women professionals, particularly women from underrepresented backgrounds. “We need to invest in this now so that these women will be well equipped to become public health leaders in the future.”

She also sees a need for better insight and understanding into how women and men use health services differently, including the barriers they may face in different contexts. “Gender-disaggregated data are, of course, really important, but that won’t tell us the whole story. We need to get better at understanding what drives differences in access to health services and targeting policies and programmes accordingly.”

Throughout her career, Angela has been inspired by countless women. “When I worked in politics in Australia, I was constantly inspired by many of the women politicians I saw in action up close, many of whom were subject to the most vile and awful sexist attacks from the media and even their own colleagues, and yet persisted – because they were driven by a clear sense of purpose. Purpose is everything in leadership.”

She admires her many talented and committed women colleagues at the Regional Office, both professional and general staff, who quietly go about making sure the Organization continues to move forward supporting Member States. Beyond WHO, she is particularly admiring of climate activist Greta Thunberg: “Imagine having the poise, courage of conviction, confidence and communication skills to speak truth to power so eloquently and forcefully... at the age of 17.”

Looking back on her life, she would tell her younger self to be more confident: “Don’t be afraid to speak up and use your voice.” She encourages young women wanting to become leaders in health to find a mentor or mentors who can help them navigate the path ahead.

Angela’s advice for these young women and for others who want to promote gender equality in health is to go for it. “I am a big believer in success breeding success. By showing people the benefits of gender equity in action – of gender-diverse leadership, of fully engaged communities – this will help to create momentum for further change.”
Naoko Yamamoto understands the importance of gender equality in the health sector. “There are several reasons for the inequality or gaps, including cultural barriers and social system problems. When we talk about the health sector, these barriers or problems result in barriers to health-care access or to determining suitable service packages for women.”

Equity in health care is important, whether it is providing equitable access and availability of health services or ensuring gender-responsive decision-making and equitable employment opportunities within the health workforce. “To solve these challenges and improve our social system for women and all people, we need women leaders at all stages and all levels, including policy-making, planning, implementing and evaluation, at the global, regional, country and community level.”

For much of her career, Naoko worked for the Ministry of Health, Labour and Welfare in Japan. One of her proudest achievements is work undertaken in 2013 to design a new medical and welfare system for patients with rare diseases. Seeking to reduce discrimination, the project improved the welfare system, reduced out-of-pocket payments and enhanced treatment facilities for patients. It was a comprehensive process, requiring public and parliamentary support. “It was a wonderful experience to work with patients and their families with rare diseases. They were able to speak up, and they worked very well together with the Government and garnered public support. And finally we developed the new law.”

Leaders should be brave, and leaders should be humble. I would like to support the next generation. I would like them to be better than myself.

Naoko Yamamoto
WHO Assistant Director-General
Former Senior Assistant Minister for Global Health, Ministry of Health, Labour and Welfare
Japan
While Naoko has been involved in many successes, she knows more must be done to bring other women into positions of leadership, particularly in Japan. This was highlighted when she attended the G7 Leaders’ Summit in Ise-Shima in 2016. “Unfortunately, most leaders in my country were men. And I was the most senior woman officer in Government of Japan. But when I saw the hostess of G20, Angela Merkel, Chancellor of Germany, showing such strong leadership in global health, I was so impressed with her. During the Health Ministers’ meeting, Merkel joined the meeting and strongly committed to global health. She encouraged the Ministers of the G20 and called for solidarity and partnership among G20 members as well as international partners and UN organizations, including WHO, of course. She’s very influential. It was the first time that the G20 held a Health Ministers’ meeting, so it was highly significant.”

Looking back on her career, it is hard for Naoko to identify a specific female role model because there were so few women working in her field at a senior level. “During my career there were no specific medical doctor women or predecessors in the Ministry. But I respect Madam Sadako Ogata, former High Commissioner at UNHCR [Office of the United Nations High Commissioner for Refugees] as a Japanese woman leader of a global community. I met her several times but unfortunately I didn’t have the opportunity to work with her.” The men Naoko worked with in the Ministry of Health, Labour and Welfare supported her and provided her with opportunities, and she learnt a lot from women working in positions of less seniority. “In the central Government, there are few women but you see them at the community level. There are a lot of strong women in the country – nurses, midwives, public health workers – and they have worked so hard for health at the community local government levels.”

She pays special tribute to the women of her mother’s generation. “They grew up right after the Second World War in a poor society with a lot of discrimination and stereotyping against women. They were in such disadvantaged positions that those women tried to change the society and encouraged and pushed the next generation – including myself – their sons and daughters, to be educated and be brave enough to change the limitations and discrimination of society. They created a new space for us to challenge many things without limitation because of women. So, I really respect the women of my mother’s generation as they changed the society and they gave us – gave me – huge opportunities.”

Her advice to the next generation is not to set limitations on themselves and to take on opportunities and responsibilities without hesitation. “I hope that young women are able to have successful experiences and to take opportunities, even if they are small ones, so they step by step develop their career. I would like to support the next generation. I would like them to be better than myself.”
To make a change, a leader will have to work with everyone.

Magdalena Walter
Former Secretary of Health and Social Affairs Federated States of Micronesia

Education has played a key role in Magdalena Walter’s personal and professional life. She started nursing in 1976 after graduating from university in Hawaii and on returning to the Federated States of Micronesia (FSM), Magdalena was shocked by what she saw. “I couldn’t believe the jobs that the nurses were doing. We were just doing everything. We were the ones covering the emergency room. We were the ones covering the pharmacy. And no specific staff were assigned to these places. There was no one trained for delivery as nurse-midwife, but the nurses were the ones doing the deliveries.” She took on the training of nurse-midwives so that eventually the delivery room was able to provide 24-hour coverage. Magdalena also started marketing nursing as a prospective career to high school students, helping to build up staffing numbers by encouraging more young people into the profession. This was supported by championing the reclassification of nursing positions so that nurses were better remunerated for their work.

After taking an early retirement, Magdalena decided to enter politics and served four terms in the Pohnpei State Legislature before running for the country’s National Congress. She was inspired after attending the Pacific Women’s Parliamentary Partnership alongside other women from across the Region. “I saw these women from Pacific countries who were
very, very active, very inspiring. So I said, ‘Why can’t FSM do the same?’... FSM had never elected any women at the national parliamentarian level. So I thought, ‘Well, women should try.’” She placed second of the seven candidates, with a difference of only 402 votes separating herself and the winner.

In her former role as the country’s Secretary of Health and Social Affairs, Magdalena continued to champion education as a priority issue for fostering women’s empowerment and gender equality. “At the national level only 47% of women complete primary education. And only 19% of women go up to the secondary level, and very, very few to college level.”

She believes more needs to be done to educate women on a range of social issues – such as economic empowerment, domestic violence, political participation and good governance – so that they are better able to make informed decisions about how they vote. “Women also vote for our leaders, so we must ask them: ‘How do you see our Government – is it going in the right direction or do we need to change leadership?’... I really believe these things are important and also that we need to especially focus on the young people. They will be our future leadership, so we should build their capacity.”

Magdalena sees education as an important part of enabling women to take on leadership and decision-making positions but acknowledges that this alone is not enough. “Even if you are educated like the men around you, most likely the men will get priority selection.” She thinks that while this is slowly changing, much more work is required to shift people’s perceptions of the ability of women to make good leaders.

Additionally, women – and especially young women – need to feel supported to take on leadership roles. She recognizes the many barriers that continue to exist for women leaders and knows of a number of women who have left their positions due to harassment. While Magdalena encourages women to stay strong and persevere, this shouldn’t come at the expense of their rights. “You have to be strong and not sacrifice your rights. You have the right to speak out, the right to seek legal support. Those are the things a lot of women are really hesitant to speak out about.”

She believes that part of the problem lies in the common misunderstanding that gender equality favours women over men, or that it is not compatible with culture and tradition. “When we say a term like ‘gender equality’, people are confused. Even some of our leaders here say, ‘What do you mean? Are you telling me that you’re going to climb the coconut, the breadfruit
“tree?” I say, ‘No, no – it’s men and women climbing together, working together.’”

Magdalena is passionate about seeking opportunities that promote equality and improve women and men’s lives while also holding onto the aspects of local culture that give people identity and foster strength and community. “We need to start within us – I’ve seen a bit of losing our culture here. Yes, there are a lot of things to improve culturally, but I do believe that we need to keep that which is our identity too.”

For Magdalena, leadership is not only about having a vision but about being able to communicate this vision across all levels, from Government through to the community. “As a leader, first we should have a real vision of improving our world for the future, especially in health. We need to be strong in order to accomplish this vision and we need to be able to share it with the community, with staff, and with the State... To make a change, a leader will have to work with everyone.”
Throughout her career, Huong Thi Giang Tran has always sought to lead by example in taking real action towards achieving equality. “Women should be empowered and policies and actions need to support this. We need to have a very clear plan of action of how to implement these policies. Actions speak louder than words!”

For Huong, living one’s values is a key aspect of effective leadership. “You need to be a role model or you can’t lead people. If you lead people by your power, it is not enough. If you lead people by your brain and your heart, they will follow you forever.”

In her own life, she has been inspired by many women, including professor, medical doctor and former Governor of New South Wales, Australia, and Sydney University Chancellor Dame Marie Bashir. The two met more than 20 years ago when Huong was a young doctor presenting at an international conference and Dr Bashir went on to become her mentor and “mother in Australia” while she completed her master’s degree. “She loves and cares for every human’s life. Her passion, personality and vision inspire me.”

Huong’s mother was a medical doctor and from a young age Huong was determined to follow in her footsteps. “She inspired me, and
she sacrificed herself for her children, so she is a huge role model for me... She is my hero and she challenges me to be a better me.”

After graduating from Hanoi Medical University, Huong became a paediatrician at the National Paediatric Hospital. While on maternity leave, she saw a position advertised with the International Cooperation Department within the Ministry of Health. During her interview, she was asked by the Director General why she had applied. She told him: “If I work as a clinician I can treat maybe one hundred, a thousand or two thousand patients, but if I work in the Ministry at the strategic and policy level I can impact the lives of millions of people.” Soon after, she began her new role.

During the 2003 severe acute respiratory syndrome (SARS) outbreak in Viet Nam, Huong worked alongside former Minister of Health, Associate Professor Dr Tran Thi Trung Chien as part of efforts to contain the outbreak and was impressed by the Minister’s leadership. The feeling was mutual, and afterwards, the Minister promoted Huong to the position of Department Deputy Director General. Huong’s age and the fact that she was five months pregnant at the time resulted in some people questioning her promotion, but the Minister stood her ground. Her answer was very touching. She said, “Being a young woman and a mother is the most beautiful thing in life. She deserves this – why would you refuse to promote her during this time? The outbreak was a very difficult time, but she overcame it and she deserves this.” Huong was impressed with the Minister’s commitment to putting women’s empowerment into action.

Huong was the youngest Deputy Director General in the Ministry’s history. Five years later, she became the youngest Director General, holding this position for more than 11 years before moving to WHO. During her time with the Ministry, Viet Nam experienced SARS, influenza, measles and other outbreaks, challenging Huong and her colleagues to respond efficiently and effectively. “As a result, Viet Nam has become more visible in global forums and as a global health leader.” The decision to move from the Ministry into an international organization like WHO was difficult; however, Huong recognized that she once more had the opportunity to expand her reach. “It is worth it to try to broaden your view and your impact and now is a chance for me to serve not only 100 million people in Viet Nam, but 1.9 billion people in the Region. Many people called me brave, but it is just my nature. I want to do something more, I want to move forward.”
Throughout her career, Huong has always sought new opportunities to develop her skills. She completed her master’s degree and a Ph.D., and was appointed Associate Professor at Ha Noi Medical University where she also served as Deputy Head of the Global Health Department. She is passionate about teaching the next generation and was a driving force behind the Viet Nam Global Health Office, recently established in the Ministry of Health. “I want to inspire people, to show them the value of health as a global public good and the role of global health diplomacy.”

Just as she was inspired by her mother, Huong wants her own children to see her as a role model. “My children are my biggest motivation and inspiration. I really want them to set an example of dedication and hard work. I want them to see my passion for my work and the effort I put into it. I want them to see me as a role model, to admire me as I have admired my own mother.”
Leadership doesn’t have to be directed to a massive group of people. Sometimes, the greatest impact a leader can have is simply through an individual.

Mildred Fernando-Pancho knows about the power of storytelling. “My proudest achievement is when I decided to come out to share my story as a tuberculosis [TB] survivor because at that point I was able to look beyond myself; the thought that maybe there are other people affected by the disease who are trying to get some light and hope in their situation.”

Despite knowing she was potentially exposing herself to further discrimination, Mildred wanted to inspire TB patients so that they would continue their treatment. “When I consented to my life story being shown on national television it proved to me that my decision to come out was right. Especially when I started receiving messages from people I do not know personally, and they were telling me that I am their inspiration and when they saw my story they decided to go back to treatment.”

Mildred’s story connected with people across the Philippines. At one point she was contacted by a doctor at a TB treatment centre who informed her he had treated two unrelated patients in the last 48 hours who had both been inspired by Mildred’s story. “One thing that shocked him was how inspired they were – fully enlightened about the XDR-TB [extensively drug-resistant TB] ever since they watched my story. What surprised the doctor is that that episode was aired two years ago.”
Mildred was diagnosed with TB when she was 19 and was 29 when she was finally cured. She had XDR-TB twice, undergoing 18 months of treatment the first time, followed by 26 months of treatment the second time, and sustained hearing loss in both ears as a side effect of this treatment. She first ventured into advocacy following completion of her first round of treatment, participating in a video for the Tropical Disease Foundation (TDF). “It was a long journey because prior to becoming a patient of TDF, I had been receiving TB treatment from private physicians – all pulmonologists – in the province and it lasted for about five years but I was not totally cured – I was never declared cured.”

She was referred to TDF for treatment and it was here that one of the doctors encouraged her to start blogging. “I participated in the blogging project of MSF – Doctors Without Borders. The project was called TB and Me... Me and my husband, who is actually my former nurse, we partnered with TDF and we asked them if they could host a website. The same idea as the TB and Me project of MSF but we made it a point that the language used is Filipino. So it’s intended for Filipinos, especially because a lot of Filipinos who are affected by this disease are those who do not understand English.”

Since then, she has continued advocating for ongoing funding for projects by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and in her spare time visits treatment centres in Manila to share her story with TB patients to inspire them to continue and complete their treatment.

For Mildred, leadership is about the impact on the lives of others. “Leadership does not have to be instantly directed to a massive group of people. At times the greatest impact that a leader can have is simply through an individual.”

One of Mildred’s inspirations is Dr Thelma Tupasi, founder of TDF. Herself a former TB patient, Dr Tupasi’s experience with the arduous treatment process led her to establish TDF and undertake ground-breaking work in TB research and treatment in the Philippines. “When I met her for the first time when I was being treated at TDF she narrated her story as a TB patient. It was just so inspiring that out of her past suffering she was able to come out with something that can help TB patients. She inspired me to become a TB advocate as well.”

TB patients continue to experience stigma and discrimination, and this can be heightened for women due to perceptions that as primary caregivers they may pass TB onto their
children and other family members. “I think there is no other way to combat stigma and discrimination but to disseminate correct information because the problem is that there is a lot of wrong information that is being received by the public. It is not correct that you will get TB when you use the utensils of a TB patient. It is not also correct that you will instantly acquire it once you talk to a person with TB. And actually you do not get TB simply by talking to them for a short time. It needs continuous exposure. So those things should be communicated to the public because I understand that it is normal for the public to be afraid, especially if they are threatened. And the only thing that can put the threat away is to give correct information to them.”

While it has not been an easy journey, Mildred is proud of what her advocacy has achieved. She was initially encouraged to keep her TB a secret in order to avoid stigma and discrimination. “But I wasn’t able to hide it because when I applied for jobs, interviewers would see the number of years – the gap when I was unemployed – and they would cringe when I told them that I was a TB patient for a number of years. And so I was discriminated against anyway. So I would rather stand up and endure the stigma and discrimination rather than keep silent and still be stigmatized and discriminated against.”
Reflecting on the women who have inspired her across her career, there are many qualities that stand out for Jasmine Vergara. “One is being a visionary. These women are 10 steps ahead – they have foresight of things. They are resourceful, nurturing, bold, courageous and confident. They have fierce spirits that influence my character and motivation to go for it.”

Among these women she counts her teachers and mentors. “They treated me as their friend or colleague despite them being my seniors.” These women taught Jasmine to view challenges as opportunities to learn rather than as obstacles, a perspective she has maintained across her working life. “Women leaders are gifted with an intuitive ability and are able to move with passion and a sense of emotion – using our emotion intelligently. That intuition that we have and the feeling that certain things have to be acted upon and that you are compelled to do something about it. I have seen it in women – they create a caring, nurturing environment. We capitalize on the abilities and strengths more than the weaknesses. We find creative ways of doing things and moving things forward. That is what makes leadership in women different in the health sector.”

Early on in her career, after completing her medical training, Jasmine undertook her residency training in psychiatry. She soon

“Always be ready to see the good and support each other’s growth.”

Jasmine Vergara
National Professional Officer (Mental Health and Substance Abuse), Office of the WHO Representative in the Philippines

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became the chief resident in her division, supervising younger colleagues in delivering clinical management and undertaking other administrative activities. “I felt that I was an atypical health-care provider who went out beyond the hospital setting or the clinics.”

She worked as a clinical administrator in a rehabilitation centre in Laguna, then took up an opportunity to work in the Republic of Palau, where she was the only psychiatrist for the first three years of her stay. In this role she assisted in scaling up the collaboration between mental health services and the community. “I had to move in some creative, resourceful ways, conducting things in a positive way and putting the focus on mental health, which was received well by the visitors, funders, local politicians and others. There was a time when I was also handling programme development and community partnership. I felt like there was leadership, not just in the clinical area, but in moving the agenda of the health sector to the communities.”

For Jasmine, leadership is about inspiring or motivating others to be a better version of who they are. “A leader would inspire other individuals to see their capabilities more than their disadvantages... It is about leading them but also motivating, cultivating and nurturing others.”

Looking back, she would tell her younger self to be more conscious and expressive in giving thanks to the women and men who have made an impact on her life. She encourages young women not to let obstacles stop them from achieving their goals. “Better yet, find your own path or find other means to succeed.”

“I always tell other people, even the young ones, to always be more prepared to see the good in each individual – their capabilities – and to focus on each other’s strength and be ready to acknowledge each and everyone’s individuality and unique way of doing things. Always be ready to see the good and support each other’s growth.”

Her hope is to foster greater equality and respect in the health sector in the future. “I would always go back to being respectful and having a respectful environment, respecting each other whether you agree or don’t agree. Even if you don’t agree to a certain level, having that respect for each other’s take on things, it promotes equality. Eventually with perseverance, you both arrive at the same health goals.”
Julia Alfred believes that leading by example is one of the most important aspects of leadership. “How you treat people is very important. That’s where I think leadership should start: being a role model by treating everybody equally, fairly, and accepting diversity.”

This approach is something she strives for in her work, particularly when it comes to supporting young people. “A lot of our young people here in the Marshall Islands do not grow up in an environment where they have role models to look up to. They don’t have adults that nurture them well. I’m very proud that I’m able to work with these young people. No matter what background they come from or who they are, they’re all acknowledged, treated and accepted equally by me. They all come in and share their stories and I listen, and I try to be that mentor or coach or maternal figure.”

She credits a number of women in her life for shaping her into the leader she is today. “My mother – she’s always telling me ‘do it well or don’t do it at all’. She, along with my father, were very attentive with our upbringing and always made sure we were well taken care of. I also grew up with both my grandmothers who raised us the traditional way... My paternal grandmother gathered all her grandchildren and taught us to know our traditional roles and responsibilities – both girls and boys – and to be obedient and respectful to our elders. She taught

If something doesn’t work out for you, find out why. And if it’s something that you feel deeply about, you must pursue it.
us to always work hard, uphold manit [culture], and love God.”

One of the key pieces of advice Julia gives to the young women she works with is to start by prioritizing their own needs and development. “They have to take care of themselves first before they can take care of others. If they have issues, if they have anything they need to fix for themselves, then let’s fix it first... You cannot help others if you have your own issues to fix.”

Julia believes that investing in children and young people is a core component of smart leadership, particularly in a country like the Marshall Islands where more than half the population is under the age of 25. “[Young people] all come with their own natural talents, their dreams and wants, and it’s just a matter of somebody being there to say, ‘You can do it’. The reward is seeing them step up and succeed.”

Julia believes that there is strength to be drawn from local culture and traditions, particularly when it comes to empowering young women. “I believe women here in the Marshall Islands have a lot of power. First of all, our family tradition is a matriarchal system. We not only inherit our land through our mothers, our grandmothers, but we are also leading our families to be healthy and productive... Many tend to think our own culture and tradition is in conflict with gender equality, but I believe otherwise. I think Marshallese women need to recognize their rightful privilege and support each other to achieve.”

From a young age, Julia seized any opportunity presented to her. “I’ve always believed that anything is possible and everything happens for a reason at the right time. I’m the eldest of six children and I’ve had to take care of my siblings all my life so maybe it just came naturally to always step up when needed and take responsibility.” She attributes the success in her career to always seeking to maintain a collaborative and open leadership style. “You always have to maintain a positive outlook. Even when you encounter so many challenges, personally and professionally, it shouldn’t affect the way you treat other people positively.”

She encourages those promoting gender equality in the health sector to stay motivated and never give up on the needs of the vulnerable. “If something doesn’t work out for you, find out why. There’s always a reason. And if it’s something that you feel really deeply about, you must pursue it. If you think it’s the right thing to do, you must continue to try and get it done. When it comes to gender equality, it has to be about mutual respect for the person and not about their sex... Both men and women have the right to pursue a career and leadership role in health. If you show that you have the skills, if you demonstrate that you are responsible, confident and passionate, they’re going to recognize you.”
Throughout her career, Juliet Fleischl has always sought out opportunities to build the capacity of others. “I read a really nice quote that was about keeping the ladder down and allowing other women to climb up. As you move up the ladder, you kick the ladder down to allow other women to climb up and be alongside you. That’s what I’ve tried to do.”

There are a number of women Juliet credits with letting the ladder down for her. “I grew up in a small town in New Zealand and it was very much a place where New Zealand females were becoming more enlightened. There were a lot of female trailblazers at that time: Dame Whina Cooper, Dame Sylvia Cartwright, Sandra Coney, Phillida Bunkle – they were all women who I knew in the social circles. I was fortunate that my parents and grandparents came from quite a progressive group.”

Her family had a long history of working in the health sector. “My mother was a doctor, my grandmother was a doctor, my father was a doctor, both grandfathers were doctors, my two brothers are doctors. In my early life I think it was my mother and paternal grandmother who were very open and very strong in their beliefs. Unfortunately, they both died young; my mother died when I was 12 and my paternal grandmother died when I was seven. But they did leave an impact.”
Juliet had her daughter at 16 and credits the courage it took to be a young single mother as one of her proudest achievements. “I’ve been a single mother and I managed to work and build a career and have her at the same time – thanks to a supportive family. That taught me a lot, about leadership and balancing things. So, from the early times, that was quite an achievement for me.”

She went into nursing, moving to Auckland in 1980. “I started to become much more involved in public health and community activities and I had a bit of a career think through. I moved into a street in Auckland that was almost 100% single parents. We used to call it Benefit Boulevard. Those women I’m still in touch with today... I did some work with the community of single mothers in Auckland. I also did some work with marginalized populations – things like writing articles for the Prostitutes’ Collective on health issues.”

In 1986 an inquiry was held into treatment of women with cervical cancer at the National Women’s Hospital. The Cartwright Inquiry examined unethical research practices and led to significant reforms towards patient-centred health care, including – for the first time in the world – legal rights for patients, and establishing accountability systems for the medical profession through an external Health and Disability Commissioner. Juliet provided a submission on behalf of the Auckland Branch of the New Zealand Nurses’ Association. “It gave me a not so pleasant insight about the way women were perceived in the male medical world. Difficult, but enlightening for me. That also shaped my perception of leadership, of bringing people along and making sure that women and younger people came along with me.”

When her daughter turned 18, Juliet took the opportunity to work overseas, something she had always wanted to do. Twenty-five years later, she has worked across the Western Pacific Region, including heading up the WHO offices in Solomon Islands and the Lao People’s Democratic Republic. “I think all of the countries I’ve worked in have all had something different, and they’ve all given me something. It is about having an open mind when you work in other countries. I’ve always been a country-focused person.”

For Juliet, a priority issue remains keeping the focus on where it is most required. “Keep the focus on where it really needs to be, which is the woman sitting in the village trying to get the care she needs for her and her family. That’s where we still need to be, to achieve universal health coverage, through a primary health care and subnational approach. What,
as health professionals, do we need to do to ensure the systems are in place so that her children get immunized? What, as health professionals, do we need to do so that the information gets up to the province, so that the province does the delivery from the centre? Being ethical – thinking globally, but acting locally. We still need to look at eliminating all forms of inequality and discrimination in health. Community empowerment and bringing the community along with us needs to be a focus. And if we don’t do that, we’re never going to achieve universal health coverage.”

Looking back to the start of her career, she would give herself the following advice: “Keep doing it. Take the risks. Stay open to possibilities. Say yes to all the opportunities. Keep on laughing. Don’t be too hard on yourself. Don’t be limited by what society believes you should be. Be true to yourself and move forward.”
Gillian Biscoe has made a career out of breaking new ground for women in Australia. After being an Assistant Secretary for Health in the Commonwealth, she was the first woman to be Chief Executive of a major hospital, the first Australian to be Deputy Director General of Health in New Zealand, and the first woman to be Secretary of a health department in Australia (in the Australian Capital Territory) and of a “mega-department” integrating health, community services and public housing (in her home state of Tasmania). While she considers herself fortunate to have enjoyed a life and career she describes as magnificent, she reflects that she did not necessarily start out with a strategic long-term plan for her career. “I just knew that I wanted to be in positions of greater influence so I could make a stronger difference. And so, for me, it was quite natural to try and seek those more influential positions.”

For Gillian, good leaders always have an eye to the future. “Having the interest and capacity to understand complexities and their implications for the future, listening to others, ‘foresighting’ future possibilities, and helping people understand those possibilities so they come with you... It’s a bit like a conductor of an orchestra, where every player is critically important to the whole, but it’s the conductor who is charged with bringing together the whole.”

While Gillian believes there are “as many differences between women as there are between men, and between men and women”, she is conscious of the tendency for collective bias against women in leadership. “We all bring with us different attributes, different insights, different influences... But because
of gender norms and attitudes related to women’s roles, it can blind some to our professional and personal potential... It does not matter if you are a man or a woman. If you have the leadership traits or wish to develop them, you can.”

She also recognizes that many people face particular barriers to leadership opportunities, including discrimination. “I appreciate very much that there are many people who don’t have the opportunity to take on leadership roles, because they are not perceived as having the potential – including where there is gender-based conscious or unconscious biases, or other biases.” She experienced this herself when first appointed to a senior leadership role at 31. “I was told by many people that I should not even apply for the position because I was too young. And I remember saying: But when is the right age? Is it when I’m 34, 37, 42? Will this job be available for me then?”

For Gillian, there are a number of issues that still need to be addressed in order to truly embed gender equality and women’s empowerment into the global health sector. “A country’s context significantly influences gender equality and perceptions of women, and health systems reflect their cultural context. Health systems are often hierarchical, with senior decision-making positions dominated by men.” She is pleased to see that this is changing, with more women taking on leadership and management roles, as well as more female doctors, yet she cautions against complacency. “Even if a country is pretty good on its legislation and its pronouncements about gender equality, and the opportunity it gives boys and girls, men and women, entrenched inequality still surfaces.”

In order to tackle gender and other biases, Gillian believes it is important to both lead and manage equality and respect, two things she sees as being distinct and complementary. “In leadership you have to both role-model [equality] and call people on their biases. It’s very simple: it’s about equality. And if we don’t understand that all people are equal, no matter their socioeconomic strata, sex, gender identity, disability or colour of their skin, then the world will be in big trouble.”

Gillian considers herself a great believer in capacity development to encourage people to “think wider and dig deeper” and “to understand this is not just something that involves women; it involves all of society.” She is particularly proud of her own work coaching and mentoring others to take on leadership roles. “Ultimately, there is nothing more satisfying than seeing someone who one has coached, mentored and/or managed blossoming to take their role as a leader.”

Her advice to young women is to consider what success looks like to them. “Whatever success is for you, that’s what you should strive for. The challenge for all of us is understanding what our version of success is – personal or professional.” She also stresses that leadership requires great resilience and strength. “It’s like getting fit to run a marathon. You build up these traits over time through experience and through paying attention.”
During a discussion that Sevil Huseynova recently led with her WHO team in Solomon Islands, it was obvious that national and international staff had different stances regarding leadership. Local staff of either sex thought that leadership was about communities and mainly for men. International staff, on the other hand, saw leadership as occurring in the workplace and attributed it to merit.

While taking her to a meeting the next day, Sevil’s driver told her about a conversation he had with his wife following the discussion he participated in at work. Initially, he saw himself as a big stone and his wife as a small one, but then he realized that both stones would sink once they were thrown into the sea. This made him think more broadly about how to keep his family “afloat” and how to create a prosperous future for his daughter. He committed to being an example of a good husband and to making sure he treated his wife as an equal partner. This would signal to his daughter to also expect and demand respect.

Sevil was happy because one conversation made a difference to at least one family. She wondered: What would happen if such conversations became part of the daily practice for all leaders? Would this help to achieve the dream she shared with her driver to cultivate a culture of mutual respect across generations?

Before assuming her responsibilities as WHO Representative, Sevil’s career took her around the world. After getting her medical degree in her home country, Azerbaijan, and completing graduate studies in Ukraine and the United States of America, she had the opportunity to be exposed to various cultures. She
worked in numerous countries, including in sometimes challenging contexts, such as in Afghanistan, Iraq, Nepal and Somalia. “Today, I am surprised about how much my sincere efforts to care about people made them trust me, and this built my character as a leader who can inspire people, dream with them, and help them to reach their ultimate goals.”

Sevil feels proud of her achievements both as a leader and as a doctor. “I do feel proud about being a woman, and particularly being a woman leader, because it helped me promote gender equality and equip women with the skills, perspectives and vision that enables them to have more influence over their lives and have a say in their communities. I am also proud that I could make it, as a woman, along the difficult road to becoming a doctor. I am proud that I served people living in areas where not many professionals dare to go. Most importantly, I am proud about the gratitude and friendship from disadvantaged people whom I spent my life caring for. Unknowingly, I was striving to become a feminist in the full sense of the word.”

After the collapse of the Soviet Union and the conflict over the territory Nagorno- Karabakh between Armenia and Azerbaijan, Sevil worked as a humanitarian worker in refugee camps. “It was easy to see that while everybody needed health services, women had greater needs but usually received less attention. Although insecurity, unemployment and other hardships were affecting men and women, women had to take the impact in silence and also absorb their partner’s or husband’s anger and frustrations. Surprisingly, this was not questioned because of social norms that had been followed for so many generations. Unfortunately, this applies in many countries, including Solomon Islands.” Sevil has seen how women on some occasions have no choice but to continue being abused by their partners or husbands because they are economically dependent on them. “Isn’t it time to consider challenging such social norms? Isn’t it time for societies to alleviate this suffering and protect women even if this means changing some norms and adapting some cultures?”

Sevil says that it took her a great deal of study, work and exposure to different situations to reach her current level of understanding and to build the strength needed to be a leader. “I found that the higher I go, the more difficult it becomes. And I think that being a woman often led to my rights being stripped down.”

Through her work in Solomon Islands, Sevil is trying to remove barriers against women’s leadership. “We are advocating to increase the number of women leaders in Government based on merit as we want the right people for the right job. It is critical to have more women as numbers affect decisions that influence change in Government and in society. However, we should be mindful that from early childhood women and men have very different access to development. Therefore, we also have to address structural or cultural factors that limit opportunities of girls and women. We need to pursue change strategically in as many ways as we can to continue to build women’s leadership. I believe we have to be visionary.”
I try to have a good balance of work and life. I am committed to my profession but I also take time for myself, my children and my family.

Hai-Rim Shin

Former Director, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific

For Hai-Rim Shin, inspiration to enter the health field came early. Her mother was a former health-care professional and seeing her work at a primary health-care centre in the Republic of Korea inspired Hai-Rim to follow in her footsteps. “As health professionals, we help ensure that the places in which we live, work, learn and play are conducive to the attainment of the best health and quality of life possible for everyone. We also advocate for marginalized or vulnerable groups, such as women, children, adolescents, and people with disabilities or mental illness.”

This vision of health for all remains at the centre of Hai-Rim’s work and leadership today. Hai-Rim sees leadership as using one’s influence and position to support those with less power, based around the principle of “taking care of others”. As an expert in preventive medicine, her current position allows her to influence health outcomes across many areas of health: “My division envisions a healthy start for every newborn and a long, productive life for every person.”

Before joining WHO, Hai-Rim was a founding member of the Busan population-based cancer registry in 1995 and served as the director of the registry until 2001 while she was a professor of the University
of Dong-A. Following this, she headed up the Division of Cancer Registry and Epidemiology, Research Institute for National Cancer Control at the National Cancer Center in Goyong, Republic of Korea, for six years. During this time, Hai-Rim was the principal investigator for the development of the second term of the National Cancer Control Plan 2006–2015 and oversaw the country’s first production of cancer incidence statistics based on data from the nationwide population-based cancer registration.

Growing up, Hai-Rim was also inspired by her maternal aunt who was a primary school teacher. “I was so inspired by her commitment to teaching, her way of engaging and teaching school students and her ability to build relationships with the parents of the students.” For Hai-Rim, leadership is closely linked to teaching. Additionally, Hai-Rim notes her mother-in-law possessed strong leadership skills, but did not have the opportunities to utilize them. What she couldn’t do herself, she encouraged and supported her daughter-in-law to do; Hai-Rim credits this as a great source of inspiration, without which she would not have been able to balance her work life and family life. Since graduating from Ewha Womans University in Seoul with a medical degree, a master of science and a doctorate in preventive medicine, Hai-Rim has held professorship positions at the University of Inje and University of Dong-A, as well as been a Visiting Associate Professor at Yale University School of Medicine in the United States of America.

Across her own career, she has sought to support young women – particularly young medical students – in considering how to balance their careers with having a life and a family. “They would listen to me about what I was doing as a mother, as a wife and as a professional. I try to have a good balance of work and life, I am committed to my profession but I also take time for myself, my children and my family.” Hai-Rim was the recipient of the Technical Transfer Award, International Agency for Research on Cancer, Lyon, France, and was awarded the Order of Civic Merit (Dongbaek Medal) from the Government of the Republic of Korea. She is quick to point out that she managed to achieve this with the support of her family.

Considering her own daughters, Hai-Rim knows that they will face similar challenges as they find their personal and professional paths. “I do not know what will be their way, but I trust them. And we will support them in whatever they want to do.”
Matire Harwood’s idea of a leader is someone who has a vision for how to make the world better and works hard to inspire others. “It isn’t just about being a lone wolf and going out and doing things on your own. It’s about inspiring people to also want to achieve that particular vision.” She likes to think of leadership as being about bringing people together for a common purpose. “For Māori we have a term – rangatiratanga. It’s often used negatively such as when mainstream media describe Māori ‘radicals’. In fact, Māori aspire to this idea of tino rangatiratanga, which means self-determination. But when you break down that word, ranga and tira can mean to weave in wondrous ways and tanga is the people, and I like that idea of weaving people together to create wonderful things.”

She believes that women’s leadership is vital to imagining new and better ways of achieving health outcomes. “Women bring a feminist critical lens to the work that we undertake so we can deconstruct the system – the structures – that are in place that deny women equitable access to leadership opportunities and to health outcomes. We see this across the Pacific with women, particularly in maternal health. Women have the ability to not only shine the light on these issues but to know what’s going to work for us as a response as well.”

For Matire, maternal health and well-being is a priority issue in improving health outcomes for both women and the broader community. “By giving women the best chance at that time – we call it hāputanga, the pregnancy stage of life – it sets up...
their children and our community for the future, so a focus on maternal health is not only going to be good for the women but also for the future children and our future society.”

If she could give advice to her younger self, she would encourage herself to think differently about what it means to be a leader. “That it’s OK to be an introvert and that there are quiet leaders. Don’t think you have to put yourself out there and be the attention-seeker, you can still make a difference. There are lots of quiet leaders as well, so make sure you are looking after them and bringing out the best in those people.”

She credits her mother and paternal grandmother for inspiring her since childhood to rebel against the status quo. “To me they are exemplars [of] this idea of being rebels... My mum was always standing up for myself and my sisters, supporting [me] going into medicine, my sister to becoming the accounting manager at an academic institution, and my other sister a scientist. People right through school were telling us that ‘girls don’t do science’, ‘you shouldn’t be doing physics’, ‘you’re the first girl to drop typing for [physical education] and enrichment science’... But it was always mum at the school fighting for us to be able to have access to these things that she thought we had every right to be doing.”

She also identifies two influential women she met while undertaking her Ph.D. The first is Linda Smith, a Professor of Māori Studies and author of *Decolonizing Methodologies*. “[Smith’s book] was really based on feminist critical theory about deconstructing the structures and systems we have in place, but also restructuring them in more inspiring ways that can achieve things like equity and better outcomes for women and indigenous people. She’s a really practical, pragmatic person and so am I, and I really enjoy listening to her because she speaks from her heart... I’ve been inspired by her leadership and she’s someone who I look up to.”

The second woman is Kath McPherson, who was her Ph.D. supervisor. “We were at a celebration of Kath’s work and family a few weeks ago and it was all about kindness, and I think that is something that is often difficult for women in leadership to remember and to practice. This idea of being kind to each other... That kindness is something that inspires me.”

This idea of kindness is evident in her advice to young women wanting to become leaders. “My brother-in-law is a Māori philosopher and he introduced me to this idea of mana [personal force or spiritual essence] enhancing critique. We should critique each other, and we should be able to critique ourselves – but we should do so in a way that enhances the mana of those people or ourselves... Critiquing in ways that will help people to learn and help them to become better than they are or to do work in better ways. That would be my advice – don’t think you need to stand on people’s mana to get yourself up the hierarchy or up the spheres of leadership. Think about how you can do it in ways that enhance people’s mana.”
Be brave
It’s about taking opportunities that present themselves. Grab opportunities when they arise. Make friends and don’t forget to laugh!

Elizabeth Iro
WHO Chief Nursing Officer
Former Secretary of Health
Cook Islands

For Elizabeth Iro, effective leadership is about gaining the trust and respect of those around you. “This is something that doesn’t just happen overnight. It’s about people watching you and making their own assessments about whether they really want to jump in or not. ‘Is this someone I think I could support? Do I believe in what she’s trying to do?’ That takes a bit of time, and I think as a leader you don’t have a lot of time; you need to come in and do things yesterday.”

In Elizabeth’s experience, focusing on the relationships you are building and taking the time to really listen are important parts of fostering an enabling and productive work environment. “It is about walking the floor, getting off your backside and making sure you’re following through – meeting people, being visible. And you’re not necessarily always talking about the work, but everything else because the people and what they contribute matters. It’s about listening and understanding the things that will enable the delivery of work targets.”

This model has served Elizabeth well, from her time managing hospital wards through to her roles as President of the Nurses Association in Cook Islands and as the country’s first female Secretary of Health. While stepping into the role at WHO in October 2017 has broadened
her mandate to an international perspective, it is the same leadership model that is guiding her in her new role. Within a few weeks of starting her new job, she had already reached out to nurses across different departments at WHO headquarters to hear what they had to say. “[I wanted] to listen and gauge where they are, and how they can help contribute... It’s also an opportunity for me to meet them and to understand where I’m coming from and what we could do together.”

Part of her current role focuses on ensuring that nurses’ perspectives are at the front and centre of the WHO’s vision around health care and the SDGs. “In most countries nurses are the main health workforce and yet we don’t always hear their voices in advocacy, decision-making and policy platform. But you’ll find that if we’re going to achieve the SDGs or contribute to the SDGs, we’re going to need those voices... Nurses are much closer to the people. They’re working with the most vulnerable, in the most remote areas... There is a real need to ensure that their voices and the voices of people they serve are heard.”

Her appointment as the first woman and first nurse to take on the role of Cook Islands Secretary of Health is one of the achievements for which she is most proud. “This boosted the confidence of a lot of women and a lot of nurses within the Cook Islands Ministry of Health. That was something quite significant, not just for me, but a good signal to the nurses that they actually have a voice at the highest level. For me, it was definitely historic. It was one of the most significant roles making a difference to women and health.”

There were noticeable changes across her five and a half years in this position, both in terms of how patients and their families experienced nursing care and in how nurses viewed themselves. “We noticed that nurses were becoming very more willing to be included in professional development programmes. Nurses were keen to take up postgraduate training. They were also very keen to be the lead caregivers in a community.”

For Elizabeth, the leadership potential of nurses is an area still underutilized in many organizations. “Nurses as a profession are positioned very well to take on leadership roles, whether it’s a small community they’re having to take care of, or otherwise. They’re very well positioned wherever they’re in charge of a ward or clinical area.”

While historically nurses were often at the lower end of the medical hierarchy, Elizabeth has noticed a shift in many countries. “There are some countries that are still seeing very
challenging circumstances. They’re hierarchical, where the nurses are at the lowest level. That still exists in some countries, but there’s definitely some shift in movement in other countries where there’s this mutual respect between the professionals. I don’t just mean doctors and nurses, I mean pharmacists and physiotherapists, everybody that’s actually involved in the care of a person… Some countries work very well as a team. That’s something we should be all aspiring to – that we do have that collegial respect and understand that each profession has a contribution to make to the well-being of a person.” She would like to continue to raise the profile of nurses in the health-care continuum. “They bring a reality to the table.”

One of the people who has inspired Elizabeth across her nursing career is Niki Rattle, Speaker of Parliament of the Cook Islands. A former President of the National Council of Women and of the Women’s Counselling Centre and former General Secretary of the Red Cross Society, Ms Rattle is herself a nurse by training. “I’ve watched her – the way she works, the way she presents herself to the general public, to everybody – right throughout her career. I think she’s been a wonderful role model to me, and a good friend… She is always making sure that women are at the table; always questioning people about this. It was her vocalizing these issues that taught me to question, and to be respectful in the questioning.”

Her advice to young women is to take opportunities if they present themselves, something she herself was often reluctant to do if she felt too comfortable where she was. “Now looking back, I’d say grab that opportunity if it presents to you. Make friends and don’t forget to laugh. I learnt to laugh much later!”
It might look difficult, but if you put your best effort in, there is always some kind of reward.

Eun Sook Lee
President of the National Cancer Center of Korea, Republic of Korea

From an early age, Eun Sook Lee’s mother always encouraged her to think beyond the limited gender roles she saw around her. “Gender equality from childhood is very important – my mum always told me this. For her generation, men and women were very unequal in the Republic of Korea and my mum was upset about that. She always told me ‘I want you to be a woman who never puts her hands into the kitchen sink.’”

Throughout her career as a surgeon, Eun Sook spent a considerable amount of time with her hands in the sink as she prepared to enter the operating theatre, and as she scrubbed, she often thought of her mother’s words.

Eun Sook has achieved many firsts across her 30-year career. She was one of the first female surgeons to graduate from Korea University, the first female Director in the 60-year history of the Korean Surgical Society, and is now the first female President of the National Cancer Center of Korea (NCC).

Growing up, Eun Sook sought out stories of women who had refused to accept the limitations and restrictions placed on them by society. During her junior high and high school years, she found inspiration in a number of artists and writers, including the work of pioneering Korean feminist novelist and painter Na Hye Seok, who challenged
social norms and advocated for Korean women’s rights in the early 20th century.

Completing her university studies, Eun Sook was one of only four female surgeons in the Republic of Korea. She graduated top of her class, something she credits as being the only reason she was accepted into the Korean surgical residency programme. “A lot of male surgeons were not happy about that. They were very reluctant to accept me to the Surgical Society, especially in my medical university hospital. But they couldn’t refuse because I was the top graduate.”

As one of the few female surgeons in the country, Eun Sook attracted a lot of attention and scrutiny, particularly during her residence training and as a clinical fellow once this was completed. “I worked so hard because many people were always watching me. I always felt that I was seen as a kind of representative for women – that made me keep on track.” While this put pressure on her, it also created a motivation to succeed. “It was not just a pressure, it was a kind of stimulus… I was confronted by very difficult things at times. But a lot of people were watching me so I had to overcome them. It motivated me to keep moving forward.”

She often draws on her experience as a young graduate when supporting her staff at the NCC. “I always tell [them] they should try to achieve excellency above excellency… Pursuing excellency is really important in order to challenge old ways or foster new approaches. People usually develop trust when you show success in one area and then they are more likely to accept your work in other areas.”

During her time as a surgeon, there were a number of women who inspired Eun Sook. She recognizes the contribution her mother-in-law made in supporting her career through assisting with childcare and housework. Professionally, she continues to admire the confidence and work approach of Dr Monica Morrow, an American surgeon.

Becoming President of the NCC has been one of the hardest challenges of her career. “As a surgeon, or as a doctor, the challenge is not that difficult because it’s a very scientific or academic area – it’s related to my work or my speciality.” However, her work at the NCC requires effective lobbying skills to gain government support – something she had no prior experience in before taking on the role. “I had to learn how to deal with the government and how to deal with people within the institution, and to persuade people who do not have the same opinion as me. That challenge was the hardest for me, but I’ve managed to be successful.”
She believes it is important for leaders to have an open mind and the ability to listen to others, as well as to have patience and generosity. From her experience, there are many benefits that accompany women’s leadership. “I think that women’s leadership has an advantage because women often have the ability to understand individual needs, and to coordinate when various interests are struggling [against each other]. This can be a problem, but I think women often have skills in the coordination of power.”

During her inauguration address at the NCC, Eun Sook promised her colleagues that she would seek positive change first within herself, then seek to motivate her staff, then society and government. She sees this model as an important part of effective leadership. “I have to [model] change myself first, then it affects my neighbouring community. In order to persuade someone to follow your opinion, you need to change first.”

Across her career she has sought to support other women in the health field. Her approach includes talking through the pros and cons of the work with them and reassuring them that these things always exist side by side. “You can have a lot of people’s attention and they can help promote your goals, but there will still be many difficulties in daily life.”

Her advice to young women is to embrace the challenges in life because this is what leads to change. “It might look very difficult, but if you work hard and put your best effort in, there is always some kind of reward.”
If you don’t have a go, you’ll never know whether or not you can do something. If you know in your heart it’s the right thing to do, then focus your mind and have a go.

Vivian Lin’s idea of leadership has changed dramatically over the course of her life. “When I was an 18-year-old I had a solution for everything. I used to sit in the classroom thinking ‘but the solution is obvious!’” Now, she recognizes the lack of clear blueprints and the need to work alongside others to identify and try out new approaches. “You obviously need to have within yourself a sense of what’s the change, and why the change. And that obviously needs to be guided by public interest, if not a moral compass. But at the end of the day, you cannot have sustainable change if people don’t own the change. It’s really about where are people’s starting points, what is their understanding, and how do you work with people to then create that shared vision and the strategies for change.”

Vivian has spent her career exploring new approaches to better the health system. As a postgraduate student, she worked alongside other students to establish an independent health workers’ clinic in San Francisco that became a prototype in the United States of America, contributing to her being awarded the Jay S. Drotman Memorial Award by the American Public Health Association, which recognizes the career of promising young public health professionals. “It’s a very special award because I still look at
it periodically to remind myself that it was given to me for challenging the status quo.”

On the other side of the world, her first job in Australia produced two pieces of work that shifted the thinking in health service development and planning in the country. The first was an Epidemiological Profile that was at the forefront of emerging work examining social epidemiology and the gradient in social determinants; the second piece of work projected health service needs over a 20-year period, past and future, leading to a change in the investment approach to health system development. Since then, her career has seen her design the National Public Health Partnership in Australia and function as its first Executive Officer, become the inaugural President of the Chinese Medical Board of Victoria, and work with both the World Bank and WHO as former Director for Health Systems in the WHO Regional Office for the Western Pacific.

Her advice to young women wanting to take on leadership roles in the health sector is to have a go. “I talk to a lot of young women who are a bit indecisive, who are perfectionists, and therefore a bit risk-averse. We have to overcome this. We have to say, if you don’t have a go, you never know whether you can do something or not. Don’t worry about whether it’s perfect, don’t worry about whether you can win, don’t worry if you don’t get it completely right. But if you know in your heart it’s the right thing to do, and you can focus your mind on what to do, then have a go.”

Across her career, Vivian has worked alongside many women who encouraged and inspired her. “There are women who have persistently championed and fought for issues, and put them on the agenda.” "At the end of the day, I have to say my mother is very important. And it’s not a realization I had at a [single] point in time, but over the course of a lifetime. I remember when I took a class in women’s history in my undergraduate class. There were about 40 people in the room, not all women. And the professor said, ‘How many of you had mothers who were working full-time when you were growing up?’ And about four out of 40 raised their hands. That was probably the first moment I realized how I had just made certain assumptions, because of who my mother was. But my mother had this extraordinary ability to both be a mother for everybody – she was a professor, and she took everybody in as her children. At the same time, she was the tiger in pushing them and driving them and taking control of a situation.”

For Vivian, any conversation about gender equality in health care needs to consider
both women and men, including thinking about the social norms around masculinity. “I remember the son of my neighbour – they used to go to Canada quite a bit. When he was a teenager, he came back saying that it was a lot easier to be a boy in Canada than to be a boy in Australia. For him, in Canada it’s okay for boys to be many different things. Whereas in Australia, the fact that he was a soft, gentle person was not “normal”... I think we have to think about multiple forms of masculinity. We have to help men break down the stereotypes. That’s actually quite an important part of changing the social norms.”

It is also important to Vivian to credit the progress the women’s movement and women leaders have fought for in the health sector. “If we look at health services, and the changes that have happened, certainly women have led the change as users and consumers... We may not think about these service areas and the changes as a women’s thing as opposed to a consumer thing. But these perspectives really come together, so that a people-centred approach to health care fundamentally is consistent with women’s leadership in the health sector.”

For Vivian, there is a need for more of this style of leadership in the health sector and beyond. “People have to feel positive about change and people have to see that change is positive. People need to be constantly inspired.”
Perseverance and self-determination matter... It’s about having the right motives, the right focus, and the passion and will to make a difference.

Jokapeci Tuberi Cati

Advocate and Founding Member of the Fiji Network for People Living with HIV & AIDS

Fourteen years ago, Jokapeci Tuberi Cati made the decision to stand up and publicly declare her status as an HIV-positive woman in Fiji. Until then, there had been little public discussion and no treatment options available for Fijians living with HIV. “Being an HIV-positive woman in Fiji, I think I was the first to come out publicly, sharing my status... At this time there was no ARV (antiretroviral) treatment for people living with HIV in Fiji. Not only was no treatment available, there was no talk or preparation to bring treatment to Fiji.”

Knowing she would need ARV treatment motivated Tuberi to speak up. “Just the factual information of how I got infected, and that the need to have treatment is paramount... When I came out publicly we were able to push and fight and fight and launch treatment.”

Treatment arrived in Fiji in June 2004, but this did not mean the end of Tuberi’s work. “Before we first came out publicly there was no national organization for positive people. We were the first – [myself] and seven other positive people – we were co-founders of the Fiji Network for People Living with HIV. It was registered and established in 2004 and it’s still in operation. To me that was an achievement.”

Through the Network, Tuberi and her colleagues have played a crucial role in advocating for
the rights of Fijians living with HIV. “I remember when we first came out there was high stigma and discrimination towards people living with HIV. We were ostracized – people didn’t want to see us in hospitals – we wore red labels in hospitals. This has really, really changed in hospital settings. Health-care workers are more sensitive towards positive people, and they are using universal precautions rather than wanting to know about your status so they can wear double gloves and dress up like they’re going to the moon and back. All those things have really changed now.”

Sharing personal stories has been a key part of de-stigmatizing HIV and encouraging more people to access testing and treatment, including working with clinics to encourage pregnant women to undergo HIV testing. She has three children and they are not HIV positive. “Sharing our stories as positive mothers having negative babies – that really hits home the message that you can live a normal life. You can have children that are not infected with HIV even though you’re infected. But you need to go through the [treatment] process to be able to have your child uninfected.”

Tuberi acknowledges these accomplishments are largely due to the courage of people like herself to give a public face to HIV. “From the time I came out publicly as positive it seemed like only one or two of us had the confidence to speak out and be an advocate… Now we have about 14 to 16 people that have come out publicly and disclosed their status openly… We also had the right non-positive people on board… Working together in unison we were able to really push this at a national level, and beyond.”

A number of women inspired her in the early days of her advocacy, including the former Speaker of Parliament and former Minister for Women, Dr Jiko Luveni. “[She] really mentored me on how to speak [publicly]. Pushing me in the deep end and saying ‘you have it in-built’… I really looked up to her at the time, and she continues to inspire me then and now.” She was also inspired by Maire Boop Dupont, a positive woman from Tahiti who went public with her status. Tuberi credits her mother as being her backbone in achieving her goals. “Even though sometimes there would be negative comments about positive people, negative comments about the organization – my family and my mum especially would say ‘don’t worry about what they think. You continue to stand by what you believe and keep going.’

These days, Tuberi is considered a role model by her peers in Fiji and around the Region. “They look up to me as someone who can direct them and guide them. Some of them, when they speak at a forum, they’ve been told ‘you sound like
“Tuberil’ – just because of the daily association we have and the fellowship we have here.”

For Tuberi, leadership is about advocating for grassroots issues and making an impact on the day-to-day lives of people. Her advice to young women wanting to become public advocates is to be passionate and persistent about what they believe in. “Even if the vision is blurry, keep going. Perseverance and self-determination matter. Because I had no idea of the HIV epidemic, no experience in management, no education, no degree. But it was perseverance and self-determination in me that really helped push things forward. It’s about having the right motives, the right focus, and the passion and will to make a difference.”

In 2011, Tuberi resigned from her work to undertake a degree in psychology. “I used to have a problem with attending meetings – people saying I’m only there because of my HIV status… Now, I’ve done my degree in psychology [and] not only that, but I was the gold medal recipient… That is one of the proud moments in my life… So I’m hoping other women in my community and any positive men can also do the same and get the qualifications that they need to be heard.”

The results of the 2016 Stigma Index for Fiji speak to the success of Tuberi and the Fiji Network’s work, finding that there has been a decrease in external stigma (the experience of stigma from others) surrounding HIV. Internal stigma (self-stigma), however, remains a problem and the Network is now looking for ways to reduce this. For Tuberi, it is crucial that the voices of people living with HIV are at the centre of this work. “The greater involvement of people living with HIV is something that across the board needs to be prioritized and implemented. Because so often people tend to forget that it’s about us. We are positive people, so our involvement is crucial to any change if we want change to be seen in the future.”
Ying-Ru Lo
WHO Representative in Brunei Darussalam, Malaysia and Singapore

Ying-Ru Lo has seen significant changes in health access and equity since she first joined WHO in 1998. “I was very lucky in my career. I was part of the new movement at a time when there was no treatment for people living with HIV in low- and middle-income countries... I am proud to have been part of bringing life-saving treatments to people living with HIV and to communities in Asia and the Pacific and globally.”

Across her career with WHO, she has worked to reduce stigma and discrimination, and to increase access to health services. “When I was a young medical doctor in a hospital, I saw young men dying from a very mysterious disease, which was later called AIDS, the acquired immunodeficiency syndrome... And between when I started working with WHO and 20 years later, there are so many countries where the trend of people dying from the disease is going down. Having said that, there are still too many who die from the disease although treatment is available. So it’s about lack of leadership and lots of stigma and discrimination against the most vulnerable.”

Her career has taught her much about what drives success in the health sector. “What I learnt is that consistency – having a goal, having a target, being persistent about reaching those goals and targets – is very,
very important, and not to bend towards discriminating, stigmatizing remarks from people who don’t understand what it means. The topic of health goes beyond socially acceptable behaviour. The HIV movement has highlighted the fact that public health and human rights are interlinked.”

Ying-Ru’s experience has shown her that a biomedical approach alone is not sufficient. “A comprehensive response requires also a strong human rights angle and community engagement. That’s probably very unique and that was a lesson learnt from many other public health areas: to engage communities and have a multisector response.”

During her time at WHO, Ying-Ru has been encouraged by the increase in female candidates recruited into the Organization, particularly into senior management positions. “More than half of the world population is female. It is important that women are part of the leadership in health – in shaping health... The fact is that both women and men have equal capabilities in shaping the health agenda and in being global leaders, but often women are less acknowledged or are advancing less to higher positions in global health and also in public health. When I look at ministries of health, for example, in some countries I visited, 95% of the health workforce was female, but the director general and the minister of health were male. I do think that speaks for itself and that’s something which should be looked at – whether there are women who had equal capabilities to be placed in the same role and why they did not have opportunities or were not put into those positions.”

Ying-Ru believes that fostering women’s leadership is part of a range of actions required to ensure gender equality in health leadership. “It can only be achieved if women have equal opportunities and equal rights with men. First of all, it is about legislation. Women’s rights are affirmed in laws and they are enforced. Second is the movement for women’s rights. In the past I did not think that continuing to be engaged in such movements is still important but after coming and working in Asia, I would like to think it helps to effect change. And lastly, it is about motivation for women aspiring towards higher positions. I sometimes think that women are less confident in their capability. It may not be true for every woman, or for younger women, but at least for my generation it applies. I am happy that it’s changing and am hoping it is changing everywhere.”

There is one woman in particular who has supported and inspired Ying-Ru. “She’s a friend of mine, and a great leader. She’s part of the senior management team in WHO in
Geneva – currently the Director for Health Systems, Governance and Financing [Dr Agnès Soucat]... She’s the sort of a woman or person who stands for technical excellence, a great leader, very straightforward and at the same time having also a strong human rights agenda.” Dr Soucat has played an important role in encouraging Ying-Ru to take up opportunities and to believe in herself. “She was always saying to me that I was putting myself down and encouraged me to be confident about my capacity. You need someone to help you – the mentoring. So I was lucky I had bright colleagues who were helping me to grow, both women and men.”

Ying-Ru is keen to see more mentoring opportunities from women in senior positions to support younger female professionals. “I have had the privilege to have had opportunities from colleagues from within and outside the organization to help me, and I am always trying to provide the same. To the women I am supervising but, of course, also to the men.”

Her advice to young women is the same advice given to her by her own mentor. “They should be confident about their capabilities and that they can grow, and they are great women and can be leaders.”
Whakatauki

E hāra taku toa
I te toa taku tahi
E ngāi, taku toa
He toa takitahi

Our strength is not ours alone,
but that of our community.

(Archie Moore)
Dream big
I believe there is always a way out, no matter what the difficulties are. There is no excuse to back off.

Jiani Sun
Technical Officer, Tobacco Free Initiative
WHO China

Through her work with WHO China, Jiani Sun was part of making the seemingly impossible possible. Jiani joined WHO China in 2013 working on the Tobacco Free Initiative, coordinating projects, developing policy and media advocacy plans, and managing social media for the Organization.

During her almost five years working with WHO China, her team successfully made the four biggest cities in China – Beijing, Shanghai, Shenzhen and Xi’an – 100% smoke free. “I was deeply involved in the whole process from legislation development to publicity and enforcements. We worked closely with the Government and other partners on every single step, and have made a lot of the impossible possible. China is the world’s largest producer and consumer of tobacco, and a staggering 44% of the world’s cigarettes are smoked in China. A lot of people didn’t believe that any city in China could go 100% smoke free... But Beijing made it first in 2015 and now more and more cities are following the lead to becoming smoke free.”

On the day Beijing’s law took effect, six giant smoke-free banners were hung from the iconic Bird’s Nest National Stadium. “It showed to the world that Beijing is 100% smoke free. It was also seen as a strong commitment by China to work hard to make people healthier. I am very proud as we are really making a big difference here in the country.” Physically putting up six giant smoke-free banners on the Bird’s Nest Stadium was another big challenge. “It was difficult
because no one had done it before and no one believed in it from the very beginning. We started sharing this dream with each level of Government counterpart and worked out a comprehensive plan so people started to think that it was not impossible. Of course, it was not that simple given a lot of approvals were needed and we just got the mayor’s final ‘yes’ six days before the day [the] Beijing smoke-free law went into effect. We believed in what we were doing. We gave our best to overcome challenges and we made [the] impossible possible.”

Jiani is also mother to a 16-month-old baby and like many new mothers, she struggled prior to returning to work. “I wanted to continue nursing and keep a close relationship with my baby, but I also wanted to manage my work as I love my job so much. I live very far from the office – a 50-minute drive during rush hour. And I have no one to help me take care of my son during my absence.”

Pragmatic and driven, Jiani sought out solutions to help her manage both her roles. “If you choose to focus on difficulties, you can never get things done. If you choose to focus on solutions, things get much easier. I started looking for a day care close to my office so that I can breastfeed during breaks quickly. Then everything got sorted out. It was not easy either. For the first few days I felt that I was running all the time from work to day care to work. But if I managed my time well, it is workable, and it is the best for both my son and myself.”

Her advice to other new or expectant mothers is to keep their confidence. “We need to believe in ourselves and that there is nothing a woman can’t do. I used to be very shy and lacked confidence, especially when doing something that was out of my comfort zone. Being a mom is definitely out of my comfort zone as I have never done this before; like the first time facing the public, like the first time presenting before the media. But then I found if every time I push myself a little bit to overcome the challenge, I become stronger and stronger and that is how I become more and more confident.”

She also recommends taking the opportunity to jump out of your comfort zone and embrace challenges. “The world gives a lot of reasons for a woman to stay in the comfort zone, like you have a baby, you’re married, you have family, jobs, etc. so you don’t actually need to challenge yourself. But why not? There is only one reason to stop – that is you. You are the only one who can decide to move on or to stay where you are now.”

Her final piece of advice is to keep positive and focus on solutions. “I believe there is always a way out, no matter what the difficulties are. Keep finding the tipping point to solve the problem. There is no excuse to back off.”
Of course you can do it; just take it one step at a time. You build up the mountain bit by bit.

Soulany Chansy
Lao Red Cross
Lao People’s Democratic Republic

Soulany Chansy has always known the importance of education and perseverance. “I was born during the wartime, during the Indochina and Viet Nam War... During this time we were living in a special stone cave in the north of Lao. There were lots of mountains. I was born inside the cave because of the bombs all around. Everything was set up in the cave, even the market and hospital.”

Her parents, both Government workers, valued education and made this a priority for each of their eight children. “When I was 7 years old my parents sent me to China and I studied there because during wartime we had no school and no safety... Some people in my family went to China, some to Viet Nam for study. That’s why I’m very strong, because I left my family when I was young.”

Four years later, after the country gained independence, Soulany returned home to finish high school. “My father said, ‘Every one of my children must study and go to university.’ Men and women – he didn’t care. If they were his children, he supported them, which is why most of my family went to study abroad. I studied at the Narimanov University of Medicine in Baku, Azerbaijan... Seven years I studied in the Soviet Union – in Russian!”

Soulany began working in HIV prevention and care and advocacy in 1987, seeking to
increase access to medical treatment and stop discrimination. “We worked in the village to reduce stigma, working with the community... giving them information and education and showing them how to work with vulnerable people.” This work also involved supporting the establishment of networks for positive people that built their confidence and ability to self-advocate. “Now so many people can stand by themselves and apply for support on their own.”

For Soulany, educating others is a core part of her leadership style. “I lead staff in the health department, in my projects, and I also lead women in the Lao Red Cross. For more than 10 years I have been a member of the Women’s Union and am vice chair of the Lao Red Cross Women’s Union… I not only lead project implementation and training, but I also do coaching and mentoring with my staff. Both their work and their personal problems, whenever they need help. You need to lead the people, but also it’s about learning by doing.”

This is a principle that Soulany applies equally to her own professional development, despite more than three decades working in her field. “You always need to learn new things. I collect new knowledge from training and workshops so that I can improve my work. I also think that for my staff, often they cannot attend, so I am able to bring knowledge back to them, like a bridge.”

In her various leadership roles, Soulany tries to motivate those around her to be brave and grab opportunities as they appear. “Some people say things like ‘Oh, I cannot improve because I don’t know English, I don’t know this or that.’ I say, ‘Of course you can do it. Step by step, and you build up the mountain bit by bit.’ ”

Soulany understands the hesitation that many young women experience when it comes to stepping into leadership roles. “When I first started leading I was scared and didn’t know how to do things. My colleague said, ‘This is because you are still learning and one day you will be able to stand by yourself and help yourself.’ ”

As a woman in leadership, Soulany feels a particular responsibility to be a role model for other women. This includes giving women the courage to speak up in front of men. “I always talk, and sometimes the men are not happy, but I do it for the women. That’s why I work with the Women’s Union and on gender projects. I try to encourage other women and help them to speak out. Because I’m the one who studied overseas, I’m sometimes more likely to speak out. In my country, it is often said that the women do the cooking and the men do the speaking, but not me. I’m not much of a cook. I speak out to empower women because this is important.”
When she was young, Corinne Capuano’s father told her there were two kinds of leaders: “There are the leaders that people will follow because they are scared – they choose to please them, as they are so scared that they’ll just follow. And you have leaders that people will follow because they love them – they want to do whatever they can because they love them.” He told his daughter that one day she would have to choose what kind of leader she wanted to be. “I was a very shy child and I wondered, why is Dad telling me that? I’m not going to be a leader. I am a very introverted person, so I had to build that self-confidence. But that thing always stuck to my mind... and Dad was right.”

“With experience and grey hair comes maturity and over the years I developed my own vision – a leader is someone who is able to bring people together and show the way. A leader has to be part of the vision – it’s not somebody who just says ‘you go that way’. He or she has to be able to lead and show the direction. It’s also someone who can influence both the team as a group, but also influence each individual in the group.”

Motivated to understand better the world around her, Corinne studied for a master’s in
political science at the same time as completing her medical studies – quite a challenge in the French education system. Despite being heavily pregnant with her second child, Corinne passed the taxing political science examination and then went directly into labour. She would go on to specialize in public health and to complete a master’s degree in medical law.

Corinne started working with WHO in 1999 in Vanuatu. She was soon moved to Fiji to lead a programme focusing on eliminating lymphatic filariasis (LF). “It was a very difficult time. When the programme was established in 1999, all the Pacific countries committed to eliminating LF by 2010. I was requested to come to Fiji to lead that programme in 2006 – four years before the deadline. At that time, it was very clear to me that none of the Pacific countries would meet the deadline and would be closer to the global deadline of 2020.”

This was not news anyone wanted to hear. It took work to gather the evidence to prove that the original deadline would not be met and to revise the target, something politically, diplomatically and technically difficult. “It was very difficult, but we managed to do it. It’s now recognized as a turning point in the programme.” Her involvement in the programme saw a number of other successes, including improving reporting and treatment for people already affected by LF. Improved data collection found nearly 300 men with hydroceles – severely swollen scrotums caused by LF that impacted their ability to lead a normal life. “These men are ashamed. They stay home. So as a result, they lose their jobs, lose their families, they lose everything.” Corinne talked to her husband – a surgeon – and they came up with the idea of establishing a mobile surgical team that went out into the country to treat the men. To date, nearly 200 surgeries have been performed. They also published a new classification system for hydroceles that has been recommended by experts to standardize professional terminology.

For Corinne, her husband exemplifies a true leader. “I have lots of trust in him – he’s brilliant, very smart, a very strong public health advocate and leader... But the fact that I have that admiration for him, and the fact that he fully trusts me, it has also built my confidence.” She is also inspired by their two grown-up daughters and their son and their determination to achieve their goals.

She has seen many changes over the years, with more women now being recruited into
WHO – something she has pushed for. “My argument was: I’m not saying that women are better than men, that’s not my point at all. Women and men have different ways to approach an issue, different ways of looking at a situation. And if you have only one sex that is dominating you’re losing that other path – the other options that are there but you don’t consider because nobody is thinking about them... We’re complementary. If you don’t have balanced teams you’re losing all this wealth of other options and views you could have.”

Going forward, she would like to see more done to ensure that women and men have equitable opportunities in the health sector. “I believe that women and men have the same potential, so it’s a matter of giving to women a sense of confidence. To push them to see opportunities and create opportunities and not be shy... It takes a lot to get out of this comfort zone – you’re shy so you don’t want to go out and speak in public.” She encourages women to be courageous, whether it is in the job opportunities they take or being the first to speak in meetings. “Whatever the first topic is, whatever the first question is, you raise your hand and speak.”
Rosy Sofia Akbar can trace the inspirations in her life to three key areas: family, education and politics.

“Myself and five of my siblings, we were raised in a single[-mother] family. And I believe the strength that my mother showed in trying to bring up five children single-handedly has made me very strong. I think if I look back on who I am today and what I have achieved so far, I would like to attribute it to her.”

Growing up, Rosy valued education and was supported by a number of teachers in order to complete her studies. “Back then we did not have free education, back then we had to pay for everything. I had a couple of teachers who actually assisted me to do that.” She credits her education with helping her to achieve all that she has in her career. After completing her studies, Rosy became an educator. “I truly value that education – instilled in me right at the start by my mother and the challenges I saw that she encountered in her life – has made me what I am. And that is why I believe true leadership is about serving – putting first people’s interest.”

Rosy credits Prime Minister Frank Bainimarama as another role model, appointing her first to the position of Minister for Women,

Go and conquer the world.
Do not let anybody ever override you or say you’re good for nothing.
Children and Poverty Alleviation, and then to her current position. “I admire him so much and I appreciate him giving me this opportunity... But the fact that I was given a ministry to lead, the fact that I was given a chance to be part of his party, and the fact that he entrusted me with these two major portfolios, is a big achievement for me.”

Her work in both politics and the education sector have strengthened Rosy’s belief that education is at the heart of empowering girls and addressing inequities in society. “If we have educated people in the society, education is going to lead to mindset changes. It will allow people to look at everybody without bias – in a more balanced way.”

When Rosy first joined the Ministry of Health, a process of decentralizing health services was already underway. “They actually took the services to the people. In fact, one of the main things for me was to strengthen the Ministry and Government’s collaboration with the NGOs [nongovernmental organizations], civil society organizations, faith-based organizations and especially the corporate sector. And I would proudly say that we have formed a very collaborative partnership with our corporate sector, which comes on board to assist in creating winning partnerships. Just a couple of weeks ago, we started opening a lot of services around the country. We opened a health centre and made it into a 24-hour service. And the feedback I’ve been getting from people is that they are very happy.” In addition to extending health service operating hours round-the-clock, her other achievements include designing extensive campaigns on breast and prostate cancer, and health and nutrition curriculum, and guidelines for schools.

Rosy believes that women often bring courage and commitment to leadership that extends beyond the individual and towards the family and community. She would like to see women given the opportunity to take greater ownership of their health and to understand that they are major contributors and enablers of social and economic development. “I grew up seeing how much attention my father would get when he was sick and how much attention my mother would give herself when she was sick. What we women need to do, is to see that, in order for us to care for our family, community and society, our health is the most important.”

She wants to see more women in positions of leadership because gender equality in global leadership will produce the most effective health policies and practices. “It’s very important to understand the cultural
expectations of communities. Gender equality can be undermined because of the belief that men make great leaders... I think both men and women make great leaders. It’s just that women have to fight for our way to that leadership... We need to trust women. We need to push for more women leaders to come and take the forefront of not only politics but wherever we need women leaders... And at the end, I think the whole country, the society, the community needs to recognize women leaders. And we need to weight women leaders and men leaders on the same scales. We cannot say that men are good leaders and women are not.”

Rosy’s advice for young women is to not doubt themselves. “The fact that I rose from poverty, worked hard and became an educator, a mother, a wife and a politician – I wouldn’t have dreamt to achieve so much because I have always undermined myself... Do not let anybody ever override you or say you’re good for nothing because I think young people – especially young women, boys and girls – they are the future... Go and conquer the world. The world is yours.”
For Li Ailan, a successful leader can bring people together around a common vision, anticipating future challenges and forecasting new developments. A decade ago, Ailan’s public health expertise meant she was part of the WHO response team for the severe SARS outbreak. “SARS was the first new emerging disease for this century. I have learnt so much from the new disease that changed my career path. Many of my colleagues had little real-world experience and we were not well prepared for handling such a situation. And during that process – of course I was young – I saw the importance of women’s leadership.”

“I realized that timely decision-making really saves lives. If we have women with decision-making power, it makes a great difference. At that time I had the opportunity to get exposed to many high-level decision-making leaders, dedicated experts and health-care workers. And I noticed that a very senior governmental leader was a lady... I saw her as a role model. She could make tough decisions in a crisis situation. She could listen to the opinion of experts, make her judgements quickly and take all the constructive and sometimes nonconstructive criticisms to make a decision to change a certain situation.”

For Ailan, the SARS outbreak and many other public health emergencies taught her a great deal about leadership and made her believe that she had the potential to be a leader in public health. “As a public health specialist, what drives me is people’s health – how we advocate, how we devote ourselves to serve people. During outbreak and emergency situations it really makes a difference – you can really help...
people. I saw that I had an opportunity to change even my profession.”

She has seen women leaders expertly utilize “soft skills” to manage complex situations. “You can use your softest skills – caring for the people and building trust relations – and the people will see you have passion in your work and that you’re moving together. That’s something I also find as an advantage for me because doing my job is not easy and I have a full responsibility. We do not know when and where the emergencies will happen and we have to act on any uncertainty quickly... You have to bring people together to a common mission to do what we are expected to do and get things right under pressure. And so far, I am very proud of having such wonderful opportunities to work with leaders and my colleagues in WHO and beyond. People go in the same direction. That’s why, compared to 10 years ago and after a decade of efforts by countries, by WHO, by partners, our Region is really much better prepared for outbreak response. And you can see, we are able to pick up or detect and respond to urgent public health events much quicker than before. As a regional emergency health leader within WHO, I firmly believe that I contribute to the health security process – but it’s a collective leadership – I am part of the process through our unique WHO platform and knowing this adds value to my life.”

Ailan believes a shift in perception is vital and should occur so that women’s leadership roles are seen as equally valuable as men’s. “Women have great potential. I discovered my own potential because of the opportunity I was given, the informal mentors who encouraged me, and the working environment that I have, otherwise I wouldn’t have known. I would have continued as a technical specialist doing technical work but now I am doing a lot of managerial work, I am doing the work that supports leadership... I firmly believe ‘learning has no end’... I learnt so much from the leaders, peers and colleagues whom I work with – especially from both women and men leaders.”

Looking back on her life, she would encourage herself to aim higher and not hold herself back. “I could have dreamt bigger, had a bigger imagination and believed in my own greater potential. I think we should believe anything is possible.”

She wants to see more done to encourage and motivate women to discover their own potential and build on their confidence. This includes shifting the social norms that discourage or prevent women from seeking leadership opportunities. She also wants to see more opportunities for the next generation of women leaders. “Women’s leadership in health is important because it provides vital perspectives to the important decisions on health. I think that gender equality in health can only be achieved if men and women are provided with equal opportunities in leadership roles.”
In Mongolia, there is the saying that good health is the most precious wealth. For Sarangerel Davaajantsan, current Minister of Environment and Tourism and former Minister of Health of Mongolia, women’s leadership is a vital part of supporting the nation’s health.

“Women’s leadership plays an important role in solving various complex issues in the health sector without leaving anyone behind.” Sarangerel believes that there are no minor issues in health. “Every detail is important, and they deserve due diligence and care.” She sees this reflected in the way women are able to prioritize the health and well-being needs of each and every member of their family – a quality that is also reflected in women’s leadership beyond the private sphere.

Within her country, Sarangerel is proud of the many efforts underway to improve gender equality, including a Law on the Promotion of Gender Equality, introduced in 2011. “Within the scope of the law, we have been conducting training to strengthen capacity to implement gender-sensitive policy in health and to improve health education. Other measures are also being taken to develop integrated policy and action plans on gender equality, to implement projects and programmes, and to
conduct campaigns to promote participation of men [in the health profession].”

Sarangerel identifies the ongoing need to address gender inequity within the country’s health profession. “At present, 82.1% of the total health workforce is women, yet the majority of surgeons are male. More men work in higher or managerial positions in hospitals and health centres than women.” Sarangerel believes that this is partly due to the lack of confidence in the leadership abilities of women. “There is a need to prepare more women to be managers by giving them trust, and by empowering and encouraging them, alongside good policy and planning. Giving systemic knowledge on management and leadership to medical students during their studies is important. This will create an opportunity for women to gain more self-confidence and self-belief, and to challenge traditional understandings [of leadership].”

Sarangerel believes that leadership should not be understood as being about a person’s position or power, but about their ability to foster effective work. “A leader is someone who is able to gain support from within the sector and from the general public – who can gain trust and confidence – and is able to operationalize her or his policy and plan, and be a role model and good example to others.”

She lists many women among her own role models, starting with her mother, L. Tserendolgor. “My mother gave me true inspiration, confidence and belief... She demonstrated through her life how one can be honest and true to her values, loving and gentle to her family and others, and have an unwavering dedication to her personal life and work.”

She also names Mongolia’s many well-known female public figures, including ophthalmologist J. Baasankhuu, state-honoured artist N. Suvd, Olympic silver medallist D. Sumiya, and journalist D. Ambaselmaa, who continues to work into her 90s.

Her advice to young women wanting to become leaders in health is to have confidence in themselves. “Be a good role model, knowledgeable, humble, and work tirelessly. Be kind-hearted and helpful to others, loving and caring towards people and the sector, and spend your time wisely and efficiently.”
Tell your story
To Reiko Tsuyuoka, leadership is about having innovative ideas and being able to motivate others to move forward. This is a quality her colleagues at the WHO Regional Office for the Western Pacific recognize in her. In her role as the Health Emergencies Leader for Lao People’s Democratic Republic, Reiko has created a collaborative and genial work environment that motivates her team to work towards the achievement of their goals. She takes pride in her role as a manager and encourages her team to come up with their own innovative ideas by providing opportunities for them to share their thoughts and opinions.

In the course of her career, Reiko has realized that discrimination against women is deeply entrenched. She has observed that in some Asian countries boys and men have more access to health care. She believes that “we need to change this – but it’s not only health, it’s whole of society... Girls are equally important.” She has witnessed how some cultural traditions – such as women sitting on charcoal after labour – are passed down from
woman to woman through the generations, making them acceptable practices even if they might be harmful. In addition, in some cultures men prefer males to be leaders rather than women. Even when men and women hold the same rank or position, the men might be given more leadership opportunities. Reiko thinks it is imperative that women be empowered to take on more leadership roles. She believes that WHO is in a position to promote and support this kind of change, especially in health. However, achieving change will require, as she puts it, changing people’s perceptions “from [the] bottom of their heart[s]” through advocacy and motivation.

Reiko is inspired by the example of Madame Sadako Ogata, who served as the United Nations High Commissioner for Refugees (UNHCR) from 1991 to 2000 and then President of the Japan International Cooperation Agency (JICA). Describing Madame Ogata as a “small giant”, Reiko admires how she was able to introduce innovative thinking into UNHCR, such as collaborating with European air forces during the Bosnian war. Although this kind of approach had never been taken before, she did whatever was possible to save the lives of refugees.

Reiko was also inspired by the supervisor she had when she was doing her internship in a hospital and from whom she learned a lot. “She was well known as a strong woman... I respected her a lot. She always put her patients first and would do whatever it takes to save a patient’s life.” In her professional life, Reiko feels grateful to have been surrounded by great people. Throughout her career, she was guided by leaders and people who were her seniors, while colleagues and peers supported and pushed her in her efforts. She credits many people who guided her and gave her advice, including those who encouraged her to take up volunteer work in public health, and eventually
to join WHO. Looking back, Reiko could not have foreseen 30 or 40 years ago how her career would turn out, but she is gratified that she is doing what she feels passionate about.

Her advice to younger women now is not to neglect work-life balance as this is a lesson she has learned – “I should have paid more attention to my health earlier, like doing regular exercise or relaxing.” She is often impressed by the young women nowadays who are able to manage their work and personal lives, and at the same time become capable leaders. She is more mindful now of the importance of taking care of her own well-being. At the same time, she continues to innovate and to constantly ask, “In addition to what we are doing, can we do more?”
Women need to advocate for their own needs. Nothing about us without us.

Nguon Sophak Kanika

Self-advocate on Disability Cambodia

Looking back over her career, there are two achievements that stand out for Nguon Sophak Kanika. “The achievement I am most proud of is that I became an instructor at the Royal University of Phnom Penh. That is one of the biggest things in my life I have ever gone through... I faced discrimination because I am a woman with disability and I wanted to become a teacher – to become a lecturer – and I had to advocate for many years to get to this position... Another achievement I am proud of is that I play an active role in the disability sector. I play this role sometimes as a mentor, sometimes as an adviser, and sometimes as a consultant.”

Kanika’s resume is long and impressive. She has qualifications in social work and education, and in addition to her university teaching work, she is a consultant and adviser for the social work, education and disability sectors. She is a passionate advocate for accessibility in education and universal design, something she has personal experience fighting for. “I am where I am today because I have gone through different steps advocating for this position. I had to advocate to get out, to get an education, to get out into society, to get work. And not only a basic education, but higher education. When I was young, the only thing I could do was cry... If I said something, no one listened to me... But I had good parents. My
father listened, and because he was a teacher he helped me get the education I wanted.”

For many Cambodian parents of children with disabilities, the desire to protect their child from bullying or abuse can lead to a reluctance to send them to school. In Kanika’s experience, this overprotectiveness is a particularly common experience for girls and young women with disabilities. Part of Kanika’s advocacy work involves encouraging families to support their children to gain an education despite these fears. Often her students will bring their parents to class with them so that they can meet Kanika and see for themselves the kind of skills their children are learning. “The parents can also see who I am and what other challenges I have been breaking down. I want them to see the confidence I have and break the barrier by starting with themselves, their family, their community and in the society.”

Kanika believes that lived experience is vital to being able to advocate on behalf of others. “They will know about the challenges, they will know about the needs, so that they can advocate better.” It is for this reason that Kanika wants to see more women in leadership positions across every sector. “There is a slogan: nothing about us without us... That’s why it is important to have women in leadership positions – so women can advocate on behalf of other women and girls.” Women and girls with disabilities often face additional challenges to accessing leadership positions, including stigma and discrimination. For Kanika, any discussion about gender equality needs to explore the different forms of power and privilege afforded to different groups in society. “The key thing is power – the mindset of people about the power between men and women... And if women without disabilities have challenges in the power they have, what about women with disabilities? They have double or triple the barriers to accessing that power.”

Part of Kanika’s work involves mentoring young women with disabilities to build their confidence to take on leadership positions. “What I tell them is: Do what you want to do. Speak up for what you want to do. And grab the opportunities where possible – do not let them get away – because luck never comes twice. If you let the opportunity go, someone else will grab it... Based on my own experience, I have gone through different steps to become who I am today. I was not born as strong as I am; I was like they are now. So we can build up gradually, then one day all of them will become like I am. And once they become who I am, I will get old and retire! I would be really happy to see them play the role that I am doing today. That’s what I tell them. I want to see their futures be even brighter than mine.”
Few people can say that they have contributed to changing the research landscape of an entire nation. For Pat Anderson, the past few decades have seen significant change in how research about and by Aboriginal and Torres Strait Islander people is undertaken in Australia.

“When we started the now Lowitja Institute, just a little over 20 years ago, there were probably a handful of [Aboriginal and/or Torres Strait Islander] researchers – maybe you could count them on your right hand. The two most well-known were Ian Anderson and Marcia Langton. And we were the subjects of the research, not active participants. We were the people to be measured and weighed and examined.”

The Lowitja Institute – Australia’s National Institute for Aboriginal and Torres Strait Islander Health Research – has been instrumental in changing this. “We set the agenda, not only for what’s going to be researched, but how it’s going to be done. And to include Aboriginal and Torres Strait Islander people in the actual design and the question we want to be researched – that was new.”

The Lowitja Institute’s board identifies key priority research questions and then approaches leaders in the relevant field to further discuss the research question, before
the research is finally funded and conducted by research teams, at least 85% of which are led by Aboriginal and Torres Strait Islander researchers. The Institute also incorporates a capacity-building component for emerging researchers in all their work and ensures that researchers have a strategy for translating their findings back to the community. “When we came on the scene 20 years ago, none of that was happening. So it’s changed, I’m happy to say. I think the Lowitja Institute and others, too, have changed that research landscape.”

For Pat, mutual respect and the ability to build alliances and relationships among different stakeholders is a core part of effective leadership. “Working with a whole lot of different stakeholders coming from different backgrounds and different aims and objectives – that’s been crucial in my experience to making and sustaining change for better-quality public policy. Strategic and principled alliances are important and I think they’ve been crucial in the last 10 to 15 years here in Australia in making some further developments progress in the Aboriginal and Torres Strait Islander health area.”

Focusing on the work of the collective instead of the individual is one of the many features of women’s leadership for Pat. “We organize others around us, because there’s a need, and we just get around and get up and do it. It’s not about us individually at all, it’s about the collective. Which includes our families and our communities and, indeed, our organizations.”

There are a number of women Pat credits with teaching her about resilience and determination. “Outstanding women like my mother, the women she grew up with at Kahlin Compound, and the women I grew up with at Parap Camp who, with their love and intelligence, taught me the value of hard work, endurance, resilience. They also instilled in me the strong sense of justice that has been the guiding principle of my life.” She names the Lowitja Institute’s patron Dr Lowitja O’Donoghue as a lifelong inspiration, and acknowledges the legacy of well-known Aboriginal activists like William Cooper and Doug Nicholls. “They were the ones who first called for a voice so we could engage with Parliament. Nothing is new. These other people – these giants before us – have said it all before.”

She is heartened by the future of activism too. “One of the things I’m really proud of looking back now over this long working life, is that there is quite a lot of young Aboriginal and Torres Strait Islander men and women who are coming up behind me – they’re better educated, they’re healthy. So, we’ve got a
good future because of these young people who are coming up behind us, and I’m proud to know many of them from all over the country.”

For Pat, racism and uncertainty remain the biggest issues impacting the health and self-determination of Aboriginal and Torres Strait Islander communities. The need for structural reform is something Pat recognizes Aboriginal activists have been calling for since colonization. In order to address this, she encourages Australians to inform themselves about the issues affecting Aboriginal and non-Aboriginal Australia. “That would go some way, hopefully, to addressing and having some understanding of what’s actually going on in our country today and has been for a number of years. And to motivate friends and colleagues in particular to promote understanding of the profound consequences of racism on health and well-being – that there is a direct link, there is no doubt about it. In fact, I can say that racism makes us sick. Not just us. It makes us as individuals sick, but it also makes the nation sick.”

Her advice to young Aboriginal and Torres Strait Islander women and men is to work hard and build their knowledge so that their advocacy can be confident and well-informed. “You have to be resilient, and we are. We’re amazingly resilient, I have to say. I can’t believe we’re still here and who we are today despite all the obstacles. And the calibre and quality of young people – I’m so proud of them, they’re doing so well. I pay tribute to all of them and the efforts they’re making within their schools, their communities, their families, their towns, their organizations, and just being who they are.”
We need to keep telling the stories about how different circumstances affect women’s health.

Marina Mahathir
Advocate for Women’s Rights
Malaysia

Marina Mahathir understands the importance of women’s voices. A long-time advocate for women’s rights in Malaysia, Marina has made a career out of seeking to give a voice to those without one, and to championing the connection between women’s health and their fundamental human rights. “I think nothing works like real-life stories, of the lived realities of women.”

The work Marina is most proud of includes her time working alongside colleagues in the Malaysian AIDS Council (MAC), which led to the successful lobbying for prevention of mother-to-child transmission of HIV, as well as free antiretroviral treatment for all Malaysians living with HIV. Women’s stories played an important part in securing these achievements, helping bring into focus the lived experiences of women. “Some of the HIV-positive women I met during my years at MAC were so courageous and generous in sharing their experiences.”

Marina recognizes the vital role that women’s leadership plays in the health sector. One
of her inspirations is her mother Tun Dr Siti Hasmah Mohd Ali, a medical doctor who also worked in public health. “Working in small towns and rural areas in northern Malaysia, she understood the importance of cultural issues in handling health and medical matters.”

From Marina’s experience, women in leadership are able to use their positions to elevate the voices and concerns of others. “Women’s leadership in health is so important because women’s voices in the management of their own health is very often missing. Women leaders know that many women cannot talk about their own health, either because they prioritize others or they don’t have enough knowledge and therefore accept their low health status as a given.”

“Gender plays such a major role in women’s health. Women rarely question doctors, especially if they are men. And in Malaysia where husbands still need to give permission for surgery for their wives, this leaves women vulnerable to very subtle abuse if the husband refuses to grant permission.” For Marina, this is where the power of sharing experiences comes in. “Most people are appalled to hear that we need our husband’s permission to have an operation but it’s not something they even knew until we [told] them. So we need to keep telling the stories of women whose health are affected by various circumstances.”

In the future, Marina would like to see more women at management levels in public health settings and in hospitals. Other priority issues for her include opening up non-judgemental health services for young women, including contraceptive services, and the need to view women as whole people, rather than just as mothers. Her advice to young women starting out in the health sector is to always remember that health is a holistic field. “Everything [you] do will have an effect on [the health field]. Also, most importantly, health is a basic human right that needs to be jealously guarded.”
Conclusion

Across the Western Pacific Region, women leaders in health are driving progress towards women's empowerment, gender equality, and the health of their families, communities and society at large. The women featured in this publication represent a small proportion of the movement to improve equity, opportunity, and equal representation for women and men across the public and private spheres. As the movement pushes onwards, there is room for countless more women and girls to join the push for progress, whether it is in the home, the workplace, the halls of power or the community.

The WHO Regional Office for the Western Pacific spoke to women across the Western Pacific Region – from different communities, of different ages, in different jobs, with different levels of responsibility. We asked them to share their experiences and stories and found a pattern emerging: five recurring themes that connected their individual experiences and offered ideas for how we all can continue the momentum towards equality.

1. Celebrate
Leadership can take many forms. Women are leaders at work and at home – in communities and families, in organizations, private companies and governments. As women increasingly join their male peers as leaders in health, it is important to take the opportunity to recognize women’s contributions and celebrate them. And there’s a lot to celebrate in health: women lead government policy-making, they work as medical professionals, they are advocates for health and gender equality, they manage organizations and teams, they analyse information and evidence, they stand up for marginalized communities, and much, much more. There’s no limit to what women can do, if enabled and empowered to do so. So let us celebrate how far we have come, and what still remains to be done.

2. Inspire
At times, the greatest impact a leader can have is to inspire another. Hearing the many different stories of women’s leadership – the experiences, reflections and advice; their honesty and ability to laugh; to fail and to try again – all this can inspire other women to follow in their footsteps. Sharing stories and advice, including through mentoring, is not a new idea, but its value is immeasurable. Women have a critical role to play in inspiring other women, especially younger women. When we see women in leadership, it inspires other women to lead, because we cannot be what we cannot see. Women can speak out and empower younger generations to be confident and fulfil their potential. So ask yourself, who inspires you, and who do you want to inspire?
3. Be brave
Being a leader is not always easy. Have you ever lacked confidence, been scared of taking risks or of making a decision in case it turns out to be wrong? Maybe speaking in front of a crowd makes you nervous? Maybe you worry about the potential fallout for leading a major project? It is surprising how many women share the same worry. The solution is simple, but potentially scary – just try it. Have courage, raise your hand, speak out, and maybe it will work. If not, it is not about being perfect. Remember that everyone makes mistakes. That is the best way to learn. The important thing is to try and take the risk. Your voice is important.

4. Dream big
Some days, the goal of gender equality seems very near. Other days, we seem stuck in the trenches or sliding backwards. On a day-to-day basis, it is easy to focus on what does not work, on the mistakes we have made, or what is stopping us from empowering women and girls, advancing their health and well-being and achieving gender equality. We asked women what they would tell their younger selves and the answer is to dream big, to imagine great things and go after them. Leadership can also be about identifying and grabbing opportunities when they present themselves – whether at home, in communities or at work. Too often, challenges appear, people raise doubts, or your own hesitations stop you. Looking back on your life and career, are you likely to feel bad about believing in yourself and your own greater potential? So go for it, dream big and do not forget to laugh.

5. Tell your story
Women’s leadership in health is important because women’s voices are often missing. How often do discussions about women, health and gender take place without women in the room? This needs to change. And change is difficult. It requires time, space, resources, commitment and partnership. Let us start by listening and learning from our experiences and those around us. This requires women of all backgrounds to step up and tell their stories, to share their successes and failures, and to engage in reflection and dialogue. It also needs men and boys to engage in those dialogues, to ask critical questions, and to work with women and girls to ensure that everyone, everywhere, is as healthy as possible.

So: Celebrate how far we have come. Inspire those around you and let others inspire you. Be brave and take risks. Dream big and seize new opportunities. And tell your story, because women’s voices matter and women’s voices will change the world.


