Women in Global Health (WGH) is a movement with the largest network of women and allies working to challenge power and privilege for gender equity in health. It has grown to include over 50,000 supporters in 49 countries and has 53 official chapters. The WGH European network is an established hub of the global WGH movement focusing on gender equality in Europe.

The WGH European Chapters utilised an interactive workshop at the European Public Health Conference, held in Dublin in November 2023, to highlight the contribution female leaders are making during these times of conflict, with a particular focus on the experiences of Ukrainian healthcare workers.

A keynote from Sabine Ludwig, Head of WGH European Chapters Executive Board, outlined key inequalities such as the 24% gender pay gap and the unequal proportion of women allocated to leadership positions within the health sector. "Gender equality is not a women’s issue, it is a human issue. It affects us all", Sabine Ludwig.

The aim of the workshop was to explore health-related challenges caused by the conflict in Ukraine through a gender-equity lens of shared experiences and perspectives. Panellists Halyna Skipalska, Country Director at HealthRight International and Nataliia Piven, Technical Officer at the WHO Country Office in Ukraine, focused on the daily realities of women living in Ukraine. Panellist Olha Kompaniiets shared her experience as a female refugee living and working in Poland.

Conflict context

The lives of our three panellists changed instantly at 5:07 a.m. on 24 February 2022. As missile attacks began, the three women described the different actions they took to protect their families and those around them. This involved packing priority items, everything from sensitive documents to family pets, and moving to safer areas, instantly becoming internally displaced people (IDPs). Since February 2022, the number of IDPs in Ukraine has exceeded 7.7 million, with reports that 90% are women and children.

"I see a lot of strong women who are staying and delivering care despite being bombed. Many elderly communities remained, and they need to be cared for", Nataliia Piven.

The lives of the people across Ukraine have been profoundly impacted, and within this exists a gender dynamic that was explored throughout the workshop. Although one fifth of the Ukrainian military is reportedly female, many military-age men are now absent in communities having chosen to fight. The workshop highlighted the perspectives of three Ukrainian women who, like many, have emerged as important international advocates for Ukraine.

As the three women outlined how their own identities, both personally and professionally, have changed, they described significant health service challenges and themes.

Action and implementation

All three panellists described different phases of action since the beginning of the conflict. The experiences of the first months of war were turbulent and unpredictable. The growing needs of the population were difficult to capture and varied geographically, resulting in quick decisions to adjust work models, and scaling-up of projects. The resulting quick and efficient decision making has enabled rapid large-scale change of health service delivery in response to the needs of the population.

As key decision-making roles continue to be held largely by men, the panellists strongly advocated for those women who have stepped up to take on different roles, going beyond supplementing government positions. There was huge emphasis on the importance of using this momentum of change to promote female leadership within Ukraine.

"I see a lot of strong women who are staying and delivering care despite being bombed. Many elderly communities remained, and they need to be cared for", Nataliia Piven.
We are seeing the burn-out of staff after 1.5 years, we are getting tired”, Halyna Skipaslsk

We heard that 15 million Ukrainians face mental health issues and 5 million require medication. With these growing needs, the panellists mentioned the development of the WHO Mental Health Framework to address these challenges. It was reiterated that the initiative is supported heavily by the First Lady Olena Zelenska.

I am a doctor and I don’t know who else to be. Loosing that meant I lost who I was”, Olha Kompaniiets.

We heard how the expansion of mental health specialists to mobile teams, day centres, new online platforms, and care units increased five fold over twelve months. Many of the gaps in support have been covered by women-led civil society organisations and the volunteer movement, resulting in women being at the forefront of community-level responses to the war, especially in rural areas.

The panel also highlighted huge cross-border collaboration in the movement of patients to other Member States. Further initiatives assisted displaced health staff to support Ukrainian patients in host countries, provide skilled care, and assist integration into communities outside Ukraine, as described by Olha Kompaniiets regarding her work as a renal specialist in the Polish health system.

Mental Health

Without a doubt, the biggest long-term consideration for the Ukrainian people was described as the mental health of the nation. Nineteen months after the conflict began, burn-out and fatigue of healthcare staff is a common concern amongst the panellists.

Many health facilities are destroyed, supply chains are disrupted, and the healthcare burden has not only changed in needs but has drastically increased through injury and hardship. This, coupled with a different demand of skill sets, a personal care burden plus the emotional demand of delivering a service, creates an unimaginable work environment.

"Talk, never be silent, and believe in your thinking. Silence is not heard”, Nataliia Piven

Throughout the workshop there was a background message of hope. The phrase “rebuild and recover” rang out despite the enormity of the challenges described. Positivity and hope, in the face of such complexities, are inspirational personal qualities.

There is certainly an aspect of situational leadership reflected in our panellists’ stories. They also demonstrated incredible strength and resilience. We heard of inspirational actions such as integration into host communities through newly acquired language skills, clinical skills, patience, and diplomacy. There were stories of highly dangerous working conditions, maintaining a presence on the ground, training staff in bunkers, and innovative ways of working implemented at speed and scale. Numerous lessons are to be learned and messages to take away from the workshop, and we are grateful to our generous panellists for their openness, time, and commitment.

Leadership

Rapid training and scaling-up has played a big strategic part of the healthcare delivery model during the conflict. Due to the mass-migration of healthcare workers, capacity building became vital to sustain services.

Emphasising the utilisation of digital technologies, Halyna Skipalsk described how individuals were able to access primary healthcare doctors and mental health specialists remotely. Health staff who evacuated were also able to utilise these services to continue providing care, protecting their own self-identity, and providing a livelihood.

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