EDITORIAL

The mark of women's leadership on solutions to global health problems Valia Kalaitzi¹

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"Man is the measure of all things", stated Protagoras in 485 BC (1). Maybe it's time to add women to that equation and adapt Protagoras' saying into: "women who are leaders are the measure of global health challenges".

What Protagoras meant, of course, was that man is the point of reference, the centre of universe; he adjusts his world to fit his needs. In other words, man has the ability to shape his living conditions, the environment and solutions to the challenges in life. In that sense, the challenges are managed according to the terms and conditions of man.

Indeed, global health challenges of the 21st century are widespread. They are many, and they are of great magnitude. World health leaders are challenged by crises such as polio, zika virus, and H1Ni, to mention a few. Many health systems around the world have been challenged to respond effectively to these crises, spotlighting major gaps in worldwide surveillance, disease control, resources, and infrastructure required to protect and support the public's health. The economic crisis that affected Europe has been linked to several infectious disease outbreaks including TB and HIV, compounded by recent waves of migration, although the links between these events remain unclear (2).

Debates ensue about the value and feasibility of universal health coverage, the increasing role of the private sector in the global health landscape and the subsequent changing roles of global health actors that shape the new health economy. These are complex times, and they require skilful players if we hope to translate public and private sector investments in health into both economic growth and equitable improvements in health. Such goals require inspired, inclusive, and effective leadership. These very traits are the hallmark of women's leadership.

Women have been observed to possess certain traits and characteristics that may accelerate effective and sustainable solutions to challenging global health problems. It is widely accepted that women who are leaders act as a normative agent of change and developmental processes (3-8). They practice people-centred, inclusive leadership and balance strategic priorities with collective dynamics. In this regard, they may exhibit greater mastery as compared to men in relation to key competencies required to make progress.

One may argue that we experience a collision of worlds in respect of the old and the new tradition of gender-based roles in global health governance, and the implications for our freshly made, globalized world. However, the balance of global gender roles in our contemporary world is the outcome of politics and power. That balance can be changed to benefit global health.

If the collective political community "aims at some good and the community which has the most authority of all and includes all the others aims highest" (9), then, our current, turbulent suffering societies expect global leaders to practice the quality of leadership as described by Plato (10). That form of leadership combines the following components:

- *wisdom*, as the knowledge of the whole including both knowledge of the self and political prudence;
- *civic courage*, in the sense of preserving rights and standing in defence of such values as friendship and freedom on which a good society is founded, and;
- *moderation*, a sense of the limits that bring peace and happiness to all.

Global health leadership falls behind in providing the opportunities and motivation to female leaders to unfold their talents and give their touch to new health challenges. The huge reservoir of talented women remains mostly untapped. The transformative attributes of female leaders to create opportunities out of a web of complexity, to promote systematic preparedness and to create a starting point for change out of chaos have been underestimated and sacrificed to stereotypes and social constraints.

Of course, numerous notable initiatives have been introduced; important foundations have been established and contribute considerably towards this end. Nonetheless, the relative lack of women who are leaders in top decision-making positions in global health should be looked upon like a well-diagnosed, but mistreated disease.

What kind of politicians and leaders do we need to provide the proper room for experiencing the mark of women on global health challenges? Maybe politicians and decision-makers should be wise enough to adapt the saying of Protagoras (1). From now on, let's call loudly for women who are leaders to be "the measure of global health challenges"!

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