

Investing in gender equity in health and biomedical research: a Singapore perspective

Singapore ranks first in the world in progress towards the health-related Sustainable Development Goals¹ and often highest among Asian countries on measures of innovation and research.² This efficient progress is because of Singapore's substantial strategic investments in the past 3 decades, which were aimed at prioritising leadership in health and biomedical research within Asia, and ultimately becoming leaders in global health.³ The success of this vision rests crucially on human capital—first, shaping a health-care workforce, ready for the future, to support the increasing (and increasingly complex) needs of an ageing population; and second, growing local capacity while attracting international talent to jointly fuel the intellectual core of an aspiring global research hub.

In the past, Singapore's famously pragmatic policies have prioritised efficiency over gender equity; most notably in 1979, citing costly medical education and the proportion of women doctors leaving the labour force or working only part time, Singapore imposed a one-third quota on female medical students.⁴

As of 2018, this negative attitude towards gender equity has changed dramatically. The quota was lifted in 2002, following efforts by the Association of Women Doctors (Singapore).⁵ In the past 15 years, external factors have challenged the view that values-based and efficiency-based arguments are inherently opposed, showing instead that world-class academic and research institutions and world-class health systems benefit materially from affirming and maintaining gender equity. From an economic perspective, increasing concerns about the overall decrease in fertility and a rapidly

ageing population have raised the importance of maximising the talents of one half of the local workforce, while ensuring a fair work-life balance for all Singaporeans. Competing for globally recognised talent also requires keeping up with globally recognised workplace standards to attract and retain world-class clinicians and researchers. Locally, examples from other sectors, and multiple successful instances within health and biomedical research, have eroded concerns about women's abilities. Policy decision makers are also realising that Singapore's vision of an integrated, patient-centric health-care system requires diverse, collaborative teams that can engage effectively with a broad and complicated spectrum of stakeholder needs.

However, not all is won. The historical quota is often made the scapegoat for the male-dominated health-care landscape, but it is not the only factor driving the insufficient female representation in senior leadership in Singapore, which remains significantly less than a third (with women typically offered so called second-in-command roles as Vice Dean, Assistant Dean, or Deputy Head). Culturally, while striving to gain a leadership role internationally, Singapore is also experiencing an identity crisis. Implicit biases based on stereotypical notions of Asian culture and a desire to hold on to traditional patriarchal values remain, and the integration of an expatriate academic elite with different expectations with respect to gender norms cannot only induce change but also act as a potential source of conflict. Finally, and most importantly, despite three decades of rapid growth in the health and biomedical sector, the development of basic human resource policies remains limited. Flexible, family-friendly work and research arrangements, comprehensive legislation related to workplace discrimination, and career transition

or re-entry programmes in this sector are still relatively scarce.

Formal discussions have occurred at the most important health and biomedical research institutions in Singapore, such as at the National University Health System, about facilitating women's access to leadership. These discussions have encouraged the emergence of several women's groups, which have so far focused on raising awareness of gender bias and inequality in a relatively conservative society.⁶ Initiatives, such as the Raffles Dialogue, and Singapore's flagship international summit on global health leadership, have also expressly committed to gender parity.⁷

Singapore is a work-in-progress, but its experiences hold valuable lessons. First, without conscious and deliberate action, investment in the health and biomedical research sectors alone does not guarantee that gender equity will naturally follow. Second, granting equality of access is a necessary first step but is far from equivalent to ensuring equity for women in Singapore. Third, commitments to discussion and representation must be followed by commitments to expend resources for training and development, commitments to transparent reporting and monitoring of appropriate metrics to track progress, and development of concrete policy actions. Finally, a key catalyst required in today's environment is the willingness of both women and men to alter mindsets and champion change—and, in particular, for male leaders to advocate for women in leadership or management positions. With its resources, its strong education system, and the solid foundation of its present achievements, Singapore has the unique potential to emerge not only as a leader in generating scientific output, but in the equally important enterprise of fostering a diverse and inclusive future generation of clinicians and scientists.

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