Title:

A New Vision for Leadership in Global Health

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Steering Committee of The Women Leaders in Global Health Conference

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TEXT:

The complexity of global health problems demands a new vision for leadership in global health, one that reflects a diversity of thought and represents the pluralism in society. The lack of gender parity in the leadership of key global health institutions in academic, governmental and non-governmental organizations is evidence that this aspiration for diverse and inclusive leadership is not yet a reality.[1,2] Women continue to represent the majority of the health workforce worldwide yet remain the minority in global health leadership.[3] For example, only 31% of the world's ministers of health are women, and of the chief executives of the 27 healthcare companies in the 2017 global *Fortune 500,* only one is female.[4,5]

To address this gap the inaugural Women Leaders in Global Health conference (WLGH), held on 12 October 2017 at Stanford University, brought together more than 400 leaders, largely women, from 68 countries, representing more than 250 organizations and institutions.[6] The event not only celebrated the substantial work done by women in global health but also sought to empower next-generation leaders and advance gender equity in the field. More than 50 percent of the participants were under the age of 40, 28 percent were from low- and middle-income countries (LMICs), and 400 people livestreamed from around the world.[6] Those present reflected on current gaps and barriers to the advancement of women and steps needed to achieve gender equity in leadership. A number of key themes emerged.

First, the need to diversify leadership is not simply an aspiration for inclusivity but is supported by evidence for better outcomes. Gender diversity in decision-making and participation in the workforce results in stronger economies, more productive institutions, and more stable governance.[7,8] In the field of global health, women bring insight and ingenuity to complex problems, leveraging their service on the front lines as caregivers for their families and communities and often improving outcomes.[2]

Second, the barriers that impede gender parity in leadership are often deeply embedded in cultural norms, historical events, and stereotyping (of both gender and discipline). Young emerging leaders in fields such as law, engineering, and health face stereotypes based on gender, culture, and discipline even as they tackle critical global health issues. For countries recovering from periods of struggle or hardship, the challenges women face in reaching leadership positions may reflect the reaction of leaders who were oppressed and are now reluctant to share their power having finally experienced freedom. Gender equity in leadership may come as these nations heal.

Third, creating capacity for gender parity in leadership will require engaging all genders and generations. This principle means strengthening civic education and reinforcing the values of diversity and pluralism for all young people. It also means equipping the next generation of women with leadership skills. Another critical step is support for conferences, such as this

inaugural Women Leaders in Global Health event, where young women can access the guidance, inspiration, and wisdom of peers and senior leaders in global health. Welcoming men to such conferences is critical to ensure they develop a better understanding of the barriers women face. The next meeting is planned for 9 November 2018 at The London School of Tropical Medicine and Hygiene, with Rwanda, Peru and India being considered as future venues.

Fourth, transformation of institutions is critical to ensure that structural barriers do not block women from leadership positions. Greater transparency and accountability are called for, with clear and aggressive targets for inclusivity and a commitment to seek out inequities and incentivize change. One approach is to catalyze institutional investment in advancing the careers of young women by predicating grant funding on institutions' performance on gender-equality benchmarks, as the National Institute for Health Research in the United Kingdom has done.[9] Institutional flexibility can allow women opportunities to advance: One grant-maker described raising the age limit for women seeking early-stage investigator awards, recognizing that family responsibilities may delay contributions to research. On the global stage, a World Health Organization report on gender in health leadership could engage policymakers in a data-driven, outcome-oriented mission to transform institutions.

As we look ahead, the need to engage partners in this quest is clear. This movement is not about preventing men from holding women back, but about collectively embracing a new vision for leadership across many axes, not just gender. Continued efforts should be intergenerational and thoughtfully inclusive of all disciplines. Women need to be courageous and assertive, embracing opportunities when they arise. Men and women should work together to integrate family and career, so that responsibilities in both realms are mutually embraced. We all need to listen more, understand unconscious bias, and call it out when it is seen. Those who have a seat at the table should use these opportunities to diversify and expand the circle of influence.

As the first Women Leaders in Global Health conference closed, a collective Call to Action (panel) emerged, with input both conference and livestream participants. In addition, the WLGH Steering Committee [wlghconference.org/steering-committee] reviewed and contributed to both the Call and this Commentary. We invite global health enterprises at every level and across the globe to take up this ambitious and necessary call as we pursue a new vision for leadership in global health.

Panel:

Call to Action from the Women Leaders in Global Health Conference

1. **Increase visibility**. Ensure gender balance when organizing events, panels, roundtables, guest lecturers and/or reading lists. (See event organizer's checklist by Women in Global Health.[10])
2. **Lift women up the ladder.** Systematically include women in such activities as panels, invited authorship of manuscripts, grant reviews, award nominations, and requests for proposals. Organize formal and informal ways to teach leadership skills.
3. **Advocate for work-life integration.** Foster an organizational culture and establish norms that support men and women in integrating demanding careers with responsibilities outside the workplace.
4. **Eliminate the pay gap**. Report on and increase transparency of data on compensation and salaries to understand and eliminate inequities.
5. **Cultivate thought leadership**. Organize an event, workshop or training to discuss the issue of inclusive leadership in the organization. Use an intersectional lens to incorporate the needs of all, including the LGBTQI community, people of color, and underrepresented disciplines.
6. **Address the gender data gap**. In all sectors, collect data and report on pay equity, career progression, and barriers to diversity in leadership within organizations. Ensure the disaggregation and analysis of data by gender in all research and programs.
7. **Emphasize accountability.** Adopt evidence-based practices to promote and support inclusivity and representation in governance at all levels. Create indicators and monitor progress toward stated goals.

The Call to Action can be viewed at wlghconference.org. Comments are welcomed.

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MB and KB conceived and organized the WLGH conference as well as the manuscript which they helped prepare and edit. ZT did the first draft and participated in edits. CM organized a conference survey and gathered numbers for the manuscript. AJ contributed research. KT helped draft the Call to Action. HL and The Steering Committee helped organize the conference and had editing input into the manuscript.

We acknowledge the additional contribution of Jennifer Leaning of Harvard University to this commentary. We declare no competing interests.

REFERENCES

1. Javadi D, Vega J, Etienne D, Wandira S, Doyle Y, Nishtar S. Women Who Lead: Successes and Challenges of Five Health Leaders. Health Sys & Ref 2016; 3: 229–240. DOI: 10.1080/23288604.2016.1225471.
2. Downs JA, Reif L, Hokororo A, Fitzgerald D. Increasing Women in Leadership in Global Health. Acad Med 2014; 89: 1103-1107.
3. WHO. Global strategy on human resources for health: Workforce 2030. 2016. Accessed 23-Oct-2017 at http://www.who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf?ua=1.
4. Unpublished tally of ministers of health of WHO member states, conducted by Druthi Ghanta, Stanford University, and Mehr Manzoor, Women in Global Health, 10-Oct-17.
5. Fortune Global 500 2017. Accessed 10-Nov-2017 at http://fortune.com/global500/list/filtered?sector=Health%20Care
6. Conference statistics provided by Stanford Center for Innovation in Global Health.
7. Woetzel J, Madgavkar A, Ellingrud K, et al. How advancing women's equality can add $12 trillion to global growth. McKinsey Global Institute, 2015. Accessed 10-Nov-2017 at https://www.mckinsey.com/global-themes/employment-and-growth/how-advancing-womens-equality-can-add-12-trillion-to-global-growth.
8. WHO. Working for health and growth: investing in the health workforce. 2016. Accessed 10-Nov-2017 at http://apps.who.int/iris/bitstream/10665/250047/1/9789241511308-eng.pdf.
9. Gibney E. UK gender-equality scheme spreads across the world. Nature 2017; 549:143—4. Accessed 10-Nov-2017 at https://www.nature.com/polopoly_fs/1.22599!/menu/main/topColumns/topLeftColumn/pdf/549143a.pdf.
10. Women in Global Health. Event Organizer's Checklist. Accessed 10-Nov-2017 at http://media.wix.com/ugd/ffa4bc_21c432e3226c46ca88c29b50ba64996b.pdf.

Appendix

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