

**KIGALI
CONVENTION
CENTRE
RWANDA**

**9-10TH
NOVEMBER**

The University of Global Health Equity presents the;

WOMEN LEADERS IN GLOBAL HEALTH CONFERENCE 2019 PROCEEDING REPORT

In affiliation with conference participants, delegates, sponsors and academic partners



**HOSTED BY
THE UNIVERSITY OF GLOBAL HEALTH EQUITY**



NOVEMBER 9-10, 2019
**WOMEN LEADERS
IN GLOBAL HEALTH**
RWANDA



UNIVERSITY OF
Global Health
EQUITY

INTRODUCTION

The University of Global Health Equity (UGHE) partnered with Women Leaders in Global Health Initiative, now renamed WomenLift Health, which is an initiative of Stanford University to address challenges to better health outcomes, and increase investment in health and education through promoting women's representation in leadership globally.

Through this initiative, two consecutive conferences were undertaken in 2017 (hosted by Stanford University) and 2018 (hosted by London School of Hygiene and Tropical Medicine). The WLGH conference series rotates every year in other regions. Building on the experiences from these Conferences, the 2019 Women Leaders in Global Health Conference (WLGH19) was hosted in Rwanda, Kigali Convention Center across November 9-10, 2019, by the University of Global Health Equity (UGHE), to continue the global agenda for better gender equity in health research in academia and in clinical fields.

The organization of this conference required identification and recruitment of relevant speakers, panelists and mentors to share leadership experiences, lessons, and best practices. As with previous WLGH Conferences, UGHE organized an international conference committee, a scientific committee, and a national conference committee to facilitate the preparation and implementation of the Conference.

Organizers of the event included an operational team at UGHE, and external advisory groups below.

- a) **International Conference Committee:** This group was composed of highly esteemed professionals in Global Health who volunteered their time for activities including liaising with key contacts and developing the conference program. The committee was responsible for the international level planning of the event.
- b) **Scientific Committee:** Members of the scientific committee are recommended by the International Conference Committee. Twelve of 16 scientific committee members were Africans from different countries, and worked on finalizing the agenda topics, development of concept notes and recommendation of speakers to fit the global as well as African Regional contexts.
- c) **National Conference Committee:** This committee consisted of University of Global Health Equity staff, and members of relevant government partners such as the Rwanda Ministry of Health, Ministry of Gender and Family Promotion and Rwanda Convention Bureau - which oversees all major events in Rwanda. This team was responsible for advising the operating team handling the day-to-day conference preparation on conference-related communications, logistics, planning, and marketing. For this event, one conference Chief Organizer, one conference Communications Manager, an Administrative Assistant and one Accountant were hired through a support of a Foundation.
- d) **Friends of WLGH Group:** This group consisted of interested individuals, partners, volunteers, and supporters around the world and organized according to their individual expertise. The Friends had the opportunity to make inputs to the planning and agenda through e-mail and quarterly conference calls.



A FOREWORD FROM DR. AGNES BINAGWAHO

In November last year, the University of Global Health Equity (UHGE) was exceptionally proud to host to the 2019 Women Leaders in Global Health Conference (WLGH19). For two years, this seminal event served as a powerful convening mechanism for women globally to unite and advance health equity, and UGHE was delighted to advance the vital mission of this movement here in Kigali, Rwanda, on the first time it has been held on the African continent.

In 2014, UGHE was born out of the recognition that global health delivery could be improved by equipping the next generation with the practical skills needed not only to build, but also to sustain equitable health systems. Our University's innovative philosophy and commitment to achieving equitable access to health education went hand-in-hand with the core Women Leaders in Global Health ambition; that of forging clear pathways from which women globally can lead. In radically changing the way that education is delivered, we are opening up a wealth of untapped opportunity in our future leaders, who themselves will spearhead tomorrow's global health delivery.

Therefore, this year's conference was as much about the leaders on the panels as it is about creating transformative experiences for the future female leaders in our audience, and the twenty-six sessions, mentoring and networking opportunities that happened across the two days served to galvanize a new age of equitable health professionals.

Representation at the top, at the decision-making table, must be reflective of the people we are serving. Therefore, diversity was built into every element of the conference. We were delighted to welcome speakers from 33 countries, 18 from the African continent and a further 15 countries internationally, whose unique insights and diverse first-hand experience shaped new thinking around the global health challenges of today, and drove critical solidarity across the community and beyond. When women are at the helm and making decisions, we will see increased investment in health and education, diversity across in professional roles, and more equitable access to health solutions.

My thanks goes out to all speakers, participants, scholarship winners, staff and students that helped and continue to help advance the movement in Rwanda, and beyond.

Best,



Dr. Agnes Binagwaho,
MD, M(Ped), PhD
Vice Chancellor,
University of Global Health Equity





WLGH19 Attendees

OBJECTIVES OF THE CONFERENCE

The aim of this third conference of the series was to significantly contribute to awareness building, knowledge and experience sharing by and for leaders of Global Health Equity to an expected number of 1000 of direct participants; including another larger, global audience reached through social media live streaming of the event.

The three major objectives of the project were to:

- Enhance global and regional network of women leaders on global health,
- Improve awareness among women in global health and
- Share knowledge among international and regional participants.

Women Leaders in Global Health 2019 (WLGH19) also presented opportunities for networking, the sharing of lessons learned in the field and knowledge obtained from global and regional experiences.

PARTICIPANTS PROFILE



Her Excellency, Mrs. Jeannette Kagame

Participants of this conference include esteemed guests;

- The First Lady of the Republic of Rwanda, Her Excellency, Mrs. Jeannette Kagame
- Her Royal Highness Princess Dina Mired
- Honorable Ministers
- 1,000 participants from across the globe, including;
 - Chancellors, Vice Chancellors and Deans of global academic institutions
 - Global health advocates, researchers, students, community health workers
 - Development partners, supporters and friends of global health.

The **81 represented countries** in this conference include;

Albania, Algeria, Angola, Australia, The Bahamas, Barbados, Bangladesh, Benin, Belgium, Brazil, Burkina Faso, Burundi, Botswana, Cameroon, Canada, Central African Republic, Congo, Dem. Rep, Congo Rep, Costa Rica, Cote d'Ivoire, Djibouti, Ethiopia, Egypt, France, Fiji, Gabon, Germany, Ghana, Greece, Guinea, Guatemala, Gambia, Haiti, Hong Kong SAR, China, India, Iran Islamic Rep, Israel, Ireland, Italy, Jordan, Japan, Kenya, Lebanon, Lesotho, Liberia, Madagascar, Malawi, Mali, Mexico, Mozambique, Namibia, Nepal, Niger, Nigeria, New Zealand, Norway, Pakistan, Panama, Peru, Portugal, Philippines, Puerto Rico, Qatar, Rwanda, Sierra Leone, Somalia, South Africa, Sri Lanka, Sudan, Senegal, Slovak Republic, Swaziland, Sweden, Switzerland, Tanzania, Trinidad and Tobago, Uganda, United Kingdom, United States, Zambia and Zimbabwe.

SPEAKERS PROFILE

119

Total Speakers

34

Total Countries Represented

47%

of Speakers were from African
Countries (19 Countries in Total)

53%

Were International Speakers



Dr. Paul Farmer

OVERVIEW OF DAY 1

Day One of the conference began with a breakfast session on **“Skills on Successful Research Grant Application”** opened by UGHE's Jenae Logan. The session was chaired by Dr. Rumeli Banik from Doris Duke Charitable Foundation) and speakers Prof. Heidi Larson (LSHTM) and Dr. Aminatou Kone from (MRTC/USTTB/Mali).

This was followed by a formal **Opening Session**, led by Tsion Yohannes, Chief Conference Organizer of Women Leaders in Global Health Conference of 2019, who introduced the speakers, Chancellor Paul Farmer, Co-Founder of Partners in Health, Her Excellency Mrs Jeannette Kagame, The First Lady of The Republic of Rwanda and HRH Princess Dina Mired, President of the Union for International Cancer Control, Geneva.

Following the opening addresses by the keynote speakers, Dr. Zahirah McNatt from UGHE introduced a panel session on **“What we have learned in the health sector from women leadership in African history”**. This session was led by a distinguished speaker Prof. Filomina Steady, and chaired by Rose Rwabuhiri, Rwanda's Chief Gender Monitor.



Dr. Phaedra Henley

The first morning also continued with 3 parallel sessions :

Gender discrimination and gaps in academic societies and professional associations, chaired by Dr. Michele Barry, and speakers Dr. Philip Cotton, Dr. Isayvani Naicker, Dr. Roopa Dhatt, Dr. Hannah Valantine and Dr. Flavia Senkubuge.

Discussion on solidarity across Health professionals to fight gender discrimination in academic, research and clinical service delivery panel was introduced by Valeria Macias; and chaired by Dr. Sheila Davis; and speakers Prof. Peter Piot, Dr. Christine Ngaruiya, Dr. Alice Niragire and Dr. Michelle Mclsaac.

Health, health outcomes and access to health services for women with disabilities, introduced by Ijeoma Nnodim Opara and chaired by Dr. Anne E. Sumner. Speakers of this panel included Charlotte McClain- Nhlapo, Kristin Huges Srou, Donatilla Kanimba and Phyllis Heydt.

Following this, another set of parallel sessions took place in 3 conference rooms in the afternoon.

Women's health: Spotlight on cancer, which was introduced by Katie McDonnell, and chaired by Dr. Michelle Morse who introduced the speakers and facilitated the session. Speakers included: Her Royal Highness Princess Dina Mired, Dr. Larry G. Maxwell Dr. Neo Tapela, Zoleka Mandela, Dr. Pacifique Mugenzi and Dr. Marc Julmisse.

Environmental changes and risks to women's health - climate changes and slum areas, introduced by Dr. Janna Schurer; and chaired by Dr. Phaedra Henley who led the discussions. Speakers in this panel were Elhadj As Sy, Dr. Hellen Amuguni, Dr. Sharon Kapambwe, Yagazie Emezi, Dr. Ingrid T. Katz.

Family and career balance: which was introduced by UGHE's Janet Kaviiko, and chaired by Dr. Folake Olayinka, who led the speakers and audience through the one hour session. Speakers of this panel included: Dr. Fauzia Akhter Huda, Dr. Vanessa Bradford Kerry, Dr. Claire Karekezi, and Dr. Luckson Dullie.



WLGH19 Attendees

This was followed by a plenary session on “**Where do we stand with women’s health and gender equity 25 years after Beijing?**” that was introduced by Dr. Christine Ngaruiya. The chair of this panel was Peggy Clark, with distinguished speakers including Dr. Paul Farmer, Prof. Senait Fisseha, Dr. Mwenya Kasonde and Dr. Roopa Dhatt.

In the efforts to bring in the voices of early-mid career participants into the conference, the next session brought global health professionals, researchers and health service providers who were selected to make **short presentation based on a call for Abstracts**. This panel was introduced by Enock Rwamuza and chaired by Sarika Bansal, who coached the speakers on how to prepare for their sessions ahead of the conference.

The last part of the first day was concluded with 3 parallel sessions namely:

Adolescent health: UGHE's Olivia Clarke introduced the panel chair Didi Bertrand Farmer who led the discussion with speakers Jean René Shema, Dr. Anita Nudelman, Soilihou Mforain Mouassie, Zoleka Mandela and Isabelle Kalisa.

Role of Art and Artists in Global health and Women’s Leadership: introduced by Winnie Chelagat; chaired by Injonge Karangwa; with speakers Lisa Russell, Dr. Larry G. Maxwell, Sharon Kalima and Cynthia Fleury Perkins and Einanah Alsaleh.

Innovation for health: introduced by Dr. Joshua Owolabi and chaired by Phyllis Heydt who led the discussion with the audience and speakers including Jaqueline Nzisabira, Temie Giwa-Tubosun, Alison End Fineberg, Dr. Fred St. Goar and Dr. Neema Kaseje.



WLGH19 Mentees

OVERVIEW OF DAY 2

The second day of the conference was launched with two parallel breakfast sessions namely, a **Mentorship Breakfast** sponsored and opened by Catherine Kaseri Ohura (CEO & Executive Director of the GHIT Fund). This breakfast session was chaired by Dr. Ayoade Olatunbosun-Alakija and Amie Batson with engagement of many mentees and mentors including Dr. Reem Mohammed Hassan Balila, Prof. Somaya Hosny, Dr. Margaret Kaseje, Dr. Iris Mwanza, Dr. Folake Olayinka, Liana Nzabampema, Dr. Kakenya Ntaiya, Dr. Lydia Pace, Dr. Heather Anderson and Dr. Earlene Avalon among others.

The second roundtable breakfast session focused on **“The role of philanthropy in advancing women's leadership in global health”**, introduced by Prof. Agnes Binagwaho and chaired by Cassia Van der Hoof Holstein. Speakers in this roundtable discussions included Suneeta Krishnan, Margaret Milwa, Patricia H. Tweedley, Nana A. Y. Twum-Danso, Lola Adedokun, Margaret Milwa and Bonnie Weiss.

After the breakfast session, **short presentations by early career health professionals** were made as a continuation from the previous day presentations, chaired by Sarika Bansal.



Prof. Heidi Larson

The morning of the second day also brought in 6 sessions namely:

Gender based violence and workplace harassment: Introduced by Paul Animbom Ngong, chaired by Dianah Madah and speakers including Prof. Sarah Hawkes, Dr. Janani Shanthosh, Dr. Eugene Richardson and Dr. Joel Mubiligi.

Fairness in research on minorities and women's health: Introduced by Cloe Liparini, chaired by Ndoni Mccunu and speakers including Lisa Hirschhorn, Angella Namwase, Tim Evans, Prof. Pascale Allotey and Dr. Damas Kabakambira

Global Health at the Frontline: Discussion with Community Health Workers (CHW) was introduced by Likhapha Ntlamelle who invited the chair Loune Viaud to lead the discussion with speakers representing Community health workers, including CHW from Rwanda, Florence Mukantaganda, CHW from Liberia, Mrs. Featha Kolubah, CHW from Ethiopia, Adey Tilahun Techane, CHW from India, Pushpa Rathod and a representative from Haiti- Marie Millande Tulme.

Gender equity in clinical service delivery: The chair of this Panel, Peggy Clark was introduced by Cate Oswald, and led the session with speakers including Jessica McKinney, Prof. Justine Davies, Dr. Folake Olayinka, Dr. Achieng' Aling' and Grace Umutesi.

How women can boost research: This panel was introduced by Dr. Abera Leta who invited the chair Prof. Address Malata to lead the session with the speakers, Prof. Patricia Garcia, Prof. Rhoda Wanyenze, Prof. Laetitia Nyinawamwiza, and Prof. Suad M. Sulaiman .

Women affected by Conflict and crisis panel was introduced by Phaedra Henley who invited the chair Dr. Florence Akiiki Bitalabeho to lead the session with discussions with the audience and speakers; Dr. Josephine Odera, Jennifer Liang and Jeanne Mukunilwa.



After a lunch break, another set of 5 sessions took place from 14:00-16:00. These included:

Role of stakeholders in collective bargaining for health: which was introduced by Dr. Rex Wong; chaired by Dr. Zahirah McMATT and included speakers- Dr. Rajani Ved, Dr. Jean Pierre Nyemazi, Heather Anderson, and Dr. Vanessa Kerry.

Leadership Labyrinth: Honest discussion about career growth of women across global health sectors, which Penny Outlaw introduced, and was led by Dr. Ayoade Olatunbosun – Alakija. Speakers in this panel included Catherine Kaseri Ohura, Prof. Patricia Garcia, Dr. Nana Twum Danso and Dr. Osnat Levtzion Korach.

Gender inequities in access to health education was a panel that through chaired by Dr. Iris Mwanza and involved speakers - Dr. Joia S. Mukherjee, Dr. Camara Jones, Prof. Pascale Allotey, and Desta Lakew.

Gender Equity and Women's leadership in global surgery panel was introduced by Dr. Robert Ojiambo, and chaired by UGHE's Dean Prof. Abebe Bekele, who led the session with speakers- Dr. Claire Karekezi, Dr. Mumba Chalwe, Dr. Sherry Wren, Dr. Kathryn Chu and Prof. Elmin Steyn.

Barriers to Women's Health in Africa was introduced by Dr. Daniel Seifu and led by the Chair Dr. Sabin Nsanzimana, who facilitated the discussion with speakers Dr. Etheldreda Nakimuli-Mpungu, Prof. Somaya Hosny, Prof. Filomina Steady and Dr. Kakenya Ntaiya.

The last panel session of the conference **"The early thinking around WLGH initiative and the future of WLGH Conference"** was chaired by Dr. Ayoade Olatunbosun–Alakija and include founder of the initiative Dr. Michele Barry, and WLGH19 host Prof. Agnes Binagwaho, as well as Amie Batson of WomenLift Health. Other speakers were Dr. Sharon Kampambwe and a representative from India who spoke on behalf of Anjana Seshadri and the 2020 host of WLGH- India.

This was followed by a summary of key points used to develop the **Call for Action**; after which Prof. Agnes Binagwaho gave a closing speech and announced the launch of UGHE's Center for Gender Equity. A presentation of certificates for best poster and best oral presentation winners from the early/ mid career speakers followed. The WLGH19 **Closing Session** was delivered by the Honorable Dr. Diane Gashumba, Minister of Health of Rwanda.

9th November

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WOMEN LEADERS
IN GLOBAL HEALTH
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Prof. Abebe Bekele, Dr. Paul Farmer & WLGH19 Attendees

DAY 1

Breakfast session on skills on successful research grant applications for young female researchers



MC: Jenae Logan, Director of Executive Education, UGHE

Speakers:

Prof. Heidi Larson, The Vaccine Project, LSHTM

Dr Aminatou Kone, Prof. Molecular Biology, USTTB

Dr. Rumeli Banik, Program Officer, Doris Duke Charitable Foundation

OBJECTIVES

Within this breakfast session sponsored by the Doris Duke Charitable Foundation, the speakers Dr. Banik, Prof. Larson, and Dr. Kone shared their experiences and lessons, with the purpose of :

- Equipping early career researchers with knowledge and skills on what to consider in submission of research grant applications
- Sharing real life experiences from successful researchers to create an open discussion/ dialogue for a tailored approach towards addressing the skills and knowledge needs of researchers.
- Providing information for young researchers on where opportunities can be found; and Discussing practical examples that researchers can use in their practice

LINE OF DISCUSSION

Among the topics discussed were tips of successful grant application, the availability of funding, what to consider for submission of a research grant application and opportunities for young African researchers. Conversation covered a wide range of opinions not limited to; the importance of finding the right match between one's interests and that of the funder. Building a compelling argument, putting forward a clear purpose and positioning research in the context of how this could be applied in a field context, the panelists agreed, makes a strong case for research.

Speakers also discussed the value of leveraging our networks in finding opportunities; speaking to mentors, sharing opinions and actively putting oneself forward for opportunities to drive a successful research grant application. They advised those at the breakfast session that success will come through thinking broadly about one's research proposals, remembering that they "are not just about your big idea." Pitching for funding for a research proposal is all about resilience as many more applications are refused than accepted. It is important to scrutinize one's own work ahead of criticizing others.

CONT. Breakfast session on skills on successful research grant applications for young female researchers



WLGH19 Breakfast Session Attendee

OUTCOMES

The three speakers gave their audience a number of key takeaways to consider when submitting a grant application:

- Include a reasonable budget narrative that speaks to the work you're proposing; be careful not to make cost excessive, but also with careful consideration not to undersell your work.
- That there is a lot of funding available, the key is finding the right match between your interests and that of the funder.
- An application is likely to get disqualified if it does not follow the guidelines laid out in the request for proposal.
- When writing the proposal, consider writing the abstract last, and allow it to form naturally from the larger proposal. This will ensure it is inclusive of all core points within the body of your work.
- Put all research in the context of how this could be applied in a field context, or how it is laying the foundations for future research on the topic. In a research design or work plan, include a description of data collection methods, analyses, measures or instruments you plan to use, IRB approvals you plan to obtain, visuals or models. All of this will lay the groundwork for understanding the potential implications of findings.

What we have learned in the health sector from women leadership in African history



MC: Dr. Zahirah McNatt

Chair: Rose Rwabuhiji, Chief Gender Monitor, Rwanda

Speaker: Prof. Filomina Steady, Chair, Africana Studies, Gender Studies, Environmental Justice, Wellesley College

Rose Rwabuhiji, Prof. Filomina Steady

OBJECTIVES

This session was facilitated to show lessons from African history on what women's role has been in leadership roles, and to use those lessons for advancing women's leadership in global health.

LINE OF DISCUSSION

Prof. Filomina Steady, who is Professor Emerita of African Studies at Wellesley College, and received her doctorate in Social Anthropology from Oxford University, discussed the importance of drawing from the African example despite the fact that the challenge for women in leadership is a global one. Female leadership, she explained, is part and parcel of African statehood as in some places motherhood and leadership are symbolically and intrinsically linked. The session discussed how the history of women's leadership and authority can provide valuable lessons for the modeling of female leadership to strengthen western medicine and break down its hierarchy and authoritative proclivities. The speaker acknowledged that despite great advancements made to promote female leadership, especially within Rwanda, in some places "the all boys network is alive and kicking" with existing marginalization of women in many decision-making positions post colonialism. She recognised that male culture has to be penetrated, exploited, and destroyed because of the limitations it imposes on women.

OUTCOMES

- Medical systems mirror society and the hierarchies and inequalities that it represents. Change is on the way; but requires constant vigilance and hard work for the effective advancement of women and to mark a change in social determinants.
- The state needs to be involved in work-life balance with better daycare systems and structural support.
- There is a need to enhance school curricula to add more leadership training and encourage the emergence of young female leaders.
- History of women's leadership and authority can provide valuable lessons for modeling female leadership to strengthen Western medicine and break down its hierarchy and authoritative proclivities.

Discussion on solidarity across health professionals fighting gender discrimination in academic, research & clinical service delivery



Dr. Sheila Davis,

Chair: Dr. Sheila Davis, CEO, Partners in Health

Speakers: Prof. Peter Piot, Director of the London School of Hygiene & Tropical Medicine
Prof. Jolly Mazimhaka, Former Dean of the Gender Institute, Rwanda

Dr. Alice Niragire, First Rwandan General Surgeon

Dr. Michelle McIsaac, Economist, World Health Organization

BACKGROUND

As the 2019, WHO report 'Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health Workforce' indicates, women in the global health sector are underpaid and are more likely to face bias at the workplace. This bias stems from different factors, including culture, ethnicity, region, class etc. The gender bias in academia hiring and promotion process is also explained in this report. Women in general are underrepresented in top leadership roles.

Given these issues, this panel session is expected to discuss existing gaps in solidarity among women that are serving in different roles, explore occupational segregation and underlying power dynamics that could limit women's ascension up the ladder of leadership; and potential recommendations to address these gaps.

OBJECTIVES

The panel aimed to address;

- The challenges and barriers (including occupational segregations, underlying biases/ stereotypes) that exist that could limit women's ascension up the ladder of leadership in academic roles.
- How can women capitalize on solidarity and their social networks to improve their engagement in research and clinical service delivery areas.
- The benefits of solidarity across professional roles (career development, leadership opportunities, addressing GBV etc).
- What should be done more of to improve solidarity among women including best practices in creating solidarity across professional roles.

CONT. Discussion on solidarity across health professionals fighting gender discrimination in academic, research & clinical service delivery



Left to Right: Prof. Peter Piot, Dr. Alice Niragire, Prof. Jolly Mazimhaka, Dr. Michelle Mclsaac, Dr. Sheila Davis

LINE OF DISCUSSION

Speakers of this panel raised the following major points:

- Women are underrepresented in different leadership positions, despite the gradual increase in their numbers/ percentage.
- Men do not often recognize the privileged position they have. There is a lot of unconscious bias, even though academic institutions are expected to be progressive. According to Prof. Peter Piot, “In practice, academic institutions are among one of the most conservative institutions in the world with hierarchies and old boys networks”.
- Lack of educational opportunities, compounded by diminished economic opportunities, such as the gender pay gap in some parts of the world, are among challenges and barriers that exist that could limit women’s ascension up the ladder of leadership in academic roles.
- Wage rate by hour affects women’s income as women’s roles and time spent at work depend on pregnancy and child care responsibilities.
- The lack of laws around protecting women were also raised as a challenge, including lack of flexible arrangements at work.
- There is a need to ensure that funding opportunities and funding panels do not reflect the status quo of the past.

OUTCOMES

- Professional societies and academic associations are often the academic currency used for advancement in careers. Women are often excluded from election into these organizations and benefit from being able to network, develop research relationships or meet colleagues able to write future letters of recommendation.
- A concerted effort should be made to change the system so that men are not always electing men either by overt or subconscious bias. Pipeline advancement can be encouraged by having early affiliates or emerging leaders.
- Senior women and men in global health should try to change the old boys climate by not merely mentoring women but also by actively sponsoring women for election to societies and academies of science.

9TH NOVEMBER

#WLGHI9
@WLGHI9

Chair: Dr. Michele Barry, Director, Center for Innovation in Global Health

Speakers: Prof. Phillip Cotton, Vice Chancellor, University of Rwanda
Isayvani Naicker, African Academy of Sciences

Dr. Roopa Dhatt, Co-Founder, Women in Global Health

Dr. Hannah Valentine, NIH Chief Officer for Scientific Workforce Diversity

Dr. Flavia Senkubuge, President, The Colleges of Medicine of South Africa

BACKGROUND

Patterns of occupational segregation, especially women's participation in the formal labor market, vary significantly by region and country and are influenced by culture, income levels, local law and other factors such as education or qualifications. Women in the global health workforce have an inverted career pyramid. Gender segregation determines the educational and the specialty choices of men and women.

As a result, men's greater access to education, training, and the formal labor market drives all gender differences in participation in the global health Workforce. It is therefore imperative to maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labor market, and tackling gender concerns in health reform processes. This will improve family education, nutrition, women's and children's health, and other aspects of development.

OBJECTIVES

The aim of the session was to explore how gender inequalities in access to health education manifest themselves, both in educational institutions themselves and in the professional workforce. Panelists set out to explore;

- How inequitable access to health education inhibits women from advancing to leadership role in the area of global health.
- The impact or effect of burden of unpaid reproductive work of women's access to equitable health education.
- New direction on where we should start in tackling gender inequalities in access to health education, who would be responsible and how global health professionals can be part of the solution.

CONT. Gender discrimination and gaps in academic societies & professional association



Dr. Roopa Dhatt, Prof. Phillip Cotton

LINE OF DISCUSSION

Speakers in this panel raised various issues, including:

- The importance of advocating for male engagement by stating that it is difficult to achieve anything without men as partners.
- The need to encourage women to be more self seeking for recognition of their efforts, to try to topple the male-dominated general counsel who make the decisions.
- The tendencies to look down on women and make them feel unequal can have a devastating effect on one individually. While a lot of approaches have been fixing the individual, we are now at the point where we must fix the institutions. Going back to the starting point of where inequities exist, if women are encouraged to break the proverbial glass ceilings, it is required to demystify the process and have an honest and candid conversation about why women are not taking these positions.
- For women's leadership to thrive, there needs to be conversations about power and shifting power, also encouraging every person in the room to feel like they can play a role in advancing gender equality.
- Women are overwhelmingly outnumbered by men when one gets to the senior ranks, but women should not to be defeated by male academic staff discrimination. One panelist remarked; "One of our problems is that we have to stop living up to people's prejudices."

OUTCOMES

The panel invited a wealth of new direction for the global health community to take forward;

- Women need to be valued and seen as change agents. To be successful, there is a need to address equity, transparency, and accountability, and to draw from the entire intellectual capital which must include female voices and from LMICs.
- Women need to adopt gender transformative approaches, and ensure they are rooting out issues that are causing bias. This requires collective action and multi-pronged strategies and to be comfortable making other people feel uncomfortable through difficult conversations.
- It is important to focus on accountability, which means both training a selection of committees to mitigate or minimize the impact of bias, and taking a view that this is an institutional and systemic problem that must be fixed.

Health, health outcomes and access to health services for women with disabilities



Chair: Dr. Anne E. Sumner, Director, NIMHD-NIDDK-Rwandan Health Program, NIH

Speakers: Charlotte McClain-Nhlapo, World Bank Global Disability Advisor

Kristin Hughes Srouer, Senior Director, Global Health Programs, Special Olympics International

Donatilla Kanimba, Executive Director of the Rwanda Union of the Blind (RUB) and the Second Vice President of the World Blind Union (WBU).

Phyllis Heydt, Office of the WHO Ambassador for Global Strategy

BACKGROUND

People with disabilities often need specialized medical treatment or rehabilitation services, as well as services for routine diseases like anyone else. On average, those with disabilities are more vulnerable to poor health (e.g. due to underlying poverty, exclusion, secondary conditions, co-morbidities).

They therefore may require higher levels of prevention, diagnosis and treatment. However, health services are often expensive, lower quality and inaccessible for people with disabilities. As a result, people with disabilities often have less health coverage, and consequently worse health outcomes. Women with disabilities experience the combined disadvantages associated with gender as well as disability.

OBJECTIVES

Through providing a platform for panelists to share their personal experiences of barriers to health access, the session aimed to outline the key facts about health, health outcomes and service access for women with disabilities.

The aim was to stimulate attendees to think about how they can ensure equal access for women with disabilities in their global health work, for immediate impact both in African health systems (and beyond).



Donatila Kanimba

LINE OF DISCUSSION

All panelists alluded to the limitations in today's health systems to cater for the disabled. The points raised were as follows;

- Women with disabilities are not a homogeneous group, some have sensory disabilities, some have intellectual ones, some are rich and some are poor, it is important to recognize this distinction.
- Our current health systems are failing people with disabilities. We will not reach universal health coverage if we do not address the needs of persons living with disabilities.
- People with disabilities are more vulnerable to poor health because of stigma, lack of access and impairment, poverty and they need more access and in some instances more specialized services such as assistive technologies.
- Today's culture still defines a woman aesthetically, which is traumatizing for disabled women and girls who might find it difficult to accept who they are and their physical limitations.

OUTCOMES

The discussion reached three core conclusions:

- We will not reach Universal Healthcare Coverage or SDG 3 if we do not identify and address barriers that drive the health outcomes of women with disabilities.
- The issues of people with disabilities will have to be mainstreamed within global health. Service delivery at facilities, healthcare worker training & curriculum development, policies, financing and all other elements of health systems need to be considerate of the issues people with disabilities experience. Rehabilitation services and assistive technologies are non-negotiables. Adaptions to physical facilities such as handrails and ramps are imperative and action to implement can be taken immediately.
- All the issues discussed at this conference - for example gender-based violence, issues around reproductive health, lack of opportunities in career growth, lack of inclusion in solution design - are amplified for women with disabilities. As such, the women's in global health movement will have to include women with disabilities going forward explicitly; "currently gender mainstreaming does not include disability mainstreaming".

Environmental changes and risks to women's health - climate changes and slum areas



Chair: Dr. Phaedra Henley, Director for the Centre for One Health, UGHE

Speakers: Elhadj As Sy, Secretary General of the International Federation of Red Cross & Red Crescent Societies

Dr. Hellen Amuguni, Cummings School of Veterinary Medicine at Tufts University

Dr Sharon Kapambwe, Assistant Director, Cancer Control, Ministry of Health, Zambia

Yagazie Emezi, Photojournalist

D. Ingrid Katz, Associate Faculty Director, Harvard Global Health Institute

BACKGROUND

Different studies predict that climate change effects in developing countries risk fundamentally shaking the countries' health systems and economies. More specifically, pregnant women and children under five will suffer most of the consequences from these environmental changes if preventive measures and solutions are not taken. Pregnant women and children under five are already at risk of malnutrition, poor sanitation, migration, and vector-borne diseases: all prevalent causes of increased maternal and child mortality rates in developing countries.

With forecasted climate change in most regions of developing countries, the drivers of maternal and child mortality rates will be the same will be felt worse than ever. Most public sectors, such as agricultural and health systems are set to suffer, and in addition to rebuilding infrastructures, the countries will embark on an impossible mission to reshape their health and agricultural systems.

OBJECTIVES

The aim of the panel was to highlight the effects of climate change on women's health, while proposing solutions that encourage the public and private sectors, as well as different sectors to work together to find long lasting effective solutions to mitigate the risks that climate change poses to the health of women and children.



WLGH19 Attendees

LINE OF DISCUSSION

All panelists agreed that the impacts of climate change are broad and far-reaching, and summarised that at a time when the most vulnerable are the most impacted, we need to be aware and acting upon the otherwise neglected needs of these people. The panelists raised the below points;

- Globally, the countries that have contributed the least to climate change bear its greatest harms, and that to mitigate these risks, we need a collaborative effort from all countries, with women and female leadership as “an essential part of the solution.”
- The global health community and beyond all need to become environmentalists in an effort to drive awareness about the correlation between climate change and female health.
- There is a need for nations to look at the entire government approach beyond solely Ministries of Health (looking at the cultural channels that exist to drive awareness of the issue, and ensuring the public and those affected become part of the decision-making process).
- Conflict should be viewed in relation to climate change. This need for this reevaluation was shown through examples such as the creation of new travel routes caused by climate change allowing Boko Haram to claim more land and displace more people.
- Academic institutions need to serve a critical role in this discussion, as well as reflecting on the need for data to quantify the impact, eliminate generalizations and, in turn, provide measurable conversation.

OUTCOMES

The panel discussion yielded four clear outcomes;

- Researchers need to disaggregate data by gender on the impact of environmental changes on health. Households, for instance, are not a measurable unit.
- The adverse impacts of climate change are 'heard, but not internalized'. There is a need for unique approaches to get people to care and act on climate change such as through storytelling, as well as providing a voice in policy-making to those most affected.
- Addressing complex, broad issues such as the impacts of climate change on women's health need to be addressed from a multi-sectoral and multidisciplinary approach.
- We need to utilize existing social and cultural structures (i.e. the church, through community leaders) to teach about climate change adaptation and mitigation. We need to make climate change part of the curriculum at medical, nursing, and dental schools.



Family and Career Balance

WOMEN LEADERS IN GLOBAL HEALTH RWANDA, 2019

HOOD BY UNIVERSITY OF RWANDA
Global Health EQUITY

Chair: Dr. Folake Olayinka, Senior Technical Advisor, John Snow Inc. (JSI)

Speakers: Dr. Fauzia Akhter Huda, Project Coordinator at icddr,b (International Centre for Diarrhoeal Disease Research

Dr. Vanessa Bradford Kerry, CEO, Seed Global Health

Dr. Claire Karekezi, Consultant Neurosurgeon at Rwanda Military Hospital, Kigali, Rwanda

Dr. Luckson Dullie, Executive Director, Partners in Health, Malawi

BACKGROUND

The role of women in the family and in the community has changed significantly in the past two decades. Understanding the interaction of work and family issues has become important with the increasing numbers of women in the professional workforce. However, the process of women's career decision-making may be quite different from that of men. Work and family are the two most important aspects in women's lives.

Women's career choices are compromised by personal goals, orbalancing the needs of self and others, contributing to uncertainty in long-term goals. Women's ability to plan their families has altered their work experiences, educational prospects, and relationships with their husbands and families. Whether or not these changes are beneficial depends on the context in which women live—in particular, women's perceived and actual ability to make decisions about their own lives, inside and outside the home.

OBJECTIVES

The session set out to discuss the challenges women face to balance work and home, the impact and occurrence of job stress on personal life and how best a woman can establish herself in a career trajectory including variables like age. It also was designed to look at how family planning programs and other investments can help make women's aspirations a reality.

WLGH19 Attendee

LINE OF DISCUSSION

The general line of discussion explored the possible competition that many women globally experience between work and family roles, and the challenges of fitting occupational demands around family commitments. The panel explored the below points;

- Families serve as valuable support networks, facilitating the possibility “to have the best of both worlds”.
- The need for women to be more vocal, especially female leaders across professions responsible for making the workplace better for their female employees. There is a need for female bosses who support women in their decisions to have families and continue with their careers simultaneously.
- Men need to be strong and unwavering allies to women across all professions in the global health movement.

OUTCOMES

The discussion culminated in four key points to act upon;

- That workplace policies should be put in place to remove barriers for women and ensure women have the enabling environment to balance careers and family life including flexible hours, telecommuting, paid leave, travel support for child care and workplace nursing rooms.
- That we should be recognizing the contributions that women make to the economy within their careers. Men must be recognize this in advocating for equal compensation, more women in leadership and decision-making positions, as well as being providers of practical support.
- That we must remove all direct and indirect career penalties from women for taking time needed for family life balance and childbearing. A woman will be ready when she is ready and should be supported in her decisions.
- That we should be creating networks and support systems for career women, to ensure women feel supported and can learn from one another.



Chair: Dr. Michelle Morse, Founding Co-Director, Equal Health

Speakers: Her Royal Highness Princess Dina Mired, President of the Union for International Cancer Control, Geneva

Dr. Larry G. Maxwell, Chairman, Dept. of Obstetrics & Gynecology, Inova Fairfax Hospital

Dr. Neo Tapela, Senior Research Fellow, University of Oxford

Zoleka Mandela, Global Ambassador, The Child Health Initiative

Dr. Marc Julmisse, Chief Nursing Officer, Partners In Health

BACKGROUND

It has been close to a decade since the world committed to intensifying its commitment to ending all preventable deaths of women, children and adolescents within a generation. As countries across the world move through epidemiological transitions, the scourge of non-communicable diseases looms large, especially for women. More than 2 million women each year are diagnosed with breast or cervical cancer.

Yet, we know that access to effective diagnosis and treatment services is varied across the world, with nine in ten women who die from cervical cancer living in low and middle-income countries. There are models and lessons from other parts of the world – both major successes and important failures – that can offer lessons for how African countries can address women's health more comprehensively.

OBJECTIVES

The aim of this session was to understand the lived experience of women's cancers in African countries, and link these to efforts at the systems level to research and improve health systems. The panel set out to explore lessons and approaches used elsewhere in the world that can help guide efforts in advocacy, research, and policy related to women's cancers in the continent.



LINE OF DISCUSSION

The panel exemplified the power of personal testimonials from cancer patients and survivors, for health professionals to understand barriers to access and ways to strengthen associated health systems. The panel discussion brought the following points to the table;

- Economic and geographical privilege allows for early access to early detection and treatment, though for many women in developing countries, society will dictate whether they live with poor health outcomes.
- Breast and cervical cancer combined kill more women than birth complications worldwide and should therefore be treated with the utmost importance.
- Cancer should be considered as something multifaceted; as something “personal, about inequity, political and about justice”.
- There needs to exist the political will to invest in cancer in low and middle income countries.
- We need to open up the discussion around breast and cervical cancer to include lung cancer as the biggest killer for women than any other type of cancer globally, as well as attributing late detection to fear of mastectomy, caregiving obligations and lack of transport support.

OUTCOMES

The panel offered up three call for actions in summary;

- We must address the existing financial and physical barriers that delays women's access to cancer care. In order to address these barriers, we need to actively listen to these women's stories and find solutions that incorporate both mental and oncology treatment as one package.
- Early detection must be improved in LMICs, which will be realized by deep-diving into the cultural context as to why women might not be seeking care and treatment in the first place.
- Creative approaches to service (such as splitting teams) and innovations in technology (such as appointment SMS reminders and phone-based patient navigation) can help address barriers, as well as health systems including transport in their diagnostic packages.

Where do we stand with women's health and gender equity 25 years after Beijing?



Left to Right: Peggy Clark, Prof Senait Fisseha, Dr. Paul Farmer, Mwenya Kasonde, Dr. Roopa Dhatt

Chair: Peggy Clark, Vice President, The Aspen Institute

Speakers: Dr. Paul Farmer, Co-Founder & Chief Strategist, Partners In Health
Prof. Senait Fisseha, Director of International Programmes, Buffett Foundation
Mwenya Kasonde, Co-Chair of the Gender Equity Hub, WHO
Dr. Roopa Dhatt, Co-Founder of Women in Global Health

BACKGROUND

The year 2020 marks the 25 th year since the adoption of the Beijing Platform for Action Declaration at the September 1995 UN Fourth World Conference on Women. This milestone presents an opportunity for countries to reflect on their progress and to evaluate their ongoing commitment to gender equality and women and girls' empowerment.

Among the twelve "areas of critical concern" that 189 governments committed to prioritizing were issues of women and: poverty, education and training, health, the girl child, violence, armed conflict, economy, and more. However, various reports indicate that there remain striking inadequacies in efforts to address systemic barriers to women's advancement in the areas of concern.

OBJECTIVES

The purpose of this panel was to discuss the extent to which countries have achieved what they set out to achieve with the adoption of this landmark document in Beijing 25 years ago. UN Women's 20-year report (published in March 2015) opens by declaring itself a "salutary account of a world that has not, in the main, improved much for women and girls, and for some has got a lot worse." The panel aimed to explore whether a 25-year old report still reflects the issues we still see in our society today, as well as looking at the progress made by nations overall, particularly for women and girls. Finally, the session aimed to understand how lessons and evidence can guide the reprioritization of battles for equity for women and girls, and how the support of innumerable stakeholders might help spur action.



CONT. Where do we stand with women's health and gender equity 25 years after Beijing?

Prof. Senait Fisseha

LINE OF DISCUSSION

All panelists recognised that there has been regression in key areas for women, such as economic involvement, political leadership and decision making, and the fact that violence against women has not been significantly reduced. The following points were made during the panel;

- Women are disproportionately the poor and the vulnerable. Interventions that have the most impact (for example in reproductive health) are not always the easiest to implement, attributed to their immediate threat to the patriarchy and status quo. The global health community tend to focus on the things that are simple to implement and, in doing so, shortchange women.
- To fight this, we need to be courageous, intentional and give voice to the voiceless, as well as insisting countries take up the driver's seat as opposed to responding solely to donor demand.
- Education has the power to drive effective change; girls' education is a means to lift people out of poverty.
- This is a "conversation about power", in that it is not about holding governments accountable, but instead about working in partnership with governments.

OUTCOMES

The panel discussion concluded that even in areas of great progress there is so much more to do, suggesting the below incentives for action:

- That governments, donors and, critically, our male allies, should be recognizing the whole woman and supporting women's health in an integrated way that acknowledges and supports their health needs beyond reproductive and maternal health.
- We should be calling upon partners to collect data and devise measurable solutions that more powerfully address gender disparities in health (for example using data to explore areas such as sexual harassment and gender pay gaps).
- Governments and donors need to be scaling-up their efforts to address women's unmet needs for bodily autonomy such as contraception and safe abortion care, as well as mainstreaming dialogue and reducing stigma around gender-based violence and unintended pregnancies.
- We should be recognizing that women's health is inextricably tied to women's education and economic potential, and to the human capital needed to grow nations.

**Short talks by young global health professionals,
researchers & health service providers**



Chair: Sarika Bansal, Editor-in-Chief, BRIGHT Magazine

Speakers: Victoria Yohani, Amara Frances Chizoba, Sylvia Tinka, Cathy Conteh, Bridget Ulalo Shumba, Oluwatoyosi Afolabi, Oveka Jana, Nicole Adelaide Kengnou

BACKGROUND

This session was moderated by Sarika Bansal who is a vibrant journalist and editor, largely focused on global health, poverty, and social enterprise. Her writings, have appeared in the New York Times “Fixes” column, Al Jazeera America, Guardian, VICE, and several other publications. Sarika has previously worked in management consulting with McKinsey & Company and in microfinance business development.

The moderator invited early/mid career speakers to give 5 minute presentations on the topics they submitted and were selected from more than 200 applicants.

LINE OF DISCUSSION

Speakers in this panel included Victoria Yohani, Amara Frances Chizoba, Sylvia Tinka, Cathy Conteh, Bridget Ulalo Shumba, Oluwtoyosi Afolabi, Ovveka Jana and Nicole Adelaide Kengnou.

The short presentations were used to introduce the topics, problem statement, why the issue is of interest to global health and women’s leadership issues, outstanding findings or lessons and recommendations.

Presentations ranged from the communication gap; a global concern for maternal, newborn and child health; menstrual health management; the implications of men who escort their spouses to clinics, among others.

WOMEN LEADERS IN GLOBAL HEALTH RWANDA, 2019



Chair: Didi Bertrand Farmer, Women and Girls Initiative

Speakers: Jean René Shema, Country Director of Global Health Corps in Rwanda

Dr. Anita Nudelman, Lecturer, Ben Gurion University

Soilihou Mforain Mouassie, HIV-Youth Expert, UNFPA-Cameroon

Zoleka Mandela, Global Ambassador, The Child Health Initiative

BACKGROUND

Over the past two decades, the world has made tremendous progress in improving child and adolescent health and well-being. But challenges persist. Communicable diseases continue to endanger children and adolescents across the globe – and new health problems are on the rise, especially in areas affected by poverty; while in developing countries issues of substance abuse and extreme dieting are among rising problems.

Mental health conditions, developmental delays and disabilities, injuries and non-communicable diseases – including cardiovascular diseases, diabetes, preventable cancers, and chronic respiratory diseases – pose threats to children and adolescents worldwide. Unhealthy diets and environmental hazards such as air pollution also prevent millions of children and adolescents from surviving and thriving. The extent to which society invests in their health and well-being will determine the future not just for them, but for everyone.

OBJECTIVES

This panel aimed to discuss:

- The major gender issues and gaps in access to health services for adolescents
- Issues of adolescent's health impact on girls' advancement in professions and leadership including sexual health, non-communicable and communicable diseases, undernutrition, mental health, early pregnancy and childbirth, alcohol, drug abuse in adolescent etc.
- Strategies on "a culture and gender-sensitive model for comprehensive sexual health"



Didi Bertrand Farmer

LINE OF DISCUSSION

Panelists discussed what measures needed to be in place to ensure adolescents are developing healthily both physically and mentally. The chair and panelists explored the below topics;

- Adolescents health issues cannot be addressed without talking about income, employment and entrepreneurship. Projects need to focus on adolescent centered initiatives in order to truly address the 21st century adolescent.
- Policy makers and international communities bringing change need to focus on the human impact of various crises. A good starting point is to look at the unique insight and understanding that community leaders can offer around the adolescent health and issues in their respective communities. This, in turn, can help inform what strategies that are put in place to address adolescent issues.
- We should be more frank when discussing adolescent health to address the root of the real issues. Pairing adolescents with peers will allow them to be more receptive to behavior change messages.

OUTCOMES

Three core outcomes can be drawn from this panel;

- Adolescent health issues cannot be addressed without talking about income, employment and entrepreneurship as these are major factors contributing to either healthy or unhealthy physical and mental health.
- We need to ensure we are addressing adolescent health at community level to get a more granular understanding of the core issues affecting adolescents within their respective communities.
- 'Adults' need to be accompanying adolescents to support them develop mentally and psychologically. Adolescents are treated like adults but there needs to be a broader understanding that they are not yet adults.

Role of art and artists in global health and women's leadership



Chair: Injonge Karangwa, Singer Songwriter, Hamwe Festival Chief Organiser

Short Performance: Nirere Shanel

Speakers: Lisa Russell, Emmy-winning filmmaker + Founder of Create2030

Larry Maxwell, Chairman, Dept. of Obstetrics & Gynecology, Inova Fairfax Hospital

Sharon Kalima, Programme Officer, Africa Center for Arts and Global Health/ MASA

Cynthia Fleury-Perkins, Professeur au Conservatoire National des Arts et Métiers

Titulaire de la Chaire Humanités et Santé

Einanah Alsaleh, writer, poet, journalist and visual artist

BACKGROUND

The global health community and its professionals, alone, cannot change the course of global health equity or address the gender gap at the speed needed unless bridges are built across sectors. In fostering cross-sector collaborations, shared investments will generate innovative approaches but also create synergies that will result in more gender equity and more health gains for all.

Creative and global health communities share a common objective: improving wellbeing at individual, community and global level. During this session, speakers discussed how the power of the arts have been successfully leveraged to generate health and equity gains and reflect together on how more can be done.

OBJECTIVES

This panel set out to explore;

- The common goals between global health professionals, gender equity activists and artists, why collaborating is a no-brainer.
- Stories of using art activism to address gender inequities and health issues
- Art a great medium to generate behavior change
- Using art to reach the marginalized



Injonge Karangwa

LINE OF DISCUSSION

The panel brought together key influencers in both the creative and global health space who each offered new thinking as to how the arts can be leveraged to achieve global SDGs. The discussion covered the following points;

- There are many intersectionalities between art and health, and governments and policy-makers need to more formally recognize the health benefits that film, music, dance and art can offer in improving both physical and mental patient wellbeing.
- Participation in artistic and cultural activities not only strengthens health and social wellbeing, but also has been proven to cure and prevent certain diseases through arts-based interventions.
- Music is primarily a soothing medium contributing to the reduction of stress, and ability of the patient to respond to contemporary therapy.
- Curing diseases is an entirely unique process from patient to patient and therefore requires a holistic or subjective approach to treatment that studies the contextual factors of the patients wellbeing as part of the healing process.
- Dance, theater and poetry is crucial not only to changing behavior (for example harmful cultural practices), but also sustaining it through advocacy, persuasive storytelling and an ability to engage with mainstream culture.
- Therapeutic art which has the power to shape a person's self-esteem, encourage independence and reduce isolation so a person can be fully involved in society.



Einanah Alsaleh

OUTCOMES

The examination of art as a tool to achieve SDGs resulted in a number of outcomes, many of which were compounded and built upon in UGHE's inaugural Hamwe Festival;

- We should be leveraging the arts as a powerful and immersive medium through which to have upstream dialogue with policymakers and governments, as well as a tool to translate taboo health challenges into persuasive formats that audiences could go on to advocate for within their respective communities.
- We should consider arts-based interventions as having significant economic benefits in health (with artists as creative economists), proving to have equivalent or greater cost-effectiveness than certain clinical interventions while being less invasive, boosting self-esteem and/ or reinforcing social cohesion.
- We can globalize our health advocacy through music; it's both a medium to engage with the young generation to inspire more self-seeking behavior for screening, and contributes to the reduction of stress - affecting the way diseases respond to contemporary therapy.
- Health organizations, medical bodies and conference organizers should be recognizing the intersectionality between sectors so that creative communities are acknowledged as key contributors to global SDGs alongside medical professionals, policy-makers and health advocates.
- More platforms are needed to elevate the importance of cross-sector collaboration in solving multi-faceted global health challenges. UGHE's annual Hamwe Festival has, and will continue to acknowledge, celebrate and drive conversation around the critical role of the arts in improving health and wellbeing.



Chair: Phyllis Heydt, Office of the WHO Ambassador for Global Strategy

Speakers: Jaqueline Nzisabira, UNWOMEN Africa Regional Advisor

Temie Giwa-Tubosun, CEO and Founder of LifeBank

Alison End Fineberg, Director of ATscale, the Global Partnership for Assistive Technology

Dr. Fred St. Goar, Vice Chairman of the Fogarty Institute for Innovation and a practicing cardiologist

Dr. Neema Kaseje, Founding Director, Surgical Systems Research Group

BACKGROUND

Globally 5 billion people currently lack access to surgical services, leading to 17 million deaths, and many more are left with lifelong disabilities. The lack of access to health services including surgical services can be broadly categorized into the 3 delays. Delay in seeking care, delay in reaching care, and delay in receiving care. Africa is currently undergoing a tech boom. In 2019 alone, there has been a 40% increase in the number of technology hubs in East and West Africa. In Kisumu, Kenya for example, technology is being used to upskill community health workers to increase the detection and referral of children who need surgical services, reducing delay one, two, and three. With regards to the issue of technology and innovations for managing disability, literature indicates that women in comparison to men with disabilities have lower access to assistive devices. Women also do not get care as often as they need and sought it, according to World Health Survey (as part of the World Disability Report).

OBJECTIVES

The panel aimed to address;

- The current burden of diseases, surgical and other, in Africa and its consequences in mortality and morbidity including disability.
- Explore the kind of technological responses we already have available or what innovations would be needed to address these gaps.
- How technology can be used to streamline health delivery; in reducing delays in seeking care, reaching care, and receiving care, as well as how it can be harnessed to address barriers to accessing health services for women specifically.
- How accessible are these innovations for women, where these gaps existed, why they existed and what or who (stakeholders) would be needed to address equity issues.



Dr. Fredrick St. Goar

LINE OF DISCUSSION

All panelists agreed that innovation in global health delivery needed to be centered on the experiences and problems of real people at the community level, and be focussed on inclusivity for women, girls and those with disabilities. The below points can be highlighted;

- Women pay the biggest price for the lack or failure to build the right health system across developing health systems. We should be prioritizing better access to resources for women, as well as innovating the business model to better scale-up developing health systems.
- “Thinking big and acting together” is the key to transformation, as currently, health delivery is only reaching 10% of the people it needs to reach.
- Innovation is a bidirectional process, without which it simply wouldn’t work. Unless there is a clear path to outcome, innovation will be directionless and futile.
- Innovation in global health is not an option but a necessity, referring to it as a mechanism to eradicate inequity. Innovation should be considered beyond a new product, to processes and how we use the available equipment differently for better results.

OUTCOMES

The panel resulted in three core outcomes:

- Innovation is not an option, but a necessity. We are behind on overall global health goals, but also the day to day challenges of delivering health care e.g. in conflict settings requires innovation. Because of stigma there is often no access to services, increasing vulnerability of long term consequences.
- Innovation is more than a word associated with new technologies; ie. “it's not only apps”. It can include products, processes and financing solutions and, to be effective, has to start with people’s real-life experiences. Issues of morbidity, such as rehabilitation needs for example, require more innovation.
- Innovation is a process that needs to be taught, and more is required of that, and then there have to be resources and support networks that in particular support female innovators and recognize the diversity of communities. A lot of women’s innovation stays behind lines, it doesn’t scale or gain visibility to be useful to the world. The audience also voted for women to be the better innovators in health.



10th November

DAY 2



Chair: Dr. Ayode Olatunbosun- Alakija, Founder & CEO, Nexus Hub, Emergency Coordination Center, Nigeria

Co-chair: Amie Batson, Executive Director, WomenLift Health, Stanford

Mentors: Dr. Reem Mohammed Hassan Balila, Assistant Professor of Surgery University of Khartoum/ Department of Surgery

Prof. Somaya Hosny, Faculty of Medicine, Suez Canal University

Dr. Margaret Kaseje, Director of Research and Programmes at the Tropical Institute of Community Health and Development, Kenya

Dr. Iris Mwanza, Executive Director of the BroadReach Institute for Training & Education

Dr. Folake Olayinka, Senior Technical Advisor at John Snow Inc (JSI)

Liana Nzabampema, Senior Program Officer, Segal Family Foundation

Dr. Kakenya Ntaiya, Founder at Kakenya's Dream

Dr. Lydia Pace, Brigham and Women's Hospital and Harvard Medical School

Heather Anderson, CEO of Global Health Corps

Dr. Earlene Avalon, College of Professional Studies, Northeastern University

BACKGROUND

The mentorship breakfast was sponsored by GHIT Fund and opened by Catherine Kaseri Ohura (CEO & Executive Director of the GHIT Fund).

This breakfast session is designed to encourage dialogue and experience sharing among mentees and mentors in small group discussions through raising challenges, lessons and opportunities.

OBJECTIVES

- To share lessons, challenges and successes of women leaders in global health with early/mid career groups.
- To strengthen networks between women leaders at different levels.



Amie Batson, WLGH19 Mentee

LINE OF DISCUSSION

All chairs and panelists agreed that mentorship was a crucial part not only of advancing the career trajectories of emerging female leaders in the field, but also for creating a network for solidarity across the profession.

Catherine Ohura, who opened the breakfast session, expressed how critical it was in connecting mentors and mentees to provide an environment for everyone to think outside the box. She asked the audience to consider carving their own career paths, to seek activities that will challenge you and, “if you fail, get up quickly”. Mentorship, she explained is critical in this as it builds you up to not take rejection negatively, but instead to build thick-skin. Amie Batson encouraged the audience of mentees to be agile and reactive within their careers, explaining that one’s career is always about the unexpected, and therefore it is all about how you react when you meet those unexpected moments.

OUTCOMES

The lively debate in the room, where mentees and mentors shared new thinking on female leadership in health, resulted in these outcomes:

- There is a need to focus on creating an environment that is positive and supporting for young female public health professionals which should be spearheaded by mentors and female leaders across multiple fields.
- Women need to feel empowered to successfully map out their careers; much of this insight should come from early education on career planning (not solely as guidance after finishing formal education).
- Mentees naturally have the ability to think outside the box, and mentors have the experience, which is a strong combination for emerging leaders in global health to leverage. It is important to have a plan prepared when one meets a mentor, understand their background, know what kind of research they are conducting, and use this information to ensure this is of value to your career.

The role of philanthropy in advancing women's leadership in global health



Bonnie Weiss announcing the Weiss Family Challenge

Chair: Cassia Van der Hoof Holstein, Director, Global Health Equity, Emerson Collective

Speakers: Suneeta Krishnan, Bill & Melinda Gates Foundation, India
Margaret Milwa, Director, East Africa Programs, Ford Foundation
Patricia H. Tweedley, Managing Director KPMG Development and Exempt Organizations

Nana A. Y. Twum-Danso, Managing Director, Health at The Rockefeller Foundation
Lola Adedokun, Director, African Health Initiative, Doris Duke Charitable Fund

BACKGROUND

Female leadership in global health remains sparse particularly considering the number of women in global health and the centrality of women's health problems. Philanthropy continues to play a major role in addressing global health challenges and creating access to services in low income countries. According to a recently released OECD Study, foundations play a major role in addressing health in developing country, having contributed between USD 12.6 billion between 2013 and 2015 accounting for 53% of total philanthropic dollars for development. Yet support for developing and supporting women's leadership remains scarce.

OBJECTIVES

This session focused on the future role of philanthropy in supporting the development of women's leadership. This was an invitation-only session attended by nearly 100 leaders. The 'panelists' each facilitated a discussion at a table asking the participants what can philanthropy do to advance women leaders in global health. It was a lively and productive discussion appreciated by funders, academics and practitioners.

During the breakfast session venture philanthropist Bonnie Weiss announced a challenge grant of \$1 million USD to support UGHE's education of a new generation of global health leadership, and in doing so, radically change health care delivery for the future. UGHE is also delighted to announce the contribution of Nancy and Chris Deyo, who pledged \$250,000 as part of the Weiss Family challenge.

OUTCOMES

A publication outlining recommendations for funders will be developed.

Short talks by young global health professionals, researchers & health service providers

WOMEN LEADERS



Chair: Sarika Bansal, Editor-in-Chief, BRIGHT Magazine

Speakers:

Jalang Conteh, Judith Patricia Ngobo a Boko, Dr Jean Pierre Bucyanayandi, Providence Twambazimana, Kui Muraya, Constanca Mavodza, Lilian MuchokiNkweleko, Fankam Falone, Estherlyn Michelle Peters

LINE OF DISCUSSION

Early-mid career participants who were selected among scholarship applicants for their outstanding abstracts. Scholarship winners on the second day put forward a wealth of new thinking and direction based on their outstanding abstract submissions. The range of discussion is highlighted in the points below;

- We need to recognise the importance of teaching children about sexual and reproductive health, and that parents should be on the front lines in providing this education.
- We should be questioning whose voices we are focussing on when we talk about gender equity, saying that we need to take an intersectional lens to gender equity and that the condition of women is the real measure of a nation's progress.
- Immigration status can severely limit career opportunities for migrants. There is a great injustice in the fact that so-called "African experts" spend only a few months in the Africa, while African students studying in the U.S. for four years cannot call themselves an "American expert." "Who becomes an ex-pat versus an immigrant?"
- We should acknowledge the benefits of leveraging the digital reach of technology to ensure that even in the restrictive world we live in, women are able to access information that equips them with the knowledge of how to make their abortion decision.
- Preexisting cultural norms prevent male providers from seeing female patients, as well as that of traditional medicine which, when used alone in cases of HIV/AIDS and other conditions, can cost lives.
- Most community health workers have not seen a smartphone before. Need to increase access to digital healthcare in rural communities.

Gender-based violence and workplace harassment



MC: Paul Animbom Ngong, President, Centre for Research & Practice of Art-related Therapy

Chair: Diana Maddah, Research Director, Modern University for Business & Science

Speakers: Prof. Sarah Hawkes, Global Health 50/50 and Centre for Gender and Global Health at UCL

Dr. Janani Shanthosh, Research Fellow, George Institute for Global Health

Dr. Eugene Richardson, Assistant Professor, Global Health & Social Medicine, Harvard Medical School

Dr. Joel Mubiligi, Executive Director, Inshuti Mu Buzima/ Partners in Health

BACKGROUND

As literature indicates, women health workers face a higher burden of social harassment and ill health, made worse by lack of social protection, laws, among others. Women who work at the frontline on violence and conflict situations also are at the risk of personal injury and violence. In addition to this, workplace harassment continues to be a problem. This violence and harassment could be incited by a range of perpetrators including supervisors, male colleagues, and even male patients.

The fact that women also do not report such cases due to fear of stigma and the fear that the cases will not be addressed, presents an even greater challenge. Given these problems, this panel session discussed gender-based violence and workplace harassment within the context of the global health environment.

OBJECTIVES

The purpose of this panel is to address questions including:

- Who is most vulnerable to violence and workplace harassment in academia and other global health service delivery points.
- The impact of gender-based violence and workplace harassment on women's leadership, starting from medical education to employment and leadership in the sector.
- How well the issue gets attention in global health discussions.
- The major challenges/constraints in addressing this problem, and what should be done.



LINE OF DISCUSSION

This panel brought in key experts in the area who noted:

- How the risk of sexual violence increases drastically in conflict settings, referencing refugees who live in fear of sexual violence, as well as the limited resources for survivors of sexual violence and harassment. “Me too” has not yet been adapted to some contexts to include factors such as genital mutilation and rape as an act of war.
- What it means to have a workspace that promotes and provides an environment that fosters gender equality within the workforce, referencing flexible working, parental leave, and the gender pay gap as “policies that really matter.”
- How whilst there is discussion about the shortage of health workers to meet the SDGs, there is rarely a focus on the context in which these health workers work, areas where we can’t guarantee her right to work in a safe workplace. It is important not only to look at the institutional level, but also recognize that there is governance happening at different levels.
- Referencing the Ebola crisis as an example, a speaker explained that violence increases during outbreaks as gender based organizations close up shop and “medical resources are diverted from sexual and reproductive health to outbreaks”.
- A speaker also focused on Rwanda specifically, explaining the important shift post-genocide pushed the country to focus on policies to protect and empower women, but still, the need to do more in terms of bringing more men to the table and working on the culture.

OUTCOMES

This important panel concluded with the following key messages, acting as clear call for actions for the global health community:

- Policies based on global health 50/50 should be applied to all organizations (national and international), and guides and tools should be easily available online.
- Precautions should be taken into consideration during outbreaks to avoid GBV and sexual harassment.
- More research should address policies that protect women with disabilities from any kind of gender violence or sexual harassment.
- We need to standardize what sexual harassment policy looks like to include a clear definition of what comprises harassment.
- Workplaces should ensure confidentiality of reporting and non-retaliation, as well as a more transparent follow-up procedure of when a report has been made.



Fairness in research on minorities and women's health

MC: Cloe Liparini, Lecturer, University of Global Health Equity

Chair: Ndoni Mccunu, Founder & CEO of Black Women in Science, South Africa

Speakers: Prof. Lisa Hirschhorn, Professor, Medical Social Sciences, Feinberg School of Medicine, Northwestern University and at UGHE
Angella Sandra Namwase, Research fellow, Washington University in St. Louis
Dr. Tim Evans, McGill University, School of Population and Public Health
Dr. Pascale Allotey, Director, United Nations University - International Institute for Global Health
Dr. Damas Kabakambira, Head of Department of Medicine at the University Teaching Hospital of Kigali (CHUK)

BACKGROUND

While there has been growing knowledge in how to prevent disease and improve health, the research and the application of that research into practice has lagged for minorities and women in many parts of the world. This disparity is further compounded by under representation of women and minorities as leading researchers in many settings.

To address this gap, it is important to change how research is designed, implemented, funded and who leads this work. This panel brought together a range of women involved in increasing fairness in research, from funders, to researchers to educators.

OBJECTIVES

The goal of this panel was to present approaches which are underway to address the embedded inequity in research so that the knowledge gaps do not leave anyone behind and address the shared and specific needs of women and minorities everywhere.



Dr. Damas Kabakambira

LINE OF DISCUSSION

Speakers in this panel noted that:

- To effectively focus research solely on minorities, there is a need to engage the communities, design studies to ensure adequate representation, and keep research from being driven solely by metrics.
- If the focus is on truly equitable access, there is a need to reach not only women, but women within communities where deficiencies in secondary education within poor communities need to be addressed.
- “You cannot extrapolate data across race”.
- More than 60% of research is not disseminated and that “we need to look at our research as a service”.
- Pertaining to the methodological gaps in research, it is important to recognize that the global health community value evidence in hierarchical ways, marginalizing voices that not considered robust for comment.

OUTCOMES

The panel discussion concluded with three core outcomes;

- Academic and non-academic research institutions should be actively working to remove barriers to female leadership in research organisations which, in turn, will work to remove bias in research and enhance access to funding for female researchers.
- Education is crucial to inspiring more young women to make research applications. This needs to start not when women are applying for masters, but rather from a young age through mentorship and the creation of peer networks.
- Dissemination of research should be done by working closely with the population, recognizing their values/preferences to temper evidence, closing the gap between program managers and researchers and engaging with the community level both in research questions. Co-production of research and methodological priorities will lead to better results.

Global Health at the Frontline: Discussion with Community Health Workers



MC: Likhapha Ntlamelle Community Health Director, PIH, Lesotho

Chair: Loune Viaud, Executive Director Zanmi Lasante, Haiti

Speakers: Florence Mukantaganda, Rwanda

Mrs. Featha Kolubah, Liberia

Adey Tilahun Techane, Ethiopia

Pushpa Rathod, India

Marie Millande Tulme, Haiti

BACKGROUND

The bedrock and in many cases the soul of health systems have been frontline health workers. This cadre globally is largely represented by women who, sometimes as volunteers and other times as an acknowledged and compensated member of the health system - serve as its emissary, outpost, and advocate for communities.

Impact, however, has been variable, marred by challenges of ad hoc planning, unclear roles, inadequate training, program fragmentation, and lack of professional/career development trajectories. Quite often, even though it is the largest and most immediately available health resource in communities, frontline health workers are considered mostly in instrumental terms in the health system.

OBJECTIVES

The goal of this session was to give a platform for Community Health Workers to articulate their achievements as a profession, the challenges of their roles, and goals moving forward as key actors in their national context, as well as in the larger global health space.

A portrait of Florence Mukantaganda, a Black woman with her hair styled in a traditional headwrap, wearing a colorful patterned top and a blue sash. The background is a soft-focus indoor setting.

CONT. Global Health at the Frontline: Discussion with Community Health Workers

Florence Mukantaganda

LINE OF DISCUSSION

According to the personal accounts of Community Health Workers in this panel:

- Community Health Workers (CHWs) are the first line of defense, as they protect the social wellbeing of the population, hence the importance of having their voices heard on a global scale.
- CHWs operate as a bridge between the government and vulnerable groups such as women, adolescents, children, and therefore a crucial link in the chain for clinical service delivery.
- The non-stop nature of community health work, is reflected in the way that Community Health Workers can be called upon anytime, whenever there is a health problem in the community.
- CHWs have a crucial role in categorizing the community in various groups based on their health needs and economic conditions.

OUTCOMES

- We need to reevaluate how best to remunerate CHWs for their constant on-duty support to communities globally. They need to be valued for the work they do to ensure reduction in the existing high turnover within this critical work.
- The challenge we need to overcome is lack of visibility for CHWs at the decision making table. Their personal accounts of cultural and social contexts at community level are critical to health interventions and can advise on how best these are implemented.
- Governments and health organisations need to identify and address the key challenges identified for CHWs such as an overwhelming workload, irregular or insubstantial trainings, and lack of sufficient supervision. Removing these barriers will contribute to efficiency, job satisfaction and reduced turnover.

Gender inequity in clinical service delivery



MC: Cate Oswald, Chief Policy & Partnership Officer, Partners in Health

Chair: Peggy Clark, Executive Director of Aspen Global Innovators Group

Speakers: Jessica McKinney, Co-founder of Mama, LLC; VP of Medical Affairs and Clinical Advocacy, Renovia Inc.

Prof. Justine Ina Davies, Institute for Applied Health Research, University of Birmingham, UK

Dr. Folake Olayinka, Public Health Specialist, John Snow Inc

Dr. Achieng' Aling', Obstetrician gynecologist at King Faisal hospital. Co-founder HEMA Foundation, Kenya

Grace Umutesi, Manager, Partners in Health

BACKGROUND

Despite decades of attention to the issue and visionary Sustainable Development Goals (SDGs), gender inequities in clinical care persist globally in most areas of healthcare from cardiovascular disease outcomes to injustices in access to reproductive healthcare. There have been efforts to advance patient-centered care while understanding gender as an underlying social determinant influencing the patient-provider relationship, but it is still poorly understood. Women, clinicians, and leaders are pushing forward new bold agendas to better understand and address these inequities.

OBJECTIVES

This panel brought together a powerful group of women leaders to address gender inequities in clinical care and elucidate the drivers of the problem. They also aimed to explore the creative solutions being tested globally.



Prof. Justine Ina Davies

LINE OF DISCUSSION

All panelists raised awareness of the most urgent gender inequities in clinical service delivery, and explored the key drivers of these inequities, including the following points:

- This imbalance to the limited educational resources and economic opportunities for women, which manifests itself in women's access to care and ability to provide it.
- The importance of passion, strong communication and excellence in the workplace to gain credibility and defy inequities.
- The importance of refocusing some of efforts outside the hospital walls, to women who do not make it there. As a speaker stated, "Waiting for women to come to the hospital is too late."
- Gender mainstreaming has helped bring in gender budgeting, reducing inequities and supporting economic growth if integrated into the overall budgeting process.
- There is hope for a future with no gender bias and healthcare inequity. However, to get there it is important to hold conversations with women in the community; to empower and support them to get the care they need, within the context of a holistic package.

OUTCOMES

The panel outcomes looked at accountability mechanisms and resources to help forge a future without gender inequities in clinical care delivery:

- Clinical providers need to recognize and act upon the multitude of factors related to gender discrimination in the clinical settings that influence a woman's poor health, such as difficulty for women in seeking care, biases in treatment, and other factors.
- There is a need to educate some clinicians against biases in clinical settings, such as providing more information to a male patient or making the assumption that a female patient may not have the capacity to absorb information.
- Female clinicians should be supported although their medical training, and adequate structures put in place to ensure women feel like they can have both a career and a family.



MC: Dr. Abera Leta, Executive Director of PIH, Lesotho

Chair: Prof. Address Mauakowa Malata, Vice Chancellor of Malawi University of Science and Technology

Speakers: Dr. Patty J. Garcia, Professor at the School, Public Health at Cayetano Heredia University

Prof. Rhoda Wanyenze, Makerere University, School of Public Health

Prof. Laetitia Nyinawamwiza, Senior Lecturer, School of Public Health, College of Medicine and Health Sciences, University of Rwanda

Prof. Suad Sulaiman, Sudanese National Academy of Sciences (SNAS)

BACKGROUND

Participation of women in science and research remains low, despite the potential benefits of gender diversity in enhancing the quantity and quality of research.

Despite the increasing number of women joining research careers, women remain underrepresented in research training institutions especially at the leadership levels, acquisition of research funding, implementation, and research communication including peer reviewed publications and conference presentations.

OBJECTIVES

This session set out to explore gender equity and the engagement of women in research, the utility of engaging women in research, the barriers and opportunities for enhancing engagement of women in research, including training and mentorship. The session also served to look at evidence and intervention gaps in understanding and addressing of barriers to female engagement in global health research.



WLGH19 Attendee

LINE OF DISCUSSION

All panelists agreed that the participation of women in research will change its focus and put a greater focus on problems otherwise unidentified by men.

- One panelist spoke from personal experience as a physician, explaining that the goal should be to create an environment that enables other women to do research and find female mentors.
- International funding is valuable, but governments too should be investing in women's needs through research, and prioritising grant funding for women.
- Speaking about cross-culture inequities, although Africa makes up 10% of the world's population, it contributes less than 1% to health research. This can be attributed to global policies "that make it difficult for women to make a significant contribution to research" and inequities in PHD level training because of the onset of domestic responsibilities.
- It is important to advocate for mentorship; "Women need to help other women to succeed", as well as opportunities to participate in conferences, discuss with other young academics and disseminate their research.

OUTCOMES

- There is a need to create equitable environments that enable women to conduct research and pursue PHD training. This includes doing doctoral training locally and introducing flexible models that allow women to balance family life.
- Funding agencies and governments need to set-up more equitable financing models that prioritise female grant funding and eliminate the current trend of men receiving larger grants.
- Mentorship is key and supportive academic networks will overcome barriers to female research. Role models can create enabling environments to convince and enlighten young women to go into reproach. For those working in academia, the best legacy they have is their predecessors.



MC: Dr. Phaedra Henley , Director for One Health, UGHE

Chair: Dr. Florence Akiiki Bitalabho, PIH/IMB/ UGHE

Speakers: Dr. Josephine Odera, Director of ACTIL
Jennifer Liang, Co-founder of The ANT
Jeanne Mukunilwa, VDAY RDCongo

Dr. Florence Akiiki Bitalabho

BACKGROUND

Women are affected by conflict and crisis at different levels. According to the WHO report 'Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health Workforce' of 2019, women who work at the frontline on violence and conflict situations also at the risk of personal injury and violence; as well as in constant threat from sexual violence, the spread of diseases, lack of mobility and others when in conflict and crisis situations.

OBJECTIVES

This panel session was set up to discuss the situation of women in conflict and crisis situations, priority needs, gaps, challenges, and the way forward within the context of the global health environment.



Left to right, Dr. Florence Akiiki Bitalabeho, Jeanne Mukunilwa, Josephine Odera, Jennifer Laing

LINE OF DISCUSSION

As a speaker noted, “It is very rare that women cause conflict or war, but they suffer the consequences”. Some of the points raised during this panel were:

- $\frac{3}{5}$ maternal deaths occur in fragile/conflict-ridden countries, therefore protection of women and access to healthcare is even more vital in these areas.
- It is important to recognize that people affected by conflict have lost their community.
- It is important to utilize activities like sports to talk about peace and justice in an engaging way.
- According to a survivor of violence, there is a need to start at the ground and ask what helps women the most, in the efforts to help women that have been in violence and conflict situations.
- After NGOs leave, the real work begins on physical and economic resilience.

OUTCOMES

Drawn from personal experiences, this moving panel set out the long-term effects of conflict and crisis and laid out 3 potential points of action:

- The language of the community regarding the effects of conflict and crisis is different. There is a need to hear their voices, understand and respond to the depth of the meaning of what the language means. This will influence the appropriate responses and interventions.
- The effects of conflict and crisis are multiple, long term, complex, deep and multi layered requiring appropriate and effective interventions that go beyond knee-jerk responses and short-term humanitarian relief during or just following a conflict.
- A Call to Nations is needed to fulfill the various agreed on global conventions and obligations regarding conflict and crisis, with particular emphasis on taking action on interventions on women and children. Women’s issues are often left to women (such as sexual assault) because the policy is so complex. There is a need to be proactive and continue to advocate for policy change.

Role of stakeholders in collective bargaining for health

WOMEN IN GLOBAL HEALTH RWANDA, 2019



MC: Dr. Rex Wong, Associate Professor, UGHE, Director, Bill and Joyce Cummings Institute of Global Health

Chair: Dr. Zahirah McMatt, Godley-St.Goar Chair, Community Health and Social Medicine, UGHE

Speakers: Dr. Rajani Ved, National Health Systems Resource Centre, India
Dr. Jean Pierre Nyemazi, Permanent Secretary at Ministry of Health Rwanda
Heather Anderson, CEO of Global Health Corps
Dr. Vanessa Kerry, Co-founder and CEO of Seed Global Health

BACKGROUND

Within the health sector, there are both horizontal and vertical segregation by gender. Horizontal segregation exists in the sense that women are more highly concentrated in lower wage, lower status roles (nursing, administrative, and support positions). Vertically, even when men and women are occupying the same roles, women are less likely to serve in leadership positions with higher pay and higher status. In the health sector, the gender pay gap is higher than in other sectors.

Not only does the gender pay gap discourage increased participation of women in global health leadership, it translates to a lifelong economic disadvantage and a host of negative health and social consequences. Contributing to this gap and preventing its closure is the fact that in many countries, there are no equal pay or non-discrimination laws, or structures to facilitate collective bargaining by and for women working in the health sector.

OBJECTIVES

The objective of the session was to assess the major impacts of the gender pay gap and other structures disincentivizing women's participation in the global health workforce.

The panel also aimed to discuss whether collective bargaining could address barriers to gender equity in the health sector, and what factors must be in place at the national/policy level to promote it.

CONT: Role of stakeholders in collective bargaining for health



Left to Right: Dr. Zahirah McMATT, Rajani Ved, Dr. Jean Pierre Nyemazi, Heather Anderson, Vanessa Kerry

LINE OF DISCUSSION

Some of the points raised by this panel of speakers included the following:

- “When you’re supporting the most marginalized workers, all workers are benefitting.”
- Gender based discrimination is often seen at the lower rungs of health professionals as women cannot advance themselves or forced to juggle multiple jobs. Collective bargaining should include the need for institutional change to support women in entry level roles.
- The role of the government is to provide a valuable platform to facilitate collective bargaining as an ongoing process. Men, can not be counted on to simply change their mindset, laws and policies need to better advocate for women in the sector, unless provided by such platforms.
- There is a need for clarity in a country context on what aspects should be collectively focussed upon and prioritized accordingly, with stakeholders collaborating to find opportunities for women’s leadership.
- There is a proven power of collective bargaining in establishing standard rates for comparable work, minimising professional wage gaps, improving maternity leave cover and access to health insurance.

OUTCOMES

- Where there is an increased representation of women, there is an increase in focus on their health. Stakeholders working together need to find opportunities for women’s leadership and emerging female health professionals given adequate professional development skills.
- There is a need to change the way certain professions in the sector are considered. Many jobs are feminized, primarily led by women, and are valued and paid less as a result.
- The role of the government is both to set wage bills to reduce the gender pay gap, as well as to provide a platform for collective bargaining and ensure that consequent policies are reflective of this. Bargaining can establish standard rates for comparable work, can change wage gaps between professions and increase access to training and therefore should not be ignored by policy-makers.
- The most publicized area of workplace discrimination is the gender pay gap, but there is a need to give equal importance to issues around maternity leave, access to health insurance, and female career trajectories.

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Leadership Labyrinth: Honest discussion about career growth of women across global health sectors



Chair: Dr. Ayoade Olatunbosun-Alakija, Founder & CEO (Nexus Hub) Emergency Coordination Center, Nigeria

Speakers: Catherine Kaseri Ohura, CEO & Executive Director of the GHIT Fund
Dr. Patty J. Garcia, Cayetano Heredia University
Dr. Nana Twum Danso, Health Programs at the Rockefeller Foundation
Dr. Osnat Levtzion - Korach, CEO Shamir (Assaf Harofeh) Medical Center

BACKGROUND

Too often the careers of women with skills and talent stall at middle levels of leadership. Women face a labyrinthine path for career advancement that is exacerbated by gender biases that favor men.

Furthermore, social limitations means that some women are less likely to see themselves as leaders, aspire to leadership positions, or be optimistic about reaching top positions in their company – resulting in many removing themselves from the leadership pathway.

OBJECTIVES

Hearing from women that represent diverse cultures and sectors, this panel aimed to build on one of the most popular plenaries at the WLGH 2018 conference in London by providing space for an honest conversation about the differing career pathways women have experienced as they advanced in global health leadership.

CONT: Leadership Labyrinth: Honest discussion about career growth of women across global health sectors



Dr. Ayoade Olatunbosun-Alakija, Catherine Kaseri Ohura, Dr. Patty J. Garcia Nana Twum Danso, Dr. Osnat Levtzion - Korach

LINE OF DISCUSSION

Some of the major points raised by the speakers in this panel included:

- The impact of restrictive environments for women in the professional space and their personal experiences of how to overcome the hurdles to leadership.
- How the nearer the top of the ladder you move, the more white and more male it becomes.
- How biases come from both sides, from men and women; as bias is a societal and systemic issue, and not necessarily a men's issue.
- One way of escaping the leadership labyrinth was to draw confidence and build a career in something that one is good at, as well as making the best use of available opportunities.
- It is important for women in the audience to move towards more self-seeking behaviour, to ask for promotion where it is due and seek advice from other senior women in their organisation.

OUTCOMES

- The path to linear promotion is often a long-game for women. A balance of inner resilience and risk-taking is crucial to navigate the path to leadership.
- Women need to use all available opportunities, which includes mentorship from female role models who themselves have navigated the leadership labyrinth. This means the creation of more formal platforms for women to seek support from other women in their respective industries.
- Preconditioned gender and cultural limitation do not change in a day. We need to focus on the individual and developing a women's greatest weapon - confidence in one's own functional expertise.
- We need to acknowledge that different continents have different leadership labyrinths for women to negotiate - an understanding of these different cultural nuances will aid navigation of one's career trajectory.

Gender Equity and Women's leadership in Global Surgery



Left to Right: Claire Karekezi, Prof. Kathryn Chu

MC: Dr. Robert Ojiambo, Chair of the Division of Basic Sciences, UGHE

Chair: Prof. Abebe Bekele, Dean, UGHE

Speakers: Dr. Claire Karekezi, Rwanda Military Hospital in Kanombe

Dr. Mumba Chalwe, Consultant Urologist Ndola Teaching Hospital

Prof. Sherry M. Wren, Stanford School of Medicine Vice Chair for Surgery

Prof. Kathryn Chu, Stellenbosch University, Department of Global Health

Prof. Elmin Steyn, Head, Division of Surgery, Faculty of Medicine, Stellenbosch University, Cape Town

BACKGROUND

Women continue to be underrepresented worldwide in the field of health sciences, and surgery and research in particular. Factors that have been reported in the literature to contribute to the paucity of women in surgery and research include: gender-biases in the workplace, lack of support during pregnancy, incompatibility with the cultural perceptions of the role of women in family, lack of a structured mentorship process, and lack of inclusion in male-dominated events and activities.

OBJECTIVES

The panel's aimed to identify women from different countries that have broken the glass ceiling in surgery and research, overcome the challenges and gender discriminations posed, and achieved leadership roles in what is still deemed to be a "man's world." The panel also aimed to address the most critical gender inequities in global surgery (gaps in relation to engagement in leadership roles, research etc.) and what the key drivers of these inequities are.



Left to Right: Prof. Abebe Bekele, Prof. Kathryn Chu, Dr. Claire Karekezi, Prof. Elmin Steyn, Prof. Sherry Wren, Dr. Mumba Chalwe

LINE OF DISCUSSION

Panelists discussed the challenges faced by women in surgery and research and shared solutions to overcome them to support emerging female surgeons and researchers understand which needed leadership skills they need to develop to navigate in our non-gender equitable environment. A speaker also defined herself as “surgeon first, woman second”, explaining that her career path was driven by the immense satisfaction that the surgical profession promised. According to the speakers:

- Women face hurdles in being both female and a surgeon, likening the experience to “being like a criminal mastermind” referencing the exceptional planning abilities female surgeons need to have to plan 10 steps ahead to balance family and career.
- There is a multidimensional aspect of surgery that brings fresh challenges daily, which demands a constant learning process and opens up new career opportunities daily.
- There is a male tendency to downplay or distrust female surgeons, explaining that one never stops having to prove oneself in the field.
- There is a need to work on mentorship as a critical part of striking out successfully in competitive and masculine world of global surgery. As a speaker stated, “Don’t be afraid to move out of your field to find mentors”.

OUTCOMES

- It is important to create supportive environments for female surgeons that do not compromise a woman's femininity, sense of self and family responsibilities against her career advancement.
- There is a need to be cognisant of deeply rooted cultural ties. Societal expectations, for a long time, dictated that doctors were old, white men in white coats. Both women and men need to uproot these deep-seated expectations and, with the support of academic institutions, governments and stakeholders, create new cultural norms.
- Female surgeons should actively seek out early career female surgeons and visa versa to encourage more young women to go into the field global surgery. It is not possible to be on-track to have enough global surgeons in 2030 without more women involved in active mentorship.

Gender inequities in access to health education



MC: Natacha Mugeni

Chair: Dr. Iris Mwanza, Executive Director, BroadReach Institute for Training & Education

Speakers: Dr. Joia S. Mukherjee, Chief Medical Officer, Partners In Health
Dr. Pascale Allotey, Director, United Nations University - International Institute for Global Health

Dr. Camara Jones, 2019-2020 Radcliffe Fellow, Radcliffe Institute for Advanced Study, Harvard University

Desta Lakew, Global Director of Partnerships, Amref Health, Kenya

BACKGROUND

Patterns of occupational segregation, especially women's participation in the formal labor market, vary significantly by region and country and are influenced by culture, income levels, local law and other factors such as education or qualifications. Women in the global health workforce have an inverted career pyramid. Gender segregation determines the educational and the specialty choices of men and women. It is therefore imperative to maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labor market, and tackling gender concerns in health reform processes. This will improve family education, nutrition, women's and children's health, and other aspects of development.

OBJECTIVES

The panel aimed to address how gender inequalities in access to health education manifest themselves, and consequently inhibit women from advancing to leadership role in the area of global health.



Dr. Joia S. Mukherjee

LINE OF DISCUSSION

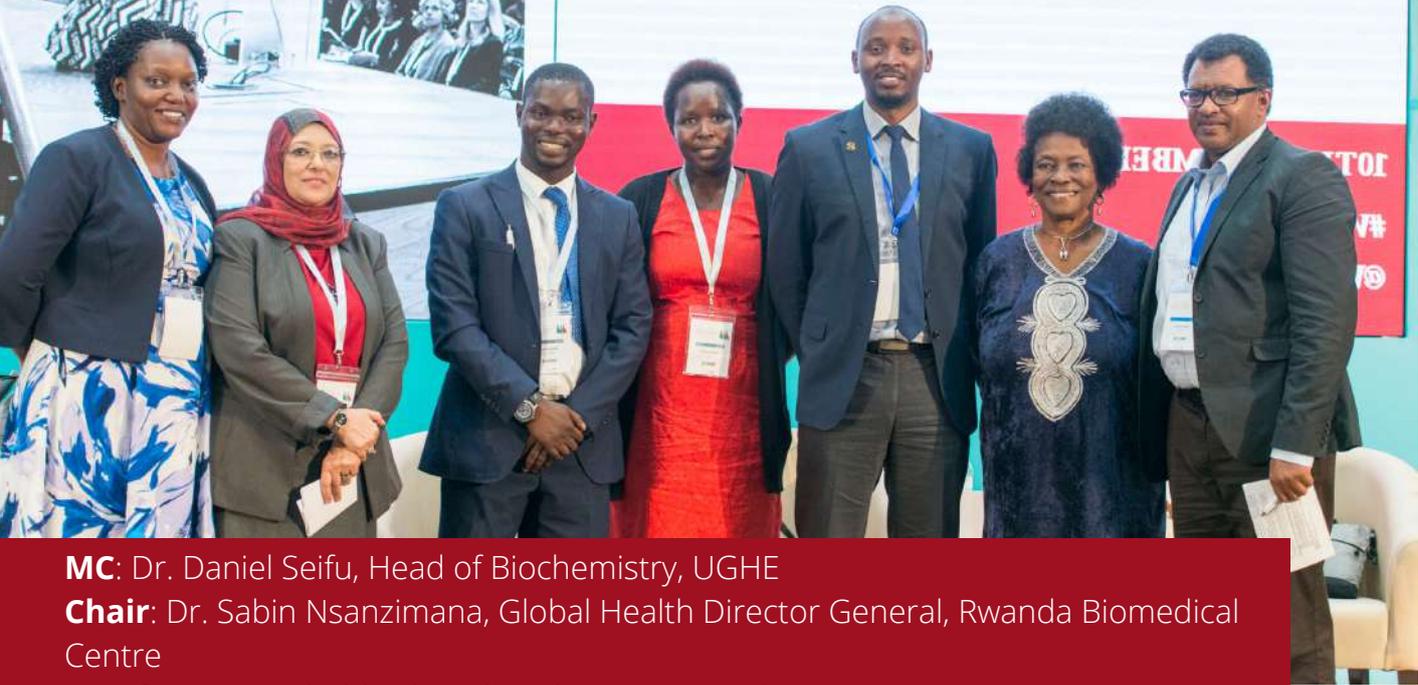
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OUTCOMES

- It is important to create supportive environments for female surgeons that do not compromise a woman's femininity, sense of self and family responsibilities against her career advancement.
- There is a need to be cognisant of deeply rooted cultural ties. Societal expectations, for a long time, dictated that doctors were old, white men in white coats. Women and men need to uproot these deep-seated expectations and, with the support of academic institutions, governments and stakeholders, create new cultural norms.
- Female surgeons should actively seek out early career female surgeons and visa versa to encourage more young women to go into the field global surgery. It is not possible to be on-track to have enough global surgeons in 2030 without more women involved in active mentorship.

Barriers to Women's Health in Africa



MC: Dr. Daniel Seifu, Head of Biochemistry, UGHE

Chair: Dr. Sabin Nsanzimana, Global Health Director General, Rwanda Biomedical Centre

Speakers: Dr. Etheldreda Nakimuli-Mpungu, Makerere University

Prof. Somaya Hosny, Former Dean, Faculty of Medicine, Suez Canal University

Prof. Filomina Steady, Professor Emerita of Africana Studies, Wellesley College

Idrissa A Conteh, Projects Officer, Planned Parenthood Association of Sierra Leone

Dr. Kakenya Ntaiya, Founder at Kakenya's Dream

BACKGROUND

Cultural barriers occur when the practices of a person's culture interfere with their functioning within a different culture. Since modern medicine is largely a product of western culture, the medical system can – in some African societies – essentially be considered a foreign culture. Cultural barriers can result in miscommunication between subjects who are supposed to interact with each other in various work settings.

In health care, cultural beliefs about the illness and the proper way of treatment can be a barrier to service. A provider's lack of knowledge about a patient's cultural background and lack of competence to deal with such differences can also interfere with appropriate treatment. Women in Africa are in need of special health care, not only because of their maternal and child-caring responsibilities, but also because of gender discrimination, household violence, and the increased poverty rates among women. Health care providers should, therefore, be highly sensitive to the cultural issues in this subgroup. In most instances, they are only trained to make diagnoses and write prescriptions, but not on how to appreciate the possible impact of the cultural background of their patients to best provide medical care.

OBJECTIVES

This panel aimed to highlight situations where cultural, social and institutional barriers can represent a significant obstacle for communication, the impact of such miscommunications on women's health, and how they can be addressed.



Prof. Somaya Hosny

LINE OF DISCUSSION

Patterns of occupational segregation, especially women's participation in the formal labor market, vary significantly by region and country and are influenced by culture, income levels, local law and other factors such as education or qualifications.

Women in the global health workforce have an inverted career pyramid. Gender segregation determines the educational and the specialty choices of men and women. It is therefore imperative to maximize women's economic participation and foster their empowerment through institutionalizing their leadership, addressing gender biases and inequities in education and the health labor market, and tackling gender concerns in health reform processes. This will improve family education, nutrition, women's and children's health, and other aspects of development.

OUTCOMES

- These cultural barriers within Africa exist but they can be overcome if we actively educate ourselves about the contextual environments of the people we are delivering health care services to. This includes forging clearer channels of combination with indigenous health providers on what approach should be used.
- Western interventions are not always the answer, they need to be receptive of and adapt to the cultural context.
- Interventions targeting only women are counterproductive - men need to be in the equation to support their implementation.
- All health providers need to be aware of the cultural beliefs underlying various health problems (including those related to mental health). Disregarding a patient's beliefs and putting forward a medical model is ineffective - the treatment needs to be presented as an option with sufficient exposure to its impact.
- Harmful cultural practices are weaved into the generational mindset and cannot be undone in a day. Interventions need to be both sustained, educational and inclusive of senior community members who can help enforce and end the practices.

head of the concert.
will also be a direct bus service
Kigali.

ER 2019

The early thinking around WomenLift Health and the future of WLGH conference



Chair: Dr. Ayoade Olatunbosun-Alakija, Founder & CEO (Nexus Hub) Emergency Coordination Center, Nigeria

Speakers: Dr. Agnes Binagwaho, Vice Chancellor, University of Global Health Equity, Rwanda

Dr. Michele Barry, Director of the Center for Innovation in Global Health

Dr. Sharon Kapambwe, Assistant Director, Cancer Control, Ministry of Health, Zambia

Amie Batson, Executive Director, WomenLift Health at Stanford University

BACKGROUND

The Women Leaders in Global Health Initiative has been investing in the future leaders of global health and betting on the ability of these accomplished women to deliver better health outcomes. Born out of the conference for Women Leaders in Global Health (WLGH) and with support from the Bill & Melinda Gates Foundation, this initiative has a unique opportunity to transform leadership in global health.

OBJECTIVES

- Share panelists views and stimulate the audience to share thinking about the value of the WLGH conferences, especially as they move to alternating each year between regional and global themes.
- Enable participants share ideas on how best to invest in African women leaders.
- Share information and receives feedback on the transition of WLGHI into WomenLift and explain WomenLift's strategy to support women leaders in global health and influence the environment in which they live and work.
- Announce the 2020 WLGH Conference host.

CONT. The early thinking around WomenLift Health and the future of WLGH conference



Dr. Michele Barry

LINE OF DISCUSSION

This session looked at the growth of the Women Leaders in Global Health movement since the inaugural conference at Stanford University, an initiative set-up to provide equitable support systems and networks for women; the vital cornerstones in today's health service delivery; and explored the way forward. All panelists agreed that institutional change is necessary to eliminate structural barriers prohibiting women's leadership, and felt the WLGH19 movement was a powerful driving force for building capacity in global health leadership.

Dr. Michele Barry spoke about the inequity of health decisions being made around boardroom tables of solely white men; "Where are the women?" She identified three core problems to gender parity in global health; challenges climbing the institutional ladder, tensions between family and career responsibilities, and health and safety issues such as risk of sexual violence. Her solutions? Leadership grants for women from poor-resource countries, time extensions in research to accommodate maternity/ paternity leave and strategically managed/ mitigated risk calculation for violence against women to name a few.

Dr. Agnes Binagwaho highlighted the growth of the movement in a breakdown of this year's UGHE-hosted conference. Critical for this year was a strong African representation, reflected in the 651 of 1,053 participants coming from African countries. She also referenced the cross-section of ages and backgrounds in both participants and speakers, as well as the purposeful decision to try to have a man on every panel; "we need male allies to partner with us in this journey for gender equity". Dr. Agnes called for bold actions to empower African women through advocacy for foundations to only fund institutions with gender parity in board and leadership, implementation and recruitment.

Dr. Sharon Kapmambwe vocalised the importance of formalised mentorship and for institutions to have sociocultural orientation when addressing the health needs of people globally. She encouraged the audience to 'think outside the box [...] in fact, take away the box altogether' when implementing innovative new health programmes, initiatives and processes for the future. Finally,

Amie Batson announced WomenLift Health, a new platform designed to unleash and elevate talented mid-career women to become global health leaders. At the core of the WomenLift Health initiative would be the sponsorship of top leaders to ignite a leadership journey for mid-career women, inspire organisational change, and amplify the voices of influencers in the field through a digital platform sharing evidence, stories and a learning

CONT. The early thinking around WomenLift Health and the future of WLGH conference



Dr. Agnes Binagwaho

OUTCOMES

- Diversified leadership leads to better outcomes. Capacity in global health leadership will require engaging all genders and generations.
- Top tier female leaders need to be driving a movement of early and mid-career women to become the future's leaders, mentorship should not only provide practical support but also amplify the voices of these women and seek platforms from which to elevate their findings.
- It is important to advocate for foundations to only fund institutions who have a proven dedication to empowering women; either through committing to a deadline to have gender parity in staff, through recruitment, programme implementation or board and leadership.



Doreen Baraza Awino

Speakers:

Dr. Agnes Binagwaho, Vice Chancellor, University of Global Health Equity, Rwanda

Dr. Meheret Mendefro, Founder and President of Truth Aid

Dr. Diane Gashumba, Minister of Health, Rwanda

OVERVIEW

During this session, Prof. Agnes invited Dr. Meheret Mendefro to read summary of the key action points that were taken from each panel session; and that were later used for the development of the Call for Action through engagement of members of the International Conference Committee members. The **Call for Action** is shared at the end of this document.

Next, Prof. Agnes gave concluding remarks and acknowledged the relevant stakeholders, including the First Lady of Rwanda, MOH, MIGEPROF, PS of MOH who was also a speaker and the director of Rwanda BioMedical Center among others. She expressed appreciation for Bill and Melinda Gates Foundation and Wellcome Trust as the major sponsors of this event; along with the other list of donors that were shown on all conference materials. After thanking the UGHE team, the International Conference Committee, National Conference Committee, Scientific Committee, Friends of Women Leaders in Global Health and Mid-career groups, Prof Agnes made an announcement about the launching of the **UGHE Center for Gender Equity** as a major stride towards bringing gender equity in global health.

This was followed by an **award giving ceremony for best oral and poster presentation winners**. The best oral presenter title went to Constancia Mavodza; while the best poster presenter was named - Doreen Baraza Awino for her abstract on "Health Innovation in the management of obstetric hemorrhage in rural communities."

CLOSING REMARKS

WLGH19: Closing Session



Dr. Diane Gashumba

Dr. Diane Gashumba thanked the female and male leaders attending the conference as champions of women's leadership. Noting the Government of Rwanda's pride in facilitating the WLGH19, she applauded its networking opportunities, as well as its **relevance at this critical time of exchanges around topics related to gender equality and gender in global health.**

She thanked the Women Leaders in Global Health Initiative and the University of Global Health Equity, especially the **Vice Chancellor Dr. Agnes Binagwaho** for hosting WLGH19 in Rwanda. She also extended her gratitude to the whole University team and acknowledged the artists whose work has been on display at the venue as part of **Hamwe Festival**, the arts and health annual initiative hosted by UGHE. She noted the significance of Hamwe's launch in highlighting the power of cross-collaboration between the creative and health communities and leveraging the power of art to pursue global health equity and the future of women's health.

She acknowledged Rwanda's major strides in empowering girls and women has contributed to the nation's development. She expressed the importance of having **gender sensitive leadership** like that of Rwanda, as well as noting the progress made in empowering traditionally marginalized women and girls towards leadership positions and increased access to finances and employment. She emphasized the significance of capturing this spirit of development within the whole continent. Dr. Diane further noted the importance of **paving the way for improvement** and measures to develop workplace policies, enabling women to speak out without fear, improving access to healthcare, addressing the needs of women with disabilities; and a commitment to action by everyone at the conference.

She closed the conference by announcing that Rwanda's Ministry of Health, together with the Ministry of Youth and University of Global Health Equity will host a seminal event around music, culture and arts to combat non-communicable diseases. Dr. Diane expressed her hope to see the **participants in Rwanda for the event in 2020; as well as at WLGH 2020 set to take place in India.**

CALL FOR ACTION

The following are the “Call for Action” from this Women Leaders in Global Health 2019 Conference (WLGH19). We the participants of WLGH19 call for:

1. All funding organizations (i.e. private, public and those based on public-private partnerships) to establish guidelines starting from the date of the 20th anniversary of the Beijing declaration on gender equity to use their funds to:
 - a) Provide support only to institutions that have gender parity (50/50 balance) in their board and leadership committee.
 - b) Fund only projects that demonstrate gender parity in implementation and in outcomes (with the exception of those projects which are established to address the special needs of one gender).
 - c) Organizations that have gender parity in their staff composition.
 - d) Organizations that implement regulations address the gender gap in wages and labor market participation.
2. All funding and research institutions to establish guidelines starting in 2020 to devote 50% of health research funding to support projects and innovations that focus on women’s health needs and priorities. Potential areas of interest include: promoting gender equality, reproductive and gynecological health, women’s empowerment as well as projects and policies that mainstreaming inclusiveness of minorities including disability, and the protection of women displaced and in conflicts.
3. Professional societies and academic associations and institutions to institute internal rules starting at their next General Assembly or election to promote equal representation (at least 50%) of women in their board, their committees and leadership positions; and support this action with relevant trainings and experience sharing programs for appointed women.
4. All national and international organizations to demonstrate a commitment to developing policies based on Global Health 50/50 recommendations and apply the relevant tools of Global Health 50/50. This includes establishing institutional workplace policies that remove barriers relevant to women who are striving to both advance in their careers while also having a family. Such policies could include implementing flexible hours, telecommuting, paid maternity and childcare leave, travel support for childcare, workplace nursing and baby care rooms, and so forth.

A group of women in traditional African attire, including headwraps and beaded necklaces, are playing large, round drums. The scene is vibrant and cultural, with the women focused on their performance.

5. Starting in 2020, all global health organizations and supporters to design and implement at least one project a year aimed at empowering early-mid career women. All nations to implement the regulations, recommendations, and obligations to align with the Convention on the Rights of Persons with Disabilities. For instance, all health facilities and global health institutions should adapt physical structures and facilities to ensure they are meeting disability standards (e.g. installing handrails and ramps).

6. All academic health institutions to devote time to addressing the impact of climate change which disproportionately affects women, as part of the curriculum.

7. All academic health institutions to implement cultural competence training in their curricula, as well as health care providers ensuring sensitivity to the cultural context of different populations.

8. All nations to implement the regulations and recommendations of international treaties, global conventions, and gender equity obligations.

This includes, but is not limited to:

- a) Convention on the Elimination of all Forms of Discrimination Against Women
- b) Beijing Declaration and Platform for Action
- c) Sustainable Development Goals (SDGs)

A handwritten signature in white ink, appearing to read 'Agnes Binagwaho', is centered on the page.

Agnes Binagwaho, MD, M (Ped), PhD
Vice Chancellor of the University of Global Health Equity
Chair of the WLGH2019 International Conference Committee

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TO OUR AFFILIATED
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