

Equity in the gender equality movement in global health

In recent years, social media campaigns aiming to showcase women working at the forefront of global health have resulted in lists like 300 Women Leaders in Global Health.¹ This movement inspired a global organisation called Women in Global Health (WGH) that promotes gender equality in global health leadership. The momentum and support of this movement are spreading with multiple initiatives to acknowledge, research, and act on gender bias and discrimination in the field of global health, including *The Lancet's* call for papers for a special issue on women in science, medicine, and global health to explore best practices for change.²

However, an equity challenge remains embedded within this movement to increase the visibility and recognition of women leaders and experts in global health. WGH's analysis of the organisational locations of 300 women leaders collected through an open nominations process on Twitter shows considerable regional disparities (figure). The disparities between the WHO regions also mask inequalities within regions. For instance, within the PAHO region, most women on the list are working in American or Canadian organisations, with very few women from Latin American organisations. Moreover, this analysis does not reflect the language disparities, even within sub-Saharan Africa. It appears that about 3% (9) of the women on the list are working in francophone settings, and over half of them are from high-income countries. This demonstration highlights considerable gaps where targeted efforts are required to promote women leaders in global health who speak languages other than English

and who are from low-income and middle-income countries (LMICs). Without specifically seeking inclusive and diverse representation on these lists, such exercises to advocate for gender equality risk reproducing systems and structures that exclude or create barriers for some women in global health to access and participate in mainstream conversations, movements, and venues.

Building on the increasing momentum and a desire to extend the scope and reach of international visibility for women leaders in global health, WGH wishes to expand the list to include five hundred women (#WGH500). To promote gender equality in global health leadership within this initiative, we must pay careful attention to diversity and recognise women from under-represented countries and language groups. For this reason, we initiated a WGH project to profile French-speaking women working in global health, and we are seeking nominations of francophone women from LMICs in particular.

We target French-speaking women leaders in global health for two main reasons: the geographic reach and socio-political significance of this language group at the global scale, and the particular importance of the French language in global health work in and with LMICs. The International Organisation of La Francophonie represents one of the largest linguistic communities in the world with 84 states and governments as members or observers, which combined cover over one-third of UN member states.³ Half of the countries with the lowest Human Development Index are part of La Francophonie,⁴ and there are 35 Francophone LMICs according to the Cochrane group.⁵ We suggest that in order to strengthen a more equitable process to identify women leaders in global health, we cannot neglect to include, and moreover, to promote the French-speaking women working to improve

health and equity in resource-poor settings around the world.

This is why we expect nominations of women from French-speaking countries across the globe, and we hope that two-thirds of the names collected for the Francophone Women in Global Health list (#WGHFrancophone) will be from LMICs. We call on all members of the global health community to help us meet this aspiration and acknowledge the leadership of the French-speaking women in this interdisciplinary field of research, practice, and policy. Visit our website to submit your nominations by July 20, 2018.

We are mindful this initiative will neither reach nor be reflective of all under-represented groups in the global efforts to promote gender equality. We strongly encourage other groups to respond to WGH's Call to Action on Gender Equality namely by launching additional projects for WGH leader lists in combination with WGH chapters—whether they be by country, by language, or by geographical region—to contribute to the movement ensuring that women leaders and experts from all backgrounds are more visible and recognised in the field of global health. Please contact info@womeningh.org with your ideas!



For #WGHFrancophone see www.womeningh.org/wghfrancophone

For more on *The Lancet Women* initiative see <https://www.thelancet.com/lancet-women>

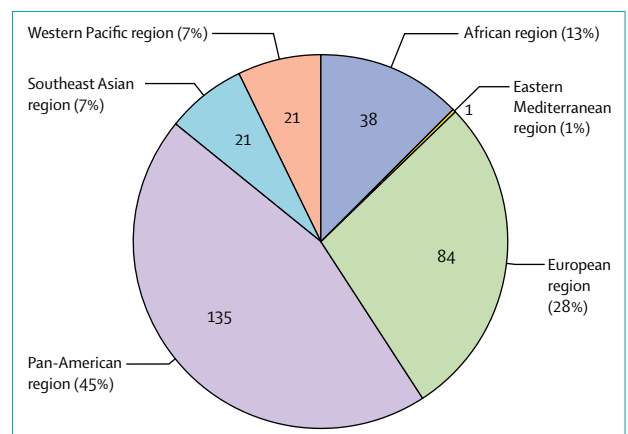


Figure: Regional distribution of 300 Women Leaders in Global Health
This graph shows the distribution by WHO regions of the 300 women leaders in global health published after the first global call for nominations.¹ The legend shows the proportion of the 300 women leaders working in organisations in each region.

We thank Roopa Dhatt and Caity Jackson from WGH for their analysis of the regional distribution of the 300 women leaders presented in the figure. Furthermore, we are very grateful to both of them and to the entire team at WGH for the incredible support we have received throughout the process of close collaboration to get this WGH initiative off the ground. CMJ reports personal fees from WHO, outside the submitted work. CMJ is a project leader for WGH under a volunteer contract. In this role, she coordinates the Francophone Working Group responsible for the process of building, producing, and launching the #WGHFrancophone #WGH500 list. EM declares PhS scholarship funding from Coordination of Improvement of Higher Level Personnel (CAPEs), Brazil. All other authors declare no competing interests.

**Catherine M Jones, Lara Gautier, Kadidiatou Kadio, Muriel Mac-Seing, Érica Miranda, Charity Omenka, Samiratou Ouédraogo, Myriam Cielo Pérez, Anne-Marie Turcotte-Tremblay, Stella Tiné, for the WGH Francophone Working Group*†

francophonewomeninglobalhealth@gmail.com

Independent researcher, Paris, France (CMJ); Centre d'Études en Sciences Sociales sur les Mondes Africains, Américains et Asiatiques (IRD/Paris-Diderot), Université Sorbonne Paris Cité, Paris, France (LG); École de Santé Publique de l'Université de Montréal (ESPUM), Montréal, Québec, Canada (LG, MM-S, ÉM, CO, MCP, A-MT-T, ST); Institut de Recherche en Santé Publique de l'Université de Montréal (IRSPUM), Montréal, Québec, Canada (LG, KK, MM-S, ÉM, A-MT-T); Institut de Recherche en Science de la Santé (IRSS), Ouagadougou, Burkina Faso (KK); Centre de recherche du Centre Hospitalier de l'Université de Montréal (CRCHUM), Montréal, Québec, Canada (MM-S, CO, MCP, ST); Chaire Approches Communautaires et Inégalités de Santé (CACIS), Montréal, Québec, Canada (ÉM); Institut National de Santé Publique du Québec (INSPQ), Montréal, Québec, Canada (SO); and Department of Epidemiology, Biostatistics and Occupational Health, McGill University, Montreal, Quebec, Canada (SO)

- 1 300 Women Leaders in Global Health. Geneva: Global Health Programme, Graduate Institute of International and Development Studies. [http://graduateinstitute.ch/files/live/sites/iheid/files/sites/globalhealth/ghp-new/publications/300 Women Leaders in Global Health - final.pdf](http://graduateinstitute.ch/files/live/sites/iheid/files/sites/globalhealth/ghp-new/publications/300%20Women%20Leaders%20in%20Global%20Health%20-%20final.pdf) (accessed July 21, 2018).
- 2 Clark J, Zuccala E, Horton R. Women in science, medicine, and global health: call for papers. *Lancet* 2017; **390**: 2423–24.
- 3 International Organisation of La Francophonie. <https://www.francophonie.org/Welcome-to-the-International.html> (accessed June 26, 2018).
- 4 Jahan S. Human Development Report 2016. New York: UN Development Programme. http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf (accessed June 27, 2018).

- 5 Cochrane Canada Francophone. List of francophone low and middle income countries. <http://ccf.cochrane.org/dans-les-pays-%C3%A0-faible-ou-moyen-revenu> (accessed June 27, 2018).

†See Online appendix for members of the WGH Francophone Working Group