

Women's global health leadership in LMICs



A growing urgency to expand women's participation in global health leadership has provided an opportunity to reconsider long-standing institutional policies, facilitating more gender-responsive programmes and policies around the world.¹ However, most of the new ideas about expanding women's leadership in global health have come from high-income countries.² Over three-quarters of the global health organisations assessed in the Global Health 50/50 report³ have headquarters in high-income countries. The relative lack of voice from low-income and middle-income countries (LMICs) about women's leadership in global health is problematic because of the unique challenges, social contexts, and political forces that shape women's experiences in these regions. Innovative ideas to encourage women's leadership in health programmes within LMICs are needed.

To expand global discussions about women leaders in global health, the Special Programme for Research and Training in Tropical Diseases (TDR) co-sponsored by UNICEF, UNDP, the World Bank, and WHO organised a crowdsourcing challenge to identify creative ideas focused on increasing the number of women in a TDR mid-career clinical research fellowship. Crowdsourcing challenge contests provide an opportunity to solicit feedback from a large and diverse group of individuals about a problem.^{3,4} The purpose of this crowdsourcing challenge was to identify feasible ideas that could be used to adjust this specific TDR mid-career clinical research fellowship. Supported by the Bill and Melinda Gates Foundation, the fellowship is designed to provide individuals from LMICs with a 1-year opportunity to undertake mentored clinical infectious diseases research.

The crowdsourcing challenge was organised in partnership with the Social Entrepreneurship to Spur Health and the Women Leaders in Global Health conference. Based on the TDR *Crowdsourcing in Health and Health Research Practical Guide*,⁴ the challenge included the following steps: organising a steering committee; engaging the public to contribute with ideas; evaluating ideas on the basis of prespecified criteria; recognising exceptional finalists; and implementing selected ideas. A steering committee was organised to ensure diversity in terms of gender, geography, and expertise. The steering committee

finalised the call for submissions and met on a monthly basis to review progress. The challenge engaged people to contribute through social media messages alongside a short video. Although the challenge was open to all individuals, women from LMICs were particularly encouraged to submit ideas. In terms of evaluation, two independent individuals screened for eligibility and then three judges rated each submission on a 1–10 scale. Judging criteria were capacity to increase the number of women who were TDR fellows, and the feasibility and innovation of the ideas. Individuals who submitted ideas with a mean score greater than 7.0 received a commendation from the steering committee. A subset of six individuals was selected as finalists and supported to present their ideas at the 2018 Women Leaders in Global Health conference in London (UK).

We received 311 ideas from 63 countries (appendix). 286 (92%) ideas were from LMICs and 282 (91%) from women. The countries with the largest numbers of submissions were Nigeria (44), Uganda (20), and Egypt (15). Among the 33 commended ideas (mean score greater than 7.0), 27 (82%) were from LMICs and represented six continents. A small working group of challenge finalists, TDR representatives, and fellow alumni helped to refine ideas in preparation for the 2018 Women Leaders Global Health conference. Of the six ideas presented at the conference, the TDR selected three ideas to improve women's participation in the mid-career fellowship: enhanced mentorship through alumni champions, improved communication about the fellowship, and a nomination system to encourage individuals to apply for the fellowship. These three changes in the fellowship were implemented before the 2019 cycle of applicants.

Per the first idea, alumni champions were women who had participated in the TDR mid-career fellowship in the past and volunteered to be available to potential fellowship applicants. Three alumni champions provided more detailed guidance and advice about the fellowship through email or WhatsApp. Any individual, regardless of gender identity, could ask questions to the alumni champions. These champions covered topics related to scientific, administrative, and personal aspects of the fellowship process. For the second idea, improved communications were tailored for reaching people in

See Online for appendix

For more on the 2018 Women Leaders in Global Health conference see <https://www.wlghconference.org/>

LMICs. TDR communication related to this fellowship had not focused on social media in the past, providing an opportunity for broader dissemination through social media networks. This approach focused on selected networks known to reach diverse audiences in LMICs. Messages covered both professional and personal aspects of the mid-career fellowship to support female applicants who are more likely to have caregiving responsibilities. For the third idea, TDR created a nomination system to encourage women to apply for the mid-career fellowship. Anyone could use the nomination system, which reviewed eligibility criteria before sending the nominated individual an email that encouraged them to apply.

In 2019, the number of eligible female applicants for the fellowship increased to 48 (31%) of 155 from 11 (17%) of 66 in 2017. This increase suggests that the three implemented ideas were useful in promoting women to apply for this fellowship.

Progress towards gender equality in global health institutions has picked up pace in some high-income countries but needs to expand to LMICs and incorporate voices from these regions. Crowdsourcing challenges present one structured way to engage individuals from LMICs in these discussions, but there are other potential mechanisms. For example, the Women Leaders in Global Health conference will move to Kigali, Rwanda, in 2019, allowing greater regional participation and advocacy.

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We declare no competing interests.

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For a list of Special Programme for Research and Training in Tropical Diseases funders see <https://www.who.int/tdr/about/funding/en/>