2019/2020 ANNUAL REPORT

Our Impact

Challenging power & privilege for gender equity in health.
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WGH member presenting at the UNGA Heroines of Health event.
Members of the WGH Community, Supporters, and Allies,

Words cannot capture the immensity of the challenges we faced as a world in 2020. As a physician, I have seen the suffering of hospital wards this year, and how COVID-19 has devastated the world, exposing deep inequalities within and between countries. The pandemic has left women to bear the biggest impacts of the pandemic as shock absorbers in families, communities and societies. This gender inequality we have seen in the health and social workforce is one of those long-standing inequalities that weakens health systems everywhere, especially during a pandemic.

But our community, the Women in Global Health movement, has been on the pandemic frontlines working and advocating.

2020 was a milestone year for our movement, as we celebrated 5 years since four early-career women met on Twitter and decided to form Women in Global Health, determined to catalyze change.

Having run our global movement on volunteer ‘woman power’ for four years, in 2020 we raised funds to support a small staff and a new 5-year strategy committed to challenging power and privilege for gender equity in global health.

Our organizational development from 2019 to 2020 was our largest growth yet, receiving the first of several grants and additional funding sources, hiring our first team of paid full-time staff, and groundbreaking new research and events that have influenced policy and engaged high-level global health leaders. In 2020 alone, we have increased from 12 to 24 global chapters, widening our global reach and expanding from the policy level to grassroots engagement, including engaging with national governments and directly influencing policy change.

This year, we will channel our energies into expanding our work and deepening our impact. The voices of talented women leaders in global health have not always been heard during COVID-19 - we will focus on fixing systems and not women - we will demand more opportunities for women, especially women from underrepresented groups. And we will create more opportunities for women to lead change, through our national chapters and working groups.

COVID-19 is a global wake up call, including for WGH. It is now time for a new social contract for all women. This next year, we plan to learn and grow with all of you by mobilizing global chapters, garnering commitments, holding leaders accountable, and advocating for change. You are the movement. When we work together we can transform global health and achieve a gender-equal world.

Sincerely,

Dr. Roopa Dhatt
Executive Director
Women in Global Health
ABOUT WOMEN IN GLOBAL HEALTH

Founded in 2015, WGH is a registered 501c3, we are the largest network of women and allies working to challenge power and privilege for gender equity in health.

WGH CHAPTER GROWTH

50K supporters
90 countries represented
24 official chapters
52 chapters by 2022
63% of WGH Chapters in LMICs

OUR 2020 IMPACT

24 total chapters, 12 added in 2020
80+ advocacy events hosted and participated in
42 commitments & pledges garnered for gender equality
8 major research papers and reports released
In 2019, the Gender Equity Hub, led by WGH and co-chaired by WHO and WHO's Global Health Workforce Network, released the groundbreaking policy report “Delivered by Women, Led by Men”. The report was a gender and equity analysis of the global health workforce, and for the first time covered leadership, decent working conditions, pay equality, and occupational segregation, and identified gaps in low- and middle-income countries, revealing major gender gaps in the health workforce.

The report is the first time it was revealed that women make up 70% of the global health workforce, while only 25% are in leadership positions - a data statistic that is now used by governments, organizations, and the UN around the world. This laid the core foundation for gender transformative policy action that has since driven action and policy change around the world.

Throughout 2019, the chapter development strategy was implemented in full force, growing our chapter base from 3 to 12 throughout the year, as WGH focused more on expanding the movement to national landscapes to be more inclusive and increase global impact.

In September 2019, Women in Global Health spearheaded and convened the Alliance for Gender Equality and Universal Health Coverage, along with partners International Women’s Health Coalition, and Women Deliver, to influence policy and interventions at the United Nations High-Level Meeting on Universal Health Coverage (UHC) and advocate for our 7 asks for UHC and engage stakeholders and policymakers in advocacy for gender equality in achieving UHC. The Alliance grew to include over 120 organizations, with representation from over 60 countries.
HEROINES OF HEALTH

For the third year in a row, WGH awarded 7 women from 7 countries the “Heroine of Health” honor for their leadership and contributions to health in their communities and globally. To celebrate these women and their contributions to their communities, WGH hosted an award reception and Gala in May 2019 at the World Health Assembly in partnership with the United Nations Foundation, and another event at the United Nations General Assembly in September 2019. On September 25th 2019, these leaders from around the world gathered in New York for the UN General Assembly (UNGA), anchored by the first-ever UN High-Level Meeting (HLM) on Universal Health Coverage (UHC). This important moment provided a critical opportunity for Women in Global Health to raise the profiles of women leaders in global health and ensure that they are recognized for their extraordinary efforts.

Heroines of Health honorees impact the global health agenda through sharing their stories and experience in a rare opportunity to be among the most influential global health leaders—policy makers, decision makers, private sector, civil society leadership, and more. Honorees were invited to speak at a high-level WHO ministerial debriefing at the World Health Assembly on primary health care, featured in numerous media outlets, and been invited to high-level WHO events and meetings.

Keynote speakers at the events included Kate Gillmore, the UN Deputy High Commissioner for Human Rights, Githinji Gitahi, Group CEO of Amref Health Africa, and the Rt. Hon. Helen Clark, former Prime Minister of New Zealand.

2020-2025 STRATEGY

Women in Global Health’s new strategy was developed in 2020 and designed in a consultative manner in collaboration with our global chapters. The new strategy covers our 4 main pillars in which each of our programs and initiatives fits under for the ultimate outcome of gender equity in health through gender-transformative policies and practices.
In 2020, the Gender Equity Hub, led and co-chaired by Women in Global Health, the World Health Organization, and WHO's Global Health Workforce Network, grew to a total of 221 members, a 99% growth from 2019.

One of the most significant achievements for the Gender Equity Hub was its impact at the World Health Assembly. In May, the 73rd World Health Assembly (WHA73) focused on COVID-19 concerns and responses. WGH worked behind the scenes to influence the agenda, by co-organizing and participating in 7 events on health workforce, UHC, health equity, and global cooperation by inviting health workers and policy-makers to discuss how we can turn the words and promises of the WHA73 into action.

As one of the largest and most influential WGH events to date, the GEH hosted a virtual event at the WHA73 - Transforming The Global Health Workforce Through Gender Balanced Leadership. Speakers at the event included former President of Liberia Ellen Johnson Sirleaf, Deputy Executive Director of UN Women Anita Bhatia, and over 50 other speakers. The speakers discussed how gender-balanced leadership is necessary to bridge the gap between the healthcare workforce and inclusive policymaking - from gender mainstreaming at the policy level, to ensuring sex-disaggregated data, to a more inclusive focus into the COVID-19 response.

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GENDER EQUITY HUB & THE WORLD HEALTH ASSEMBLY

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Since 2017, Women in Global Health has co-chaired the Gender Equity Hub (GEH) with the World Health Organization (WHO) Global Health Workforce Network (GWHN) to unite key stakeholders and advocate for gender-transformative policy in the health and social workforce. With a total of 221 members, 2020 experienced a 99% growth from 2019.

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2020 was the International Year of the Nurse and Midwife, in one of the most important years to recognize frontline health workers, especially nurses and midwives working at the forefront of the COVID-19 response. In partnership with the World Health Organization, the UN Population Fund, the International Confederation of Midwives, the International Council of Nurses, and Nursing Now, WGH developed a list featuring 100+ Outstanding Women Nurse and Midwife Leaders after collecting nominations from around the world throughout the year, and developed a website featuring the profiles and stories of these critical health workers.

The list featured 115 women from all 6 WHO regions and was paired with a campaign for WGH’s 5 calls for action in the Year of the Nurse and Midwife. The website was launched on December 15th, and had over 25,000 visits in the first month alone, and the project was mentioned by WHO Director-General Dr. Tedros Ghebreyesus in a COVID-19 briefing to the UN.

The project and campaign will continue into 2021, with an official launch event in 2021 featuring the stories of the nurses and midwives featured in the list.

Professor Address Malata is one of the 100+ Nurse & Midwife Leaders honored on WGH’s list, as the Vice-Chancellor of the Malawi University of Science and Technology (MUST) and was the first African Midwife to hold the position of Vice President of the International Confederation of Midwives. She has dedicated her career to the education of Nurses and Midwives in Malawi and Africa and has received numerous awards in recognition of her service and leadership.
One of our most impactful events of the year for our chapters was an event held in August that brought together Women and Global Health and our chapters in a dialogue with WHO Director-General Dr. Tedros Ghebreyesus to discuss how we can achieve gender-transformative responses to COVID-19, while engaging with civil society organizations. WGH proposed 10 actions, 8 of which were accepted by Dr. Tedros and WHO.

The event had not only an impact in moving towards a more equal COVID-19 response, but gave WGH chapters an opportunity to communicate directly with Dr. Tedros and have their voices heard for global change.

Moving forward from this, we are holding global leaders accountable and have since followed a course of action on gender and COVID-19 between WHO and CSOs by, 1) establishing a Gender and COVID-19 Task Team (Working Group), 2) contributing to the roster of WHO Experts on Health Emergencies to be both gender and geographically diverse, 3) Encouraging the Solidarity Fund to consider applying a gender lens to their funding, and 4) including a gender perspective to all future civil society dialogues.

After the global pandemic changed the world, WGH took immediate action to advocate for gender equality in response leadership, ensuring equitable approaches to pandemic responses, and amplifying critical voices around the world who have been working at the forefront of the pandemic. This was achieved by launching the COVID 50/50 campaign which featured several events and initiatives under its umbrella to promote WGH's 5 Asks for Global Health Security. The campaign produced several outputs that was successful in influencing policy:

- REPORT: Global Health Security Depends on Women.
- covid5050.com advocacy website
- 5 Asks for Global Health Security accepted by global leaders
- Hosted the Women in Global Health Security Summit.
- Hosted a digital health Innovation Challenge

"Funding needs to be from women for women. Because women relate to other women, and women will understand the subcultural intelligences and nuances at play. Women's movements will drive the change but empower the women on the ground." Dr. Samia Latif, Women in Global Health Pakistan
COVID 50/50: WOMEN IN GLOBAL HEALTH SECURITY SUMMIT

At the Women in Global Health Security Summit, WGH garnered commitments and pledges from over 40 governments, organizations, and international institutions to commit to WGH’s 5 Asks and to work towards achieving SDG 5 for gender equality. The summit was held in partnership with Foreign Policy and the Wagner Foundation, with over 50 speakers participating in the event, 90% of whom were women, and 40% from low- and middle-income countries, and over 6 different professions represented. The event had over 1,400 total live attendees with 9,385 views from around the world, making it WGH’s most impactful and influential event.

The summit garnered commitments and pledges from organizations, multilateral institutions, and governments to achieve SDG 5 and WGH’s 5 Asks. We were able to gather over 40 commitments and pledges from around the world from some of the biggest organizations working in global health. This included 7 pledges from governments, 6 commitments from multilateral institutions, and 34 commitments from international organizations.

Overall, the summit achieved:
- Transformational momentum around gender equality at the highest levels
- Actionable research and evidence to drive policy change
- Tangible, trackable commitments towards gender equity

There is no foreign policy or multilateral decision that can be effective [on] the ground and improve the quality of life of women and girls worldwide if we do not strengthen the voice and the participation of women in all these spaces and forums.

MARÍA FERNANDA ESPINOSA
FORMER PRESIDENT OF THE UNITED NATIONS GENERAL ASSEMBLY

Commitments made to WGH’s 5 Asks for Global Health Security and SDG 5 by governments & organizations.
COVID 50/50: #BUILDBACKBETTER DIGITAL INNOVATION & AI CHALLENGE

In partnership with Novartis Foundation, the COVID 50/50 campaign hosted the Build Back Better Innovation Challenge that accepted applications from women-led organizations in low- and middle-income countries to submit their solutions in global health to respond to COVID-19 in their countries. With 127 submissions, WGH hosted a series of events where participants presented their innovation to a panel of esteemed expert judges, and winners were awarded US$20,000 to market and implement their innovation and make their solutions a reality. The winner was Clafiya in Nigeria, a startup improving access to health through a user-friendly app.

Clafiya [WINNER!]:
“Clafiya is a digital platform that connects patients in semi-urban and rural parts of Nigeria to Community Health Workers (CHWs) to provide home-based primary care services, including maternal and child health services for pregnant and lactating women.”

Wheels for Life [RUNNER UP]:
“We are a team that is dedicated to providing prompt triage consultation and transfer of pregnant mothers from home to hospitals to prevent delay in accessing maternal health care and reduce maternal morbidity.”

Developers in Vogue:
“Our innovation seeks to provide a tech and digital focused curriculum in the study materials of students’ health trainees. We will train and upgrade the digital skills of active female healthcare professionals through workshops and seminars.”

Birthing Bridge:
“Birthing Bridge is a solution to bridge the gap in maternal care during COVID-19 and beyond by offering a platform for expecting mothers to self-care and triage through a three-pronged approach of information dissemination, text and call platform, and triage network.”

Swastha Naari:
“Swastha Naari is developing a simple mobile-based application targeting both pregnant women and health workers. A tracker designed for health workers helps identify pregnant women in their area for antenatal checkups and helps health workers to ease their workload.”

Suvita:
“Immunization is a gendered issue in India: Our innovation uses a proven, cost effective digital method to “nudge” mothers to access maternal healthcare and to get their children immunized: customized, localized, and targeted SMS reminders.”
COVID 50/50: WOMEN, LEADERSHIP, & POWER ACTION LAB SERIES

The Action Labs were a series of participatory events sponsored by the Johnson & Johnson Foundation that comprised of 5 virtual webinars - each focused on one of the 5 Asks for Global Health Security - featuring 29 expert speakers from 20 countries (86% of whom were women and 59% from LMICs, and 11 of which were frontline health workers) to discuss key issues under COVID-19.

The labs aimed to increase the number of women in low- and middle-income countries making contributions and participating in decision-making, elevate voices of women leading global health and equip individual advocates with the resources and tools to engage with leaders. As a result, the Action Labs achieved over 300,000 impressions on social media for the #COVID5050 campaign, and 1,000 additional subscribers to WGH.

COVID 50/50 AT THE WORLD HEALTH ASSEMBLY:

To engage in global policy-making and take a step towards achieving the 5 Asks, during the 73rd World Health Assembly WGH successfully pushed the COVID 50/50 agenda and influenced 3 key provisions that were passed to ensure gender-responsive approaches globally. These included:

1. Encouraging the involvement of women in all stages of the decision-making process, including the COVID-19 response and recovery;
2. Including women, who are the majority of frontline health workers, in its list of populations at highest risk of COVID-19 and gender-responsive measures to protect them; and
3. Asking member states to implement national action plans that are explicitly gender-responsive as a way of ensuring respect for human rights and fundamental freedoms, and to take necessary measures to ensure protection.
Each month, WGH hosts a “chapter townhall” meeting that brings together chapters from all over the world to engage with each other and share their projects, achievements, and collaborate on ideas for growth and advancement. Through these and chapter retreats, WGH fosters global cooperation and mobilizes national movements around the world led by women global health leaders.

With 24 established chapters by the end of 2020, there are at least 30 additional interested in the pipeline who have stated interest in forming a national chapter. With this rapid growth, WGH expects a significant increase in our global reach and membership throughout the next year. Countries that have stated interest in joining a chapter go through an assessment process before an official MOU is signed. This is then followed by a launch event hosted by the chapter to kick off the movement in their country.

**2020 OUR CHAPTERS**

**CHILE**

The WGH Chile Chapter is the first chapter started in Latin America and began when one of the founding members was named a WGH Heroine of Health in 2018. The chapter played a key leadership role in collaboration with the President of the Senate and the Senate’s Commission on Gender and COVID-19, with 150 other civil society organizations to pass three gender-transformative laws and policies within the country. In 2020, in response to the COVID-19 pandemic, the WGH Chile Chapter played a key role in the government’s establishment of the “Special COVID-19 Health Emergency Bonus” that paid stipends to health workers after a long fight and advocacy to the government. This outcome is significant across the country as it addresses the risk and exposure of frontline health workers while being underpaid and working with limited resources, and is a major step towards much-needed support for health workers across the country. Additionally, the WGH Chile chapter launched a series of projects and advocacy campaigns throughout the year including influencing the governments release of abortion access data and launching a list of women leaders which was published across various newspapers and received national celebration, while being featured collectively in the largest Chilean news outlet as the best women leaders in 2020.

"We have to ensure that the burdens on the pandemic don’t fall on women, this has an economic impact for everyone."

Valentina Pantoja, WGH Chile
INDIA

After gaining interest in India in 2019, the WGH India Chapter was launched in January of 2019, and has since grown to a group of nearly 60 volunteers and over 1,000 members. In 2020, the chapter launched an “Amplifying Women’s Contributions in COVID-19 Response in India” Campaign. In this campaign, the chapter collected stories of women and contributions and hosted a 5 part, 11 event dialogue series that was focused on the contributions and challenges of frontline health workers in India. This series amplified the voices of frontline female community health workers in India to raise concerns of various cadres of frontline health workers and the women in the community level ecosystem during the COVID-19 pandemics, to address the urgent need for community health workers to be engaged in health decision-making. The series was one of the first of its kind to bring frontline health workers together with policy-makers at multiple levels of decision-making within government, and eventually caught the attention of major partners such as WHO India and the Lancet Commission in India. The chapter then formed partnerships with these two partners to broaden their influence and advocate at the national level and be a catalyst to bring the needs of health workers to the forefront.

"Until we address overall political structures, women’s unpaid work will continue to be unrecognized, or recognized only as an extension of domestic work. It is important that we formalize this into the formal health workforce."
Dr. Sumegha Asthana, WGH India

SOMALIA

Somalia - WGH Somalia was formed by UNFPA Somalia and the Somali Institute for Development Research and Analysis (SIDRA) in 2019 with a launch event bringing together a total of 240 participants, the President of Puntland State of Somalia, key government officials, UNFPA officials, health experts, and civil society, and hosted a panel discussion. In 2020, they were highlighted in an NPR feature on the chapter [LINK], and were successful in convening other NGOs and civil society organizations to successfully advocate for the Government of Somalia to disaggregate COVID-19 data by sex. They also organised webinars with female frontline health workers to discuss how COVID-19 affected the health services and specifically, sexual reproductive health and rights. The health sector workforce is mostly female but the leadership is mostly male. This affected the decisions made and the distribution of resources such as personal protective equipment (PPE) which were not prioritized services.
In 2020, WGH Nigeria Chapter rapidly grew from 25 to 450 members throughout the country, as a result of two advocacy campaigns that raised awareness of the inequalities that women face in the health sector. These were featured by the Nigerian CDC and led to the engagement of major stakeholders in Nigeria such as Helium Health and Nigerian Health Watch. This is a significant step for both the chapter and the country as it is the first step in recognizing health systems and technology that responds to gender needs while amplifying the voices and needs of health workers across the country. Throughout 2020, these campaigns and initiatives have established them as a key thought leader in Nigerian health policy. WGH Nigeria also made significant contributions to the global WGH and FIND report released in November that analyzed women and diagnostic testing in low- and middle-income countries.

**CAMEROON**

In 2020, WGH Cameroon mobilized women in the country to provide PPE and support women health workers during the COVID-19 pandemic. The chapter also launched the COVID-19 Sheroe movement carried out to increase the visibility of frontline health workers at all levels of the health workforce pyramid. The chapter shared stories of different health workers every week on social media. The campaign is a work in progress and the Cameroon chapter will produce a magazine of all-female front liners once they have featured 500 women. Other activities were undertaken by the chapter in 2020 include:

- Support to healthcare workers of the COVID-19 treatment Centre of the Jamot Hospital in Cameroon.
- International women’s day event 2020: gender transformative leadership for internally displaced girls and women and menstrual hygiene management.
- Research on the challenges and opportunities of female researchers in health.

**NIGERIA**

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**FINLAND**

In April 2020, WGH Finland organized a webinar, “COVID-19 DECODED” that explored the gendered impacts of the pandemic that had quickly taken pace globally. The chapter also procured seed funding from the Finnish Cultural Society, and signed a memorandum of understanding with the UN Technology and Innovation Lab (UNTIL) to undertake further activities that support the COVID 50/50 Campaign and further women’s leadership in global health.
ZAMBIA

In 2020, WGH Zambia convened a meet and greet which brought together stakeholders from civil society, including women’s organizations, academia, and high-level speakers from the Ministry of Health and Ministry of Gender, among others. This was a significant event for the chapter, as gendered issues during COVID-19 were brought front and center to health decision-makers in the country.

OTHER CHAPTER IMPACT IN 2020

AFRICA HUB

The Africa Regional Hub was launched during the Africa Health Agenda International Conference (AHAIC) in Rwanda in 2019. The Chapter is hosted by Amref Health Africa working on a campaign against female genital mutilation (FGM). The chapter also rolled out a leadership capacity-building program for health managers in over 40 countries in Africa through a Leadership, Management, and Governance course.

CAMEROON

The WGH Cameroon Chapter was officially launched in 2020 at the International Conference on Public Health Emergencies organized by the Ministry of Health. In 2020, WGH Cameroon launched a digital campaign on COVID-19 in collaboration with the Access Challenge to raise awareness of COVID-19 in Cameroon and developed their COVID-19 Sheroes campaign that acknowledged women frontline health workers in the country. They also conducted their Pink Campaign in October to raise awareness of breast cancer.

CANADA

WGH Canada was founded in 2020, hosting a launch event for the chapter in October. The Canada chapter has already hosted a series of events on “Women Leaders in the COVID-19 Pandemic”. The chapter grew from the Canadian Women in Global Health List (CWIGH), which has an advanced discussion on gender equality in global health among researchers, practitioners, policymakers, students, and young professionals. The 2020 update to the CWIGH List built this momentum and fostered new collaborations, including the launch of the chapter. Lastly, the chapter also published three articles on “build back better” in support for the COVID 50/50 campaign.

CHINA

WGH China organized successful regular zoom webinars to promote WGH mission and women’s well-being with a focus on mental health during the pandemic all promoted in China’s largest social media platform wechat, weibo and Tengxun Video platform. The events were co-promoted with Shero who is the leading women’s leadership platform in China. The WGH presence in promoting women’s health and well-being was felt with 10 events organized and more than 2000 people involved. The chapter has received positive feedback on how this helped them during their life and career particularly during the pandemic time.
**FRANCOPHONE WEST AFRICA**
The WGH Francophone West Africa Chapter was formed after an initiative profiling Francophone women in global health, responding to the fact that Francophone women in Africa were not very well represented in global health leadership. The chapter leadership team is composed of more than 100 members from across 10 West African countries. Advocacy activities undertaken included social media campaigns to encourage mothers to respect under-5 immunization schedules despite the COVID19 context, violence against women, breast cancer awareness, and advocacy on International Day of Persons with Disabilities. They also contributed to drafting three insightful WGH Global papers and though leadership pieces.

**GERMANY**
As the first chapter formed, WGH Germany emerged in Berlin in 2017 and was officially launched in January 2018 in Berlin with the support of the Ministry of Economic Cooperation and Development, the Ministry of Health, the World Health Summit, and other sponsors. The Germany Chapter has since grown significantly and in 2020 celebrated its 3rd Annual Network Meeting, where they announced a mentorship program and released the newest version of the Women in Global Health Germany List. The chapter has also hosted a series of events, including one at the World Health Assembly, a European Chapter meet and greet, and an event on Women in the Health Professions, and have translated the paper into English. They also released a new position paper in 2020 on women in health positions.

**IRELAND**
With a strong global health presence in Ireland, the WGH Ireland Chapter was officially launched in 2020 through the Irish Global Health Network. They currently have a core team of 7 people, representing academia, the private sector, and programming. In 2020 they have developed an action plan for 2021 and worked with IGHN to promote gender equity in the COVID-19 response, and is active through advocacy on Twitter.

**MALAWI**
In 2020, the Malawi chapter hosted a bi-weekly Meet the Board series where each board member discussed their leadership journey. The chapter leadership team is composed of diverse professionals (nutritionists, economists, physicians, professors) and working on recruiting more diverse voices to support the chapter in terms of race, ethnicity, and language. Some of the impact observed by the chapter in 2020 includes: networking amongst chapter members on the forum, sharing of opportunities – jobs/fellowships, etc. and updates in Global Health especially as they relate to women, raising awareness of women involved in Global Health locally and creation of a platform for women in Global Health to engage across cadres and various levels of expertise and skill sets.

**NORWAY**
WGH Norway was the second chapter formed in the movement and has since grown to over 300 members. In 2020, WGH Norway supported the COVID 50/50 campaign and gained commitments to WGH’s 5 Asks from the Norwegian Ministry of Foreign Affairs and the World Organization of Family Doctors. In 2020, WGH Norway also hosted 6 events, including the Annual Norway Conference, and formed a COVID-19 Taskforce. The chapter also created a Member Booklet to increase the visibility of women in Norwegian global health, and recorded an interview on short COVID-19 stories.

**PORTUGAL**
The WGH Portugal Chapter was formed with the University of Coimbra's consortium, Coimbra Health, and the M8 Alliance of the World Health Summit. The chapter aims to promote the Lusophone Initiative to expand women's leadership in Portuguese-speaking African countries and promote contributions from the low and middle-income countries. They have since participated in a series of WGH global events and campaigns.
PAKISTAN
WGH Pakistan was the first chapter formed in Asia, founded by P2impact in Pakistan, launched with a ceremony held in the federal capital in August 2019, under the patronage of Dr. Sania Nishtar, the Federal Minister and Special Assistant to the Prime Minister of Pakistan on Poverty Alleviation and Social Protection. Since its launch, WGH Pakistan has participated in WGH campaigns and initiatives and received a microgrant for its Universal Health Coverage Campaign in 2019. Through multiple events across the country, WGH Pakistan sensitized higher education institutions as well as engaged the student body for gender parity in health and mobilized over 600+ health workers, 30+ policymakers, parliamentarians, and ministers. The chapter also represented WGH at two UN sessions and contributed to a dialogue at Stanford regarding the role of WHO in the US. Lastly, the chapter is also working with the Pakistan Nursing Council to gather more evidence-based data and Pathfinder International to expand membership.

SOUTH AFRICA
The WGH South Africa Chapter is in the final process of developing the chapter. They are currently developing their flagship reports, resources, and events and have launched their chapter in May 2021. The Executive members have all engaged in projects that address women in global health, gender equity, COVID-19 and universal health coverage. In 2020, WGH South Africa hosted a successful webinar and is exploring how the chapter can better support women regarding their working conditions.

SWEDEN
The WGH Sweden chapter was launched in 2019, and a list of more than 200 women working on health and gender issues in Sweden was published creating a network of supporters for the chapter. In 2020, WGH Sweden hosted a webinar with other European chapters on “Europe's Strategy to Fight COVID-19: Reflections on Different Response Strategies”. In July of 2020, the COVID-19 Taskforce was established to serve as a national but for COVID-19 and gender equity actions and activities in Sweden. In October, the chapter also hosted a seminar to celebrate the International Year of the Nurse & Midwife in collaboration with SIDA. The chapter also developed a video interviewing nurses and midwives on their experiences of working in a pandemic.

UNITED KINGDOM
The UK Chapter was started in 2020, and the chapter has since launched a website for their chapter, released a survey for followers on what they would like from the WGH UK community to shape their objectives and activities. They have also set up a virtual library to track recommendations for books, films, podcasts, papers, and other resources for the community to use to keep learning about global health and leadership, with open submissions from their followers.

USA/DC
The WGH DC, USA Chapter focuses on networking, mentoring to connect women with senior leaders, and serving as global health thought leadership. In 2020, the chapter submitted recommendations to USAID regarding their new Gender Equality and Women’s Empowerment Policy, and held a series of events throughout 2019 and 2020. The chapter also held an event on addressing disparities in HIV/AIDS response and another looking at how COVID-19 has affected women of color in the US, which has been uploaded to chapter’s YouTube.

USA/MIDWEST
In 2020, the Midwest Chapter hosted events including “COVID-19: Scientific Advances and its Impact on Women’s Health Symposium”, and their 3rd Annual Virtual WGH Midwest Chapter Meeting.

USA/SEATTLE
The chapter hosted a gathering featuring local Seattle-based organizations that have committed to gender equity, and held the event “Moving Beyond Guilt Trips Towards Equity in Global Health”.

USA/SEATTLE
OUR PARTNERS

Over the past 5 years since WGH started, we have had over 200 partnerships, with collaboration on events, campaigns, promotions, through chapters, and as donors. With members from all over the world and representing high-level organizations and institutions, we have been able to grow our partners in 2020 in both fundraising and project collaboration.

DONORS

Wagner Foundation, Bill & Melinda Gates Foundation, The Kahrl Family, Anonymous Donor

PROJECT PARTNERS


COALITIONS

Global Health Council, Frontline Health Workers Coalition, GHWN, Alliance for Gender Equality and UHC

COLLABORATORS

International Confederation of Midwives, Nursing Now, Women Deliver, American Public Health Association, International Women’s Health Coalition
OUR FINANCES

US$591,000  In 2020, Women in Global Health grew in annual revenue by the end of the fiscal year.

2 → 9  The donor base grew from two funding partners to nine by the end the year.

1st  In 2020 had our first financial audit.

OUR TEAM

Roopa Dhatt is the co-founder and Executive Director of WGH. Dr Dhatt is a regular speaker at global health events and has published her views on gender equality widely. She represents WGH at events and summits as an expert and speaker, manages high-level partnerships, and leads strategy development and implementation across the organization. She is also a practicing primary care physician in Washington D.C.

Sarah Hillware is the Deputy Director of WGH and an inaugural executive committee member of the WGH DC Chapter. She plays a major role in chapter development and movement building, while leading strategy implementation, resource mobilization, staffing, finance, and operations for the organization.

Geneva Costopulos is the Digital Communications Manager at WGH. She manages all external communications for WGH including graphic design, social media management, content writing, and media relations.

Ann Keeling is serving as a Senior Fellow at WGH, leading all of WGH’s policy initiatives, policy writing, and major reports and products released by WGH, while advising on strategic advances in policy change and engagement.
Dr. Jennifer S. Martin is the Global Project Director for the COVID 50/50 Campaign at WGH. She manages the COVID 50/50 campaign including all partnerships, event management, and advocacy outputs from the campaign. She is also the Co-Founder of WGH Finland.

Dr. Bismah Nayyer is the Gender Equity Hub Project Manager at WGH and brings 7 years of experience working in the health sector in Pakistan. She manages all projects for the Hub, collaborating with WHO and GHWN, and heads all events and reports under the gender equity hub.

OUR BOARD

In 2020, WGH made advancements on building our Board to be more diverse and developed. WGH now has 12 members elected to serve two year terms on its Board of Directors. The WGH Board is composed of 92% women, and the Board has also voted to achieve a composition of at least 50% women from LMICs and underrepresented backgrounds by 2021.

BOARD LEADERSHIP

Dr. Joannie Marlene Bewa (Republic of Benin) is an award-winning physician from Benin and a public health research associate at the University of South Florida College of Public Health. She founded the Young Beninese Leaders Association (YBLA). She is currently pursuing a PhD in public health focused on maternal and child health.

Arush Lal (United States) has policy, advocacy, and research experience in primary health care and community workforce development, health emergency preparedness and response (including on Ebola and Zika), and resilient health systems strengthening at the national and global levels. He is currently a consultant at the Pan American Health Organization (PAHO).

JOIN THE MOVEMENT!

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