



Contents

A year of collective action [4](#) / A fair share of health leadership [4](#) / A new social contract for women in health [7](#) / Gender equity in pandemic preparedness and response [8](#) / Gender-responsive Universal Health Coverage [10](#) / A stronger, women-led movement [12](#) / Heroines of Health [15](#) / Our finances [18](#)

Introduction

2023 was a momentous year across the globe. Climate instability, humanitarian disasters, war, electoral shocks, a relentless pushback against women's rights. It would be easy to despair. Yet through it all, we saw progress quietly made for women and girls in many areas. In this year that tested humanity, women working in health, from all walks of life, corners of the globe, stood up to be counted. We demanded gender equity across health systems, in all settings, however challenging. We stood shoulder to shoulder with our Chapters to make sure the voices of women health workers are heard, at every level.

Reading the WHO Director's [final media briefing of 2023](#), we are reminded of how vital our efforts are, for all women health workers out there, keeping people well and our societies moving forward. For those among us living with the devastation of conflict, who are being targeted even though health workers are not a target. For the women and children subjected to the inhuman, deliberate use of sexual violence as a strategy of war. Equal leadership for women in health and at every level, everywhere, is an essential instrument for ending violence and promoting the wellbeing of all. This is why we are resolute in our efforts to achieve gender equity in health for our colleagues across the world and for future generations - our daughters and grand-daughters.

The power of our movement is demonstrated by our collective action. We crossed a historical milestone of having more than 50 Chapters around the world, welcoming 14 new ones in 2023, in every region, from Singapore to Benin, from Rwanda to Austria, from Argentina to Iraq. Our [Heroines of Health](#) awards in Kigali were a celebration of the power of women to drive change, a reminder of why we do this - and what's at stake.

We have so much to be proud of, and many reasons to be hopeful. Together, we made tangible progress happen. We raised the voices of women health workers to stand up to sexual exploitation, abuse and harassment, we got them recognised in High-level Political Declarations at the UN General Assembly, we shone a light on their [Great Resignation](#) and [Great Migration](#). We were an unstoppable force. [Look out](#) for some of our proudest highlights.

In 2024, we enter our 10th year of action as Women in Global Health, emboldened by the powerful vision we set forth with when this movement was born. Our optimism and solidarity move us forward. This year we embarked on our Movement Building Process, a participatory movement building exercise that will continue in 2024, to check in with our chapters and ask what they want this movement to be and do. Please listen to voices from our movement sharing what keeps them going in our inspiring [end-of-2023 video](#).

We will continue to move the needle for gender equity across health systems at all levels, everywhere, as doing this is vital to the achievement of the SDGs. We will work on shifting norms (for women's leadership and gender transformative leadership), structures (for gender equity in the health workforce) and policies (for gender-responsive health systems). Please support us and get in touch with us to find out more.

Whether you are part of our team, our movement or our wider community of partners, nothing that we have achieved would have been possible without you.

Thank you for joining us on this vital mission.

**The team of
Women in Global Health**



// The power
of our movement
is demonstrated
by our collective
action



A year of collective action and solidarity for women in health everywhere

As Women in Global Health, we are witness to how gender inequities in health leadership and the health sector make systems and services less gender responsive, worsen working conditions for women, and lead to worse overall health outcomes for everyone.

That's why we are working towards a future where this is recognised as an important problem to address as a priority, for the benefit of all. This is more important than ever as women and girls face a pushback against their rights, that is making itself felt at a global level and in many countries across the world.

In 2023, our efforts brought real progress for women in health. Here's how we made a difference, together, under our five priority areas of action.

Here's how we made a difference, together, under our five priority areas of action.

1 / A fair share of health leadership

- Our report “#SheShapes: The State of Women and Leadership in Global Health” shone a light on the distance left to travel on gender equal leadership, both globally and in the specific cases of India, Kenya and Nigeria. The report built on eight years of WGH data, including two landmark reports written for WHO. WGH Chapters continue to research women in health leadership, including in Pakistan, Malawi, Zimbabwe, Zambia, Argentina and Benin.

#SheShapes

Our landmark report “The State of Women and Leadership in Global Health” presented new data on the position of women in global health as well as findings from research on women's leadership in health from Kenya, Nigeria and India. The report shows how women's representation in global health is systematically undermined by gender norms in societies that limit women's career progression in national health systems. The report proposes a gender transformative framework for action to ensure women in the health sector can attain their equal right to lead.

Our recommendations:

- 1 / Enable diverse women to lead
- 2 / Fast track actions to redress gender inequality in global health leadership
- 3 / Increase the visibility of women working in health
- 4 / Mobilize men to lean out and step up as allies, and end 'male bonus syndrome'
- 5 / End the 'default man' bias; prioritize implementation of and accountability for policies that support women's lives
- 6 / Support women's movements to accelerate collective action
- 7 / Deepen understanding and the evidence base for policy with more research and data



- Our “25% of leadership roles for 70% of the health workforce” statistic is routinely used in all global health forums, including UNGA Political Declarations on PPPR and UHC.

Gender Equal Health And Care Workforce Initiative (GEHCWI)



#GenderEqualHCWV
 Women comprise around 70% health and care workers, yet hold only 25% of senior roles.
 Let's close the leadership gap

It is estimated that among the 135 million health and care workers around the world, almost 70% are women. The pandemic has exposed deep inequalities – including gender inequalities – that undermine health system performance and global health security.

The Government of France and Women in Global Health are partnering on the Gender Equal Health and Care Workforce Initiative (GEHCWI). This Initiative aims to increase visibility, dialogue, and commitment to action on gender equity in the

health and care workforce, as well as inspire action in the health and care sectors regarding safe and decent work for women. This includes ending informal work, which is often unpaid and underpaid; ending violence and harassment; promoting equal opportunities in health and care occupations, and ensuring equal participation of men and women in the sector in leadership and decision making.

Gender equity in the health and care sector builds a strong foundation for health systems,

universal health coverage (UHC) and global health security. The Gender Equal Health and Care Workforce Initiative (GEHCWI) will convene the international community to implement existing global commitments and agree on practical steps to achieve gender equity in the health and care workforce.

18 governments, 31 Organizations

We thank governments that pledged to upload their commitments under the gender equal health and care workforce initiative.

- | | | | |
|-------------------|---|----------------------|---------------------------------|
| Australia | Chile | Fiji | Pakistan |
| Austria | Costa Rica | France | Mexico |
| Argentina | Democratic Republic of the Congo | Guinea-Bissau | United States of America |
| Brazil | Ethiopia | Liberia | Zambia |
| Cape Verde | | Malawi | |

We thank international organizations that pledged to upload their commitments under the gender equal health and care workforce initiative



If leadership roles were allocated proportionally, assuming that women and men have equal merit, the representation of women in health sector leadership would align with their majority presence as 70% of health workers. However, the current scenario is strikingly different, with men constituting less than 30% of the health workforce but holding 75% of leadership positions. The default health worker is a woman, and the default health leader should be too.

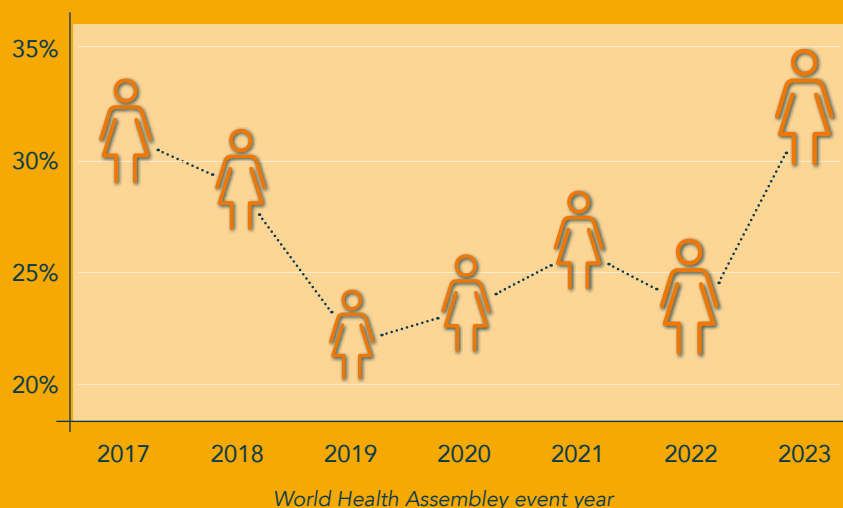
WGH presented the findings of our annual gender count of Chief Delegates, highlighting both progress made and enduring challenges in achieving gender equity at the World Health Assembly (WHA).

Health Workforce

Male/Female %



Member state delegations to the World Health Assembly headed by women, over time



“ The default health worker is a woman, and the default health leader should be too ”

2 / A new social contract for women in health

This year we shone a light on a global health crisis putting health systems at risk across the world: the Great Resignation and the Great Migration of women health workers.

The Great Resignation: Why Women Health Workers Are Leaving

Women, who make up the majority of frontline health workers, are facing unprecedented challenges as the pandemic continues into its fourth year, forcing them to leave the workforce.

The 'Great Resignation' of women health workers is impacting women and health systems globally, with a concerning 'Great Migration' trend. This exodus exacerbates the existing health worker shortage crisis, affecting countries striving to achieve universal health coverage. Our report explores these issues in depth and calls for gender-transformative solutions to address workforce imbalances.

Key messages

- 1 / The prolonged COVID-19 pandemic has intensified gender disparities within the health workforce. Women health workers, despite their significant contributions, face low pay, inadequate protection, and increased unpaid care work. This has led to a "Great Resignation," particularly in high-income countries, demanding urgent action.
- 2 / The resignation of women health workers in high-income countries is driving a "Great Migration" from low-income countries, straining already vulnerable health systems. Rapid health worker loss threatens global health goals, including Universal Health Coverage.
- 3 / Global health worker shortages were a concern pre-pandemic, and the crisis has exacerbated this issue. Urgent action is needed to retain and attract women health workers back into the sector.
- 4 / Current global measures to protect health workers may fail if strong incentives for migration are introduced in high-income countries. Urgent action is required at all levels to address this pressing issue and the gender inequities within the health workforce.



- Building on our report "Her Story: Ending Sexual Violence and Harassment of Women Health Workers", our platform for women to share experiences of Sexual Exploitation, Abuse, and Harassment (SEAH) has led to WHO requesting our support for high-level work on Preventing Sexual Exploitation and Harassment, including participating in the first prevention of sexual misconduct stakeholder review conference
- We continued bringing the voices of our movement to the global level, by making their diverse experience central to our policy work and our presence in global fora.



3 / Gender equity in pandemic preparedness and response

- Since 2020, we have advocated tirelessly for gender equity in the response to the COVID-19 pandemic. In 2023, we were very pleased with some important leaps of progress.
- Following our efforts, the UNGA Political Declaration on Pandemic Preparedness, Prevention and Response acknowledged the pivotal role of health workers, including Community Health Workers (CHWs) in the pandemic, with women representing 70% of the workforce and approximately 90% of frontline health workers. It also highlighted the need for safe, harassment-free workplaces and for closing the gender pay gap (24%) in health.
- Our recently published policy brief “Gender-Responsive Pandemic Preparedness, Prevention, Response and Recovery (PPRR)” lays out relevant considerations in detail, using data from 31 countries.



Women are the social shock absorbers in emergencies and crises. During the pandemic women faced:

Marginalization in Decision-Making



Women were not represented in leadership: in 2020 **85% of 115** task forces had majority male membership.⁴

High Risk of Infection



PPE is designed for men: ill-fitting PPE led to **7,000** women health worker deaths March - September 2020.⁵

Unsafe Working Environments



The pandemic increased attacks on frontline health workers. **Four in ten women** felt more unsafe in public spaces than before.⁶

Double Burden of Care



On top of long shifts and increased patient loads, at home women contributed **5+ hours** more to childcare tasks.⁷

Gender-Based Violence



45% of women reported that they or a woman they knew had experienced a form of GBV during the pandemic.⁸

Financial Hardship



Women health workers on average earn **24%** less than male counterparts.⁹ Over **6 million** women are unpaid or grossly underpaid.¹⁰

Disruption of Essential Health Services



Sexual and reproductive health services were often deprioritized: contraception use was impacted for **12 million** women leading to **2.7 million** unintended pregnancies.¹¹

Mental stress



Increased PTSD, risk of depression and suicide: **78%** nurses in West African countries reported moderate stress and **10%** reported severe stress.¹²

Multiple stressors on top of pre-existing gender inequities has caused widespread burnout among women health workers

This is leading to a **Great Resignation** of women health workers, particularly in high-income countries: in the UK 1 in 9 nurses¹³ left in 2022.

This exodus of health workers is driving a **Great Migration** of women health workers from countries with vulnerable health systems.¹⁴



Gender-Responsive Pandemic Preparedness, Prevention, Response and Recovery (PPRR)

Policy Brief

As governments and stakeholders prepare for future pandemics, frontline voices of health and care workers offer invaluable guidance. The imperative echoes clearly – to protect, empower, and involve women health workers. This entails safeguarding them from gender-based violence, ensuring a steady and gender-appropriate supply of personal protective equipment (PPE), and providing essential mental health support. In addition, specialized training programs, mentorship, and equitable compensation are urgently needed to empower women health workers for leadership roles in global health and health policy.

This policy brief is a call to governments to prioritize the safety, empowerment, and equitable treatment of women health workers in all their future pandemic preparedness efforts.

Key Recommendations

- 1 / Governments must prioritize women health workers and their safety
- 2 / Governments must invest in capacity building of women health workers to respond in pandemics
- 3 / Health systems must become more gender-responsive
- 4 / Governments must conduct regular risk assessment of health systems infrastructure and the workforce
- 5 / Governments must ensure better working conditions, benefits, and incentives for women health workers
- 6 / Governments must invest in innovative, collaborative and gender-responsive research
- 7 / Governments must improve coordination and dissemination of information



4 / Gender-responsive Universal Health Coverage

We continue to co-lead the Alliance for Gender Equality and UHC, and we will keep calling for SRHR to be at the heart of UHC policy and practice.

We have made significant strides in shaping the global health landscape by advocating for changes in systems, structures, and global political agreements.

Through our efforts, global political processes and meetings included the language on gender equity, women's representation and the health workforce.

We secured inclusion of WGH language on women health workers, the gender pay gap, gender equal leadership in the Political Declaration on Universal Health Coverage (UHC) at the UNGA High-Level Meeting, which we also addressed.





As a co-convenor of the Alliance for Gender Equality and UHC, Women in Global Health (WGH) worked with our partners to ensure that the 2023 Political Declaration on UHC builds on the commitments established in 2019 to mainstream gender into UHC. This is the only way to achieve gender equality and the empowerment of women through health policies and health systems delivery.

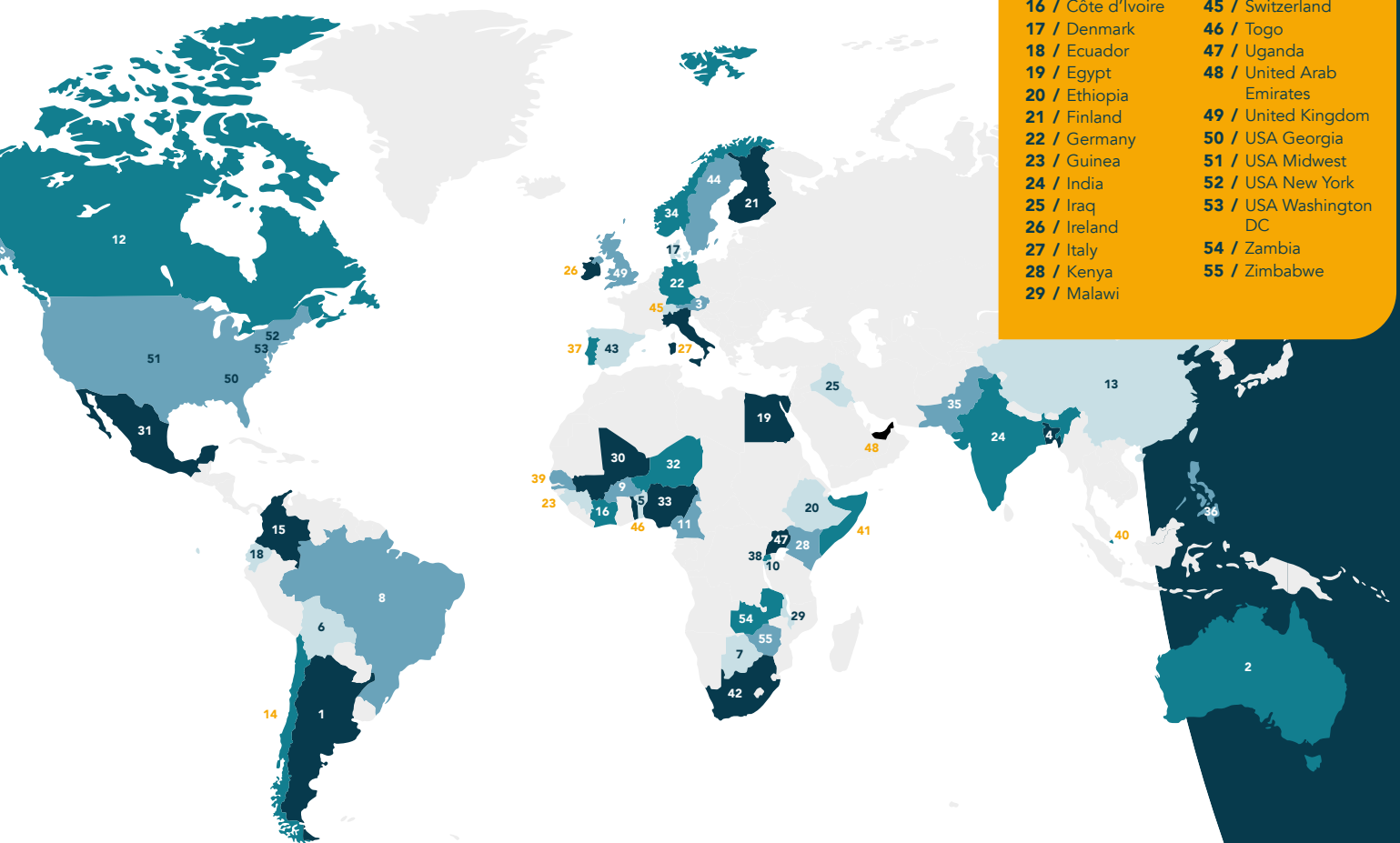
The Political Declaration focuses on accelerating implementation and emphasizes the fundamental role of primary health care, including community-based health services.

Importantly, it also:

- Recognizes the link between UHC and pandemic prevention, preparedness and response
- Calls for increased mobilization of domestic public resources as a major source of financing for UHC
- Reaffirms its commitment to ensuring women's equitable leadership in decision-making in health and addressing gender inequalities
- Promotes participatory and inclusive approaches to health governance through multi-stakeholder engagement

5 / A stronger, women-led movement

OUR MOVEMENT



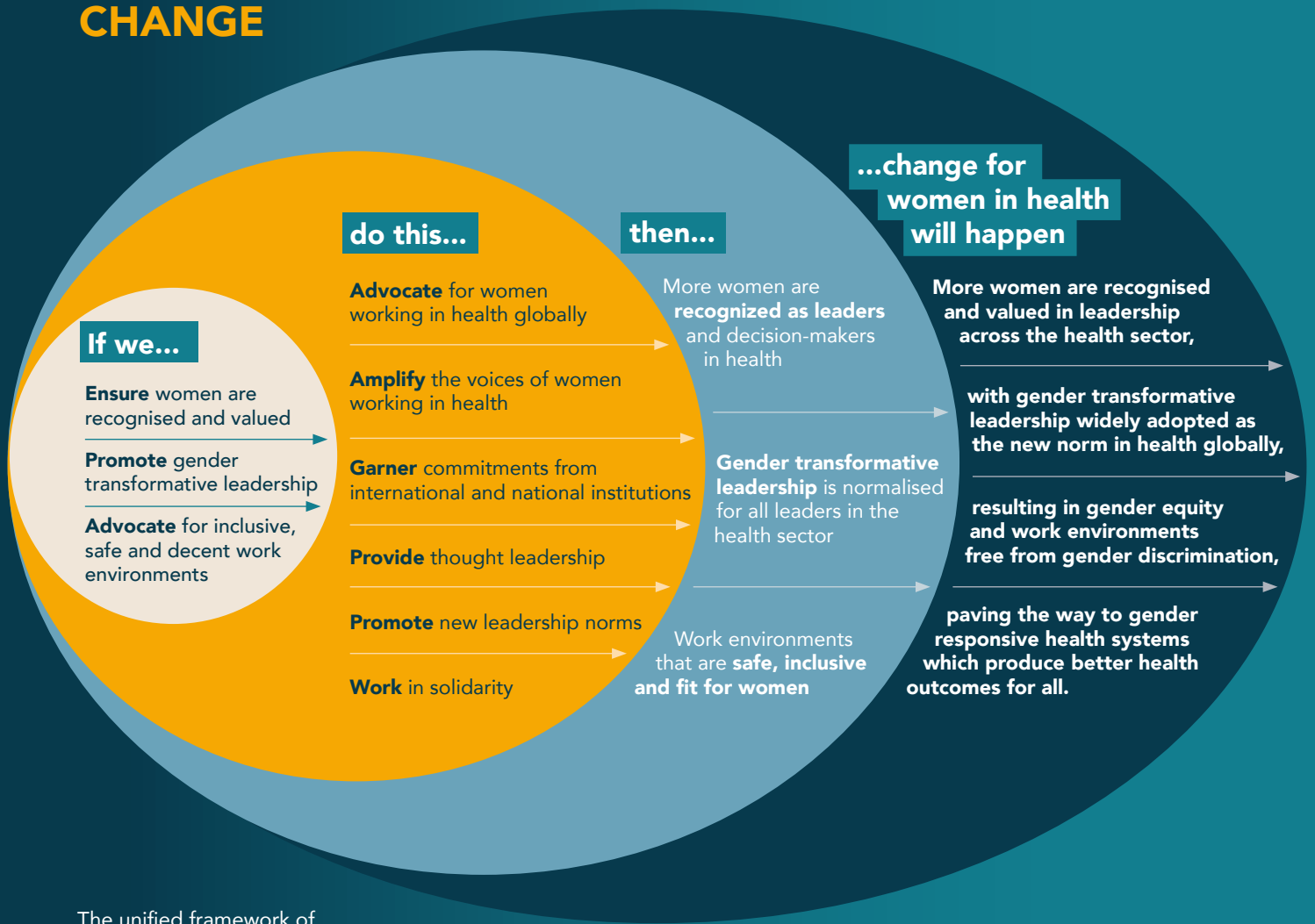
- 1 / Argentina
- 2 / Australia
- 3 / Austria
- 4 / Bangladesh
- 5 / Benin
- 6 / Bolivia
- 7 / Botswana
- 8 / Brazil
- 9 / Burkina Faso
- 10 / Burundi
- 11 / Cameroon
- 12 / Canada
- 13 / China
- 14 / Chile
- 15 / Colombia
- 16 / Côte d'Ivoire
- 17 / Denmark
- 18 / Ecuador
- 19 / Egypt
- 20 / Ethiopia
- 21 / Finland
- 22 / Germany
- 23 / Guinea
- 24 / India
- 25 / Iraq
- 26 / Ireland
- 27 / Italy
- 28 / Kenya
- 29 / Malawi
- 30 / Mali
- 31 / Mexico
- 32 / Niger
- 33 / Nigeria
- 34 / Norway
- 35 / Pakistan
- 36 / Philippines
- 37 / Portugal
- 38 / Rwanda
- 39 / Senegal
- 40 / Singapore
- 41 / Somalia
- 42 / South Africa
- 43 / Spain
- 44 / Sweden
- 45 / Switzerland
- 46 / Togo
- 47 / Uganda
- 48 / United Arab Emirates
- 49 / United Kingdom
- 50 / USA Georgia
- 51 / USA Midwest
- 52 / USA New York
- 53 / USA Washington DC
- 54 / Zambia
- 55 / Zimbabwe

- In 2025, our movement will be 10 years old. There are more of us than ever, in 58 chapters in 53 countries. As we continue to grow, it's vital that we build a robust foundation for our future. This is why in 2023, we embarked on the Movement Building Process – an iterative, collaborative journey driven by broad and inclusive participatory methodologies. The process engaged nearly 100 members from 44 Chapters, our Board and our global team.

Together we developed a shared Mandate outlining core values and a unified vision, a global Theory of Change framework and an Organizational Model promoting non-hierarchical collaboration. We held consultations in virtual workshops especially designed to create an atmosphere of inclusivity, trust, and accountability – and had great fun in the process.

- In carrying out this exercise, we recommitted to growing together, reiterating the movement's common purpose and collaborative dynamics.

OUR THEORY OF CHANGE



The unified framework of the WGH Theory of Change empowers all chapters to achieve the collective mission of challenging power and privilege, advance gender equality in health, more diverse and responsible leadership, better conditions for women to grow into and stay in top positions and improved working conditions for women in health.

The consolidated WGH Mandate outlines the shared identity and vision to enable WGH members to speak with a unified voice. Fostering inclusive spaces that are multidirectional and grounded in solidarity, it champions women as leaders who can change power dynamics in health and drive the movement toward lasting progress in gender equity.

OUR MANDATE

1 An inclusive space for women working in health.

Women share ownership of this global movement. Our approach is intergenerational, intersectional, and grounded in solidarity and multidirectional learning.

3 From local to global, from individual to collective.

Our members, grounded in their local realities, collaborate on our shared goals. Together, we drive collective action and tackle the root causes of gender discrimination and bias.

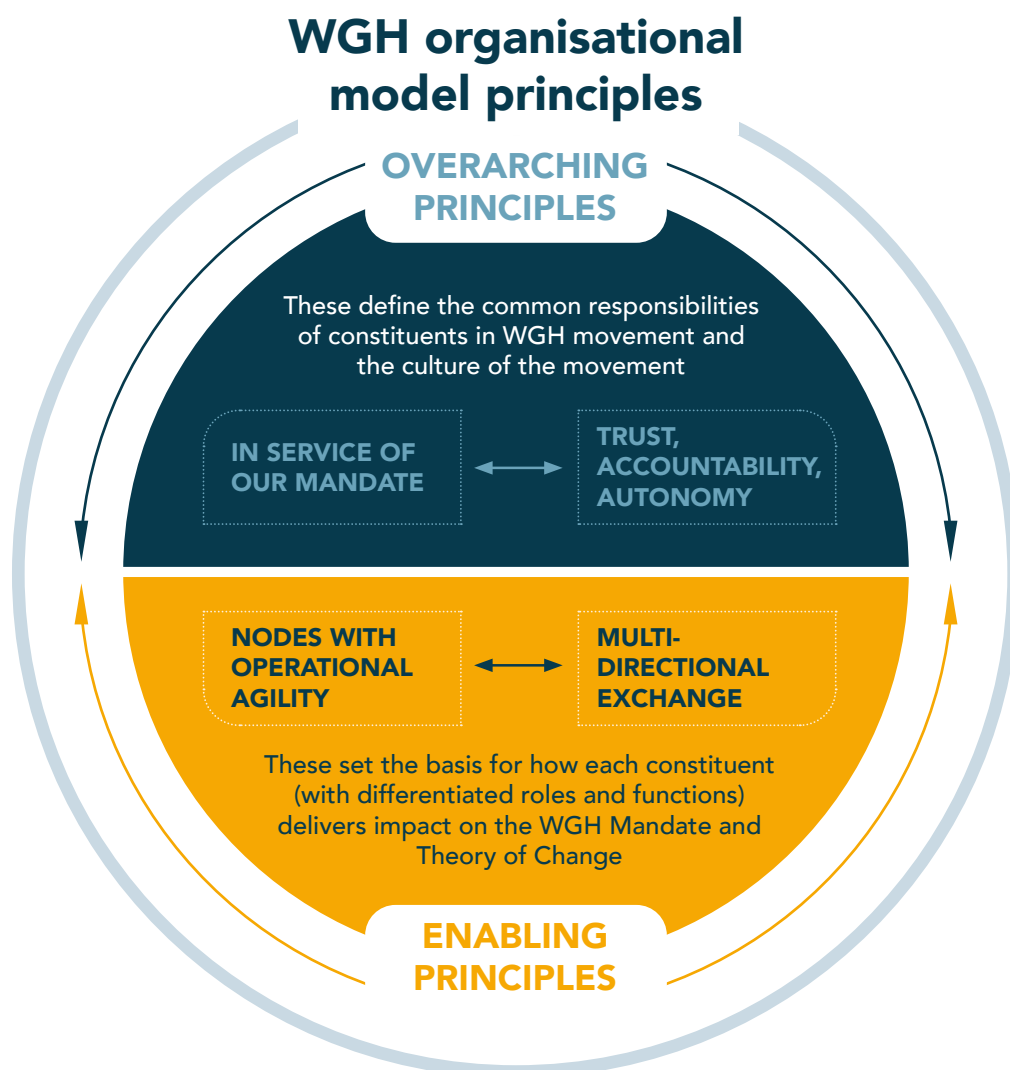
2 Championing women as leaders in health.

Our movement amplifies women's voices, rendering women's leadership visible across the health sector, particularly for women from low and middle income countries.

4 Advocating for changes in power dynamics in health.

We strive to promote gender transformative leadership for all health leaders as a pathway to gender responsive health systems.

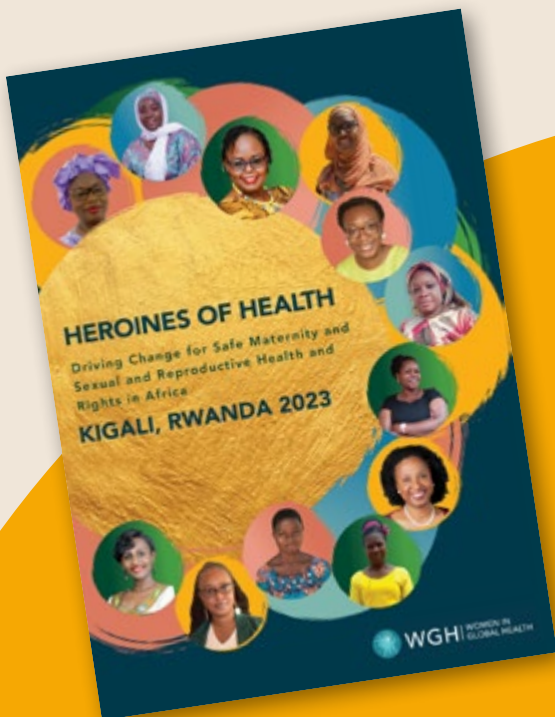
The WGH organizational model lays out the fundamental principles and values for the network model approach that is non-hierarchical and collaborative in service of the WGH mandate. Overarching principles apply to the culture of the movement committed to advancing gender equity and that the WGH Mandate is central to its identity. The Enabling Principles support the movement to advance the mandate through Operational Agility enabled by Chapters functioning as independent and collaborative entities, working within a Multidirectional Exchange that encourages to share learnings and disseminate knowledge as public goods.



The value of Compassionate Sisterhood & Altruism evolved in the process and represents a nurturing and empathetic bond among individuals and a deep concern for the movement’s wellbeing. WGH’s underpinning values Solidarity, Non-competitive, Collaboration, Subsidiarity and Equity equally support the WGH organizational model and underscore its power in supporting collective spaces for women.

- Our global movement continues to grow at an accelerated pace. From 5 chapters in 2018, Women in Global Health grew to 54 chapters across 49 countries in 2023. Women in all their diversity continue to self-organise into chapters, determined to achieve gender equity in health.
- Our movement cuts across borders, languages and cultures, from Burkina Faso to Australia, Zimbabwe to India, Singapore to Finland and Pakistan to Nigeria, we are the global voice for women in health.
- This year we’ve made sure Women in Global Health is a global force to be reckoned with, from training for our members on Gender Transformative Leadership and Intersectionality, to our Heroines of Health awards, to ensuring voices from across the movement are heard at the World Health Assembly, Women Deliver, UNGA, World Health Summit and other fora.
- With our growth comes increased collaboration, as we undertake a movement-wide process to confirm our mandate, articulate our global theory of change and consolidate our operational model. Through this process we are building a stronger collective and collaborative movement, to absorb our continued growth and continue our work to catalyse change for gender equity for women working in health globally.

“ Women can be leaders at all levels from frontline community health service delivery to global health policy making. Decision making in health is more effective when informed by the expertise and diverse perspectives of women health workers ”



Heroines of Health

With our growth comes increased collaboration, as we undertake a movement-wide process to confirm our mandate, articulate our global theory of change and consolidate our operational model. Through this process we are building a stronger collective and collaborative movement, to absorb our continued growth and continue our work to catalyse change for gender equity for women working in health globally.



Driving Change for Safe Maternity and Sexual and Reproductive Health and Rights (SRHR) in Africa

The Heroines of Health Gala Event was a celebration of courage, dedication, and resilience as it recognized the remarkable contributions of 12 outstanding women health workers working to deliver Sexual and Reproductive Health and Rights (SRHR) health services in Africa.

The event was opened by renowned international broadcaster, Ms Femi Oke. Held on the sidelines of the Women Deliver Conference in the Marriott ballroom in Kigali, it was the first time in its six year history that the awards were held in Africa and honored African women exclusively.

From Ethiopia to Ghana, the Heroines were recognized for their exceptional contributions to advancing safe maternity and sexual and reproductive health and rights (SRHR) amidst a global campaign threatening decades of progress for the rights of women and girls.

Beyond the celebrations, the event serves as a rallying cry to amplify the call for gender equity and accelerated progress in global health. Whether it's the pandemic or the backlash on women's rights, women are coming together calling for a new social contract for women health and care workers based on fair pay, equal leadership and safe and decent work.

As part of the keynote address, Hon Mary Robinson, first woman President of Ireland and former UN High Commissioner for Human Rights, spoke about the importance of women in the health workforce. "Women can be leaders at all levels from frontline community health service delivery to global health policy making. Decision making in health is more effective when informed by the expertise and diverse perspectives of women health workers," she said.

Guest speaker Prof. Flavia Senkubuge, Deputy Dean Stakeholder relations at the University of Pretoria, Chair of the WHO/Afro African Advisory committee for research and development and Women in Global Health Chapter lead, South Africa spoke on behalf of the Women in Global Health chapters about the importance of the movement in advancing gender equity for women in the health workforce.

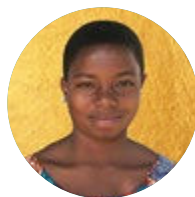
Dr. Githinji Gitahi, Chief Executive Officer of Amref Health Africa announced the first set of Heroines as follows:



Ms. Worknesh Kereta
Ethiopia



Ms. Phylis Mbeke Ndolo
Kenya



Ms. Afi Kpaba
Togo



Ms. Rukaya Mumuni
Ghana

The four Heroines spoke about their work to champion the rights of women and girls for SRHR. Listing some key achievements in their work, they called on global health leaders to take action to safeguard the rights of women and girls.

Rt. Hon. Helen Clark, Former Prime Minister of New Zealand presented the second set of awards under the theme of Safe Maternity and the Role of Community Health Workers.

The awardees were:



Ms. Mary William Brown
Malawi



Ms. Prossy Musingo
Uganda,



Ms Joséphine Djiboune
Senegal



Ms. Konolbé Yvette Ouedraogo
Burkina Faso

“ There is no doubt that effective and efficient provision of healthcare for women results in stronger and healthier communities ”

Prof. Flavia Senkubuge,
University of Pretoria



Hon. Dr. Wilhemina S. Jallah, Minister of Health of the Republic of Liberia presented the last set of 2023 awards, recognizing those who were leading change for women’s health and women’s rights.

They were:



Prof. Hadiza Shehu Galadanci
Nigeria



Dr. Gwladys Kouakou
Côte d’Ivoire



Dr. Elizabeth Igaga
Uganda



Ms. Meskerem Setegne
Ethiopia

Dr. Jean Kaseya, Director General, Africa Center for Disease Control presented two awards to Heroines of Health 2022 Awardees, Ms. Anita Kouvahey-Eklu, from Togo, and Ms. Ana Temba, from Tanzania, who due to unforeseen circumstances were not able to travel to last year’s event to accept their awards in person.

Towards the end of the program, Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization delivered a video address in which he recognized the achievements of the Heroines present, signaling a commitment to their cause to realize women’s right to health, recognizing that SRHR are central to health services.

“All over the world midwives and community health workers provide vital, life-saving care to women and girls, especially for underserved groups in remote areas. Yet their invaluable contributions and needs are often ignored,” he said.

With our growth comes increased collaboration, as we undertake a movement-wide process to confirm our mandate, articulate our global theory of change and consolidate our operational model. Through this process we are building a stronger collective and collaborative movement, to absorb our continued growth and continue our work to catalyse change for gender equity for women working in health globally.

Our Gender Transformative Leadership and Intersectionality programme:

In a world where healthcare systems are often gender-blind, the GTLI program seeks to equip women with the tools and knowledge to navigate and challenge these environments. Participants learn how to apply feminist leadership principles and intersectional approaches to drive meaningful change in their workplaces and beyond.

What the 2023 programme offered our training cohort

- Leadership Skills: a strong foundation in gender transformative leadership, so they lead with confidence and purpose.
- Peer Networks: a global community of women in health, fostering peer-to-peer support and collaboration.
- Alumni Network
- Practical Tools: interactive sessions, real-world case studies, and practical assignments that will enhance your ability to influence and innovate.
- Collaborative Learning Environment: a dynamic co-learning environment.

Statements of financial position as of December 31, 2023 and 2022

Assets:			Liabilities and Net Assets:		
Current Assets:	2023	2022	Current Liabilities:	2023	2022
Cash and cash equivalents	\$4,758,071	\$3,459,889	Accounts payable and accrued expenses	\$106,101	\$63,200
Grants receivable	\$610,625	\$1,356,800			
Investments held for sale - mutual funds	\$6,779	\$5,700	Net assets:		
Prepaid expenses	-	\$5,268	With donor restrictions	\$3,972,720	\$4,054,686
			Without donor restrictions	\$1,296,654	\$709,771
Total assets	\$5,375,475	\$4,827,657		<u>\$5,269,374</u>	<u>\$4,764,457</u>
			Total liabilities and net assets	\$5,375,475	\$4,827,657

Statement of activity for the year ended December 31, 2023

Support, revenue and gains:	Net assets without donor restrictions	Net assets with donor restrictions	Total
Grants and contributions	\$755,085	\$2,197,364	\$2,952,449
Investment income, net of gains and losses	\$29,356	-	\$29,356
Miscellaneous income	\$2,070	-	\$2,070
	<u>\$786,511</u>	<u>\$2,197,364</u>	<u>\$2,983,875</u>
Released from program restrictions	\$2,279,330	(\$2,279,330)	-
Expenses and losses:			
Program expenses	\$2,279,330	-	\$2,279,330
General and administrative	\$210,046	-	\$210,046
Development and fund-raising	\$25,000	-	\$25,000
	<u>\$235,046</u>	<u>-</u>	<u>\$235,046</u>
Total expenses	\$2,514,376	-	\$2,514,376
Change in net assets	\$551,465	(\$81,966)	\$469,499
Unrealized gains on investments	\$418	-	\$418
Prior period adjustment	\$35,000	-	\$35,000
Net assets, beginning	\$709,771	\$4,054,686	\$4,764,457
Net assets, ending	<u>\$1,296,654</u>	<u>\$3,972,720</u>	<u>\$5,269,374</u>

Statement of functional expenses for the year ended December 31, 2023

	Program Expenses	General and Administrative	Fund Raising	Total
Consulting and professional fees	\$1,651,885	\$193,570	\$25,000	\$1,870,455
Grants and other assistance	\$256,773	\$5,000	-	\$261,773
Information technology	\$4,681	-	-	\$4,681
Insurance	\$14,264	-	-	\$14,264
Travel	\$180,177	\$11,161	-	\$191,338
Conferences, events and meetings	\$51,997	-	-	\$51,997
Other operating expenses	\$119,553	\$315	-	\$119,868
	<u>\$2,279,330</u>	<u>\$210,046</u>	<u>\$25,000</u>	<u>\$2,514,376</u>
Correct totals				

A woman with a yellow headwrap and glasses, wearing a green dress and a blue lanyard, is speaking and gesturing with her hands. She is in a room with other people, some of whom are wearing face masks. The background is slightly blurred.

// Gender transformative leadership creates room to think differently about power. It destabilizes existing logics of who is defined as a leader, whose work is considered meaningful, who gets paid //

Patricia Maritim,
WGH Zambia, participant in
our 2023 GTLI training



WGH | WOMEN IN
GLOBAL HEALTH

womeningh.org