

Women in Global Health

Annual Report

2025

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Message from the Executive Director



The year 2025 marked both a milestone and a pivotal turning point for Women in Global Health. As we celebrated a decade of advancing gender equity and women's leadership since our founding in 2015, this milestone offered an opportunity not only to reflect on our progress but also to renew our determination to advance our mission in an increasingly uncertain global health landscape.

Shrinking development assistance, growing geopolitical instability, widening health inequities, and increasing resistance to gender equity have placed enormous pressure on health systems and the women who sustain them. Yet these challenges have only reinforced what we have long known: resilient and equitable health systems cannot exist without women in leadership.

As this annual report demonstrates, developing, enabling, and supporting women leaders remains at the heart of our work. Through our leadership programs, women gained the confidence, skills, and networks to lead change in their workplaces, communities, and countries. Our experience continues to demonstrate that leadership is not simply about occupying positions of authority. It is about transforming institutions, challenging inequitable power structures, building coalitions, mentoring others, and creating opportunities for future generations of women leaders.

Our chapters remain the driving force behind our organization. Their leadership, expertise, innovation, and lived experience continue to shape our priorities and amplify our impact across six continents, demonstrating that meaningful change is locally led, globally connected, and powered by collective action.

As we enter our second decade, our commitment remains unwavering. We will continue to champion gender-responsive health systems, strengthen women's leadership, and advocate for the meaningful participation of women at every level of health decision-making toward better, equitable health outcomes and universal health coverage. The challenges before us are significant, but so too is the opportunity and our determination.

Together, we are building a future where leadership is more representative and consequential, health systems are more resilient and equitable, and every woman has the opportunity not only to participate but also to lead in health governance.

Dr. Magda Robalo
Executive Director, a.i.
Women in Global Health

Executive Summary

In 2025, Women in Global Health advanced gender equity and women's leadership by mobilizing women and allies, strengthening leadership, influencing policy, generating evidence, and advocating for more equitable and resilient health systems.

Through a network of 65 Chapters across 60 countries, the organization amplified women's voices in health governance while supporting locally led initiatives that drove policy change and strengthened health systems.

Leadership development remained a cornerstone of this work.

Through the Women in Leadership and Knowledge Integration Network (WIL KIN)—including the Gender Transformative Leadership and Intersectionality (GTLI), Communications, Advocacy, Media and Storytelling (CAMS), and Speakers Bureau programs—women leaders strengthened their skills in leadership, advocacy, strategic communications, and public engagement, reporting measurable gains in confidence and influence.

Women in Global Health also elevated women's voices in global policy debates through engagement at the World Health Assembly, the Commission on the Status of Women, the United Nations General Assembly, and other international fora.

Publications, webinars, policy analyses, and advocacy campaigns advanced action on gender-responsive health systems, health workforce equity, pandemic prevention, preparedness and response, the climate-health-gender nexus, and technology-facilitated gender-based violence.

The year also marked Women in Global Health's tenth anniversary, providing an opportunity to celebrate a decade of progress while strengthening governance, deepening collaboration across chapters, and positioning the movement for even greater impact.

Our experience continues to demonstrate that investing in women's leadership is fundamental to building stronger, more equitable, and more resilient health systems and achieving universal health coverage.

Women in Global Health Global Results in 2025

WGH Global Results in 2025

Reporting Period:
Jan - Dec 2025

100+

Gender Transformative Leadership and Intersectionality (GTLI) Graduates

Women leaders from across the globe equipped with the skills, confidence, and networks to advance gender-transformative leadership and strengthen health systems.

115

Leaders Trained in Communications, Advocacy, and Media Storytelling (CAMS)

Emerging leaders strengthened their capacity to influence policy, engage the media, and amplify evidence-based advocacy for gender equity in global health.

80+

Alumni Network Members

A growing global community of graduates connected through mentorship, collaboration, and peer learning to sustain leadership and collective action.

34

Speakers Bureau Members

Expert women leaders prepared to represent Women in Global Health at conferences, media engagements, and policy forums, elevating diverse voices in global health discussions.

Women in Leadership and Knowledge Integration Network (WIL KIN)

Building the Next Generation of Women Leaders

19

Countries Represented

Women leaders from 19 countries participated, reflecting the program's global reach.

85%

Improved Communication Skills

Participants reported stronger communication and leadership skills, increasing their effectiveness in influencing policy and practice.



83%

Valued the Program Design

Participants identified the program's interactive, and psychologically safe learning environment as one of its greatest strengths.

80%

Increased Leadership Confidence

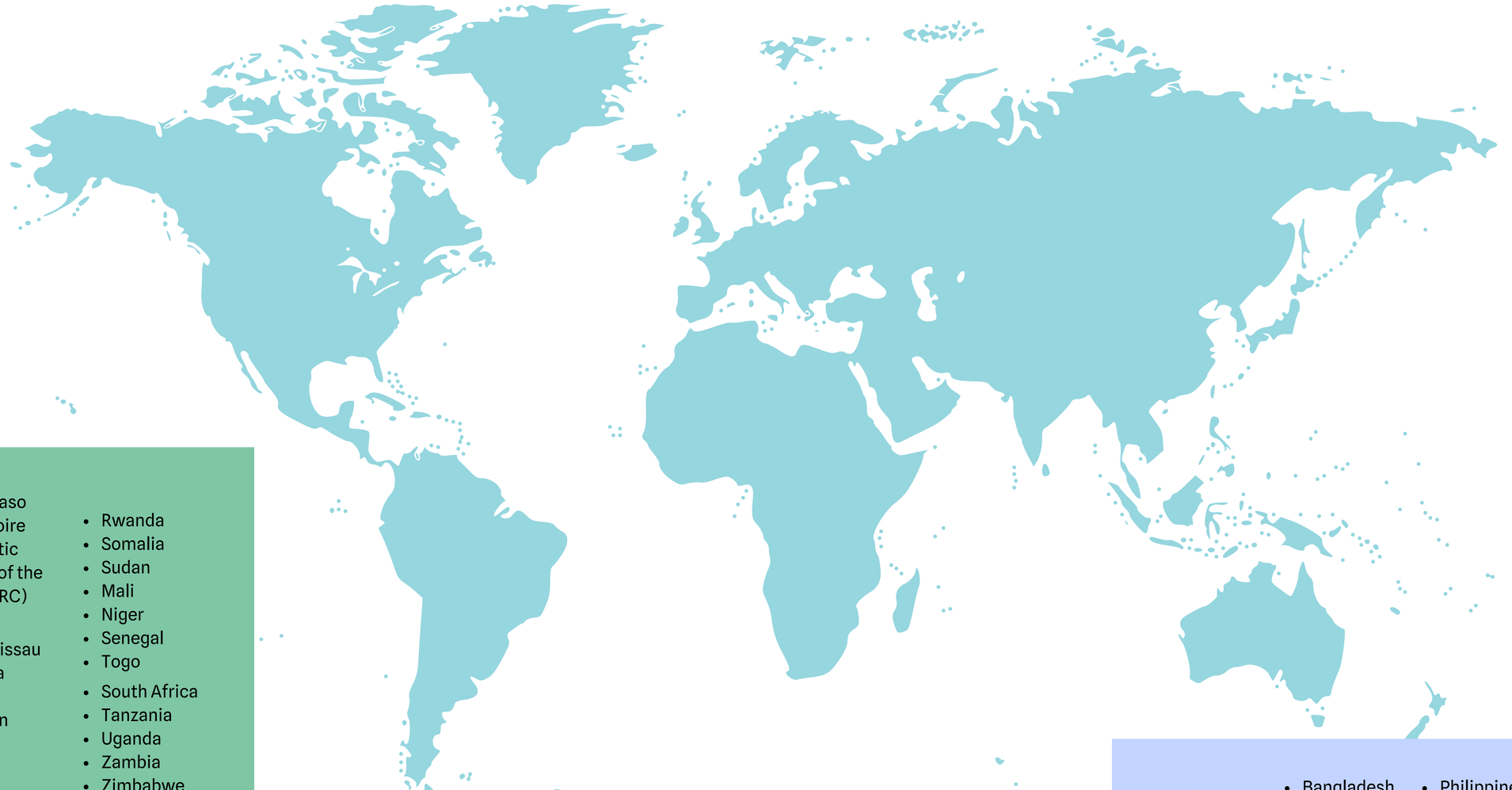
Four in five participants reported greater confidence to lead and navigate power dynamics within their organizations and communities.

65%

Adopted Feminist Leadership Principles

Participants embraced inclusive, collaborative, and values-based leadership that promotes equity and collective action.

Our Global Reach



Africa

- Burkina Faso
- Côte d'Ivoire
- Democratic Republic of the Congo (DRC)
- Guinea
- Guinea-Bissau
- Botswana
- Burundi
- Cameroon
- Egypt
- Ethiopia
- Kenya
- Malawi
- Nigeria
- Rwanda
- Somalia
- Sudan
- Mali
- Niger
- Senegal
- Togo
- South Africa
- Tanzania
- Uganda
- Zambia
- Zimbabwe
- Benin

Americas

- Argentina
- Bolivia
- Brazil
- Canada
- Chile
- Colombia
- Ecuador
- Haiti
- Mexico
- United States – DC
- United States – Georgia
- United States – Midwest
- United States – New York
- United States – Seattle

Asia Pacific

- Bangladesh
- India
- Nepal
- Pakistan
- Philippines
- Singapore
- South Korea
- Australia

Europe

- Austria
- Germany
- Ireland
- Italy
- Switzerland
- United Kingdom
- Poland
- Portugal
- Spain
- Denmark
- Norway
- Sweden
- Finland

A Year of **Leadership & Renewal**

As Women in Global Health celebrated its first decade of advancing gender equity and women's leadership, 2025 marked the beginning of a new chapter. The organization strengthened governance, deepened partnerships, and laid the foundation for greater influence in an increasingly complex global health landscape.

The appointment of Dr Magda Robalo as Executive Director brought globally recognized leadership and renewed strategic focus. Through engagement with Chapters, partners, donors, and allies, she reaffirmed Women in Global Health's commitment to advancing women's leadership and gender-responsive health systems as essential to achieving universal health coverage.

A major milestone was the development of the Women in Global Health Strategic Plan 2026–2030, providing a roadmap to strengthen governance, diversify funding, expand partnerships, and increase policy impact. The strategy also emphasizes Chapter empowerment, equitable resource sharing, evidence-based advocacy, and accountability to strengthen the organization's resilience and long-term sustainability.

Women in Global Health also invested in strengthening its internal systems, organizational culture, and governance. Extensive consultations with chapters informed the development of a new governance and accountability framework, establishing a more transparent, participatory, and accountable governance model while preserving chapter autonomy and reinforcing the organization's commitment to feminist leadership.

Together, these investments position Women in Global Health to deepen its global influence and drive lasting progress toward gender-equitable health systems.

Strengthening Women's Leadership

Gender Transformative Leadership and Intersectionality (GTLI)

In 2025, Women in Global Health continued to expand its leadership development portfolio, equipping women with the skills, networks, and opportunities needed to influence health policy and governance.

The GTLI Program surpassed 100 graduates globally and launched its fifth cohort, while the newly established GTLI Alumni Network connected more than 80 graduates through peer learning, mentorship, and ongoing engagement.

The GTLI program is Women in Global Health's flagship leadership development initiative. It focuses on feminist leadership principles, understanding power dynamics, intersectionality, and building practical skills in communication, advocacy, and strategic thinking.

The training is delivered through structured sessions and facilitated peer learning, designed to create a safe, non-judgmental space for women to grow as leaders.

49%

mentored or coached others

51%

led or contributed to training and capacity-building initiatives

45%

were actively mentoring or sponsoring other women leaders and professionals

80%

reported greater confidence in exercising leadership and influencing decision-making

46%

assumed leadership roles in gender-focused advocacy campaigns

73%

expressed interest in volunteering as an Alumni Champion

67% demonstrated stronger leadership attitudes, skills, and behaviours in their workplace or community

42% reported greater influence within their organization or community, including decision-making

GTLI Alumni Engagement Survey (2025)



Leading with Courage: Mphatso Magwaya Yobe (Malawi)

Mphatso is a pharmacist, public health leader, and passionate advocate for gender equity in Malawi. Through her work with Family Health Services, the Women in Global Health Malawi Chapter, the Women in Pharmacy Association of Malawi, and the Mental Health Advocates Association, she promotes mental health, advances women's participation in decision-making, and works to build more inclusive health systems, with a particular commitment to rural women and young people.

Building Influence Through Collaboration

Throughout her career, Mphatso has worked across government, civil society, and professional associations to influence policy and strengthen inclusive leadership. She has contributed to national dialogues on integrating mental health into primary health care, spoken at key forums on women's well-being and leadership, mentored young pharmacists, and advocated for greater representation of women in senior decision-making.

Since completing Women in Global Health's GTLI program, Mphatso has become a more confident and strategic leader. She has strengthened collaboration within Family Health Services, expanded her influence through the Women in Global Health Malawi Chapter, and helped cultivate emerging leaders across multiple organizations.

Standing Her Ground

A defining moment came when Mphatso was appointed to lead a highly technical, multi-partner project. Despite her strong performance record, she faced repeated doubts about her ability to manage such a complex initiative. Rather than stepping back, she relied on her technical expertise, strategic thinking, and collaborative approach to demonstrate her capability and successfully overcome attempts to undermine her authority.

"That moment reinforced my belief in the importance of women holding space at the decision-making table and staying there, even when the room grows cold."

Creating Lasting Impact

Today, Mphatso continues to drive change through advocacy, mentorship, and community-based training. She supports early-career women professionals through the Women in Pharmacy Association while working with rural communities to strengthen women's agency, improve nutrition, and expand access to health information.

"True transformation begins by empowering women where they live and work."

Speakers Bureau:

Key Results at a Glance



96% Gained New Skills in Public Speaking, Advocacy, and Storytelling

Participants strengthened their ability to communicate compelling messages, engage diverse audiences, and advocate effectively for gender equity and global health priorities.

91% Reported Increased Confidence Speaking in Public Forums

Participants gained the confidence to speak at conferences, policy dialogues, media engagements, and other public platforms, amplifying women's voices in global health.

100% Better Prepared for High-Level Engagement

Every participant reported feeling better equipped to represent their organizations and advocate for their priorities at high-level meetings, conferences, and policy forums.

100% Program Satisfaction

All participants agreed that the program met or exceeded their expectations, with 78% strongly agreeing that it strengthened their knowledge, skills, and confidence.

Global Alumni Network Established

A global alumni network was established to foster ongoing mentorship, peer learning, collaboration, and collective advocacy among women leaders beyond the program.

Speakers Bureau: Elevating Women's Voices for Global Health

In 2025, Women in Global Health launched the Speakers Bureau, a seven-week leadership program designed to equip women advocates with the confidence, skills, and platforms to influence global health policy and public discourse. The program responded directly to an assessment that identified significant gaps in public speaking, storytelling, advocacy, and access to decision-making spaces. Through a curriculum covering gender-transformative leadership, strategic communications, advocacy, negotiation, digital engagement, and public speaking, participants strengthened both their technical and communication skills and their confidence to lead.

The program also fostered a strong community of practice. Participants highlighted the value of peer learning, mentorship, and networking, noting that the newly established alumni network would continue to support collaboration and collective advocacy long after the training concluded. Many reported plans to apply their new skills through media engagement, policy advocacy, storytelling campaigns, and national-level negotiations. Together, these outcomes demonstrate that the Speakers Bureau is strengthening a growing movement of women leaders capable of challenging gender barriers and shaping more equitable health systems.



"One of the most valuable lessons I learned through the Speakers Bureau program was the power of storytelling. I learned how to transform technical information into compelling stories that connect with people's emotions and values. Rather than simply presenting health and climate statistics, I now use personal narratives that bring the data to life through real human experiences. As one trainer said, 'Facts tell, but stories sell.' That message has stayed with me and fundamentally changed the way I communicate."

Dr. Saadia Rafique, Gynecologist, Educator, Mentor and Researcher in Pakistan.

Source: Speakers Bureau End of Evaluation Report (2025)

Communications, Advocacy, Media and Storytelling (CAMS)

In 2025, Women in Global Health delivered its Communications, Advocacy, and Media Storytelling (CAMS) program to 115 health professionals from diverse regions and professional backgrounds, equipping women leaders with the skills to communicate strategically, advocate effectively, and amplify women's voices in global health. Participants reported 86% overall satisfaction with the CAMS program, reflecting its quality, relevance, and practical application.

Beyond technical skills, participants reported a shift from simply sharing information to using communication as a strategic tool for influence, advocacy, and systems change. They described greater confidence in crafting audience-centered messages, telling compelling stories, engaging through digital platforms, and advancing health equity and gender justice.

Interactive learning, peer exchange, and collaboration across countries helped build a growing global network of women communicators and advocates.

Strengthening Community Health Leadership Through Evidence

In 2025, Women in Global Health Kenya launched the Women in Leadership–Kenya initiative to strengthen feminist leadership among Community Health Promoters (CHPs) and grassroots women leaders. The initiative began with the development of an evidence-based Gender Transformative Inclusive Leadership (GTIL) curriculum, informed by research examining the structural barriers limiting women's advancement into leadership within community health systems.

The findings generated critical evidence to inform policy dialogue and program design. Demand far exceeded expectations, with more than 700 women applying for just 30 places. The inaugural cohort completed an intensive five-day GTIL training, with each participant developing a community leadership action plan. The initiative also established a structured mentorship program and alumni network to foster continued learning, collaboration, and peer accountability.

The program also strengthened participants' advocacy and communication skills, equipping them to transform lived experiences into compelling evidence for change. Twenty-five frontline women health workers completed storytelling training, producing published advocacy stories that demonstrate the power of personal narratives to shape public discourse and influence policy.

The curriculum was validated by more than 25 representatives from government, civil society, academia, and development partners, while over 40 national stakeholders participated in the program's official launch. Strong engagement from Kenya's Ministry of Health, county governments, UNICEF, the Africa Centres for Disease Control and Prevention (Africa CDC), and civil society organizations generated broad support for integrating women's leadership development into community health systems.

The initiative delivered measurable results. Participants reported greater confidence, stronger communication and advocacy skills, enhanced community leadership, increased influence in decision-making, and stronger peer networks. Digital advocacy reached more than 10,000 people, increasing the visibility of women leaders and advancing public dialogue on gender-transformative leadership in health. With almost 700 qualified applicants remaining in a verified pipeline for future cohorts, the program has demonstrated both its impact and the significant unmet demand for women's leadership development, providing a strong foundation for national scale-up and more equitable community health systems.



At CPHIA 2025 in Durban, WGH Kenya led a conversation on closing the gender gap in health leadership through mentorship and cross-country collaboration. Read more: https://shorturl.at/XG3s7



Through the GTIL program, Community Health Promoter Naomi is creating safe spaces for dialogue on teen pregnancy, bringing girls, parents, and local leaders together toward lasting solutions. Read more: https://shorturl.at/Q21PH

From Experience to Action: Two Leadership Stories from Kenya

Overcoming Gender Discrimination While Leading Health and Justice

Through her personal story, Jane Wairimu Kahura, a community health promoter from Kiambu County, Kenya, reflects on overcoming gender discrimination and discovering her voice as a grassroots leader after participating in Women in Global Health Kenya's GTIL program. She transformed personal hardship into a lifetime of advocacy for health, justice, women's land rights, child protection, and climate resilience. With support from Women in Global Health and GROOTS Kenya, Jane found the confidence to champion vulnerable communities, demonstrating how investing in grassroots women leaders strengthens health systems and drives lasting social change.

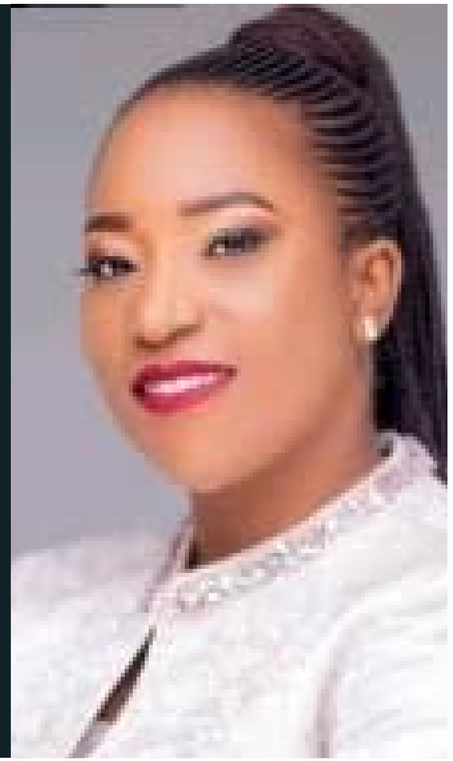
Becoming the Support System I Once Needed

In this personal reflection, Naila Chebet Koech, Mental Health Lead at Stowelink Foundation in Kenya, shares how her own experience with mental illness inspired her to become the support system she once needed for others. Following Women in Global Health Kenya's GTIL program, she transformed lived experience into action through mental health advocacy, community outreach, and mentorship, demonstrating the power of authentic leadership to reduce stigma and strengthen community well-being.

Applying GTLI to Strengthen Midwifery Leadership

"Drawing on the leadership skills and approaches I gained through the GTLI program, I am leading a project to advance gender-responsive sexual and reproductive health and rights (SRHR) in Malawi. In this role, I work with the Reproductive Health Directorate, the Nurses and Midwives Council of Malawi, civil society organizations, and other key SRHR stakeholders to develop an advocacy strategy for midwives. I am also designing and delivering leadership training to strengthen midwives' capacity, confidence, and influence, enabling them to provide high-quality, gender-responsive SRHR services that better meet the needs of women, girls, and their communities."

— Madalitso Mkata, The Association of Malawian Midwives (AMAMI)





From Routine to Revolution: How One Community Health Promoter Mobilized Youth and Discovered Her Leadership

Jecinta Mbugua is a Community Health Promoter (CHP) from Murang'a County, Kenya. Working at the household level, she provides health education, disease prevention, and maternal and child health services.

Through Women in Global Health Kenya's Community Health Promoter Leadership Program, Jecinta strengthened her leadership skills, mobilized young people, increased community participation, leveraged local resources, and deepened trust between community members and local health services.

Discovering Her Potential

The program helped her recognize her strengths and equipped her with practical skills in communication, relationship-building, networking, conflict resolution, emotional intelligence, and problem-solving.

"Before the training, I had little understanding of the fundamentals of leadership and was focused on my daily work without recognizing my own potential."

Turning Learning into Action

Jecinta quickly put those skills into practice. During the program, she developed a proposal that secured support from the Zero Youth Program, an initiative promoting financial literacy and business development for young people.

"I was able to network, and I got the opportunity to become a community coach."

She went on to mobilize and train more than 700 young people in life skills, financial literacy, and business management.

She also supported 300 participants to access financing through AG Capital and start their own businesses.

For Jecinta, leadership is about creating opportunities that extend far beyond herself.

"When you have the skills, you're able to motivate and inspire the community. This has led to improved healthcare outcomes."

A Trusted Community Leader

Today, she confidently mobilizes residents, collaborates with local leaders, facilitates community dialogues, and builds partnerships around shared goals. Reflecting on her journey, Jecinta credits the GTIL program with giving her the confidence to lead with resilience, innovation, and purpose.

"I remained positive, productive, innovative, and resilient throughout this journey."

Nigeria: Empowering the Next Generation of Women Leaders in Health

In 2025, the Women in Global Health Nigeria Chapter launched the EmpowerHER Health Fellowship, a six-month leadership program designed to strengthen the voices, visibility, and influence of women across Nigeria's health sector. From 693 applicants, 24 fellows were selected to participate in an intensive program combining leadership development, research, advocacy, digital communications, public speaking, and one-to-one mentorship.

The Fellowship achieved a 100% completion rate, with every fellow translating new knowledge into practical leadership and advocacy. Across all four learning streams—Research for Gender Equity, Social Media for Impact, Speaking for Impact, and Advocacy for Change—participants demonstrated measurable improvements in leadership confidence, research capacity, public speaking, digital advocacy, and strategic communications. Notably, all research fellows strengthened their knowledge of gender equity research methods and evidence-based advocacy, while 86% reported improved digital advocacy skills, enabling them to communicate more effectively across multiple platforms.

The program placed a strong emphasis on translating learning into action. Every fellow designed or co-led an advocacy initiative, addressing issues including maternal and child health, sexual and reproductive health and rights (SRHR), gender-based violence (GBV), mental health, non-communicable diseases, and health systems strengthening. Collectively, fellows produced 59 original publications, including journal manuscripts, policy briefs, op-eds, and blogs, generating new evidence and elevating women's voices in global health.

They also created more than 200 digital advocacy products across seven communications platforms, expanding the reach of their campaigns and increasing the visibility of women leaders in health.

By exceeding performance targets in research competencies and digital communications, the Fellowship established a growing network of women leaders who mentor others, collaborate across sectors, and influence health policy and public discourse.

Through the EmpowerHER Health Fellowship, Women in Global Health Nigeria is strengthening a new generation of women leaders equipped to drive gender-transformative change across Nigeria's health system.





From Storytelling to Maternal Health Advocacy

Dr. Siene Orogun is a physician and senior resident in Nigeria with a passion for advancing maternal health through advocacy, community engagement, and strategic communications. Since completing Women in Global Health's Communications, Advocacy, Media and Storytelling (CAMS) program, she has applied storytelling as a powerful tool to amplify women's experiences during pregnancy and childbirth and advocate for stronger maternal health services.

Drawing on the skills gained through CAMS, Siene has led maternal health awareness campaigns within her church and local community, facilitated a webinar on maternal mortality, and published an article examining the barriers preventing women in rural Rivers State from delivering in health facilities. She also participated in community outreach initiatives providing health education and essential services to pregnant women and children under five.

Within her institution, Siene has championed more equitable rotation schedules and expanded mentorship opportunities for female resident doctors, helping to foster a more inclusive environment for the next generation of women health professionals.

The program also strengthened her confidence to lead initiatives, contribute to program planning and budgeting, and mentor junior colleagues in leadership and advocacy.

"The training gave me the confidence to use storytelling as a tool for advocacy and to lead conversations that improve maternal health in my community."

Siene has also witnessed firsthand the consequences of declining development assistance. Funding cuts to a maternal health project in rural Rivers State reduced community outreach, halted training for traditional birth attendants, and diminished leadership and professional development opportunities for young women health workers.

"These cuts are quietly reversing progress in women's health and leadership in underserved communities."

India: Advancing Gender-Transformative Leadership Through Chingaari

In 2025, Women in Global Health India, in partnership with the International Center for Research on Women (ICRW), launched Chingaari, a six-month gender-transformative leadership program designed to strengthen the leadership, confidence, and advocacy skills of grassroots women health professionals. From 120 applications, 46 women leaders from 15 states and union territories were selected to participate in a comprehensive program combining an evidence-informed curriculum, residential and virtual training, expert masterclasses, mentoring, peer learning, and applied leadership practice.

The Chingaari curriculum was developed through a rigorous training needs assessment and extensive stakeholder consultation, creating an evidence-based model that can be adapted and replicated in diverse settings. Participants completed 12 structured learning and mentorship sessions, strengthening their understanding of gender, power, intersectionality, and feminist leadership while building practical skills in advocacy, facilitation, coalition building, and community engagement.



The program demonstrated measurable improvements in participants' leadership confidence, critical consciousness, and ability to challenge structural barriers within their workplaces and communities. By the end of the Fellowship, 78% of participants reported feeling confident leading in their professional roles, while 85% reported greater confidence leading in their personal lives. Participants translated learning into action by designing and implementing feminist social action campaigns addressing gender-based violence, sexual and reproductive health and rights, workplace equity, and community health.

Recognizing that sustainable change requires transforming institutions as well as individuals, Chingaari engaged 30 supervisors, colleagues, and peers in a parallel leadership program to foster more gender-responsive organizational cultures. This approach increased awareness of the structural barriers facing women health professionals while promoting more inclusive leadership practices and supportive workplace environments.

Beyond individual leadership development, the program established a national peer network connecting women health professionals across India to promote ongoing mentorship, collaboration, and collective action. Women in Global Health India also generated robust evidence through surveys, interviews, reflection workshops, and pre- and post-training assessments.

These findings informed the development of two flagship knowledge products – the Chingaari Resource Book, and the Gender Transformative Leadership Curriculum – creating one of the most comprehensive evidence bases for advancing gender-transformative leadership among grassroots women health professionals and strengthening women-led, gender-responsive health systems.



Choosing Compassion Over Convention: My Work in Palliative Care

Dr. Vibha S. P. is a specialist in community medicine who leads institution- and community-based palliative care programs in Mysuru, India. She is also a Chingaari Fellow with Women in Global Health India. Through her work, she provides compassionate care for people living with life-limiting illnesses while training healthcare professionals and strengthening home-based care through community initiatives such as Har Ghar Jeev Sevak (A Life Companion in Every Home).

Her commitment to equitable care was shaped early in her career while working in a private hospital, where patients received different standards of care based on their ability to pay. Witnessing this inequity inspired her to pursue public health and dedicate her career to underserved communities.

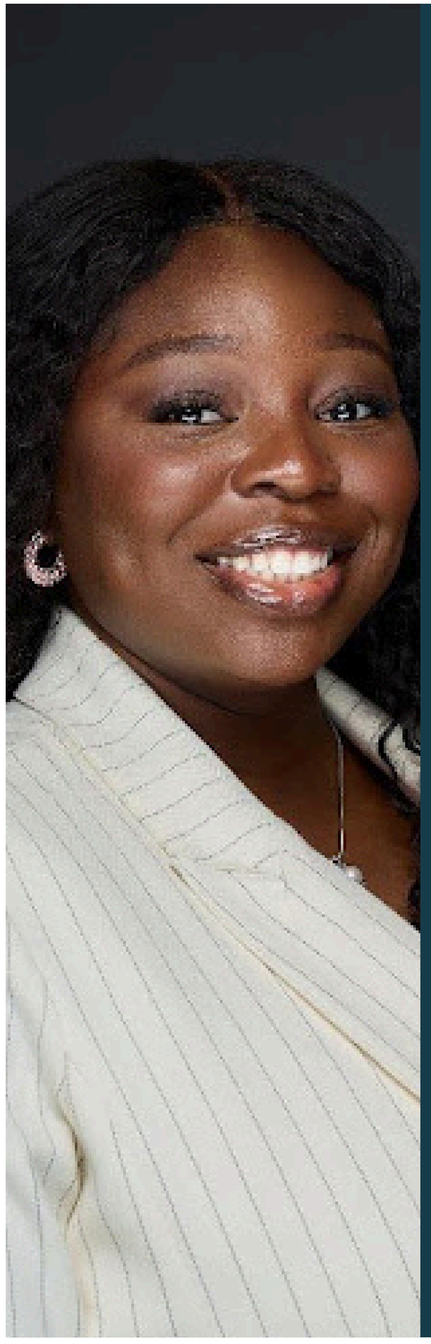
Working closely with patients and families has also exposed the gender inequalities that shape caregiving. Women are most often the primary caregivers, yet their contributions frequently go unrecognized. Dr. Vibha has also seen women denied timely access to healthcare or treated differently from male family members, highlighting the need for more gender-responsive approaches to health and palliative care.

As a young female doctor, she faced her own barriers. Her expertise was often questioned, and she was frequently mistaken for a nurse. Earning professional respect required persistence, confidence, and continually demonstrating her competence. Like many women in health, she has also navigated the ongoing challenge of balancing professional responsibilities with family expectations.

Despite these challenges, Dr. Vibha remains committed to expanding access to affordable, community-based palliative care while mentoring the next generation of health professionals. Through research, training, and grassroots engagement, she is helping strengthen a field that remains underdeveloped in India.

Reflecting on her journey, she encourages other women leaders to stay true to their values.

"Let empathy guide your work, and remember that every effort, no matter how small, can make a meaningful difference in someone's life. Keep learning, stay resilient, and never lose sight of your purpose."



Breaking Silos, Building Coalitions: How One Nigerian Woman Is Ensuring No Woman Is Left Behind

Busayo Akindolie is a global health researcher, knowledge mobilization specialist, and consultant based in Canada. With experience across Nigeria, Uganda, and Canada, she works to strengthen health systems, advance health equity, and bridge the gap between research, policy, and practice. She believes lasting progress in women's health depends on stronger collaboration across sectors, disciplines, and countries.

"What started as a single conversation evolved into a shared vision: creating a space where women working across different sectors and regions could come together, align their efforts, and amplify one another's impact."

Turning Connection into Action

Busayo's commitment to women's health began in Nigeria, where she witnessed the barriers many women face in accessing quality healthcare. The Women in Global Health Nigeria EmpowerHER Fellowship strengthened her confidence and reinforced the importance of collective leadership.

"Joining the program reminded me why I fell in love with women's leadership in the first place. It gave me the space to dream bigger, challenge myself, and find my voice."

Inspired by the fellowship, Busayo convened a virtual Women's Health Roundtable that brought together more than 50 women from different sectors and countries. The discussions evolved into an active network that fostered partnerships, collaboration, and shared advocacy.

Building Bridges Across Borders

Through the fellowship, Busayo also partnered with another fellow in Africa to design and implement a mixed-methods research project examining women's health and health systems in conflict settings. The collaboration produced evidence and recommendations grounded in women's lived experiences, demonstrating how virtual leadership programs can catalyze meaningful cross-country partnerships.

Beyond research, Busayo mentors emerging women leaders, helping them strengthen their confidence, research, and communication skills. She believes leadership is measured by the opportunities created for others.

"Rather than waiting for change, be the catalyst for it. You don't have to have everything figured out to start making an impact. What matters is the willingness to act, speak up, and show up consistently for the change you believe in."

Evidence Driving Systems Change in Ethiopia

Over the past year, Women in Global Health Ethiopia advanced its flagship initiative, Strengthening Gender Equity in Ethiopia's Health System, through a landmark landscape analysis of gender integration in the public health supply chain. Conducted with the Ministry of Health, the Ethiopian Pharmaceutical Supply Service, the Ethiopian Food and Drug Administration, and other national partners, the study identified barriers to women's leadership and gender-responsive governance, informing advocacy priorities and policy recommendations.

The chapter also expanded its advocacy through digital campaigns that reached more than 120,000 people and generated over 1,000 engagements, raising awareness of gender inequities in health leadership and promoting women leaders through the #MentionWomenInHealth campaign.

In addition, Women in Global Health Ethiopia supported the African Union Commission and Africa CDC to strengthen gender integration by helping pilot a Gender Integration Scorecard to improve accountability and advance gender-responsive governance.



Chapters
Leading Change



Across countries and regions, our chapters, partners, and allies translated advocacy into action, influencing policy, expanding leadership opportunities, and driving change in communities. The highlights below illustrate the breadth of our work and the progress being made towards more inclusive health leadership and governance.

Women in Global Health Austria facilitated a national dialogue on discrimination in healthcare, convening government leaders, health professionals, and experts to identify practical strategies for advancing equity and inclusion. Participants highlighted the need for cultural sensitivity, structural competency training, greater support for migrant health workers, and stronger institutional responses to discrimination, reinforcing the importance of system-wide action to ensure the right to health for all.

Women in Global Health Ireland hosted the two-day Empowering Women for a Healthier Europe forum, bringing together stakeholders from across Europe to develop recommendations for Ireland's upcoming EU Presidency. The meeting explored women's leadership, underserved populations, health as a human right, and youth leadership, resulting in a policy brief and call to action for the Irish government.

Women in Global Health Argentina convened the Leaders in Health 2025 Symposium in Buenos Aires, attracting more than 400 participants from government, academia, civil society, and the private sector. The symposium highlighted women's leadership as a catalyst for more equitable, people-centered health systems while strengthening regional partnerships and advocacy across Latin America.



Women in Global Health Brazil hosted its inaugural workshop, Challenges for Women in Health: From Local to Global, at the Faculty of Public Health, University of São Paulo. Leaders, researchers, and public officials examined barriers facing women in science, decision-making, and career advancement, with a focus on intersectionality and strategies to address racism, sexism, and ableism. The workshop culminated in a manifesto calling for action to advance gender equity in health.

Women in Global Health South Korea's Chief Mission Officer, Dr. Hyewon Lee, co-authored a peer-reviewed article titled, "Prenatal Dental Visits, Perceived Benefits of Oral Health, and Preterm Birth Outcome, 2009–2021," which found that women who received professional dental cleanings during pregnancy had a lower likelihood of delivering preterm, particularly among those who understood the importance of oral health during pregnancy. The Chapter also provided mentoring to early-career researchers in South Korea as they transition from bench biology to computational genomics while balancing career development with family responsibilities.

Women in Global Health Switzerland convened at the 78th World Health Assembly the side event "Time to Step Up: Gender Equity and Human Rights in Universal Health Coverage (UHC)." Welcoming more than 30 participants, the event brought together civil society leaders, policymakers, and multilateral partners to reflect on progress since Member States reaffirmed their commitment to UHC in 2023. Discussions focused on advancing gender equity and human rights within UHC, identifying opportunities for collaboration, and exploring practical actions to strengthen implementation in the face of ongoing political, economic, and environmental challenges and a growing global backlash against rights-based approaches.

Women in Global Health Spain marked its third anniversary in Barcelona with its annual event on migration, health, and gender, featuring a keynote by feminist and anti-racist activist Bombo Ndir and a multidisciplinary roundtable with experts from the health, academic, and community sectors.

The Chapter also published its 2025 policy brief, "Gender Parity and Equity in Health-Sector Leadership in Spain," which highlights the persistent structural barriers limiting women's leadership in health and sets out recommendations to advance gender equity across the sector.



The President of Women in Global Health Spain was interviewed on New Zealand television as part of the international #SeAcabó campaign, launched in response to the non-consensual kiss by former Spanish Football Federation president Luis Rubiales. The interview highlighted the importance of gender equality, women's leadership, and ending gender-based discrimination and violence.

Women in Global Health Zimbabwe members contributed to the civil society validation of Global Fund Cycle 8 inputs through the National Gender and HIV Technical Working Group's Gender and Human Rights track.

Women in Global Health Australia launched its "From Passion to Practice: Women's Paths to Gender-Related Health Careers" profiling series, showcasing the journeys of women leaders who are advancing gender equality in health. To date, the series has featured 11 inspiring women from diverse fields, including First Nations health, disability inclusion, migrant health, epidemiology, and global health leadership. Among those profiled is Ambassador Michelle O'Byrne, Australia's Ambassador for Gender Equality at the Department of Foreign Affairs and Trade, highlighting the breadth of leadership driving progress in gender and health.

Women in Global Health Zambia partnered with Buchi Main Clinic, one of the health facilities hosting a GBV One-Stop Center, during 16 Days of Activism Against Gender-Based Violence in December 2025.

Together, they conducted community awareness activities to increase understanding of GBV and promote the health and support services available to survivors.



Women in Global Health Canada, in partnership with the Canadian Association for Global Health (CAGH), convened a webinar on Gender and Economic Justice for Community Health Workers. The discussion highlighted the critical role community health workers play in strengthening equitable health systems, while emphasizing the need for fair compensation, formal recognition, and sustainable investment. Participants also underscored the importance of advancing women's leadership in the health workforce and showcased successful community-based models as examples of the transformative impact of investing in frontline health workers.



Changing the Face of Leadership in Eye Health

Clare Szalay Timbo is a global health and gender equity leader whose work with Women Leaders in Eye Health (WLEH) is to amplify women's leadership and contributions across the eye health sector.

Now based in Sierra Leone, she supports global and localized initiatives that create opportunities for mentorship, peer learning, leadership development, and collective action in the eye sector and beyond.

Her career journey has also been shaped by her involvement with Women in Global Health. In 2025, Clare was an active member of the Women in Global Health Seattle Chapter, supporting chapter leaders to organize events and foster community among women in global health. She also participated in the WGH Speakers Bureau Program, strengthening her advocacy and leadership skills.

"Women have always been leading change. Our role is to create more opportunities for women to connect, learn from one another, and influence the systems they work within."

Through WLEH, Clare has helped expand initiatives such as Women's Circles and Coffee Hours, creating spaces where women from around the world can build relationships, share experiences, and tackle challenges together. These programs have become catalysts for confidence, collaboration, and leadership growth.

For Clare, success is measured by the women who step into new opportunities, amplify others' voices, and drive change within their organizations and communities. Advancing women's leadership is not only a matter of equity, but also a strategy for building stronger and more resilient health systems. She believes that when women lead, health care becomes more inclusive, responsive, and accessible. Through her work, she is committed to supporting African and global health systems by investing in the women leaders who will shape the future of healthcare and improve outcomes for generations to come.

"Leadership is not about individual achievement. It's about creating pathways for others to thrive. When women support women, entire systems become stronger."

Empowering Women Leaders to Advance Universal Health Coverage

Through the Strengthening National Movements for Women's Leadership in Global Health initiative, Women in Global Health advanced UHC by strengthening women's leadership, advocacy, and influence across Brazil, Burkina Faso, India, Kenya, and Nigeria. Each chapter adapted the global agenda to its national context, engaging policymakers, health workers, civil society, and communities to advance more equitable health systems. Collectively, the project elevated more than 50 women leaders at global and national forums, launched eight national advocacy campaigns, and engaged over 60% of Women in Global Health chapters in coordinated advocacy and South–South learning.

In Nigeria, advocacy with the National Primary Health Care Development Agency, governors' forums, and state authorities advanced gender-responsive primary health care while promoting stronger career pathways and recognition for community health workers. In Kenya, following enactment of the Primary Health Care Act, community health promoters strengthened their leadership and advocacy skills, contributing to county-level policy dialogue on gender equity and UHC.

India produced a comprehensive landscape analysis to identify advocacy opportunities, convened national dialogues on integrating gender and sexual and reproductive health into UHC, and elevated women's voices in policy processes, including the Beijing+30 review. Brazil tackled inequities in health leadership through research, policy advocacy, and innovative communications—including a podcast series on gender and UHC and national media engagement highlighting barriers faced by women, particularly Black and transgender women. Burkina Faso combined high-level engagement with legislators on gender-responsive UHC with community-based breast and cervical cancer screening campaigns that expanded access to essential services.



Throughout the year, She Leads: Stories of Change showcased the leadership, innovation, and impact of Women in Global Health Chapters worldwide.

The series highlighted locally led efforts to advance gender-transformative health policies, strengthen women's leadership and health workforce equity, promote SRHR, address climate-related health challenges, and expand mentorship and professional development.

Chapters also demonstrated how strategic partnerships, community engagement, and policy advocacy are translating global commitments into meaningful action at local, national, and regional levels, reinforcing the collective power of women leaders to drive more equitable health systems.



Ten Years Strong: Looking Ahead to the Next Chapter

In 2025, Women in Global Health marked a decade of advancing gender equity and women's leadership in global health.

The 10th anniversary provided an opportunity to celebrate the movement's achievements and reaffirm a shared commitment to advancing gender-transformative leadership in the decade ahead.

The milestone coincided with the 80th anniversary of the United Nations and the 30th anniversary of the Beijing Declaration and Platform for Action, placing Women in Global Health's first decade within the broader global movement for gender equality and underscoring the continued need for strengthening women's leadership, gender-responsive health systems, and equitable participation in global health governance.

Under the banner #WGH10Years, the anniversary campaign combined storytelling, strategic communications, and global engagement to celebrate the movement's growth and impact.

Influencing **Policy and Global Health Governance**



Feminist Leadership at the 78th World Health Assembly

In a blog published by International Health Policies, Women in Global Health leaders from Zambia, Nigeria, and India reflected on the outcomes of the 78th World Health Assembly (WHA78), highlighting the need for feminist leadership, gender-responsive health systems, and inclusive governance amid growing geopolitical and funding challenges.

Drawing on country experiences, they called for greater investment in women health workers, stronger accountability, and increased representation of women and Global South voices in global health decision-making, reinforcing Women in Global Health's Resist, Reclaim, Rise advocacy campaign.



“The GTLI program gave me the confidence and skills to more effectively advocate for gender equality within my professional networks and workplace and to make these issues more visible in public spaces.

One example is my psychiatry teaching, where I now discuss not only gender pay disparities among health professionals but also the underrepresentation of women in leadership positions at both the national and global levels. Recognizing these inequities is the first step toward challenging them and creating meaningful change. Thank you for providing such a valuable learning experience.”

—Dr. Diana Oviedo, Senior Health Executive, Colombia

WGH Annual Gender Count: Who Leads Global Health?

At WHA78, Women in Global Health released its annual Gender Count, tracking the representation of women among Member State Chief Delegates, the highest-ranking officials representing countries in WHO's principal decision-making body. Only 50 of 188 Chief Delegates (26.6%) were women, marking the second consecutive annual decline in women's representation after a high of 32% in 2023 and underscoring persistent gender inequality in global health leadership. The findings also revealed significant regional disparities, with women from low- and middle-income countries particularly underrepresented.

Advancing Disability-Inclusive Leadership

"Drawing on the knowledge and skills I gained through the program, I have designed and implemented community-based sexual and reproductive health and rights (SRHR) initiatives that prioritize women and girls with disabilities, ensuring their voices are heard and their needs are addressed. I have also strengthened inclusive service delivery by supporting health providers to adopt disability-inclusive approaches and facilitating community dialogues that challenge stigma, discrimination, and harmful gender norms."

— Chipo Nduna, Gender Advocate/Paramedic, Zimbabwe



Universal Health Coverage 2025 Champions

As part of the 2025 Universal Health Coverage Day campaign, "Unaffordable Health Costs? We're Sick of It!" Women in Global Health proudly nominated four women who were recognized among 69 global UHC Champions. Their recognition celebrates the leadership of women in achieving UHC, health equity, and people-centered health systems in their communities.



Dr. Aicha Millogo (Burkina Faso) – General practitioner and Head of Programs and Evaluation at Women in Global Health Burkina Faso, Aicha was recognized for advancing women's leadership in health and expanding equitable access to care through community outreach and breast cancer screening.



Naila Chebet Koech (Kenya) – Public health practitioner and Mental Health Lead at Stowelink Foundation, recognized for expanding access to community-based mental health services and empowering more than 600 young people through mental health education and outreach.



Habibou Ouedraogo (Burkina Faso) – Health economist with the Clinton Health Access Initiative, recognized for strengthening UHC financing by improving support for 17,000 community health workers and digitizing public financial management across more than 100 health facilities.



Jamila Waiganjo (Kenya) – Community Health Promoter in Nairobi County, recognized for improving maternal and child health by connecting women to antenatal care and affordable health coverage through Kenya's Social Health Authority.



Integrated Primary Health Care for Women and Children

Women in Global Health published "From Sight to Smile: Integrating Oral and Eye Health into Primary Health Care for Mothers and Children," advocating for the integration of oral and eye health into maternal and child health services.

Co-authored by Dr. Hyewon Lee of Seoul National University and Clare Szalay Timbo of Make Ways Foundation Sierra Leone, the article highlights how integrated primary health care can improve prevention, early detection, and access to care.

The collaboration emerged through the Women in Global Health Speakers Bureau program.

Ending Technology-Facilitated Gender-Based Violence in Global Health

During the 16 Days of Activism Against Gender-Based Violence, Women in Global Health convened a global webinar bringing together experts from the World Health Organization, UNFPA, governments, civil society, and WGH Chapters to address the growing threat of technology-facilitated gender-based violence (TFGBV).

The discussion examined how online harassment, misinformation, doxxing, and other forms of digital abuse undermine the safety, wellbeing, and leadership of women in global health, while identifying practical strategies to strengthen digital resilience, institutional protections, and accountability.

Building on the webinar, Chapter members co-authored the article "Ending Technology-Facilitated Gender-Based Violence (TFGBV) for Gender Equity in Global Health," positioning TFGBV as both a women's rights issue and a health systems challenge.

The article calls for stronger policies, greater accountability from technology companies, improved digital safety, and increased representation of women—particularly those from the Global South—in digital health governance.



Leading Gender-Responsive Change in Health Care

Dr. Pamela Allavo is a physician and director of a public health facility in Togo. Since completing Women in Global Health's Gender Transformative Leadership Initiative (GTLI), she has embedded a gender-transformative and intersectional approach into her leadership, ensuring equity informs everyday management and decision-making.

One of her first actions was to advocate for equitable staff facilities in a newly established pediatric ward after recognizing that women had been assigned inadequate rest areas.

By highlighting the needs of female staff, including those who are breastfeeding or menstruating, she demonstrated how gender-responsive leadership can influence even routine operational decisions.

Pamela has since reviewed hospital policies through a gender lens, introduced discussions on unconscious bias, and begun mentoring junior women health professionals to support their leadership and career progression.

She has also integrated gender and equity considerations into operational planning, resource allocation, and community health promotion initiatives focused on maternal and child health.

"The training transformed not only how I lead, but how I empower others to lead."

Pamela is also witnessing the impact of declining development assistance on women in the health workforce.

Funding cuts have reduced community health programs, eliminated positions disproportionately held by women, and limited opportunities for leadership development.

"These changes are not just financial—they are systemic setbacks. We must protect the gains women have made in leadership and ensure future funding does not erase the progress of those who sustain our health systems."

Publications and Thought Leadership

A widely read Devex opinion piece, "Women Health Workers Face a Double Bind as Aid Dwindles," highlighted the disproportionate impact of declining global health funding and reduced investment in gender equality on women health workers.

It argued that women are being asked to do more with fewer resources while continuing to face systemic barriers to fair pay, career advancement, and decision-making, calling for renewed investment and a new social contract that recognizes, values, protects, supports, and invests in the health and care workforce.

The commentary, "Global Health Meets Gender Equality: Unpacking the Pandemic Agreement," examined how the WHO Pandemic Agreement can catalyze more equitable global health governance.

It emphasized integrating gender-responsive approaches throughout implementation, safeguarding essential health services, ensuring accountability for gender-related impacts during health emergencies, and creating meaningful opportunities for women and civil society to shape pandemic governance.



Building Influence, Driving Change

Clarisse Mutimukeye is Executive Director of Medical Doctors for Choice Rwanda, where she leads advocacy for sexual and reproductive health and rights, gender justice, and health systems strengthening.

Since completing the GTLI program last year, she has reinforced her leadership by embedding gender-transformative and intersectional approaches into policy advocacy, organizational programming, and stakeholder engagement.

One of her key achievements has been leading advocacy to implement Rwanda's 2024 Ministerial Order on Safe Abortion, promoting the inclusion of midwives and nurses in abortion care and challenging longstanding gender and professional hierarchies within the health system.

"The training strengthened my confidence to challenge power imbalances, engage policymakers, and design initiatives that promote equity, dignity, and inclusive leadership."

Since completing the program, Clarisse has assumed a more influential leadership role, leading policy dialogue, strategic planning, resource mobilization, and donor-funded initiatives while mentoring the next generation of women advocates.

"It has enabled me to integrate gender-transformative and intersectional approaches into our advocacy while amplifying the voices of young women, frontline providers, and marginalized communities."

Amplifying the Impact of Global Health Funding Cuts on Women Health Workers

In July 2025, Women in Global Health published What Happens to Women Health Workers When Official Development Assistance Is Cut?, bringing attention to the gendered consequences of declining international health financing. The publication connected global funding shifts to their real-world implications for women health workers, including job losses, reduced professional development opportunities, disrupted community health programs, and setbacks to women's leadership in health.

Drawing on testimonies from women health professionals across multiple countries and regions, the article highlighted how funding decisions affect not only health systems but also the livelihoods, leadership, and well-being of the women who sustain them. It reinforced WGH's advocacy for sustainable health workforce financing, gender-responsive investment, and the recognition of women health workers' contributions to equitable and resilient health systems.

The publication includes testimonies from countries including Nigeria, Togo, Malawi, Zimbabwe, and India, illustrating the effects of funding reductions across different contexts.

Read the publication: What Happens to Women Health Workers When Official Development Assistance Is Cut?

Expanding Global Reach

Women in Global Health continued to grow its digital presence, reaching a combined audience of more than 148,000 followers across LinkedIn, Instagram, Facebook, X, and Bluesky, a 10% increase over the previous year.

The organization expanded onto Bluesky to engage new audiences, while the Women in Global Health website attracted 44,000 active users across more than 60,000 sessions. The monthly newsletter reached 17,000 subscribers, maintaining an average 26% open rate.

Become a Part of the Movement

Fund the Future

Your contribution helps us expand our reach, strengthen our chapters, and sustain the movement for gender equity in health. Together, we can close the gender health gap and build a world where every woman in health can lead and thrive.

[Donate Now]

Join the Movement

Be part of a global network of changemakers working to ensure equality in health leadership. Join a WGH chapter, share your expertise, or collaborate with us on advancing policy and advocacy across borders.

[Join Us]

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OUR MISSION

Women in Global Health works to ensure that the women who deliver health are equipped, visible, and supported to lead it, connecting grassroots leadership to global decision-making.

OUR VISION

A world where health is not only delivered by women, but led by them, and where gender equity in leadership drives better health for all.



Women in Global Health

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