

# Training Female Leaders in Global Health

## Supporting female global health leaders to reduce inequality and improve the lives of women globally

### Every day, over 800 women die from preventable causes related to pregnancy

- 99% occur in low and middle-income countries.
- Less than 60% of women in Africa and Asia have skilled attendants during childbirth.
- More than 50% of African women have no access to family planning resources.

Female health providers are well-poised to change the trajectory of these poor health outcomes, but less than 25% of leadership positions in global health are held by women. Increasing the number of female global health leaders is the first step in improving health outcomes for women, children, and families globally.



Graduates of Weill Bugando School of Medicine, Tanzania



Monique Pierre, Community Health Worker in Haiti

### An Evidence-Based Intervention

Our team of female faculty at Weill Cornell Medicine Center for Global Health conducted a multi-country study of female health professionals at our five partner institutions. We found that 84% of women working in global health experienced gender-based barriers that prevented them from assuming leadership positions. These barriers are at the level of the individual (no mentor, no research training, lack of leadership skills), social networks (few female peers, no role models, family obligations) and the institution (no policies against sexual discrimination, no policies for family leave). The women in our study also proposed very simple and practical interventions to address these barriers; many solutions were common across countries and some were specific to each country. These data informed the development of this training program.

### Training a Critical Number of Female Leaders in Global Health

Weill Cornell faculty are establishing Centers of Excellence for Training Female Leaders in Global Health at our affiliated institutions in Brazil, Haiti, India, Tanzania, and the United States. Our goal is to increase the number of female leaders in global health and to improve health outcomes for women and children globally. We propose to train a cadre of twenty-five women (five at each site). Our research shows that there are gender-based barriers at the individual, social, and institutional levels that prevent women from rising to leadership positions. Training one woman in isolation does not work. It is essential to train a group of women together which serves as a mechanism of social support, and work with institutional leaders to implement policies that will allow them to advance. This training program responds to the urgent need for female leaders in global health and will serve as a model for other institutions and countries.

### How you can support women leaders!

We are seeking sponsors at a variety of levels in order to make this training program a success. Opportunities are available to support:

- Individual women
- Country programs
- The entire Female Global Health Leaders training program



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# Training Female Leaders in Global Health

## Female Leaders in Global Health Training Plan

### A Comprehensive Training Program to Move Women Up!

Our program will address the gender-based barriers at the individual, social, and institutional levels.

#### Individual Training

Each woman will be enrolled in a Masters program in clinical epidemiology and health services at Weill Cornell. In this innovative program, women receive didactic training from world-renowned faculty at Weill Cornell Medicine during intensive blocks over 2-3 years. They return to their home country in the interim periods to conduct their mentored thesis research. This allows the candidates to continue their clinical teaching and personal responsibilities in their home countries. Women will also be paired with a female faculty mentor at Weill Cornell to receive one-on-one mentorship. Formal leadership training will be conducted in-country by faculty from the Cornell Johnson College of Business as well as multi-disciplinary female leaders from their own country.

#### Social Support

We will establish peer mentorship groups as well as a network of female role models in each country. Trainees will have access to “research-enabling grants” to cover unanticipated work expenses unique to women (e.g. paying for a research assistant during maternity leave).



Dr. Jyoti Mathad and a peer support group in India

**By empowering these women with research and leadership skills, we can begin to improve health outcomes for women, children, and families globally.**

#### Institutional Training and Policies

- Sexual discrimination policies
- Gender equity training
- Family leave policies

#### Social Support

- Peer support groups
- Role model network
- Research-enabling grants

#### Individual Training

- MS Degree from Weill Cornell
- Research Mentorship
- Leadership Training

#### Institutional Training and Policies

We will continue to work with the leadership at our partner institutions to address policies that hinder the career development and promotion of women working in global health in Brazil, Haiti, India, and Tanzania. Examples include establishing sexual discrimination policies, developing country-specific gender equity training, and family friendly interventions (e.g. family leave, flexible work hours).

#### Future Directions

We will continue to mentor and collaborate with these women to track their long-term successes beyond the training program. At the completion of the program, women will have the necessary skills to rise to leadership positions at their institutions (Deans and Hospital Directors) and in their countries (Ministers of Health). With more female leaders at the highest levels, the health of women and children will be prioritized globally. Our goal is to train a critical number of female global health leaders and develop a training model that can be expanded to other countries.