

Recognition matters: only one in ten awards given to women

Receiving an award is an accolade. Awards validate and bring visibility, help attract funding, hasten career advancement, and can consolidate career accomplishments. Yet, in the fields of public health and medicine, few women receive them. Between seven public health and medicine awards from diverse countries, the chances of a woman receiving a prize was nine out of 100 since their inception (appendix).

If women encompass the majority of the clinical and public health workforce,¹ why do so few receive awards? The answers reflect gender biases in the health field and beyond. One element is the extent to which women are underrepresented in decision making in health. Only 24% of directors of global health centres at the top 50 US medical schools are women.² In the policy arena, women constitute only a quarter of health ministers globally,³ and only two of the six agency heads of the health-related UN agencies are women.

Although striving for gender equality requires long-term efforts across society, it does not preclude immediate and targeted action for women, men, and other genders. Our focus on awards within the wider context of gender discrimination is to call attention to one area that is highly visible yet largely uncontested. Some might think that as

more women enter the workforce, we should eventually see the demographic profile of awardees change. Yet during the past 10 years, only 19% of the awards from these seven awards bodies were presented to women. The Women in Focus awards announced at the Neglected Tropical Disease Summit⁴ and the Royal Society Africa Prize are a good start, but more must be done. We call on awards bodies and academic institutions to introduce four measures to redress gender bias (panel).

If we don't address gender biases in public health awards, women will remain in a Catch 22—they will not receive awards because of their lack of representation in senior and leadership positions, and their lack of awards will impede their advancement towards such posts. This matters in terms of fairness (recognising merit where it is due) and innovation (recognising creativity wherever it arises), but also in helping to ensure that future generations of health workers and leaders are able to unleash their potential, no matter who they are.

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- 1 WHO. Working for health and growth: Investing in the health workforce. Geneva: World Health Organization, 2016.
- 2 Downs JA, Reif LK, Hokeroro A, Fitzgerald DW. Increasing women in leadership in global health. *Acad Med* 2014; **89**: 1103–07.
- 3 Dhatt R, Kickbusch I, Thompson K. Act now: a call to action for gender equality in global health. *Lancet* 2017; **389**: 602.
- 4 Uniting to Combat NTDs. Leadership Award 2017. 2017. <http://unitingtocombatntds.org/leadership-award-2017> (accessed April 25, 2017).



See Online for appendix

WHO R&D Blueprint: a global coordination mechanism for R&D preparedness

A report¹ by the National Academies of Sciences, Engineering, and Medicine and the Comment in today's issue of *The Lancet* by Gerald T Keusch and colleagues² outline how to improve the speed and effectiveness of clinical trial research before and during an epidemic. The report uses key lessons learned from the Ebola epidemic in west Africa.

We at WHO welcome the report, in particular its main argument that research and development (R&D) for medical products should be an integral part of any response to public health emergencies. Moreover, most of the suggested activities mentioned in the report are already being implemented through the R&D Blueprint,³ which draws lessons from WHO's extensive experience in facilitating R&D for medical products during the Ebola outbreak. That effort resulted in the first ever effective vaccine against Ebola,⁴ clinically tested in 12 months as opposed to the 5–10 years such a process would normally take.

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Panel: Measures to redress gender bias in public health and medicine awards

- 1 Include people of all genders and from diverse backgrounds in award nomination and selection committees
- 2 Track and evaluate recruitment and publicity strategies for nominations, including adopting new approaches to diversify the pool of candidates and tracking their gender
- 3 Enhance transparency and accountability for gender equity by making public all nominations
- 4 Establish an award for gender parity of public health and medicine awards, presented annually on International Women's Day to recognise award bodies that show commitment to gender parity and equality within their nomination and award processes