Realizing Germany's leadership potential in global health: a gender equity roadmap



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In recent years, Germany has increasingly assumed a leadership role in global health, positioning itself as a key contributor to addressing health challenges worldwide. This leadership is driven by substantial investments in global health initiatives, active roles in organizations like the World Health Organization, and cutting-edge research from strong academic and technical institutions. These efforts are central to Germany's ability to advance evidence-based policies and interventions, foster innovations to tackle emerging global health threats, and promote health equity worldwide.

However, to fully realize this leadership potential, Germany must address internal challenges, particularly gender disparities in the global health research landscape. Despite progress in addressing these inequities, the disparities persist and limit the country's ability to fully harness its talent.^{3,4} In 2021, men held 77% of professor positions in global health research in Germany, illustrating the "leaky pipeline"–the decreasing proportion of women at higher career stages, despite their increasingly higher educational qualifications.^{3,5}

Research consistently shows that gender diversity in leadership improves organizational performance, employee satisfaction and innovation.^{6.7,8} Gender disparities in leadership result in lost talent, expertise, and limit the diversity of perspectives needed for innovative global health solutions.^{6,9} Hence, addressing these inequities is not just a matter of fairness but a strategic imperative for Germany to reach its potential as a global health leader.

In June 2024, the workshop Sealing the Leaky Pipeline: Gender Equity in Global Health Research Leadership, funded by the German Federal Ministry of Education and Research (BMBF) through the German Alliance for Global Health Research (GLOHRA), convened 35

female researchers at doctoral, postdoctoral and expert levels from 8 leading universities and institutions in Germany to collaboratively assess challenges and develop an action roadmap.

The action roadmap focuses on three key themes, all of which are critical to advancing gender equity in global health—a field where diverse leadership is essential for addressing complex health challenges across a variety of populations and regions, driving equitable solutions through international collaboration, and ensuring that the needs of underrepresented populations are met. These themes are: (1) fostering an equitable workplace culture, (2) reforming funding practices, and (3) building robust peer support (Fig. 1). Each theme outlines action points to promote women into leadership roles and advance gender equity in global health research in Germany. By addressing systemic challenges, including those rooted in persistent social inequities that hinder women's advancement, the roadmap aims to "seal the leaky pipeline".

Achieving gender equity in global health research leadership is crucial not just for advancing Germany's role in global health, but also for designing inclusive and effective interventions. While this roadmap offers a solid starting point, realizing its goals requires a focused effort within Germany itself. Leaders across German funding bodies, academic institutions, and health organizations—both men and women—must embrace and drive this change.

To lead, Germany must prioritize gender equity by actively promoting female leadership at all levels of global health research. This commitment should be reflected in policy frameworks, investment priorities, and the day-to-day operations of research institutions. By fostering a culture that actively supports and champions female researchers, Germany can address the critical leakages in its talent pipeline and set a global benchmark for diversity and innovation.

It is imperative that this initiative goes beyond token measures and results in meaningful, measurable changes. Regular monitoring, transparent reporting of progress, and accountability measures should be implemented to ensure that the goals of gender equity

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Comment

1. Foster an equitable workplace culture

- **1.1. Implement transparent recruitment processes** prioritizing gender diversity in leadership, with regular evaluation.
- 1.2. Set female leadership quotas for diverse decision-making until barriers are reduced.
- 1.3. Provide flexible work arrangements, comprehensive childcare, and progressive parental leave policies.
- 1.4. Expand leadership training and support networks for women, with mandate training on gender-specific challenges for all.
- **1.5. Track institutional progress using metrics** like promotions, retention after parental leave, and female leadership representation.

2. Reform funding practices

- **2.1. Capture gender equity key performance indicators (KPIs)** in grant evaluations, ensuring it is a fundamental criterion in funding decisions.
- **2.2.** Apply a gender lens in the review process and clear guidance to prevent the perpetuation of existing advantages for men.
- 2.3. Establish targeted funding for female mid- and advanced-career researchers using proven mechanisms from other disciplines."

3. Build robust peer support

- 3.1. Incentivize and expand existing formal peer support and mentorship programs.
- 3.2. Promote senior female research leaders as role models and advocates.
- 3.3. Create networks that advocate for gender equity, engaging all sexes/genders.

Fig. 1: Action roadmap to advance gender equity in global health research leadership in Germany, 2024.10

are continuously being pursued. Moreover, the success of these efforts should be celebrated and used as a model to inspire further action, both within Germany and internationally.

In conclusion, closing the gender gap in health research leadership requires more than individual efforts—it needs a collective push towards a common goal. With persistent and collaborative action, Germany can truly lead by example, making a significant impact on global health outcomes.

Contributors

HTF, HW, NM, SC, and ST conceptualized the article. HTF and NM drafted the first version of the article. BK, HTF, HW, NM, SC, ST, and YD contributed to the review and editing of the article and approved the final version

Declaration of interests

None.

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