

EPISODE 2: WOMEN IN SCIENCE

Garry Aslanyan [00:00:09] Hello and welcome to Global Health Matters podcast. I'm your host, Garry Aslanyan. In today's episode, we will be discussing the topic of women in science and global health. This year's theme for International Women's Day was Choose to challenge. This was called for celebrating women, their achievements, but also was to raise awareness and act against inequality. In science, globally, women account for only about 30 percent of researchers, that's according to UNESCO. And evidence shows that their participation is even lower at leadership and decision-making positions. Joining us today are Professor Rose Leke and Dr Roopa Dhatt. During this episode, you will also hear from Dr Soumya Swaminathan, who is currently the Chief Scientist at the World Health Organization. Our guests are no strangers to challenging the status quo of women and supporting gender equality, and they had remarkable careers in this. We will have an opportunity to hear from them about their careers, as well as we'll discuss the root causes resulting in gender inequality and strategies developed to address them. So let me introduce them. Professor Rose Leke is the Emeritus Professor of immunology and parasitology at the University of Yaoundé in Cameroon. Roopa Dhatt is a physician by training and she is also the Executive Director of Women in Global Health. It's an organization she co-founded in 2015 to improve gender equality in global health leadership. Global health is an exciting career, so we're going to start by asking both of you to tell us a little bit about your career, how you pursued this career and what has been the unexpected one thing that happened to you during that journey. Maybe we'll start with Professor Leke.

Rose Leke [00:02:32] Thank you very much, Garry. When I was little, I had a father who was a school teacher and put it in my head that I had to get into the scientific field. You can imagine in Africa in the 50s and the 60s, how many women went to school at that point. But he made me go to school. He made me, you know, just believe that I had to get into science, be an engineer, be a doctor, be an engineer. And he just kept saying that all the time and it went through to my mind. So that's I think my father. And my mother was also. My mother never went to school, and she pushed me a lot to do what she could never do because I think she saw the advantages talking with my father. So that's how I got in, did the sciences in secondary school, not all of them. Went to high school, took subjects like physics and chemistry, I had never done, and has told them at a higher level pre-university and then was able to get to university and I kept it behind my mind. It's so important, I think, parental upbringing and how they bring up the children and what they instill in their children's minds. So that kept me on going until I was able to get into university and get into science and get a Ph.D. And then, you know, because I had a long abscess when I was little, because malaria bothered me so much when I was little also. And we decided then I wanted to get into malaria research. And really that's how I got into it. And finished university, came back home and, after the Ph.D., came back home and decided to work here in Cameroon.

Garry Aslanyan [00:04:24] Thanks for that, Rose. And Roopa, what about your journey?

Roopa Dhatt [00:04:28] Garry, thank you. And Rose, after hearing about your story about your childhood, it really takes me back to my childhood. I was born in India and grew up in the early years between India and California, in the United States. And during one of my trips, while I was staying with my grandparents in the summer, I ended up becoming really sick. It

turned out to be appendicitis and the early days of the illness, there weren't many doctors around and we had to take my care into one of the larger cities in India. And it was there where a surgeon said, you know, this young girl looks very sick and we're just going to have to do exploratory surgery. And it was one of the most frightening moments. My parents were in the United States. They could not fly back for multiple reasons. And also the timing was quite an urgent surgery. And as a result of my illness, the surgery that took place and then spending a month in the wards in India, I was exposed to just help really early on. I was nine years old at that point, and as part of my recovery, I was in the hospital for about a about a month. And it was during that time I really got to know other children around me and just hear about their stories of how long they had been in the hospital, how they ended up in the hospital. And I knew that there was something about being a patient that inspired me to become a doctor. And because of that duality of growing up in a low resource setting such as India and also growing up in a high resource setting such as in the United States, I realized very early on that I wanted to work on health disparities. It made no sense to me that in the same world we could have such wide disparities and inequities and basic things such as health. My career in global health really has always navigated between these dualities of being very technically grounded in science and being a physician, but also being an advocate for health equity. The surprise in my career, is I always thought I was going to be at the surgical table performing surgeries, and now I spend more time working on policies and engaging in the UN and I wouldn't trade it for all. But you never know what inspires you and how that inspiration takes you in various curves throughout the world to where I am today.

Garry Aslanyan [00:06:51] Wow. Both of you have had quite a journey. Rose, your story about your father and the role he played, it's really amazing. And you'll hear later on that Soumya had a similar experience and Roopa, I think so many people will relate to your story and so much of our childhood and our experiences play a role in how we choose our path in science or in our careers. Rose, you are not a stranger to the topic we are having this discussion around women in science. So, as a leading woman in science, what have been your proudest moments in in your career?

Rose Leke [00:07:37] Thank you. You know, I've had some really proud moments. Some down moments, but some really proud ones. And I think the most is when I've become, I call myself a grandmother in science. You know what that means? That means I had a student that went through the master's, supervised by me, and then the doctorate supervised by me. And I was so happy when he had a doctorate. This is Professor Jude Bigoga. I have two of them Professor Jude Bigoga and Professor Rosette Megnekou. Professor Jude Bigoga is now a full professor. And then my happiest moment was when I sat on a jury where we were now having the jury for his Ph.D. student who was defending. That's what I mean by grandmother from Jude who is now a full professor and Jude's student when they were defending. I felt so proud. Jude's student and Rosette's students. Those were moments I really felt good. And I felt like, you know, we say the Nunc, you know what it means. Nunc Dimittis, now you can sing you're going away. You know that the Catholics say that, the Bible and I was like, Yes now, Lord, I'm ready to go because I have all these grandchildren, you know that are now Ph.D.s. So that's one moment, you know, a really, really high moment for me. Garry you wanted me to talk about two of them.

Garry Aslanyan [00:09:12] Please go ahead. Sure.

Rose Leke [00:09:13] Next one is when I get all these, you know, awards. I've had like you yourself said from the Kwame Nkrumah to the ASTMH to the Heroines of Health internationally. But when I got two awards locally here in Cameroon, where I was recognized by the Cameroon medical community as recognized as queen mother of the Cameroon medical community. And when the President of the Republic also recently after we did polio certification, because I chaired the African Regional Certification Commission, and the President of the Republic, I got the highest award from the country, which is the Commandeur de la Ordre de la Valeur. I think those two locally, you know, I felt it was recognition in my own country. And I think that was really it made me feel like, my goodness, I have to continue to do all that I've been doing. It was a big encouragement for me to get back to.

Garry Aslanyan [00:10:13] I'm sure you have more than two.

Rose Leke [00:10:15] You wanted two, and I gave you two.

Garry Aslanyan [00:10:19] Rose, thanks for sharing that. You embody so much of what we all should be doing, not only achieve recognition for the impact we have, but also for the impact of those we work with have in the future and leave a legacy for the next generation. That's an amazing story, Rose. Roopa, I know you're very proud of the work Women in global health does, could you tell us more about it?

Roopa Dhatt [00:10:52] As a physician that is advocating as a big aspect of what I do in my day-to-day work, I say not advocating is also a political choice. And so the first really major decision that I made that steered me in this world was around really when I became a physician and trained in internal medicine. It's very common to specialize and especially in science as a field. We are becoming super specialized and there's a lot of pride to have a niche that you work in and to decide that I would not become an infectious disease doctor, that was my interest and to not go further down that pathway of really deep international health work. It was really difficult to make that decision to say, "OK, I'm going to stay as a generalist and I'm going to see where things take me." And so that was back in 2016 where I graduated high with an internal medicine residency. And it was also just a year after I founded Women in Global Health which, for those of you tuning in that aren't aware, it's a global movement. We started off as a movement really fueled by volunteers all around the world, the majority women committed to challenging power and privilege for gender equity in health. It really was a leap of faith, but it's been one of the most rewarding journeys so far.

Garry Aslanyan [00:12:15] I really like what you just shared, Roopa. As often, we as scientists have to respond to the needs around us, and even if that means rethinking our career path. What about Rose? Did you have to make any choices? And while making those choices, some unexpected surprises came about?

Rose Leke [00:12:37] Oh, quite, quite a few, Garry. First, I just want to say, Roopa and Women in Global Health, I have such admiration for what she's doing and you know, this moving everything in place, Roopa you're great! Garry, you know I had, starting from my life, just me leaving my mother who was very sick and living with me. And when I had a master's I came back and she was staying with me. We came back here to this country and she was staying with us and I had to leave her and go on for a Ph.D. That was a very difficult decision to make for me. But I finally took the decision. We all went where the family went. And, you know, I came back and she was still there. So I was able to take care of her. The point I'm getting to, I went on for this Ph.D. and I decided at the end of it my family had come back home. I decided, I went to visit, I was now in immunology, I could do work. There was [...] and a lot of schistosomiasis. And I went to the London School. I visited a few places where I was going to go and I was like, I will do a postdoc before I get back home. I got to Geneva. I don't know if you ever heard of anybody called Dr. Barza Lato those days. you know, in TDR he was there. And Braza Lato he was from Brazil, I can't forget. And I went to see him and talk to him and he said to me, "Rose, you are not doing a postdoc. Go back to Cameroon, they need you there. And there we'll be able to get you to workshops, we'll do things for you you and so on." I felt so bad because I had gone and negotiated. I was going to go do some postdoc, which was like the thing to do. So I had to go back and I listened to him. I went back home and then I joined what Professor Ngoo had at that point. It was an institutional grant on onchocerciasis, institutional strengthening grant. I joined that and it was on Oncho. And I was so sure, I worked very hard with that, that's river blindness. We did a lot of work, published in The Lancet and so on. But to me, the choice was never going to be Oncho, I had to do work in malaria. And so the challenge was on me. How do I get back to the malaria field that I wanted to go to? Where will I get money for it? The decision then to go back to malaria, which I really wanted to do, to me was what I was supposed to do, and it turned out to be. That's where my research has gone on all of these years. And one family I'd like to talk about is my daughter. It was a tough decision. My daughter was going to have a baby. She was in Edmonton, Canada. I had [...] and she needed me. And, of course, polio that I had been working in all the while, I was the chair for the African... If I didn't go to a meeting, the meeting didn't take place. That baby wouldn't come and I had now a polio meeting I had to go to. You can imagine how hard I prayed for that baby to, now, what's the choice? Am I going to go to the meeting or just tell WHO, all the countries that were coming to that meeting, I'm going to stop them from coming because I'm here with my daughter? Or am I going to abandon my daughter alone and then go to this meeting? That kept me awake for a very long time. And finally, this baby came and I abandoned my daughter three days later. And she always reminds me of that. So me too, when we got polio certification, I reminded her, you know I got back to her and said, you see why I had to go back. And at least hopefully now you do understand. I can tell you more of those, but at least those are the few times, you know, you have which way do you go? And you have to choose one and, you know, not the other.

Roopa Dhatt [00:16:49] Garry, if I can come in, Rose just inspired me very much about the personal sacrifices. And these things are real discussions that happen with your family, with your husband, all those types of things. And I've so many times missed birthdays and weddings and it's hard because, to really know which time do you really need to be at a place. And I still feel like I don't know all the times if the decision is the best decision to go for that really critical global health issue, because there is an opportunity there to, again, influence

and impact in a way that could affect millions of lives. Just the way as Rose has explained. And on the other hand, we are humans, our lives, our time is passing, lives are passing. And so I do think that that is really critical to ground yourself. And what I find is that there are a couple of periods in my life that I say no matter what, this particular type of activity, if my parents ever need me or my husband ever needs me because of illness or health, I'm always there first. And they know that. But some of the other things they've given me a little bit more wiggle room and understanding to say that we know that you are so committed to these issues and we need people in the world to be committed in this way. So I've received a lot of support from my family. And for those that are early in their life or are still looking for partners, it's so important to have a partner that understands and respects your goals, whether they're career goals or whether they are, again, mission driven goals. And it's something that I think we take for granted, but I'm so fortunate to have support in my home no matter where I am.

Garry Aslanyan [00:18:42] Roopa, you've started the Women in Global Health, what really made you concentrate on that goal and what did you expect to achieve through it?

Roopa Dhatt [00:18:53] When we started Women in Global Health, I was one of four early career women who found ourselves looking around global health and again, seeing so many talented women, many that have mentored us, sponsored us, guided us, formed our knowledge in global health, were the technical experts. Yet looking at who was getting visibility, recognition, the most senior leadership roles, whether you pick policy or head of deans of public health and global health programmes, looking at the private sector, whichever corner of society, women were just not being recognized and in those top leadership roles. And that's what inspired us to form Women in Global Health. It was very much about bringing visibility to the issue, but more a solution-oriented conversation and a solution-oriented conversation that's based on collective action. And what I would like to see as a result of the impact of the global movement is that women from all aspects of life, all walks, all corners of this world, are really getting to shape global health as global health belongs to everyone and having people from all diverse backgrounds, generations, genders, and I can go on and on with all the intersectionality identities that come together. But we're missing out on that expertise today, and that is weakening our health systems around the world. And this pandemic has shown us already what happens when we don't have gender equal decision-making. The reason Women in Global Health was really formed was so that we have both the diverse thinking, but that leads to better global health solutions. And then I also am really excited about Women in Global Health's chapters forming all around the world. Our first one was in Germany, but shortly after our next one was in Somalia and it was again fueled by women in those countries. And it's really great to have Rose here who sponsored the Cameroon chapter, which is one of our most active. And we have about 24 chapters around the world and estimated to have 52 by the end of this year, the majority of them in LMIC settings. And it's really about seeing that there is this knowledge-sharing happening, the south-to-south exchange, but also the south knowledge going to the north. And we really do have to challenge our mindset to see that there is knowledge in every community and we can learn from this exchange. And that's one of the really exciting things about Women in Global Health.

Garry Aslanyan [00:21:28] It's so encouraging to hear about the growth of women in global health and having such an increasing international presence. I hear you were recently invited to be one of the eight NGOs to be advising the US delegation to a meeting of the UN Commission on the Status of Women. This is just further evidence to the extent of the movement you and your co-founders are creating. This is so great! I want to come back to some of the factors which enable women to become leaders and pioneers, just like both of you. Let's listen to Dr Soumya Swaminathan, the Chief Scientist at WHO, who I spoke to earlier, and she mentioned similar factors that were important in her career journey. Let's hear from Sowmya.

Soumya Swaminathan [00:22:21] Well I think that there are two things. One is that the role of mentors and people that younger aspiring researchers or scientists can look up to are people who want to be in global health. And I think it's really important that those of us who have managed to to be successful must guide and inspire the younger generation. As I said, starting from school students to college students and beyond. And the other thing that's useful, I think, is a network. As we see now, there are opportunities for women in global health to be able to interact with each other, to share experiences, to share their stories, and to share very innovative ways in which they've been able to overcome some of the social and cultural handicaps that some people have had in some countries. And that is extremely inspiring, I think. And I'm inspired when I hear these stories of young women and how they've been able to overcome the societal challenges to actually make a difference and to follow their passion. And I think that's the third message I would have.

Garry Aslanyan [00:23:40] As Soumya mentioned the importance of mentors and the role that they played in supporting her career, Rose, you're passionate about the role of mentorship and have established the Higher Women Consortium. Can you tell us how this came about?

Rose Leke [00:23:57] When I got the Kwame Nkrumah scientific award for women, one thing that they put us in the room, the women that were there then they said, go back to your country and try to see how you can get more women into science. So when I came back and I had been looking at this in the university and the research institutes, you had a lot of these women, it's like a pyramid. A lot of them at the bottom. And as you went up, at that point there were just about, maybe there were just seven percent women that were professors, about 12 percent that we associate professors. So I took a few women with me that were also senior scientists and we sat down and we wrote your TDR grant. You were looking; you were giving out \$10,000 to see how you could, so people should bring up ideas of how they could get women in science. That was a whole TDR project. What kind of project you would do with them, and so on. So we came up with this mentoring project that we put in to TDR and it was one of the nine that was accepted and we got \$10,000 from there. And so with this, we could put on two good workshops. And the idea was just a mentoring programme for this. We got these women together and we taught them the hard skills of writing grants. The idea was to let them write grants, let them put it out and try and get some money. Let them be networking. You teach them the hard skills, you give them the soft skills. And we did this together. And also in the evenings, we sat down and had a fireside conversation. And, you know, in Africa, this is very, very important to sit together around the fireside. It shows

intimacy with the people wherever they are, the older ones, the younger ones, it's an open exchange. There is trust and when the younger ones heard from us what, you know, I had this problem, these challenges, these difficulties. And they were like Professor Leke [...] I have that problem and so on. And that really inspired them. And so when they went back after the first workshop, we just saw them, the network, networking became so much, you know, on WhatsApp, different forum, and so. Then the next day, again, we could use the same one to get them to another workshop. These women just started moving out, going places I couldn't imagine after two workshops. The impact that the HIGHER Women Consortium had on these women and they are so doing it. We have one of them, because of this, I had Agnes Ntomba, who was my mentee. She was just now awarded a young talent Africa, sub-Saharan 2020 prize of the L'Oreal and UNESCO Foundation. I was watching, was it Euronews or CNN, and I saw her there. I was in South Africa and she was talking about this grant she has. And when I asked her recently, I said, just tell me because I'm going to get on this programme what the award was and, you know, what would you say about it? And she just said, those workshops and the different exchanges gave her the vision of research. Her vision was upgraded: I improved my networking; I found a new way to talk about women in science; I shared great moments with the senior researchers, and they made us understand that it is possible to be a great researcher, a mother, a wife, and that you should never give up. And that even the sky will not be a limit. This is all what Agnes wrote. So this is just to say, HIGHER Women, every year, we try now to bring them together but it's such a it's so solid by themselves and Roopa knows, from them they decided now HIGHER Women, it's mainly women in research. Now there's the outshoot, these women are now women that founded the Women in Global Health. So now they are outreaching and these women are not only in research, now they are reaching out to the communities and helping out, you should see what they're doing, they are really moving out in the outreaches in global health. So that's what I can tell you about the Higher Women Consortium. Really, really proud of how it's going. And we have mentors and you have at least four mentees for the mentors, each one. And they come to you. I guess we can talk about that later.

Garry Aslanyan [00:29:09] Tell us now. Tell us now, Rose, what is the holistic mentoring?

Rose Leke [00:29:15] Holistic mentoring is that you come in with the hard skills, we're teaching them. That is, we write the grants, you do data, you do the statistics, you do all that. You have the soft skills, your time management, being a wife, being a mother and so on. Because you know that the barriers, as you know, Garry, barriers to professional growth is also, it's biological, it's cultural, it's sociological, it's historical. So we have to do this and make sure that we're putting them all. Motherhood is important in that. Sitting by the fireside I just told you about and talking about all of this, talk about motherhood, talk about the children, talk about your home. Like I tell them when I get to my home, I leave my Ph.D. out the door and I come into my home as a wife, as a mother, and we all mentioned that to you, we talk about all of this. And my mentee can call me at any moment, Like Agnes when I called oh my head, I have a headache, what can I do? When the family has this problem. I try to help in that. It's not just research that we are mentoring on, we're mentoring them holistically, the whole person is being mentored. That's what we mean. And especially in Africa. And when we sit around, like in the farside, like I told you, we talk about everything. Everything you want to talk about, you just bringing in and the others with trust, with respect, and the others will

give you the advice. The older ones, like listening to the older ones, advising the younger ones about life in general and being a mother and being a researcher and being a wife and being somebody in society and being somebody in church and all this, whether it's religion, all of it comes together, Garry. That's what we mean by holistic mentoring.

Garry Aslanyan [00:31:18] That is great. It's quite interesting because I think the majority of people think of mentorship in a very narrow, professional way and be that for women or men, it doesn't matter. But it's not. It's considered to be maybe sometimes even not the place to go in terms of how to approach it. But it's very insightful to hear about that experience. Roopa is mentorship part of what women in global health do, or how does this resonate with some of the work you are doing globally or through your hubs in the regional hubs? Is something like this going on as well?

Roopa Dhatt [00:31:59] We very much complement existing programmes that do more of this formal type of mentoring and the formal type of training. For us, our motto is we're here to fix systems, not women, and really give them the evidence and guidance about what are those structural barriers. We use ecological models similar to how Rose was talking about there. And there are challenges and barriers at the individual level, at the interpersonal level, at the institutional level, and more at the community and society aspect. And some of those things are cultural. And so just sometimes even creating space for these conversations to happen and very candid ones. Going back to Rose's point, that model, holistic mentorship sounds fantastic, Rose, because it's exactly what our chapters are doing in a more informal way. They are being a support network. So if women are facing barriers and challenges, they know they have an entire community to come back to to support them, whether it is that they're facing violence or harassment in their workplace or if they're not getting a job opportunity, they know they have this entire community to come back to for inspiration and support. And so that's how we're doing it. Some of our chapters are creating a mentorship type of programme. So I'd say it's not in the formal way that mentoring is sometimes in a university setting, it is very much on this how do we support the journey of women in their career and personal life? And that's what they're really looking for when there is mentorship. But at the global level and at the national level, our biggest message is fix the systems, not the women, these are the policy changes we need, these are the investments we need, this is how we create an enabling environment for all genders. And that's the hardest part, is that gender equality estimates say that's going to take us 100 years before we achieve gender equality, sometimes 200. Yeah, exactly. Rose knows that these numbers go up and down every couple of years because this is an enormous uphill mountain to climb.

Rose Leke [00:34:14] And Garry may I add, you know, in our last meetings what we've done also is bring in the men. At the end of the meeting bring the husbands, bring the men. We've done that and let them come, you know, their wives are there and tell us: What are their challenges? What is it? And we did that, bring some of the husbands in and we hope to continue to do that. So at least we understand the men, the men understand us too, where we're coming from, where we're going to, and that we've done that in some of our meetings.

Roopa Dhatt [00:34:48] The intergenerational part is also really, really important Rose. I love the programme that you have in Cameroon. And when you first told me about it, said this is exactly what we need in every environment. We've lost a lot of the knowledge of some of the strongest feminist women and gender advocates that have fought a lot of these battles already decades before. Most of our fights are not new fights but old fights. And it's the fact that sometimes we just don't have that opportunity of knowledge exchange across generations on these issues of human rights and gender rights and women's rights. And so part of what Women in Global Health we try to do is really create that space where it is those senior women connecting with those early career women, and they are all in it together with a shared goal. And so it creates a different dynamic and environment. And I would say that in every environment that you're trying to have more women in medicine or in STEM, in global health to really create these intergenerational opportunities because there's so much knowledge lost if we don't create them.

Rose Leke [00:36:02] Very true. And recently, what we did, with us now we'd hire women and then we have women in global health, see, an offshoot. So it's these women and the outreach now to the community, there's a conflict, we have so many different problems here, whether it be COVID or whether it be with, and Women in Global Health now is so involved in that, Roopa, thanks to you, in that section of it. So it's not that, it's about the same people, but you see them coming together, discussing all of this, there's the mentorship, there is the outreach, women globally taking global health concerns to the younger girls. The other day we had the university to talk to university girls about global health. We did that at the University of Yaoundé 1, and it was by higher women and women in global health. But what we did for Women's Day and have a whole symposium on that. So that's the kind of way we have seen it. And that's the kind of way we are working and also going right down even to the secondary schools to get the younger ones, the younger generations too. We've had programmes where we get to the secondary schools also to talk with the younger girls, the girls say what they want to do, get them into STEM and inspire them. And you see them really happy at the end of this. So all this is happening now.

Garry Aslanyan [00:37:27] I do want to switch gears a bit now so we can also critically reflect. At times our best efforts to achieve gender equality for women can have the opposite effect and can be viewed as patronizing. Rose, how would you respond to this statement?

Rose Leke [00:37:45] That can happen. And I know there are times where even in our assembly, you know, we wanted, what, 30 percent? Women were grateful. Once in a while you hear this criticism, What are they doing there? You know, the women they can't. And you'd want women someplace. And so what I say to that, Garry, is even if they'd have to tell them what to do, let them be there for the visibility. Let's get a critical mass. Let them be there, let the younger ones see them there and look up and say, hmm, maybe I want to be there tomorrow and they will work harder and they will maybe do better than that. What I would say to that is, whatever they say, let's let them just be there. They'll have an effect on the younger population, whichever way it is. We'll take it that way. I think that's the way I would see that. I wouldn't discourage it. It's true that sometimes the women with too many places and you're like, oh, you wish they would say something, you wish they'd do something, and you may be biting your nails or whatever it is and so on, but, you know, give them the

chance and all of us will even look at that position and say, well, maybe I can get there too, and they will work harder. So that visibility is very, very, very, very important to me. And getting a critical mass already, you know, it's women moving.

Garry Aslanyan [00:39:18] It's very important to take a broader view and look at other aspects beyond just gender, such things as culture, tradition, class, educational background, race, and all of them help in the efforts to support women to advance in their careers. As we wrap up our discussion for today, let's hear from Soumya again one last time. And after that, I'd be very keen to hear from both of you what recommendations about some practical actions you would give to our audience that they can use, and especially women scientists, to achieve their dreams and passions.

Soumya Swaminathan [00:40:09] Well, I think the the first and the most important thing is to ask that question and have a gender lens on everything that you're doing, whether it's setting up a committee, whether it's setting up a new fellowship programme, whether it's a mentoring programme or whether it's a grant-making programme, to ensure that you're always in the metrics that are measuring your success, that you include the inclusion of women as well as people from low- and middle- income countries, as a very important element of that. Because I think when you talk about global hope, again, there's enough data out there, statistics to show that global health is dominated by men, particularly from the north and by people who've been educated in the global north. And so in order to shift that balance, we have to make a conscious decision. And this is where the leaders of institutions really can play a very important role. And I've seen for myself in the WHO, as well as in TDR, that this is possible to do, provided the leadership is committed to it.

Rose Leke [00:41:25] What I would say, when you start out even, it's the parents, number one. You know, when you have parents bringing up children in the African setting. You have the girl, first of all, at Christmas, you get a doll, the girl and the boy gets a tractor, right. That's the beginning. So he can start doing things like mechanic and the girl gets a doll to be a seamstress, so on. With the girl, the mother would always tell the girl, you come with me to the kitchen. And the boy can be playing football with the friends, and if the girl joins, it's like why you're not supposed to do that, you're supposed to be helping your mother. So at the level of the parents, you know, and the society, to me, what has to come is accepting this. It's evolving, it is true. It's getting better. But we're still not there. I mean, maybe there's no ideal way maybe to say this is done. But the society has to really take it up and feel like, let the women feel like what the man can do I can do with the boys. From the home itself there should be that with the parents treating the girls the same as the boys. I had to, they looked at me, my children when they were growing up, looked at me so differently than their friends. They came home and all my boys and all my girls can cook. I put them in the kitchen during the holidays and my boys were cooking. I remember one day, my oldest son, he always remembers that, his girlfriend was coming and I looked at him and said, are you cooking? And I said, yes, he's the one cooking today. And to the girls I said I hope you as a girl, you can even do better at home. Well, this was one home where her answer to me was, in my home, even my mother doesn't cook. You know, this is what the idea that we are so my mother doesn't nobody does. But I told her in my home, everybody does. So homes are different. That's why I said it comes from the parents themselves, then into society and then the girls, the women

now in their own homes, how do they act when they come home? Is it like the woman who says, Oh, I'm a Ph.D. so I don't get to the kitchen anymore, I only have somebody help. In an African society that's like coming in more and more. And women have to watch that and think that one I really get we get with the HIGHER Women. You know, if you want to be a mother, you want to be a wife, we have a traditional African society. We have gender, there are gender issues. I always said to them, it's complimentary. You know, men and women is complimentary. There are certain things in the African society the woman is doing and there's certain things the man is doing. And one, if you live in a society, you know what that society is and no matter how much you get up the ladder, you still realise. I mean, don't let them bring you down in any way at all because you're a woman. But you still realize that you live in this traditional African society, even though we try to evolve all the time, you know, make things better and better for the women, involving the men. So any strategy also should involve the men. And that's what we we also do try to do. I don't know. I'm sure Roopa has more ideas about that, especially working with Women in Global Health. But those are the points I can bring out for that you know kind of strategy is what happens and how we can make things better.

Garry Aslanyan [00:45:20] So Roopa and what are your experiences? What are the factors beyond gender that influenced women's career in science or in global health?

Roopa Dhatt [00:45:31] I'd like to step back actually even more of a bird's eye view on the matter is that when we take a look at global health and global health leadership, it is still too skewed, as I had mentioned earlier, is that it's too skewed to people from a certain background or certain racial background or certain part of the world and certain power institutions. And we're missing out on so much knowledge and expertise in the same way diversity in global health is really critical, and especially for women. In any society, there is a nexus of power and privilege. And I'd like to use the example of our India chapter, which has been really applying a power lens to their work, and especially during the COVID-19 time period, they made it a point, they hosted about 11 power leadership dialogs, really bringing women that are the most invisible women from lower castes, castes that are often considered the untouchable caste, and bringing their knowledge and expertise of responding to COVID-19 in front of policy-makers at the national level and a subnational level. And those conversations were just, how do I say it? But some of the most knowledgeable discussions taking place and the policy-makers that joined kept saying we need another one. What was meant to be, I think it started off being like a three part series, became an 11 part series, because the policy-makers themselves were like, well, these are all things that we do not know about. And imagine they're all part of the same country. And most people globally would say, well all Indians are the same, so they must understand each other and I just need that one Indian rep. But actually the realities of a certain Indian woman from a certain caste and certain region, certain language and religious group, has a completely different experience than another Indian woman. And we really want to start looking at women's leadership and women's engagement and science with this intersectionality lens.

Garry Aslanyan [00:47:33] Thank you. These are extremely interesting angles to this. And thanks for bringing them up and really enriching that way. So a final question to both of you. What one or two things our audience can do to help up-and-coming female scientists to achieve their dreams and passions, and what would you tell them? What would they need to do? Maybe Rose first.

Rose Leke [00:48:03] I always tell women that they should dream, number one, dream and dream and dream. That's always very important. Live life with a purpose and follow it. What's the purpose? You've dreamt you have the purpose. And you really are passionate about what you're doing. There's a need of a change in mindset. And we talk about this very important, the mindset also. Although whether it be globally or locally, and in the African society it's important. This getting the men and the women it's not just the men now. Involve them. To me, it is complementary. So what you're doing in dreaming, in moving ahead, change in mindset, remember the men are there, the women are there and there is a complementarity. There is a working together, that's important. So that's usually my message. And I always say to our HIGHER, to all the women and I've said that many times, that for me what you do is you shoot for the moon and if you cannot get there, you'll always be among the stars. And that's the mantra. That is the way it should be and work for excellence, everything. Excellence is so important.

Roopa Dhatt [00:49:50] I'm feeling so inspired. Shooting for the moon. That's really great. Changing the mindset is probably the most important thing we all collectively can do and start valuing our girls and women right from the beginning and making sure that everything we are doing is in a way of recognizing and valuing them. We can all imagine a different world where there is much more equity based on gender, race, geography, all the different aspects, and that benefits everyone and benefits all genders. And so really being visionary and being bold, to bring that change and bring others on board with you for that environment. And sometimes creating opportunities does mean leaning out or passing the mic, and other times it means growing the pie and being comfortable with all the different forms of transformation that are possible. And what advice I would give to early career women is stick with it, create a network around you that can support you. That network can be personal. It can be professional. It can be a mix of both. But know that everyone around you really does need to be able to support your journey. And that's where success will come from because true change happens with collective action.

Rose Leke [00:51:17] So well said Roopa.

Garry Aslanyan [00:51:19] Each of you have been playing such a key role to advance the opportunity for women in science, either through the Higher Women Consortium or through women in global health. Whether nationally or at the global level, all of your efforts are turning into real successes. As you both mentioned, it is important to never discount the gender inequities, but yet still be very cognizant of the other intersectional factors that play a very important role. I want to encourage our younger audience who are still building their careers in science to do as Rose suggested. Shoot for the moon and even if you don't reach it, you will still be among the stars. Rose, Roopa, thank you very much for sharing your own journey with us today.

Rose Leke [00:52:15] Thanks, Garry.

Roopa Dhatt [00:52:17] Thank you, Garry.

Garry Aslanyan [00:52:19] On behalf of the Global Health Matters production team, we want to thank you for listening. This conversation on women in science is definitely not yet over and we invite you to engage with us on social media. Today's show notes are available on TDR website, where you will also be able to access the latest version of the TDR Women in Science compendium, which features fifteen women sharing their inspirational stories and some words of wisdom on how to navigate a career in science. Be sure to subscribe to Global Health Matters wherever you get your podcast. If you like the episode today, feel free to give us a five star rating!

Speaker 5 [00:53:07] Global Health Matters is produced by TDR, the Special Programme for Research and Training in Tropical Diseases. Garry Aslanyan, Lindi van Niekerk and Maki Kitamura are the content producers and Obadiah George is the technical producer. This podcast was also made possible with the support of Chris Coze, Elisabetta Dessi and Izabela Suder-Dayao. The goal of Global Health Matters is to provide a forum for sharing perspectives on key issues affecting global health research. Send us your comments and suggestions to tdrpod@who.int and be sure to download and subscribe wherever you get your podcasts. Thank you for listening.