



Women Leaders in Global Health

WomenLift Health Annual Evaluation Report

June 2022

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Acronyms

CCL	Center for Creative Leadership
COVID-19	Coronavirus SARS-CoV2 of 2019
DEI	Diversity, Equity, and Inclusion
EQ	Evaluation Question
GAB	Global Advisory Board (GAB)
KII	Key Informant Interviews
WLGH	Women Leaders in Global Health

Introduction

WomenLift Health, through support from the Bill and Melinda Gates Foundation, aims to accelerate the involvement of women in global health leadership by investing in and elevating talented mid-career women to become global health leaders. WomenLift Health believes that is essential to contribute to transformative institutional and societal level change by raising awareness about the value of women’s leadership and catalyzing change through a portfolio of scaled interventions.

WomenLift Health is developing, implementing, and learning from a range of interventions that span the individual, organizational, and societal levels. At the individual level, WomenLift Health implements a Leadership Journey for mid-career women leaders in global health, with partner Center for Creative Leadership (CCL) facilitating Leadership Journey activities and linking the women to coaches. WomenLift is now beginning the third Leadership Journey cohort in the US; 2022 will see the expansion of the Leadership Journey to East Africa and India. Institutional-level interventions include leadership projects that the Leadership Journey participants (also called women leaders throughout this report) implement at their places of work, and a detailed strategy to effect institutional change in the longer term. At the societal level, WomenLift Health conducts the Women Leaders in Global Health (WLGH) conference, PowerUp workshops, elevates women leaders’ voices, and works to integrate discussion of issues of women’s leadership into broader public discourse.

Evaluation Design

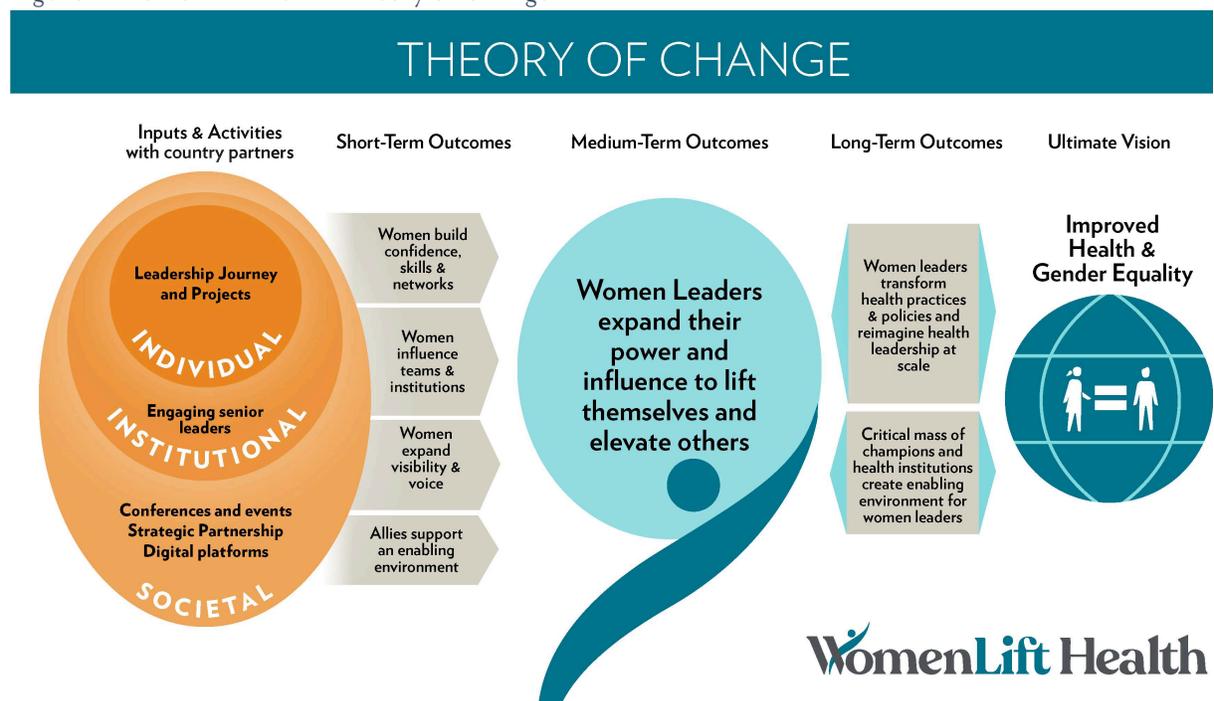
To support measuring outcomes and documenting learning, WomenLift Health has partnered with Bixal to conduct ongoing data collection, learning, and evaluation for the program. Bixal conducts annual evaluations documenting achievements, lessons learned, and recommendations in order to support WomenLift’s learning and adaptive management. This report presents the results of the 2022 annual evaluation.

This evaluation design relies on a theory-driven approach,¹ guided by the WomenLift Health Theory of Change. The Theory of Change demonstrates the pathway by which WomenLift Health aims to contribute to efforts to ensure gender equality and thus transform global health outcomes (impact), through elevating a diverse group of mid-career women to leadership positions in the global health arena; women who will then prioritize the needs of women,

¹ Breuer, E., Lee, L., De Silva, M., & Lund, C. (2015). Using theory of change to design and evaluate public health interventions: a systematic review. *Implementation Science*, 11(1), 63.

children, and communities.^{2,3,4} WomenLift Health recognizes that every woman is embedded in a complex web of individual, organizational, and cultural relationships which requires catalyzing change at the societal, organizational, group, and individual level. Interventions must happen through a critical mass of change-agents who lead country-owned efforts that support and promote women’s leadership. The Theory of Change (Figure 1) illustrates how WomenLift Health expects inputs and activities will lead to observable outcomes in the short- (within 1-2 years), medium- (3-4 years) and long- (5-10 years) term. Routine program monitoring allows tracks whether the initiative is meeting its short-term outcomes while this evaluation gauges the medium and ultimately longer-term outcomes that will lead to impact. The evaluation explores the relationships between activities, the overall cohesion of the program, and how these influence progress toward WomenLift Health outcomes.

Figure 1: WomenLift Health Theory of Change



The following three overall evaluation questions (EQs) are linked to WomenLift’s pillars of change at the individual, institutional, and societal levels:



EQ1: To what extent has the leadership journey training led to key leadership outcomes? (Individual Level)

a. Which elements of the journey have been most impactful?

² “Where Are the Women in Social Science Research?,” Hindustan Times, August 3, 2018, <https://www.hindustantimes.com/analysis/where-are-the-women-in-social-science-research/story-8U144vxdCi88Kip9fAH8ZK.html>.

³ Virginia Gewin, “Why Diversity Helps to Produce Stronger Research,” *Nature*, November 13, 2018, <https://doi.org/10.1038/d41586-018-07415-9>.

⁴ Dominique A. Potvin et al., “Diversity Begets Diversity: A Global Perspective on Gender Equality in Scientific Society Leadership,” *PLOS ONE* 13, no. 5 (May 30, 2018): e0197280, <https://doi.org/10.1371/journal.pone.0197280>.



EQ2: How have WomenLift Health alumni and the WomenLift Health strategy influenced organizations to create a more enabling environment for women leaders? (Institutional Level)



EQ3: How has overall WomenLift Health strategy contributed to the advancement of women leaders in the targeted countries/regions, including their visibility and their influence on health policy? (Societal Level)

Methodology

The evaluation team collected data from February 25-March 30, 2022, following completion (also known as Liftoff) of the second US cohort and prior to the launch of the third US cohort and first India and East Africa cohorts. This annual evaluation utilized the following methods:

Key Informant Interviews: The evaluation team conducted 25 key informant interviews (KII) with program stakeholders. Table I details interviews by stakeholder type. The evaluation team, with support from WomenLift Health, used a combination of purposive and random sampling based on stakeholder type. The evaluation team purposively selected WomenLift Health, CCL and other program partner staff based on those who had been most involved in WomenLift’s strategy, program design, and implementation to date. The evaluation team used stratified random sampling to invite women leaders for interviews, first stratifying women by sector (non-profit, private, philanthropy, academia, and government) and then randomly sampling one woman from each sector and each cohort. The evaluation team targeted mentors and coaches who had not participated in interviews last year. The evaluation team, in consultation with WomenLift, did not interview the Global Advisory Board due to other program demands on the board’s time; instead, the evaluation team reviewed board documents. Interviews reached saturation, the point at which few or no new themes are brought up by each additional key informant. Annex I contains a full list of key informants.

Table I: 2022 Key Informant Interview Sample

Stakeholder Type	Total
WomenLift Health Staff	8
CCL Trainers	2
Women Leaders Cohort 1	4
Women Leaders Cohort 2	5
Mentors	1
Coaches	3
WomenLift Partners	2
Total	25

Survey: The evaluation team sent out an online survey to all the women in the three US cohorts. The survey consisted of questions about women’s career progression, influence within their organization, external networking, and overall feedback on the Leadership Journey and will inform both this evaluation report and WomenLift’s monitoring indicators. Table 2 below outlines the response rate, which was high for Cohorts 2 and 3 but low for Cohort 1. We conducted baseline data for the first India cohort in April 2022, and will conduct the East Africa baseline survey in May 2022.

Starting in 2022, the evaluation team used individualized links to collect data so that in subsequent years we can track individual changes over time

Table 2: 2022 Survey Response Rate

US Cohort	Responses	Cohort Size	Response Rate
Cohort 1	7	23	30%
Cohort 2	22	27	81%
Cohort 3	27	30	90%

and analyze trends among those who have responded to the survey each year.

Program Data Analysis and Documents: The evaluation team had access to data from women participants' 360 assessments (assessments they and several of their colleagues completed at the beginning of the Leadership Journey regarding the women leaders' leadership styles) and feedback on the Touchpoint sessions. The evaluation team coded qualitative feedback from the feedback sessions, triangulating these findings with the more detailed feedback in interviews. In addition, we include quantitative results from both sources where applicable. Data from a participant survey from the Women Leaders in Global Health (WLGH) conference, which Bixal collected following the 2020 and 2021 conferences, are also included. In addition, the evaluation team reference program documents where relevant.

Direct Observation: Representatives from Bixal attended a sample of virtual Learning and Application Touchpoints as well as WLGH. They documented feedback and lessons learned that came through during these sessions, and the Touchpoint observations also provided valuable background on how the program is implemented. Relevant lessons learned from direct observation are included throughout where relevant, in triangulation with data from interviews, surveys, and feedback forms.

Analysis

The evaluation team conducted a multi-stage review of the qualitative data. In the first stage, the team reviewed all the qualitative transcripts, creating a draft code list of all possible codes – organized by EQ—to include in the codebook. The team then streamlined this list into a codebook. The evaluation team next undertook an inter-rater reliability exercise, where we applied the codebook to the same three interviews, meeting afterwards to compare results, clarify code meanings, and update the codebook based on findings. In the second stage, we coded the data using Atlas.ti qualitative coding software. The evaluation team then used this dataset to identify the most common themes, areas of agreement and disagreement, and trends by stakeholder.

The evaluation team analyzed survey data in Stata, looking at trends since last year, overall distributions of answers, and disaggregation by sector, job seniority, and race. Because of the small sample size, most differences between groups were not statistically significant.

The evaluation team analyzed program data in Excel, looking for differences between respondent types and between categories in the 360 data and for changes over time and between categories in the Touchpoint feedback data.

The evaluation team then entered these data into a Findings, Conclusions, and Recommendations matrix, structured by EQ, to organize results and triangulate different data sources, including external literature and data from the 2021 evaluation, to draw conclusions. The evaluation team validated preliminary findings and recommendations with WomenLift in a presentation. In this report, we present findings themes for each evaluation question followed by a conclusion for the EQ.

Limitations

As with any evaluation, methods were subject to limitations which are summarized in Table 3 below. The evaluation team took measures to mitigate the effect each limitation had on the validity of the data presented in the result.

Table 3: Limitations and mitigations strategies for the evaluation

Limitation	Mitigation
<p>Response bias: Most of the primary data collected are based on people’s individual observations, which may have meant that some data were less objective.</p>	<p>To the extent possible, this report triangulates each data source with additional sources, particularly the external literature and program data from other points in time. These capture more systematic data on obstacles at the organizational and societal level and provide an additional data point for program feedback.</p>
<p>Cohort 1 response rate: Only 7 women from the first cohort responded to the survey. Some attrition is expected when women are finish the program, but it is also likely that the women most willing to continue responding to the survey may also be more involved with WomenLift alumnae activities, more active networkers, or differ from the average in other ways.</p>	<p>While we present the survey data from Cohort 1 here where relevant, we discuss results in light of the response rate and generally changes from last year should be treated with caution. We triangulate results with qualitative data from interviews this year and last year to confirm the extent to which data might be representative. To increase response rates in future years, we have discussed with WomenLift the possibility of tying the survey to alumnae events. To mitigate the effect of response bias on analysis in future years, we began longitudinally tracking responses this year.</p>
<p>360 data: The survey was intended to capture changes in key metrics from the 360 assessment women took at the beginning of the Leadership Journey. Due to an error in the survey skip logic, the main survey did not capture these data. In addition, the survey 360 questions (which will only be a self-assessment for alumnae) use an updated version of the assessment, so most of the metrics will not be directly comparable to the 360s for the women in the first two US cohorts.</p>	<p>The post-event survey from an April alumnae event included the missed questions, so data were available in time for this report. While most of the metrics will not show change over time this year, the program does not expect to make significant updates to the 360 going forward, so the 2022 measurements enable tracking change in future years.</p>

Survey Demographics

This section outlines descriptive information about the survey respondents. Table 4 shows the race and ethnic makeup of the sample.

Because all the respondents are mid-career women, most of the other descriptive information focuses on their professional status rather than traditional demographic information. Below, most of the respondents work for non-profit organizations, while smaller numbers work in academia, government, multilaterals, private sector, and philanthropic organizations (Figure 1). These proportions are in alignment with the overall distribution of the Leadership Journey; because of the small sample size for Cohort 1 respondents, these differences are more exaggerated.

Table 4: Survey respondents by race/ethnicity

Race/Ethnicity	
Asian or Pacific Islander	7
Black or African American	8
Hispanic or Latina	4
White or Caucasian	32
A race/ethnicity not listed here	2
More than one race or ethnicity	3
Did not respond	1
n	57

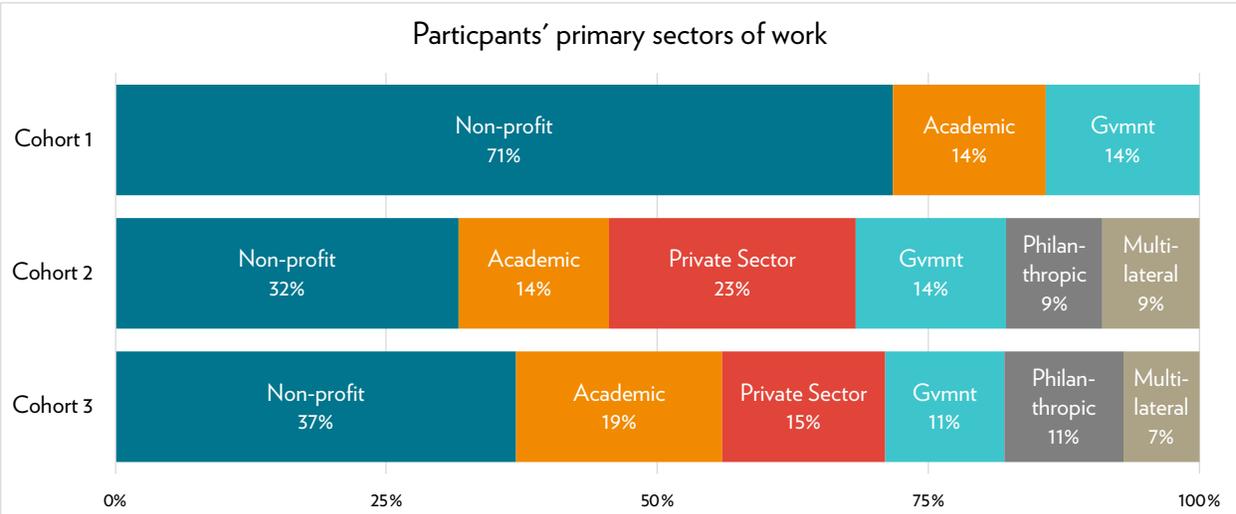


Figure 1: Survey respondent sectors

The incoming cohort have relatively senior positions within their organizations; nearly half of respondents were at the Director or Executive level, and most of the rest have senior technical or academic roles. Those who chose the “other” category were consultants or had management job titles that did not fit neatly into the existing categories. Twenty-two of the respondents reported having budgetary authority, overseeing an average portfolio of \$5.9 million. Eighty-nine percent of the Cohort 3 respondents reported having direct reports, overseeing an average of 3.8 people directly and an average total of 19 people when including their whole team (and not just direct reports).



EQ1: To what extent has the leadership journey training led to key leadership outcomes? (Individual Level)

Findings

This section describes the key findings related to evaluation question 1, which focused on outcomes at the individual level.

Peer Connections: Women leaders and Leadership Journey implementers alike agreed that one of the main outcomes from the Leadership Journey were the strong connections that grew between women leaders. Women spoke about this as a core outcome; they valued the support network that peers gave them, and the safe space to discuss challenges they faced at work or in their personal lives, or social justice and DEI. One Leadership Journey implementer observed that this was similar between both cohorts: “Both of the cohorts appear very intimately and closely connected with each other. That did not shift – we were able to create a network of peers. Individually both sets of cohorts had to deal with the pandemic, social justice and their place in that. Both had strong conversations around the system and changing it and the access there.”



The peers, the cohort itself – to meet other women and see yourself differently through them. Peer touchpoints, peer mentoring, the WhatsApp group; everything is framed by that, the peer network is the most long-lasting. ... You see you are in a cohort of amazing women and that must mean something about you – all of us in our careers, as you move towards leadership positions, it’s a pyramid and it can get competitive. It’s harder to find that support at your organization, so it’s nice to find that support outside of it.”

–Woman Leader Cohort 2

One alumna explained that the first cohort continues to connect to each other, including to link each other to opportunities: “It continues to be the WhatsApp group where we support each other and keep in contact. That’s the highest value thing with keeping connection. It used to be a lot of vulnerable sharing during the journey, and now its job promotion and job ads, etc.”

Voice and confidence: Women spoke about voice and confidence as being intertwined; the Leadership Journey helped them feel more confident, and they used this confidence to express themselves more boldly on issues they thought were important. One woman described how she felt the Leadership Journey helped her to express herself more consistently at work:

“[My early career] was a terrible experience and what I learned from that is don’t engage because it causes problems. This [Leadership Journey] helped me find a voice again and make myself heard. The tone and the way the message is delivered—I think I tend to get bristles about differences in the way men and women are perceived, even if

giving the same message. I've been learning from the program how to be a little less affected by that and proceed."

Another spoke about how the Leadership Journey helped her to speak out specific issues at work.

"I think it has helped me become more influential. I probably didn't need much of a nudge, but there are situations regarding gender equity that I've become more vocal about. Sometime last year, I reached out to

the leadership to think differently about the impact of the pandemic on women with young families. We ended

up having a dedicated meeting and there was back and forth. I'm not sure I would've done that – reached out to the leadership and thinking about making sure certain people have a voice if I hadn't been in the program."



It allowed me to express myself more. Before, I could pull aside a colleague to bring up my ideas. I'm more confident and found a voice to speak up in meetings now about my concerns and ideas."

—Woman Leader, Cohort 2

Women are using the voice and confidence they build through the Leadership Journey to make a difference where they work.

At the onset of the Leadership Journey, women take a 360 assessment where they rate themselves and nominate colleagues to rate them along the same leadership characteristics on a scale of 1-5 (1="To a very little extent", 5="To a very great extent"). As with the first cohort, women in the second cohort rated themselves less favorably than their supervisors and peers, except for Adapts to Diverse Cultures and Work-Life Integration (Figure 2).⁵ The gap was largest for Executive Image. One woman described how the assessment helped her feel more confident, and caused her to then act more confidently: "With the 360, I consistently ranked myself under how everyone else ranked me. The one that was most striking was the global mindset. I thought it was something where I had to grow more, but I was more steeped in that than I thought I was. It made me more confident in giving advice..." One coach summarized, "Some of it is seeing themselves differently, how others see them. The 360 is very powerful for them because they get positive and strong messages of recognition and appreciation. Holding up a mirror so they can see their gifts, allow them to see how others see them from different angles. As coaches, we facilitate that quite a bit in safe space."

⁵ For two of the categories, Problems with Interpersonal Relationships and Difficulty Changing, lower scores are more favorable.

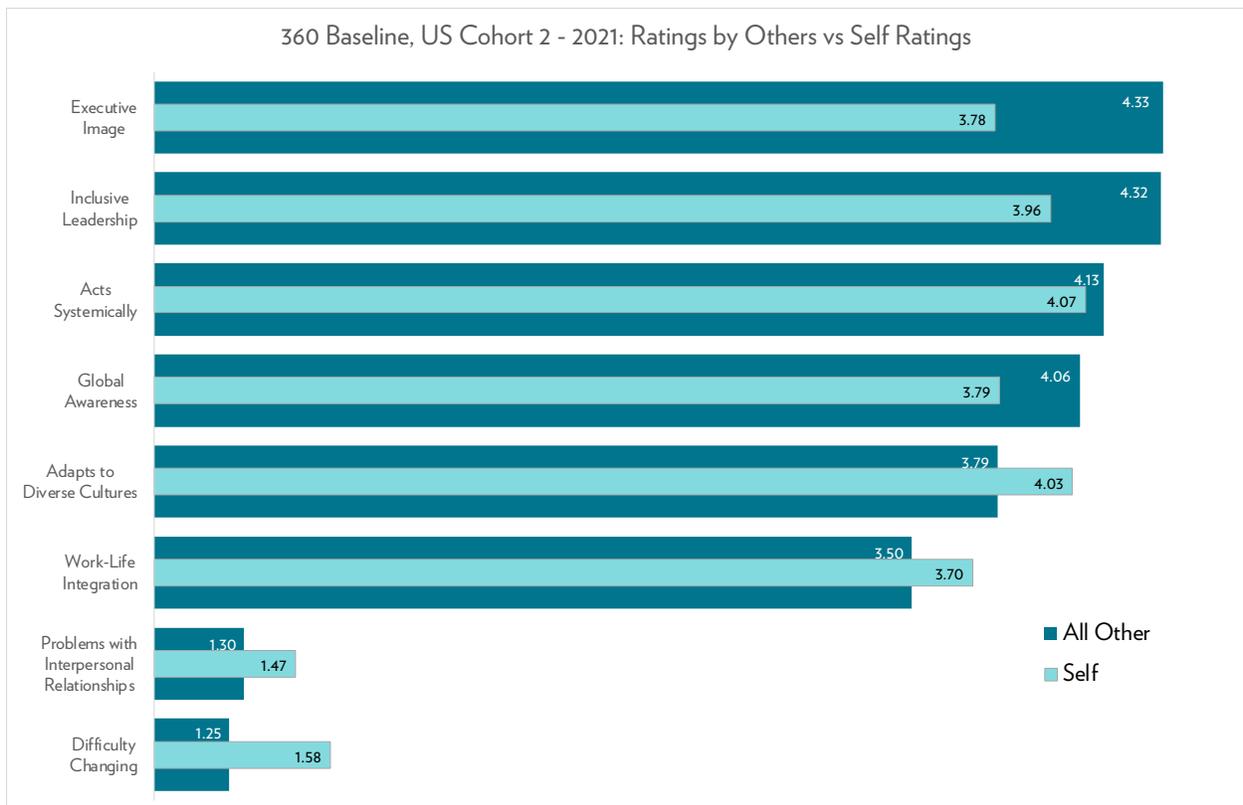


Figure 2: 360 Baseline, US Cohort 2

Self-awareness and deliberate action: Women spoke about how the Leadership Journey increased their self-awareness, and that this spurred them to become more deliberate and strategic in their work. That included being more intentional about their priorities and how to spend their time. One woman explained,

“Before I started the program, I was going into a leadership position that I hadn't had before and the same [transition was happening] with my professional societies. Life is busy and so I was ...looking to the next task and fighting fires. The WomenLift Journey took me off that hamster wheel for a second to look at what I'm doing, my vision, how I'm showing up to everything to make it cohesive and thoughtful – less frantic on the best days and more thoughtful and planned and organized.”

Women also described self-awareness and deliberation in terms of embracing boundaries and delegation:

“It helped me be more deliberate about why I do certain things. Also being more strategic about what I should do and what I shouldn't do. My coach said you need to pay attention to the outcome of what you're doing, you can't give 100% to everything. Are you spending 5 hours on something that will be forgotten in 2 months?”

One coach observed that this can help women be more effective and more at peace in their work:

“It can show them their priorities, and then figuring out what they want to do from there. There’s a tremendous release there in letting go of the things they cannot control. That has provided a lot of lessons about saving energy in some ways and direct it more effectively towards others. Another thing was boundaries – what do they look like, what do they feel like? That was also very important.”

2022 Self-Assessments: Between the first and second cohorts, WomenLift substantially revised the Learning Touchpoint curriculum to improve its relevance and the way each competency built on the last. With those adaptations tested and solidified, the program now has a new 360 assessment that focuses on the capabilities and traits most relevant to the Leadership Journey. Many of the capabilities are new, and together represent a new way of measuring and conceptualizing leadership. We asked women from the first two US cohorts to self-rate themselves on a selection of the items from the revised 360, which were on the same five-point scale as the initial 360. These scores are not directly comparable to the baseline 360 assessments, and most of the items in the assessments are substantially different, though we will be able to track change over time in future years.

Overall, women’s average self-ratings ranged from 3.5-4.2, with the lowest overall for “Confidence and Courage” and the highest for “Leadership Presence” (Table 5). Within Confidence and Courage, the item “Navigates opposition and institutional power dynamics effectively,” which Cohort 1 rated an average of 3.0 and Cohort 2 rated an average of 3.5, drove the relatively lower scores of that category. Within Leadership Presence, “Inspires others through their passion for the work” was particularly highly rates, with women in Cohort 1 rating themselves 4.5 on average and women in Cohort 2 rating themselves 4.1.

Table 5: 2022 360 Self-Assessment Results for US Cohorts 1 & 2

360 Self-Assessment Results-2022	Cohort 1	Cohort 2
Leadership Identity	4.1	4.0
Relationship Building	4.0	4.0
Developing Others	4.0	3.9
Confidence & Courage	3.5	3.9
Ecosystem Mindset	4.0	3.7
Leadership Agility	4.0	3.9
Resilience	3.8	3.8
Leadership Presence	4.2	3.9
N	14	21

Conclusions

Women’s leadership skills are growing through the Leadership Journey. One of the most immediate, concrete outcomes has been the growth of peer support networks, which provide women with a safe space to discuss both professional and personal issues. In addition, women are using the tools they have gotten through the Leadership Journey to not just increase confidence and self-awareness, but also to use these skills and voice to push for change and change how they prioritize at work.

Though the alumnae 360 self-assessment results are just one data point, they suggest that women leaders may need additional support in figuring out how to effectively navigate conflict at their organizations. This fits with WomenLift Health’s plan to more strongly integrate conflict management into the 2022 Leadership Journeys.

EQ1-A: Which elements of the journey have been most impactful?

Findings

Coaching: Most women appreciated the one-on-one executive coaching the program provides because it gave them individualized tools, feedback and accountability for specific issues they were facing. One explained, “the coaching has been good, talking through the results of the assessment. She helped me with imposter syndrome, talking about my struggles ...to [take on] more responsibility. ... She gave me practical resources of when to delegate and when not to.”

Cadence continues to be an issue, with women and coaches noting that the length of time between sessions could be difficult to navigate. One woman in Cohort 2 said, “The coaching was structured around the goals I had, but I wished there were more coaching sessions. They were so far apart and I lost that connection with her.” This was also a common theme in WomenLift’s regular checkpoint feedback, where women frequently made suggestions along the lines of, “More frequency - not enough! I am sure everyone says this, but so much can happen in between sessions and to have continuity, more frequency, e.g., 1 [per] month would be more impactful.” The frequency of coaching—women have four sessions spread out over the Journey—has been limited by the program’s budget, though women have the option to have additional sessions with their coaches financed through professional development funds or through personal resources.

A few noted that the coaching wasn’t as focused or deep as they would have liked:

“The coaching was not as useful as I thought in part because it was not as defined and fairly infrequent – no, I think it was more because it was undefined. I’ve had coaching before at the same frequency, here it seems the goals were not as clear. Sometimes we discussed our 360 which was very useful to discuss with a coach but that time was pulled in different directions. You could do coaching or review the materials. Either do one or the other, otherwise I would suggest to increase the frequency.”

Another woman said, “it was difficult to come in with a clear objective at the first session and I don’t think I’m the only one. What’s the line of what’s relevant in the moment versus the bigger picture and I don’t think I figured it out.”

Several alumna reported continuing to meet with their coaches, demonstrating the ongoing value they found in those relationships.

Mentoring: Women valued the small group environments of the mentoring groups and the opportunity to connect further with their peers as well as the mentor. “Having a subgroup of five was extremely powerful. Sometimes chatting with the larger group over the WhatsApp group is daunting while group of five is [less so]. My mentor [had to cancel] one day and we decided to meet without her and it was the best one.” Mentors also thought the group environment was productive:



Our mentor was amazing and allowed the conversation to flow organically. It allowed experiential learning and I felt heard by both my peers and the mentor.”

—Woman Leader, Cohort 2

“The group is good for a check-in and serves as an accountability mechanism for everyone. A way to reflect how far you’ve gone. I like the group sessions - maybe one at the beginning and one at the second half of the year, and then have individual sessions in the middle. [I offered individual sessions,] but not everyone took me up on that.”

Though women valued the group mentoring, they were also interested in one-on-one mentoring. Some mentors did meet with the women leaders individually, which the women valued for providing more individualized attention and advice. As with coaching, women often requested more frequent mentoring meetings.

Mentors were appreciative of the guidance they received from WomenLift on how to facilitate the groups. Coaches and mentors both noted that more interaction (between coaches and mentors) would be helpful. While they noted that this could raise issues of confidentiality, they also saw value in being able to discuss and coordinate more, particularly when women were facing especially difficult issues.

For Cohort 2, the program intended that mentoring groups would be an opportunity for women leaders and their mentors to check-in on Leadership Project progress. In general, mentoring groups did not discuss the Leadership Projects; instead, as described above, the mentoring groups tended to organically discuss whichever issues women leaders found important in their professional and personal lives at the time.

Touchpoints: The Leadership Journey flow and focus was substantially updated since last year. This update included structuring the curriculum around the pillars of Authentic, Inclusive, Strategic and Impactful Leadership; increasing the amount of time for peer interaction during touchpoints; and updating individual sessions based on lessons learned from the first year. This year, women saw the learning and application touchpoints as a unique part of the Leadership Journey that brought everything together:



[Learning Touchpoints] were helpful to have different themed areas for us to think about. Those were really helpful to get food for thought over the year.”

—Woman Leader, Cohort 2

“I think the most valuable is the touchpoints. When I got accepted, my perception of the program was totally different than what it ended up being and the program allowed me to reflect on different issues/topics that I wouldn’t have spent 3-4 hours per month contemplating otherwise.”

Another said, “the touchpoints were unique- I don't think I've seen [something like them] elsewhere.” In feedback surveys, women called out the value of practical exercises and having longer periods of time with relatively small groups to discuss.

As with past years, too little time was a constraint. One woman noted,

“The touchpoints were great, but always felt rushed and we couldn’t deviate from the topic at hand. Discussions were two minutes - you can’t get to know anyone or get in the details. ...We were all struggling with time but I would say that maybe reduce the number of activities and maybe build one activity. There are several breakout sessions in a touchpoint. Maybe have one activity and one breakout session rather than breaking out to different people each time.”

Women Leaders emphasized the importance of using the time in small groups to form deep connections, and preferred longer periods with fewer people.

Leadership Projects: A key part of the leadership journey is each woman’s leadership project. The broad categories and number of projects completed by category are illustrated in **Error! Reference source not found.** Women described how the Leadership Project spurred or supported them to get things done that they may have otherwise struggled with. Some valued the tools and motivation they got for their projects:

“Scoping contributed to successful parts. There was good guidance to make sure it was achievable and within my power to do. I had an opportunity there and ready, but there are so many other things you could have tried to do that would have been way too big for me to bite off, and other things that would have happened with or without WomenLift Health, but this seemed like something that was manageable and that would not have happened without a push from WomenLift.”

Examples of how these projects are making institutional and societal change are detailed in EQs



Figure 3: Leadership Project Distribution for Cohorts 1 and 2

2 and 3.

Others credited their project’s success with the profile that program participation brought them: “It was political. My co-lead for this project in development and implementation had to abruptly leave the institution. ... All of a sudden, it landed on me. ... It was a struggle to figure out who should lead it and if it’s me, what resources will I need? I was thinking, I don’t need to take it on and I’d tell WomenLift Health that the project imploded. That itself was leverage to take to my organization. They said they would support me in the program” because of the commitment to her participation in the Leadership Journey.

Women said they wanted more guidance on the Leadership Projects, including a better understanding of how much work would be involved, what kind of projects were appropriate, and more accountability from WomenLift for making progress on their projects. Some also felt that this part of the Journey was not as well connected as the rest. One noted that what she would most like to see changed was,

“getting a sense of others’ Leadership Projects and what they are doing. I was struggling with some things and didn’t hear about anyone else’s until the presentation last month and I’ve connected with some of them since. Having that before while I was going through the issues would’ve been helpful.”

Another noted she “felt there was a disconnect between the Leadership Journey and the three other components. I couldn’t connect the dots and there wasn’t a natural flow. ...I needed better integration of those things.

Some identified challenges with organization buy-in or engagement with their Leadership Projects. A coach noted, “One leader said, “I could do this project, I could do it well, but I haven’t even brought it up to my boss because they might think I’m trying to usurp their power.” A woman leader suggested,

“I don’t know if the program as part of its course could push on at least one supervisor for each cohort member to explicitly say what they are planning to do to support the Leadership Journey I feel like it’s a little bit of a passive experience [for supervisors] until the invitation to the Liftoff. But I think we need to have more engagement from them to have the authority and the autonomy to push our Leadership Projects forward.”

While most women completed their Leadership Projects, a few struggled. One mentor noted that the obstacles women had to completing the Leadership Project was “time, relationship to their day job. The closer to their day job, the easier it was to complete.” Some women had Leadership Projects that were already something they were expected to accomplish at work, while others took on projects that were far outside their regular jobs. A WomenLift staff member concurred that the Leadership Project “needs to be more structured with intentional support than what we had. Giving them feedback and deepening the specifics of their Leadership Project, being as clear as possible about the deliverables, do they know how to create all the deliverables we’re making.”

Program Adaptations

WomenLift has made a number of adaptations for the cohorts starting in 2022 based on lessons learned in 2021 and in preparation for Country Hub expansion. Significant adaptations not already outlined include:

JourneyPLUS: WomenLift introduced a series of sessions for each Leadership Journey called “JourneyPLUS.” These are four optional sessions open to current Leadership Journey participants that fill gaps identified during the first year. These include a storytelling workshop, two peer coaching sessions, and a male allies panel. The storytelling workshop is intended to accelerate women’s bonding through capacitating and encouraging them to tell their own stories to each other; a WomenLift alumna facilitates the workshop, so it also facilitates cross-cohort connections and alumnae engagement. The male allies panel addresses a noted gap in male engagement. WomenLift focuses on building women leaders, but women cannot make transformational change without male allies; the panel will introduce that dialogue. Peer coaching again builds connections between women and entrenches leadership skills.

Return to Hybrid: The planned in-person immersions at the beginning and end of the Leadership Journey were interrupted due to COVID-19. In 2022, WomenLift will re-introduce these for the US cohort. Women noted that increased mobility may also prove a challenge over the year as more women leaders travel for work again: “My experience was great because I didn't have to spend 50% of my time in the field. ... Now that COVID is going away and we’re resuming a different normal, it will depend. In order to do reflection and be introspective, you have to be in a state of mind to receive that, but if you are exhausted [from travel] it’s difficult.”

Country Hub Adaptations: The India and East Africa Country Hubs are in the process of beginning Leadership Journeys. The major focus since 2021 has been on recruiting Country Hub teams, establishing WomenLift’s presence and seeking partnerships, and adapting the Leadership Journey for launch in 2022. Overall, WomenLift staff reported that the Leadership Journey content did not shift significantly and that most changes related to wording. Some pointed out areas for growth like needing to expand networks in Uganda and Rwanda to attract a balanced East Africa cohort. However, “the content is resonating so far

Alumnae Network: Women from the first cohort continuing to actively interact with each other. In both KIIs and the survey, all of the women we spoke to said that they had continued to have interaction with other members of their cohort. In interviews, women said that they continued to discuss career growth (e.g. job opportunities, work advice), global health topics (decolonization, exchanging contacts), and personal discussions or advice. The survey showed a similar spread of interactions (Figure 4). “This is the BEST part of the post-WomenLift journey. Our cohort serves as a great advisory group for all of us.” Another wrote, “I have an incredibly supportive group of women to support me through tough times and celebrate the good times. I also have access to a large, diverse network of people in global health.” Women wanted to continue to be connected to WomenLift and expressed interest in engagement through mentoring or special events, and some alumnae continue to contribute to the WomenLift community through facilitating workshops, encouraging others to apply to the Leadership Journey, and hosting events.

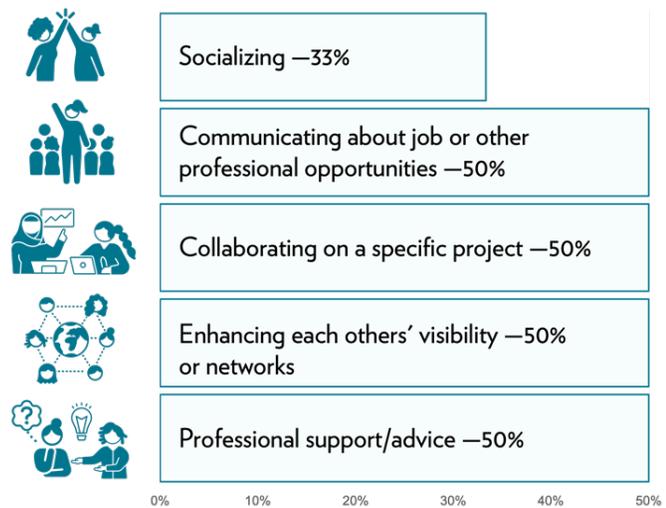


Figure 4: Alumnae interactions in the last 12 months

WomenLift staff note that resources to support the network are limited right now, so this organic maintenance of cohort connections is important to sustainability. “We have a small fund and we know it’s not enough, but we’re trying to do what we can.” Part of this model is encouraging alumnae to self-organize get-togethers and events, with members of each cohort designated as points of contact. For example, three WomenLift alumnae across both cohorts working at USAID organized and hosted an event at the agency recently.

WomenLift conducted two workshops for alumnae in 2021 on Goal Setting and Peer Coaching. Women noted that the Goal Setting workshop was valuable for “Creating the space and time to process our emotions; creating the space for us to share and listen to each others’ stories.” The Peer Coaching workshop engaged both the first and second cohorts together. “Connecting with others outside of our cohort, plus chatting with new people within my cohort. This was one of my favorite sessions out of WomenLift. Thank you for creating a safe space for us all to be vulnerable.”

These workshops were smaller than the Touchpoints during the Leadership Journey, but some noted this as a feature: “I really liked the size. It might be good to proactively keep the workshop small and run several instead of trying for a large one.”

Both cohorts came together in April 2022 for an in-person event in Seattle. WomenLift sponsored the event, including participant travel. Nearly all alumnae attended. The feedback on the event was positive, and women again emphasized the importance they saw in forming deep connections with this group. One representative response in the post-event survey was that the best part of the event was, “Chances to interact and have fun with my fellow cohort members, especially reciprocity circle and feed forward asks. Also the unstructured time to catch up and just connect before dinner and during the breaks!”

Alumnae made additional suggestions for the network including:

- Plan events well in advance so that people can block the time off
- Annual in-person events
- Keep virtual events/learning to an hour
- Enabling “plugging into talent networks” to recruit across cohorts, including across geographies
- Expanding peer mentoring
- In-person events for alumnae which “make you feel special. Either a dinner or a Q&A with speakers or cocktail hour for alums fosters a feeling of “we are alums of this real thing,” just like at a university. Foster that sense of belonging that isn’t cohort-specific.”
- Connecting around global health issues and collaborating towards a specific goal or on a specific issue
- Bringing job opportunities to each other



There’s multiple benefits [in interacting with other alumnae]. We have an active WhatsApp so that’s been good across the span of resources: does anyone know a good x or know a good y? We have a good jackpot of people who know people, and I feel comfortable asking because I know them, about resources, people, and also general life events if one of us is struggling. Same with the other events, fellow WomenLifters that have hosted conferences showing up for each other professionally.”

—Woman Leader, Cohort 1

- Mutual content sharing/topical interest groups
- Encouraging women who live in the same areas to meet up and facilitating these meetings
- Seed funding for alumnae projects



I wouldn't put too much emphasis on e-learning and would put more emphasis on facilitated networking."

—Woman Leader, Cohort 2

E-learning: Generally, women were interested in e-learning, particularly if the e-learning was together with other peers or if the content were relatively short. One explained, “I think for me, I’m more likely to show up if I think I’ll have time to interact with my cohort. While asynchronous is great, peer-to-peer interaction would be bigger for me.” Women expressed that for them, the most important part of maintaining a connection with WomenLift was maintaining deep relationships with their peers. One said,

“It’s hard because it’s a balance with large things to stay in touch with cohort and get to know the other cohorts, but then when it’s a large group, the degree of connection is compromised. If it’s too broad, then I might not want to do that as often. If it’s a smaller group who’s interested in one thing, that might be good, I might do that.”

In the survey, women did not have a strong consensus around their preferred format for e-learning (Figure 5), though there was a slight preference for synchronous learning where they could engage with their peers.

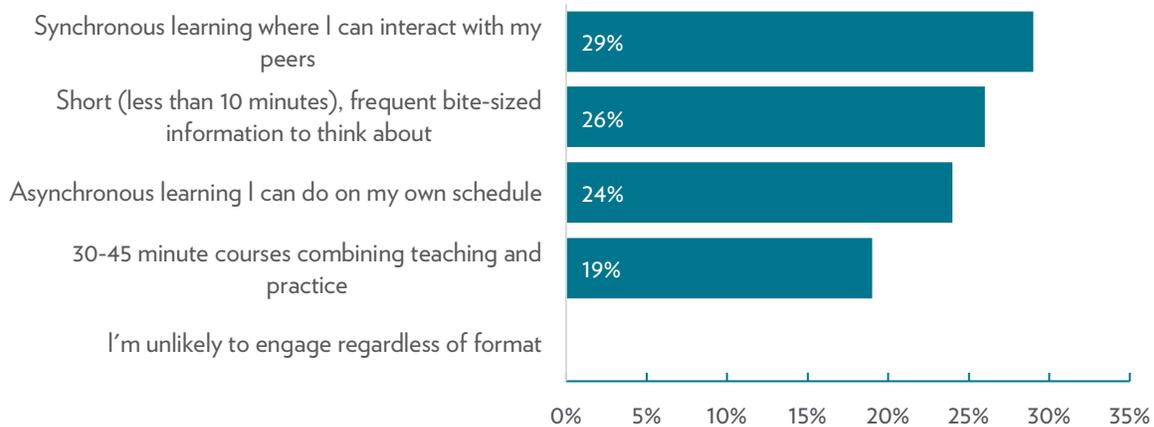


Figure 5: What types of e-learning formats would you be most interested in engaging with?

In survey responses, women listed broad e-learning topics related to WomenLift’s niche (leadership building, decolonization, gender bias in the workplace). In interviews, women reflected on fairly specific needs they had, such as building communications skills, learning data visualization, or areas of personal growth. One said,

“There’s a spectrum and that makes it a challenge - I don’t think there’s one thing people want. I think there’s a way to target things people do want. Communications training resonated universally – you need to be able to do a lot of communicating. That’s not typically a skill included in health yet. I’m pretty sure Dr. Fauci has had communications

training along the way, and to be a leader in health you need that – to overcome personal fears and, more than that, be good at public speaking.”

Some noted that, because of these varied needs, a range of options that spoke to different needs made the most sense. “Everyone is busy, one nice thing is everyone is used to virtual – modular things to access on your own time would be nice. ... Probably not looking for that one size fits all, but look at a range of options.”

Country Hub Networks: Women were universally interested in engaging with the Country Hub networks. They wanted to build on the peer networks they had formed within their own cohorts, transforming them into more global versions. One summarized that, for the Country Hubs, “There would be two ways to define helpful. One is knowledge exchange. Hear what their initiatives are and hearing about ongoing projects. Also hearing about ongoing professional life and opportunities.”

In practice, building such a network across distance and time zones is complicated. WomenLift has not finalized its strategy for how to build these cross-regional linkages, so the survey asked women from the US cohorts which formats appealed most to them for engagement (Figure 6). There was no strong consensus, though relatively more preferred virtual events despite the need to navigate across time zones. Communicating through discussion boards was least popular.

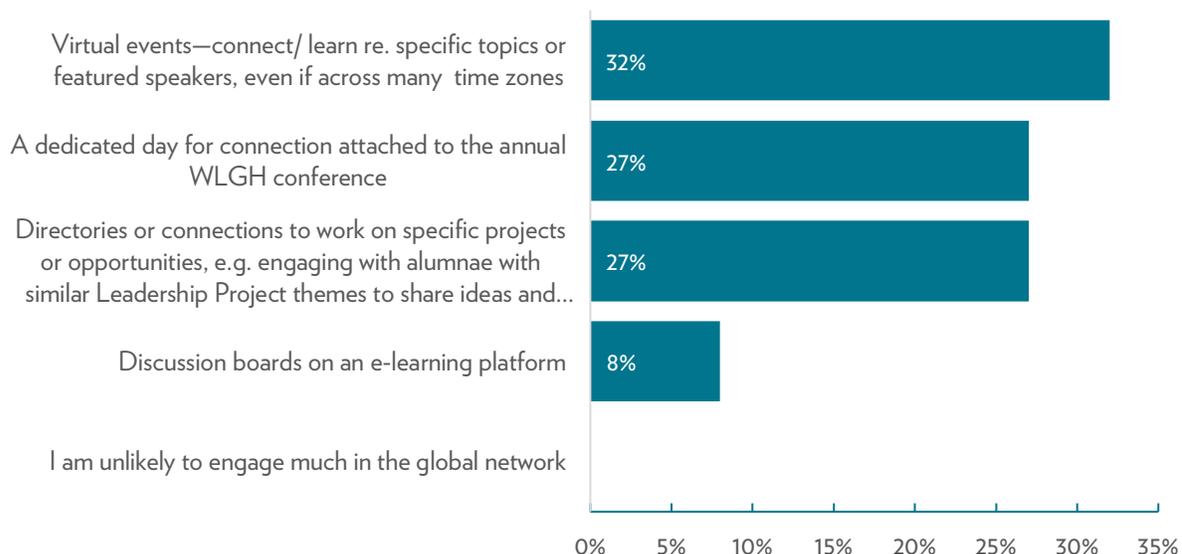
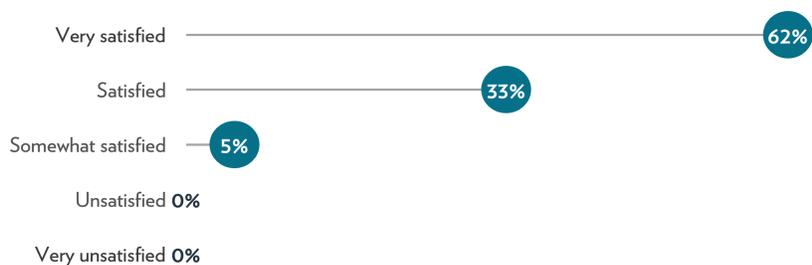


Figure 6: Which of the following would you find most valuable as a way to engage with the WomenLift network in other regions?

Overall satisfaction: Women were overall enthusiastic about the Leadership Journey. In the survey, nearly two-thirds of the women in Cohort 2 said they were “very satisfied” with their overall experience (Figure 7).

95% of participants reported high levels of satisfaction with their Leadership Journey experience



To what extent were you satisfied with your overall Leadership Journey experience?

Figure 7: US Cohort 2 satisfaction with the Leadership Journey

Some women in clinical or academic sectors across both cohorts felt that the Leadership Journey was more tailored to women working at INGOs or similar organizations. One noted, “There needs to be more specific content for clinicians and academicians. Even when I tried to recommend the program to others at my university – it was a good program, useful – but it doesn’t necessarily fully apply in some ways.”

Conclusions

Women found the core elements of the Leadership Journey, working together in concert, to be transformational. They appreciated their coaches, mentors, and the learning and application touchpoints. This year’s updated curriculum and structure resonated strongly. While many women made change through their Leadership Project, the projects were less strongly integrated into the Journey overall and some women desired more guidance to make their Leadership Projects more effective. While women working in academia and clinical setting appreciated the program, they found some of the content less applicable in their contexts.

The alumnae network is new but has had several successful workshops and alumnae-led events during the first year. Many women from the first two cohorts are eager to continue to be involved with their peers within and across cohorts, especially in other countries as WomenLift begins Leadership Journeys in India and East Africa. Consistently, women said they valued depth of connection most, whether speaking about alumnae events, potential e-learning opportunities, or connections with women in other regions.



EQ2: How have WomenLift Health alumnae and the WomenLift Health strategy influenced organizations to create a more enabling environment for women leaders? (Institutional Level)

Findings

Demand for Institutional Changes: Though the Leadership Journey focuses on transformation at the individual level, the program recognizes the importance of institutional level change. Multiple staff expressed that “it has always been in our mind” as a priority, and the program theory of change lists “organizational change” as an input and a short-term outcome. Staff reported that they are actively engaged in discussions about what “institutional influence” actually means for WomenLift Health and, by extension, how that might eventually translate to specific programming. Currently, WomenLift is pursuing opportunities that arise, such as exploring partnerships in India to conduct leadership training with a management institute based on the Leadership Journey.



It sometimes feels you have to change the patriarchy to make everything better.”

—Woman Leader, Cohort 1

Women leaders noted ongoing institutional-level challenges related to gender and DEI. Most agreed that DEI issues in the workplace are deeply seated in patriarchal norms and the standards of international funding streams work, making them much more difficult to take on as individual change

makers. Despite gaining confidence and practical skills through the Leadership Journey, they still cited ongoing issues within their workplaces and noted the enormity of addressing these challenges institutionally. One woman explained,

“You look at the HR manual and it’s supportive of parental leave but if you take it, you’re on the ‘mommy track’ that derails you from your career. People aren’t as overt[ly biased] as they used to be...if you’re looking at how men’s careers are tracking with women’s careers, it can be relating to the culture of the workplace that’s not a policy issue – it’s a culture issue. If WomenLift wants to get engaged with that, it’s a big change that would be required with significant engagement involved. We’re doing that component exactly and making investments in that space and it’s difficult work. It’s a big question whether WomenLift wants to get involved heavily or maintain the women’s empowerment work that it’s doing now. That’s a strategic decision for WomenLift if they want to go there but it’s quite a heavy lift.”

Current Institutional Change Efforts: The Leadership Journey has served as an entry point into institutional-level change by building the capacity and raising the profile of the women leaders in the Leadership Journey. In survey results, women in Cohort 2 who said they have a “low” ability to influence decisions in their organizations decreased since last year, while the percentage characterizing their influence as “moderate” rose (Figure 8). In interviews, participants felt their influence was high within their designated “sphere,” but more limited at the broader level of their organization; this was especially so for women in academia and healthcare.

Regardless of their level of self-perceived influence, participants are bringing Leadership Journey content to work, both formally or informally. Eighty percent of Cohort 2 survey respondents reported sharing Leadership Journey content at work through a wide variety of modalities including brown bags and presentations, discussions with supervisors or other leadership team members, mentoring other staff, and encouraging other women to apply to the program. Several described drawing on tools they acquired through the Leadership Journey. “There are a lot of frameworks I come back to when having conversations about structure, or the team approach to DEI. I really relied on WomenLift Health resources for that,” said one alumna.

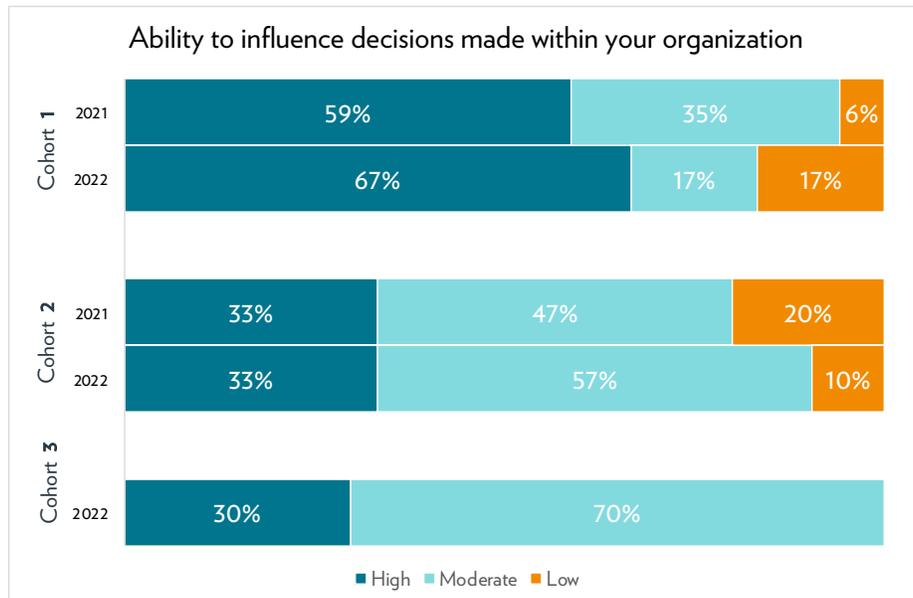


Figure 8: How would you describe your ability to influence decisions made within your organization?

Seventy percent of women reported contributing to changes in organizational policy or practice in the past year; among Cohort 2, about one-third of women reported that these changes were a part of their Leadership Projects. The type and scope of these changes were diverse and many were far-reaching within the organization. Many touched on organization-specific DEI issues, like developing wellness policies or accommodations (e.g., lactation rooms, telework and compensatory time policies), formation of DEI committees, and creation of mentorship programs or other investments for junior staff professional development. Other changes were more externally-facing, like developing new policies and guidelines for a global health advanced degree program, research ethics, and even use of vaccines for infectious diseases (e.g., COVID-19, Ebola, and polio). The

 **80%**
of women reported sharing Leadership Journey content at work

 **70%**
of women reported contributing to changes in organizational policy or practice in the past year

box below highlights some of the changes women made at the institutional level through their Leadership Projects.⁶



Examples of Institutional Change through Leadership Projects

- Ritu Kamal, Expanding Access to the Global Faculty Training at Stanford Biodesign. Ritu recognized a gap in her Global Faculty in Training program's target; very few of the faculty trained were women, and even fewer were from LMICs. Through her Leadership Project, she targeted recruitment outreach, partners, and developed a strategy to improve access to the program. This work raised number of women faculty trained by 50% over one year, and increased number of faculty trained from LMIC from zero to two.
- Schola Matovu, Leadership and Professional Development Training Program for Nurse-to-Burse Global Initiative. Schola conducted a needs assessment with nurses in her target audiences and wanted to address the gap she saw in nurses' empowerment and ability to advocate for themselves and patients. She cultivated partners and developed an online training program which will be piloted in summer 2022.

Future of Institutional Change Efforts



Programming

Several staff and participants pointed out opportunities to leverage the individual Leadership Journey work for greater organizational transformation. Some suggested continuing to work through individuals. "I don't think that WomenLift Health's institutional influence means top-down change. For us, I think it's an approach through the individual: what are the challenges seen in the organization by the individual, convening the senior leaders and offering them a space to talk about the challenges." Others saw opportunity to increase engagement with women leaders' supervisors through the 360 assessment or sharing research findings or other data that may motivate leaders to introduce gender-balancing reforms to their organizations.

Interviewees suggested a wide variety of ideas for new ways that WomenLift could work with organizations to cultivate enabling environments for women. Suggestions included:

- working intensively with interested organizations to help them develop leadership programs of their own,
- developing suggested incentive structures for increasing women in leadership positions,
- working with white male leaders to think about succession planning in ways that get more women into senior positions,
- working with organizations to institutionalize DEI through trainings and development of standard operating procedures,

⁶ See more in-depth overviews of the 2021 cohort's Leadership Projects here: <https://www.womenlifthealth.org/uscohort2021-liftoff-fullprogram/>

- facilitating a community of practice for organizations interested in promoting women’s leadership, or linking organizations with peer or role model organizations,
- and institution- or organization-level Leadership Journeys; these might take the form of shorter, intensive—perhaps week-long—trainings.



Branding

Staff and women leaders agreed that in addition to targeted programming, one of the most powerful things WomenLift can do to promote women leaders’ ability to make change is to establish a well-known brand. One participant summed up this common sentiment by saying, “WomenLift Health is really a great platform. I just wish we can continue to explore ways to make it more visible especially where it matters...if they could give visibility to the brand, it would be important.” The same participant went on to explain how she struggled with obtaining buy-in from her previous organization because they were not familiar with the program. Likewise, a few staff noted the WomenLift’s newness was a challenge to getting traction in Africa and India, especially given the lack of a programmatic track record to date; EQ3 discusses this further.

WomenLift is cognizant of the need to build its brand and is actively investing in its communications team, strategy, and materials in response. In addition, the team has worked to have presence at regional events and build networks with the goal of establishing familiarity with the program in global health conversations regionally. The program also expects that as more women go through the Leadership Journey, they will serve as de facto ambassadors for the program and amplify its reputation. “The women in the Journey can be used as a source of brand building” regionally, said one staff.



Partnerships

WomenLift Health is also seeking to promote its brand and, by extension, increase its influence by forming partnerships with stakeholders including governments, conferences, research institutions, and other NGOs. As one staff explained, “With partnerships, it’s [about identifying] which organization can help WomenLift get to the scale we want, not scale in terms of the number of women leaders in our cohort. I believe you need to work closely with governments to bring a program to scale. Partners can open doors for us and give us that branding.” The staff are actively working to get the WomenLift name recognized and create buy-in for the program.

However, the nature of all partnerships varies, and others are focused on learning and helping the program to scale appropriately to other regions. For example, in Africa, partnerships with NGOs, universities, and research institutions are helping to guide the program’s communications to be more focused on specific health topics rather than the emphasis on women’s leadership generally, which will help the program’s messages to be more resonant with stakeholders in those regions, as well as expanding the reach of those messages. One person noted:

“The partnerships will be very different – looking at academic institutions, the goal for me there is longevity and scale of the program – how can they bring the Leadership Journey to them and scale up the Leadership Journey in their own areas. Where we can engage programmatically like the speaker series with them

– [they have] big communications arms and audiences we can take advantage of.”

At the same time as it actively seeks new partners, WomenLift has also had to be strategic about which ones it takes on as one staff explained, “Scale is important but we should do it in a very intentional manner...the problem that happens is when I tell people [about the program], they think the idea is great. But I can’t offer anything to them in a potential partnership.”

Several staff agreed that relationships with partners should be mutually beneficial. Just as WomenLift can benefit from the contextual knowledge and networks of its regional partners, it must also “learn actively from partners in space that have been there a long time and to ask – this is the work we do, how do you see us fitting in, how can we be most useful – look for opportunities that are genuinely win-win and approach partnership with humility and trust and learning.” Likewise, one staff explained the importance of having a human-centered approach to partnerships as a vehicle for change:

“On regular basis, I reach out to less likely suspects for potential partnerships to see shared value, how to exercise the muscle of partnership to do something together. We don’t come to the table with much money so that’s a test of partnership. That’s relational – care and feeding human relationships, sometimes it’s about logistics where you need to carry your weight but a lot of it is about checking in, asking if they need help – care and feeding. Those have had extraordinary ripple effects.”



Male Engagement

Stakeholders of all types agreed that WomenLift needs to increase male engagement in order to influence organizational change, and the program should consider how to integrate male allyship in the long-term. As a step towards this, WomenLift is introducing a male allyship panel as part of the JourneyPLUS, which

will include perspectives of men who have been allies or sponsors for advancing women’s leadership. One staff noted that part of the purpose is “to recognize that men are part of the solution to the challenges we’ve identified. To intentionally hear the male perspective and do so with questions from women.”



We need to include men in the journey to gender equality. Someone has to lose power for someone else to gain it.”

–Woman Leader, Cohort 2



Leading By Example

In addition to promoting change at other institutions, WomenLift also seeks to be equitable and inclusive in all parts of its operations, from its organizational structure and culture to how staff manage the Leadership Journey. As the program scales to Country Hubs, there is an increasing premium on living into the program’s values, particularly localization and decolonization. “It’s not just what we do, it’s how we do it,” summarized one staff.

WomenLift has so far worked to live its values of equity, inclusivity and localization through collaboratively discussing values and how to operationalize them, conducting salary equity reviews, and decentralizing power. For example, staff explained how this is mainstreamed through recruitment and onboarding processes, where interviews center the program’s culture and look for “curiosity and humility,” and orientations focus on emphasizing organizational culture, building relationships, and “modeling a space where everyone has value and can share opinions.”

In addition, the team prides itself in distributing power in budgeting and other decision-making across the organization, especially across Country Hubs. As one staff described it:

“One thing I’ve been impressed with is the intentionality of decolonization and not setting up [a hierarchical] structure... I really appreciate how we all have been given a voice. ... We’ve been given budgets but are asked to see where we can collaborate, which I like because we need that as an organization based on our structure - independence with collaboration geographically. With everyone there is a focus on communications of practice and real collaboration.”

The team also has smaller, but symbolically important practices, like scheduling meetings at times that are convenient for people based in India and Africa rather than prioritizing the convenience of those based in the United States.

As with all organizations, equity and localization are a journey, and several WomenLift stakeholders pointed out areas to continue growing and living their values. For example, several people pointed out that there are still some decisions that are top-down, and that this flows from the dependence on one large Western donor. In one stakeholder’s observation:

“If you say you’re about decolonizing global health, but then acting in the role of the system and the oppressor, so increase the cognizance around that. Reconsider priorities and values and adapt in ways that actually are more inclusive. Inviting those voices sooner and letting that shape strategy and tactics. That isn’t happening yet – decisions are made internally and then pushed out and I know that’s not okay with them... [WomenLift should] push back against Gates for that.”

Several respondents suggested that the dependence on Gates funding inevitably concentrates power with US-based staff and thus suggested that the program diversify its funder base, particularly focusing on donors in all the regions where the program works.

Stakeholders noted that the program would need to continue to dialogue about how to balance the global brand with the need for local independence. As one stakeholder recommended, “The team building that needs to happen is between the USA office and regional offices – you have to talk about conflict with those conversations – this is normal. Making meaning together as a universal global organization because up to now, it has been very US-centric.” Another area called out for reconsideration was the African Leadership Council; one stakeholder noted that a

comparable body does not exist for other regions, and carries the risk of seeming like an additional oversight body for Africa.

Conclusions

Through the Leadership Journey, WomenLift Health is indirectly supporting the development of enabling environments for women at their organizations by equipping current or potentially influential women with the knowledge, skills, and confidence needed to effect institutional change. Whether and how women leaders undertake these change efforts varies, but most are at least informally using their voices to make in-roads on issues of gender, DEI, and/or decolonization. The program is still in early stages, and thus the extent and long-term success of these efforts remains to be seen. However, the evidence so far indicates that the Journey is a promising in-road for making organization-level reforms where women leaders who have gone through the Leadership Journey work.

Nearly all WomenLift stakeholders agree that creating enabling environments requires systemic changes that are beyond the scope of the individual-focused Leadership Journey, though they varied on whether and how the program should take on these massive challenges directly through new programming. However, most stakeholders also agreed that WomenLift can increase its institutional influence by strengthening its branding, expanding partnerships, appropriately engaging male allies, and modeling good organizational behavior.



EQ3: How has overall WomenLift Health strategy contributed to the advancement of women leaders in the targeted countries/regions, including their visibility and their influence on health policy? (Societal Level)

Findings

Women Leaders in Global Health (WLGH) Conference: The WLGH Conference is the program’s primary mechanism for promoting the visibility and influence of women leaders in global health. WLGH has been held annually since 2017 and is closely linked to the origins of WomenLift Health, which assumed leadership of the conference when the program began. The purpose of the conference is to foster dialogue around gender in global health. In 2021, the conference was held virtually over two days, with the theme “Re-Imagining Leadership” and more than 2,000 attendees.

WomenLift was intentional about the process and optics of the speaker selection in order to achieve “true diversity.” One of the ways it achieved this was by going beyond the popular names in the global health conference circuit and immediate networks to seek out new and traditionally underrepresented voices. As one staff explained, “for the conference, we had a lot more younger speakers than we did in the past, not just the tried-and-true network. We created a balance of known people versus younger, less famous people to get their voices heard on a global stage.” Several respondents noted this was a conference strength. One staff noted that the program had received feedback that WLGH “is the conference to beat on DEI” as a result of these choices.

A few stakeholders saw opportunities to make WLGH even more influential. One person noted that “Re-Imagining Leadership” resonated with audiences and the wide umbrella of the theme was helpful in spanning a range of topics and speakers. However, others pointed out that as WLGH becomes more established, greater specificity in future themes could be beneficial: “[WomenLift should consider] how to anchor their message in concrete, specific topics that they can support action so it’s not a blanket message of more women in leadership – what does that mean and how do we get there?” One interviewee pointed out that while the conferences have created a good space for dialogue and collective voicing for change, focusing on specific or actionable outputs could further increase the conference’s impact. Typically, information exchange and networking are the primary benefits of attending conferences, but with careful planning and resources, they can become “opportunities for organizing transnational organizing,” like the United Nations global conferences of the 1990s (Jones and Hugman, 2010; Smith and Wiest, 2012).

Branding: Like the pathways for effecting organizational change, many stakeholders agreed that building a recognizable, consistent WomenLift brand will help expand its visibility and influence through and beyond the conference. One staff posited:

“If we could reach the point where we are the go-to successful brand for positive women's leadership at institutional and societal level – translate individual [change] to institutional and societal [change], then there's nothing stopping us. We can be a platform and a stage to influence the broader conversation. Brand creation needs consistency, a constant drum beat.”

As noted in EQ2, WomenLift is aware of this need and is actively seeking to build out its communications and strategy to achieve this. The program’s stakeholders offered several ideas on how to strategically expand its communications. These ideas included publishing stories and evidence during and outside of the WLGH conference, patenting and scaling the conference, consistently updating its website, and publishing thought pieces on diverse platforms.

Several staff and partners suggested more fundamental shifts in the content of WomenLift’s communications in order to increase its influence. For example, as with the Leadership Journey and organizational change efforts, messages will need tailoring and specificity to ensure they resonate in the regional hubs. In one staff’s words:

“The Global North conversation around women's leadership...resonates [in the North]- in Africa, it's not discussed as much...[they're] focused on specific issues, like Malaria, HIV, or TB, health issues facing directly in their daily lives. Making the case that women leadership in global health matters is something comms is working on in Africa and India.”

A few of these stakeholders mentioned that childcare could be a specific issue that could have appeal across geographies.

Some interviewees suggested that WomenLift could be bolder in its messaging. Stakeholders understood that the program has been cautious to date in order to develop a message focused on women’s leadership that has broad global appeal and avoid antagonizing their funder or other potential allies. However, staff and partners suggested that taking stances on several key issues, e.g., feminism, equity, inclusion, and others, may increase engagement. “I want them to continue having opinions on things – if all organizations had bland voice, it would be boring. [It would be great if WomenLift were] coming through on social media showing their opinion that’s unique and invites conversation.” One person raised the example of gender diversity as an area to engage. “Even if they're not sure [how it will land], having that conversation rather than disregarding it as irrelevant [is important].”



Keep the message fresh. Jump on news events, don't be scared of media work that will help get message out even more.

—Woman Leader, Cohort 2

Influencing the Health Landscape: Participants reported using the skills, networks, and concepts they learned through the Leadership Journey to effect change in the global health sector and sub-fields. Across all cohorts, 61% of women reported contributing to changes in

health policy or practice in the last 12 months. These changes fell into two broad categories: influencing policy through technical inputs, and engaging in conversations about DEI and decolonization.



Policy and Practice Influence

Women leaders reported efforts to shape national and multilateral health policies. This included influencing legislation, including universal healthcare laws and supporting reproductive rights advocacy resulting in laws improving access to abortion. Others are influencing the design and implementation of global health programs, such as using evidence to guide regional vaccine distribution and new maternal and newborn health programs. Some women are influencing global health funding, such as negotiating different models for donor funding for governments and promoting policy reforms on donation law. Many women emphasized how the changes they were making were through promoting evidence and research.

In addition to using research to influence policy and practice, women are contributing to the global health evidence base through conducting their own research and publishing. Table 6 outlines the number of women publishing peer-reviewed and gray literature in the last 12 months, according to survey data. There was a trend upwards in Cohort 2 of women publishing peer reviewed and gray literature (the sample size for Cohort 1 in 2022 is too small to make general statements about the trend for this cohort).

Table 6: Women publishing in the last 12 months

	2021	n	2022	n
Published Peer Reviewed Article				
Cohort 1	47%	17	50%	6
Cohort 2	53%	15	66%	21
Cohort 3	n/a	n/a	37%	27
First Author				
Cohort 1	63%	8	33%	3
Cohort 2	63%	8	71%	14
Cohort 3	n/a	n/a	50%	10
Gray Literature				
Cohort 1	59%	17	33%	6
Cohort 2	40%	15	57%	21
Cohort 3	n/a	n/a	56%	15
Leads Research or Studies				
Cohort 1	29%	17	33%	6
Cohort 2	53%	15	38%	21
Cohort 3	n/a	n/a	22%	27

Some women are making societal-level change through their Leadership Projects. The textbox below spotlights a few that have influenced global health services for communities.



Examples of Societal Change through Leadership Projects

- Pwint Htun, Mobilizing Myanmar. Responding to the 2021 coup in Myanmar, Pwint pivoted her Leadership Project to focus on enabling the blind population to use mobile money for transactions to reduce the risk of fraud. Mobile money has been a key way to circumvent aid blockades and build resiliency.



DEI and Decolonization

Participants also described applying the DEI and decolonization conversations they were having through the Journey to shape global health at different levels. Often, this was a matter of examining their own roles within the sector—especially among white participants—amongst themselves and/or with coaches and mentors to examine whether the responsible thing to do was to step back and make space for other voices. One participant explained, “We have a diverse cohort and some wanted to have more honest conversations about, “what is my role now and should I still be in this space? Is it my place to exit?” Some folks have had that conversation with themselves and also with other people in the cohort.”

Others said they are critically examining ways to shift power dynamics in the global industry. One participant explained, “I really want to be engaged on how we support transfer of power to local organizations, and problem solve for that because a lot of money flows from the West. I think that would be an interesting [discussion] ... What are the things we can push on and change and make it better.” Participants see themselves being able to move the needle on this subject and would like to continue engaging with the WomenLift Health community to work through these complex questions.

Conclusions

The WLGH conference is the most high profile mechanism through which WomenLift Health is increasing the visibility and influence of women leaders in the health sector. This conference has become an important platform for bringing attention to the need for women's leadership in the global health, but also for amplifying newer and non-traditional voices in this conversation due to WomenLift’s careful curation of speakers. Although the optics of the conference are powerful, there are opportunities to make WLGH even more impactful, which could include narrowing themes in future years and focusing on sessions that inspire and facilitate action after the conclusion of each conference.

WomenLift must build a recognizable and consistent brand to become an effective advocate for societal and policy changes. To achieve this, the program will need to continue initial work on building out its communications strategy and teams, strategically telling its story, and taking public stances on key issues—even if they are controversial. The ultimate success of

WomenLift’s ability to influence change will depend on its ability to appropriately tailor its message in ways that resonate across different regions, and empower regional staff with the independence needed to design externally-facing messages that will land well with their respective audiences.

Participation in the Leadership Journey has prompted many participants to engage in discussions about DEI and decolonization and examine how they can advance these movements within their own spheres of influence. The continued interest in these areas indicates that WomenLift has an important role to play in supporting this kind of work, especially within the global health sector, and could be an area where the program chooses to focus on systemic level changes.

Recommendations

The recommendations below are a comprehensive list based on the findings in this report. Many of these affirm the direction in which WomenLift is already heading.

1. **Leadership Projects:** Continue to further build out guidance to women on the characteristics of an appropriate Leadership Project, including choosing projects which stretch or build on work they are already doing; periodic check-ins on Leadership Project progress; and tactics for engaging supervisors or organizational leaders around Leadership Projects in constructive ways. Mentoring groups can be one platform for checking-in on and discussing Leadership Projects, but should not be the primary method for this.
2. **Alumnae Network, e-Learning and Engaging across Country Hubs:** Prioritize depth and quality of interactions over breadth and quantity. Women see WomenLift Health as unique in fostering authentic and deep connections, and are interested in continued engagement as a way to reinforce and expand these connections.
3. **Coaching:** Encourage flexibility in the cadence women engage with their coaches so that they can access them on a schedule that best suits women's needs and the evolution of their professional goals rather than sticking to a quarterly cadence. Build in 1-2 additional times for coaches and mentors to connect over the course of the year.
4. **Institutional change efforts:** WomenLift should continue to engage in conversations with staff, the Global Advisory Board, participants, and other stakeholders about whether and how it should directly target institutional change, especially in the areas of gender, DEI, and decolonization, through its programming, recognizing the program does not have to "do it all." In the meantime, WomenLift should prioritize the following:
 - a. Document participant contributions to institutional change efforts.
 - b. Pursue efforts to build out a well-known, consistent brand that makes space for appropriate regional variation and ownership.
 - c. Develop a documented approach to engage male allies.
 - d. Form regional partnerships that are mutually beneficial.
 - e. Continue to build an inclusive and equitable organizational culture, and be willing to critically self-examine internal practices.
 - f. Examine other potential funding sources.
5. **WLGH conference:** WomenLift should continue to balance big and lesser-known names at WLGH to sustain interest and create a truly diverse platform.
6. **Branding:** WomenLift should continue its plans to develop a communications strategy and onboard regional communications specialists. In its communications strategy, WomenLift should outline which issues it wants to advocate for at a global level and outline how communications approaches can vary by region.
7. **DEI and decolonization:** WomenLift should consider how they can continue to support participants in their DEI and decolonization work, especially efforts that seek to shape the global health sector, policies, or societies.

Annex 1: Key Informant List

Name	Stakeholder Type	Organization	Identifies As
Alex Kendall	Partner	GHS	F
Amie Batson	WomenLift Health Staff	WomenLift Health	F
Aurélie Brunie	Leadership Journey Participant	FHI 360	F
Brittany Jones	Partner	TechChange	F
Carmen Franco	Coach	<u>CCL</u>	F
Emily Kreger	Leadership Journey Participant	Surgical Affiliates Management Group, Inc. / Long Beach Memorial Medical Center	F
Iris Mwanza	Leadership Journey Participant	Bill & Melinda Gates Foundation (referred to BMGF by WLH)	F
Jessica Davidson	CCL	CCL	F
Joanne Dias	Coach	CCL	F
Josefin Dolsten	Partner	GHS	F
Laura Lewandowski	Leadership Journey Participant	NIAMS, National Institutes of Health	F
Ling Liang	WomenLift Health Staff	WomenLift Health	F
Mary-Ann Etiebet	Mentor	Merck	F
Maureen Momanyi	Leadership Journey Participant	UNICEF	F
Meg DeRonghe	WomenLift Health Staff	WomenLift Health	F
Michelle Hsiang	Leadership Journey Participant	UCSF	F
Mitzi Short	Coach	CCL	F
Namwinga Chintu	WomenLift Health Staff	WomenLift Health	F
Norah Obudho	WomenLift Health Staff	WomenLift Health	F
Nur Gryskiewicz	Coach	CCL	F
Rachel Knopf	WomenLift Health Staff	WomenLift Health	F
Shagun Sabarwal	WomenLift Health Staff	WomenLift Health	F

Shereen Bhan	WomenLift Health Staff	WomenLift Health	F
Skye Gilbert	Leadership Journey Participant	PATH	F
Sudha Jayaraman	Leadership Journey Participant	University of Utah	F
Wiedad Roodly Archer	Leadership Journey Participant	Centers for Disease Control and Prevention (CDC)	F

Annex 2: Survey Results 2022

Which sector do you currently work in primarily?				
Cohort 1	2021	2022	Total	
Academic	24%	14%	21%	5
Government	12%	14%	12%	3
Non profit	47%	71%	54%	13
Philanthropic	6%	0%	4%	1
Private Sector	12%	0%	8%	2
Total	100%	100%	100%	24
Which sector do you currently work in primarily?				
Cohort 2	2021	2022	Total	
Academic	7%	14%	11%	4
Government	13%	14%	14%	5
Multilateral	0%	9%	5%	2
Non profit	40%	32%	35%	13
Philanthropic	20%	9%	14%	5
Private Sector	20%	23%	22%	8
Total	100%	100%	100%	37
Which sector do you currently work in primarily?				
Cohort 3	2021	2022	Total	
Academic	19%	19%	5	
Government	11%	11%	3	
Multilateral	7%	7%	2	
Non profit	37%	37%	10	
Philanthropic	11%	11%	3	
Private Sector	15%	15%	4	
Total	100%	100%	27	
Which of the following is closest to your current job title? - Selected Choice				
Cohort 1	2021	2022	Total	
Assistant Professor	14%	14%	1	
C-suite level	14%	14%	1	

Director (senior-level with oversight over a department or division)	43%	43%	3	
Manager (mid-level with oversight over people and/or projects)	29%	29%	2	
Total	100%	100%	7	
Which of the following is closest to your current job title? - Selected Choice				
Cohort 2	2021	2022	Total	
Assistant Professor	9%	9%	2	
C-suite level	5%	5%	1	
Director (senior-level with oversight over a department or division)	27%	27%	6	
Manager (mid-level with oversight over people and/or projects)	32%	32%	7	
Professor	5%	5%	1	
Technical Advisor/Specialist	23%	23%	5	
Total	100%	100%	22	
Which of the following is closest to your current job title? - Selected Choice				
Cohort 3	2021	2022	Total	
Assistant Professor	4%	4%	1	
Associate Professor	4%	4%	1	
C-suite level	11%	11%	3	
Director (senior-level with oversight over a department or division)	33%	33%	9	
Manager (mid-level with oversight over people and/or projects)	11%	11%	3	
Other, please specify:	11%	11%	3	
Technical Advisor/Specialist	22%	22%	6	
Vice President	4%	4%	1	
Total	100%	100%	27	
Which of the following best describes you? (Select all that apply)				
Cohort 1	2021	2022	Total	
Asian or Pacific Islander	27%	14%	23%	5
White or Caucasian	67%	71%	68%	15
A race/ethnicity not listed here	0%	14%	5%	1

Two or more races/ethnicities	7%	0%	5%	1
Total	100%	100%	100%	22
Which of the following best describes you? (Select all that apply)				
Cohort 2	2021	2022	Total	
Asian or Pacific Islander	7%	14%	11%	4
Black or African American	20%	23%	22%	8
White or Caucasian	67%	59%	62%	23
Two or more races/ethnicities	7%	5%	5%	2
Total	100%	100%	100%	37
Which of the following best describes you? (Select all that apply)				
Cohort 3	2021	2022	Total	
Asian or Pacific Islander	11%	11%	3	
Black or African American	11%	11%	3	
Hispanic or Latina	15%	15%	4	
White or Caucasian	52%	52%	14	
A race/ethnicity not listed here	4%	4%	1	
Two or more races/ethnicities	7%	7%	2	
Total	100%	100%	27	
In the past 12 months, have you pursued any additional leadership roles for yourself?				
cohort	2021	2022	Total	N
Cohort 1	100%	100%	100%	24
Cohort 2	73%	73%	73%	37
Cohort 3		70%	70%	27
Total	88%	75%	80%	88
How would you describe your ability to influence decisions made within your orga				
Cohort 1	2021	2022	Total	
High degree of influence	59%	67%	61%	14
Low degree of influence	6%	17%	9%	2
Moderate degree of influence	35%	17%	30%	7
Total	100%	100%	100%	23

How would you describe your ability to influence decisions made within your organization?				
Cohort 2	2021	2022	Total	
High degree of influence	33%	33%	33%	12
Low degree of influence	20%	10%	14%	5
Moderate degree of influence	47%	57%	53%	19
Total	100%	100%	100%	36
How would you describe your ability to influence decisions made within your organization?				
Cohort 3	2021	2022	Total	
High degree of influence	30%	30%	8	
Moderate degree of influence	70%	70%	19	
Total	100%	100%	27	
In the past 12 months, has this increased, decreased, or stayed the same?				
Cohort 1	2021	2022	Total	
Increased	59%	17%	48%	11
Stayed the same	41%	83%	52%	12
Total	100%	100%	100%	23
In the past 12 months, has this increased, decreased, or stayed the same?				
Cohort 2	2021	2022	Total	
Decreased	7%	0%	3%	1
Increased	47%	48%	47%	17
Stayed the same	47%	52%	50%	18
Total	100%	100%	100%	36
In the past 12 months, has this increased, decreased, or stayed the same?				
Cohort 3	2021	2022	Total	
Decreased	11%	11%	3	
Increased	41%	41%	11	
Stayed the same	48%	48%	13	
Total	100%	100%	27	
In the past 12 months, have you contributed to any changes in policies or practice at your organization?				
cohort	2021	2022	Total	N

Cohort 1	65%	50%	61%	24
Cohort 2	67%	71%	69%	37
Cohort 3		74%	74%	27
Total	66%	70%	69%	88
Was this change linked to your Leadership Project as part of the Leadership Journey?				
cohort	2021	2022	Total	N
Cohort 1	40%		40%	24
Cohort 2	20%	33%	28%	37
Cohort 3				27
Total	30%	33%	31%	88
Have you shared any learning from the Leadership Journey with others at your organization, either formally or informally?				
cohort	2021	2022	Total	N
Cohort 1	94%	100%	95%	24
Cohort 2	40%	81%	64%	37
Cohort 3				27
Total	68%	85%	76%	88
In the past 12 months, have you participated in any leadership skills training or leadership professional development?				
cohort	2021	2022	Total	N
Cohort 1		33%	33%	24
Cohort 2				37
Cohort 3				27
Total		33%	33%	88
In the past 12 months, have you participated in any global or regional conferences, meetings, or other for a relevant to your work?				
cohort	2021	2022	Total	N
Cohort 1	81%	67%	77%	24
Cohort 2	73%	86%	81%	37
Cohort 3		85%	85%	27
Total	77%	83%	81%	88
How many global or regional conferences, meetings, or other fora have you partic				

cohort	2021	2022	Total	N
Cohort 1	4.08	3	3.81	24
Cohort 2	14	3.24	7.46	37
Cohort 3		3.78	3.78	27
Total	8.83	3.5	5.33	88
In what capacity did you participate in those conferences, meetings, or other fora? (Select all that apply.) Participant				
cohort	2021	2022	Total	N
Cohort 1	77%	100%	82%	24
Cohort 2	91%	56%	69%	37
Cohort 3		100%	100%	27
Total	83%	82%	83%	88
In what capacity did you participate in those conferences, meetings, or other fora? (Select all that apply.) Organizer				
cohort	2021	2022	Total	N
Cohort 1	31%	25%	29%	24
Cohort 2	55%	22%	34%	37
Cohort 3		35%	35%	27
Total	42%	29%	33%	88
In what capacity did you participate in those conferences, meetings, or other fora? (Select all that apply.) Panelist				
cohort	2021	2022	Total	N
Cohort 1	100%	75%	94%	24
Cohort 2	73%	78%	76%	37
Cohort 3		48%	48%	27
Total	88%	62%	71%	88
In what capacity did you participate in those conferences, meetings, or other fora? (Select all that apply.) Moderator				
cohort	2021	2022	Total	N

Cohort 1	8%	75%	24%	24
Cohort 2	9%	28%	21%	37
Cohort 3		30%	30%	27
Total	8%	33%	25%	88
Do you currently participate in any professional networks or associations (outside of your regular job responsibilities)?				
cohort	2021	2022	Total	N
Cohort 1	69%	50%	64%	24
Cohort 2	60%	67%	64%	37
Cohort 3		59%	59%	27
Total	65%	61%	62%	88
In these networks or associations, in which roles do you currently serve? (Select all that apply.)				
Participant/member				
cohort	2021	2022	Total	N
Cohort 1	64%	100%	71%	24
Cohort 2	78%	79%	78%	37
Cohort 3		94%	94%	27
Total	70%	88%	81%	88
In these networks or associations, in which roles do you currently serve? (Select all that apply.)				
Serve on working groups				
cohort	2021	2022	Total	N
Cohort 1	36%	33%	36%	24
Cohort 2	22%	43%	35%	37
Cohort 3		50%	50%	27
Total	30%	45%	40%	88
In these networks or associations, in which roles do you currently serve? (Select all that apply.)				
Serve in a leadership role (including working group leadership)				
cohort	2021	2022	Total	N
Cohort 1	64%	33%	57%	24
Cohort 2	44%	36%	39%	37
Cohort 3		50%	50%	27

Total	55%	42%	47%	88
In these networks or associations, in which roles do you currently serve? (Select all that apply.) Serve on Board of Directors				
cohort	2021	2022	Total	N
Cohort 1	18%	33%	21%	24
Cohort 2	11%	7%	9%	37
Cohort 3		19%	19%	27
Total	15%	15%	15%	88
How frequently do you participate in any network or association events?				
Cohort 1	2021	2022	Total	
2-4 times per year	30%	33%	31%	4
5-11 times per year	20%	33%	23%	3
Annually	20%	0%	15%	2
Monthly	20%	0%	15%	2
Multiple times per month	10%	33%	15%	2
Total	100%	100%	100%	13
How frequently do you participate in any network or association events?				
Cohort 2	2021	2022	Total	
2-4 times per year	44%	50%	48%	11
5-11 times per year	11%	21%	17%	4
Annually	11%	21%	17%	4
Monthly	22%	7%	13%	3
Multiple times per month	11%	0%	4%	1
Total	100%	100%	100%	23
How frequently do you participate in any network or association events?				
Cohort 3	2021	2022	Total	
2-4 times per year	31%	31%	5	
Annually	19%	19%	3	
Monthly	31%	31%	5	
Multiple times per month	19%	19%	3	
Total	100%	100%	16	

In the past 12 months, how frequently have you had meetings or informational int				
Cohort 1	2021	2022	Total	
Monthly	19%	33%	23%	5
Once	6%	0%	5%	1
Several times per month	31%	17%	27%	6
Several times per year	44%	50%	45%	10
Total	100%	100%	100%	22

In the past 12 months, how frequently have you had meetings or informational int				
Cohort 2	2021	2022	Total	
Monthly	33%	5%	17%	6
Not at all	27%	10%	17%	6
Once	7%	10%	8%	3
Several times per month	0%	14%	8%	3
Several times per year	27%	62%	47%	17
Weekly or more often	7%	0%	3%	1
Total	100%	100%	100%	36

In the past 12 months, how frequently have you had meetings or informational int				
Cohort 3	2021	2022	Total	
Monthly	30%	30%	8	
Not at all	19%	19%	5	
Once	4%	4%	1	
Several times per month	15%	15%	4	
Several times per year	33%	33%	9	
Total	100%	100%	27	

In the past 12 months, have you had any interaction with the other women from your cohort? (Alumnae only)				
cohort	2021	2022	Total	N
Cohort 1		100%	100%	24
Cohort 2				37
Cohort 3				27
Total		100%	100%	88

Which of the following, if any, did your interactions incorporate? - Socializing

cohort	2021	2022	Total	N
Cohort 1		50%	50%	24
Cohort 2				37
Cohort 3				27
Total		50%	50%	88

Which of the following, if any, did your interactions incorporate? – Professional support/advice

cohort	2021	2022	Total	N
Cohort 1		50%	50%	24
Cohort 2				37
Cohort 3				27
Total		50%	50%	88

Which of the following, if any, did your interactions incorporate? – Communicating about job or other professional opportunities

cohort	2021	2022	Total	N
Cohort 1		50%	50%	24
Cohort 2				37
Cohort 3				27
Total		50%	50%	88

Which of the following, if any, did your interactions incorporate? – Collaborating on a specific project or thought leadership area

cohort	2021	2022	Total	N
Cohort 1		33%	33%	24
Cohort 2				37
Cohort 3				27
Total		33%	33%	88

Which of the following, if any, did your interactions incorporate? – Enhancing each others' visibility or networks

cohort	2021	2022	Total	N
Cohort 1		50%	50%	24
Cohort 2				37
Cohort 3				27
Total		50%	50%	88

Have you had any interaction with women from Leadership Journey cohorts other than your own?				
cohort	2021	2022	Total	N
Cohort 1		60%		24
Cohort 2		57%		37
Cohort 3				27
Total				88
Which of the following would you find most valuable as a way to engage with the WomenLift network in other regions? Virtual events to connect or learn related to specific topics or with featured speakers, even if these will cross many different time zones				
cohort	2021	2022	Total	N
Cohort 1		80%	80%	24
Cohort 2		86%	86%	37
Cohort 3		90%	90%	27
Total		88%	88%	88
Which of the following would you find most valuable as a way to engage with the WomenLift network in other regions? Directories or connections to work on specific projects or opportunities, e.g. engaging with alumnae with similar Leadership Project themes to share ideas and lessons learned				
cohort	2021	2022	Total	N
Cohort 1		60%	60%	24
Cohort 2		86%	86%	37
Cohort 3		71%	71%	27
Total		75%	75%	88
Which of the following would you find most valuable as a way to engage with the WomenLift network in other regions? A dedicated day for connection attached to the annual WLGH conference				
cohort	2021	2022	Total	N
Cohort 1		80%	80%	24
Cohort 2		71%	71%	37
Cohort 3		76%	76%	27
Total		75%	75%	88

Which of the following would you find most valuable as a way to engage with the WomenLift network in other regions? Discussion boards on an e-learning platform				
cohort	2021	2022	Total	N
Cohort 1		20%	20%	24
Cohort 2		14%	14%	37
Cohort 3		29%	29%	27
Total		23%	23%	88
Which of the following would you find most valuable as a way to engage with the WomenLift network in other regions? I am unlikely to engage				
cohort	2021	2022	Total	N
Cohort 1		0	0	24
Cohort 2		0	0	37
Cohort 3		0	0	27
Total		0	0	88
Which of the following would you find most valuable as a way to engage with the WomenLift network in other regions? I have another suggestion				
cohort	2021	2022	Total	N
Cohort 1		20%	20%	24
Cohort 2		14%	14%	37
Cohort 3		19%	19%	27
Total		17%	17%	88
In the past 12 months, have you published any articles in a peer-reviewed journals?				
cohort	2021	2022	Total	N
Cohort 1	47%	50%	48%	24
Cohort 2	53%	67%	61%	37
Cohort 3		37%	37%	27
Total	50%	50%	50%	88
Were you first author on any of those publications?				
cohort	2021	2022	Total	N
Cohort 1	62%	33%	55%	24
Cohort 2	62%	71%	68%	37
Cohort 3		50%	50%	27

Total	62%	59%	60%	88
In the past 12 months, have you published any non-peer reviewed publications that would qualify as gray literature?				
cohort	2021	2022	Total	N
Cohort 1	59%	33%	52%	24
Cohort 2	40%	57%	50%	37
Cohort 3		56%	56%	27
Total	50%	54%	52%	88
How many gray literature publications did you author in the last 12 months?				
cohort	2021	2022	Total	N
Cohort 1	3.5	3.5	3.5	24
Cohort 2	2.5	2.17	2.28	37
Cohort 3		2	2	27
Total	3.12	2.17	2.51	88
Currently leads research trials or studies				
cohort	2021	2022	Total	N
Cohort 1	29%	33%	30%	24
Cohort 2	53%	38%	44%	37
Cohort 3		22%	22%	27
Total	41%	30%	34%	88
How many research trials or studies do you currently lead?				
cohort	2021	2022	Total	N
Cohort 1	3	1	2.43	24
Cohort 2	2.25	3.75	3	37
Cohort 3		5.33	5.33	27
Total	2.54	4	3.34	88
Do you currently serve on the board of any organization?				
cohort	2021	2022	Total	N
Cohort 1	59%	17%	48%	24
Cohort 2	40%	29%	33%	37
Cohort 3		30%	30%	27

Total	50%	28%	36%	88
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In the past 12 months, have you or your work contributed to any changes in health policy or practice?

cohort	2021	2022	Total	N
Cohort 1		50%	50%	24
Cohort 2		52%	52%	37
Cohort 3		70%	70%	27
Total		61%	61%	88

WomenLift Health is currently developing an approach to providing e-learning con

cohort	2021	2022	Total	N
Cohort 1		83%	83%	24
Cohort 2		52%	52%	37
Cohort 3				27
Total		59%	59%	88

WomenLift Health is currently developing an approach to providing e-learning content for alumnae. Which types of formats would you be most likely to engage with? (Select all that apply.)

30-45 minute courses combining teaching and practice

cohort	2021	2022	Total	N
Cohort 1		33%	33%	24
Cohort 2		43%	43%	37
Cohort 3				27
Total		41%	41%	88

WomenLift Health is currently developing an approach to providing e-learning content for alumnae. Which types of formats would you be most likely to engage with? (Select all that apply.)

Asynchronous learning I can do on my own schedule

cohort	2021	2022	Total	N
Cohort 1		100%	100%	24
Cohort 2		43%	43%	37
Cohort 3				27
Total		56%	56%	88

WomenLift Health is currently developing an approach to providing e-learning content for alumnae. Which types of formats would you be most likely to engage with? (Select all that apply.)

Synchronous learning where I can interact with my peers

cohort	2021	2022	Total	N
Cohort 1		67%	67%	24
Cohort 2		62%	62%	37
Cohort 3				27
Total		63%	63%	88

WomenLift Health is currently developing an approach to providing e-learning content for alumnae. Which types of formats would you be most likely to engage with? (Select all that apply.)

I'm unlikely to engage regardless of format

cohort	2021	2022	Total	N
Cohort 1		0	0	24
Cohort 2		0	0	37
Cohort 3				27
Total		0	0	88

WomenLift Health is currently developing an approach to providing e-learning content for alumnae. Which types of formats would you be most likely to engage with? (Select all that apply.)

I have another suggestion

cohort	2021	2022	Total	N
Cohort 1		0%	0%	24
Cohort 2		5%	5%	37
Cohort 3				27
Total		4%	4%	88

Which kind of platform would you prefer for e-learning? - Selected Choice - A customized app that integrates with other aspects of the alumnae network

cohort	2021	2022	Total	N
Cohort 1		20%	20%	24
Cohort 2		40%	40%	37
Cohort 3				27

Total		36%	36%	88
Which kind of platform would you prefer for e-learning? - Selected Choice - Something built into an existing platform such as LinkedIn Learning				
cohort	2021	2022	Total	N
Cohort 1		80%	80%	24
Cohort 2		45%	45%	37
Cohort 3				27
Total		52%	52%	88
Which kind of platform would you prefer for e-learning? - Selected Choice - Something built into TechChange				
cohort	2021	2022	Total	N
Cohort 1		0%	0%	24
Cohort 2		40%	40%	37
Cohort 3				27
Total		32%	32%	88
Which kind of platform would you prefer for e-learning? - Selected Choice - Synchronous events planned by or featuring WomenLift Alumnae				
cohort	2021	2022	Total	N
Cohort 1		40%	40%	24
Cohort 2		40%	40%	37
Cohort 3				27
Total		40%	40%	88
Which kind of platform would you prefer for e-learning? - Selected Choice - I'm unlikely to engage regardless of platform				
cohort	2021	2022	Total	N
Cohort 1		0	0	24
Cohort 2		0	0	37
Cohort 3				27
Total		0	0	88
Which kind of platform would you prefer for e-learning? - Selected Choice - I have another suggestion				

cohort	2021	2022	Total	N
Cohort 1		0%	0%	24
Cohort 2		5%	5%	37
Cohort 3				27
Total		4%	4%	88

In the past 12 months, have you been promoted or otherwise changed to a job with more authority?

cohort	2021	2022	Total	N
Cohort 1	41%	43%	42%	24
Cohort 2	33%	41%	38%	37
Cohort 3		33%	33%	27
Total	38%	38%	38%	88

Since last year, have you received a pay raise, either in your job or as a result of a job change?

cohort	2021	2022	Total	N
Cohort 1	53%	43%	50%	24
Cohort 2	47%	45%	46%	37
Cohort 3		44%	44%	27
Total	50%	45%	47%	88

If yes, what was the percentage increase?

Cohort 1	2021	2022	Total	
1-3%	11%	33%	17%	2
11% or higher	22%	0%	17%	2
4-6%	67%	0%	50%	6
7-10%	0%	67%	17%	2
Total	100%	100%	100%	12

If yes, what was the percentage increase?

Cohort 2	2021	2022	Total	
1-3%	14%	40%	29%	5
11% or higher	29%	30%	29%	5
4-6%	14%	0%	6%	1
7-10%	43%	30%	35%	6
Total	100%	100%	100%	17

If yes, what was the percentage increase?				
Cohort 3	2021	2022	Total	
1-3%	25%	25%	3	
11% or higher	33%	33%	4	
4-6%	17%	17%	2	
7-10%	25%	25%	3	
Total	100%	100%	12	
Do you hold any budgetary authority or oversight?				
cohort	2021	2022	Total	N
Cohort 1	65%	83%	70%	24
Cohort 2	67%	62%	64%	37
Cohort 3		81%	81%	27
Total	66%	74%	71%	88
Since last year, has your number of direct reports increased, decreased, or stayed the same?				
Cohort 1	2021	2022	Total	
Decreased	6%	0%	4%	1
I had no direct reports at either time period	6%	0%	4%	1
Increased	47%	57%	50%	12
Stayed the same	41%	43%	42%	10
Total	100%	100%	100%	24
Since last year, has your number of direct reports increased, decreased, or stayed the same?				
Cohort 2	2021	2022	Total	
Decreased	7%	9%	8%	3
I had no direct reports at either time period	13%	9%	11%	4
Increased	60%	41%	49%	18
Stayed the same	20%	41%	32%	12
Total	100%	100%	100%	37
Since last year, has your number of direct reports increased, decreased, or stayed the same?				
Cohort 3	2021	2022	Total	
Decreased	4%	4%	1	
I had no direct reports at either time period	11%	11%	3	

Increased	44%	44%	12	
Stayed the same	41%	41%	11	
Total	100%	100%	27	
How many direct reports do you currently have?				
cohort	2021	2022	Total	N
Cohort 1	4.31	3.83	4.18	24
Cohort 2	7.38	7.68	7.56	37
Cohort 3		3.79	3.79	27
Total	5.69	5.31	5.45	88
Over how many people in total do you have oversight?				
cohort	2021	2022	Total	N
Cohort 1	11.38	11	11.27	24
Cohort 2	10.15	15.61	13.32	37
Cohort 3		19.25	19.25	27
Total	10.83	16.85	14.58	88
To what extent were you satisfied with your overall Leadership Journey experience?				
Cohort 1	2021	2022	Total	
Satisfied	21%	21%	3	
Somewhat satisfied	21%	21%	3	
Very satisfied	57%	57%	8	
Total	100%	100%	14	
To what extent were you satisfied with your overall Leadership Journey experience?				
Cohort 2	2021	2022	Total	
Satisfied	47%	33%	39%	14
Somewhat satisfied	13%	5%	8%	3
Unsatisfied	7%	0%	3%	1
Very satisfied	33%	62%	50%	18
Total	100%	100%	100%	36