Raising Gender Equity Voices: Reflections from an International Virtual Assembly in Global Surgery

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The Experience

IJMS

Global surgery is an area of study, research, practice, and advocacy that seeks to improve health outcomes and achieve health equity for all people who need surgical, obstetric, and anesthesia (SOA) care.¹ Even though "global" promotes a spirit of collaboration, the colonial background and long history of gender inequity still influence global health.² This is evident by the imbalanced gender and geographic distribution of leadership, where only 17% of global health leaders come from low- and middle-income countries (LMICs), with women representing 5% of this proportion.³ This pattern extends to global surgery, where women and non-binary gendered people are underrepresented in SOA specialities.¹

To inform the surgical community and public on gender disparities in SOA fields, the Gender Equity Initiative in Global Surgery (GEIGS) was founded in 2019, based on three pillars: research, mentorship, and advocacy.⁴ Given the paucity of open-access learning opportunities on gender equity in surgery, GEIGS and similar organizations show potential for providing such instructional spaces. In light of the COVID-19 pandemic, the adaptation of conferences to virtual platforms has allowed more international colleagues and underrepresented members of the surgical workforce to access educational opportunities.⁵

Creating the General Assembly

Aiming to address the gap in open-access gender equity education, GEIGS held its first General Assembly on December 12 and 20, 2020. The agenda were centered on "Building Capacity for Gender Equity in Global Surgery." An organizing committee (OC), formed from an open call to all GEIGS members for volunteers in October 2020, organized the event. The OC comprised 11 individuals, eight of which were females, from nine different countries, including six LMICs. This intersection of diverse perspectives was a crucial component to planning a General Assembly focused on capacity building in a truly global context.

In total, 199 attendees from 46 countries participated in the virtual event; a world map depicting these countries and levels of attendance

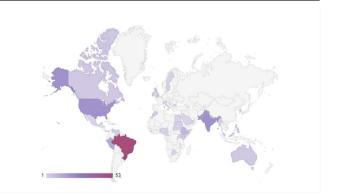
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by country is shown in *Figure 1*. Stratification of participants using the World Bank income categories shows that 43 (21.6%), 80 (40.7%), 54 (27.6%), and 19 (9.5%) participants were from high income, upper-middle income, lower-middle income, and low-income countries, respectively.²

The assembly featured six region-specific networking and capacity building sessions, adopting the World Health Organization regional model.⁶ Each focused on a context-specific set of topics and challenges related to gender equity. While few studies have been conducted on the causes of gender disparities within surgical fields in LMICs, the reasons discussed by participants in these sessions echoed those discussed in previous HIC-centric studies, including structural barriers that preserve cisgender male dominance in higher-ranking positions, overt and covert discrimination, and the lack of same-gender mentorship or adequate parental leave policies that could ameliorate this gap.⁷

Figure 1: International Representation at the GEIGS General Assembly.



Legend: This world map depicts the number of registered attendees per country and the different countries that were represented in the GEIGS General Assembly. There were 199 attendees from 46 countries.

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- 9 MD. Department of Perinatology and Gynecology, Poznan University of Medical Sciences, Poland.
- 10 Medical student. Baroda Medical College, Vadodara, India.
- 11 MD. University of Balamand, Faculty of Medicine, Al Koura, Lebanon.
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Emerging Themes and Knowledge Gaps

Despite expected differences in attendee perspectives in the regional sessions, overarching themes also emerged. One unifying topic discussed was the exclusion of non-English-speaking experts from academic conferences.8 Echoing the oppressive colonially-rooted history of global health, many international scientific and medical conferences continue to favor English-proficient experts for keynote speeches.8 Meanwhile the availability of translation services is often lacking due to the additional costs, logistical difficulty, or lack of planning.⁸ The gravity of how much valuable learning is lost from this practice was deeply understood following the session on gender inclusivity on Day 1, which featured speaker and transgender activist Ms. Sophie Nouveau, a member of the State LGBT Health Technical Committee of Rio Grande do Sul in Brazil. This session was successfully organized because of the interconnected international network of the OC and GEIGS, which made translation available. Not surprisingly, the session was very well-received by participants and frequently mentioned in region-specific sessions. Removing linguistic barriers in academic spheres increases access to unique perspectives, which are otherwise missed when the discourse occurs in English only.8

Another session that proved challenging to organize, mainly due to the paucity of resources, was the one focusing on "Gender Equity and National Surgical, Obstetric, and Anesthesia Plans (NSOAPs)." Despite being a central concept in global surgery, to the authors' knowledge, no existing or openly available educational resources focusing on the integration of gender equity indicators and NSOAPs are accessible.¹

Global Outreach and Social Media

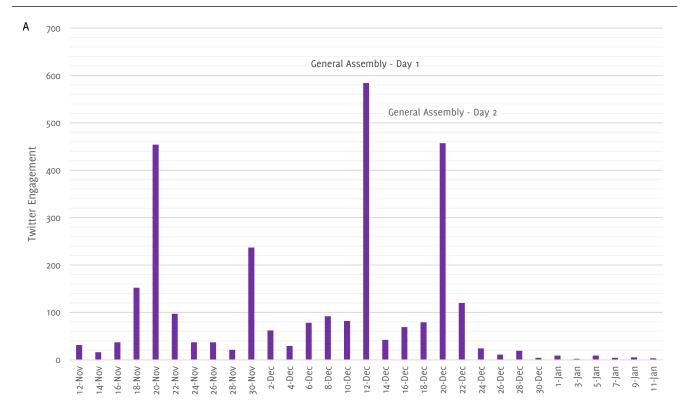
According to Twitter analytics from the GEIGS account, the General Assembly had 34 tweets but as many as 27,141 Twitter impressions (total number of views generated by original tweets and an indicator of brand presence) for the days that the event took place. While original tweets represent content creation from the OC, impressions reflect the influence of the tweets and interest from the general public in consuming this information.⁶ GEIGS's Twitter impressions and engagement counts over a 60-day span that encompasses the General Assembly, as well as the days preceding and following the event, are depicted in *Figure 2*. On Facebook, GEIGS saw a 394% increase in video engagement and a net 8% increase in followers following the live streaming of the event. With its opportunity for instantaneous global connectivity and discussions, social media can have an important role complementary to conferences in terms of enhancing scholarly dissemination, capacity building, and professional networking.⁵

The "Intersectionality in Global Surgery" and the "The Value of Equity, Social Justice and Diversity in Surgical Education" sessions garnered the most attention and engagement on social media. Intersectionality is traditionally defined as the investigational framework of inequities exacerbated at the intersection of gender and race.¹⁰ These sessions aimed to expand gender equity in SOA fields beyond the cis-normalized gender binary view and to highlight the additional inequities at intersection with these social identities, particularly in regards to racism.¹⁰

Conclusions

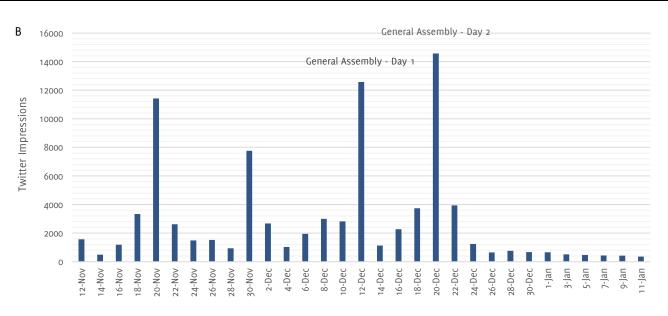
Engaging in global surgery demands management of actor power to promote visibility and attract stakeholders.³ Consequently, identifying leaders who will build awareness and gather sociopolitical influence is critical. Hence initiatives like the GEIGS General Assembly are relevant to highlight the previously neglected topic of gender disparities in the global surgery field and to provide capacity building, education, supportive leadership, and diverse mentorship where these have been lacking. This conference model can be applied for other trainee-led global surgery conferences.

Figure 2: GEIGS Twitter (A) Engagement and (B) Impressions Before, During, and After the General Assembly.



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Legend: The GEIGS General Assembly social media campaign launched its first promotional materials on November 30, with an invitation to save the date for the upcoming event. The campaign progressed in the following days with information on registration and external speakers, culminating in high levels of engagement (top) and impressions (bottom) on the days of the event.

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Author Contributions

Conceptualization, Methodology & Writing – Original Draft Preparation: LNC, NP, LV, NMR, AG, HAI. Data Curation, Project Administration & Resources: LNC, NP. Formal Analysis: LNC, NP, HAI. Investigation: LNC, NP, LV, NMR, AG. Validation: LNC, NP, LV, NMR, AG, KR, HAI. Visualization: LNC, NP, KR. Writing – Review & Editing: KR, ZB, MD, DP, NN, HYT, MHAR, TLZ.

Compliance with ethical standards

All data collected from the participants were consented through the general assembly's registration form, in accordance with the European Data Protection Law GDPR. All registrants' information were anonymized for storage, and if they were free to request removal of their data in GEIGS storage. In addition, all presented data are aggregated in a manner to protect any possible identification of participants.

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