

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

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38 GEIGS storage. In addition, all presented data is aggregated in a manner to protect any possible identifications  
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<b>Conceptualization</b>	Ideas; formulation or evolution of overarching research goals and aims.	X	X	X	X	X		X				0	1	2	3	4	A
<b>Data Curation</b>	Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later reuse.	X	X														
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<b>Investigation</b>	Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection.	X	X	X	X	X											
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4

5 **Discussion Points:**

- 6 1. Although the current global surgery agenda promotes a spirit of collaboration, an imbalanced gender  
7 and geographic distribution in leadership and scholarly recognition remains, with more efforts needed  
8 to integrate gender equity perspectives in global surgery.  
9 2. The reported conference signifies an important step to empowering low-and-middle income country  
10 health workers and gender minorities in surgical specialties in both an international and region-specific  
11 context.  
12 3. Our piloted General Assembly provided a more equitable platform for idea sharing and community  
13 building, while maintaining the interactive learning and engagement of in-person experiences.  
14 4. Attendees were highly interested in sessions about intersectionality, diversity, and non-Anglophone  
15 speaker perspectives, emphasizing their desire to shift away from the traditional representation of high-  
16 income country, cisgender male, and exclusively English-speaking voices.  
17

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23

## 1 THE EXPERIENCE.

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

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

### 15 **Creating the General Assembly**

16 Aiming to address the gap in open-access gender equity education, GEIGS held its first General Assembly on  
17 December 12th and 20th, 2020. The agenda was centered on “Building Capacity for Gender Equity in Global  
18 Surgery.” The event was carried out by an organizing committee (OC), which was selected by an open call for  
19 volunteers to all GEIGS members in October 2020. The OC was composed of 11 individuals, eight of which  
20 were female, from nine different countries, including six LMICs. This intersection of diverse perspectives was a  
21 crucial component to planning a General Assembly focused on capacity building in a truly global context.

22  
23 In total, there were 199 attendees from 46 countries; a world map depicting these countries and levels of  
24 attendance by country is shown in Figure 1. Stratification of participants using the World Bank income categories  
25 shows that: 43 (21.6%) were from high income countries, 80 (40.7%) from upper-middle income countries, 54  
26 (27.6%) from lower-middle income countries, and 19 (9.5%) from low-income countries.<sup>9</sup>

27  
28 The assembly featured six region-specific networking and capacity building sessions, adopting the World Health  
29 Organization regional model.<sup>6</sup> Each focused on a context-specific set of topics and challenges related to gender  
30 equity. While there is a paucity of research on the causes of gender disparities within surgical fields in LMICs,  
31 the reasons discussed by participants in these sessions echoed those discussed in previous HIC-centric  
32 studies, including: structural barriers that preserve cisgender male dominance in higher-ranking positions, overt  
33 and covert discrimination, and the lack of same-gender mentorship or adequate parental leave policies that  
34 could ameliorate this gap.<sup>7</sup>

### 35 **Emerging Themes and Knowledge Gaps**

36  
37 Despite expected differences in attendee perspectives in the regional sessions, overarching themes also  
38 emerged. One unifying topic discussed was the silencing of non-English-speaking experts from academic

1 conferences.<sup>8</sup> Echoing the oppressive colonially rooted history of global health, many international scientific and  
2 medical conferences continue to favor English-proficient experts for keynote speeches.<sup>8</sup> Meanwhile the  
3 availability of translating services is often lacking due to the additional costs, logistical difficulty, or lack of  
4 planning.<sup>8</sup> The gravity of how much valuable learning is lost from this practice was deeply understood following  
5 the session on gender inclusivity on Day 1, which featured speaker and transgender activist Ms. Sophie  
6 Nouveau, a member of the State LGBT Health Technical Committee of Rio Grande do Sul in Brazil. This session  
7 was able to take place because of the interconnected, international network of the OC and GEIGS, which made  
8 translation available. Not surprisingly, the session was very well-received by participants and frequently  
9 mentioned in region-specific sessions. Removing linguistic barriers in academic spheres increases access to  
10 unique perspectives, which are otherwise missed when the discourse only takes place in English.<sup>8</sup>

11  
12 Another session that proved challenging to organize, mainly due to the paucity of resources, was the one  
13 focusing on “Gender Equity and National Surgical, Obstetric, and Anesthesia Plans (NSOAPs).” Despite being  
14 a central concept in global surgery, to the authors’ knowledge, there are no existing or openly available  
15 educational resources focusing on the integration of gender equity indicators and NSOAPs.<sup>1</sup>

### 16 17 **Global Outreach and Social Media**

18 According to Twitter analytics from the GEIGS account, the General Assembly had 34 tweets but as many as  
19 27,141 Twitter impressions (total number of views generated by original tweets and an indicator of brand  
20 presence) for the days that the event took place. While original tweets represent content creation from the OC,  
21 impressions reflect the influence of the tweets and interest from the general public to consume this information.<sup>6</sup>  
22 GEIGS Twitter impressions and engagement counts over a 60-day span that encompasses the General  
23 Assembly, as well as the days preceding and following the event, are depicted in Figure 2. On Facebook, GEIGS  
24 saw a 394% increase in video engagement and a net 8% increase in followers following the live streaming of  
25 the event. With its opportunity for instantaneous global connectivity and discussions, social media can have an  
26 important role complementary to conferences in terms of enhancing scholarly dissemination, capacity building,  
27 and professional networking.<sup>5</sup>

28  
29 The “Intersectionality in Global Surgery” and the “The Value of Equity, Social Justice and Diversity in Surgical  
30 Education” sessions garnered the most attention and engagement on social media. Intersectionality is  
31 traditionally defined as the investigational framework of inequities exacerbated at the intersection of gender and  
32 race.<sup>10</sup> These sessions aimed to expand gender equity in SOA fields beyond the cis-normalized gender binary  
33 view and to highlight the additional inequities at intersection with these social identities, particularly in regards  
34 to racism.<sup>10</sup>

### 35 36 **Conclusions**

37 Engaging in global surgery demands management of actor power, to promote visibility and attract stakeholders.<sup>3</sup>  
38 Consequently, identifying leaders who will build awareness and gather sociopolitical influence is critical. Hence  
39 initiatives like the GEIGS General Assembly are relevant to highlight the previously neglected topic of gender

1 disparities in the global surgery field and to provide capacity building, education, supportive leadership, and  
2 diverse mentorship where these have been lacking. This conference model can be applied for other trainee-led  
3 global surgery conferences.

4

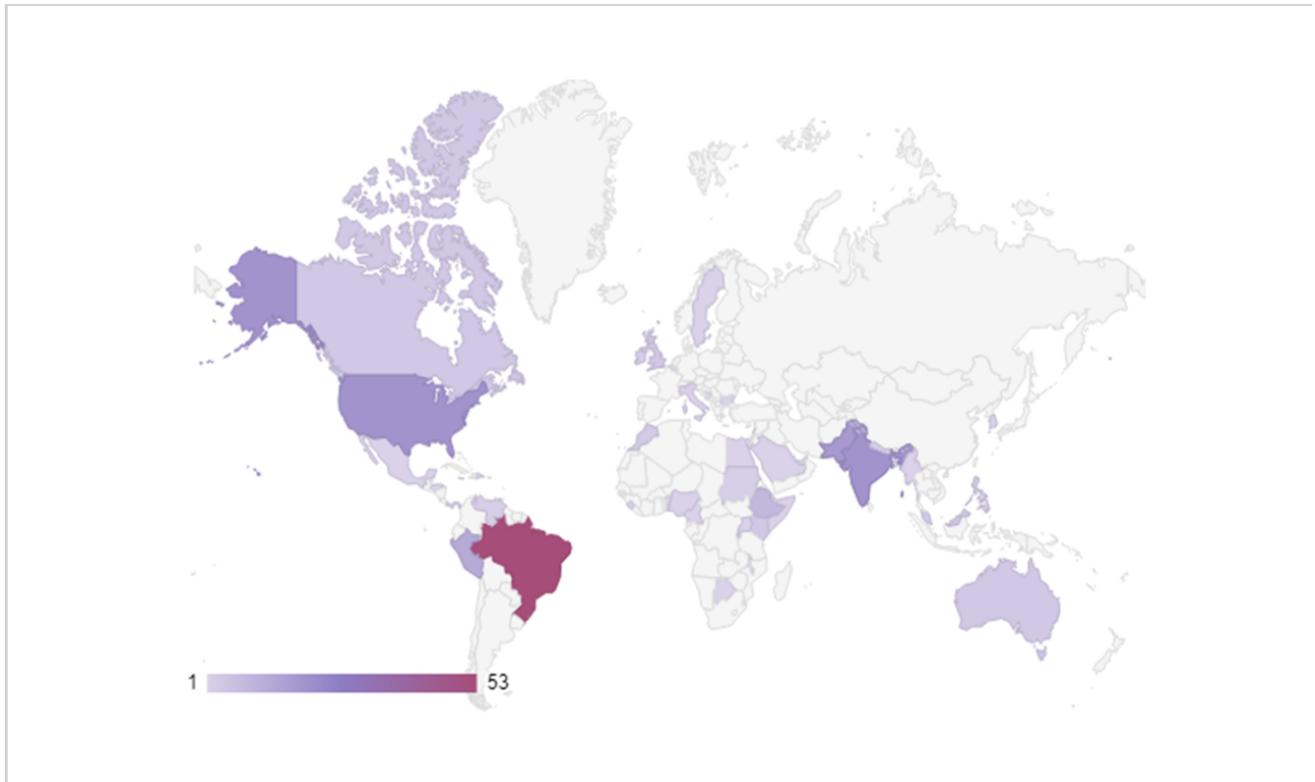
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- 26

1 **FIGURES AND TABLES.**

2  
3 **Figure 1:** International Representation at the GEIGS General Assembly  
4

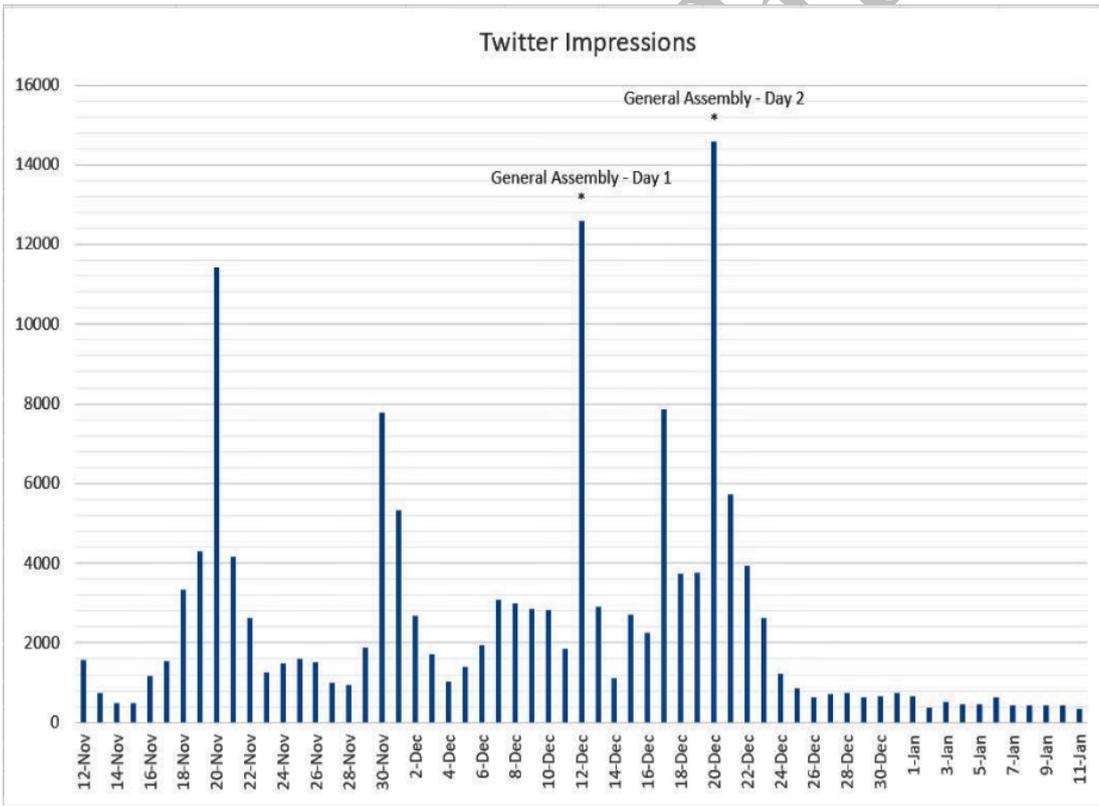
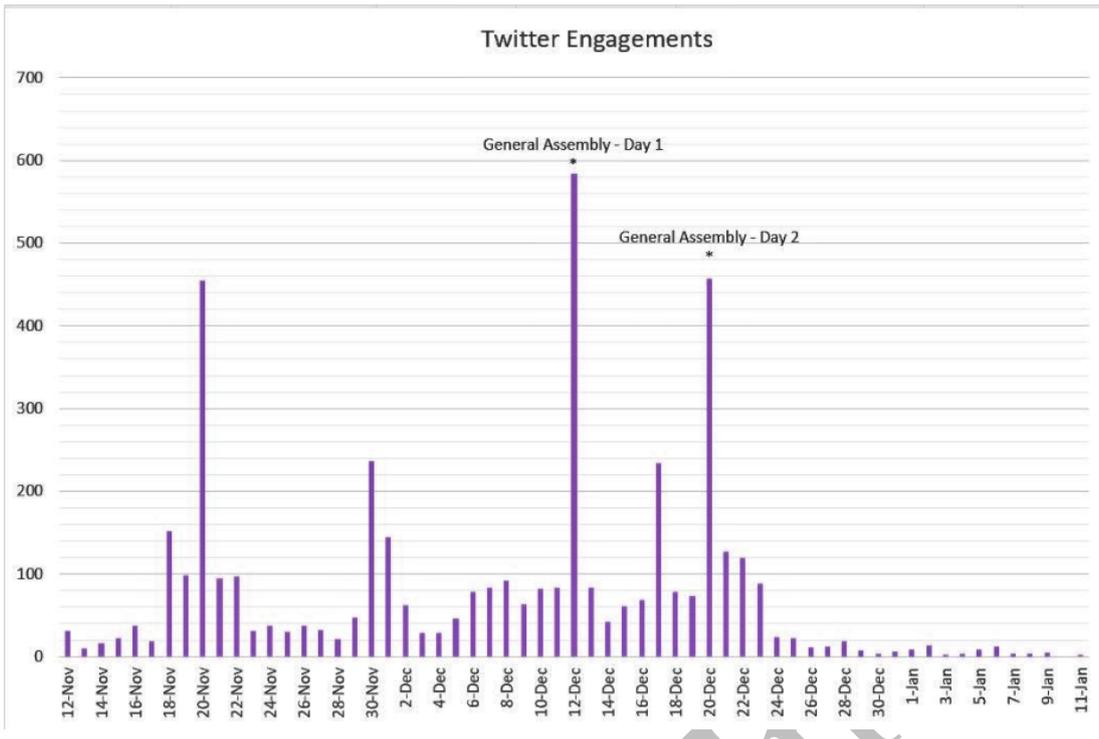


5  
6 This world map depicts the number of registered attendees per country and the different countries that were  
7 represented in the GEIGS General Assembly. There were 199 attendees from 46 countries.  
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1 **Figure 2:** GEIGS Twitter Engagement and Impressions Before, During, and After the General Assembly



2

3

4 The GEIGS General Assembly social media campaign launched its first promotional materials on November  
 5 30th, with an invitation to save the date for the upcoming event. The campaign progressed in the following days  
 6 with information on registration and external speakers, culminating in high levels of engagement (top) and  
 7 impressions (bottom) on the days of the event.