

# Women's Network for the Global Partnership's Signature Initiative to Mitigate Biological Threats in Africa

## Workshop Outcomes

**Background:** An in-person workshop was hosted on the margins of the African Society for Laboratory Medicine's (ASLM's) biennial conference in Cape Town, South Africa, on December 12th, 2023, to establish the Women's Network for the Global Partnership's Signature Initiative to Mitigate Biological Threats in Africa. This workshop was facilitated by representatives from the International Federation of Biosafety Associations (IFBA) Secretariat and Equity Coordinating Committee with funding provided by the Government of Canada's Weapons Threat Reduction Program. **The workshop's primary objectives included establishing the Network's priority activities, defining its participants and key stakeholders, as well as its formal structure.** Discussions built upon several virtual community fora hosted by IFBA throughout October and November 2023, which focused on **advancing the relevance of gender to biosafety and biosecurity practice, with a specific emphasis on African perspectives.** These findings were presented and further developed at the in-person workshop to **develop actionable next steps for the establishment of the Network and implementation of its priority activities.**

### **Priority 1: Robust Advocacy for Women's Meaningful Participation in Regional and Global Health Security**

*Action Item A: Development of Multilingual Set of Advocacy Videos in AU Languages, Tailored to African Cultural Contexts*

*Action Item B: Gender Advocate Initiative for African Men in Biosafety and Biosecurity*

- Secured funding supports the **development of a motion graphic video translated to all official AU languages** for dissemination across all African regions. **Feedback collected from workshop participants centered on the design of the video as an advocacy piece fitting the cultural contexts of targeted audiences** including: (a) using **real community leaders, professionals, or other types of figureheads** (e.g., politicians, local celebrities) that the target audience either relates to personally or views as an authority; (b) if targeted to **youth**, that specific youth-focused music and platforms (e.g., Tiktok) are used; (c) **methods of dissemination match local context** (e.g., using television and radio as opposed to only online methods); and (d) one video may not be sufficient to target the unique needs of all regions across the continent.
- **There was generally positive consensus that men ought to participate in the Network and greater efforts to promote meaningful participation of women in the African health security landscape.** Some of this discussion emphasized the role that men leaders play in promoting and retaining individual women employees over time. Other points highlight traditional gender roles outside of the workplace impacting this meaningful participation, and that accommodations should be made for women professionals (particularly working mothers), though there were no suggestions as to how men could alleviate these issues.
- **There is a greater need amongst men professionals and leaders for awareness of gender equity issues in health security professions**, and that it is directly relevant to best technical practices and sustainable workforces (i.e., as opposed to just being courteous or generally supportive to an individual). These tangible connections need to be conveyed and instilled in a way that demonstrates **these commitments to gender equity stem from within African communities and are relevant to local cultural contexts.**



### **Priority 1 Next Steps:**

- Determine **key design features and messages for a motion graphics video**, as well as **cultural or language elements**, that would best serve target audience communities across the entire region;
- Provide **translations of the developed English-language script into all official AU languages**, including video recordings of scripts read aloud;
- Further discuss **the role of men in gender advocacy specific to biosafety and biosecurity on the African continent**, and **targeted awareness efforts for men in biosafety and biosecurity regarding gender mainstreaming**; with men Network members, **develop a list of recommendations for men professionals and leadership** to facilitate and encourage meaningful participation of women professionals in biosafety and biosecurity (this may be done using the IFBA DEI Implementation tool).

### **Priority 2: Targeted Support for Women and Girls Entering the Health Security Workforce**

*Action Item C: Supporting Biosafety and Biosecurity Education for Women and Girls*

*Action Item D: Peer Mentorship and Visibility of Women Champions*

- **Earning formal credentials that demonstrate technical understanding and competency is particularly important to women professionals** as they enter and participate in the workforce, as they are taken more seriously.
- **Availability of a dedicated degree program in biosafety and biosecurity** (e.g., Masinde Muliro University of Science and Technology, Kenya) lends **valuable skills** to girls and women entering the biosafety and biosecurity workforce that **previously was only offered through individual mentorship and on-the-job experience** (e.g., risk communication), which are opportunities that are not always inclusive of all genders.
- There is a **high degree of motivation amongst African women health security professionals to use peer-to-peer learning and mentorship as career development tools**, particularly **when their mentor is also a woman from their region** and knowledgeable about local opportunities and challenges.

### **Priority 2 Next Steps:**

- **Support the enrolment of girls in the new BSc Biosafety Biosecurity undergraduate degree program in Kenya**, their ongoing participation in the program, and **in regional and international global health security initiatives through continued engagement** over the course of their 4 years;
- **Identify and leverage existing mechanisms which provide visibility to women biosafety and biosecurity leaders in Africa**, and consider possible **gaps that may be addressed directly through Network activities** (e.g., developing a contactable champion database within the network, developing accessible peer-to-peer learning and networking opportunities for emerging women professionals in biosafety and biosecurity);
- Determine the **specific benefits of professional and career development efforts or credentials for African women and girls entering the workforce** to explore impactful methods of investment into this section of Africa's health security workforce: through formal investigation, how do methods such as professional certification, university degree and college diploma programs, refresher training, or online open-source learning modules provide different benefits to African women's career development in biosafety and biosecurity?

### **Priority 3: Cultivation of African Women Leadership in Biosafety and Biosecurity**

- Discussions emphasized the **need for increased visibility of African women leadership across health security sectors**, not only as a means to inspire motivation in emerging professionals, but also as an important **prerequisite to targeted professional networking and mentorship**.
- Giving visibility to local women champions is an **effective motivator to pursue leadership and extra-vocational opportunities**, where they feel their work is valued and their voice is being heard.



### *Action Item E: Collecting Success Stories from Present African Women Leaders in Biosafety and Biosecurity*

- It was highlighted that while **support given to leadership-track women in health security may consider gender-based differences and needs related to career development** to be very helpful, **approaches should not be too ‘gender-coded’**, and **adequately prepare women leaders for the present reality** of many different types of workplaces and regional contexts.
- Much discussion concerning promotion and retention of African women leaders pointed towards **the role of men allies in advocating for their meaningful participation in leadership roles**.

#### **Priority 3 Next Steps:**

- **Identify African women in biosafety and biosecurity top leadership**, and collect their perspectives in **career development and retention** (including **further characterization of regional challenges and barriers** presented to African women in the biosafety and biosecurity landscape);
- Determine the **best modes of dissemination** for these **perspectives to be shared most widely with the Network’s target audience** (e.g., other African women in biosafety and biosecurity, top decision- and policy-makers).

### **Priority 4: Measuring Progress in Implementing Priority Network Activities**

#### *Action Item F: Use of IFBA DEI Implementation Tool for Network Activities, and Dissemination for Community Use*

- The IFBA DEI Implementation Tool was **developed to help policy- and decision-makers, as well as top institutional leadership, assess their progress in implementing elements of diversity, equity, and inclusion (DEI)** in biosafety & biosecurity workplaces.
- The tool was presented across virtual and in-person events in support of the GP Women’s Network to **facilitate implementation of the Network’s activities and measure their progress over time**.

#### **Priority 4 Next Steps:**

- **Individual familiarization of the DEI Implementation Tool and associated literature**, available on the IFBA website, including attendance of a **virtual dissemination event** to be hosted in early 2024;
- Collective review of the DEI Implementation Tool to **establish progress measurements for the implementation of identified Network priority activities**;
- Use of the DEI Implementation Tool to **contribute to a developing evidence base** concerning sustainable gender mainstreaming and progress measurement across global cultural contexts in biosafety and biosecurity professional environments.

### **Network Stakeholders and Participants**

- Discussion on who should be part of the Network settled on the notion of ‘if one can, one should’. **Participants should not just be limited to laboratory- or field-based scientists and technicians, but also include community-based professionals** (e.g., social workers, religious leaders), **policy and law specialists, and representatives from top leadership and governance** (e.g., country representatives which attend UNSCR1540 or BWC meetings/FAO Codex Meetings/WHO meetings).



- Leveraging existing networks and using a multisectoral approach were important to maximize reach and avoid duplication of efforts, including using frameworks such as One Health to identify priority stakeholders across sectors.
- Contacting new or innovative stakeholder groups such as those specifically in the gender sector (e.g., UN Women, African Women’s Development Fund) was considered to be a priority, particularly to create more robust knowledge transfer and collaborative work at the intersections of gender and health security.

### **Network Stakeholders and Participants Next Steps:**

- Given workshop’s priority activities, finalize definitions and scope of participants and priority stakeholders, including opportunities for observerships and future collaboration from ASEAN and LAC regions;
- Determine which existing professional networks in regional and global health security, as well as relevant adjacent professional networks, may be leveraged to implement GP Women’s Network priority activities and how, as well as support creation and implementation of GP Signature Initiative programmatic activities in Africa;
- Map existing and potential stakeholder groups to be engaged with the GP Women’s Network to inform best methods of engagement or collaboration in implementing priority activities, including potential geographic or sectoral gaps.

### **Network Structure**

- A **regional breakdown** was considered to be important, as different African regions have **different needs**, and **different existing networks** that may be leveraged.
- Cross-regional subject matter subcommittees were also of interest and could be beneficial for region-to-region learning and collaboration.

### **Network Structure Next Steps:**

- Given workshop’s priority activities, **draft a formal structure for the GP Women’s Network that will facilitate implementation of identified priorities** (including short-, medium-, and long-term goals), and allow for meaningful participation of all participants;
- **Determine the relative participation of men** in the GP Women’s Network, and **what degree of representation or ‘buy-in’ would be beneficial to the Network** as a whole;
- **Determine priority cross-regional subject matter committees**, identifying priority actors across regions to participate and lead community activities.

***Immediate Next Steps:*** In early 2024, **establish a series of working groups** to firstly **finalize the network’s operational structure**, secondly **identify and engage participants**, and thirdly **implement the priority activities**. Working groups will ensure geographic representation and general participant balance. The IFBA point of contact for this work continues to be Ms. Stephanie Norlock, IFBA Senior Program Officer (s.norlock@internationalbiosafety.org).

