



ARAB INTERNATIONAL
WOMEN'S FORUM
المنتدى العربي الدولي للمرأة



DEI BY DESIGN

Women's leadership and legacy in MENA health



November 2023

The Arab International Women's Forum and Pfizer Middle East extend our warm appreciation to the many experts - authors, contributors and reviewers - who contributed to the development and review of this report.



In 2022-2023, **AIWF** and **Pfizer** were proud to collaborate on a virtual panel series initiative titled 'DEI by Design: Women's Leadership and Legacy in Health', exploring salient diversity issues impacting women's inclusion in global and MENA health

Inside This Report

Forewords	4
Introduction	6
Executive Summary	7
1 Session One: Nurturing the next generation of women leaders in health through mentorship, role modelling, and recognition	8
1.1 Session Introduction	8
1.2 Synthesis of Session Discussion	8
1.3 Key Recommendations	10
2 Session Two: Mainstreaming and embedding DEI into MENA health professional cultures and practices	12
2.1 Session Introduction	12
2.2 Synthesis of Session Discussion	12
2.3 Key Recommendations	16
3 Session Three: Women's leadership and inclusion in the innovation landscape (Clinical Research and Trials)	18
3.1 Session Introduction	18
3.2 Synthesis of Session Discussion	18
3.3 Key Recommendations	20
4 Recommendations	22
5 Contributing Speakers	24

Forewords



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A message from the Arab International Women's Forum

Mainstreaming and embedding DEI into health practices and working culture is crucial to the success of women now and in the future. Diverse leadership in the sector brings fresh and different perspectives. Women's representation in leadership positions can help incorporate unique perspectives that reflect the needs and realities of half the population. This is crucial in healthcare, where decisions can significantly impact women's health. Women's representation in health leadership contributes to more innovative and gender-sensitive solutions to some of the world's most challenging public health concerns as well as to maternal, paediatric and refugee health, contributing to the health and overall wellbeing of whole communities, societies and nations. Women leaders often emphasise these values, contributing to stronger and more compassionate healthcare systems. These traits were essential in managing the pandemic and will continue to be valuable in a post-pandemic world.

The COVID-19 pandemic put a spotlight on the critical role that women play in the health sector. Women make up a significant proportion of healthcare workers globally, accounting for 90% of the global frontline health and social care workforce, yet they are vastly underrepresented in leadership roles, with an estimated 75% of leadership roles in health and care held by men, according to the World Health Organization and the United Nations Office for the Coordination of Humanitarian Affairs¹. This gender disparity in healthcare leadership was a concern prior to the pandemic and was greatly exacerbated during the global health crisis, when women leaders demonstrated exceptional crisis management skills and were often at the frontline of patient care², dealing with increased workloads, work-life balance difficulties, and heightened risk of infection. Additionally, countries led by women had more effective and efficient responses to the pandemic³. The pandemic has underscored the importance of resilience and empathy in healthcare leadership. Therefore, encouraging more women to take leadership roles in health can ensure better preparedness and response to future public health crises.

Building on the successes in recent decades of women leaders in health, in the MENA and globally, it is vital to nurture the next generation of women leaders in health not only through education and continued professional development but also through mentorship, role modelling, and recognition, especially after the pandemic when so much of our networking and interpersonal contact with colleagues is conducted virtually. As we look ahead to a post-COVID future and apply lessons learned, we have the opportunity to create and model the DEI-focused working environments we want for the future of MENA health. The DEI by Design initiative, on which AIWF is so proud to have worked closely with our Pfizer partners in the Middle East, is a collaborative effort to recognise women's leadership, to celebrate their contributions and address stubborn challenges to inclusion head-on.

This initiative, and the Report and rich Recommendations it has produced, is an important step towards addressing these disparities and other DEI gaps that have long been prevalent in the male-dominated health sciences sector. We look forward to continuing our close work with Pfizer in the Middle East and worldwide to level the playing field for women in health, with a view to creating ripples of change that will embed and mainstream DEI in STEM in the MENA more broadly.

- 1 United Nations Office for the Coordination of Humanitarian Affairs (OCHA), The State of Women and Leadership in Global Health, 20 March 2023, Accessed at [https://www.who.int/activities/value-gender-and-equity-in-the-global-health-workforce](https://reliefweb.int/report/world/state-women-and-leadership-global-health-march-2023#:~:text=They%20found%20that%20women%20face,enough%20to%20redress%20historic%20inequalities; World Health Organization, Value gender and equity in the global health workforce, Accessed at <a href=)
- 2 Loren Galler Rabinowitz MD & Danielle Galler Rabinowitz MD, Women on the Frontline: A Changed Workforce and the Fight Against COVID-19, Academic Medicine, June 2021, 96(6), pp 808-812
- 3 Jack Zenger and Joseph Folkman, Research: Women Are Better Leaders During a Crisis, Harvard Business Review, 30 December 2020, Accessed at <https://hbr.org/2020/12/research-women-are-better-leaders-during-a-crisis>



A message from Pfizer Diversity, Equity & Inclusion

Our region is rich in voices and stories. Differences – whether cultural, racial, socioeconomic, or ideological – enrich our shared experiences and potential to thrive in business and society. Equality and representation are about celebrating our shared humanity and recognizing that each person’s story contributes to our society.

We embed Diversity, Equality, and Inclusion (DEI) principles not only in our workspace, but also in our purpose of delivering breakthroughs that can change patients’ lives. Our commitment to DEI is not just a moral responsibility; it is a strategic imperative too. We recognize that diverse perspectives are the catalysts for impactful breakthroughs that matter to our patients, and we always strive to put our convictions into practice.

Diversity is embracing our visible and invisible differences that make us unique. It is what drives us to foster the next generation of women through education, professional mentorship, and well-deserved recognition. Our pursuit of gender targets and participation in local initiatives like the Gulf gender equity pledge ensure that the robust talents of women are nurtured and fully represented across all levels of our organization. Moreover, our recruitment process actively considers equal representation in hiring and promotions to ensure that our workforce reflects the communities we serve. Our commitment to diversity is also evident in our pursuit to clinical trial diversity, where we ensure that our scientific breakthroughs benefit all patients, regardless of gender.

Equity ensures that everyone is seen, heard, and cared for. We champion policies such as equal pay, flexible working hours, and comprehensive maternity and paternity leave, to foster a space where every individual thrives. Prioritizing equity also means addressing the unique needs faced by women and the solutions to solve them. This commitment to equity is exemplified by our partnership with the Bill & Melinda Gates Foundation, Children’s Investment Fund Foundation (CIFF), and BD to expand access to Pfizer’s injectable contraceptive, empowering millions of women in 92 countries to take charge of their reproductive health and bridging disparities in healthcare.

Inclusion helps us understand, embrace, and leverage the unique strengths and facets of our identities. It creates an environment where every individual is welcomed, valued, and empowered to contribute their perspectives. Engaging men as allies is a crucial part of this journey, where their involvement in fostering inclusion within our organization is a testament to the strength of unity. We believe that true inclusion needs proactive involvement, which is why we provide diversity and inclusion trainings and unconscious bias education to pave the way for more inclusive hiring practices. We aim to nurture relationships between our team members to meet the needs of our teams, patients, suppliers, medical providers, and the broader communities we serve.

The journey may not always be easy, but the destination—a world where diversity is celebrated, equity is realized, and inclusion is the norm—is one worth striving for. As we continue to embed DEI in our purpose, consider the impact you can have in building a more inclusive society. Each step, no matter how small, contributes to the greater movement toward unity, understanding, and progress.

Introduction

For well over a decade, Pfizer Middle East has been a Platinum Corporate Partner of the Arab International Women's Forum, a leading development organisation based in London with strong representation throughout the MENA region and especially the UAE and KSA where its Global Corporate Partners (PepsiCo, PwC and Pfizer) have their regional headquarters.

In the last two decades AIWF programmes have been focused on women's empowerment through economic inclusion, education, and entrepreneurship across numerous sectors and spheres. In the years of our partnership, AIWF and Pfizer Middle East have proudly collaborated on highly successful initiatives such as the 'Women on the Frontline in the Fight Against COVID-19' webinar held in July 2020; the 'Women Leaders in Health' conference held at the American University in Beirut Medical School in April 2019 in partnership with the University of Massachusetts Medical School and PwC; and the 'Women-Led Innovation in STEM' conference held at the Royal Academy of Engineering in December 2017 which brought the World Bank and Shell on board as event partners.

In 2022-2023, AIWF and Pfizer were proud to collaborate on a virtual panel series initiative titled 'DEI by Design: Women's Leadership and Legacy in Health', exploring salient diversity issues impacting women's inclusion in global and MENA health. In the first virtual panel discussion held in December 2022, we were joined by a panel of high-level medical practitioners and health science professionals in the GCC to discuss the importance of mentorship, role modelling, recognition and visibility in empowering women in the region to progress in their careers in health practice, discovery, innovation and research.

In the second session, held in March 2023, AIWF and Pfizer welcomed speakers from Egypt and the Levant to explore opportunities and strategies to mainstream and embed DEI in hospital and healthcare working spaces, cultures and practice. In the third and final session, held in June 2023, AIWF and Pfizer joined forces again to welcome leading female professionals to discuss strategies for driving diversity in the innovation landscape, including an exploration of the impact of enhanced diversity on clinical trials. The initiative was designed to culminate in this report and recommendations that has now been proudly and jointly published by AIWF and Pfizer in 2023.

Through this initiative, AIWF and Pfizer aim to create a positive and impactful platform to develop the next generation of women leaders in health, mainstreaming a powerful shift in workplace culture towards true gender parity and encouraging both corporate policy change as well as a decisive shift in the narrative on women's leadership in health. AIWF and Pfizer are proud to have worked in close collaboration and in dialogue with all the stakeholders and speakers featured in this report, exploring how women can be better represented at all levels of the sector and in the process, paving the way for the next generation of women scientists and healthcare practitioners, researchers and innovators. The senior leadership of AIWF and Pfizer hope that the key findings and recommendations published within this report will inform workplace and regulatory policy on DEI in the health sector, and inspire the next generation of women leaders in global and MENA health.

Executive Summary

In the post-COVID global health arena, the urgency of embracing Diversity, Equity, and Inclusion (DEI) has never been clearer. For healthcare to be truly effective, especially in the MENA region, DEI must be deeply embedded into every part of the sector's culture, practices, structures, institutions and norms. The healthcare sector must recognise that the interplay of varied experiences and backgrounds offers a richer tapestry of perspectives. This results not only in better patient care and a positive impact on the bottom line, but also aids in personal and professional growth of healthcare employees.

Actively seeking out and nurturing potential female leaders can be transformative. By offering these emerging leaders tailored support, we can begin to address and reduce the longstanding gender disparities in leadership roles and research positions in MENA health. A network, both intra-regional and international, of women in science from the MENA region can act as a backbone of support, learning, and collaboration. Elevating the visibility of women leaders in this sphere and lauding their achievements can serve as a beacon of inspiration for young women and girls, illustrating what is possible. Initiatives such as mentorship programmes, guest speaker series, and networking events can foster connections between established women leaders and the next generation, cultivating growth in educational and workplace settings alike.

DEI must be incorporated into education, workplace processes, and the overarching mentality of health professionals. Now more than ever before, healthcare workplaces need to be agile and inclusive, pivoting towards policies that eliminate gender bias and allow flexibility in support of work-life balance, a conundrum which is often at the heart of professional woman's career decisions and which needs a fresh lens. Institutions need to roll out transparent career development initiatives and promotional programs. And in this journey towards DEI, the role of men cannot be understated. Their support and allyship can accelerate valuable, vital progress in embedding DEI into MENA health so that it becomes the default position. Values such as trust, empowerment, and equal opportunities should be instilled from childhood, for both boys and girls, and young girls should be encouraged and allowed the freedom to explore their passion for STEM fields, as this translates into a more inclusive and diverse STEM and healthcare workforce in the future.

The post-COVID era has shone a light on the intersection of healthcare and social justice. This momentum should be harnessed to advocate for health as a fundamental human right, tying it to a rights-based approach to DEI in healthcare. Creating respectful environments for both health workers and patients, emphasising inclusion at all touchpoints, is essential. A top-down cultural shift that centres continuous learning and DEI values can ensure the healthcare sector truly represents the diverse communities it serves.

Highlighting the acute health challenges women face, especially in conflict zones like Sudan and Syria, and in refugee camps, underscores the importance of including women's voices in decision-making. Their insights can humanise medical provisions, ensuring they are tailored to the unique needs of these communities. Public health education, emphasising the direct correlation between women's health and the broader health of communities, can be instrumental in addressing the health of the region. By boosting the visibility of female medical practitioners and addressing gendered barriers, we can embed DEI in healthcare planning and provision.

Ethics and conduct codes in healthcare must be revisited. DEI considerations should be embedded, ensuring the language and practices truly reflect the values of diversity, equity, and inclusion. Investing in homegrown research and harnessing technological advances in healthcare can create avenues for women to lead and innovate. In parallel, governments must tackle rising public health issues and ensure women have equal representation in solutions-building and decision-making. The mental health crisis, in particular, demands a strategic and inclusive response.

Finally, initiatives aimed at reducing health disparities, increasing health literacy, and ensuring equitable access to care are paramount. Enhanced collaborations between health authorities, hospitals, and academic institutions can bolster women's inclusion in MENA health, research and innovation, ensuring that DEI principles are not only upheld but championed. There is no 'one size fits all' solution; it is by doing all of these things, by default and by design, that we can lay the foundation for a more inclusive healthcare future in the MENA region.

1 | Session One: Nurturing the next generation of women leaders in health through mentorship, role modelling, and recognition

1.1 Session Introduction

In December 2022, AIWF and Pfizer hosted the first of three virtual panel sessions on mainstreaming and embedding DEI into healthcare workplaces, policy and working cultures. For the first session in the series, which was expertly moderated by **Ouardia Djoudjai**, Category Lead Oncology for Pfizer, AIWF and Pfizer were proud to welcome **Dr Oualae Alami**, Global Influenza Lead, Pfizer & AIWF Board Member; **Dr Thekra Hasan**, Research and Innovation Center at the Department of Health, UAE; **Dr Mariam Matar**, Founder and Chairperson, UAE Genetic Diseases Association, UAE; and **Dr Maha Al Mozaini**, Scientist & Director, King Faisal Specialist Hospital & Research Center, KSA.

Mainstreaming and embedding DEI into health practices and working culture is crucial to the success of women now and in the future. The COVID-19 pandemic put a spotlight on the critical role that women play in the health sector, and underscored the importance of resilience and empathy in healthcare leadership. Encouraging more women to take leadership roles in health can ensure better preparedness and response to future public health crises. To facilitate this at the organisational level, it is crucial to build a strong pipeline of women who aspire to and are equipped to compete and deliver in health leadership. Visible women leaders act as role models for the next generation, inspiring young women to pursue careers in healthcare and aspire to leadership roles. Mentorship programs can provide personalised guidance, helping potential leaders navigate their path in the health sector. Recognition of women leaders can also help highlight and address systemic inequalities in the health sector. Accordingly, the session explored key strategies and factors for strengthening women's inclusion, leadership and visibility in the MENA healthcare space.

Nurturing the next generation of women leaders in health is an investment in a more resilient, empathic, and effective healthcare sector. It is not just a matter of fairness or equality, but also a strategy to improve healthcare outcomes and response to future crises.

1.2 Synthesis of Session Discussion

Strengthened policies for women's economic inclusion are bearing fruit in the region

Significant efforts have been made by GCC governments to strengthen policies in support of women's empowerment and economic inclusion in the STEM sectors in accordance with ambitious 2030 Visions aligned with the Sustainable Development Goals (SDGs). Despite green shoots of progress in some parts of the MENA and in other regions, it is important to acknowledge deeply entrenched and universal disparities in the STEM sectors, where women have yet to claim their rightful seat at the table and are still vastly underrepresented in positions of leadership, clinical research and academia. The gendered challenges that women face globally and which are by no means limited to the MENA region include (per OCHA research) 'barriers to leadership from cultural gender norms, discrimination and ineffectual policies that are not working fast enough to redress historic inequalities'⁴.

Women leaders are natural mentors and role models for lasting cultural change

Women in organisational settings – and at every stage of their career – have a vital role to play in creating lasting cultural change within the health sector and in health working spaces. It is important that women leaders work to actively identify potential female leaders in their teams and consciously support in their progression. In doing so, women in senior leaders can leverage their leadership to accelerate societal changes and help women progress faster, starting within and beyond their own teams, corporations and communities. Mentorship is significant to

⁴ United Nations Office for the Coordination of Humanitarian Affairs (OCHA), The State of Women and Leadership in Global Health, 20 March 2023, Accessed at <https://reliefweb.int/report/world/state-women-and-leadership-global-health-march-2023#:~:text=They%20found%20that%20women%20face,enough%20to%20redress%20historic%20inequalities>

women's progression, both in the sense of established women leaders mentoring younger, emerging rising stars and reverse mentorship (which involves younger leaders mentoring more senior leaders⁵). Mentorship must be structured and strategic to be most effective. Not everyone can be a mentor; it requires specific traits and it requires empathy, emotional intelligence, exemplary communication and interpersonal skills that are intrinsic to good leadership, especially in the health sector where workers are already susceptible to burnout and post-traumatic stress due to the nature of their work and the very human emotions and experiences involved. Where mentorship is hard to come by, women can find this support in more informal ways through networking groups and initiatives, but the motivation to break barriers must come from women themselves, requiring them to have confidence, ambition and a willingness to seek help and guidance. Women who aspire to grow and lead must remain confident in their ability to overcome challenges, thereby developing resilience which is a core leadership value⁶.

MENA women leaders need more opportunities to engage with their international counterparts

Women aspiring to leadership have a lot in common, irrespective of their cultural backgrounds, and there is much unrealised scope to bring women in health in the MENA region together with their international counterparts for valuable knowledge and experience exchange. There is a need for more open forums for employee dialogue on DEI within healthcare organisations, and women-focused programmes designed to improve DEI at all levels. Pfizer's Women in Leadership Program, an initiative from the Diversity, Equity, and Inclusion Council, is a best practice example of how this might be designed and implemented⁷. Institutions should foster a culture of openness and dialogue, encouraging employees to contribute to policy-making. There is a clear need for a regional network or association for Arab women in science through which role models can become more accessible and personal journeys can be shared to motivate and inspire others. Women in the Arab world may find it harder than their American or European counterparts to break through the 'glass ceiling' due to cultural differences, but once a woman takes on a leadership role, she is perfectly positioned to advocate for organisational, institutional or legislative changes that will benefit women and families.

COVID-19 deeply impacted women's progress in the MENA health workforce but also showed us a viable alternative to presenteeism

The pandemic disproportionately affected women due to their overrepresentation in heavily impacted sectors and frontline roles, and the unpaid care work they undertake at home⁸. New institutional norms must be established post-pandemic to support and advance women in health careers, with a focus on ensuring flexibility in working hours to prevent reverting to old ways of working which were detrimental to women's work-life balance, their mental wellbeing, and their prospects for career growth after starting families. The pandemic has brought about valuable changes and taught vital lessons about the necessity of flexible, family-friendly working hours and strengthened protections and policies for maternity leave, noting the introduction in some MENA-based organisations of paternity leave allowances⁹, an important step in the right direction towards redressing the care / household burden which traditionally has fallen onto women's shoulders. Flexible work options, such as hybrid or condensed hours, will help to reach a critical mass of women in leadership positions within the sector.

Eliminating gender bias – both conscious and unconscious – in healthcare workplace policies and entrepreneurship / investment is critical

Gender bias from healthcare workplace policies can be eliminated by ensuring equal pay for equal work and promoting more women into decision-making positions, as having more women at higher levels will lead to policies and decisions that are better adapted to women's needs. More inclusive and less rigid or presenteeism-based norms are essential for promoting women's representation at all levels, and are critical to addressing barriers preventing women from achieving leadership roles in health, pharma, and medical workforces. These mindsets are often based on deeply entrenched structural obstacles within more conservative organisations or larger corporations. Organisations should review and address their structural barriers to facilitate women's advancement into decision-making roles and do the necessary work to change individual and institutional

5 Jennifer Jordan and Michael Sorell, Why Reverse Mentoring Works and How to Do It Right, Harvard Business Review (October 2019), Accessed at <https://hbr.org/2019/10/why-reverse-mentoring-works-and-how-to-do-it-right>

6 Brent Gleeson, Resilience In Leadership: How To Lead And Win Despite Change And Obstacles, Forbes (April 2021), Accessed at <https://www.forbes.com/sites/brentgleeson/2021/04/13/resilience-in-leadership-how-to-lead-and-win-despite-change-and-obstacles/>

7 Pfizer, Diversity, Equity, and Inclusion: Who We Are, Accessed at <https://www.pfizer.com/about/responsibility/diversity-and-inclusion>

8 United Nations Office for the Coordination of Humanitarian Affairs (OCHA), The State of Women and Leadership in Global Health, 20 March 2023, p 7, Accessed at <https://reliefweb.int/report/world/state-women-and-leadership-global-health-march-2023#:~:text=They%20found%20that%20women%20face,Enough%20to%20redress%20historic%20inequalities>

9 Nada El Sawy, How global companies are bringing women-friendly work benefits to the UAE, The National (September 2019), Accessed at <https://www.thenationalnews.com/business/money/how-global-companies-are-bringing-women-friendly-work-benefits-to-the-uae-1.908987#:~:text=PW%20Middle%20East%20also%20changed,field%2C%20Ms%20Taki%20says>

mindsets to foster cultural change and facilitate women's career progression as the norm rather than an exception to the rule. Women-led healthcare startups are making a significant impact in raising the profile of women-led innovation in health and tend to deliver superior returns and generate more jobs, yet they receive little investment (a phenomenon which is persistent across other sectors in the entrepreneurial landscape and SME ecosystem in the MENA and other regions). This needs to change.

Men are not the problem, but part of the solution

Men play a crucial role as allies in the journey towards women's empowerment and economic inclusion across all STEM sectors but particularly in healthcare and the health sciences, where 75% of senior leaders are male¹⁰. Men should be raised to support women's advancement from the time they are young boys, as changing deeply entrenched social and cultural attitudes towards the place that women occupy at home and at work typically takes two to three generations. There is a need for male family members and extended family to actively support and encourage women in or aspiring to leadership roles, and to acknowledge that it is possible to be a great mother and family member and a strong leader simultaneously. Mentors should encourage women to recognise their value and understand their personal needs and priorities so that they do not end up feeling that they must compromise on these priorities in order to progress professionally. Male colleagues should not view women leaders as a threat, and should consider empowerment as a shared journey. Women who aspire to leadership positions need to learn to work well with men, and to bring them on board as allies for women's development.

Quotas may be a part of the solution, but by no means are they the only solution

Implementing quotas to ensure female representation in leadership is one strategy among several, with the UAE's government-enforced quota system as an example of the positive societal impact of such quotas (in the UAE, the quota requirement resulted in an increase in female representation beyond the mandated limit across many different sectors and spheres¹¹). While initially enforced, these quotas led to greater voluntary inclusion of women in leadership positions due to their positive contributions. Other strategies and solutions which should be undertaken in tandem include making STEM education as accessible and as affordable as possible so that women can undertake valuable upskilling / professional skills development opportunities. It is also important to nurture essential leadership skills, so-called 'soft' or 'human' skills such as emotional intelligence and communication, as well as practical management and financial skills to prepare women for leadership and its challenges.

1.3 Key Recommendations

Leverage the strengths of a diverse and experienced team for personal and professional growth through mentorship, role modelling and knowledge exchange.

- Create a network of women in science that links Arab women with each other and with their international counterparts to provide mutual support, given the shared challenges. Mentorship, role modelling, and knowledge / experience exchange play a critical role in personal and professional growth. Women in STEM face well-known biases (both conscious and unconscious) and need more support from other women to overcome these.
- Leaders are investing in women's empowerment across various institutions and roles, emphasising gender equality, role modelling, recognition, and mentoring. There is a need to accelerate discussions on eliminating gender bias from workplace policies and ensure flexibility in working hours.
- Women, particularly in the field of science, need to offer more support to each other, aiding in each other's growth and development. Women should be encouraged to actively identify potential female leaders within and beyond their teams and offer them support to bridge the gender disparity in leadership and research positions. It is also important to note that there are varying degrees of progress across regions, with the United Arab Emirates and Saudi Arabia making significant strides, but there should be intra-regional initiatives set up to offer a baseline of support across the region.
- Institutions, corporations and organisations should accelerate discussions on eliminating gender bias from workplace policies and ensure flexibility in working hours. They should empower women in leadership roles

¹⁰ World Health Organization, Value gender and equity in the global health workforce, Accessed at <https://www.who.int/activities/value-gender-and-equity-in-the-global-health-workforce>

¹¹ International Labour Organization, Gaining Momentum in the Middle East & North Africa (2016), Accessed at https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_446101.pdf

- through proactive and transparent career growth and promotion programmes, and should be encouraged to be more open and receptive to dialogue and feedback from employees.
- The effort to break through barriers and the glass ceiling will be driven largely by women themselves. Women should not give up in face of challenges but should strive to overcome them. Despite the existence of numerous challenges like societal pressure, lack of support from other women, and under-analysis, women's willpower, grit, and a winning mindset can lead to progress. Essential leadership skills like financial literacy, emotional intelligence, and change management should be developed. Confidence, acceptance of criticism, and alignment of personal goals with broader organisational or national objectives are recommended for women pursuing leadership roles.
- There is an essential need for women to raise their hands, signal their ambition, and seek help when needed. Work-life balance is crucial; one doesn't have to choose between being a great family member and a strong leader. Aspiring women should maintain work-life balance and not be pressured to sacrifice family time for their career, or their career for their family.
- Women should acknowledge the importance of men as allies in the journey towards women's empowerment. Men should be raised to be confident enough to support and encourage women's advancement, and should be welcomed as partners on a shared journey. Men should mentor women and women should mentor men, moving away from women-only mentorship programmes wherever possible. Similarly, younger employees should also be encouraged to mentor older colleagues (reverse mentorship) as this would help to bridge the digital skills gap which is more vital than ever in the age of mainstream, generative AI.
- It is imperative to instill values such as trust, confidence, empowerment, resilience, and equal opportunities in children from a young age, and encourage girls' interest in STEM fields and let them pursue their interests without interference. Be supportive of girls' ambitions, especially if they involve entering traditionally male-dominated fields.



2 | Session Two: Mainstreaming and embedding DEI into MENA health professional cultures and practices

2.1 Session Introduction

Session II of the 'DEI by Design' initiative, hosted in March 2023 in recognition of International Women's Day on 08 March, explored DEI challenges and opportunities for women in MENA and global health, research and innovation, and the importance of mainstreaming and embedding DEI into healthcare working spaces and cultures. This session, which was expertly moderated by **Yomna Kotb**, Director of Policy & Public Affairs ELII Cluster (Egypt, Levant, Iraq & Iran) for Pfizer, welcomed **Dr Oualae Alami**, AIWF Board Member & Global Influenza Lead, Pfizer; **Dr Reem Al-Ajlouni**, Director, Jordan Breast Cancer Program, Jordan; **Dr Naeema Al Gasseer**, World Health Organization Representative in Egypt; and **Dr Hanan Gewefel**, CEO, Women & Fetal Imaging, Egypt.

The panel spotlighted the challenges experienced by women in health because of the COVID-19 pandemic, which subjected many women to greater inequity, increased domestic abuse, disproportionate job losses, poverty, widowhood, and informal employment in the face of prolonged lockdown restrictions. The pandemic also brought greater opportunities for women to the forefront, highlighting the need to narrow the gender gap in global health which took on new resonance and urgency during and after COVID-19, especially given that 90% of frontline workers in the health sector are women¹². Women have not been historically involved in leadership in the sector, or in decision-making and policy development, and although there have been excellent markers of progress in recent decades, what is needed now is a rights-based approach to including and empowering women in global and MENA health. Some of the strategies discussed included encouraging equal representation in hiring and promotion processes, providing diversity and inclusion training, implementing flexible work arrangements for women and families, and offering mentorship and sponsorship programs that create open platforms for diverse perspectives, and implementing cohesive, organised multi-stakeholder strategies that address unconscious biases in policy and in practice.

Solidarity and cohesion are critical for social institutions - family, environment, schools, universities, and civil society, and gender equality must underpin all these institutions for DEI to become deeply embedded into our societies, cultures and economies.

2.2 Synthesis of Session Discussion

Health is a human right, and DEI and dignity are intrinsically connected

There are great women in health in the Arab world who continue to pave the way forward for the next generation of women to overcome the stereotypes that are still persistent and lingering from previous generations. It is critical not to differentiate health from diversity and inclusion or to separate DEI from health. Health is a human right¹³, and health and equality cannot be separated. Diversity in the context of health is the blueprint for respecting the range of human differences and experiences, the uniqueness of human beings, and the innate significance of human dignity. DEI and respect for human dignity is in alignment with trends within the sector for patient-centric care. DEI is about closing the gaps all around us in the sector, to ensure fair opportunities and equal access to health for everyone. Universal health comes from the equity lens, and inclusion is all about creating respectful and dignified environments for health workers and patients alike. Everything that health sciences professionals and practitioners do - whether it is health service delivery, healthcare management, prevention or programming, and innovation and research - is done with the patient as the beneficiary in mind. Lack of diversity, equity and inclusion in the sector translates into lack of equity, diversity and of dignity, and also a lack of efficiency translating into higher costs which increase barriers and ultimately, decrease access

12 World Health Organization, Value gender and equity in the global health workforce, Accessed at <https://www.who.int/activities/value-gender-and-equity-in-the-global-health-workforce>

13 OHCHR, The Right to Health, Accessed at <https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf>

to health, which feeds into a cycle of deprivation and marginalisation which still most adversely impacts women¹⁴. Post-Covid, there has been an increase in social justice movements around public health and there is far greater social accountability on health¹⁵, reiterating UN recognition that healthcare is a human right¹⁶.

DEI discourse needs to acknowledge health as a fundamental human right

The concept of health as a human right is one that has yet to become deeply entrenched in DEI discourse in the region and indeed worldwide. Medical doctors take an oath to serve all human beings and that should be the baseline, that all human beings are equal and have the right to both work and be treated without discrimination and with dignity. Women need to have equal voices both in terms of DEI within the organisation and DEI in patient care, especially when it comes to their reproductive rights and to the right of protection from forced medical procedures such as FGM which remain prevalent in some parts of the MENA. Healthcare professionals are under oath to do no harm and to serve all patients equally and so it stands to reason that healthcare professionals themselves should also be protected from harm and treated equally regardless of gender. Women in the region need to claim their voice when it comes to their own healthcare provision, not to accept care without questioning or understanding it or having a role in shaping it, and there should be rights-based health education to ensure that the understanding of health as a human right is mainstreamed among the beneficiaries of healthcare.

The importance of improving and increasing women's representation in health in the MENA region

Diversity is the appreciation and prioritisation of different backgrounds, identities, and experiences, both collectively and as individually. Equity is the effort to provide different levels of support based on needs of an individual or group to achieve fairness in health outcomes, whereas inclusion is a state of belonging when people of different backgrounds, experiences and identities are valued, integrated and welcomed as decision-makers and collaborators. Human beings are the backbone of the health care system wherever we are in the world. Both within and beyond the health sector, they are at the core of organisational culture because it is their values, beliefs, stories and experiences that create common identity and feelings of community among employees. The values and demographics of the workforce in the MENA and in other regions has changed; people are more flexible in their attitudes to the workplace especially after the pandemic. Companies which embraced DEI during the global public health crisis had a higher performance level and higher tendency to achieve their goals¹⁷, and organisations that foster cultures of continuous learning are also likely to be more aligned with DEI values because of the insights learned from experience¹⁸.

Women, health and the refugee crisis in the region

The acute health and mental health challenges for women in conflict-ridden countries such as Sudan and Syria and for those living in refugee camps in Jordan, Lebanon and other parts of the region cannot be overlooked by the international healthcare and development communities, especially as women in countries such as Libya and Yemen are in extraordinarily complex situations of hardship, grief and post-traumatic stress, as are women refugees and the displaced persons and families who suffer adverse health and mental health outcomes. The situation of women refugees' maternal and mental health was the subject of an AIWF workshop held in partnership with Pfizer in April 2019 at the American University of Beirut Medical Centre, on the sidelines of the AIWF x Pfizer 'Women Leaders in Health' conference¹⁹. The healthcare of refugees is a critical issue in the region which has the highest number of host countries in the world hosting refugees, including Turkey, Jordan, Lebanon and Egypt²⁰. Women's voices in decision making in this critical dimension of global public health is vital to humanising the medical provision given to refugees by host countries and to ensuring that all refugees are treated with dignity - again, implementing and mainstreaming a rights-based approach to the healthcare and dignity of all human persons.

14 World Health Organization, Gender and health, 24 May 2021, Accessed at <https://www.who.int/news-room/questions-and-answers/item/gender-and-health>

15 Chiara Bodini, The Key Role of Social Movements in Protecting the Health of People and the Planet: Comment on "Ensuring Global Health Equity in a Post-pandemic Economy", International Journal of Health Policy and Management 2023, 12, 7757

16 Office of the United Nations High Commissioner for Human Rights, The Right to Health, Accessed at <https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf>

17 Paolo Gaudiano, 5 Ways Diversity And Inclusion Help Companies Before, During And After The Pandemic, Forbes (April 2020), Accessed at <https://www.forbes.com/sites/paologaudiano/2020/04/27/5-ways-diversity-and-inclusion-help-companies-before-during-and-after-the-pandemic/?sh=864dc4529222>

18 Sandra Montanino, Returning "Better than Normal": Bringing DEI and L&D together as part of talent strategy, Thomson Reuters (May 2022), Accessed at <https://www.thomsonreuters.com/en-us/posts/legal/better-than-normal-bringing-dei-and-ld-together/>

19 Please visit the AIWF website for further details on this initiative which took place in April 2019 in Beirut: <https://aiwfonline.com/aiwf-holds-highly-successful-women-leaders-health-conference-in-lebanon-in-april-2019-in-partnership-with-the-university-of-massachusetts-medical-school-and-the-american-university-of-beirut/>

20 Johnny Wood, These countries are home to the highest proportion of refugees in the world, World Economic Forum (March 2019), Accessed at <https://www.weforum.org/agenda/2019/03/mena-countries-in-the-middle-east-have-the-highest-proportion-of-refugees-in-the-world/>

More female practitioners would address women's health gaps in the region

If we do not have healthy women, we do not have healthy families or communities, and we will not ultimately have healthy economies. Healthcare is – or at least should be – a community concern, with public health education made widely available in schools and in workplaces for the prevention of diseases and the promotion of regional health. The role of female medical practitioners and health science workers should be made more visible so that women can role model what female leadership in health looks like in community and healthcare settings.

We need to close the gender gap in women's healthcare leadership

More needs to be done to close the gender gap in women's leadership in health. We need more women in senior leadership / management / executive roles, and also in healthcare policy and regulatory roles. There needs to be more mentorship and networking opportunities with women in positions of leadership in the sector. There needs to be more investment in women's education and in their innovation, as the vast and largely untapped potential for healthcare innovation through technology and through AI could deliver unprecedented opportunities for women with the ambition, education and technological skills to innovate and create with integrity²¹.

Men and boys play a critical role in supporting women's inclusion and leadership in health

From the earliest ages boys need to be involved in discussions about DEI because DEI is not just about the workplace, it is about society. Coverage and portrayals of young girls and women in mainstream MENA media should also support the positive role modelling of women professionals in all sectors but especially in health, to facilitate cultural and mindset shifts about the role of women and girls, bringing boys and young men on board with cultural acceptance of women's role in health, society and the economy as true partners and equals.

DEI should be embedded into the implementation and design of codes of ethics and conduct

Ordinarily, decisions of healthcare regulators around the language and provisions contained within codes of conduct and ethics codes are dominated by male decision-makers. The language we use as healthcare professionals should be consciously measured and considered to ensure DEI values are reflected and the protection and dignity of healthcare workers and patients alike is reaffirmed. COVID-19 has opened the world's eyes up and has invited us all to reflect on our values and what we ourselves can do to improve inclusivity in our communities and workplaces. It has brought more commitment and more ownership, and potentially more positive change if the values that emerged during the pandemic are enshrined into our workplace cultures and our codes of conduct which guide and document our behavioural ethics and commitments.

We are not seeing action fast enough

There is a disconnect between what is being discussed at high-level forums and what is being articulated and strategies at policy level, and what the real-world situation is on hospital floors, in research laboratories and in boardrooms or health policy parliamentary groups. This situation is not only prevalent in the MENA region but exists as a global issue with unconscious bias of systems and cultures and environments in the sector, although within the MENA and in low-middle income countries, health systems are becoming more fragmented, more bureaucratic and highly politicised. There is also still a significant gap when it comes to preventive care and primary care, and there are ongoing issues related to affordability and availability of services that bring into important focus the issue of universality and accessibility of the UN-recognised right to health. Beyond organisational culture, EDI is also about affordability and accessibility. Everything in health is bottom up and top down. It is not just about the policies and the procedures and high-level strategies but also about the people in communities, the healthcare workers. There is a clear gap in inclusion and a holistic, rights-based approach to ensuring that health as a human right is honoured and the dignity of professionals and patients alike is respected. Health is not just the absence of sickness, but also the wellbeing of people, of individuals, of families, and of communities.

DEI is often considered not as a 'must have' but as a 'would be good to have' and so there is not enough focus and prioritisation of DEI in HR processes, policies and organisational culture because leaders (typically male) often believe there are more important matters to focus on. This is changing rapidly, in the MENA and in every region, after the pandemic, in healthcare and every professional sector. For multinational health organisations in particular, the reputational and organisational risk of not embracing and respecting DEI in workplace policies and culture is too great and for this reason, organisations like Pfizer are leading the way in holistically and meaningfully embedding DEI into every aspect of their people, places and purpose.

²¹ Natasha Tynes, Arab healthcare innovation responds to pandemic, Nature Middle East (June 2020), Accessed at <https://www.natureasia.com/en/nmiddleeast/article/10.1038/nmiddleeast.2020.62>

We need to improve opportunities for women in research and academia

There is an urgent need to develop, strengthen and invest in a robust homegrown research culture in the region where women can have a real chance to lead visibly and from the front. According to UNESCO, and as reported in Times Higher Education, an average of 39% of academic researchers in the MENA are female (this figure being 'higher than in many Western countries - and ris[ing] higher still in certain nations, such as Kuwait and Egypt')²², representing an exciting opportunity to develop women's leadership in the academic sectors - particularly with respect to the STEM disciplines. Internships are highly valuable experiences for young women in health, but there is also a clear need to make medical and health education more accessible and affordable to women - if we need more women leaders in healthcare, there should be ample opportunities for them to join nursing schools and medical schools and MBA programmes. In the MENA, as in many other regions, the cost of higher education is extraordinarily high, and the cost of learning is compounded by rising costs of living²³. STEM education has been called 'a primordial driver of human capacity building'²⁴, but there is a lack of scholarship funding and investment in grants or bursaries within the MENA in countries outside of the GCC as well as a decline in MENA students attending universities in other regions such as the United Kingdom or the United States, where the International Graduate Admissions Survey evidenced a 14% drop in graduate applications by MENA students in the fall of 2018²⁵.

Digital gender gaps also impede women's enjoyment of the right to health and the right to inclusion in the health sector

Although the COVID-19 pandemic mainstreamed virtual and distance learning and opened up unprecedented opportunities for advanced education for women, in many parts of the region the digital divide and variances in internet connectivity and infrastructure continue to exclude the region's poorest or most rural women, or those working in the informal economy, from participating in online education. Women's literacy is also a barrier in some parts of the region to DEI and inclusivity of women in their own healthcare planning and provision. Teaching women how to care for their own health without using written materials relies on deep community engagement and here, women are often the providers of that care and community support. Gaps in gender inequality, digital and other literacies, and in education must be addressed at regional level to improve numbers of female practitioners, professionals and researchers in health more specifically and STEM more broadly, now and in the future.

The outcomes we want are for women to not only attend university but to lead the universities, to participate as researchers, policy makers, decision makers, parliamentarians, health secretaries, directors, innovators, and entrepreneurs.

Embedding DEI into the health sector means changing workplace culture and environments

When it comes to work environments and workplace cultures, what is needed is a healthy, respectful working environment grounded in the exploration of ideas, the creation of safe spaces, the ability to brainstorm together at all levels where all members of a team are comfortable sharing and receiving feedback. This environment advances the health of the work environment itself, the culture, morale and ultimately, the outcomes for patients and end users of health services. Health programming is a key area for DEI design because the structure of an initiative allows for a baseline to understand the context from which one is coming, the beneficiaries the programme is designed to serve, and then the metrics against which success or areas for improvement will be measured, monitored, evaluated and tracked. And in all programmes, the inclusion of women in the most senior oversight positions should be a clear condition of funding / implementation to ensure that programmes are being delivered in the most inclusive way possible. An example of this is a breast cancer campaign which positioned breast cancer as a public health priority to promote early detection, support breast cancer diagnoses and screening by going to schools, universities, banks, corporates and NGOs, involving women at all levels of advocacy and inviting women to feedback into the programme for iterative improvement.

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- 22 Sabrin Ramadnan, Life still trumps work for female researchers in the Middle East: The unrelenting social pressure to take on all domestic duties leaves women little time for professional advancement, 2 March 2022, Accessed at <https://www.timeshighereducation.com/opinion/life-still-trumps-work-female-researchers-middle-east>
- 23 Stephen Hall, Dirk Schmutzter, Safia Tmiri and Roman Tschupp, Reimagining higher education in MENAP, McKinsey & Company (May 2022), Accessed at <https://www.mckinsey.com/industries/education/our-insights/reimagining-higher-education-in-menap>
- 24 Fatma Kayan-Fadlelmula, Abdellatif Sellami, Nada Abdelkader & Salman Umer, A systematic review of STEM education research in the GCC countries: trends, gaps and barriers, International Journal of STEM Education, Volume 9, Article No 2 (2022), Accessed at <https://stemeducationjournal.springeropen.com/articles/10.1186/s40594-021-00319-7>
- 25 Ambassador Richard LeBaron and Sarah Aljishi, The decline of MENA students coming to the United States: Why that's a problem, Atlantic Council, 13 June 2019, Accessed at <https://www.atlanticcouncil.org/blogs/menasource/the-decline-of-mena-students-coming-to-the-united-states-why-that-s-a-problem/>

Governments, the private sector and civil society should work together to address the health of the region

Governments in the MENA region put a lot of investment into the health of people but there are clear public health issues which must be strategically addressed including smoking and the obesity crisis in Arab communities, including and especially among women in the region, which has the second highest rate of increases in diabetes anywhere in the world and where the number of people with diabetes is projected to increase by 96.2% by 2035²⁶. Diabetes, heart diseases, hypertension and cancer are all public health crises that require the full input and leadership of women as one half of the population who should have half of the available seats at the table. In addition to these physical health issues, there are also startling increases in mental health concerns and illnesses in the region²⁷. In the design of strategic regional health programmes, the ultimate aim must always be to protect the health of people and to have a healthier population, and this simply cannot be achieved without the input and leadership of one half of the population. There is sufficient scope, the speakers agreed, for the MENA public and private health and research sectors to work together with civil society to improve public health understanding – from persons to family to communities – of the consequences of not becoming a healthier, more inclusive region, and of the interrelated social and economic ailments that accompany an unhealthy population.

Now is the time to invest in human capital for health, to translate post-pandemic international commitments and global directives into action, to translate policies into plans, to embed DEI into formal education, into workplace and HR processes and into the mentality and mindset of every person in society and in the health sector, top down and bottom up. Mainstreaming and embedding DEI may not be easy – but nor is it negotiable. With collaboration and a cohesive, multi-stakeholder approach, DEI as the default in the MENA region is most certainly achievable.

2.3 Key Recommendations

- Continue the efforts of Arab women in health who are paving the way for the next generation to overcome persistent stereotypes. Do not differentiate health from diversity and inclusion, as health is a human right and cannot be separated from equality. Prioritise DEI in the context of health, respecting human differences and experiences and fostering patient-centric care. Strive to close the gaps in the health sector to ensure equal opportunities and access to health for everyone, promoting universal health through an equity lens.
- Create respectful and dignified environments for health workers and patients alike, emphasising inclusion in all aspects of healthcare. Understand that a lack of DEI in the sector can lead to higher costs, increased barriers, decreased access, and a cycle of deprivation and marginalisation. Harness the increase in social justice movements around public health post-Covid to ensure greater accountability for healthcare DEI.
- Recognise the value of employees as the backbone of the healthcare system and the creators of organisational culture, understanding that their experiences shape the identity and community of the workforce. Implement top-down cultural changes to fully embrace DEI, as organisations with cultures of continuous learning are more likely to align with DEI values. Ensure that women, who make up a large portion of healthcare systems and who are often nurses and midwives, are involved in decision-making processes. Create healthy, respectful working environments in healthcare settings, as this involves creating safe spaces, encouraging idea exploration, and promoting open feedback at all levels.
- Entrench the concept of health as a human right in DEI discourse regionally and globally, emphasising that all human beings are equal and have the right to both work and be treated without discrimination and with dignity. Encourage women to claim their voice in their own healthcare provision, promoting active involvement and understanding in shaping their care.
- Address acute health and mental health challenges for women in conflict-ridden countries such as Sudan and Syria and for those living in refugee camps in Jordan, Lebanon and other parts of the region. This includes taking into account the complex situations women in Libya and Yemen are facing due to hardship, grief, and post-traumatic stress. Prioritise the healthcare of refugees, especially women's health, in regions with high numbers of host countries like Jordan, Lebanon, and Egypt. Include women's voices in decision-making processes in global public health to humanise medical provisions for refugees.

²⁶ Bisher Abuyassin and Ismail Laher, Diabetes epidemic sweeping the Arab world, World Journal of Diabetes, April 2016, 7(8), pp 165-174

²⁷ PwC, Mental health in the MENA: A conversation with PwC's Hamish Clark, Partner, Chief Wellness Officer, Accessed at <https://www.pwc.com/m1/en/blog/mental-health-in-mena-conversation-with-hamish-clark.html>

- Promote public health education in schools and workplaces for disease prevention and regional health promotion, emphasising that the health of women directly impacts the health of families, communities, and economies. Increase the visibility of female medical practitioners and health science workers in community and healthcare settings to role model female leadership. Encourage mainstream MENA media to positively portray women professionals, particularly in health, to facilitate cultural and mindset shifts about the role of women and girls in society.
- Embed DEI considerations into the design and implementation of codes of ethics and conduct in healthcare, ensuring the language used by healthcare professionals reflects DEI values and respects the dignity of healthcare workers and patients. Enshrine the values that emerged during the COVID-19 pandemic into workplace cultures and codes of conduct, encouraging more inclusivity in communities and workplaces.
- Develop, strengthen, and invest in a robust homegrown research culture in the region where women have real opportunities to lead in STEM academia and research. Embrace the vast potential for healthcare innovation through technology and AI to deliver unprecedented opportunities for women with the ambition, education, and technological skills to innovate.
- Make medical and health education more accessible and affordable for women, with ample opportunities to join nursing and medical schools. This should address the issues of rising costs of learning and living and lack of scholarship funding in many parts of the MENA region (predominantly outside of the GCC). Encourage internships for young women in health, which have proven to be valuable in promoting them to senior positions within international health and development organisations.
- Address the digital divide and variances in internet connectivity and infrastructure in the region, which exclude the region's poorest or most rural women, or those working in the informal economy, from participating in online education. Address women's literacy as a barrier to DEI and inclusivity in family and healthcare planning and provision. This involves community engagement and education on how women can care for their own health. Ensure DEI is incorporated into health programme design, measurement, monitoring, and evaluation. Include women in senior oversight positions as a clear condition of funding/implementation.
- Governments should address clear public health issues such as smoking, obesity, diabetes, heart diseases, hypertension, and cancer, particularly among women. Women should have equal representation in the leadership addressing these issues. Acknowledge and address the rise of mental health concerns in the region and ensure women are included in the strategic design and leadership to address these issues.
- Facilitate collaboration between the public and private health sectors and civil society to improve public health understanding and address the consequences of not becoming a healthier, more inclusive region. Invest in human capital for health, translate post-pandemic international commitments and global directives into action, and translate policies into plans. Embed DEI into formal education, workplace and HR processes, and the mentality and mindset of every person in society and in the health sector. Work holistically and inclusively and acknowledge that implementing DEI may be challenging but is non-negotiable and achievable with a multi-stakeholder approach.

3 | Session Three: Women's leadership and inclusion in the innovation landscape (Clinical Research and Trials)

3.1 Session Introduction

The third and final AIWF x Pfizer panel session, held in June 2023 as part of the AIWF x Pfizer collaboration 'DEI by Design: Women's Leadership & Legacy in Health', was titled *Women's Leadership and Inclusion in the Innovation Landscape (Clinical Research and Trials)*. In this session, a high-level panel of women leaders in health practice, research, discovery and innovation explored the importance of mainstreaming and embedding DEI and women's leadership and engagement in the innovation landscape and in clinical trials. These are all important components of research and innovation studies that test medical, surgical, or behavioural interventions in order to develop new medications and other strategies to treat and prevent disease and in turn improve outcomes for women in the MENA and beyond. Speakers for this session, which was moderated by **Dr Faiza Tifour**, Algeria Country Head, Pfizer, included **Dr Agnes Hamzaoui** from the Department of Pediatric Respiratory Diseases, Abderrahmen Mami Hospital, Tunisia; **Dr Khalida Rahal**, Medical Lead for Pfizer; and **Dr Safia Debar**, General Practitioner and one of few UK doctors certified to run the Harvard Stress Management and Resiliency Training.

It is only by incorporating a gender lens into healthcare innovation and research that the sector can develop tailored solutions that address specific female health issues such as reproductive health, pregnancy-related complications, and other conditions that predominantly affect women, as well as mental health and wellbeing which is often overlooked and stigmatised in the region. Promoting diversity and inclusion in clinical trials is crucial to ensuring that interventions and treatments are effective and safe for women as historically, women have been underrepresented in clinical trials, leading to a lack of evidence-based guidelines specifically designed for their needs. Actively recruiting diverse groups of women, including those from different racial / ethnic backgrounds, ages and socioeconomic statuses, can help to generate more comprehensive and accurate data to guide medical decision-making in patient care and inform cutting-edge research. Accordingly, healthcare sector innovation should prioritise diversity in leadership and research teams, as by fostering an inclusive environment that values diverse perspectives, experiences, and expertise, we can enhance innovation and develop solutions that address the needs of diverse MENA populations. Lastly, by acknowledging gender disparities, tailoring healthcare solutions to women's needs, promoting diversity in clinical trials, and fostering inclusive environments, we can strive towards a healthcare system that delivers equitable and effective care for all women.

3.2 Synthesis of Session Discussion

Women's voices need to be more clearly heard and their accomplishments made more visible

Women's voices should be more clearly heard in the medical field, their contributions made more visible and for there to be more institutional recognition within the sector for how women's expertise is paving the way for better access to healthcare for all. Overall, women's legacy and leadership in health is greatly valued in the MENA, but as we saw during the pandemic, women are often the unsung heroes of public health and patient care. Their current underrepresentation in the clinical trial and research landscape is integral to ensuring diversity and inclusion in medical innovation and to safeguarding research integrity and output.

Combatting stereotypes and misconceptions about women in the region is a persistent challenge

There are still too many untrue stereotypes and ideas about MENA countries but it comes as no surprise to women in the international medical community who are used to working with Arab women leaders in health that they are change makers, champions for women, and great team leaders who are often responsible for huge portfolios and numbers of staff in their respective departments. Similarly, women are rising to the top in public sector health where they are ideally positioned to support the needs of female patients in society no matter their socioeconomic background. Academic training hospitals are also ideal environments for female medical students and early career practitioners to be taught the value of holistic care and the importance of patient-centric care.

DEI means going back to basics and back to our neuroscience

Rates of stress-related diseases are growing exponentially in the region, and there are many senior professional women who are performing at a very high level, but it comes at a huge personal cost (for context, one study has reported burnout prevalence in female oncologists in the MENA as reaching 71% among participants²⁸). We therefore medicate and regulate with behaviours that may not be in line with our health goals. Leaders – male or female – struggle in this day and age to switch off, and so with chronic stress we become burnt out. Women suffering burnout are much more likely to drop out of leadership roles, and often exist in a state of flight or freeze due to outdated models of working which are leaving them dysregulated and operating in a constant state of stress. DEI means going back to basics and really thinking about our neuroscience and about how we are designed. When we are aligned in terms of our values, our physiology and our biochemistry then function from a higher mental state and from an area of the brain called the prefrontal cortex. When we are led by this area we are naturally going to be more inclusive and display more attuned communication and curiosity with less judgement and more affinity with each other as fellow human beings. Empowered women know themselves and their boundaries and are therefore better able to enter a state of flow, so when we pay more attention to regulating our nervous system, we are able to function better and lead better, make better decisions, and manage stress more effectively²⁹.

Women have unique skills in perception, creativity, resilience and people management

Women have unique skills in terms of perception, thinking outside of the box, and in terms of their resilience and ability to manage so many multiple domains in tandem in life, yet nothing is ever spoken about the fact that women have babies and our physiology and psychology changes when women are in the pre- and post-natal times of their lives. Societal attitudes in the MENA still largely consider that women are able to work and have responsibilities but at the moment they have babies and children they will have to stop and become full-time caregivers. That is harmful, outdated thinking but it is a challenge to address such a deeply entrenched cultural mindset rooted in traditionalism and conservatism. Women want a complete life and not just a working life or a family life, but gender imbalance is so deeply rooted in terms of family and household responsibilities that women often struggle with leaving their children to work or attend a conference abroad, whereas men do not have the same concerns. Ending the undue care burden placed on women could significantly advance female employment which in turn could increase GDP across the MENA region by 57%, or as much as \$2 trillion, according to PwC's Middle East Survey 2022, which cites an 'expectations vs reality' gap between the ambitions of young women in the region and the experiences of employers and which recommends five key measures including embracing female employees wellbeing and investing in their skills to help MENA employers empower women in workplaces across their career lifecycle³⁰.

The region needs more clinical trials and more women working on them

Regulatory frameworks and ethical guidelines play a crucial role in clinical research and the sector in the MENA is navigating in a complex regulatory framework that can be challenging with limited resources and infrastructure in some lower to middle income countries. In some MENA countries such as Algeria, the number of clinical trials is very low and there are specific challenges in terms of awareness and education about the importance of clinical research and trials both among healthcare professionals and the general population, as well as patients who may not be familiar with the purpose, benefits or ethical considerations of participating in clinical trials. Another barrier is the low participation rate in clinical trials that can be attributed to limited access to healthcare facilities, inadequate infrastructure, logistical challenges and financial constraints, and the lack of diversity in the populations represented in such trials. It is crucial to actively engage with diverse communities to address their specific concerns and involve them in the design and implementation of the clinical trials to ensure their needs are adequately represented. Addressing these challenges requires a multi-facet approach involving collaboration among stakeholders including healthcare providers, pharmaceutical companies, regulatory authorities, academi institutions and patient advocacy groups, as well as investing in education, infrastructure, capacity-building, and community engagement.

There are disparities within the region when it comes to clinical trials and funding for innovation

More can be done to expedite access to innovation in countries like Algeria and Tunisia but this requires enhanced collaboration with authorities, hospitals and universities to establish the necessary frameworks for clinical trials that can benefit the country and the region overall. Some countries within the Arab region such as Saudi Arabia

28 Atlal Abusanad et al, Prevalence and Risk Factors of Burnout Among Female Oncologists from the Middle East and North Africa, *Frontiers in Psychology*, 22 March 2022, Vol 13, Accessed at <https://doi.org/10.3389/fpsyg.2022.845024>

29 Dr Safia Debar, *The Neuroscience of Stress: What You Need to Know*, YouTube, Accessed at <https://youtu.be/CZfBoeMsYk4>

30 PwC Middle East, *Women in MENA workforce could increase GDP by \$2 trillion: PwC Middle East survey*, 09 June 2022, Accessed at <https://www.pwc.com/m1/en/media-centre/2022/women-in-mena-workforce-could-increase-gdp-by-2-trillion-pwc-me-survey.html>

have made commendable progress in attracting global clinical trials but other states are not yet there, indicating the need for further efforts and reform to ensure that there is ready infrastructure for such collaboration. This is a critical DEI priority because it is inequitable to witness patients in Algeria and Tunisia (for example) waiting for up to a decade to access life-changing medications that are already readily available to patients in other parts of the MENA or in Europe or the United States.

Medical schools have a pivotal role in influencing lasting cultural change in the sector towards DEI

There are many areas of improvement in promoting women's leadership and engagement in clinical research and innovation that can be most effectively implemented through education and raising awareness of the importance of equal representation and leadership in such trials. Medical schools have an important role to play in promoting the value of diverse perspectives and to highlight the need for women to be represented in every aspect of leadership in clinical research and innovation, with the aim of inspiring cultural changes in the workplace that women enter when they leave medical school and fostering corporate policy change to promote gender equity and inclusivity within healthcare organisations.

Ultimately, embedding DEI values in healthcare culture can improve patient outcomes

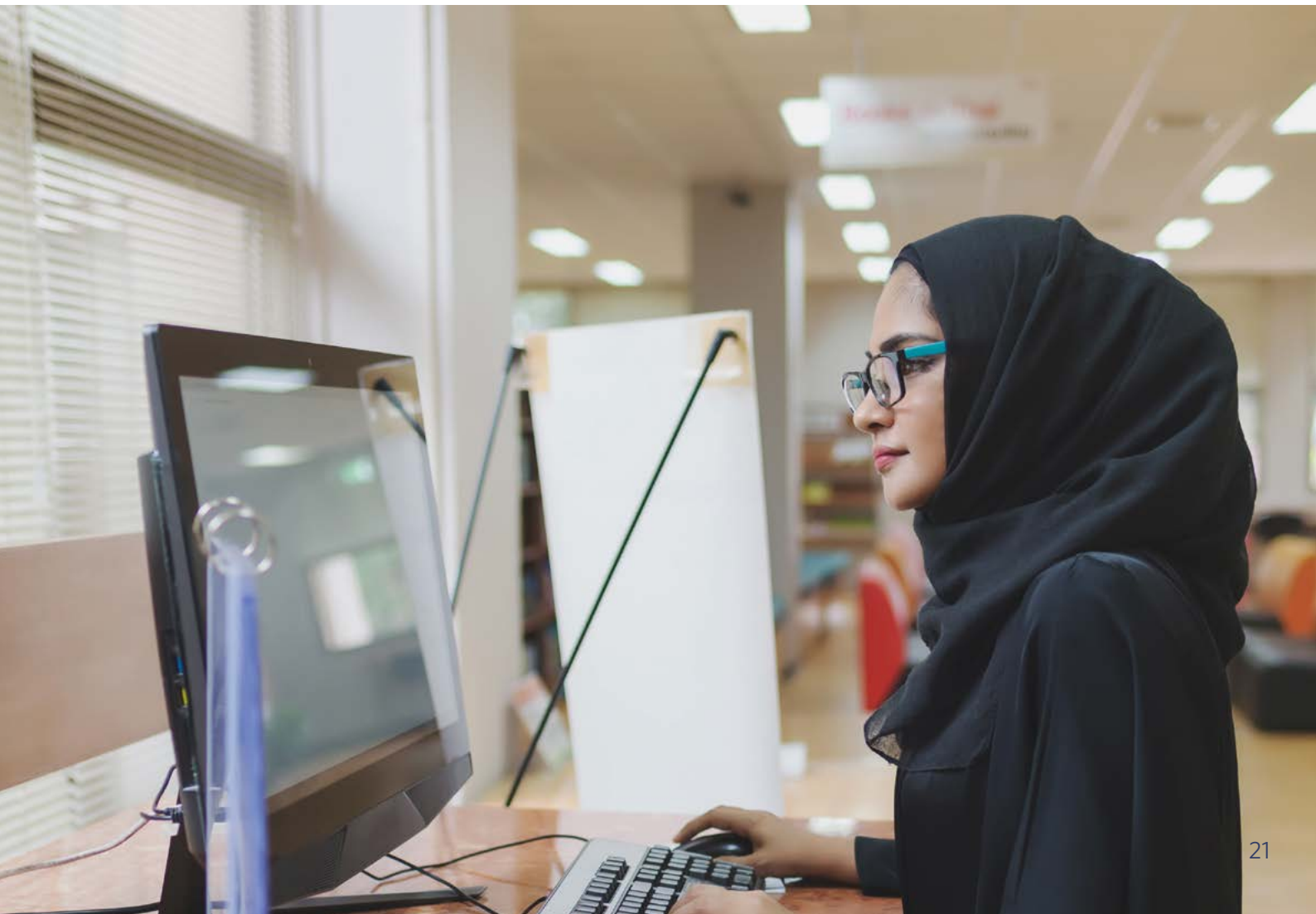
When working in collaboration and bringing humility, dignity and DEI values into innovative programmes, outcomes for patients have improved, and productivity, community and cohesion among colleagues has exponentially increased. Although there are huge variances around the region in terms of clinical trials and innovation, practitioners and researchers in each state should build on the achievements, progress and momentum in their own unique health environment and start to think more strategically about intra-regional and international collaboration. It is promising that such collaborations often mandate diversity and equal representation as a condition of funding which can only help to spur further momentum and progress. Making women leaders more visible and celebrating their achievements in clinical research, trials and innovation is vital for role modelling and inspiring girls from the earliest years of education and motivating women in STEM. Within education / university and workplace settings, it is important to celebrate women who have challenged societal limitations and struggled in traditionally male-dominated fields, to implement mentorship programmes, guest speaker series and other networking / learning opportunities that bring established women leaders and rising stars together (such as AIWF's *Young Arab Women Leaders* programme).

3.3 Key Recommendations

- Address barriers to clinical trial participation that vary hugely between MENA states, including limited access to healthcare facilities, inadequate infrastructure, logistical challenges, and financial constraints. Increase awareness and education about the importance of clinical research and trials among healthcare professionals, the general population, and patients in MENA countries.
- Implement initiatives aimed at reducing health disparities and ensuring equitable access to care, such as launching screening campaigns in rural areas in collaboration with patient advocacy groups. Increase health literacy among the general public through awareness campaigns and educational programs. Conduct training programs for the medical community on good clinical practices and DEI-focused implementation of clinical trials. Establish special programs to support patients with prevalent conditions. Advocate for enhanced collaboration between health authorities, hospitals, and universities to establish the necessary cohesion and organised frameworks for clinical trials in the MENA region. Strategise for and design multi-stakeholder intra-regional and international collaborative projects, for which DEI is often a condition for funding.
- Actively engage with diverse communities to address their specific concerns and involve them in the design and implementation of clinical trials. Collaborate among stakeholders including healthcare providers, pharmaceutical companies, regulatory authorities, academic institutions, and patient advocacy groups to navigate the complex regulatory frameworks in the MENA region. Undertake efforts and reforms to ready the infrastructure for global clinical trials collaboration, learning from progress made in countries such as Saudi Arabia. Expedite access to innovative treatments and life-changing medications in MENA countries by increasing the presence and speed of clinical trials.
- Invest in education, infrastructure, capacity-building, and community engagement to support clinical research and trials. Strive to address the underrepresentation of women in clinical trials and research to ensure diversity and inclusion in medical innovation, and work towards embedding DEI into clinical trial frameworks by advocating for women's voices and needs to be more clearly heard in all aspects of the medical field. Work

on making women's contributions more visible and seek more institutional recognition for women's expertise in the healthcare sector, ensuring that women can rise to leadership positions in public health and academic training hospitals.

- Prioritise teaching the value of holistic and patient-centric care to female medical students and early career practitioners. Encourage researchers and practitioners to pay more attention to their neuroscience and regulating their nervous systems for better decision-making and stress management. Address the issue of burnout among women, particularly those in leadership roles, to support them in their career trajectory and in striving for work-life balance. Challenge societal and institutional expectations that women should stop working or limit their responsibilities when they have children.
- Make women leaders more visible and celebrate their achievements in clinical research, trials, and innovation to inspire and motivate young women and girls. Implement mentorship programs, guest speaker series, and other networking/learning opportunities that bring established women leaders and rising stars together in educational, university, and workplace settings.



4 | Recommendations

Leverage the strengths of a diverse and experienced team for personal and professional growth through mentorship, role modelling and knowledge / experience exchange. Actively identify potential female leaders within and beyond their teams and offer them support to bridge the gender disparity in leadership and research positions.

Create an intra-regional and international network of MENA women in science who can provide mutual support and share experiences. Make women leaders more visible and celebrate their achievements to inspire and motivate young women and girls. Implement mentorship programs, guest speaker series, and other networking/ learning opportunities that bring established women leaders and rising stars together in educational, university, and workplace settings.

Accelerate discussions on eliminating gender bias from workplace policies and ensure flexibility in working hours. Aspiring women should be encouraged to maintain work-life balance and not sacrifice family for career or vice versa. Launch proactive and transparent career development initiatives and promotion programmes within organisations. Recognise the importance of men as allies in the journey towards DEI in the health sciences and in STEM overall.

Instil values such as trust, confidence, empowerment, resilience, and equal opportunities in children from a young age, and encourage girls' interest in STEM fields and let them pursue their interests without interference. Be supportive of girls' ambitions, especially if they involve entering traditionally male-dominated fields.

Recognise health as a human right. Harness the increase in social justice movements around public health post-Covid to ensure greater accountability and a more rights-based approach to healthcare DEI.

Create respectful and dignified environments for health workers and patients alike, emphasising inclusion at all levels of the healthcare sector. This involves creating safe spaces, encouraging idea exploration, and promoting open feedback at all levels. Implement top-down cultural changes to fully embrace DEI training, as organisations with cultures of continuous learning are more likely to align with DEI values. Recognise the value of employees as the backbone of the healthcare system. Ensure that women, who make up a large proportion of healthcare workers, are involved in decision-making processes.

Address acute health and mental health challenges for women in conflict-ridden countries such as Sudan and Syria and for those living in refugee camps in Jordan, Lebanon and other parts of the region. Include women's voices in decision-making processes in global public health to humanise medical provisions for refugees.

Promote public health education in schools and workplaces for disease prevention and regional health promotion, emphasising that the health of women directly impacts the health of families, communities, and economies.

Increase the visibility of female medical practitioners and health science workers in community and healthcare settings to role model female leadership. Address gendered barriers to DEI and inclusivity in family and healthcare planning and provision through community engagement and education on how women can care for their own health. Ensure DEI is incorporated into health program design, measurement, monitoring, and evaluation. Include women in senior oversight positions as a clear condition of funding/implementation. Encourage mainstream MENA media to positively portray women professionals, particularly in health, to facilitate cultural and mindset shifts about the role of women and girls in society.

Embed DEI considerations into the design and implementation of codes of ethics and conduct in healthcare, ensuring the language used by healthcare professionals reflects DEI values and respects the dignity of healthcare workers and patients.

Develop, strengthen, and invest in a robust homegrown research culture in the region where women have real opportunities to lead in STEM academia and research. Embrace the vast potential for healthcare innovation through technology and AI to deliver unprecedented opportunities for women with the ambition, education, and technological skills to innovate.



Governments should address clear public health issues such as smoking, obesity, diabetes, heart diseases, hypertension, and cancer, particularly among women. Women should have equal representation in the leadership addressing these issues. Acknowledge and address the rise of mental health concerns in the region and ensure women are included in the strategic design and leadership to address these issues.

Invest in human capital for health, translate post-pandemic international commitments and global directives into action, and translate policies into plans. Embed DEI into formal education, workplace and HR processes, and the mentality and mindset of every professional in the health sector.

Implement initiatives aimed at reducing health disparities and ensuring equitable access to care. Increase health literacy among the general public through awareness campaigns and educational programs. Conduct training programs for the medical community on good clinical practices and DEI-focused implementation of clinical trials.

Advocate for enhanced collaboration between health authorities, hospitals, and universities to establish the necessary cohesion and organised frameworks for clinical trials in the MENA region. Strategise for and design multi-stakeholder intra-regional and international collaborative clinical projects, for which DEI is often a condition for funding.

Engage with diverse communities to address their specific concerns and involve them in the design and implementation of clinical trials. Collaborate among stakeholders including healthcare providers, pharmaceutical companies, regulatory authorities, academic institutions, and patient advocacy groups to navigate the complex regulatory frameworks in the MENA region. Undertake efforts and reforms to ready the infrastructure for global clinical trials collaboration, learning from progress made in countries such as Saudi Arabia. Expedite access to innovative treatments and life-changing medications in MENA countries by increasing the presence and speed of clinical trials.

Invest in education, infrastructure, capacity-building, and community engagement to support clinical research and trials. Strive to address the underrepresentation of women in clinical trials and research to ensure diversity and inclusion in medical innovation, and work towards embedding DEI into clinical trial frameworks by advocating for women's voices and needs to be more clearly heard in all aspects of the medical field. Make medical and health education more accessible and affordable for women by addressing the rising cost of learning and relatively low levels of scholarship funding in the MENA region.

Teach the value of holistic and patient-centric care to female medical students and early career practitioners. Address the issue of burnout among women, particularly those in leadership roles, to support them in their career trajectory and in striving for work-life balance. Challenge societal and institutional expectations that women should stop working or limit their responsibilities when they have children.

5 | Contributing Speakers

Dr Agnes Hamzaoui

Professor of Respiratory Diseases, Tun El Manar University Medical School, Tunisia

Dr Agnes Hamzaoui is Professor of Respiratory Diseases in the Medical School at the Tunis El Manar University. She is Head of Children's Respiratory Diseases in Abderrahmen Mami Hospital Ariana and responsible for the research lab on Chronic Respiratory Diseases from genetics to management. She graduated from Tunis Medical School as a chest physician and has a scientific background in immunology and respiratory physiology. Through chronic respiratory diseases diagnosis and management she was involved in a WHO public health project on education of primary care staff, acting as an expert in several countries. During the pandemic her team was one of the first to take care of the COVID-19 patients in Tunis and was part of the task force that drafted and updated the guidelines on patient management. She currently chairs the Committee of Pharmaceutical Specialities of the Ministry of Health.

Dr Hanan Gewefel

CEO, Women & Fetal Imaging, Egypt

Dr Hanan Gewefel is the Dean of Applied Health Science Technology College at Misr University for Science and Technology in Cairo Egypt since 2020. She is also the CEO of Women & Fetal Imaging in Egypt, a medical physician and a consultant in the field of women's health herself, having earned a diploma from the European Society of Breast Imaging Vienna, Austria. She holds a Bachelor of Medicine and Bachelor of Surgery (MBBS) from Cairo University, and Dr Hanan is a proud and longtime member of the Arab International Women's Forum.

Dr Khalida Rahal

Medical Director, Pfizer

Dr Khalida Rahal is a highly accomplished medical professional with a deep commitment to patient-centered care. She currently serves as the Medical Director at Pfizer. Khalida obtained her Doctorate of Medicine from the Algerian University of Medicine at Algiers. Khalida Rahal successfully graduated from the Columbia Business School and she also received academic certification in medical affairs from King's College London and professional certification in drug development from the International Federation of Pharmaceutical Physician Associations and the IFAPP Academy. Additionally, Khalida Rahal was selected to participate in the LAFTA (Leadership Aspiring Female Talents in Africa & Middle East region) program in 2020. Early in her career, she worked as a practicing physician, witnessing firsthand the challenges and inequities faced by patients, particularly those from underrepresented communities. Driven by her desire to address these disparities, Dr Rahal transitioned to the pharmaceutical industry to work directly on delivering innovative therapeutic solutions for the patients. Her expertise in patient-centered care and her unwavering commitment to equity have played a crucial role in shaping the approach in clinical trials in Algeria through a strong collaboration with different actors in the healthcare system in Algeria. As the Medical Director, Khalida leads a multidisciplinary team responsible for designing and implementing educational and scientific initiatives for the medical community that prioritize inclusivity and diversity. Under her guidance, Algeria Medical Department has implemented robust strategies to enhance local clinical research capabilities. Khalida and her team actively collaborate with advocacy groups, patient organizations, and healthcare professionals to foster partnerships that promote awareness and access to treatment and health information.

Dr Maha Al Mozaini

Scientist & Director, King Faisal Specialist Hospital & Research Center, KSA

Dr Al Mozaini heads a special unit for the research of immunodeficiency diseases and supervises a group of scientists, technicians and graduate students in this field. She established the first HIV laboratory at King Faisal Specialist Hospital where she developed a large number of medical laboratories in Saudi Arabia. L'Oréal and UNESCO have granted her the award for "best woman in science" in the Middle East and North Africa for her outstanding research and achievements in the field of immunodeficiency diseases. She holds a PhD in the field of virology and immunology from Imperial College London.

Dr Maryam Matar

Founder and Chairperson, UAE Genetic Diseases Association, UAE

Dr Matar is the Founder and Chairperson, UAE Genetic Diseases Association. She is a leading healthcare influencer, and pioneered the study of genes and advocates public education and awareness of genetic disorders across the ME region. She serves as a Chairperson/Senior Advisor in over 15 international, regional and local committees for preventive healthcare initiatives, women in STEM, and youth leadership. Dr Matar has been recognised as the most powerful scientist in the UAE since 2014; amongst the top 20 Arab scientists with the biggest contribution to humanity by British Scientific Community 2016; and amongst the "top 100 most influential Arabs in the world" recognised by Arabian Business for four consecutive years since 2013.

Dr Naeema Al Gasseer

World Health Organization Representative, Egypt

Dr Naeema Al-Gasseer is from Bahrain and has been appointed WHO Representative in Egypt. She was formerly the WHO Representative in Sudan and in Iraq, having joined WHO in 1999 as Senior Scientist for Nursing and Midwifery in Geneva. Prior to joining WHO, she was Regional Advisor for Reproductive Health and Family Planning at UNFPA from 1996, and she also worked at the Ministry of Health in Bahrain. Dr Al-Gasseer graduated with an Associate Degree in Nursing in 1978, and obtained a Doctorate in Nursing Sciences in women's health from the University of Illinois, Chicago. Dr Al-Gasseer was the first Arab to receive an honorary award of Doctorate of Science (DSci) from Glasgow Caledonian University in Scotland.

Dr Oualae Alami

Global Influenza Lead, Pfizer & AIWF Board Member

Oualae has over 20 years of experience in health care with 18 years at Pfizer. She is currently Global Influenza Lead for Pfizer based in Madrid. Prior to her current role, Oualae held various leadership positions across Africa and Middle East. She first led Pfizer Oncology business across the region and was instrumental in positioning the company as a key player in advancing cancer care in the region. More recently, she led Pfizer Biopharmaceutical group in the Middle East across all Pfizer's therapeutic areas. Oualae is a strong believer in the power of inclusive organization that enable colleagues to bring their best selves in all settings and is purposeful about their growth. She is a passionate advocate for diversity, equity and inclusion with a focus on advancing women in leadership in general and more recently on women from minority groups. She was the former Africa and Middle East Chair of Pfizer diversity, equity and inclusion council leading Pfizer's efforts to champion key initiatives that aim to promote diversity and inclusion in the region. Oualae sits on the board of the Arab International Women's Forum and a number of other key regional organisations.

Dr Reem Al-Ajlouni

Director, Jordan Breast Cancer Program, Jordan

A visionary public health, health economics and policy professional with a demonstrated successful track in projects design and management, Dr Reem Al-Ajlouni is currently the director of the Jordan Breast Cancer Program, and previously worked as the Management Specialist for population and health projects at the USAID mission to Jordan, a National Professional Officer at UNICEF, and an Assistant Medical Coordinator at Médecins du Monde-France. She holds a Master's degree and PG Diploma in Health Economics from University of South Wales and a bachelor's degree in Pharmacy from the university of Jordan.

Dr Safia Debar

General Practitioner & UK-certified Harvard Stress Management and Resiliency Trainer (SMART)

Dr Safia Debar is a London-based General Practitioner and one of few UK doctors certified to run the Harvard Stress Management and Resiliency Training (SMART). Dr Debar graduated with Distinction from St George's Hospital in London and went on to undertake vocational training in general practice. She has completed several residencies, including general surgery at Frimley Park Hospital and general medicine at St George's Hospital London. She then worked at Chelsea and Westminster Hospital in various specialties including emergency medicine, paediatrics and women's health. Her general practice training was in Holland Park, and she then worked in Kensington and Chelsea practices both in the NHS and private sectors. She was then awarded one of eight NIHR fellowships and undertook a Master's in Public Health at The London School of Hygiene and Tropical Medicine (LSHTM) alongside academic general practice, which involved presenting at national and international conferences. She adopts an integrative approach to her consultations and brings together the mind-body connection. In addition to her clinical practice, she runs stress management and resiliency training courses for individuals, groups and corporate clients.

Dr Thekra Hasan

Section Head, Drugs and Medical Products Department, Department of Health (DoH), UAE

Dr Thekra Hasan is the Director of Zayed Herbal Complex, the division under the Research and Innovation Center at the Department of Health - Abu Dhabi. Recently she was appointed as an Associate Member to the US Pharmacopeia Convention (USP Convention) for the 2020-2025 cycle. Dr Thekra is a frequent speaker and panelist on pharmacy topics related to medication safety, patient safety, dietary supplements and drug information and poison prevention. Currently, through her role as director of ZHC she is responsible for different functions that aim to ensure the access to safe and effective medical products in the emirates of Abu Dhabi.

Ouardia Djoudjai

Category Lead Oncology, Pfizer

Ouardia is a business leader with sixteen years of pharmaceutical leadership experience, expert in driving robust sales and marketing strategies across Gulf North Africa and Emerging Markets. She has developed a strong set of diverse skills that include rapid understanding of complex situations to recommend and deliver business-critical outcomes; leading and delivering innovative initiatives cross emerging markets. Ouardia is a passionate DE&I advocate Leading the Diversity Equity and Inclusion strategy across Gulf for the past two years and an active and founding member of the regional DE&I council and the in country colleague resource groups across Africa Middle East.

Yomna Kotb

Director, Policy and Public Affairs ELII Cluster (Egypt, Sudan, Lebanon, Jordan, Iraq, and Iran), Pfizer Biopharmaceuticals

Yomna has over 21 years of experience within the Healthcare Industry, most recently in the function of Government Affairs and Policy. She joined Pfizer in April 2021 in the capacity of Director, Policy and Public Affairs, ELII Cluster. Yomna represents Pfizer with government officials, regulators, payers, trade partners and multiple industry associations across the ELII cluster. Her role supports shaping healthcare policy in ELII Cluster and driving strategic Public Private Partnerships. Prior to joining Pfizer and over a tenure of 19 years, Yomna established Corporate Affairs, Market Access, and Regulatory Affairs functions in multinational pharmaceutical companies and led the launch of the first gene therapy in Egypt serving at the time Market Access, pricing, and Public Affairs Head for Novartis Egypt. Yomna also led Middle East and Africa strategic platform around advancing sustainability and Impact valuation, and launched the first Financial, environmental, and social impact valuation study in Egypt in collaboration with WiFOR institute in Germany and Ministry of international Cooperation in Egypt. She led the 'Headroom for Innovation' Working Group within the Egyptian foundation of Pharmaceutical Research and Manufacturing "EFPR" and acted as the industry representative in the Egyptian Headroom for Innovation Committee responsible for roll out of Egypt Roadmap. She is also a member of the Pharmaceutical Committee, at the American Chamber Egypt and Member of the Lebanon PhRMA group. Yomna holds a Bachelor of Pharmacy, from the University of Alexandria and postgraduate Diploma in Health economics from Arab Academy for Science, Technology and Maritime Transport.



Initiative Partners



For more information on the work of AIWF and Pfizer on DEI in health,
please visit aiwfonline.com

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