

Public Health Specialty Registrar Projects

# August 2017

# Project number 2

# Project title

## **Gendering public health through the engagement of networks of young health professionals**

# Project lead or supervisor

Professor Sally Theobald in collaboration with the [Research in Gender and Ethics: building stronger health systems (RinGs)](http://resyst.lshtm.ac.uk/rings) partnership

# Email address

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# Description of the project

The [Research in Gender and Ethics: Building stronger health systems (RinGs)](http://resyst.lshtm.ac.uk/rings) partnership is a unique cross-Research Programme Consortium (RPC), bringing together three health systems focused RPCs: [Future Health Systems](http://www.futurehealthsystems.org/), [ReBUILD](http://www.rebuildconsortium.com/) and [RESYST](http://resyst.lshtm.ac.uk/) in a partnership to galvanise gender and ethics analysis in health systems. RinGs’ activities began in April 2014; the first phase has just been completed and the second phase is now starting and will be completed in 2018. Gender-sensitive health policy is a feature of international commitments and consensus documents and national-level normative statements and implementation guidance in many countries. However, there are gaps in our knowledge about how gender and ethics interface with health systems. Please review our website, for details of our focus, activities and actions to date.

In our second phase, we will continue to work with [Women in Global Health](http://www.womeningh.org/), [Health Systems Global](http://www.healthsystemsglobal.org/) and other health systems actors at the international level, and key stakeholders within different national contexts. We have appreciated the energy and opportunities of working with younger people and in phase 2 we will explore how we can work with youth leaders in public health associations and networks of medical students to harness the support of the next generation of practitioners and researchers. This project is designed to enable the registrar to conduct qualitative research which has the potential to lead to peer reviewed publications as well as providing practical guidance for RinGs. Engagement with networks of likeminded peers from around the world is a great opportunity for networking and professional development. The project aims to explore gender dynamics within public health and medical associations and to understand the extent which training (content and media) on gender responds to the challenges they face in their ongoing work.

We envisage that the project will have four stages:

1. A desk review to map public health associations and networks of medical students internationally with a particular focus on the Africa and Asia regions
2. Development of a proposal for ethical clearance with LSTM to explore the experiences of these associations and networks. This is likely to deploy qualitative methodology with interviews/focus group discussions with purposively selected participants. The proposal will aim to explore:
   1. Representation, leadership, and governance within the associations from a gender and intersectional perspective
   2. Experiences of training and exposure to debates, tools, and resources on gender equity and international public health/global health resources on gender equity and international public health
   3. Preferences for type of training materials on gender (messages, format, media, mix between global relevance and context specificity)
3. A meeting in a relevant context (e.g. Kenya or Uganda) to discuss findings and work with the RinGS consortium and Women in Global Health to adapt tools and resources to meet the needs of different associations and making these publicly accessible. This would be planned, convened and documented by the registrar.
4. Writing up the process, and sharing learning in different fora, including submitting abstracts to Health Systems Global, which will be held in Liverpool in 2018 and working with the support of RinGs colleagues to draft a paper for peer reviewed publication.

# Anticipated start date:

August 2017 (although there is some flexibility here).

# Days per week

Negotiable and depends on availability

# Anticipated completion date or duration

Approximately one year, so August 2018

# Any specific qualifications, experience or knowledge needed

An interest in gender, equity, and power analysis would be desirable. The ability to communicate and network across different contexts and disciplines will be critical.

# Linked competencies

Various competences from the following groups:

Key Area 1: Use of public health intelligence to survey and assess a population’s health and wellbeing

Key Area 2: Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations

Key Area 3: Policy and strategy development and implementation

Key Area 4: Strategic leadership and collaborative working for health

Key Area 5: Health improvement, determinants of health, and health communication

Key Area 7: Health and care public health

Key Area 8: Academic public health

Key Area 9: Professional personal and ethical development (PPED)

# Any health and safety considerations

There may be opportunities to travel to meet with public health associations in different contexts (for example in Uganda or Kenya) and present the work at international conferences or other fora. Any international travel will be risk assessed and supported in line with LSTM’s policy and procedures. Costs of travel will be covered by LSTM

If you are interested in this project or for more information, contact:

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