



Process Evaluation of the Digital Innovation in  
Pandemic Control (DIPC) Initiative  
*Report #5: Gender Equity and Inclusion –  
“Women in Digital Health Event in Ghana”*

Evidence-Based Public Health | Centre for International Health Protection

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## Process Evaluation of the Digital Innovation in Pandemic Control (DIPC) Initiative – Report #5: Gender Equity & Inclusion – The “Women in Digital Health Event Ghana”

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### Cover picture

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### Disclaimer

The content of this report expresses the opinions of its authors and does not necessarily represent the views of the Robert Koch Institute.

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## Table of Content

Executive Summary .....	6
1 Introduction .....	9
1.1 Background.....	9
1.2 Rationale.....	13
1.3 Evaluation Objectives .....	13
1.4 Purpose of the Report .....	14
2 Methodology.....	15
2.1 Study Design .....	15
2.2 Study Setting .....	16
2.3 Study Population and Sampling .....	16
2.4 Data Collection Methods.....	16
2.5 Data Analysis .....	17
2.6 Ethical Considerations .....	17
3 Sample Description .....	18
4 Findings .....	18
4.1 Pre-Intervention Context: Gender Landscape in Digital Health in Ghana .....	19
4.2 Event Design and Implementation .....	19
4.3 Findings .....	20
4.3.1 Relevance .....	20
4.3.2 Implementation Process.....	22
4.3.3 Sustainability .....	25
5 Discussion.....	27
6 Recommendations .....	33
7 Conclusion.....	36
8 References.....	37

## List of Acronyms

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<b>ANC</b>	Antenatal Care
<b>AWIDHN</b>	African Women in Digital Health Network
<b>BMZ</b>	Bundesministerin für Wirtschaftliche Zusammenarbeit und Entwicklung
<b>DAK</b>	Digital Adaptation Kit
<b>DH</b>	Digital Health
<b>DIPC</b>	Digital Innovation in Pandemic Control
<b>DEA</b>	Digital Ecosystem Assessment
<b>DPPI</b>	Department for Policy, Planning and Information
<b>GHS</b>	Ghana Health Service
<b>GEI</b>	Gender Inclusion and Diversity
<b>DPPA</b>	Digital Pandemic Preparedness Assessment Tool
<b>EPI</b>	Expanded Program on Immunisation
<b>eSMT</b>	Electronic Stock Management Tool
<b>GEI</b>	Gender Equity and Inclusion
<b>GHS</b>	Ghana Health Service
<b>GIZ</b>	Gesellschaft für Internationale Zusammenarbeit
<b>HIC</b>	High Income Country
<b>HIS</b>	Health Information System
<b>HL7</b>	Health Level Seven International
<b>HCW</b>	Healthcare Worker
<b>ICT</b>	Information and Communication Technology
<b>IT</b>	Information Technology
<b>KI</b>	Key Informant
<b>KII</b>	Key Informant Interview
<b>LMICs</b>	Low-and Middle-Income Countries
<b>M&amp;E</b>	Monitor & Evaluation
<b>MoH</b>	Ministry of Health
<b>NDHRM</b>	National Digital Health Roadmap
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PATH</b>	Program for Appropriate Technology in Health
<b>PPME</b>	Policy, Planning, Monitoring & Evaluation
<b>SDGs</b>	Sustainable Development Goals
<b>SMART</b>	Standards-based, machine-readable, adaptive, requirements-based, and testable
<b>STEM</b>	Science, Technology, Engineering, and Mathematics
<b>SURD</b>	Systems and Users Requirements Document
<b>UHC</b>	Universal Health Coverage
<b>WIDHE</b>	Women in Digital Health Event
<b>WHO</b>	World Health Organization

## Executive Summary

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### Background and Purpose

Women comprise 70% of the global health workforce yet remain systematically underrepresented in digital health leadership, technology development, and data science roles. WHO analysis of 104 countries documents persistent occupational segregation: whilst women constitute 65-86% of nursing and midwifery personnel, they represent only 28-53% of physicians and face an average 28% gender pay gap. This segregation intensifies at the intersection of health and technology, where women's limited visibility in technical roles constrains diversity of perspectives shaping digital health transformation. Multiple barriers impede women's entry into digital health careers: misconceptions that roles require coding expertise obscure alternative pathways, limited female role models reinforce gender stereotypes, and structural obstacles including financing gaps and gender-blind policies constrain advancement. These workforce challenges are particularly acute in sub-Saharan Africa, where digital health expansion accelerates yet women's meaningful participation remains constrained. The Digital Innovation in Pandemic Control (DIPC) initiative, launched by Germany's Federal Ministry for Economic Cooperation and Development through GIZ, aimed to strengthen digital health ecosystems in five partner countries. Recognizing that sustainable transformation requires diverse, gender-equitable workforces, DIPC supported the Women in Digital Health Event (WIDHE) in Ghana—a 1.5-day convening in October 2024 designed to address awareness gaps by making visible professional pathways, providing access to role models, facilitating networking with employers, and generating momentum for sustained engagement. This report presents findings from RKI's independent process evaluation of the WIDHE, examining relevance, implementation processes, and sustainability to generate actionable evidence for funders, implementers, governments, and global health stakeholders.

### Methodology

The evaluation employed qualitative process evaluation grounded in the Consolidated Framework for Implementation Research (CFIR) and OECD Development Assistance Committee (DAC) criteria. Data collection comprised document reviews and seven semi-structured key informant interviews (of 24 total conducted in Ghana) with funders, implementation partners, government officials, and global stakeholders directly involved in WIDHE planning, implementation, or participation. Interviews averaged 45-90 minutes, were conducted face-to-face or via secure videoconferencing, audio-recorded, transcribed verbatim, and analysed thematically using predominantly deductive coding. The evaluation received ethical clearance from the Ghana Health Service Ethics Review Committee. Key

### Findings

**Relevance** - The WIDHE demonstrated strong alignment with Ghana's policy priorities, including the GHS digital health strategy and Affirmative Action Act 2024. The event appropriately targeted female frontline health staff and students—priority workforce cadres—and addressed identified needs by demystifying digital health careers beyond coding, providing access to female role models, and showcasing diverse professional pathways. Cross-sectoral stakeholder engagement included government, implementing partners, academia, and private sector, representing the first national-level convening focused on women in health sector ICT roles. Strong demand validated relevance: over 200 registrations within twelve hours, with 95-100 participants attending. Qualitative feedback described a "whole world opening up," with sustained interest evidenced through post-event enquiries to organisers. However, stakeholders identified critical gaps: absence of structured mentorship

programmes, formalised internship opportunities, transparent qualification maps, explicit job selection criteria from employers, and defined entry routes into GHS digital positions. Stakeholders noted that sustained impact requires concrete implementation mechanisms linking educational institutions, employers, and government.

**Implementation Processes** - The WIDHE demonstrated effective implementation with strong institutional enablers including GHS leadership support, active buy-in from ICT and PPME directorates, and effective convening by Digital Square/PATH and GIZ. The practical event design—lifecycle simulation combined with role-based sessions showcasing business analysis, UX/UI design, data science, quality assurance, and project management alongside coding—made content accessible. Visibility of female practitioners in keynote and panel roles enabled participants to envision concrete career pathways. Stakeholders reported high perceived value: participants demonstrated expanded awareness of careers beyond coding, increased confidence through role model exposure, and sustained interest through follow-up enquiries and self-organised WhatsApp groups. Critical implementation gaps constrained translation of awareness into career pathways: registration demand exceeded capacity, some technical content was too advanced for beginners, no consolidated resource guide mapping training opportunities to roles was provided, post-event support structures remained absent with neither private nor public sector partners translating participation into concrete mentoring programmes or internship placements, and no systematic outcome tracking was implemented.

**Sustainability** - The WIDHE generated meaningful initial results: participants were exposed to new career pathways, initiated a WhatsApp community, and engaged in follow-on activities including conference bursaries and training course enrolments. GHS leadership reported increased women applying to digital programmes, with isolated staff reassignments documented. Ghana's policy environment provides strong enabling conditions through the Affirmative Action Act 2024 and GHS digital health strategy. However, critical gaps constrain sustainability: institutional ownership remains dependent on individual champions rather than embedded structures, legal commitments have not been translated into funded operational workplans with targets and accountability frameworks, structured implementation mechanisms remain absent (formalised mentoring cohorts, internship programmes, transparent qualification maps, standardised GHS entry routes), and private sector engagement has not converted into concrete placement opportunities. Stakeholders assessed that sustainability is plausible given enabling policies, but realisation requires translating commitments into operational systems with dedicated funding, measurable targets, and standardised pathways.

## Discussion

The WIDHE addressed gender segregation patterns documented globally, where women comprise 70% of health workers yet remain underrepresented in digital health leadership and technical roles.

Ghana's context mirrors these patterns, with women concentrated in clinical roles but absent from digital tool design. The event's focus on demystifying non-coding career pathways directly addressed the misconception that "digital health equals programming." The WIDHE successfully achieved awareness-raising objectives through evidence-informed strategies: role model visibility builds science identity and career persistence (Estrada et al., 2017), whilst cross-sectoral partnerships provided legitimacy and expertise. Strong policy alignment with Ghana's Affirmative Action Act 2024 reflected momentum around gender equity in health workforces. However, stakeholders identified gaps in mechanisms for translating awareness into careers. Research demonstrates that pathway programmes require structured mentorship, formalised internships, and ongoing support systems, whilst digital

health requires transparent qualification maps and career progression frameworks. Regional initiatives demonstrate implementation of these mechanisms: the African Women in Digital Health Network's structured mentorship programme provides women-led start-ups with one-on-one mentorship through cohort-based models, whilst UN Women's African Girls Can Code Initiative demonstrates value of sustained, multi-year programming.

Sustaining impact requires comprehensive workforce development frameworks integrating leadership commitment, dedicated financing, competency-based education, employer partnerships, and systematic monitoring.

## Recommendations

Based on evaluation findings and stakeholder consultations, eight recommendations are proposed:

R1: Hold Regular Events Tailored to Different Career Stages - Establish annual/biannual events with audience-specific tracks and rotating regional locations.

R2: Develop and Disseminate Career Pathway Resources - Create resource pack consolidating training opportunities mapped to roles with prerequisites, costs, and employment linkages.

R3: Require Partner Commitments for Structured Mentorship and Internship Programmes - Require organisations to commit internship slots, mentorship places, or advertised positions as condition of partnership with formalised agreements and accountability mechanisms.

R4: Implement Lightweight Outcome Monitoring Systems - Track educational pipeline, role transitions, and workforce composition through existing systems with participant follow-up surveys.

R5: Operationalise Gender Equity Policy Commitments - Translate policy commitments into funded operational workplans with targets, timelines, budgets, and accountability mechanisms.

R6: Embed Digital Health Content in Pre-Service and In-Service Training - Integrate digital health modules within health professions curricula and GHS training cycles.

R7: Deepen Institutional Ownership and Multi-Sectoral Coordination - Assign institutional responsibility to specific GHS unit, establish multi-sectoral steering committee, and integrate initiatives into routine planning and budget cycles.

## Conclusion

The WIDHE successfully achieved its pilot awareness-raising objective, demonstrating strong policy alignment and effectively addressing documented barriers.

High demand, cross-sectoral engagement, and participant-reported confidence building validate both need and effectiveness. However, translating awareness into sustained career outcomes requires structured mechanisms: concrete employer commitments providing internships and recruitment pipelines, consolidated pathway guidance, formal mentorship programmes, outcome monitoring systems, and institutional ownership beyond individual champions. Ghana's enabling policy environment, institutional support, and demonstrated demand create conducive conditions for sustained programming. Realising this potential requires operationalising commitments through funded workplans, formalising employment pathways, and establishing multi-sectoral coordination. With systematic attention to identified opportunities, Ghana can develop a model informing regional efforts across sub-Saharan Africa facing parallel challenges.

# 1 Introduction

## 1.1 Background

### *Gender Equity in the Health Workforce*

Women comprise approximately 70% of the global health and social workforce, contributing an estimated US\$ 3 trillion annually to global health, yet face systematic underrepresentation in leadership, higher-paid occupations, and technical roles (Boniol et al., 2019; Langer et al., 2015). WHO's 2019 analysis of 104 countries documented persistent occupational segregation: whilst women constitute 65-86% of nursing and midwifery personnel globally, they represent only 28-53% of physicians across regions, are less likely to access full-time employment, and face an average 28% gender pay gap in health sector earnings (Boniol et al., 2019). Male physicians are more than twice as likely as females to occupy the highest income categories, and women remain significantly underrepresented in health sector leadership positions despite comprising the majority of the workforce (Boniol et al., 2019).

These patterns reflect broader gender inequalities rooted in discriminatory social norms, structural barriers to education and career advancement, and gender-blind policies that fail to address systematic disadvantages women face in accessing professional opportunities (Newman, 2014). The United Nations High-Level Commission on Health Employment and Economic Growth emphasised that investments in the health workforce have powerful multiplier effects on economic growth and women's economic empowerment, but only when accompanied by gender-transformative policies addressing discrimination in earnings, barriers to full-time employment, and restricted access to leadership roles (UN High-Level Commission, 2016).

### *Gender Disparities in Digital Health*

The intersection of health and technology sectors reveals particularly acute gender disparities. Transform Health's 2024 global analysis documents that digital health is 'seldom designed from a gender perspective, despite the opportunities it offers to improve gender equity' (Transform Health, 2024). Women remain underrepresented in digital health leadership, technology development, and data science roles, with digital health solutions rarely designed with meaningful input from the diverse populations they aim to serve (Mechael, 2025; Transform Health, 2024). George et al.'s (2018) analysis of gender dynamics in digital health emphasises that women face structural and social barriers inhibiting equal participation and are frequently positioned as beneficiaries without opportunities to actively shape digital health projects to fit their needs.

The consequences of excluding women from digital health leadership extend beyond individual career opportunities. As George et al. (2018) argue, digital health interventions designed without diverse perspectives risk reinforcing rather than addressing gender inequalities, potentially missing key intended populations or placing them at risk through failure to account for gendered social relations governing access to and use of digital technologies. The African Women in Digital Health network emphasises that 'when we leave women and girls behind, we lose vital perspectives' essential for user-centred health information systems designed to serve diverse populations (Speak Up Africa, 2023).

### *Digital Health and Universal Health Coverage*

Alongside these workforce gender dynamics, digital health technologies have emerged as critical enablers for strengthening health systems and advancing Universal Health Coverage (UHC),

particularly in Low- and Middle-Income Countries (LMICs). The COVID-19 pandemic both accelerated digital health adoption globally and exposed persistent inequities in health system capacity. Vaccine-preventable diseases claim approximately 1.5 million lives annually, predominantly in LMICs, with 20.5 million children remaining unvaccinated or under-vaccinated in 2022 (Dimitrova et al., 2023; WHO, 2020). The pandemic's disruption of routine immunisation services across 170 countries highlighted the fragility of immunisation systems in resource-constrained settings and the urgent need for innovative approaches to strengthen vaccine delivery mechanisms (Shet et al., 2022).

WHO and global partners increasingly advocate for integration of information and communication technologies into health programmes to reach underserved populations, improve data accuracy for planning, enable effective patient tracking, and reduce administrative burdens (WHO, 2020). In LMICs, widespread mobile phone adoption creates unprecedented opportunities for digital health interventions, with 70% of the world's seven billion mobile phone users residing in LMICs and mobile broadband connections in Sub-Saharan Africa projected to increase from 38% to 87% by 2025 (WHO, 2022; Radcliffe, 2018). However, realising the potential of digital health to advance UHC requires not only technological infrastructure but also diverse, gender-equitable workforces capable of designing, implementing, and managing digital health solutions responsive to varied population needs.

The imperative to address gender equity in digital health workforces thus reflects both a commitment to women's rights and economic empowerment and a pragmatic recognition that excluding women from digital health leadership constrains the effectiveness, appropriateness, and sustainability of digital health interventions themselves. WHO's Gender Equal Health and Care Workforce Initiative (2021) and Transform Health's policy framework (2024) emphasise that gender-transformative approaches, moving beyond awareness-raising to systematically address structural barriers, eliminate discrimination, and establish accountability mechanisms, are essential for achieving equitable and effective health systems.

### ***The Digital Innovation in Pandemic Control Initiative***

Responding to both the imperative to strengthen digital health infrastructure for vaccine delivery and the need to address gender disparities in digital health workforces, the German Federal Ministry for Economic Cooperation and Development (BMZ), through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), launched the Digital Innovation in Pandemic Control (DIPC) initiative. Originally positioned under a COVID-19 emergency funding stream and nested within GIZ's Digital Cluster, this five-country programme aimed to strengthen digital vaccine delivery systems in Ghana, Sierra Leone, Malawi, Tanzania, and Peru whilst integrating gender equity and inclusion considerations throughout its programming.

The initiative focused on four key implementation components: (1) Digital Ecosystem Assessments to understand existing digital health infrastructure and capacity; (2) piloting of WHO's Standards-based, Machine-readable, Adaptive, Requirements-based, and Testable (SMART) Guidelines approach; (3) Digital Tool implementation in partner countries for immunisation tracking and data management; (4) Capacity Strengthening activities for digital health at multiple levels of the health system; and (5) integration of Gender Equity and Inclusion (GEI) programming into the DIPC initiative's design and implementation across all components.

### ***The Women in Digital Health Event, Ghana***

The DIPC-supported WIDHE was organised in Accra, Ghana, in October 2024, implemented by Digital Square at PATH in collaboration with GIZ and the Ghana Health Service (GHS). The event was

conceptualised to address documented barriers constraining women's entry into Ghana's digital health sector: limited awareness of non-coding career pathways, absence of visible female role models in technical positions, and pervasive misconceptions that digital health careers require programming skills.

The 1.5-day event targeted female frontline health staff and female students from universities across Ghana—both priority cadres within the health workforce. It aimed to make visible the breadth of professional pathways across the digital health lifecycle, provide access to female practitioners and leaders serving as role models, facilitate networking amongst participants and with potential employers from public and private sectors, and generate momentum for sustained engagement through post-event resources and connections.

The event structure combined keynote addresses by senior female leaders, panel discussions with women practitioners, lifecycle simulation exercises, and small-group sessions exploring diverse professional domains: business analysis, user experience design, data science, quality assurance, product and project management, policy development, and software development. Between 95-100 participants from multiple regions attended the event.

### ***Gender Equity and Inclusion Programming in DIPC***

The DIPC initiative integrated GEI considerations throughout its programming, articulated through a gender logic model (Figure 1) addressing GEI-responsive tool design, inclusive capacity strengthening, stakeholder engagement dynamics, and the dedicated WIDHE workforce development intervention.

Stakeholder interviews explored GEI considerations across all DIPC components (Digital Landscape Assessment, National Digital Health Roadmap development, SMART Guidelines piloting, tool roll-out, and capacity strengthening), with general observations regarding GEI integration noted within the respective topic evaluation reports (Reports 1 to 4) where relevant.

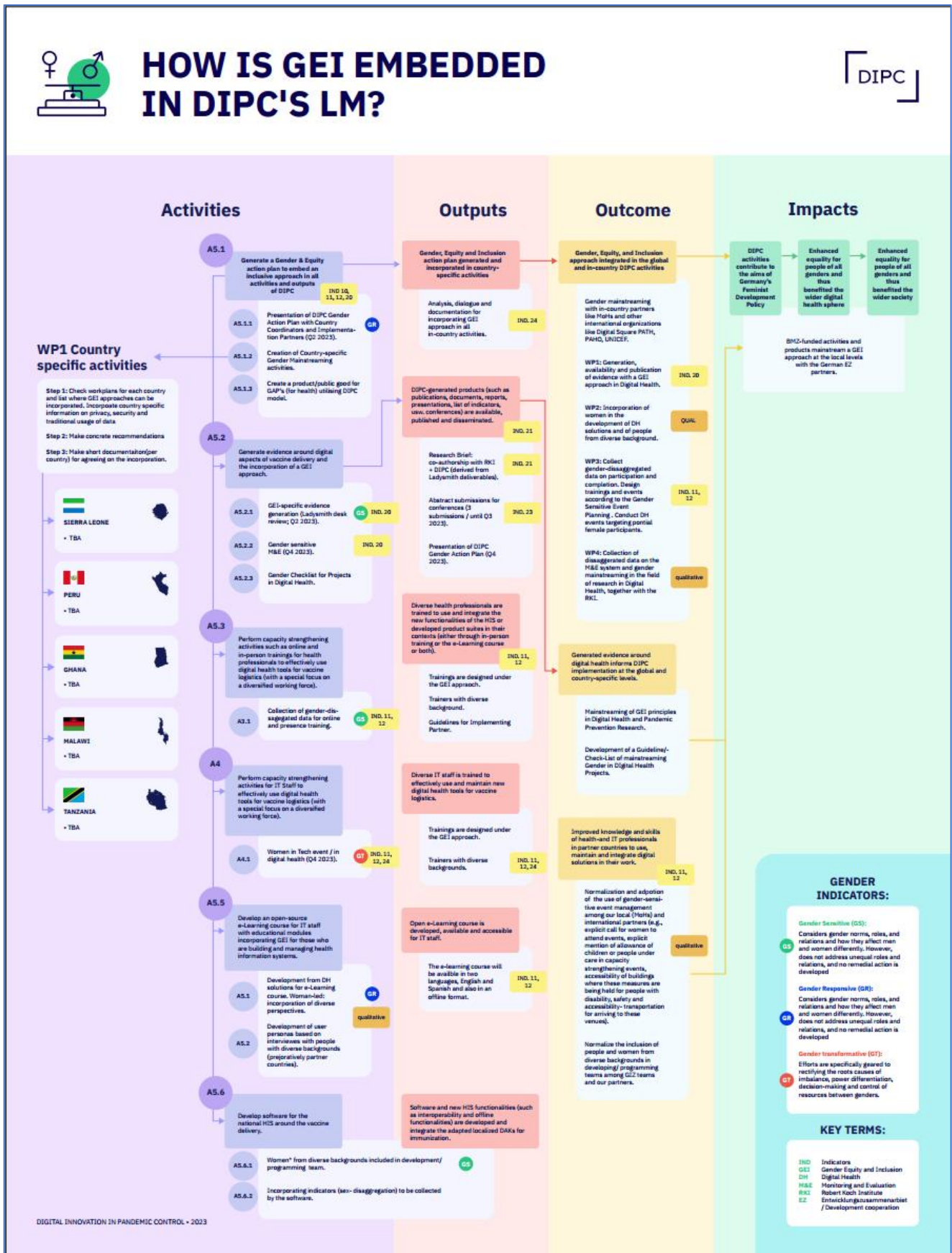


Figure 1. GEI-programming embedded in DIPC's Logic Model

## 1.2 Rationale

The Robert Koch Institute (RKI) was contracted by GIZ to conduct an independent external process evaluation of the DIPC initiative in three countries: Ghana, Malawi, and Sierra Leone. Process evaluations examine internal processes and implementation aspects whilst placing projects into wider national contexts, focusing on whether activities are carried out as planned, quality of work performed, and how management and resources impact execution.

Multiple factors can impede the relevance, effectiveness, and sustainability of workforce development initiatives, including translating policy commitments into operational mechanisms, establishing sustainable institutional structures, coordinating multi-sectoral partnerships, and maintaining momentum beyond external funding (Cometto et al., 2020). While gender discrimination and inequality in health workforces are well documented (Newman, 2014), evaluation of gender-focused workforce development interventions remains limited. This reflects what implementation science terms the 'know-do' gap: the disparity between research-based knowledge and its real-world application (Skolarus & Williams, 2024). Whilst normative frameworks provide guidance on what should be done (WHO, 2021; Transform Health, 2024), evidence on how to implement such interventions effectively remains limited.

This evaluation focused its systematic GEI analysis on the WIDHE for three interconnected reasons. First, the WIDHE constituted a discrete intervention specifically designed to address gender disparities, enabling coherent application of evaluation criteria (relevance, implementation, sustainability). Second, as a novel workforce development initiative distinct from tool implementation or capacity strengthening, it merited dedicated investigation to generate actionable learning for future programming. Third, comprehensive GEI evaluation across all programme components would constitute a separate standalone evaluation requiring dedicated analytical frameworks beyond the scope of this process evaluation.

As a pilot initiative implemented in a context with supportive policies yet persistent gender segregation, evaluation of the WIDHE's design, implementation, and early outcomes generates actionable evidence for strengthening future gender equity initiatives. Understanding what worked well, what did not, and under what conditions workforce development interventions can catalyse sustained change is essential for informing programme refinement in Ghana and similar contexts across sub-Saharan Africa and other LMICs facing parallel challenges. The evaluation aims to bridge the 'know-do' gap by translating knowledge into actionable strategies for digital health programme implementation.

## 1.3 Evaluation Objectives

The evaluation was designed around three primary objectives, each addressing critical dimensions of the DIPC initiative's implementation and potential for sustained impact:

1. **Relevance:** To examine the extent to which DIPC programme activities align with partner countries policies and priorities, meet target groups needs and were planned and implemented with relevant stakeholder engagement.
2. **Project Implementation:** To establish how the DIPC initiative evolved over time in each country relative to initial project plans, identifying aspects of implementation that worked well and those that did not, and identifying barriers and facilitators to implementation.

**3. Project Sustainability:** To examine the extent to which the DIPC initiative had the potential to yield sustainable results in participating countries, including an analysis of the DIPC component’s integration into the national systems and the partner countries’ capacity for independent continuation after the project ends.

## **1.4 Purpose of the Report**

This report presents findings from the independent process evaluation of the WIDHE in Ghana, a component of DIPC's GEI programming efforts.

The report describes our findings on the extent to which the WIDHE and its implementation aligned with Ghana's priorities and target group needs (relevance), the factors that facilitated or constrained its delivery (implementation processes), and the potential for sustaining and scaling contributions to gender equity in digital health workforces (sustainability). Drawing on qualitative data from key informant interviews and document review, the report synthesises empirical evidence on design, implementation, and early outcomes of this pilot workforce development intervention.

The findings and recommendations are intended to inform future gender equity initiatives in digital health in Ghana and similar contexts, contribute to evidence on effective approaches for strengthening women's participation in digital health workforces, and provide actionable guidance for funders, implementers, and national governments seeking to address gender disparities in health systems undergoing digital transformation.

## 2 Methodology

### 2.1 Study Design

The overall process evaluation employed a qualitative process evaluation design grounded in the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009) to assess barriers and facilitators to the successful implementation of the Digital Innovation in Pandemic Control (DIPC) initiative across three countries: Ghana, Malawi, and Sierra Leone.

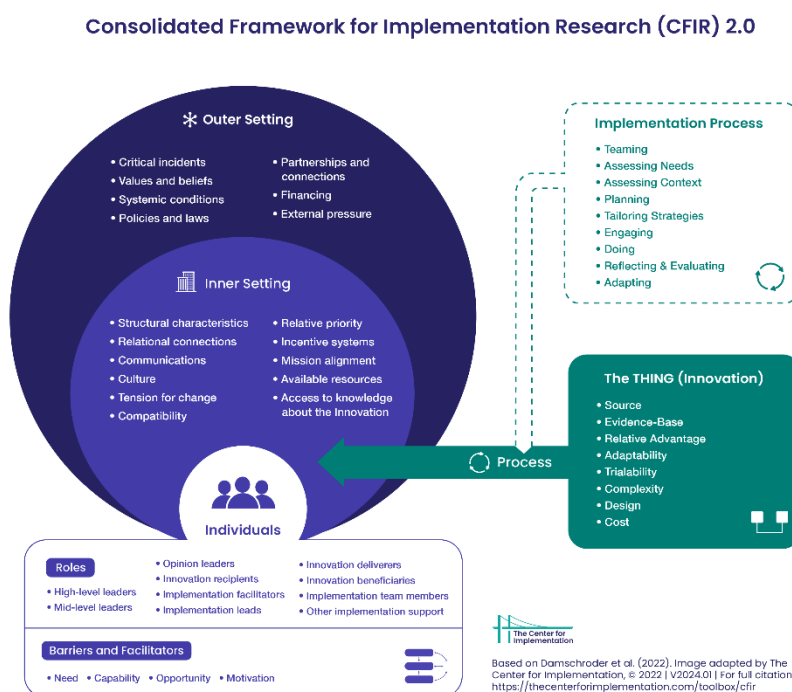


Figure 2. Consolidated Framework for Implementation Research (CFIR) 2.0 (based on Damschroder et al. (2022), adopted from The Centre for Implementation, 2022).

The evaluation framework integrated OECD Development Assistance Committee (DAC) criteria, including relevance and sustainability (OECD, 2021), to guide the formulation of evaluation questions. The focus of enquiry was structured according to the DIPC logic model, and four key implementation components were identified for detailed assessment:

1. Digital Ecosystem Assessments and the Development of a National Digital Health Road Map
2. Piloting of WHO's SMART Guidelines,
3. The implementation of DIPC-supported digital tools for immunisation,
4. Capacity Strengthening activities for digital literacy, and
5. The DIPC Initiative’s Gender, Equity, and Inclusion efforts.

The evaluation utilised two primary data collection methods: comprehensive document reviews and semi-structured key informant interviews (KIIs). This mixed-method approach enabled triangulation of data sources to enhance the validity and depth of findings (Patton, 2015). Data collection was contextualised through direct observations during site visits to implementation locations.

## 2.2 Study Setting

The overall evaluation was conducted in three of the five DIPC partner countries: Ghana, Malawi, and Sierra Leone. Key informant interviews took place in the respective capitals of Accra, Freetown, and Lilongwe. This report presents findings from Ghana only.

## 2.3 Study Population and Sampling

### Overall Evaluation

This report draws on data collected as part of a broader process evaluation conducted across the three DIPC partner countries (Ghana, Malawi, and Sierra Leone). The overall evaluation employed purposive sampling to capture diverse perspectives from stakeholders at international, national, regional/provincial, district, and health facility levels across four stakeholder groups: funders and implementing partners, government officials and health service administrators, regional and district public health officials, and healthcare providers and IT personnel at health facility level.

For Ghana, 24 key informant interviews were conducted with participants who occupied professional roles relevant to digital health systems, DIPC implementation, or national immunisation programmes, and who had been employed continuously for at least six months in their current role. Participants were identified through document reviews, stakeholder lists provided by GIZ and implementing partners, health system network knowledge of national researchers, and snowball sampling.

This report specifically focuses on findings related to the WIDHE component, drawing on seven key informant interviews: five conducted with Ghana-based stakeholders involved in planning, implementing, or participating in the WIDHE, and two with global-level informants who provided strategic and technical input to the event's design and implementation.

## 2.4 Data Collection Methods

### Document Review

The evaluation reviewed scientific literature, grey literature (programme documents and government policy papers), and project-specific materials (work plans, progress reports, and stakeholder maps) to provide contextual background on digital health landscapes, national immunisation programmes, and DIPC implementation processes.

For this report, documents specifically related to gender equity in digital health, the WIDHE planning and implementation, and Ghana's digital health policies were examined.

### Key Informant Interviews

The broader evaluation employed semi-structured interviews addressing five DIPC components. This report draws on interviews conducted using the "Women in Digital Health Event" module, which explored the event's relevance to Ghana's context and target group needs, implementation processes including facilitators and barriers, and potential for sustained impact on gender equity in digital health workforces. Interviews were conducted face-to-face at locations convenient to participants or remotely via secure videoconferencing when in-person meetings were not feasible. In-country interviews were conducted by national researchers from Ghana; global-level interviews were conducted by the RKI team. All interviews were conducted with informed consent, audio-recorded

with permission, transcribed verbatim, and anonymised. Participants were informed of their right to withdraw and to choose how they wished to be cited in reports.

## 2.5 Data Analysis

The broader evaluation employed thematic analysis guided by the CFIR framework and OECD DAC evaluation criteria (Braun & Clarke, 2006). For this report, analysis focused specifically on data related to the WIDHE, examining its relevance to Ghana's context and target group needs, implementation processes, and sustainability potential. The analysis process involved: (1) familiarisation with data through repeated reading of transcripts, (2) coding using a deductive codebook aligned to evaluation questions, (3) review of coded segments related to the WIDHE, (4) synthesis of text segments and development of themes according to evaluation criteria, and (5) interpretation of themes in relation to WIDHE objectives and broader gender equity in digital health workforce development.

Data from document reviews were synthesised to provide context for interview findings and to triangulate information across sources. Quality assurance measures included regular debriefing sessions among team members, joint codebook development with national researchers and the RKI team, and peer review of coding and themes. Reflexivity was maintained throughout the analysis process, with researchers explicitly considering how their positions and perspectives might influence interpretations.

## 2.6 Ethical Considerations

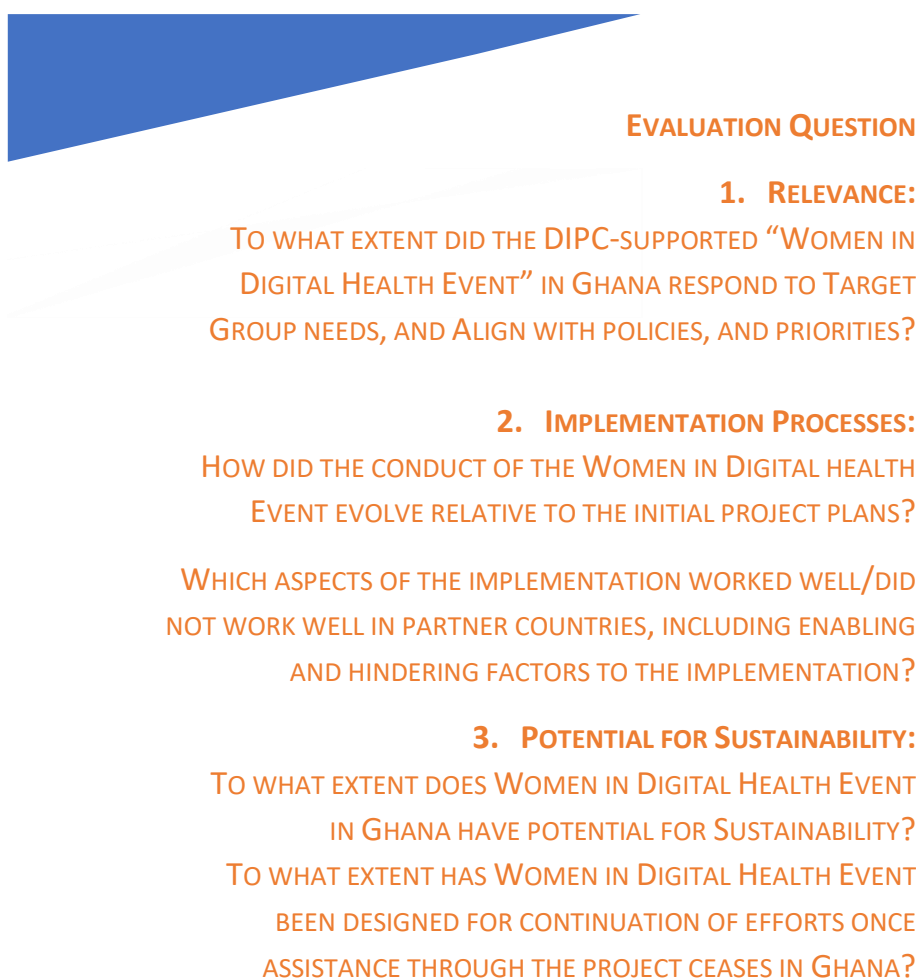
The broader process evaluation across three DIPC partner countries received ethical clearance from external ethics review boards in each country. For Ghana, approval was obtained from the Ghana Health Service Ethics Review Committee (approval number GHS-ERC-025/08/24), with additional permissions from the Ghana Health Service Directorate.

Informed consent was obtained from all participants prior to data collection. Participation was voluntary, and participants were informed of their right to withdraw at any time. Confidentiality was maintained through secure data storage, anonymisation of transcripts, and separation of identifying information from study data. Audio recordings and transcripts were stored on password-protected, encrypted servers compliant with European data protection regulations, with access limited to evaluation team members. Findings are reported in aggregate form or with participant-chosen descriptors to prevent identification. The evaluation adhered to principles of beneficence and non-maleficence, ensuring that data collection did not interfere with routine activities and that findings would be used to inform future gender equity initiatives in digital health.

### 3 Sample Description

Findings on the DIPC-supported WIDHE in Ghana are based on seven key informant interviews: five Ghana-based respondents and two global-level respondents. The Ghana-based respondents included event organisers from the Ghana Health Service and implementing partners, representatives from private sector organisations that participated in the event, and event attendees. The global-level respondents provided strategic oversight and technical input to the WIDHE design and implementation. All respondents were directly involved in planning, implementing, or participating in the WIDHE. These interviews were conducted as part of a broader process evaluation across Ghana, Malawi, and Sierra Leone involving 72 key informants. The overall sample included stakeholders across health system levels (health facility, district/regional, national, and global) and various professional roles (programme managers, public health professionals, healthcare providers, data and technical specialists, and trainers).

### 4 Findings



**EVALUATION QUESTION**

**1. RELEVANCE:**  
 TO WHAT EXTENT DID THE DIPC-SUPPORTED “WOMEN IN DIGITAL HEALTH EVENT” IN GHANA RESPOND TO TARGET GROUP NEEDS, AND ALIGN WITH POLICIES, AND PRIORITIES?

**2. IMPLEMENTATION PROCESSES:**  
 HOW DID THE CONDUCT OF THE WOMEN IN DIGITAL HEALTH EVENT EVOLVE RELATIVE TO THE INITIAL PROJECT PLANS?  
 WHICH ASPECTS OF THE IMPLEMENTATION WORKED WELL/DID NOT WORK WELL IN PARTNER COUNTRIES, INCLUDING ENABLING AND HINDERING FACTORS TO THE IMPLEMENTATION?

**3. POTENTIAL FOR SUSTAINABILITY:**  
 TO WHAT EXTENT DOES WOMEN IN DIGITAL HEALTH EVENT IN GHANA HAVE POTENTIAL FOR SUSTAINABILITY?  
 TO WHAT EXTENT HAS WOMEN IN DIGITAL HEALTH EVENT BEEN DESIGNED FOR CONTINUATION OF EFFORTS ONCE ASSISTANCE THROUGH THE PROJECT CEASES IN GHANA?

## 4.1 Pre-Intervention Context: Gender Landscape in Digital Health in Ghana

Stakeholders consistently characterised Ghana's digital health sector prior to the DIPC Initiative as a male-dominated field with pronounced gender disparities. For example, in academic pathways, women reportedly comprised fewer than 30% of students enrolled in Master's-level informatics programmes. Within GHS's IT unit, gender representation was similarly skewed, with respondents' estimates ranging from approximately one woman amongst forty staff members to roughly 10% female representation overall.

The gendered division of labour within digital health was reported to be particularly striking. Respondents confirmed that women were predominantly concentrated in end-user roles, functioning primarily as data entry personnel and system reporters for platforms such as the DHIS2 eTracker and DHIMS (District Health Information Management System). In contrast, women remained largely absent from technical production and leadership roles, including system design, data science, quality assurance, product management, project management, and software development.

Stakeholder consultations identified two interconnected barriers to women's participation in digital health production roles. First, there existed limited awareness of health-specific digital career pathways that extended beyond traditional technical roles. Second, a pervasive misconception equated digital health exclusively with coding and mathematics, obscuring alternative entry points such as project management, user experience design, implementation science, and health informatics that do not require programming expertise. This narrow framing effectively rendered non-coding pathways invisible to potential entrants.

The structural environment compounded these perception barriers. Role models of women in digital health leadership and production roles were reportedly scarce, and professional networks supporting women's advancement in the sector were underdeveloped. Whilst prior initiatives had attempted to address gender gaps in IT more broadly, and small cohorts had demonstrated successful transitions of nurses into IT roles, outcomes remained persistently skewed.

Stakeholder reports suggest that the fundamental constraints were not related to women's lack of interest or intrinsic motivation. Rather, the primary gaps appear to be systemic: insufficient awareness of career opportunities, absence of clearly defined entry pathways, and limited visibility of successful women practitioners in the field. It was within this context that the Women in Digital Health Event (WIDHE) was conceived and implemented in Ghana through the DIPC initiative.

## 4.2 Event Design and Implementation

**Structural Framework and Content Strands** - The WIDHE was organised by Digital Square at PATH in collaboration with GIZ, with support from the GHS PPME directorate. The event architecture addressed eight distinct professional domains: business analysis, user experience and user interface (UX/UI) design, policy and advocacy, training and capacity building, data science, quality assurance and testing, project and product management, and software development.

The pedagogical approach emphasised practical application. A central feature was a simulation exercise modelling the complete software development lifecycle in the context of addressing immunisation programme challenges. This simulation demonstrated the interdependencies amongst roles and illustrated where each professional function contributes to solution development. Following the plenary simulation, participants engaged in small-group deep-dive sessions focused on five to six specific roles, examining role requirements, qualification pathways, and day-to-day responsibilities.

Networking opportunities and partner exhibition booths provided direct access to practitioners and advisers from implementing organisations.

**Event Methodology and Target Audience** - The event employed multiple instructional methods: a plenary keynote address delivered by a senior female leader in digital health, panel discussions featuring women practitioners across various roles, scenario-based role-play exercises, interactive question-and-answer sessions, and collaborative group work. Organisers awarded prizes including training vouchers and sponsored attendance at an international digital health conference.

The primary target audience comprised female staff members from GHS and female students enrolled in medical, IT, and laboratory science programmes. Participation was extended to include academic lecturers and practitioners. The stated objective was to demystify digital health careers and present entry pathways for women with diverse educational and professional backgrounds.

The event was delivered over one and a half days in September 2024, consisting of one full day followed by a half-day session, and was implemented according to the planned schedule.

**Participation and Partnerships** - Registration opened with over 200 sign-ups recorded within twelve hours. Approximately 95–100 attendees participated on the day of the event. The implementing consortium included Digital Square at PATH, GHS/PPME, GIZ, Google, the Health Information Systems Programme (HISP), the Regenstrief Institute, and representatives from Ghanaian academic institutions.

Immediate post-event engagement included contact exchange amongst participants, LinkedIn networking activity, and direct follow-up enquiries to partner organisations. Prize distribution occurred for selected participants.

## 4.3 Findings

### 4.3.1 Relevance

In this section, we present the findings that pertain to the evaluation criteria “Relevance” to the country context. We assessed relevance by examining it from three perspectives: 1) Alignment with national policies and priorities, 2) Response to target group needs, and 3) Stakeholder engagement during planning and implementation.

**Alignment with National Priorities** - The event demonstrated alignment with national policy frameworks and strategic priorities. WIDHE corresponded with Ghana Health Service digital health strategies and the broader Universal Health Coverage (UHC) agenda. The intervention was consistent with the Affirmative Action (Gender Equity) Act, 2024 (Act 1121), which aims to increase women's representation in information and communication technology-related roles.

At the operational level, the event targeted female frontline health staff and students, groups that represent priority cadres within the health workforce. The content showcased professional roles across the digital health lifecycle that support health service digitisation, extending beyond traditional coding functions. This design choice reflected the current trajectory of health system digitalisation in Ghana.

Stakeholders identified areas where alignment could be strengthened through concrete implementation mechanisms. These included: structured post-event mentoring programmes, formalised internship opportunities, transparent qualification and competency maps for specific digital

health roles, and defined entry routes into GHS digital positions with associated accountability frameworks. Stakeholders acknowledged that WIDHE represented a starting point and learning opportunity rather than a comprehensive intervention addressing the full career pathway.

Findings confirmed strategic alignment between the event design and national policy priorities. Stakeholders noted that sustained impact would require formal mechanisms to translate initial interest and attendance into tangible career pathways, appointments, and professional advancement opportunities.

***Responsiveness to Target Group Needs*** - Stakeholder consultations identified three primary needs amongst the target population: demystification of digital health careers beyond coding roles, access to visible role models, and practical guidance on skills, qualifications, and employment pathways. These needs were contextualised within the broader gender composition of the health workforce. Women constitute a substantial proportion of GHS staff, particularly within nursing and maternal and child health (MCH) cadres, yet remained under-represented as designers and developers of digital health tools. Stakeholders noted that many potential entrants operated under the assumption that "digital health equals programming" and were unaware of non-coding entry points.

The WIDHE design addressed these identified needs through multiple mechanisms. Organisers framed digital health as a broad professional ecosystem rather than a purely technical domain. The lifecycle simulation and small-group deep-dive sessions covered five to six role families: business analysis, UX/UI design, data science, quality assurance, product management, project management, and software development. Female leaders from PATH and academic institutions were prominently featured in keynote and panel roles. Private-sector representatives, including Google, provided validation that these diverse roles represent genuine labour market demand.

The event structure accommodated the target learners—female GHS staff and students—through dedicated time for question-and-answer sessions, networking opportunities, and signposting to relevant training programmes. Incentive mechanisms were incorporated to maintain action orientation and facilitate continued engagement.

Quantitative indicators demonstrated strong demand. Registration attracted over 200 sign-ups within approximately twelve hours of opening. Attendance on the day reached approximately 95–100 participants, due to limited event capacities. Qualitative feedback from attendees, as reported by organisers and stakeholders, included repeated descriptions of a "whole world opening up". Post-event engagement was evidenced through follow-up enquiries to organisers regarding concrete next steps. GHS ICT leadership subsequently issued invitations to additional women staff to engage with digital health initiatives.

Stakeholders identified remaining unmet needs following the event. These included: a formal mapping of required qualifications for specific roles, structured internship opportunities, mentoring programmes, accessible job boards specific to digital health positions, and established linkages between training institutions, government ministries, and private-sector employers.

The findings indicate high relevance of the event to its intended target group. The intervention addressed identified gaps in awareness, confidence, and pathway clarity. Stakeholder feedback suggested that conversion of initial engagement into sustained entry and career progression would require structured follow-through mechanisms involving universities, GHS, and private-sector partners.

**Stakeholder Engagement** - Digital Square at PATH served as the primary convener of the WIDHE, working in collaboration with GIZ. The GHS, specifically the PPME directorate and the ICT unit, participated as supportive partners.

Contributing organisations and individuals included Google (participating virtually), the Regenstrief Institute, academics from the University of Ghana, and women founders active in Ghana's digital ecosystem. The audience comprised female GHS staff and female students from multiple regions across Ghana, extending beyond the Greater Accra region.

Observed strengths in stakeholder composition included the cross-sectoral mix of government, implementing partners, academia, and private-sector representation. GHS ICT leadership actively invited women from their departments to attend. The event provided role-model visibility through participation of women practitioners and leaders across sectors. Stakeholders noted that the event represented the first national-level convening specifically focused on female ICT managers and officers within the health sector context.

Stakeholders identified opportunities for strengthening future iterations. These included: broadening employer participation beyond inspirational presentations to encompass concrete offerings such as internship placements and explicit job selection criteria; formalising follow-through mechanisms including mentoring programmes and placement linkages; and deepening GHS institutional ownership to enable integration of the model into routine practice and budget allocations.

Stakeholder feedback indicated that the breadth of organisational involvement contributed to perceived legitimacy and facilitated network formation. Stakeholders noted that conversion of network engagement into practical career entry routes for women across Ghana's regions would require structured mechanisms linking educational institutions, employers, and government entities.

### 4.3.2 Implementation Process

This section describes the implementation processes of the WIDHE and the factors identified to enable or constrain implementation. Findings are organised around four themes: perceived value; factors that worked well and facilitated implementation; key enabling conditions; and barriers and challenges that hindered progress.

#### Perceived Value

Stakeholder interviews with representatives from Digital Square, GIZ, and GHS yielded observations regarding participant responses to the event. Stakeholders reported on participant feedback collected through informal channels, direct enquiries, and observational assessments during and following the event.

**Expanded Career Awareness** - Stakeholders reported that participants demonstrated expanded understanding of digital health careers beyond coding roles. According to interviewees, the role-based deep-dive sessions and lifecycle simulation exercise made visible a broader spectrum of professional functions, including business analysis, user experience and user interface design, data science, quality assurance, product and project management, training and capacity building, and policy roles, in addition to software development.

**Confidence Building through Role Models** - Stakeholders noted that the presence of female practitioners and academic lecturers in keynote and panel roles contributed to participant confidence regarding career pathway feasibility. Interviewees reported that multiple participants used the phrase

"whole world" when describing roles they had not previously known existed. Stakeholders observed that seeing women in leadership and technical positions appeared to make career transitions feel realistic and attainable for attendees.

**Practical Orientation and Actionability** - Stakeholders indicated that participants valued the practical orientation of the event. Sessions included signposting to available training programmes, dedicated time for participant questions, and networking opportunities with practitioners and partner organisations. Interviewees noted that the event structure facilitated direct engagement between participants and potential mentors and advisers.

**Institutional Credibility and Legitimacy** - According to stakeholders, the participation of PATH, GIZ, GHS, and Google contributed to perceived legitimacy of the event and the career pathways presented. Some stakeholders noted that technical content from private-sector contributors was advanced relative to participants' current knowledge levels, though this did not appear to diminish overall perceived value.

**Sustained Momentum and Peer Networks** - Stakeholders reported post-event engagement activities initiated by participants, including creation of a WhatsApp peer group, social media sharing of opportunities and resources, and direct follow-up enquiries to speakers and partner organisations. Interviewees interpreted these activities as indicators of sustained interest beyond the formal event timeframe.

### **Enablers and Facilitating Factors**

Stakeholder interviews identified multiple factors that facilitated implementation of WIDHE. Interviewees from Digital Square, GIZ, and GHS described institutional, organisational, design, and participant-related elements that enabled event delivery.

**Institutional Direction and Policy Environment** - Stakeholders noted that the Ghana Health Service digital health strategy explicitly encourages women's participation in digital health roles as part of advancing Universal Health Coverage objectives. Interviewees reported that GHS ICT leadership signalled institutional support for the event. At the time of implementation, stakeholders indicated that the PPME directorate head facilitated mobilisation of participants. Interviewees noted that some districts had begun hiring women as ICT managers prior to the event, creating a receptive institutional environment.

**Leadership Buy-in and Champion Support** - Stakeholders reported that senior champions within GHS played an active role in mobilising participation. Interviewees indicated that leadership endorsement contributed to legitimacy and facilitated participant recruitment from GHS cadres.

**Convening Partners** - Digital Square at PATH served as the primary convener, working in collaboration with GIZ, which provided country platform infrastructure, logistical support, and small sponsorships. Stakeholders noted that contributions from the University of Ghana, the Regenstrief Institute, and a senior Google technologist (participating virtually) added institutional profile and technical credibility to the programme.

**Practical Event Design** - Stakeholders identified specific design elements as facilitating factors. The lifecycle simulation narrative combined with role-based deep-dive sessions made content accessible and actionable. Small-group exercises and the visibility of female role models in keynote and panel positions enabled participants to envision concrete career pathways. Interviewees noted that the

event scale (approximately 95–100 attendees from multiple regions) maintained interactive session formats whilst enabling networking across geographical areas.

**Participant Engagement and Momentum** - Stakeholders reported high levels of participant engagement as a facilitating factor. Over 200 registration requests were received within approximately twelve hours of opening. Interviewees noted participant-initiated activities following the event, including creation of a self-organised WhatsApp group, active social media sharing of opportunities and resources, and direct follow-up enquiries to speakers and partner organisations. Stakeholders interpreted this sustained engagement as evidence of participant investment in the initiative.

Stakeholder assessments indicated that the combination of clear policy signals, committed partnerships, practical pedagogical design, and participant momentum collectively enabled effective delivery of the first iteration of WIDHE in Ghana.

### **Remaining Gaps**

Stakeholders from Digital Square, GIZ, and GHS identified implementation gaps that constrained the event's capacity to convert initial engagement into sustained career pathways. Interviewees characterised WIDHE as a successful pilot that achieved awareness objectives whilst also pointing out areas requiring strengthening in future iterations.

**Participant Capacity and Accessibility of Content** - Interviewees identified mismatches between demand and event capacity. Registration requests (approximately 200) exceeded available places (approximately 100). Stakeholders noted that a portion of technical content was calibrated at a level beyond beginners' knowledge, particularly content delivered by private-sector contributors. Interviewees observed that only a subset of attendees possessed backgrounds at the health informatics intersection that the event aimed to cultivate.

**Career Guidance Resources** - Stakeholders repeatedly noted the existence of free or low-cost training courses and soft-skills development resources relevant to digital health careers, including online learning platforms, short courses, and professional development opportunities. In retrospect, interviewees reflected that it would have been helpful to consolidate key resources into an accessible, actionable pathway document or "next-steps pack" for participants to follow post-event. Without such guidance on which courses to take, in what sequence, or how specific training aligned with different career roles showcased during the event, participants would have been left to navigate fragmented information independently. A curated resource guide mapping training opportunities to specific digital health roles, with information on prerequisites, costs, and how qualifications linked to employment opportunities, could strengthen participants' ability to take immediate next steps in future iterations and translate awareness into concrete action.

**Post-Event Support Structures and Employer Engagement** - Stakeholders reported limited availability of structured pathways following the event. Whilst private-sector participation added institutional profile and legitimacy, interviewees reflected that neither private sector partners nor public sector employers translated their engagement into tangible opportunities for participants. Stakeholders noted that participants requested concrete next steps, including mentoring programmes, internship placements with defined application processes, explicit entry criteria and competency frameworks for digital health roles, and defined routes into GHS digital teams. However, provision of these support structures remained ad hoc rather than systematically organised. Interviewees suggested that future iterations could be strengthened by requiring partner organisations to bring concrete offerings as a condition of participation. This shift from inspirational presence to actionable pathways would enable

participants to move directly from awareness-raising into practical career experiences, whether through private sector internships, public sector recruitment pipelines, or structured mentoring programmes linking both sectors.

**Outcome Tracking and Evidence of Adoption** - Stakeholder interviews indicated that systematic tracking of participant outcomes following the WIDHE was not implemented. Available evidence regarding post-event career pathways remained limited and largely anecdotal. Stakeholders noted that participants created an informal WhatsApp group following the event to maintain network connections and share opportunities and resources. However, concrete evidence of career transitions, such as training course enrollments, internship placements, or GHS appointments, was not documented.

Stakeholders identified that without systematic tracking, assessing whether initial interest translated into measurable career pathway changes was not possible. Interviewees suggested that future iterations implement simple outcome monitoring systems focused on three indicators: educational pipeline metrics (enrollments in relevant training programmes), role transitions (reassignments or new hires into digital health functions), and workforce composition changes (proportion of women in digital health teams over time). Such systems need not be resource-intensive but would enable demonstration of impact and identification of which intervention elements warrant continued investment.

### 4.3.3 Sustainability

#### Sustainability of the WIDHE

Stakeholder interviews from Digital Square, GIZ, and GHS yielded assessments of the event's potential for sustained impact and institutionalisation. Interviewees characterised WIDHE as a credible and catalytic pilot initiative whilst identifying factors that would determine long-term sustainability.

**Observed Outcomes and Early Signals** - Stakeholders reported several early outcomes following the event. Interviewees noted that participants demonstrated shifts in understanding of digital health career pathways, particularly recognition of roles beyond coding. A participant-initiated WhatsApp community emerged, through which members shared employment opportunities, training resources, and relevant events. Stakeholders reported ad hoc signposting to free courses and professional development opportunities occurring through informal networks.

Concrete follow-on activities documented by stakeholders included two conference bursaries awarded to participants and multiple reported course enrolments in relevant training programmes. Interviewees noted isolated instances of staff reassignments into digital health functions, including one example of a nurse beginning to write code. Senior leadership at GHS linked the event to institutional digital health objectives and reported increased numbers of women applying to the GHS digital programme. Stakeholders characterised these outcomes as meaningful early signals for a first iteration.

**Identified Gaps Constraining Sustainability** - Stakeholders identified multiple gaps that constrained prospects for sustained impact. Interviewees noted that institutional ownership remained thin, with momentum dependent upon a small number of individual champions rather than embedded in organisational structures. A follow-up survey instrument had been developed but had not been translated into a systematic improvement plan or action agenda.

Stakeholders reported the absence of funded pathways connecting initial interest to career entry. Specific gaps included: structured mentoring cohorts pairing early-career women with experienced practitioners, formalised internship programmes with defined application and selection processes, transparent qualification maps articulating competency requirements for specific roles, and agreed-upon routes into GHS digital teams with clear entry criteria.

Whilst private-sector participation contributed visibility and legitimacy, stakeholders noted that this engagement had not converted into concrete placement opportunities such as internship slots or recruitment pipelines.

***Proposed Conditions for Scale-up and Sustainability*** - Based on interview findings, stakeholders proposed that WIDHE or similar initiatives possess clear potential for scale-up and sustained impact contingent upon specific enabling conditions. These proposed conditions are elaborated in subsequent sections of this report.

### **Sustainability of Gender Equity efforts for Digital Health**

Stakeholder interviews were asked to address sustainability prospects for women's participation in digital health beyond the DIPC-supported WIDHE intervention. Interviewees assessed both enabling policy conditions and implementation gaps that affect long-term durability of gender equity efforts in Ghana.

***Enabling Policy and Infrastructure Environment*** - Stakeholders identified Ghana's policy framework as explicitly supportive of women's engagement in digital health. The Affirmative Action (Gender Equity) Act, 2024 and the Ghana Health Service digital health strategy both articulate commitments to equitable participation, including in technical roles. Interviewees noted that these legal and strategic mandates provide formal institutional backing for gender equity initiatives.

Stakeholders also cited improving technological infrastructure and educational capacity as enabling conditions. These included expanding connectivity infrastructure, widespread smartphone adoption, and the presence of university programmes relevant to digital health careers. Interviewees suggested that these conditions create a conducive environment for women's entry into and progression through digital health career pathways.

***Remaining Gaps*** - Despite enabling policy conditions, stakeholders identified gaps that undermine sustainability to some extent. Interviewees noted that legal and strategic commitments for a wider gender equity agenda had not been consistently translated into funded operational workplans with specified targets and routine reporting mechanisms. Stakeholders reported that without these implementation structures, activities remained sporadic, measurement remained patchy, and pathways into roles had not been standardised.

Stakeholders characterised linkages with employers as ad hoc rather than systematically organised. Structured mechanisms identified as uneven or absent included: formalised internship programmes, established mentoring cohorts, transparent qualification maps for specific roles, and defined entry routes into GHS digital teams with explicit selection criteria.

***Assessment of Sustainability Prospects*** - Stakeholder assessments indicated that sustainability of the broader women in digital health agenda is plausible given the existence of legal mandates and strategic frameworks. However, interviewees emphasised that realisation of this potential would require translation of policy commitments into operational systems with dedicated funding, measurable targets, accountability mechanisms, and standardised career pathways. Stakeholders noted that

without these implementation structures, gains achieved through initiatives such as WIDHE risk remaining fragile and dependent on individual champions rather than embedded in institutional practice.

## 5 Discussion

### Summary of Key Findings

This component of the process evaluation assessed the DIPC supported WIDHE in Ghana across the evaluation criteria relevance, implementation process, and sustainability.

The event demonstrated strong alignment with Ghana's policy priorities (Affirmative Action Act 2024, GHS Digital Health Strategies) and effectively responded to target group needs by addressing awareness gaps, providing role models, and offering practical guidance. High demand (200+ registrations within twelve hours) and full attendance and engagement during the event indicated strong resonance.

Stakeholders reported that participants valued several aspects of the event: learning about digital health careers that did not require coding skills, seeing successful women in leadership and technical roles, receiving practical guidance on training programmes and next steps, and connecting with peers who continued to share opportunities after the event ended. The event benefited from Ghana's supportive gender equity policies, active support from GHS senior leadership, strong collaboration between implementing partners, and enthusiastic participation, with over 200 women registering within twelve hours. However, stakeholders also identified areas, which would have further strengthened the event's reach: lack of offers around opportunities for structured mentorship programmes or internship placements for participants to access after the event, some technical content was perceived as too advanced for beginners, available training resources were not compiled into a simple guide for participants to follow, private sector partners did not offer concrete job opportunities or clear hiring criteria, and no system was established to track whether participants subsequently enrolled in training programmes or transitioned into digital health roles.

Regarding sustainability, whilst the event generated early positive outcomes including participant networks, training course enrolments, some staff moving into digital health roles, and more women applying to GHS digital programmes, prospects for lasting impact remain limited. The initiative depends on a few individual champions rather than being embedded in organisational structures, there is no dedicated funding for mentorship or internship programmes, connections with potential employers remain informal, and no system exists to track participant outcomes over time. Despite supportive policies such as the Affirmative Action Act, these have not been translated into funded workplans with specific targets and clear accountability for results. This gap between policy and operationalisation reflects Transform Health's (2024) finding that gender is rarely mainstreamed across health systems, including in digital health. Transform Health recommends specific mechanisms that could strengthen the Ghana context: establishing gender expert roles within digital health programmes, integrating gender indicators into theories of change and M&E frameworks, and rooting human-centered design in gender analysis with participatory approaches that meaningfully involve women (Transform Health, 2024)."

WIDHE successfully raised awareness about digital health careers and represents an important first step, but awareness alone is insufficient. Translating initial interest into actual jobs, career advancement, and leadership positions requires concrete support mechanisms: mentorship

programmes for individuals, internship and recruitment pathways within institutions, and workforce monitoring systems at the national level.

This process evaluation examined the design, implementation, and early outcomes of the Women in Digital Health Event (WIDHE) in Ghana, an intervention designed to address gender disparities in the digital health workforce. The findings reveal a situation where supportive gender equity policies exist alongside persistent practical barriers, where a successful event generated enthusiasm amongst participants but lacked the ongoing support mechanisms needed to convert interest into actual career transitions. This discussion examines the evaluation findings in relation to existing research on gender in health workforces, digital health equity, and workforce development frameworks.

### **Pre-Intervention Context: Gender Segregation and Structural Barriers**

The pre-intervention context documented in Ghana mirrors patterns of gender segregation observed across health workforces globally. WHO's 2019 analysis of 104 countries found that whilst women comprise 70% of the global health and social workforce, systematic differences exist in gender distribution by occupation, with male workers making up the majority of physicians, dentists and pharmacists, and female workers comprising the vast majority of nursing and midwifery roles (Boniol et al., 2019). Newman's (2014) commentary reporting on evidence from Kenya, Uganda, and Rwanda documented similar patterns where women faced systemic barriers to technical and leadership roles despite comprising the majority of the health workforce.

The gendered division of labour in Ghana's digital health sector as described by the interviewees, also corresponds with findings from Mechael's (2025) analysis of gender dynamics in digital health. Mechael identified that women comprise approximately 70% of health workers globally yet face persistent underrepresentation in digital health leadership, technology development, and data science roles. Transform Health's (2024) global analysis further documents this pattern, finding that women remain underrepresented in digital health leadership, technology development, and data science roles, with digital health solutions rarely designed from a gender perspective. The policy brief emphasizes that "digital health is seldom designed from a gender perspective, despite the opportunities it offers to improve gender equity" (Transform Health, 2024).

The Ghana findings document how gender segregation operates at the intersection of health and technology sectors, where women's concentration in clinical and administrative roles does not translate into participation in the design and development of the digital tools they are expected to use.

Against this backdrop, the DIPC initiative supported the WIDHE to address the fundamental awareness and knowledge gap constraining women's entry into the sector. The perception barrier identified by stakeholders, that "digital health equals coding", resonates with research on gender stereotypes in STEM fields. Makarova et al. (2019) demonstrated that the masculinisation of mathematics and science subjects begins early in educational pathways and influences career aspirations, with female students perceiving STEM fields as incompatible with their gender identity even when they possess requisite skills. Reports from the stakeholder interviews conducted on the WIDHE in Ghana suggest this stereotype extends into health informatics, where the conflation of digital health with programming obscures alternative entry points through project management, implementation science, and user experience design.

Given this context, the WIDHE's core design, showcasing the breadth of professional roles across business analysis, user experience design, data science, quality assurance, product and project management, and policy alongside software development, represented a necessary and well-targeted

response. By making visible career pathways that do not require programming expertise, the event directly addressed the misperception that had effectively excluded women from considering digital health as a viable professional domain.

The reported scarcity of female role models in digital health leadership aligns with evidence on the importance of role model visibility for women's career development in male-dominated fields. Estrada et al. (2017) demonstrated in their longitudinal study of underrepresented minority students in STEM that exposure to quality mentorship and role models significantly predicted the development of science identity, the sense of oneself as a scientist, which was the strongest predictor of persistence in STEM careers four years post-graduation. The WIDHE's emphasis on featuring female practitioners and leaders in keynote and panel roles thus represents an evidence-informed strategy to support identity development amongst participants.

### **Relevance and Strategic Alignment**

The WIDHE demonstrated strong alignment with national policy frameworks, including Ghana's Affirmative Action (Gender Equity) Act 2024 and the Ghana Health Service Digital Health Strategy. This policy alignment reflects broader global momentum around gender equity in health workforces, e.g., WHO's Gender Equal Health and Care Workforce Initiative (2021), launched as part of the International Year of Health and Care Workers.

However, the evaluation findings also highlight a critical implementation gap beyond this event, between policy commitment and operational mechanisms, what stakeholders characterised as the absence of "concrete implementation mechanisms" to translate policy into practice. This gap resonates with Newman's (2014) argument that good Human Resources in Health (HRH) governance requires not merely policy statements but active promotion of gender equality through "improved global HRH governance" including recognition of workforce diversity, elimination of gender discrimination, and protection of labour rights at all levels (Newman, 2014).

The high demand for event participation, with over 200 registrations within twelve hours, suggested strong interest amongst the target audience. This response indicated that an event focused on digital health career pathways for women resonated with the intended participants. The rapid uptake validated the organisers' assessment that such an intervention was needed and timely.

The responsiveness of the WIDHE design to target group needs, particularly the emphasis on demystifying non-coding pathways, directly addressed the fundamental barrier identified in stakeholder consultations: the pervasive misconception that digital health careers require programming skills. The WIDHE's explicit focus on making visible the breadth of professional roles across the digital health lifecycle represents a gender-intentional design approach, even if post-event follow-through mechanisms remained underdeveloped.

### **Implementation Process: Enablers and Perceived Value**

The WIDHE implementation benefited from several enabling conditions. Strong institutional support came from GHS leadership and the PPME directorate, with senior champions actively mobilising participation amongst female staff. The cross-sectoral partnership model brought together Digital Square/PATH, GIZ, GHS, Google, academic institutions, and the Regenstrief Institute, providing both legitimacy and diverse expertise. These enabling conditions align with Damschroder et al.'s (2009) CFIR, which identifies institutional readiness, stakeholder engagement, and external partnerships as critical factors influencing implementation success.

The pedagogical approach combined keynote addresses by senior female leaders, panel discussions with women practitioners, lifecycle simulations, and small-group sessions exploring eight distinct professional domains. This design directly addressed the core barrier identified in the pre-intervention context: the narrow perception that digital health requires programming skills. By explicitly clarifying different competency domains and demonstrating their interconnections through practical exercises, the event made visible career pathways that participants had not previously known existed. Whilst operating in a different context, Byars-Winston et al.'s (2011) TEAM-Science framework similarly emphasises the importance of articulating distinct competency domains to support underrepresented populations in entering STEM careers. However, the WIDHE's 1.5-day format lacked the sustained mentorship and practical experiences that Byars-Winston et al. identify as critical for supporting actual career transitions.

Participants' responses suggest the event successfully shifted perceptions of career possibilities. Stakeholders reported that seeing female practitioners in leadership and technical roles built participants' confidence that such pathways were attainable for them, with many describing a "whole world opening up". This aligns with evidence from Estrada et al. (2017), who demonstrated that role model exposure and quality mentorship positively predicted science identity, which was the strongest predictor of STEM career persistence four years post-intervention. However, Estrada et al.'s intervention involved sustained mentorship relationships over extended periods. The WIDHE provided important initial exposure but did not include subsequent support necessary for translating perception shifts into career persistence.

### **Implementation Gaps and Sustainability Challenges**

Stakeholder interviews highlighted gaps between event outcomes and sustained career pathway development. Participants noted the absence of structured mentorship programmes, formalised internship opportunities, transparent qualification maps, and defined entry routes into GHS digital teams. Without these mechanisms, the event risks generating enthusiasm that cannot be translated into tangible career transitions. Moreover, the lack of longitudinal tracking systems means outcomes beyond anecdotal reports remain undocumented, limiting the ability to demonstrate impact or refine programme elements. These implementation gaps have direct sustainability implications. Cometto et al. (2020) emphasise that effective workforce development requires systematic workforce planning, clear regulatory frameworks, and managed career progression, not merely training or awareness-raising initiatives. The WIDHE's current design did not sufficiently build in the institutional infrastructure needed to sustain engagement beyond the event itself. Without formal partnerships with educational providers, professional bodies, and employers to create defined pathways, and without tracking systems to monitor progress and inform iterative improvements, translating initial interest into workforce entry remains dependent on individual initiative rather than systematic support. Future iterations could address these challenges by establishing formal mechanisms for ongoing participant engagement, creating structured pathways from awareness to employment, and implementing outcome tracking to document impact and enable evidence-based refinement.

Despite well-developed policy grounding, stakeholders commented on thin institutional ownership, with momentum for engaging women in digital health professions dependent on individual champions in academic and governmental positions rather than embedded organisational structures. This reflects a common sustainability challenge in gender equity interventions. Whilst not specific to digital health, Newman (2014) argues that good health workforce governance requires moving beyond policy commitments to actively promoting gender equality through institutional frameworks and resource allocation. Newman emphasises that achieving gender equity requires not merely awareness-raising

activities but systematic efforts to eliminate discrimination, equalise opportunities, and establish accountability mechanisms at all organisational levels (Newman, 2014). The absence of outcome tracking mechanisms in the Ghana implementation represents a missed opportunity to establish the evidence base necessary for iterative improvement and advocacy for sustained resource allocation. Without monitoring systems to document whether participants enrol in training programmes, secure internships, or transition into digital health roles, demonstrating impact or identifying which elements warrant continued investment becomes difficult.

Employer engagement was commended and highlighted as critical by several interviewees, as private sector participation contributed legitimacy. Unfortunately, their presence did not translate into concrete opportunities, reflecting a broader challenge in translating awareness-raising into labour market outcomes. Whilst the African Women in Digital Health (AWIDH) mentorship programme operates in a different context, supporting women digital health entrepreneurs rather than health workforce professionals, its structured approach offers relevant lessons. Established by Resolve to Save Lives in partnership with Africa CDC and Speak Up Africa, AWIDH addresses barriers women face in accessing venture capital and professional networks through a cohort-based mentorship model with defined selection processes, time-bound mentorship periods pairing entrepreneurs with experienced mentors, structured learning components on business skills, and facilitated access to networks and pitching opportunities (African Women in Digital Health, 2024). The programme's explicit focus on translating initial interest into tangible outcomes through structured support mechanisms represents an approach that could be adapted for workforce development contexts. Stakeholders identified similar structural elements as missing from the WIDHE implementation: whilst the Ghana event successfully raised awareness, it lacked the formalised mentorship cohorts, defined pathways to internships or employment, and ongoing support that would enable participants to act on their newfound interest in digital health careers.

The UN Women initiative addressing the digital gender divide in Africa through the African Girls Can Code Initiative demonstrates the value of sustained, multi-year programming. Launched in 2018, the initiative trained 600 girls across Africa, developed a guide on mainstreaming ICT, gender and coding in national curricula, launched an eLearning platform, and established ongoing learning opportunities (UN Women, 2021). The longitudinal approach enabled tracking of outcomes such as university enrolment in ICT programmes and career transitions. This approach was clearly beyond the scope of the Ghana WIDHE as a one-off event, however future iterations would benefit from building sustained engagement models into their conceptualisation from the outset.

### **The Adoption Gap and Workforce Composition**

The evaluation findings highlight the need for monitoring systems for evidence-based tracking of whether interventions like WIDHE translate into measurable workforce composition changes. Arabi et al. (2025), in their study of gender disparities in Australia's specialist digital health workforce, documented that women comprised 69% of survey respondents yet were less likely to hold formal digital health qualifications, occupied fewer leadership roles, and were underrepresented in analytics and technology-related positions (Arabi et al., 2025). Arabi et al. recommend routine collection and analysis of workforce data disaggregated by gender, position, and subspecialty to identify disparities and target interventions.

### **Implications and Pathways Forward**

The evaluation findings, contextualised within existing literature, suggest several implications for strengthening women's pathways into digital health careers in Ghana and point to concrete steps for future implementation.

1. First, the findings support the importance of gender-intentional design in digital health workforce development. Mechael's (2025) analysis of digital health interventions offers relevant insights: she argues that initiatives must move beyond gender-neutral approaches to actively address power dynamics and structural barriers, requiring gender-transformative design that alters underlying social and structural dynamics. Applied to workforce development, this principle suggests that while awareness-raising events like the WIDHE provide an essential foundation through gender-inclusive design, achieving gender transformation requires extending these principles into sustained systems-level interventions that address gendered barriers throughout career pathways. The WIDHE demonstrated elements of gender-intentional design, i.e., explicit focus on women, role model visibility, and demystification of non-coding pathways, but it did not go as far as incorporating systematic follow-through mechanisms that would characterise a fully gender-transformative approach. Future iterations should embed gender analysis not only in event design but throughout implementation, requiring concrete commitments from participating organisations including designated internship slots, guaranteed mentorship programme enrolment, and transparent recruitment targets with accountability measures.
2. Second, the findings underscore the necessity of integrated workforce development frameworks that link awareness-raising to concrete career pathways. Cometto et al. (2020) identify six essential action fields for health workforce development: leadership and governance (institutionalising gender equity commitments), finance (allocating resources for mentorship and training), policy (establishing transparent entry criteria and qualification maps), education (competency-based training aligned with labour market needs), partnership (formalised commitments from employers and universities), and human resources management systems (career progression structures, retention strategies, and monitoring). The WIDHE addressed elements of education and partnership but lacked integration across leadership commitment, dedicated financing, policy frameworks, and HR management systems—gaps that ultimately limited its ability to translate awareness into sustained career development. Moving forward, the evaluation findings point to three interconnected areas for strengthening future implementation: institutional partnerships with binding commitments, dedicated resource allocation for participant support structures, and systematic outcome tracking to enable iterative refinement. Attention to these dimensions could enhance the translation of initial enthusiasm into sustained career development outcomes.
3. The findings highlight the critical importance of monitoring and evaluation systems. Estrada et al.'s (2017) longitudinal study tracking outcomes four years post-intervention demonstrates the value of sustained follow-up in assessing whether initial interventions translate into career persistence. Establishing lightweight monitoring systems focused on the proposed three-stage framework, educational pipeline, role transitions, and workforce composition, would enable evidence-based iteration and advocacy for sustained investment.
4. The strong policy alignment but incomplete implementation mechanisms identified in the WIDHE reflect a broader pattern documented across health systems. Newman (2014) argues

that HRH leaders must move beyond policy commitments to active elimination of gender discrimination and promotion of equal opportunity, supported by institutional frameworks and resource allocation. The recommendations from Ghana stakeholders for operationalisation of the Affirmative Action Act through funded workplans, recruitment targets, and accountability mechanisms align with Newman's call for strengthened HRH governance on gender equity.

5. The findings suggest potential value in learning from regional initiatives addressing similar challenges. The African Women in Digital Health mentorship programme provides a model for structured, sustained engagement with defined outcomes. The WHO Gender Equal Health and Care Workforce Initiative provides a global framework for addressing discrimination, harassment, and barriers to advancement. Ghana's adaptation of these models, contextualised to the specific policy environment, health workforce composition, and digital health maturity, could strengthen sustainability and impact.

### Limitations

This evaluation has several limitations. First, the evaluation did not include direct interviews with event participants, relying instead on stakeholder reports of participant feedback. Direct participant perspectives would provide more nuanced understanding of perceived value and unmet needs. Second, the absence of post-event outcome tracking constrains ability to assess adoption and impact, however, given that the present evaluation is a process evaluation, this would have been beyond its scope. Third, the evaluation is specific to the DIPC initiative, focused on a single event in one country context, which limits the generalisability of our findings. Comparative evaluation of similar interventions across multiple contexts would strengthen understanding of which design elements and follow-through mechanisms are most effective under different conditions.

## 6 Recommendations

Based on the evaluation findings, discussion of evidence, and stakeholder consultations, the following recommendations are proposed to strengthen future interventions supporting women's pathways into digital health careers in Ghana:

### **R1: Hold Regular Events Tailored to Different Career Stages**

**Rationale:** Registration demand (200+ within twelve hours) exceeded capacity (100 places), whilst content difficulty mismatches indicated diverse baseline knowledge levels amongst participants. The literature demonstrates that career interventions are most effective when calibrated to specific developmental stages and prior knowledge (Byars-Winston et al., 2011). Stakeholders identified that the one-off nature of the event and mixed audience knowledge levels constrained its ability to provide appropriately targeted guidance for different career stages.

#### **Priority Actions:**

- Establish annual or biannual event cycle with predictable schedule and rotating regional locations across Ghana to extend reach beyond Greater Accra
- Design distinct tracks or separate events calibrated to specific audiences: secondary school students (career exploration), university students (pathway guidance), early-career health staff (skill development), mid-career professionals (career transitions)

- Develop audience-specific content: foundational digital health concepts for beginners, technical skill-building for intermediate learners, leadership and entrepreneurship for advanced participants
- Maintain event scale (80-120 participants per session) to preserve interactive formats whilst enabling cross-regional networking

## **R2: Develop and Disseminate Career Pathway Resources**

**Rationale:** Stakeholders noted that whilst numerous training resources exist, these were not consolidated into accessible guidance for participants. Without clear signposting, participants must independently navigate fragmented information, which particularly disadvantages those lacking professional networks. Future iterations should provide structured career pathway resources to support informed decision-making and reduce navigation barriers.

### **Priority Actions:**

- Develop comprehensive resource pack consolidating training opportunities, professional development programmes, and certification pathways for digital health careers
- Create role-specific pathway maps distinguishing coding and non-coding entry points with prerequisites, course sequences, and time/cost requirements
- Include practical information linking qualifications to GHS and private sector positions, provider contacts, and application processes
- Distribute resources at events and online through GHS and partner websites with annual updates

## **R3: Require Partner Commitments for Structured Mentorship and Internship Programmes**

**Rationale:** The WIDHE successfully generated enthusiasm and engaged private sector partners, but translating initial engagement into career entry opportunities requires structured mechanisms. Future iterations should secure concrete commitments from participating organisations—designated internship slots, mentorship programme structures, and transparent recruitment pathways—formalised through partnership agreements with integrated progress monitoring.

### **Priority Actions:**

- Require participating organisations to commit specific opportunities (internship slots, mentorship places, or advertised positions) as condition of partnership
- Establish structured 6-12 month mentorship cohorts with defined selection criteria, engagement expectations, and mentor training
- Develop transparent internship programmes across public, private, and academic sectors with clear application processes and employment linkages
- Formalise commitments through partnership agreements specifying deliverables, timelines, and participant selection processes
- Implement accountability mechanisms including public progress reporting and participant feedback collection

## **R4: Implement Lightweight Outcome Monitoring Systems**

**Rationale:** Systematic outcome tracking was not implemented following the WIDHE, constraining ability to assess impact beyond anecdotal evidence and limiting capacity for evidence-based iteration.

Without monitoring, demonstrating value to secure continued investment becomes difficult, and opportunities for course correction are missed. Future iterations should implement focused monitoring systems to track participant outcomes and inform programme refinement.

**Priority Actions:**

- Track three core indicators: educational pipeline (training enrollments and completions), role transitions (new hires or reassignments to digital health functions), and workforce composition (women in digital health roles by level and location)
- Establish baseline data using existing HRIS systems and track changes annually or biannually
- Assign monitoring responsibility to specific GHS unit (PPME or ICT directorate) with dedicated budget for data collection and analysis
- Conduct participant follow-up surveys at 6, 12, and 24 months to track training enrollment, career transitions, and barriers

**R5: Operationalise Gender Equity Policy Commitments**

**Rationale:** Despite supportive policy frameworks (Affirmative Action Act 2024, GHS Digital Health Strategy), stakeholders identified that legal and strategic commitments have not been translated into funded operational workplans with targets and accountability mechanisms. Translating policy commitments into operational practice requires institutional frameworks, dedicated resources, and monitoring systems that move beyond aspirational statements to measurable action.

**Priority Actions:**

- Translate policy commitments into funded operational workplans with specific targets, timelines, budget allocations, and responsible units
- Integrate gender equity targets into HR planning processes, prioritizing recruitment and reassignment of women to digital health roles with routine progress tracking
- Expand digital health roles within GHS to create absorption capacity for trained personnel, ensuring training investments translate into employment opportunities
- Establish accountability through quarterly reporting to senior leadership, manager performance reviews, and public progress reporting

**R6: Embed Digital Health Content in Pre-Service and In-Service Training**

**Rationale:** Relying on one-off events is insufficient for systematic workforce development. Embedding digital health content within routine health professions education and GHS training cycles normalises digital competencies as core professional skills whilst creating sustainable pipelines. Effective workforce development requires integration across education, policy, and HR management systems.

**Priority Actions:**

- Embed digital health modules in pre-service curricula across health professions programmes with content calibrated to different cadres
- Integrate digital health competencies into GHS staff induction and refresher training cycles for all cadres
- Support universities to develop or expand health informatics programmes, short courses, and continuing professional development addressing identified skill gaps

**R7: Deepen Institutional Ownership and Multi-Sectoral Coordination**

**Rationale:** Stakeholders identified that momentum depends on individual champions rather than embedded organisational structures, creating sustainability risks when key individuals move on. Durable workforce development requires institutionalised coordination mechanisms linking multiple sectors. Future initiatives should establish formal structures for sustained leadership and multi-sectoral collaboration.

**Priority Actions:**

- Assign institutional responsibility for coordinating gender equity in digital health to specific GHS unit with dedicated staff time and budget
- Establish multi-sectoral steering committee with representation from GHS, academia, private sector, and relevant ministries to oversee progress and address barriers
- Integrate women in digital health initiatives into routine GHS planning and budget cycles, reducing dependence on external project funding
- Learn from regional models such as African Women in Digital Health and African Girls Can Code Initiative, adapting successful approaches to Ghana's context

## 7 Conclusion

This process evaluation assessed the WIDHE in Ghana, supported by GIZ's Digital Innovation in Pandemic Control initiative and implemented by Digital Square at PATH in collaboration with the Ghana Health Service, examining its relevance, implementation processes, and sustainability. The WIDHE successfully achieved its core objective as a pilot awareness-raising intervention. Strong participant demand, policy alignment, and effective engagement validated both the intervention's design and the need it addressed. Participants gained increased confidence, expanded understanding of career possibilities, and valuable networking connections. The event demonstrated that gender-intentional design—showcasing diverse career pathways and visible role models—effectively catalyses interest amongst female health workers. However, translating awareness into sustained career outcomes requires complementary support structures. The evaluation identified opportunities to strengthen future iterations: formalising partner commitments for internships and mentorship, consolidating pathway guidance materials, establishing outcome tracking systems, and embedding initiatives within institutional structures rather than relying on individual champions. Most fundamentally, whilst Ghana's supportive policy framework creates enabling conditions, operationalising these commitments through funded workplans and accountability mechanisms remains essential for sustainability. Three transferable lessons emerge for similar gender equity initiatives in digital health contexts: targeted awareness-raising events effectively address perception barriers when designed with gender-intentional approaches; achieving workforce transformation requires extending beyond events to establish concrete career pathway mechanisms; and enabling policies require operational implementation—dedicated resources, institutional structures, and accountability—to translate commitment into sustained impact. Ghana's demonstrated demand, institutional support, and policy environment create a strong foundation for strengthening women's pathways into digital health careers. The eight recommendations presented in this report address the opportunities identified through systematic evaluation, offering actionable guidance for building upon the WIDHE's success and developing a model relevant for similar contexts across sub-Saharan Africa and other LMICs facing parallel challenges.

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