

## Gender parity in infectious diseases

Women are underrepresented in the infectious diseases research community and as senior clinicians. The problem is not entirely in the numbers—for example, according to the Association of American Medical Colleges (AAMC), 39.7% of active infectious diseases clinicians were women in 2015, slightly higher than the national average across all medical specialties (34%). Rather, the problem seems to be in career advancement opportunities and compensation. At IDWeek 2018, Jennifer Manne-Goehler and colleagues presented the findings of a study that used 2014 AAMC data, which found that female academic infectious diseases doctors were significantly less likely than their male counterparts to become full professors; this negative bias was greater in infectious diseases than in cardiology, haematology, and endocrinology. Moreover, in their 2017 physician compensation survey, the Infectious Diseases Society of America (IDSA) reported that women receive significantly less compensation than men, regardless of employment affiliation or facility type. Minorities and women continue to be underrepresented in leadership positions, meaning the few who reach those positions are overwhelmed by expectations they will take on additional responsibilities because of their minority status. The IDSA have taken some steps to address these inequities, including establishing the Inclusion, Diversity, Access and Equity Task Force in September, 2018, but a collaborative effort, involving universities, other learned societies, and journals, is needed for widespread change in the field.

*The Lancet* theme issue on advancing women in science, medicine, and global health highlighted the inequities that exist in opportunities and compensation for women in science and the importance of addressing these gaps to achieve the best science, provide the best care, and meet the Sustainable Development Goals. Recognising the involvement of journals in the careers of scientists, *The Lancet* promised to internally review the representation of women among its staff, authors, peer reviewers, and advisory boards. This audit revealed that women, particularly those from low-income and middle-income countries, are underrepresented as authors, peer reviewers, and advisory board members across all journals of *The Lancet* family. The findings were consistent with an external review by Julio González-Alvarez and colleagues, which found that women constituted about a third of authors of research articles published in all journals

of *The Lancet* between 2014 and 2017. For *The Lancet Infectious Diseases*, the proportions were 36% (1654 of 4601) of all authors with identifiable genders, including 32% (106 of 327) of first authors and 22% (72 of 335) of last authors.

The scarcity of women in senior authorship positions or acting as peer reviewers for *The Lancet Infectious Diseases* does not reflect the populations or regions with the greatest burdens of infectious diseases, nor the ratio of male to female clinicians in the field. The field of infectious diseases frequently serves and engages individuals in marginalised, vulnerable, or minority populations who are often disproportionately affected by infectious diseases due to social inequities and restrictive cultural norms. For many infectious diseases, women are at higher risk and experience a more severe course of illness than men, which cannot entirely be explained by biological differences. For instance, in some southern African countries, young women are up to eight times more likely to have HIV than men of the same age, which is thought to be due, in part, to gender inequity in education, gender-based violence, and age-disparate relationships.

There are several potential actions that we, as editors, can take to address gender inequity in the studies we publish. These include inviting equal numbers of women and men to peer review manuscripts and participate in commissioned work, as well as requiring sex-related reporting by authors. Another possibility is to send reviewers deidentified manuscripts (ie, without authors' lists) to ensure peer review is unbiased and recommendations are based on scientific merit rather than on the calibre of the author or their sex. Alternatively, reviewer scores could be adjusted to account for known biases.

Furthermore, we can ensure that the advisory boards of our journals reflect the populations they serve. In 2018, all *Lancet* journals committed to achieving gender parity on their advisory boards by 2020. For *The Lancet Infectious Diseases*, this target was met in time for our February, 2019, issue, with the members currently consisting of 11 women and 11 men. Our next objective is to advance gender parity among peer reviewers and authors in *The Lancet Infectious Diseases*. We welcome suggestions from readers on how to achieve this aim.

■ *The Lancet Infectious Diseases*



For AAMC 2015–16 data tables see <https://www.aamc.org/members/gwims/statistics>

For the 2017 IDSA physician compensation survey see <https://academic.oup.com/ofid/article/5/12/ofy309/5196406>

For #LancetWomen see <https://www.thelancet.com/lancet-women>

For the Comment by Julio González-Alvarez and colleagues see [Correspondence Lancet 2018; 391: 2601](#)