

# The EQUAL Insights Report

**The EQUAL Network  
Stakeholders Insights Report**

April, 2026

**EQUAL** GLOBAL NETWORK FOR  
GENDER AND HEALTH

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**Authored: Alison Biedron, MSc**

**Edited: Roselle Lovell Smith, Sasha Holland, Jiho Park**

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# Introduction

**EQUAL** GLOBAL NETWORK FOR  
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## **Introduction**

The goal of this research project was straightforward: before creating a platform designed to serve a community, we must listen to the people within it, and build it in partnership with them.

The EQUAL Network is a purpose-built, verified, algorithm-free professional networking platform for the gender equality and women's health sector, currently in development with a target beta launch of mid-2026. It was conceived in response to a problem that practitioners across this field know well, but rarely name directly: *the people doing the most important work in global health and gender equality cannot easily find each other, and no dedicated infrastructure exists to help them do so.*

This report documents what 24 professionals across 12 countries told us when we asked them about that problem. The EQUAL Network sees the pathway to a solution in the insights detailed below.

# About this Research

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## About the Stakeholder Research

The EQUAL Network's stakeholder insights research was conducted between November 2025 and February 2026. The goal was straightforward: before building a platform, listen to the people it is being designed to serve. We conducted 24 in-depth interviews with professionals working across the gender equality and global health ecosystem, spanning 12 countries across the Global North and South and five professional sectors.

Participants were identified through a combination of existing professional networks, referrals from early contacts, and targeted outreach to organizations working at the intersection of gender, health, and equity. Interviews were conducted virtually, lasted between 35 and 60 minutes, and followed a semi-structured guide covering professional background, collaboration practices, platform use, funding challenges, and responses to the proposed platform concepts. The majority of interviews were recorded and transcribed; where recording was not possible, insights were drawn from detailed notes taken immediately following the discussion. Participants were informed that their contributions would be used to inform a stakeholder insights report, and all identifying information has been anonymized in this document.

Any research report is defined as much by its gaps as by its findings. Three absences from this research are worth naming directly.

First, despite being home to rich and active ecosystems of feminist organizations and health advocates, **Latin America and East Asia are not represented in this research**, with the exception of a single interviewee from South Asia (India). This reflects the limits of existing networks at the time of our outreach rather than a deliberate exclusion, and expanding into these regions is a priority for the next phase of engagement.

Second, **policymakers and decision-makers are underrepresented**. This is less a gap in outreach than a structural reality: the people with the greatest power to act on these findings are among the hardest to access for the kind of candid, in-depth conversation that this research required.

Third, these **interviews were exclusively conducted in English**. This excludes non-English speakers from the development process, a clear limitation of this

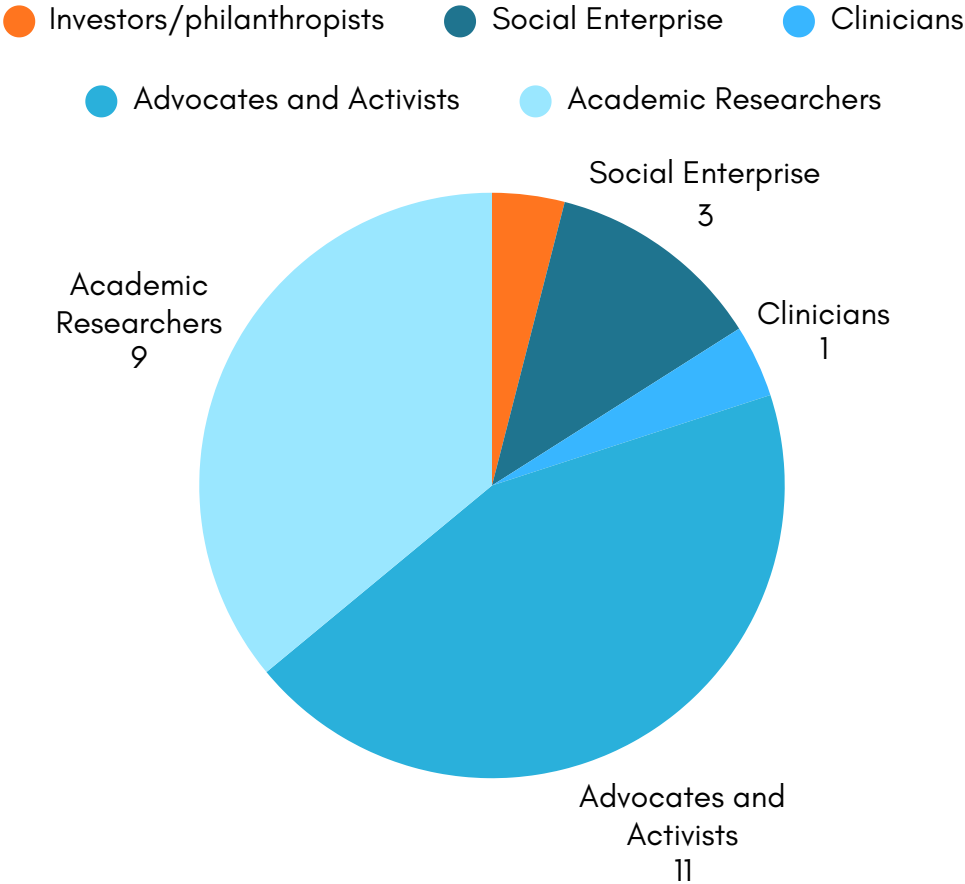
research’s insight into other cultures including indigenous or native-tongue lands.

These gaps will continue to shape the development of The EQUAL Network, and reaching the communities not yet represented here is an ongoing priority, not a future aspiration.

**The 24 participants represented the following sectors:**

- Academic researchers (n=9)
- Advocates and activists (n=11)
- Social enterprise founders (n=3)
- Investors/philanthropists (n=1)
- Clinicians (n=1)

Participant Distribution by Sector  
Total = 24



Geographically, interviews spanned East Africa, West Africa, North America, Asia and Europe, with representation from Uganda, Kenya, Nigeria, India, Slovenia, Italy, Hungary, the United Kingdom, and the United States. The breadth of this sample reflects how the challenges facing this field are not confined to any single geography, institution, or level of resource.

### Distribution of Participant Geography Total = 16



# About the EQUAL Network

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## The Motivation

A growing fear among many young professionals in the global health and gender equality sectors is that the collapse of institutional knowledge is already well on its way to the point of no return. [When USAID was shuttered in 2025](#), decades of expertise, relationships, and hard-won field experience evaporated almost overnight. It is estimated that over [250,000 jobs have been lost globally](#). Senior professionals who would, in any healthy sector, be mentoring the next generation are now competing for the same handful of roles as the people they should be guiding. The organizations that have historically absorbed early-career talent and passed down practical knowledge are themselves in crisis.

What this moment has made painfully clear is that this field of work cannot afford to anchor knowledge infrastructure in institutions that can be defunded overnight. The EQUAL Network is a direct response to this reality: it will be a professional home for the gender equality and global health knowledge that belongs to the community itself, designed to connect, sustain, and transfer across whatever comes next, regardless of who holds political power.

“ *What this moment has made painfully clear is that this field cannot afford to anchor knowledge infrastructure in institutions that can be defunded overnight.* ”

## The Platform

EQUAL will be built on HiveBrite, a robust community management software. EQUAL's founder has direct prior experience working with HiveBrite, and chose the software for this initiative deliberately for its customizable feature set, its intuitive user interface and experience, and its capacity to support a genuinely global, values-driven community, at scale.

What makes EQUAL different is not just who it is for, but how it is designed. Notably, there is **no algorithm**; the content feed is strictly chronological, meaning every member's work is visible without competition for visibility or relevance. There is also no advertising or anonymous accounts. Every member application is verified by a

human team member, and the community is held to a clear code of conduct.

The platform also intends to operate on a sliding scale membership model, recognizing that the small, grassroots organizations doing some of the most consequential work in this space cannot (and should not) pay the same as a well-resourced institution.

Features currently in development include:

- **Global members map:** filterable by geography and area of work, so that a researcher in Boston can find a grassroots advocate in Nairobi working on the same issue, and vice versa.
- **Opportunity hub:** a curated database of grants, jobs, internships, and funding calls, sourced by the EQUAL team and crowdsourced by members, so that organizations are not relying on Google searches, randomly distributed spreadsheets, or word of mouth to find the resources they need.
- **Resource library:** a searchable repository of research, toolkits, and data contributed both by members and curated by the EQUAL team, designed to make knowledge accessible across the sector rather than siloed within individual organizations.
- **Thematic subgroups:** focused spaces for collaboration around specific topics, from menstrual health to reproductive justice to climate and policy, allowing members to go deeper with the people most relevant to their work.
- **Chronological, algorithm-free feed:** a livefeed of member activity ordered by time, not by engagement metrics, so that every member's work has an equal chance of being seen.

Together, these features are designed to do what no existing platform currently does: give the gender equality and global health sectors a professional, online home that is as serious about equity in its own design as the community it serves is in its work.

# What We Heard: Four Central Findings

## CONTEXT: THE WORLD IN WHICH THIS RESEARCH WAS CONDUCTED

Programs at the intersection of gender and health have never been adequately funded. This is not a new observation. It is a structural condition so consistently demonstrated and so widely acknowledged by the professionals working within it that it barely needs stating.

What is new, however, is the scale and speed of the current crisis, and the certainty with which its trajectory can now be followed. The 2022 overturning of *Roe v. Wade* in the United States was not an isolated legal event. It was a harbinger. It demonstrated, with unmistakable clarity, that rights and funding streams long assumed to be stable could be dismantled within a single political cycle, and that the institutions relied upon to protect them were increasingly fragile. Across the world, right-wing populist movements with agendas targeting gender equality, reproductive rights, and the legitimacy of international development cooperation have become mainstream.

In January 2025, the Trump administration in the US froze and subsequently dismantled the United States Agency for International Development (USAID), withdrawing billions of dollars in global health funding with immediate effect. Community health workers who had spent years building trust in some of the world's most underserved communities lost their jobs overnight. In parts of sub-Saharan Africa, Southeast Asia, and Latin America, lifesaving clinical work did not just slow down, it actually stopped.

“ *Across the world, right-wing populist movements with agendas targeting gender equality, reproductive rights, and the legitimacy of international development cooperation have become mainstream.* ”

This report was researched and written at this exact moment. The professionals who gave their time to this project are working in conditions of acute disruption, chronic underfunding, and growing political hostility to the very concept of gender equality and public health. This is the backdrop against which every finding in this section must be read, and the backdrop against which the EQUAL Network is being built.

## FINDING 1: THE SECTOR IS FRAGMENTED BY DESIGN, NOT BY ACCIDENT

Across all 24 interviews, fragmentation emerged as the defining structural condition of the gender equality and public health sectors. The pattern was consistent, regardless of geography, sector, or organizational size. Organizations working on identical problems, in overlapping geographies, with complementary expertise, were largely unaware of each other, unable to share resources, and in some cases actively competing for the same narrow pool of funding.

In a field starved of resources, an organization's survival depends on its ability to demonstrate uniqueness to funders. A curriculum, a methodology, a dataset, a community relationship all become competitive advantages, notably, to be protected rather than shared.

“ *The siloing of small nonprofits is not accidental. It is done by design.*

*Systems that keep certain organizations marginal and fragmented serve the interests of those who benefit from that fragmentation.* ”

A reproductive justice founder in Kenya described attempting to borrow a menstrual health education booklet from a peer organization to use in community outreach, only to be told that a staff member from the originating organization would need to be funded to facilitate any use of the material. The booklet existed to spread information, but the organization's survival depended on controlling how and how far it went.

An executive director of an international municipal gender network described sitting on a treasure trove of reports, case studies, and methodologies from seventeen municipal governments across high, middle, and low-income contexts, with no organizational capacity to share any of it.

A researcher at a prominent US reproductive justice organization described how institutional knowledge walks out the door every time a staff member leaves, taking with them years of carefully built relationships that have never been systematically

documented. What interviewees described was a field that has never had the infrastructure to collaborate safely, equitably, or effectively, without the risk of being exploited or eclipsed.

As one women's health advocate put it, *the siloing of small nonprofits is not accidental. It is done by design.* Systems that keep certain organizations marginal and fragmented serve the interests of those who benefit from that fragmentation. Scarcity creates competition, competition creates isolation, and isolation prevents the coalition-building that might actually shift power.

## FINDING 2: IMPORTANT CONNECTIONS ARE BEING LEFT TO CHANCE

If fragmentation is a structural condition of this field, its most immediate consequence is that the connections most likely to drive progress are left almost entirely to chance. A researcher and the policymaker who could act on recent findings, a grassroots organization in Uganda and a funder in London working on the same problem, a clinician with twenty years of field experience and an early-career advocate who needs a mentor, all have a wealth of knowledge to share.

Participants described concrete and costly missed connections, years spent trying to reach the right people, grant applications submitted without knowing that another organization countries away had already developed the methodology being proposed, redundant coalitions built from scratch because there was no way to know who else was already working on the issue.

A senior women's health clinician in the United Kingdom, with over two decades of clinical experience and a global leadership role, said it plainly: *there is nowhere you go to get connected with everyone doing this work*. They were describing the permanent condition of their professional life, one they had simply learned to work around. A former senior gender advisor in the United States government noted that at the most senior levels of the sector, meaningful professional opportunities are found almost *exclusively through personal networks and word of mouth, rarely through platforms or formal channels*. For those without access to the right networks, that observation is a profound structural barrier.

“ At the most senior levels ... professional opportunities are found almost exclusively through personal networks and word of mouth, rarely through platforms or formal channels. ”

What is lost in this system is not only efficiency, but also the kind of cross-sector, cross-geography, cross-career-stage collaboration that produces the insights and coalitions that actually move the needle. The field continues to reinvent the wheel, wasting precious time and resources, because there is no shared infrastructure for documenting what has already been built.

### **FINDING 3: EXISTING PLATFORMS WERE NOT BUILT FOR THIS WORK**

The professionals interviewed for this research are active, engaged, and digitally fluent. They use LinkedIn, WhatsApp, Instagram, and a range of other digital tools to communicate, share their work, and maintain professional relationships. The problem is that none of these platforms were designed with their work, their values, or their safety in mind.

**LinkedIn** was the platform mentioned most frequently, and the frustration with it was nearly universal. Participants described an algorithm that suppresses content from women and women's health advocates, rewards superficial engagement over substance, and generates an increasingly noisy feed of AI-generated content and irrelevant ads. A technology ethicist and menstrual health advocate described the particular absurdity of [a platform that censors](#) the word "menstruation" while amplifying posts optimized for clicks. Several interviewees noted that *they maintain a LinkedIn presence because they feel they have no other option*, not because the platform serves them particularly well.

**WhatsApp** emerged as the default infrastructure for many grassroots and activist organizations, especially in the Global South. This was a finding that speaks less to WhatsApp's fitness for purpose than to the absence of anything better. A youth activist and doctoral researcher in the United Kingdom described their organization running its entire operational infrastructure through WhatsApp groups. Despite the effort, messages get buried, institutional knowledge disappears when someone leaves a group, and the informality of a text message makes it difficult to bring in new partners or present the organization's work credibly to funders.

**Instagram** serves a different function for many interviewees, functioning primarily as personal social media, and occasionally a consumer-facing communications tool rather than a professional networking space. A sustainable menstrual products founder described a clear operational divide: *Instagram for reaching customers, LinkedIn for B2B relationships*, and nothing for the kind of substantive peer-to-peer professional exchange that their work actually requires. This division was echoed across multiple interviews, with practitioners describing a landscape of platforms that are each useful for one narrow purpose but collectively fail to provide the integrated professional home this field needs.

Several interviewees raised the question of safety explicitly. This was an important finding, and a timely one as well as social media giants Meta and YouTube are being [held accountable for negligence](#) in regards to their features harming young people. For advocates working on reproductive rights, gender-based violence, or LGBTQ+ health in politically hostile contexts, the public or semi-public nature of mainstream digital platforms is a genuine risk. The ability to communicate, share resources, and build coalitions in a space that is verified, moderated, and not indexed by search engines is, for some, a precondition for participation.

## **FINDING 4: ACCESS TO EVIDENCE AND PATHWAYS TO IMPACT**

Across the interviews, a consistent picture emerged of an information ecosystem that is increasingly difficult to navigate. The evidence to guide practice and policy routinely fails to reach the people who need it. Conversely, the knowledge held by on-the-ground practitioners rarely makes its way into the systems that are meant to serve them.

The gap between evidence and action was a recurring theme. A senior women's health clinician in the United Kingdom described a case that captures this: post-birth contraception has a well-documented return on investment of 30 to 48 GBP saved for every 1 GBP spent. *Yet no consistent national funding pathway exists in the UK to implement it at scale.* What is missing here is not the research, nor the awareness, but rather the fragmented health commissioning system leaving much to be desired.

Access to information in this field flows along lines of institutional affiliation, language, geography, and resources. A researcher at a well-funded university in the United States has access to databases, networks, and peer relationships that a community health advocate in Uganda does not. The knowledge that the advocate holds, rooted in years of direct community experience, rarely makes the return journey. The people closest to the problems have the least access to the resources designed to address them, and the people generating those resources have the least access to the ground-level knowledge that would make them better.

Several interviewees raised concerns about the regularity of disinformation circulating within the field, from predatory conferences to research that is clearly weak, but widely shared. A research manager at a reproductive justice organization described the need for *a curated, verified information environment in which members could trust what they were reading.* In a noisy and politically contested ecosystem, trust has to be built into the infrastructure, and capacity to fight disinformation must be prioritized.

# What Comes Next

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## WHAT WE ARE BUILDING TOWARD:

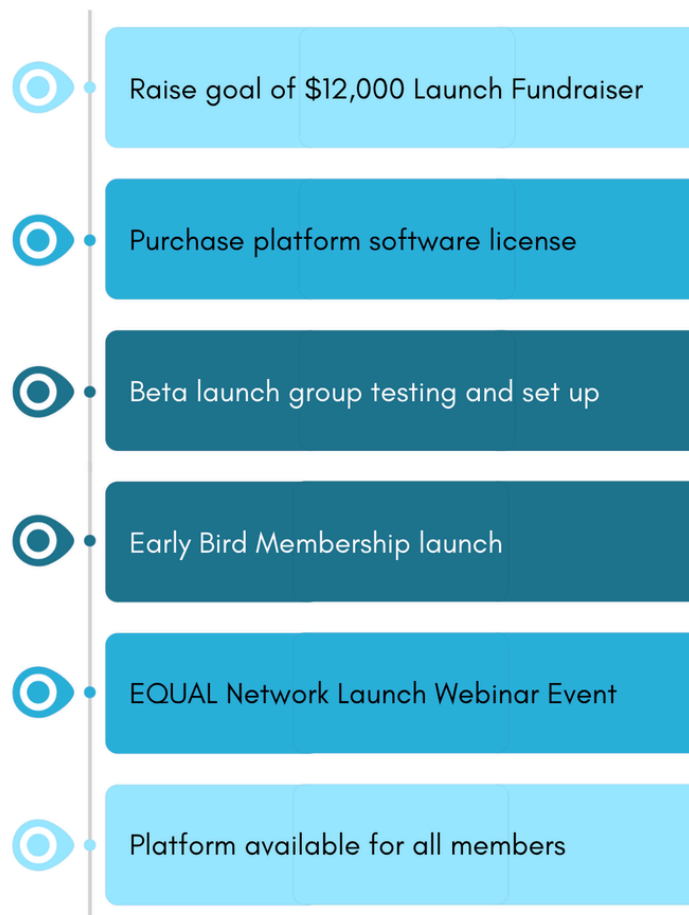
- **A purpose-built professional home:** What interviewees described, consistently and without prompting, was not a preference for a different kind of platform, but an absence. A space that does not yet exist, purpose-built, values-aligned, and trustworthy enough to do the connecting that mainstream platforms cannot. EQUAL will be built to fill that gap, for the researcher and the grassroots activist, for the clinician and the policymaker, for the early-career professional and the veteran.
- **Connections that are less dependent on luck:** The EQUAL Network's verified global members map, opportunity hub, and subgroups are designed to make the relationships that drive this field more reliable, more equitable, and less contingent on who you happen to already know. The researcher in Boston should be able to find the advocate in Nairobi working on the same problem. The junior professional in Lagos should be able to find the mentor in London who can open the right door. These connections and relationships should not require years of cold outreach and lucky introductions.
- **Safe, equitable infrastructure for collaboration:** Interviewees described a field that has never had the infrastructure to collaborate without the risk of being eclipsed. Every design decision in the platform, from human verification to the sliding scale membership model to the absence of an algorithm, is a direct response to that finding. Safety and equity are the foundation.
- **Information integrity:** In a noisy and politically contested ecosystem, the capacity to fight disinformation and promote credible, evidence-based knowledge is central to what EQUAL is for. The resource library, the verified membership model, and the curatorial standards being built into the platform are all designed to make EQUAL a space where knowledge can be trusted, shared, and acted on.

## HOW TO GET INVOLVED:

There are a few key ways to support this work.

1. **Contributing to the fundraiser** puts the platform license within reach, every dollar goes directly toward making the initiative a reality.
2. **Becoming an early member** means having access to the platform from day one and a direct hand in shaping the community as it grows.
3. **Taking on an advisory role** means helping guide the platform's development, lending your public voice in support, and opening your network to help drive membership and engagement in the critical early phase.
4. **Sharing this report to your network** helps us build a global team of supporters.

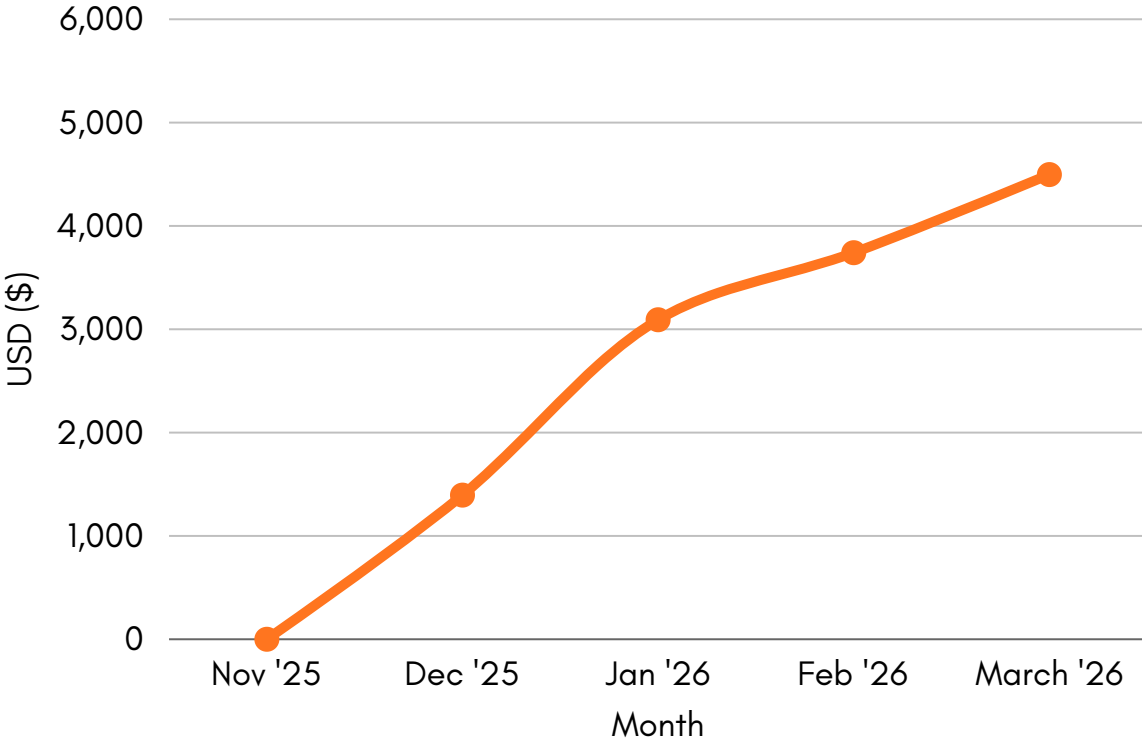
### Preliminary Timeline to Platform Launch



The EQUAL Network is currently raising \$12,000 to purchase the HiveBrite platform license that will power this movement and the community. [With 36% of that goal already reached, a beta launch is on track for mid-2026.](#) The beta phase will bring together a founding cohort of verified members with a broader public launch to follow once our testing and set up has been successfully implemented.

## Launch Campaign Donations

Goal: \$12,000



# Appendix

## **ANONYMIZED PARTICIPANT LIST**

All interviewees are identified by anonymized role descriptors. No names, organizational affiliations, or other identifying information are included.

1. Assistant Professor and Menstrual Health Research Advisor | Research and Academia | *New Delhi, India*
2. Senior Women's Health Clinician and Global Medical Educator | Clinical | *London, UK*
3. Reproductive Justice Advocate | Grassroots and Civil Society | *Nairobi, Kenya*
4. Senior Program Officer, Global Health Philanthropy | Philanthropy and Investment | *Seattle, WA, USA*
5. Femtech Founder | Social Enterprise | *Berlin, Germany*
6. Doctoral Researcher in Health Law | Research and Academia | *Manchester, UK*
7. Implementation Science Researcher | Research and Academia | *Washington, DC, USA*
8. Advocacy Director, International Minority Rights Organization | Policy and Advocacy | *Budapest, Hungary*
9. Executive Director, International Municipal Gender Network | Policy and Advocacy | *London, UK*
10. European Reproductive Rights Campaign Coordinator | Policy and Advocacy | *Ljubljana, Slovenia*
11. Executive Director, Women's Leadership Nonprofit | Grassroots and Civil Society | *Washington, DC, USA*
12. Researcher, Reproductive Justice Organization | Research and Academia | *Pennsylvania, USA*
13. Epidemiologist, Global Research University | Research and Academia | *Boston, MA, USA*

14. Digital Health and Community Wellbeing Founder | Social Enterprise | *Nigeria*
15. Doctoral Researcher in Biomedical Engineering | Research and Academia | *Boston, MA, USA*
16. Youth Education Founder | Grassroots and Civil Society | *Uganda*
17. Doctoral Researcher in Reproductive Health Policy | Research and Academia | *Washington, DC, USA*
18. Youth Activist and Doctoral Researcher | Research and Academia | *London, UK*
19. Grassroots Gender Rights Founder | Grassroots and Civil Society | *Uganda*
20. Black Women's Reproductive Health Nonprofit Founder | Grassroots and Civil Society | *Boston, MA, USA*
21. Sustainable Period Products Founder | Social Enterprise | *London, UK*
22. Former Senior Advisor US Government | Policy and Advocacy | *Washington, DC, USA*
23. Technology Ethicist and Menstrual Health Advocate | Social Enterprise | *Milan, Italy*
24. Women's Health Advocacy Nonprofit Founder | Grassroots and Civil Society | *Houston, TX, USA*