The Global Health 50/50 Report 2018

The Global Health 50/50 Report

How gender-responsive are the world's most influential global health organisations?

First report

2018

The Global Health 50/50 initiative is housed by the University College London Centre for Gender and Global Health.

The initiative is guided by a diverse independent Advisory Council (Annex 1).

Global Health 50/50 is led[a] by Professor Sarah Hawkes[1] and Dr Kent Buse[2] with a dedicated team of researchers, strategists and communications experts working on a largely voluntary basis: Claudia Ahumada[3], Charlotte Brown[4], Chloe Byers[5], Tiantian Chen[6], Mikaela Hilderbrand[7], Ruth Lawlor[8], Edward Mishaud[9], Elias Nosrati[10], Anna Purdie[11] and Sonja Tanaka[12].

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“ Gender equality in health means that women and men, across the life-course and in all their diversity, have the same conditions and opportunities to realize their full rights and potential to be healthy, contribute to health development and benefit from the results. ”

WHO Gender fact sheet

Accessible at: http://www.who.int/mediacentre/factsheets/fs403/en/

From the United Nations Deputy Secretary-General: Foreword

Gender equality is fundamental to the 2030 Agenda for Sustainable Development. But to focus our efforts in the right arenas, track progress over time and hold each other accountable, we need transparent data and analysis. That is why this report is an important milestone. Thanks to the efforts of Global Health 50/50, the gender dimensions of global health are increasingly clear.

The report shows that, although gender is one of the most significant social determinants of health outcomes, the global health community remains largely gender-blind. This holds true both in ensuring gender parity in leadership across public, private and civil society organisations and in delivering gender-responsive programmes.

The report, however, gives reason for hope. First, some organisations have shown that, with leadership and determination, it is possible to advance gender equality. I am particularly pleased to see United Nations (UN) organisations performing well and committing to a holistic vision of gender equality. But there is always room for improvement. Strengthening delivery for all requires dedicated gender expertise, scaled-up resources and a greater understanding of gender by all staff. The Secretary-General is committed to advancing this priority to transform our institutional culture so we can deliver on the 2030 Agenda for all.

Second, the report shows that the Millennium Development Goals (MDGs) made huge inroads in improving child and maternal health and curbing the burden of infectious diseases. It is now time to increase focus on the neglected targets of Sustainable Development Goal (SDG) 3 on health and wellbeing, and to address them from a nuanced gender perspective. In that regard, the European Union and United Nations Spotlight Initiative to eliminate violence against women and girls has women's access to health services, including sexual and reproductive health, as one of its core pillars.

Third, the report argues we need to take issues such as early forced marriage, adolescent unintended pregnancies and gender-based violence more seriously. The United Nations is committed to leading through the work of its various funds and programmes. The organisation has also committed to improve its effectiveness in preventing sexual exploitation and abuse and to put the rights and dignity of victims at the centre of its efforts.

The approach of Global Health 50/50 is in line with the 2030 Agenda in making explicit the interdependence of the SDGs and—as a joint initiative of researchers and policy-makers from all sectors and regions—in showing the power of partnership. I urge the global health community to reflect on the findings presented and to act to improve practice. I hope, too, that other sectors will follow suit and undertake similar analysis. It is only by embedding gender analysis and action deep in the global structures of development cooperation that we will achieve sustainable and inclusive development that leaves no one behind.

– Amina J. Mohammed, New York, February 2018

About the report

Global Health 50/50 seeks to advance action and accountability for gender equality in global health. The Global Health 50/50 Report, the first of its kind, provides a comprehensive review of the gender-related policies of 140 major organisations working in and/or influencing the field of global health. The initiative is focused at the intersection of several SDGs, including health (3), gender equality (5), inequalities (10) and inclusive societies and institutions (16).

Gender equality has seemingly been embraced as a priority in global health. However, the report is inspired by a growing concern that too few global health organisations walk the talk by defining, programming, resourcing or monitoring gender, either as a determinant of health, or as a driver of career equality in their own workplaces. The report seeks to provide evidence of where the gaps lie, while also shining a light on ways forward.

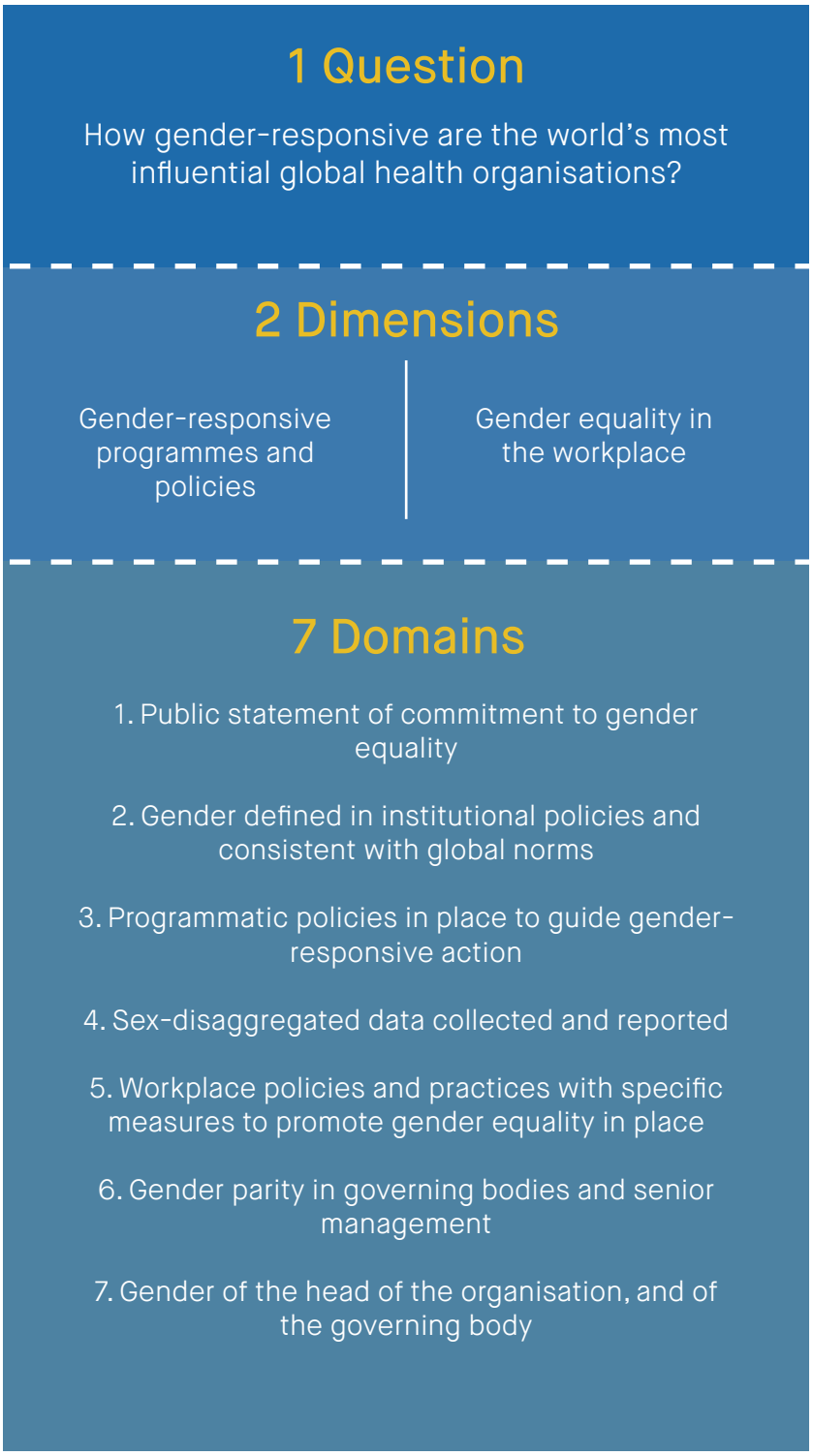
Through an examination of seven domains (see Figure 1), the report provides an in-depth look at the extent to which global health organisations commit and take action to promote gender equality, both through their programmes and operations, and within the workplace. The report is based on reviewing a snapshot of publicly available information between October 2017 and February 2018. We are grateful to the approximately 50 organisations that responded to our request to verify the accuracy of the data we collected (listed in footnote 1). Full details of the methodology are given in Annex 2. The list of organisations and their results across the seven domains is included in Annex 3.

In response to its findings, the report presents a series of evidence-informed policy recommendations that global health organisations can take to be at the forefront of meaningfully driving gender equality in and through health.

This report arrives at a significant moment. At the time of publication, a number of organisations included in this review were under investigation for sexual misconduct by senior staff, including several organisations that performed relatively well on the domains analysed by GH5050. This discrepancy highlights the urgent need for organisations to live up to and put into practice their own policies on equality, non-discrimination and inclusion. Having the right policies in place is essential, but insufficient for ensuring a safe, respectful and equitable working environment and organisational culture. Allegations of sexual misconduct and entrenched cultures of sexism against the very organisations meant to serve and protect the rights of the most vulnerable among us lay bare the long road ahead to gender equality in the workplace. Independent accountability mechanisms such as GH5050 will play an important role; most critical will be a demonstrated commitment by the leadership of these organisations to transform the structures, norms and values that perpetuate inequality, including through the establishment of rigorous internal accountability mechanisms.

[1] We are grateful to the listed organisations that responded to our requests for information and verification of data: Abt Associates; ACTION; AVERT; CARE; Caterpillar Foundation; Centers for Disease Control and Prevention; Clinton Health Access Initiative; Deloitte; FHI360; FIND Diagnostics; GAVI; Global Fund to Fight AIDS, TB and Malaria; Global Health Council; Global Health Innovative Technology Fund; Global Public-Private Partnership for Handwashing; International AIDS Society; International Centre for Research on Women; International Federation of Red Cross and Red Crescent Societies; International Vaccine Institute; International Women's Health Coalition; Japan International Cooperation Agency; Jhpiego; Johnson & Johnson; Medicines for Malaria Venture; Médecins Sans Frontières; Medtronic; Merck; Mylan; NCD Alliance; Nutrition International; Oxfam International; PAI; Partnership for Maternal, Newborn and Child Health; Pfizer; Population Services International; PricewaterhouseCoopers; Reckitt Benckiser; Roll Back Malaria Partnership; Scaling Up Nutrition; Swedish International Development Cooperation Agency; Stop TB; UNAIDS; UN Population Fund (UNFPA); UN Women; UNICEF; Unilever; United States Agency for International Development; Wellcome Trust; World Health Organization.

Figure 1. Parameters of the Global Health 50/50 Report



"The idea that when we speak about gender we are talking only about women should be buried; it's time to ensure our analysis of the gender determinants of health, that are among the most significant social determinants of health outcomes, unearths the impact of gender on the health and well being of all people."

Mariângela Simão, GH5050 Advisor & Assistant Director-General for Drug Access, Vaccines and Pharmaceuticals, World Health Organization

"When we talk about gender and gender equality, we have to talk about creating the best opportunity for everybody... an environment that encourages, nurtures, protects and propels. I hope that Global Health 50/50 becomes a movement that delivers gender equality for everybody."

James Chau, GH5050 Advisor & Special Contributor, CCTV International & WHO Goodwill Ambassador for Sustainable Development Goals and Health

Are global health organisations advancing gender equality?

Introduction

Gender equality has been on the global health agenda for over 40 years. More and more, the global health community recognises that advancing gender equality is central to progress in health and that more gender-equal societies and settings benefit everyone.

Defining gender

Gender is a social construction reflecting the distribution of power between individuals, and is influenced by history, laws, policies and politics, by economic, cultural, community and family norms that shape the behaviours, expectations, identities and attributes considered appropriate for all people-women and men, girls and boys, and gender-diverse people. How an individual expresses their gender identity varies across context, time, place and through the life-course.

Gender interacts with, but is distinct from, the binary categories (male, female) of biological sex. Gender also intersects with, and is shaped by, other axes of inequality—e.g. age, education, economic position and power, race and ethnicity.

When a person's gender identity does not correspond with their assigned sex, they may identify as transgender.

Fact Sheet on Gender, WHO. Accessible at: http://www.who.int/mediacentre/factsheets/fs403/en/

Gender impacts health and wellbeing, particularly as a key determinant of power in exercising the right to health. Gender influences exposure to health risks—for example, risk of early childbearing, risk of smoking tobacco, drinking alcohol or occupational exposure to harmful environments. Gender further influences whether or not people seek care from health services, and the quality and effectiveness of care they receive.

Gender, then, determines not only our identity as individuals, but has a major impact on our prospects of career stability and progress, and the likelihood of living a healthy life. Achieving gender equality requires that everyone enjoys the right to realise their full potential to lead healthy lives and contribute to healthy societies. Sex-disaggregated data show significant differences in health, wellbeing and life expectancy between women, men and transgender people.

Gender blind

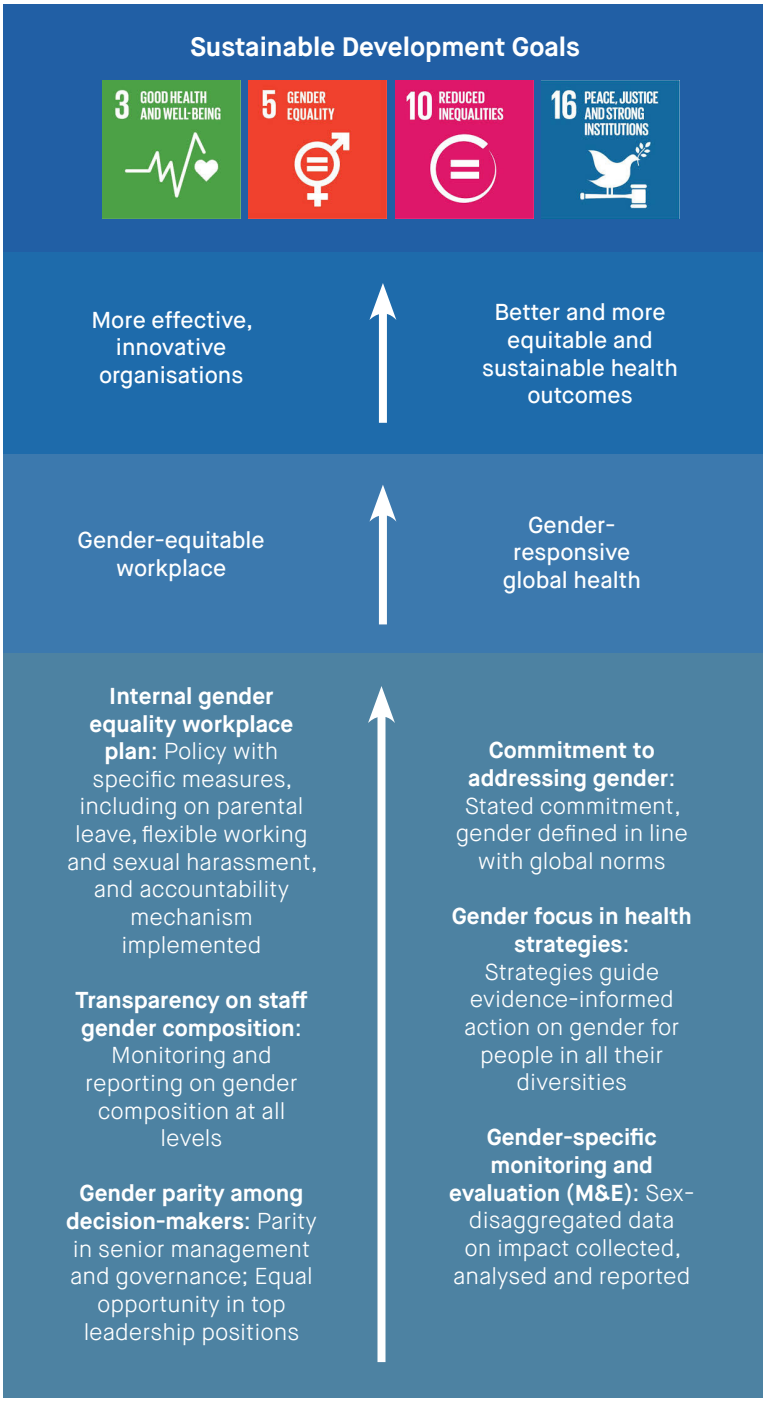
The failure to recognise that the roles and responsibilities of men/boys and women/girls are assigned to them in specific social, cultural, economic, and political contexts and backgrounds. Projects, programmes, policies and attitudes that are gender blind do not take into account these different roles and diverse needs. They maintain the status quo and will not help transform the unequal structure of gender relations.

UN Women, Gender equality glossary. Accessible at: https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36

Inadequate attention and action on gender norms prevent global health organisations from delivering results that leave no one behind, and from building more equitable, innovative and effective workplaces. However, the full extent of the problem has never been explored—until now.

In this report we argue that a combination of gender-responsive programming and gender-equitable workplaces will lead to more effective organisations and more equitable health outcomes—thus ensuring progress towards the SDGs (particularly 3, 5, 10 and 16; see Figure 2).

Figure 2. From gender-transformative global health organisations to sustainable development



Still gender blind after all this time

Summary of findings
and recommendations

GH5050 asked seven questions about gender equality:

1. Has the organisation made a public statement of commitment to gender equality?
2. Does the organisation define gender in its institutional policies in a way that is consistent with global norms?
3. Are programmatic policies in place to guide gender-responsive action?
4. Does the organisation collect and report on sex-disaggregated data from their programmatic activities?
5. Are workplace policies with specific measures to promote gender equality in place?
6. Has the organisation achieved gender parity[2] in its governing body and senior management?
7. What is the gender of the head of the organisation, and the head of the governing body?

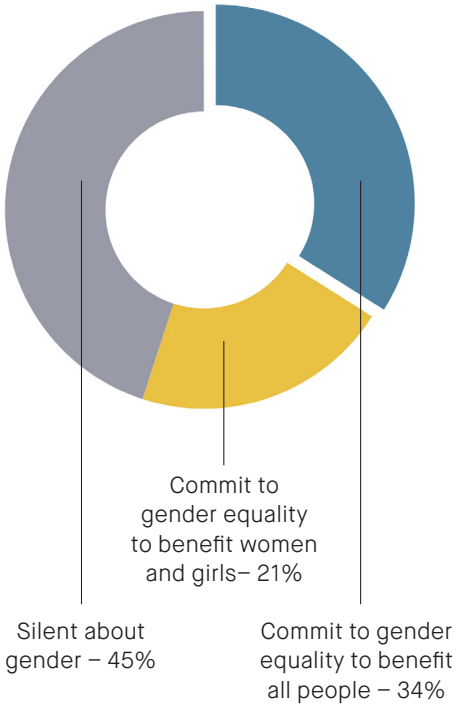
[2] Parity is defined as women representing 45-55% of a given body; or a difference of one person in an odd-numbered body.

"Global Health 50/50 demonstrates the importance of numbers. But it is not just a matter of parity, it is also a matter of rights, resources and ultimately power."

Ulrika Modéer, GH5050 Advisor and State Secretary to the Minister for International Development, Sweden

1

Has the organisation made a public statement of commitment to gender equality?



Finding:

Just over half of global health organisations have explicitly committed to gender equality.

1.1 Just over half (76/140) of organisations state a commitment to gender equality in their strategies or policies.

1.2 Of these 76 organisations stating such commitment, three out of five commit to gender equality to benefit all people (women and men), while two out of five commit to gender equality to exclusively benefit women and girls.

Recommendations:

1.1 Global health organisations should make an explicit commitment to gender equality.

1.2 Having made this commitment, leaders of global health organisations should adopt policies and incentivise practices that respond to evidence on the impact of gender on the health, wellbeing and careers of all people.

Does the organisation define gender in its institutional policies in a way that is consistent with global norms?

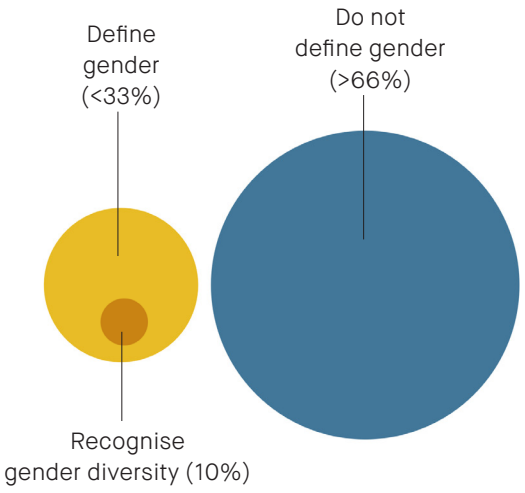
2

Finding:

For most global health organisations, the meaning of gender remains ill-defined or undefined.

2.1 Fewer than one third of organisations define gender in a manner that is consistent with global norms, a prerequisite for effective and equitable programming.

2.2 Only 14 organisations (10%) recognise gender diversity and mention the specific needs of people with non-binary gender identities (including transgender people).



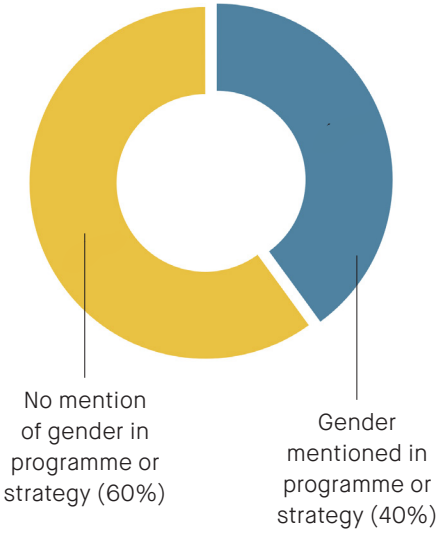
Recommendations:

2.1 Organisations should adopt a definition of gender and gender equality that is consistent with global norms.

2.2 Organisations should put in place policies and processes to ensure a common organisational understanding and ownership of the definition of gender, and the practices required to achieve gender equality.

3

Are programmatic policies in place to guide gender-responsive action?



Finding:

A majority of organisations lack strategies to guide gender-responsive programming.

3.1 Only 40% of organisations mention gender in their programme and strategy documents.

3.2 Fifty-five organisations (40%) focus exclusively on the health of women and girls, and the majority of them (40/55) do so without explicitly adopting a gender-responsive approach.

Recommendations:

3.1 Organisations should include gender as a critical domain for analysis in programme design, implementation, monitoring and evaluation (M&E).

3.2 Organisations should move beyond the tendency to conflate gender with women so as to appreciate the gender-related determinants of everyone's health.

3.3 Organisations should conduct gender-based analyses to inform the development, implementation and M&E of programmes, in order to better understand and address how gender affects health outcomes for everyone—girls, boys, women, men, and people with non-binary gender identities—and respond to differences among them.

Does the organisation collect and report on sex-disaggregated data from their programmatic activities?

4

Finding:

Organisations generally fail to present sex-disaggregated programmatic data.

4.1 Two thirds of organisations don't disaggregate their programme data by sex—this includes around one in ten organisations that appear to support sex-disaggregated data analysis, but do not present this data on their websites/reports.

4.2 Only one organisation reports health data for transgender populations.

Recommendations:

4.1 Organisations should ensure relevant programmatic data is sex-disaggregated.

4.2 Organisations should conduct gender analyses to understand sex-disaggregated findings, and calibrate programmes and strategies based on this evidence.

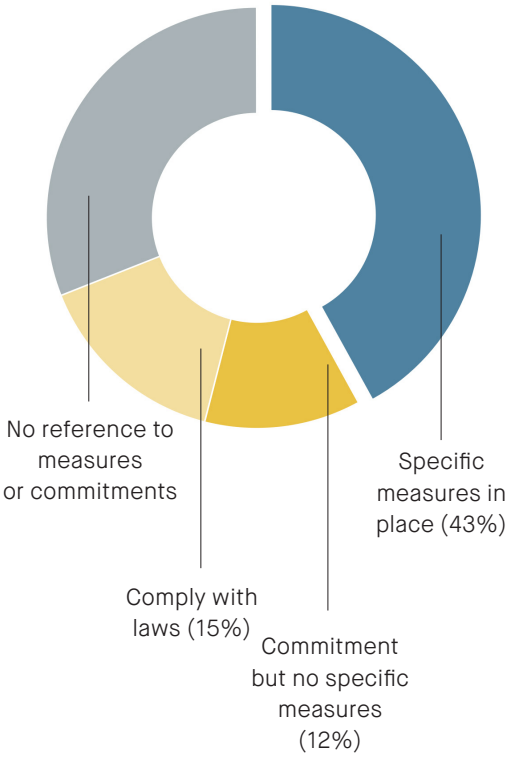
4.3 Organisations should commit to collecting data on other markers of inequality and analysing the interaction among them, as well as with sex and gender. Such data/evidence should be the basis for assessing the equitable impact of an organisation's work.

4.4 Funders should ensure they monitor and act to ensure gender equality at all stages of their funding and implementation processes.

4.5 Global health journals should commit to only publishing articles that report sex-disaggregated and analysed data (where appropriate).

5

Are workplace policies with specific measures to promote gender equality in place?



Finding:

Organisations aren't doing nearly enough to support gender equality in the workplace.

5.1 Seventy-seven organisations (55%) make general commitments to workplace gender equality, of which 60 (43%) have specific targets and strategies in place to support women's career pathways.

5.2 Twenty-one organisations (15%) indicate that they comply with statutory laws regarding inclusion and non-discrimination in the workplace, but do not appear to have any specific policies and programmes to support gender equality.

5.3 Forty-two organisations (30%) make no reference to workplace gender equality.

5.4 Nineteen organisations (14%) provide details of their gender pay gap. The majority of these are in the United Kingdom where reporting on gender pay gaps, gender bonus gaps and quartile distribution of workforce by gender is becoming a legal requirement (slated for April 2018).

Recommendations:

5.1 Organisations that have not done so should undertake assessments of whether and how gender equality is embedded in their institutions by, for example, using the International Gender Champions 'How To' Checklist.[3]

5.2 Organisations should implement a range of interventions to address the complexity of gender-responsive organisational change, including: (i) Adopting clear policies to support staff in balancing personal, family and professional commitments such as flexible working arrangements and paid parental leave; (ii) Implementing remuneration systems that ensure equal pay for equal work; (iii) Rolling out systematic staff trainings, leadership and mentoring programmes and institutionalising space for dialogue, debate and learning on gender and gender equality in the workplace; (iv) Including 'gender competence' in all job descriptions and performance monitoring systems to ensure accountability; (v) Demonstrating and implementing zero tolerance for sexual- and gender-based harassment.

5.3 Funders should define and attach gender diversity and gender workplace policy requirements to the funding eligibility of organisations.

5.4 Organisations should publish and act on their gender pay gaps, even in the absence of statutory requirements.

[3] Accessible at http://genderchampions.com/news/how-to-a-checklist-for-international-gender-champions

Has the organisation achieved gender parity in its governing body and senior management?

6

What is the gender of the head of the organisation, and the head of the governing body?

7

Finding:

Decision-making power remains in the hands of men.

6.1 Twenty percent (20%) of organisations have achieved gender parity on their boards.

6.2 Twenty-five percent (25%) of organisations have achieved gender parity at the level of senior management.

Global health is led by men.

7.1 Sixty-nine percent (69%) of organisations are headed by men.

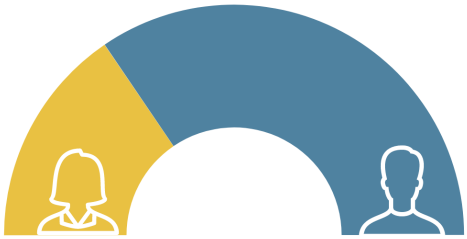
7.2 Eighty percent (80%) of board chairs are men.

Recommendations:

Organisations should adopt specific affirmative measures to achieve gender equality among staff and governing bodies, which include those mentioned in Recommendation 5.2, as well as:

- Undertaking quantitative and qualitative analysis to identify gender-related barriers at each step in the professional pathway, including to recruitment, hiring, retention and advancement;
- Setting time-bound targets for gender parity, particularly at senior levels;
- Establishing regular and transparent monitoring and reporting of progress with clear lines of accountability.

Gender of Executive Director



Women (31%) Men (69%)

Gender of Head of Board

Women (20%) Men (80%)

"I would urge the leadership of global health organisations to share and discuss these findings with their staff associations, senior management teams, ethics committees and boards. Organisations also need to develop a plan of action for progress, both for their workplace policies and for policies guiding their operations. This report should provide much needed impetus for action to achieve health and wellbeing for all, irrespective of gender."

Helen Clark, GH5050 advisor & former Prime Minister of New Zealand & Administrator, UNDP

GH50/50 High Scorers 2018

Based on the findings across the seven domains explored above, GH5050 identified nine very high-scoring organisations and a further ten high-scoring organisations (some of which missed out on a top 'score' since they provide little or no information for one key variable, such as gender composition of Board).

Highest scorers: BRAC; Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); Gavi; Global Fund to Fight AIDS, TB and Malaria; Population Reference Bureau; Save the Children International; Sida; Joint United Nations Programme on HIV/AIDS (UNAIDS); UNICEF.

High scorers: CARE; European Commission; FHI360; Food and Agriculture Organization of the UN (FAO); Jhpiego; Partnership for Maternal, Newborn and Child Health (PMNCH); Stop TB; UNFPA; UN Women; WHO.

Organisations have been scored based on whether they have gender-responsive policies in place, and some indicators of practice—namely sex-disaggregation of data and parity among senior management and boards. Such a review provides a critical initial understanding of whether an organisation has an adequate policy foundation in place to guide gender-responsive programming and foster a gender-equitable workplace. Looking forward, however, a much better understanding of the extent to which effective policies and accountability mechanisms to promote gender equality are implemented is urgently needed.

Why gender matters

Gender equality is a human right

Adopted by world leaders in 1948, the Universal Declaration of Human Rights set out among its fundamental principles the 'equal rights of men and women'.[4] Since then, discrimination based on sex has been prohibited under almost every human rights treaty, including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Elimination of all Forms of Discrimination against Women.[5] Protecting and promoting the human rights of women and men is the duty of all States. Despite progress, gender inequality remains one of the most entrenched and long-standing social injustices, subverting development and inhibiting access to health, power and self-determination at the individual level.

Constituting gender equality as a human right recognises it as an inalienable prerogative. Through legislation that recognises gender equality as a human right, people have the opportunity to secure freedom from violence and unjust discrimination as well as fairer access to civil rights, education, economic opportunities, and health care. Adopting a human rights-based approach to health means ensuring state accountability for health services that are non-discriminatory and developed based on the principle of equality. Services should be available, accessible, acceptable and of high quality from the perspectives of girls, boys, women, men, and people with non-binary gender identities.

Gender-responsive global health programming

Gender determinants of health are among the most significant social determinants of health outcomes.[6] Gender influences the health of all people in different ways across time and place. Gender norms, whether enacted by individuals, communities, commercial interests, or underpinned by legislation and policy, contribute to disparities in the burden of ill-health on women and men, girls and boys, and transgender people.

Around the world, gender norms limit women's access to opportunity, resources and power, and result in discrimination and inequalities that often have negative consequences on health. In many cultures, gender norms expose women to early forced marriage, adolescent unintended pregnancies and violence, limit their access to education and impair women's decision-making power over their health, including their autonomy to seek health care.

While in the majority of societies men tend to enjoy more opportunities, privileges and power than women, these multiple advantages do not translate into better health outcomes or longer life expectancy. Men's poorer health and lower life expectancies may be associated with harmful gender norms around masculinity as well as institutional structures that fail to address men's needs. For example, gender norms often promote exposure to unhealthy products and environments—including alcohol, tobacco and occupational risks—as being the embodiment of maleness. But health systems often fail to recognise or address the impacts of gendered behaviours on men's health needs.

4. See http://www.un.org/en/universal-declaration-human-rights/index.html

5. Office of the United Nations High Commissioner on Human Rights (OHCHR), Women's human rights and gender equality. Accessible at: http://www.ohchr.org/ EN/Issues/Women/WRGS/Pages/WRGSIndex.aspx.

6. Hawkes S, Buse K. Gender and global health: evidence, policy, and inconvenient truths. *The Lancet*. 2013; 381: 1783–87. See http://bit.ly/1OleCF3

Transgender people have higher reported rates of some conditions—including HIV, substance misuse and mental health concerns—but also report suffering more stigma and discrimination in health service settings.[7] Addressing the health needs and concerns of people with non-binary gender identities means addressing some of the most vulnerable and marginalised people in society.

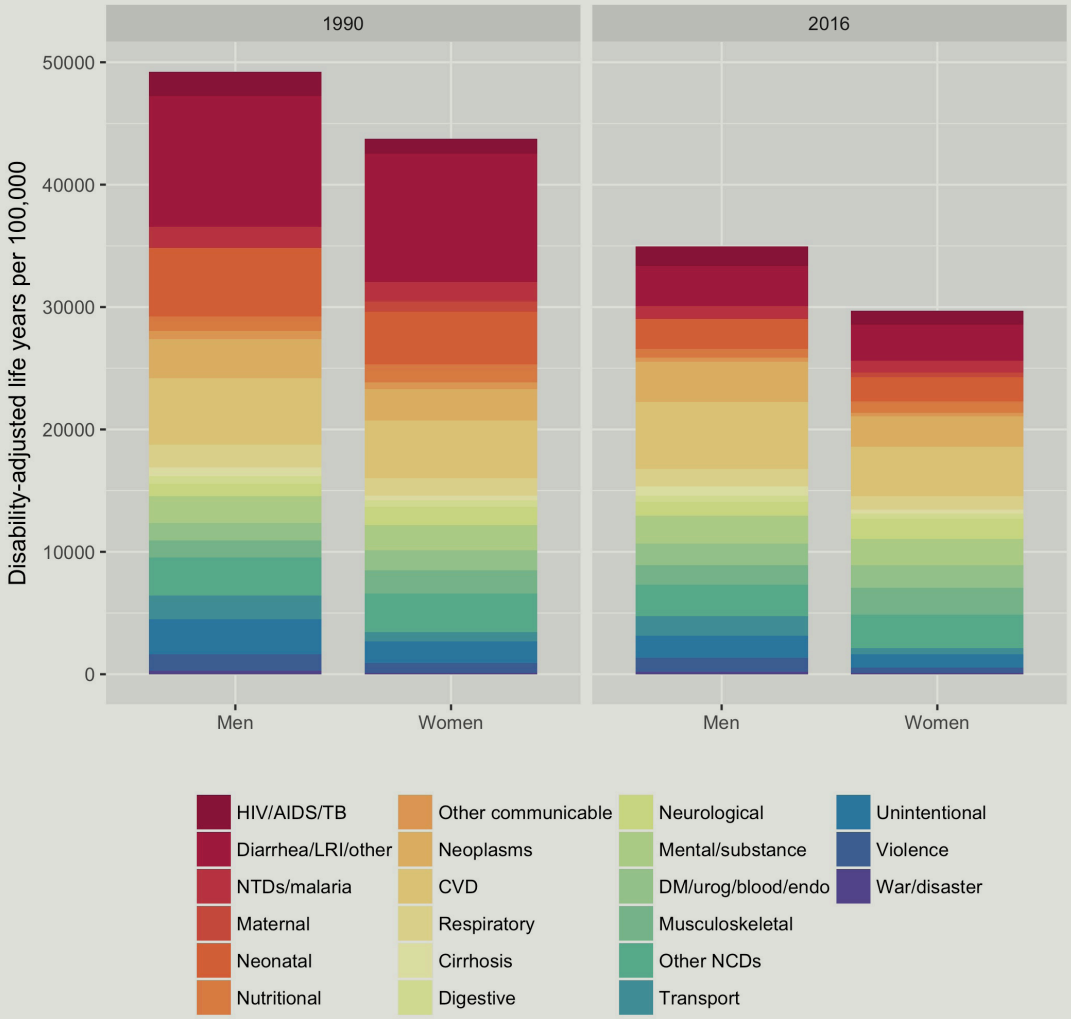
Evidence on the burden of disease

Sex-disaggregated data on major causes of illness and premature mortality give us some indication of which populations are suffering which burdens of disease, and can identify where resources and attention should be placed to reduce the overall levels of ill-health across populations.

Over the past 25 years, men have consistently suffered higher rates of ill-health (measured as Disability Adjusted Life Years, DALYs) than women (Figure 3). Much of this difference can be accounted for by men's exposure to tobacco, alcohol, and poor diets as well as higher rates of violence and traffic-related deaths and injuries.

Figure 3 also shows that over the past 25 years, the relative contribution of the so-called non-communicable diseases (NCDs, particularly heart disease, lung disease, cancers and diabetes) to morbidity and mortality has increased in both women and men. During this time period, the relative contribution of infectious diseases and maternal health conditions to the burden of disease has declined by over 17%. The SDG agenda has recognised this shift in burden of disease and, as shown in Figure 4, the SDGs have targets for a wide range of diseases and conditions, including NCDs.

Figure 3: Global DALY burdens per 100,000 population, sex-disaggregated, 1990 and 2016



TB = tuberculosis; LRI = lower respiratory infections; NTDs= neglected tropical diseases; CVD = cardiovascular disease; DM = diabetes; urog = urogenital; endo = endocrine; NCDs = non-communicable diseases.

Conditions in red/orange = infectious diseases and maternal health conditions; yellow/green = non-communicable diseases; blue/purple = violence and injuries.

Data are taken from the website of the Institute of Health Metrics and Evaluation (IHME) : http://www.healthdata.org/data-visualization/gbd-compare

7. See Lancet Series on Transgender Health, published June 2016: http://www.thelancet.com/series/transgender-health

Yet an analysis of the key areas of focus of global health NGOs demonstrates that global health organisations do not appear to be adequately responding to the changing nature of the global burden of disease among both women and men.

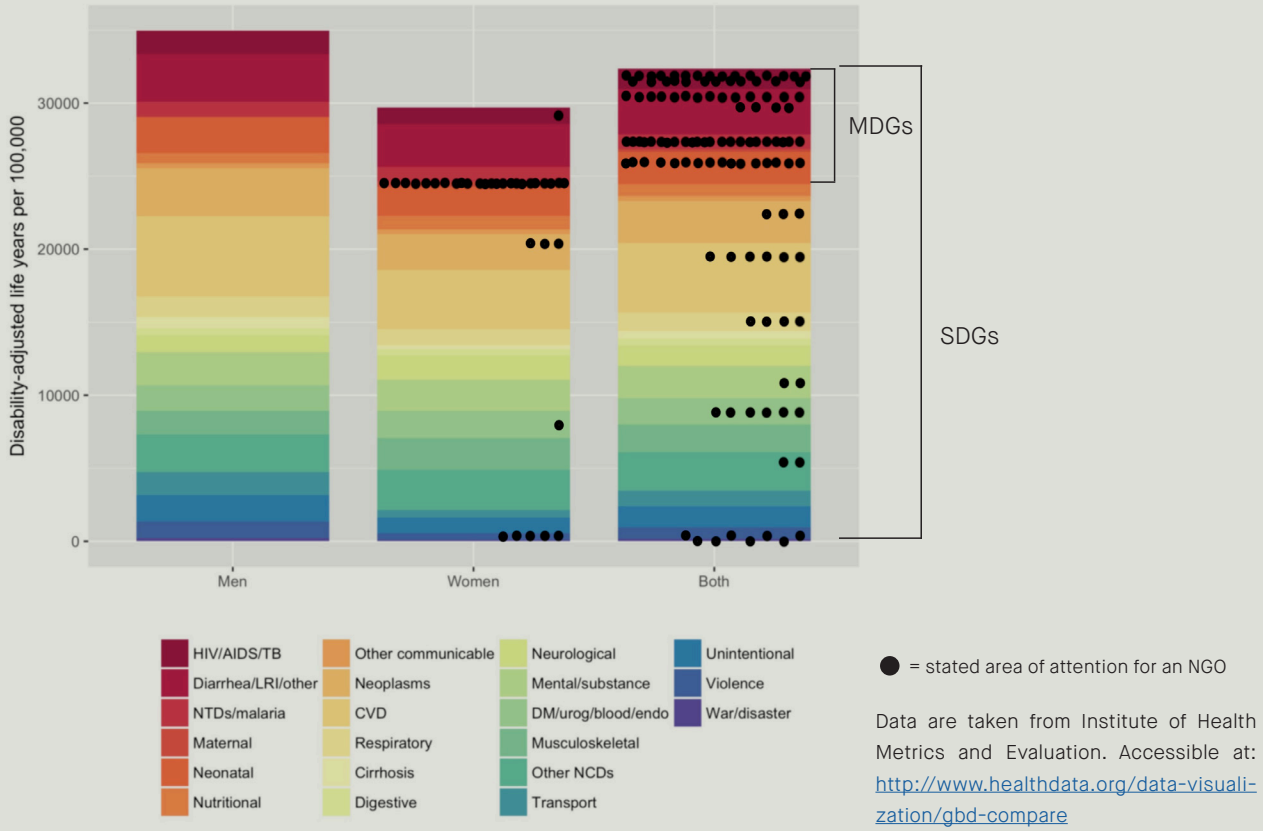
Figure 4 maps the key areas of health focus of the NGOs included in our sample.[8] Each dot represents a stated area of attention for an NGO. We find that the majority of NGOs are focusing their work on health issues that were prioritised during the era of the MDGs, namely: maternal health, child health and infectious diseases (particularly HIV, TB and malaria).

The more comprehensive health agenda of the SDGs, which addresses all key areas of health and illness, remains relatively free of NGO attention in our sample.

Furthermore, in our sample of 40 NGOs, 14 stated that they focus exclusively on the health needs of women and girls. Many of these organisations address women's maternal and reproductive health as well as the health of newborns and young children. Very few NGOs address the changing epidemiology and shifting burden of disease in women, e.g. by addressing NCDs including heart disease, cancer or diabetes (i.e., the SDG agenda).

Finally, no organisation in our NGO sample focuses exclusively on the health of men and boys, despite long-standing evidence of higher disease burden and lower life expectancy among men. This analysis of the focus of NGOs speaks to the need for organisations to truly adopt a gendered approach to programmes and strategies in realising the right to health for everyone.

Figure 4: NGOs' stated area of health focus, by disease burden and gender, 2016



Data are taken from Institute of Health Metrics and Evaluation. Accessible at: http://www.healthdata.org/data-visualization/gbd-compare

8. We selected one category of organisation (the non-governmental sector) for in-depth analysis as they represented a relatively large proportion of our total (40/140), but not so many as to make the dataset unfeasibly large for a single figure. We have included data for 37 NGOs as three focus on health in general and not specific conditions. For each of the 37 NGOs we have plotted their stated areas of health focus, ranging from a single issue to ten or more conditions/diseases/health topics per NGO. As far as possible we have matched these areas to the conditions included in the IHME datasets-this is not a perfect match, but gives a general indication of the health conditions of interest to NGOs.

Gender-equitable workplaces

Within global health organisations, gender inequalities continue to define and drive career pathways and opportunities. Stark disparities at the leadership and senior levels in these organisations are particularly striking given that women account for up to 75% of the health workforce in many countries.[9] Women's under-representation in management and leadership positions often results from a lack of programmes and interventions to support women's career pathways, particularly at key transition points (e.g. at motherhood or times of other caring roles). This is often compounded by the lack of progressive social policies in society at large such as paid parental leave, access to affordable child care and free education, and lack of male contribution to unpaid domestic and care work.

More women in power improves the working environment for all staff. Research has continually shown that companies with more women in management have fewer instances of sexual harassment.[10] Reducing power differentials can help reduce sexual harassment, not only because women may be less likely than men to harass but also because their presence in management can change workplace policy and culture.

Gender parity boosts organisational performance

The economic and business case for increasing gender diversity has never been stronger.[11] Increasing gender diversity across management and leadership leads to increased productivity, innovation and financial performance.[12] Organisations with a more equal representation of women at the senior management level considerably outperform their counterparts with a lower representation of women in senior positions. Research has also shown that gender-balanced teams have greater potential for creativity and innovation and contribute to better decision outcomes.[13]

9. WHO. Gender and health workforce statistics, 2008. http://www.who.int/hrh/statistics/spotlight_2.pdf
10. Dobbin D, Kalev A. Training programmes and reporting systems won't end sexual harassment. Promoting more women will. Harvard Business Review, November 2017. Accessible at: https://hbr.org/2017/11/training-programs-and-reporting-systems-wont-end-sexual-harassment-promoting-more-women-will
11. World Economic Forum report. The global gender gap report, 2017. Accessible at: http://www3.weforum.org/docs/WEF_GGGR_2017.pdf
12. Development Dimensions International, Inc. Ready-now leaders: *Cultivating women in leadership to meet tomorrow's business chalenges, Global Leadership Forecast* 2014/15. Accessible at: https://www.ddiworld.com/DDI/media/trend-research/global-leadership-forecast-2014-gender-subreport_tr_ddi.pdf?ext=.pdf
13. Díaz-García C, González-Moreno A, Sáez-Martínez FJ. *Gender diversity within R&D teams: Its impact on radicalness of innovation. Innovation: Management, Policy & Practice*, 2013; 15 (2): 149 DOI: 10.5172/impp.2013.15.2.149.

The Findings in Depth

Examining the gender policies of 140 organisations involved in global health

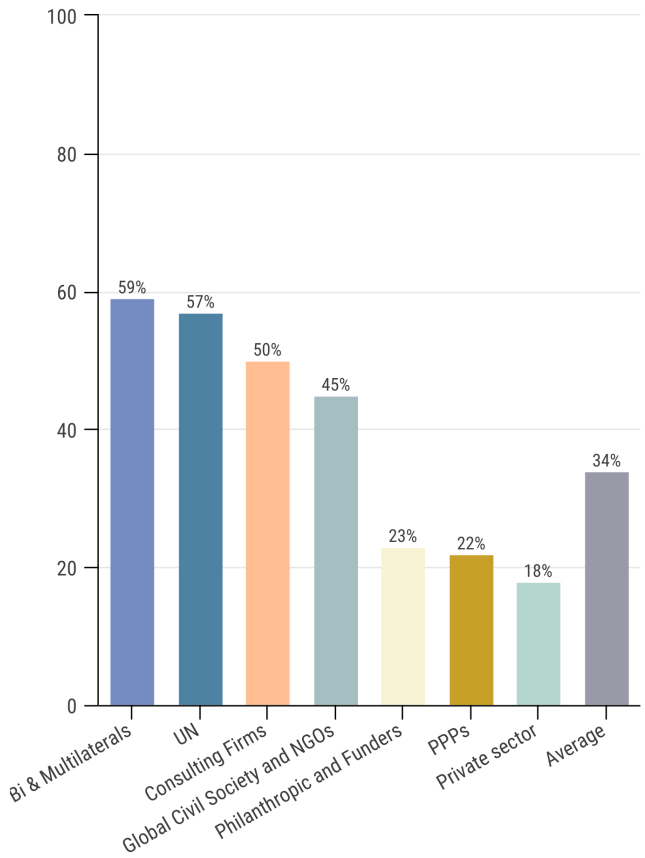
1

Just over half of global health organisations have explicitly committed to gender equality.

Gender equality, as a right in itself and a condition for health and development, has been an explicit global health commitment since 1994[14], and the different health outcomes of men and women have been recognised for decades.[15] Agenda 2030 for Sustainable Development recognises the achievement of gender equality as a prerequisite for sustainable development, including in the context of health.

Gender equality is inextricable from global health, yet just one out of three global health organisations state a commitment to gender equality to benefit the health of all people. The same proportion—one out of three—make no stated commitment to gender equality.

Organisations committed to gender equality to benefit all people



Detailed findings:

→ 76/140 organisations (55%) commit to gender equality, including 21% (29/140) of organisations that commit to gender equality to benefit women and girls, and 34% (47/140) organisations that commit to gender equality to benefit all people.

→ 17/140 organisations (12%) are committed to working with women and girls, but make no statement about gender equality.

→ The rest of the organisations (34% or 47/140) are silent on gender and/or women and girls despite, in some cases, making general commitments to the SDGs.

→ Findings vary considerably by sector. While more than half (10/18) of bilateral and UN system organisations commit to gender equality to benefit all people, fewer than one in five (15/68) private sector and public-private partnerships (PPPs) made similar commitments.

14. Program of Action of the UN International Conference on Population and Development, 1994. Accessible at: http://www.un.org/popin/icpd/conference/offeng/poa.html
15. See, for example, the World Bank World Development Report, 1993, Investing in Health. Accessible at: https://openknowledge.worldbank.org/bitstream/handle/10986/5976/9780195208900_fm.pdf

2

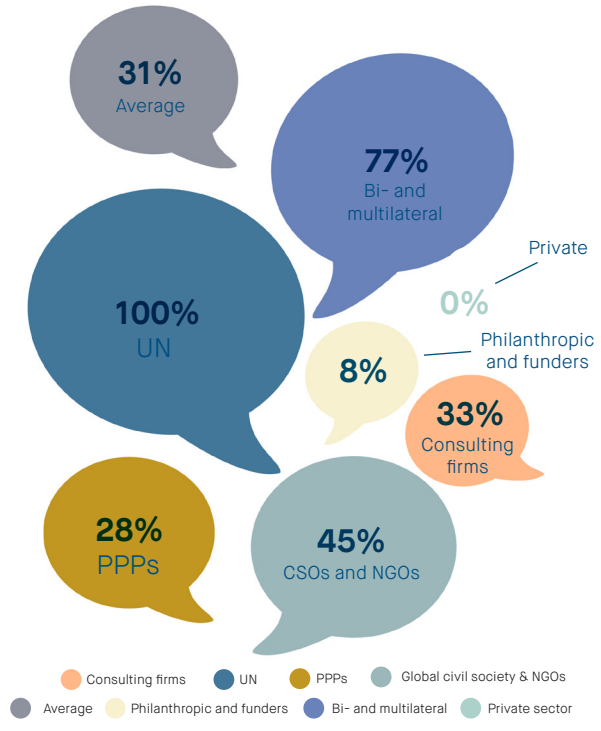
For most global health organisations, the meaning of gender remains ill-defined or undefined.

WHO defines gender as the 'socially constructed characteristics of women and men—such as norms, roles and relationships of and between groups of women and men'.[16] As WHO explains, when individuals or groups do not 'fit' established gender norms they often face stigma, discriminatory practices or social exclusion—all of which adversely affect health.

Defining gender in a way that is consistent with global standards is a critical early step towards bringing a gender lens to work on global health. In utilising a gender approach the focus is not on individual women and men but on the social, cultural and political systems that determine gender roles and responsibilities, access to and control over resources, and decision-making power.

Without a clear definition of gender to guide their work, global health organisations lack an internal, corporate understanding of gender and its impact on health. Sustained evidence-informed gender programming and financing is highly unlikely if an organisation lacks a stated commitment to gender and a shared, comprehensive understanding of gender as a determinant of ill-health.

Organisations that define gender in a way that is consistent with global norms, by sector



Detailed findings:

→ 43/140 organisations (31%) define gender in a way that is consistent with global norms (e.g. that of WHO).

→ 90/140 organisations (64%) provide no definition of gender in their public statements, strategies or policies.

→ No private sector organisations provide a definition of gender consistent with global norms.

→ 1/12 funders (National Institutes of Health, NIH) provide a definition of gender consistent with global norms.

→ Only 14 organisations (10%) recognise gender diversity and mention the specific needs of people with non-binary gender identities (including transgender people).

16. WHO. Gender fact sheet. Accessible at: http://www.who.int/gender-equity-rights/understanding/gender-definition/en/

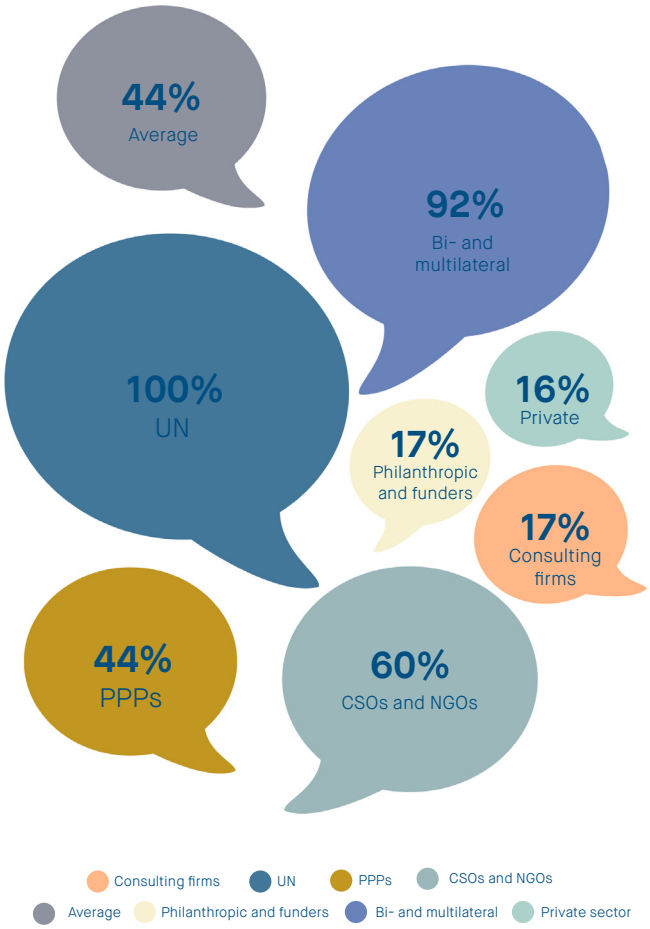
3

A majority of organisations lack strategies to guide gender-responsive programming.

Promoting gender equality in health is not just about making lofty commitments. It requires planning, investment and programming to promote changes in the power dynamics that influence people's lives and relationships, health and wellbeing. This entails changing laws and policies and investing in gender-responsive programmes across sectors that address the full spectrum of gender inequalities that act as barriers to the enjoyment of health.

Gender-responsive action relies on bringing gender-related evidence and perspectives as well as expertise in organisational approaches to programming, monitoring and accountability. Organisational programmatic strategies can help to ensure that gender-related health policy and practice is rights-based, inclusive, and evidence-informed—including the evidence of the gendered nature of health determinants and associated risks of disability, morbidity, and death, as well as evidence of effectiveness, acceptability and feasibility of interventions.

Organisations with gender-responsive programmatic strategies, by sector



Detailed findings:

→ Only 40% of organisations mention gender in their programme and strategy documents - examples of this include: SafariCom understands that gender relations govern mobile phone ownership and promotes gender impact assessments or consideration of gender-related impacts in its work; BRAC has worked for many years to integrate gender justice into its programmes.

→ 55/140 organisations focus on the health of women and girls (but not men and boys)—most (40/55) without clear recognition of gender as a social construct and related action to overcoming gender barriers. For many of these organisations, their work prioritises women's reproductive and maternal health.

→ Six organisations mention addressing the specific needs of transgender people (ABinBev, AmfAR, The Global Fund to Fight AIDS, TB and Malaria; Jhpiego; Open Society Foundation; StopTB).

Without a programmatic strategy to guide an organisation's gender-responsive action and ensure a gender lens when considering priorities, allocating funds and designing services, dedicated financial and programmatic actions will remain piecemeal at best, and nonexistent at worst.

It is important to again emphasise that the concept of gender is not interchangeable with women. Gender refers to the norms that govern the behaviour of women, men, and transgender people and the relationships between them. A focus on the health of women forms part of and is complementary to, but not synonymous with, the promotion of gender equality in health. Understanding and addressing gender in an excessively narrow manner fails to address how gender influences health—even if some organisations seek to meet only the needs of specific population groups.

Our analysis reveals that many global health organisations still operate with a narrow view of gender and its relationship to health. Restricted understandings of gender may be driving our finding that policies and programmes in many global health organisations focus mainly on gender as it relates to the health of women, and particularly their reproductive health and their roles as mothers. The changing patterns of death and disability (see Figures 3 and 4) that are responsible for health outcomes for all people have not yet been reflected in the agendas of many global health organisations.

In short, many global health organisations have not yet moved from an MDG-era focus on maternal and child health along with a limited number of infectious diseases, to the comprehensive health agenda of the SDGs that addresses the wide spectrum of health needs of everyone.

4

Organisations generally fail to present sex-disaggregated programmatic data.

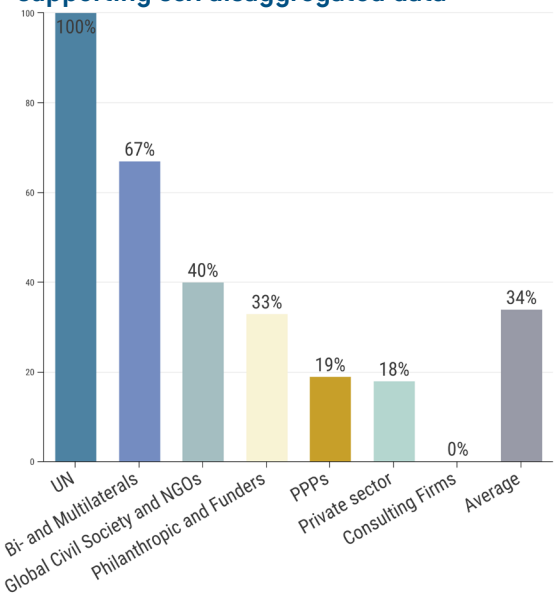
Agenda 2030 underscores the importance of 'quality, accessible, timely and reliable disaggregated data… to help with the measurement of progress and to ensure no one is left behind'. The UN Secretary-General's Independent Expert Advisory Group on a Data Revolution for Sustainable Development, the Addis Ababa Action Agenda and Agenda 2030 affirm the critical role of data in: informing development policies and implementation; leaving no one behind; risk-informed action; accountability, participation and empowerment; and monitoring progress.[17]

Gender data, often described as data disaggregated by sex and analysed to understand the differential outcomes for women, men, girls, and boys, is pivotal to uncovering key gender gaps— inequities—in health and development.

Gender-based analysis of data goes beyond sex-disaggregation and considers how gender roles and norms influence women's and men's health throughout their lives. Gender-based analysis is critical in health decision-making because: women and men have different rates of exposure to health risks; men and women may have different access to resources for health promotion and patterns of care-seeking; gender biases by health-care providers may influence the quality and effectiveness of care that people receive. Gender-based analysis ensures investments are reaching those with highest need and monitors impact—including impact on reducing gender-based gaps in coverage and outcomes.

Holding organisations to account for gender and health outcomes requires, at a minimum, having up-to-date sex-disaggregated data on coverage and outcomes.

Organisations providing or supporting sex disaggregated data



Detailed findings:

→ Just over one third of organisations (48/137) report sex-disaggregated data on programmatic delivery (i.e. report as men/women and boys/girls), or require disaggregation in the programmes they support or provide a gender analysis of their work.

→ 89/137 organisations (65%) fail to collect or publish sex-disaggregated data on coverage, outcomes or impact of the programmes they implement or fund. This includes around 1 in 10 organisations that appear to support sex-disaggregated data analysis, but do not present this data on their websites/reports.

17. United Nations Development Programme, Data for implementation and monitoring of the 2030 agenda for sustainable development, September 2017. Accessible at: http://www.undp.org/content/undp/en/home/librarypage/poverty-reduction/guidance-note--data-for-implementation-and-monitoring-of-the-203.html

5

Organisations aren't doing nearly enough to support gender equality in the workplace.

Women face entrenched barriers and discrimination and fall behind at every step along the professional pathway. Across sectors, we see a growing appreciation of the value of gender diversity in the workplace. Commitments to non-discrimination and equal opportunity are included in the laws of most countries where global health organisations are based, and the bylaws of many organisations. Yet progress towards gender equality, including in global health organisations, is too slow.

Detailed findings:

→ 77/140 organisations (55%) of the organisations (54%) make commitments to workplace gender equality, but only 60 (43%) of these organisations have specific targets or measures in place to support women's career pathways.

→ 21/140 organisations (15%) do not have gender equality policies but rather rely on statutory requirements in the host country.

→ 42/140 (30%) make no reference to workplace gender equality.

→ Just 3 organisations recognise the specific health and workplace needs of transgender people (IAS, NIH and USAID).

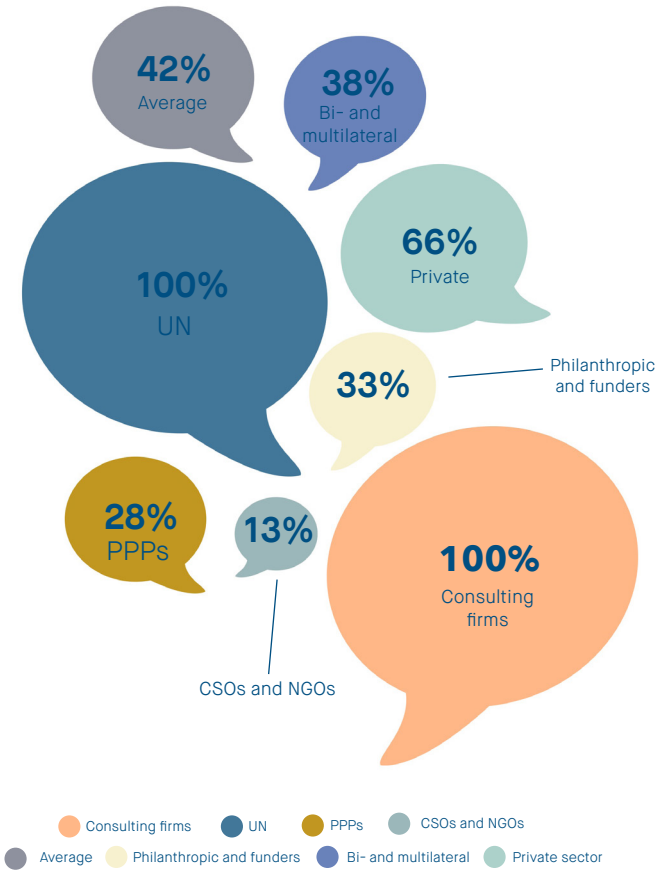
→ Only 1 in 7 organisations (19 total) report gender pay gap data and most of these are private sector organisations based in the UK where reporting is a statutory requirement for public and private organisations (as of April 2018). The scarcity of organisations that report on gender pay gaps suggests that in the absence of statutory requirements, organisations will not collect and report on this critical measure of gender equality.

→ The UN and the private sector far outperform other sectors in striving to make the workplace work for women:

- 100% of UN agencies and consulting firms and 63% of private sector entities have gender equality strategies in place, compared to bilaterals (38%), PPPs (28%), funders (17%) and NGOs (13%).

→ Specific measures to promote and monitor gender equality don't necessarily lead to, or even envision, gender parity: one organisation reviewed, for example, set a target of 'women accounting for at least 10% of all positions equivalent to manager or higher' (which had yet to be reached).

Organisations with gender equality workplace policies, by sector



Research shows that people have blind spots when it comes to diversity.[18] Many employers think women are well represented in leadership when they see only a few. Further, men may worry that gender diversity efforts disadvantage them. As a result, some people are less committed to the issue, but organisations can't achieve equality without them.

An equitable workplace allows the best talent to rise to the top, regardless of gender, race and ethnicity, disability status, or any other aspects of inequality. Gender equality leads to stronger creativity, innovation and results.

Support for gender equality in the workplace means fostering a supportive organisational culture for all staff and requires corporate commitment, specific measures particularly at times of career transition points, and accountability. Yet the number of organisations reviewed that have taken the first concrete step of identifying gender equality targets and putting specific measures in place to achieve a gender-balanced workplace is surprisingly low.

"Gender parity at the United Nations is an urgent need and a personal priority. It's a moral duty and an operational necessity. The meaningful inclusion of women in decision-making increases effectiveness and productivity, brings new perspectives and solutions to the table, unlocks greater resources, and strengthens efforts across all the three pillars of our work."

UN Secretary-General
António Guterres

The private sector has amassed a wealth of valuable experience in pursuing more gender-equitable workplaces. AbbVie, for example, which is regularly recognised as a leading workplace for mothers and LGBTQ (lesbian, gay, bisexual, transgender, queer) equality, hosts the Women Leaders in Action network with 1,400 members. The network runs mentoring circles, development workshops and an executive-leadership series. Pfizer is piloting a male engagement programme to promote gender equality in the workplace. Initial results have demonstrated that by challenging problematic social and behavioural norms around what it means to be a man, improvements can be generated in male-worker wellbeing, testing/health service utilisation, better health awareness as well as benefits to their families and even their community at large. Nestlé is committed to becoming a gender-balanced organisation at all levels, and has implemented leadership trainings, unconscious bias workshops, a Maternity Protection Policy and a human resources analytics project to monitor gender diversity in the company.

While other sectors are further behind, progress is being advanced in the UN as well. Notably, Secretary-General Antonio Guterres made strong commitments to advancing gender equality in the workplace, which has been translated into the launch of a first-ever UN System Wide Strategy on Gender Parity.[19] All UN organisations examined in this report have a policy/ies that address gender, including, in some cases such as UNAIDS and WHO, concrete and time-bound gender parity targets.

Furthermore, organisations can't truly pursue a gender diverse workforce and unlock the full potential of their workplaces without empirical evidence. Monitoring data over time and transparently sharing it with employees is critical to creating shared accountability, and understanding trends to recruit, develop and retain a gender-diverse workforce.

18. LeanIn and McKinsey & Company. Women in the workplace 2017. https://womenintheworkplace.com/?utm_source=Lean+In+Community&utm_campaign=a0434cc294-EMAIL_CAMPAIGN_2017_10_04&utm_medium=email&utm_term=0_75753fa920-a0434cc294-60492373

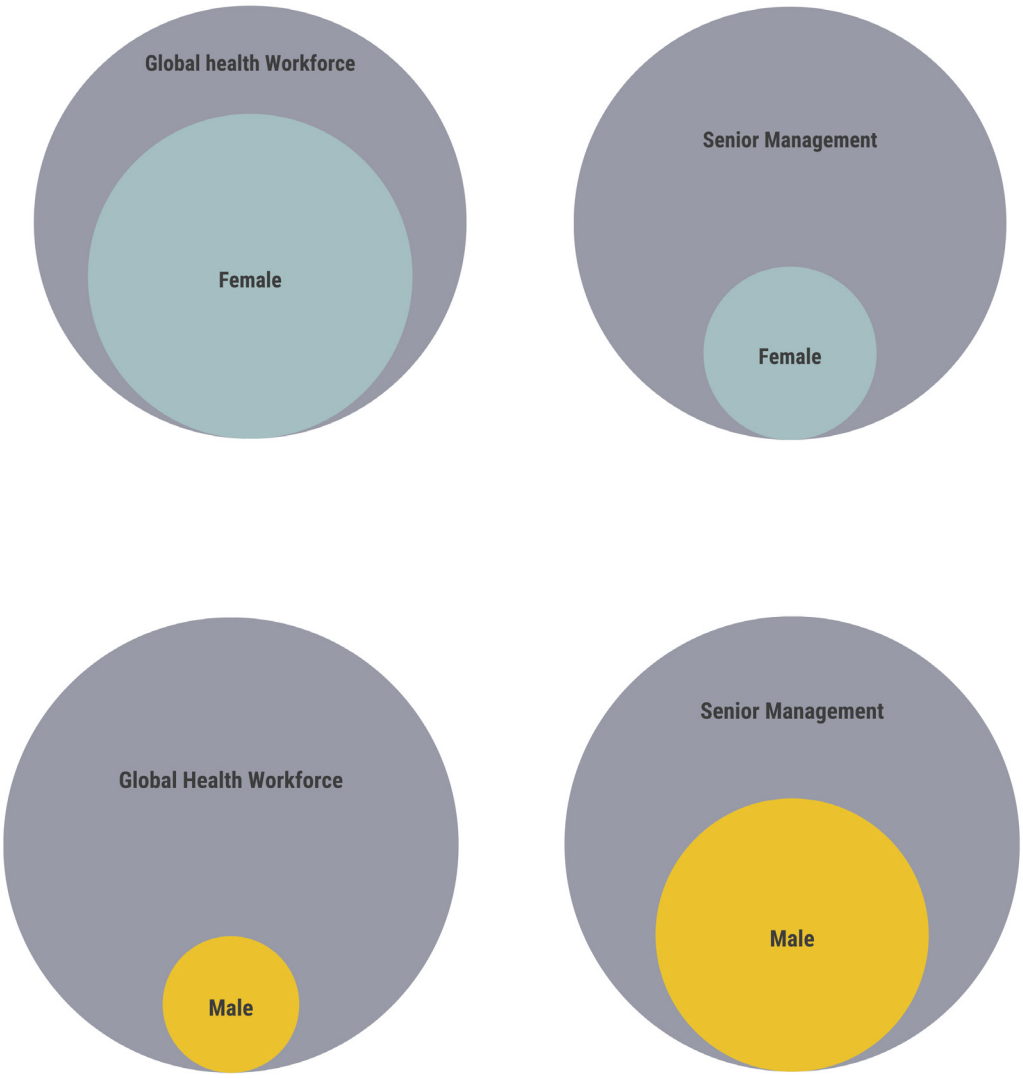
19. UN System Wide Strategy on Gender Parity. Accessible at https://www.un.org/gender/

6 7

Decision-making power remains in the hands of men.

Women constitute the vast majority of people working in global health, making up to 75% of the health workforce in many countries (Figure 5).[20] In US and many UK universities, nearly 80% of health science master's students are women.[21] Yet women are strikingly underrepresented at the leadership level - in institutional decision-making positions, global policy and governance forums, and scientific proceedings. Inequity is particularly visible at the highest levels.

Figure 5. Gender composition of the global health workforce vs gender composition of senior management in 140 organisations



20. WHO. Gender and health workforce statistics, 2008. http://www.who.int/hrh/statistics/spotlight_2.pdf

21. http://cgsnet.org/ckfinder/userfiles/files/CGS_GED16_Report_Final.pdf

Detailed findings:

Staff/secretariats

→ 43/140 organisations (31%) are headed by women; 69% are headed by men.

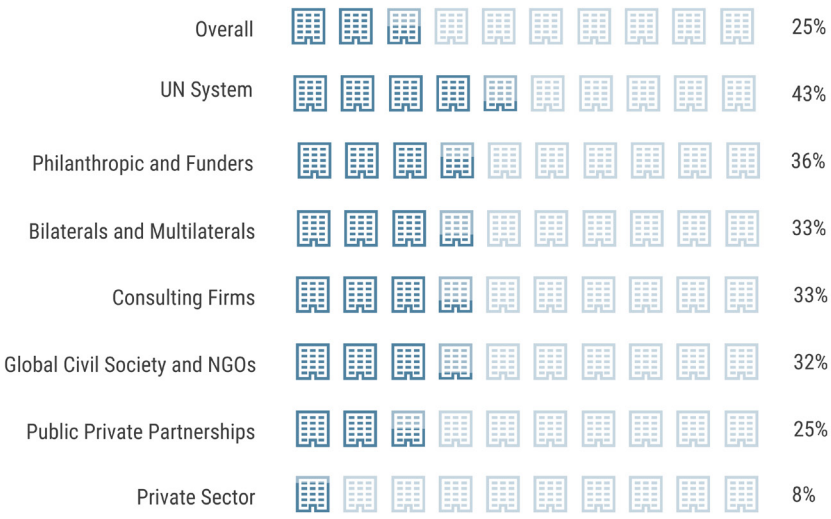
→ 32/127* organisations (25%) have achieved gender parity at the level of senior management.

→ The senior management of 44% of the organisations is composed of less than one third women.

→ Women make up less than one third of the senior management in 77% of private sector organisations (29/38) despite the sector's strong performance in having gender equality workplace policies in place.

→ Among NGOs, 12/38 (32%) have parity among senior management, while 17/38 (45%) have more women than men in senior roles.

Proportion of Organisations with Gender Parity at Senior Management



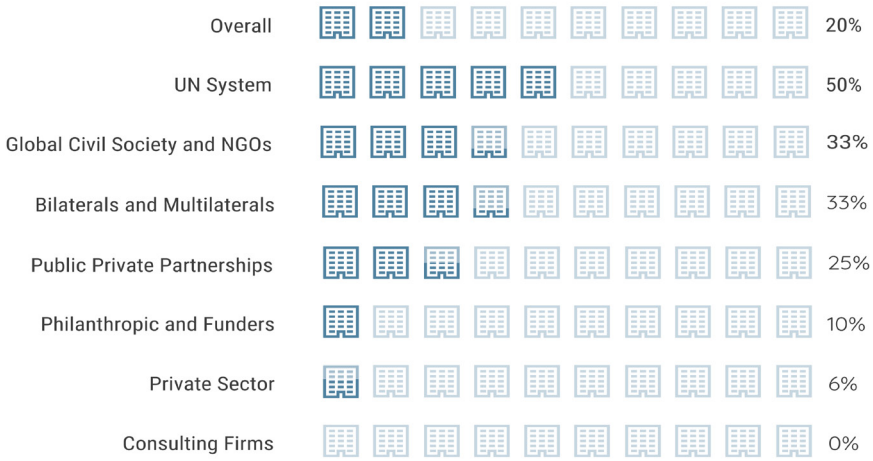
Governing bodies

→ One out of five board chairs are women (25/123**; 20%); 80% of board chairs are men.

→ 23/117* organisations (20%) are governed by bodies with gender parity; the NGO sector performs relatively well with 33% (13/39) achieving gender parity on their boards.

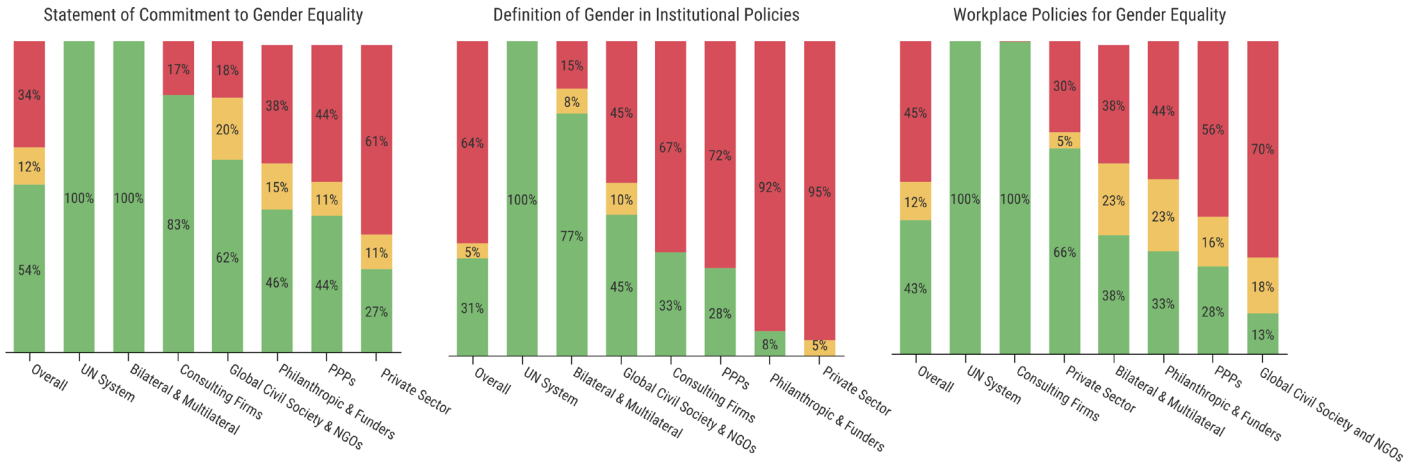
→ There are 8/117 boards (7%) with more women than men, of which 7 are in the NGO sector.

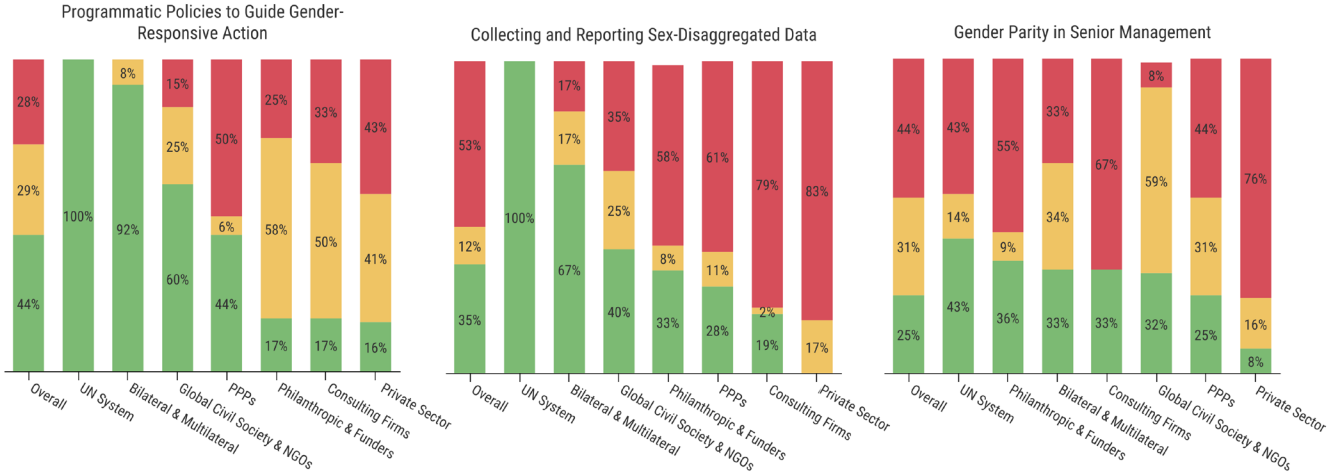
Proportion of Organisations with Gender Parity in Governance

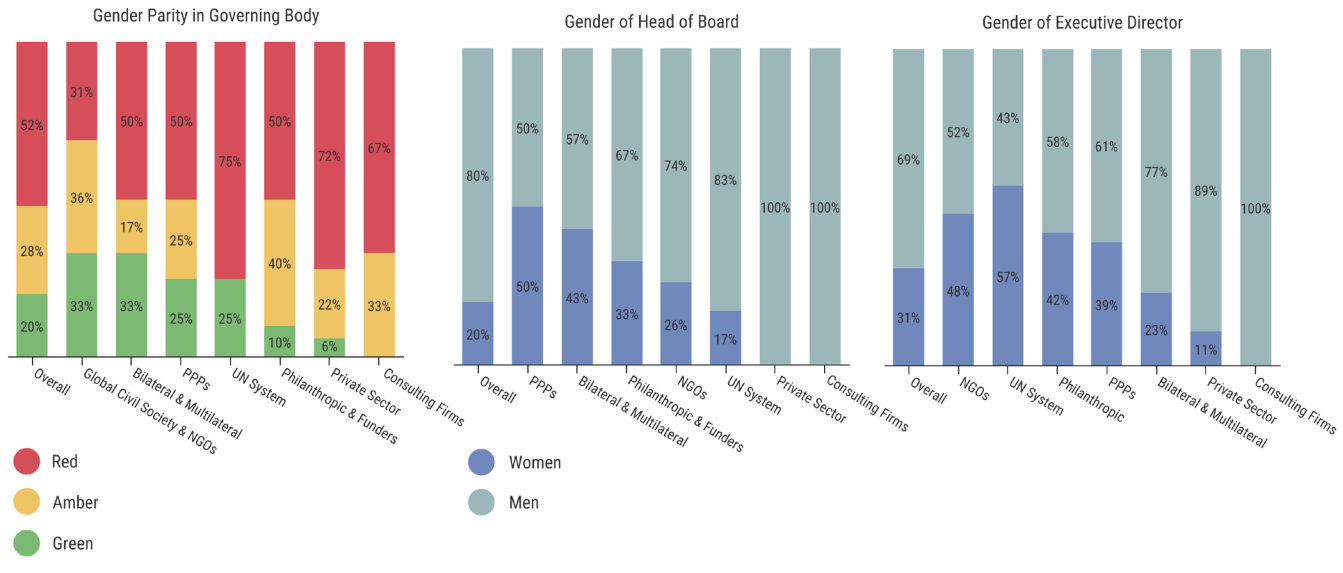


* The denominator is less than 140 as we were not able to find gender-specific information for a number of organisations' senior management teams, boards or board chairs.
** For UN organisations, board membership is derived from lists of representatives of Member States and other members who attended the most recent board meeting. The decision on appointing board members rests with individual members and not with the UN organisations themselves.

Summary of key findings: Performance by sector across all seven domains







Fast-fowarding the pace of change

How can we make global health more gender-responsive?

We can build on opportunities to accelerate progress

As evidenced by our review, several global health organisations are exercising leadership on gender—both through internal workplace policies and rigorous, evidence-informed programmatic strategies. These practices need to be urgently embraced across the sector. Global health and its leading players can provide a model across sustainable development efforts in prioritising gender both in organisational practice and in the results they deliver.

We can build a strong community of practice and policy on gender in global health

It was not our intention in this report to show up poor practice or to critique global health organisations for the sake of doing so. Our purpose in undertaking this exercise was to highlight how gender equality is an important, but often overlooked, determinant of everyone's health and wellbeing, as well as a key driver of career pathways, governance and decision-making power within organisations themselves. Empirical evidence can drive action and change and elicit opposition.

To ensure that global health organisations address gender equality both for their own workforce and for the programmes they deliver, we will need to build a strong policy community of people working within and governing global health organisations. Programme and management experts, civil society and private sector leaders, members of the various boards and committees that steer global health policy, and representatives of academia and the media must form the core of this community.

We can ensure even greater transparency on gender equality in global health

This inaugural report focuses on a set of gender-related variables across seven domains and covers 140 organisations. It is likely that mistakes will have been made—for which we apologise—and hope that, in collaboration with the organisations named here, and others, we will do better next time. The global health landscape is an ever-changing one and it is easy to imagine how we could expand and improve on this report:

1 Expanding the number and categories of organisations in the review, both in terms of our existing organisational categories (e.g, more 'southern' or 'regional' NGOs) or in terms of additional categories (e.g. academic schools of global health, global health journals, etc);

2 Undertaking similar analyses at country level-which could include reviewing how national health policies address the gendered aspects of health;

3 Including additional variables to provide a more comprehensive understanding of gender, for example:

- Data on the existence and enforcement of workplace policies on sexual harassment;
- In-depth analysis on how global health organisations respond to key issues across the SDG agenda, including, for example: (i) A human rights-based framework underlying their activities; (ii) Engagement across sectors to act on the determinants of health outcomes, and; (iii) Addressing the many burdensome but neglected SDG areas that impact on health (Figure 3).

Finally, it is important to emphasise that this report has reviewed policies. A better understanding, not just of documents and websites, but also their application in practice, is needed. Measuring the extent to which global health organisations have moved from talking the talk to walking the walk on gender equality will be an important next step in ensuring accountability and transparency across the sector.

“As a young African feminist, I believe the data generated from this report will serve as intensified advocacy towards realising SDG Goals 3 and 5–I’m incredibly excited to be part of this initiative.”

Levi Singh, GH5050 Advisor & Secretary-General, African Youth & Adolescent Network on Population & Development

Annex 1. Global Health 50/50 Advisory Council

Frances Baum, Chair, People's Health Movement Advisory Council

Jan Beagle, Under-Secretary General for Management, United Nations

James Chau, Special Contributor, CCTV International & WHO Goodwill Ambassador for Sustainable Development Goals and Health

Helen Clark, former Prime Minister of New Zealand & Administrator, UNDP

Jocalyn Clark, Executive Editor, The Lancet

Gary Darmstadt, Professor and Associate Dean for Maternal and Child Health, Stanford University

Roopa Dhatt, Executive Director and Co-Founder, Women in Global Health

Cecilia García, Deputy Director of Public Policy, Human Rights Commission of Mexico City

Bience Gawanas, United Nations Secretary-General's Special Adviser on Africa

Hind Khatib-Othman, Managing Director, GAVI Alliance

Ilona Kickbusch, Director, Global Health Centre, Graduate Institute, Geneva

Geeta Misra, Executive Director, CREA

Ulrika Modeer, State Secretary for Development Cooperation, Sweden

Sania Nishtar, Founder and President of Heartfile, Pakistan

Mariângela Batista Galvão Simão, Assistant Director-General for Drug Access, Vaccines and Pharmaceuticals, World Health Organization

Levi Singh, Secretary-General, African Youth & Adolescent Network on Population & Development

Sheila Tlou, former Minister of Health of Botswana & UNAIDS Regional Director

Ravi Verma, Asia Regional Director, International Center for Research on Women

Annex 2. Research methods

Criteria for inclusion in the sample

We drew on the published website data of global health organisations actively involved in global health issues, and those organisations that had stated an interest in global health even if this was not the core function of the organisation. For an organisation to be included in our sample, the following criteria needed to be met:

- To be considered global health actors, organisations must have a presence (i.e. have operations underway) in at least three countries.

- Criteria by organisational type:

  i. Bilateral donor agencies sample includes the 10 largest contributors of development assistance for health for the period 2005 - 2015[22]
  ii. UN agencies working on health
  iii. Civil society sample includes advocacy and service delivery organisations from the global south and north
  iv. Global PPPs are those which have both the for-profit and public sectors represented on their governing bodies
  v. Philanthropic/funders with a focus on global health
  vi. Private sector sample included:
      - Corporate participants in the Business & Health Action Group of the GBCHealth that provided a platform for the engagement of business in setting the health-related targets of the Sustainable Development Goals[23]
      - Private sector companies that contributed to the consultations on the Uruguay Road Map on noncommunicable diseases[24]
  vii. Consulting firms with an interest in the health sector

Identifying organisations

Global health organisations (GHOs) were identified initially from a mapping exercise undertaken by Chatham House in 2015, which defined GHOs as follows:

'transnational actors that have a primary intent to improve health and the polylateral arrangements for governance, finance and delivery within which these actors operate.'[25]

Chatham House produced a network map and we selected the approximately top 40 organisations based on organisational size and resources available. However, the sample was very US-biased (a limitation recognised in the original report) and we therefore supplemented this list through additions as follows:

- Expert informants who identified global health organisations based in and working in the global south (n=12).
- Bilaterals, UN agencies, public-private partnerships, funders and private sector entities as noted above.

22. OECD (2017), Development Co-operation Report 2017: Data for Development, OECD Publishing, Paris. http://dx.doi.org/10.1787/dcr-2017-en

23. Website of GBCHealth: http://www.gbchealth.org/focal-point-roles/post-2015-working-group/

24. http://www.who.int/ncds/governance/outcome-document-global-conference/en/

25. Hoffman SJ, Cole CB, Pearcey M. Mapping Global Health Architecture to Inform the Future. Chatham House, 2015. Accessible at: https://www.chathamhouse.org/sites/files/chathamhouse/field/field_document/20150120GlobalHealthArchitectureHoffmanColePearceyUpdate.pdf

Data collection and verification

- Data were collected during the time period October 2017 - February 2018
- Information was gathered from publicly available sources and verified through direct communication with organisations.
- Where an organisation was a federated body, we reviewed the data from the global headquarters (where available) rather than from individual country offices.
- Each organisation (except one) was contacted twice – once (October/November 2017) to let them know we were compiling the data and to request any additional information to fill missing gaps; the second time to send the compiled data for verification (December 2017/January 2018). The overall response rate from organisations was 35% (see footnote 2).
- Each variable was checked by researchers working independently, and then verified through the checking of a third researcher. Where any discrepancies were found we jointly discussed the variable, rechecked the website (or written responses, as appropriate), and reached a joint consensus on the value.
- We used data that referred to the core activities of the organisation itself. Where gender/equality/women were referred to in, for example, blog posts or newsletters, but were not included as part of the core strategy or approach of an organisation, it was coded as absent.

Codes for each variable were compiled as follows:

1. Organisational commitment to gender equality	
G (green)	Commitment to gender equality; gender referring to men and women or gender mainstreaming in policy and planning
HG (half green)	Organisation makes commitment to gender equality, but equates gender equality to women's health/empowerment
A (amber)	Organisation works on women's health and wellbeing, but makes no formal commitment to gender equality
R (red)	No mention of gender; general commitment to diversity and inclusion
R1 (red 1)	General commitment to SDGs
2. Definition of gender provided	
G (green)	Definition consistent with WHO definition
G1 (green 1)	Definition consistent with WHO definition, and includes reference to transgender
G2 (green 2)	Definition consistent with WHO definition, and is in relation to health
A (amber)	Organisation defines gender with a primary focus on women and girls; defines gender-related terms but does not define 'gender'
R (red)	No definition provided

3. Workplace policy on gender equality	
G (green)	Organisation has a gender or diversity affirmative policy in place with specific measures to improve gender equality and/or support women's careers
HG (half green)	Plan/policy promotes diversity and inclusion, but not explicitly equality, and has specific strategies in place for diversity and inclusion
A (amber)	Stated commitment to gender equality and/or diversity in the workplace (above the legal requirement) but no specific measures to carry out commitments
R (red)	Policy is compliant with law but makes no additional commitment to advancing gender equality in the workplace
N/A	Organisation makes no reference to workplace gender equality
G/A/R/ 1	Policy contains specific mention of no discrimination based on gender identity/other mention of inclusion of transgender

4. Programmatic strategy on gender equality	
G (green)	Programmatic strategies have a gender focus and are inclusive of women and men, girls and boys
HG (half green)	Programmatic strategies have a gender focus but are predominantly focused on women and girls
A (amber)	Programmatic strategies are predominantly focused on women and girls, with no mention of gender
R (red)	No mention of gender in strategies
G/A/R/ 2	Strategy mentions transgender health

5. Sex-disaggregation of monitoring and evaluation data	
G (green)	Full sex-disaggregation of programmatic delivery data (i.e. reported as men/women and boys/girls); or require sex-disaggregation in the programmes they support; or provide a gender analysis of their work
G1 (green 1)	Partial reporting of sex-disaggregated data
G2 (green 2)	Gender disaggregation of programmatic delivery data, including for transgender
A (amber)	Disaggregation limited to what percentage of beneficiaries are women and girls
A1 (amber 1)	Organisation states a commitment to disaggregated data but not reported
R (red)	Organisation makes no mention of sex-disaggregated data and does not report

6. Parity (in senior management and governing body)	
G (green)	45-55% women represented; or difference of one
A (amber)	35-44% women represented
A1 (amber 1)	56-100% women represented
R (red)	0-34% women represented

7. Gender of organisational leadership (executive head and governing body/board chair)	
W	Woman
M	Man

Caveats to the data

- While we have compiled data that we believe to be correct at the time of going to print, it is possible that there are mistakes, omissions or errors of interpretation, for which we apologise in advance.
- Some of the variables lend themselves to quantitative analysis (e.g. parity in leadership). Others require more subjective interpretation. We have tried, as far as possible, to address researcher bias by conducting reviews of each organisation with three researchers working independently and reaching consensus where discrepancies were noted.
- The organisations included in the review are a small subsample of all organisations working in the field of global health, and we acknowledge that there are whole sectors that we have not included (e.g. academic institutions, think tanks, Ministries and other partners working at national level).

We are extremely keen to hear from the organisations we have reviewed

- If we have got something wrong, please tell us.
- If we have missed an organisation you think should be included in this list, please tell us.

Annex 3. Full findings of Global Health 50/50 analysis of 140 Global Health organisations

PUBLIC-PRIVATE PARTNERSHIPS

	Commitment to gender equality	Definition of Gender	Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior management parity	Gender of the executive	Board parity	Gender of the board chair
Aeras	R	R	R	R	R	G	W	A	W
Drugs for Neglected Diseases Initiative	R	R	NA	R	R	R	M	R	W
FIND Diagnostics	R	R	A	R	R	A1	W	R	M
GAVI, The Vaccine Alliance	G	G	NA	G	G	G	M	G	W
The Global Alliance for Clean Cookstoves	HG	R	NA	HG	R	A1	W	A	W
Global Alliance for Improved Nutrition (GAIN)	HG	R	NA	G	G	R	M	A	W
The Global Fund to Fight AIDS, TB & Malaria	G	G	G1	G2	G	R	M	G	W
Global Health Innovation Technology Fund	R	R	R	R	R	R	M	R	M
Global Public-Private Partnership for Handwashing	A	R	R	R	A	NA	W	NA	NA
Global Road Safety Partnership	R	R	NA	R	R	NA	M	NA	NA
International Vaccine Institute	R	R	A	R	R	R	M	R	M

	Commitment to gender equality	Definition of Gender	Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior management parity	Gender of the executive	Board parity	Gender of the board chair
Medicines for Malaria Venture	R	R	A	R	R	G	M	R	M
Nutrition International	A	R	NA	A	A1	R	M	R	M
Partnership for Maternal, Newborn and Child Health	HG	G	G	G	G	A1	W	G	W
Roll Back Maleria Partnership	G	R	G	G	R	A1	M	R	W
Scaling Up Nutrition	HG	R	G	HG	G	G	W	A	M
Stop TB Partnership	G	G1	G	G2	R	A1	W	G	M
TB Alliance	R	R	NA	R	R	R	M	R	M
UN SYSTEM									
Food and Agricultural Organization of the UN (FAO)	G	G	G	G	G	R	M	NA	M
Joint UN Programme on HIV/AIDS (UNAIDS)	G	G	G	G	G	R	M	G	M
UNICEF	G	G	G	G	G	G	W	R	M
United Nations Development Programme (UNDP)	HG	G	G	G	G	R	W	NA	M
United Nations Population Fund (UNFPA)	HG	G	G	G	G	G	W	NA	NA
UN Women	HG	G	G	HG	G	G	W	R	W
World Health Organization (WHO)	G	G1	G	G	G	A1	M	R	M
BILATERAL and MULTILATERAL DEVELOPMENT PARTNERS									
African Union	HG	G	A	HG	G	G	M	NA	M
Agence Française de Développement	G	R	NA	A	A1	R	M	R	W
European Commission	G	G	G	G	G	R	M	NA	NA
GIZ, Germany	G	G	G	G	G	G	M	A	M
Global Affairs, Canada	HG	G	G	G	G	R	M	NA	NA
Ministry of Foreign Affairs & International Cooperation, Italy	G	R	NA	G	NA	G	W	NA	NA
Japan Internation Cooperation Agency	HG	G	G	G	R	R	M	R	M

	Commitment to gender equality	Definition of Gender	Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior management parity	Gender of the executive	Board parity	Gender of the board chair
Norweigan International Development Cooperation Agency	HG	G1	NA	HG	G	A1	M	NA	NA
Swedish International Development Cooperation Agency	G	G	G	G	G	A1	W	G	W
Netherlands Ministry of Foreign Affairs	HG	A	NA	HG	A1	NA	W	NA	NA
UK Department for International Development	HG	G	A	HG	G	A	M	G	W
United States Agency for International Development	G	G2	NA	G	R	G	M	NA	NA
World Bank	G	G	A	G	G	A	M	R	M
PHILANTHROPIC & FUNDERS									
Bill and Melinda Gates Foundation	HG	R	R	HG	A1	R	W	R	W
Caterpillar Foundation	HG	R	G	A	R	R	W	NA	M
Centres for Disease Control and Prevention (US)	A	R	R	A	G	G	W	NA	NA
Ford Foundation	HG	R	A	HG	R	R	M	G	M
Iman Khomeini Relief Fund	R	R	R	R	G	NA	M	R	NA
Islamic Development Bank	R1	R	R	A	R	R	M	R	M
National Institutes of Health	G	G2	A	A	G	R	M	R	NA
Open Society Foundations	G	R	NA	A2	R	G	M	A	M
Qatar Foundation	R	R	NA	R	R	G	W	A	W
Rockefeller Foundation	G	R	G	A	R	G	M	A	M
Sanofi Espoir Foundation	A	R	NA	A	R	A1	W	A	M
Wellcome Trust	R	R	HG	R	G	R	M	R	W
GLOBAL CIVIL SOCIETY AND NGOS									
ACTION (Global Health Advocacy Partnership	R	R	R	A	A1	A1	W	G	M
Action on Smoking and Health	R1	R	NA	R	R	A1	M	R	M
Advocates for Youth	G	G	NA	G	R	A1	W	A1	W
Africare	A	R	R	R	R	G	M	R	M

	Commitment to gender equality	Definition of Gender	Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior management parity	Gender of the executive	Board parity	Gender of the board chair
American Refugee Committee	R	R	NA	A	R	G	M	R	M
amfAR, The Foundation for AIDS Research	R	G1	NA	R2	A1	A	M	R	M
Amref Health Africa	G	G	G	HG	A1	A1	M	A	M
AVERT	G	A	A	G	R	A1	W	G	M
BRAC	G	G	G	G	G	R	M	G	M
CARE	G	G	G	G	G	A1	W	NA	W
Clinton Health Access Initiative	A	R	A	A	G	A	M	G	M
CORE Group	A	A	NA	A	R	A1	W	G	W
Elizabeth Glaser Pediatric AIDS Foundation	G	R	A	G	R	G	M	R	M
EngenderHealth	G	G	NA	G	A	A1	W	A	M
FHI360	G	G	R	G	G1	A	M	G	M
Global Health Council	HG	R	NA	A	R	NA	W	G	M
Health Action International	R	R	NA	R	R	A1	M	A	M
International AIDS Society	G	G2	A	G	G2	A1	M	R	W
International Center for Research on Women	HG	G	A	G	A1	A1	W	A1	M
International Federation of Medical Students	G	G	NA	G	G	A1	M	R	NA
International Federation of Red Cross and Red Crescent Societies	G	G	A	G	A1	A	M	R	M
International Planned Parenthood Federation	G	G	R	G	G	A	M	A1	W
International Union Against Tuberculosis and Lung Disease	R	R	NA	R	R	G	M	R	M
International Women's Health Coalition	HG	G	R	HG	A1	A1	W	A1	W
Jhpiego	HG	G	G	G2	G	G	W	A1	M
Management Sciences for Health	A	G	G	A	R	G	W	G	M
Medecins Sans Frontieres	R	R	NA	R	G1	NA	W	A	NA
Mercy Corps	HG	G	NA	G	A1	R	M	R	M

	Commitment to gender equality	Definition of Gender	Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior management parity	Gender of the executive	Board parity	Gender of the board chair
NCD Alliance	G	R	NA	HG	G	R	W	R	M
Oxfam International	HG	R	NA	A	HG	NA	W	G	M
Partners in Health	A	A	R	A	R	A1	M	A	W
PATH	G	R	NA	G	R	G	M	R	M
Pathfinder International	A	R	NA	HG	G1	G	W	A1	M
Plan International	HG	A	A	HG	A1	G	W	G	M
Population Action International	A	R	NA	A	A1	A1	W	A1	W
Population Council	G	R	NA	A	G	G	W	A	W
Population Reference Bureau	G	G	NA	G	G	G	M	G	W
Population Services International	A	G	R	G	G	A1	M	G	M
Reproductive Health Supplies Coalition	G	R	NA	G	R	A1	M	A	M
Save the Children	G	G	NA	G	G1	G	W	G	M

PRIVATE SECTOR

AbbVie	R1	R	G	R	G	R	M	R	M
ABinBev	R	R	G	A2	R	R	M	R	M
Abt Associates	G	R	G	G	G	A	W	A	M
Becton, Dickinson and Company	R	R	G	A	R	R	M	R	M
BP	R	R	G1	A	R	R	M	R	M
Bristol-Myers Squibb	R	R	G	R	R	R	M	R	M
Coca-Cola	R	R	G	A	NA	A	M	R	M
DSM	G	R	G	R	R	R	M	A	M
Eli Lilly	R	R	G	R	R	A	M	R	M
ExxonMobil	R	R	G	R	R	R	M	R	M

	Commitment to gender equality	Definition of Gender	Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior management parity	Gender of the executive	Board parity	Gender of the board chair
General Electric	A	R	G1	A	R	R	M	A	M
Gilead	G	R	G1	G	R	R	M	R	M
GlaxoSmithKline	R	R	G	R	R	R	W	A	M
Grocery Manufacturers Association	R	R	NA	R	R	NA	W	NA	M
GSMA	HG	R	R	A	G	R	M	R	M
Heineken	R	R	A	G	R	R	M	R	M
Intel	G	R	G	A	R	R	M	R	M
International Council of Beverage Associations	R	R	NA	R	NA	G	W	NA	M
International Federation of Pharmaceutical Manufacturers and Assocations	R	R	NA	A	R	NA	M	NA	M
International Federation of Pharmaceutical Wholesalers	R	R	R	R	R	G	M	R	M
International Food and Beverage Alliance	A	R	NA	A	A1	NA	M	NA	W+M
Johnson & Johnson	R	R	HG	A	R	R	M	R	M
Keuhne + Nagel	R	R	R	R	R	R	M	R	M
Laerdal	R	R	R	R	R	R	M	A	M
McCann Health	R	R	R	R	R	R	M	NA	NA
Medela	A	R	A	A	R	NA	M	NA	M
Medtronic	R	R	G	R	R	R	M	R	M
Merck	R	R	G	R	G	R	M	R	M
Mylan	R	R	R	R	R	G	W	A	M
Novartis	A	R	G	A	R	R	M	R	M
Novo Nordisk	G	R	G	A	G1	R	M	A	M
Nestle	G	R	G	A	R	R	M	A	M
Pfizer	G	R	G	A	G	A	M	R	M

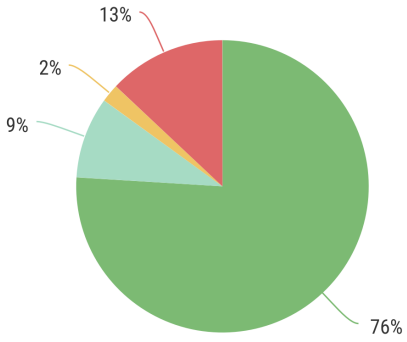
	Commitment to gender equality	Definition of Gender	Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior management parity	Gender of the executive	Board parity	Gender of the board chair
Phillips	R	R	G	R	R	R	M	G	M
Rabin Martin	R	R	R	A	R	A1	M	NA	NA
Reckitt Benckiser	HG	R	G	R	R	R	M	R	M
Safaricom	R	R	G	G	R	R	M	R	M
Sumitomo Chemical	R1	R	G	R	R	R	M	R	M
Teck Resources	HG	R	G	A	R	R	M	R	M
TOM's	R	R	NA	G	R	NA	M	NA	NA
Unilever	HG	A	G	G	G	R	M	A	M
US Council for International Business	A	A	NA	A	R	A	M	R	M
Vestergaard Frandsen	R	R	G	R	R	NA	M	G	M
World Economic Forum	G	R	G	G	G	R	M	R	M

CONSULTING FIRMS

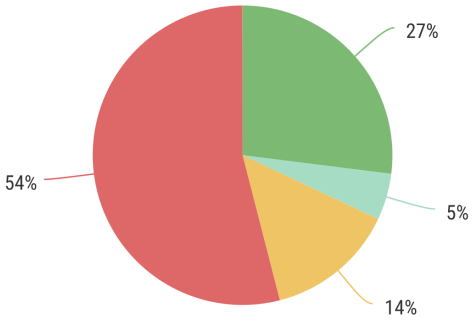
Accenture Development Partnerships	G	R	G	R	R	R	M	A	M
Deloitte	R	R	G	R	R	R	M	A	M
KPMG	G	R	G	A	R	G	M	R	M
McKinsey	HG	R	G	A	R	R	M	R	M
Mott MacDonald	G	G	G	A	R	R	M	R	M
PwC	HG	G	G	HG	A	G	M	R	M

Summary of overall performance by sector across all domains

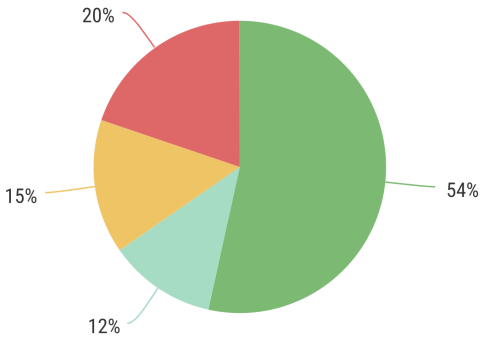
UN System



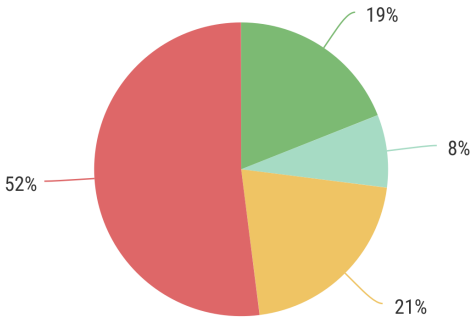
PPPs



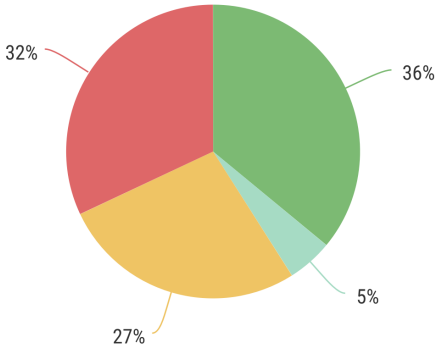
Bi- and Multilaterals



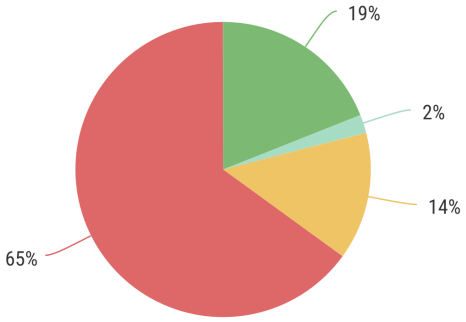
Philanthropic and Funders



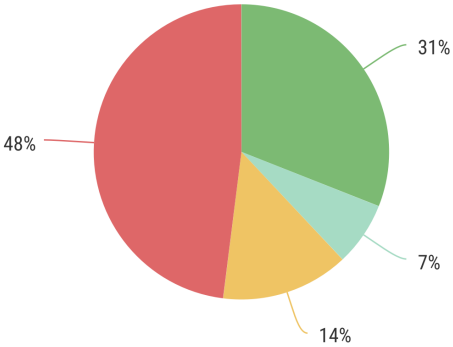
Global Civil Society and NGOs



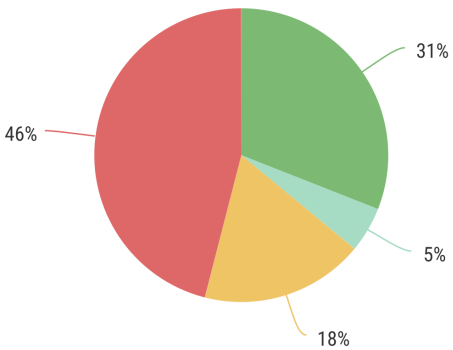
Private Sector



Consulting Firms



Overall




GLOBAL
HEALTH 5050
TOWARDS GENDER EQUALITY IN GLOBAL HEALTH