Power, privilege and priorities

GLOBAL HEALTH 5050
TOWARDS GENDER EQUALITY IN GLOBAL HEALTH

2020
Global Health 50/50
Report

Global Health 50/50 aims to inform, inspire and incite change to shift institutions, ideas and interests

Inform

global discourse with the world's most rigorous and extensive database on the state of gender equality in global organisations active in health

Inspire

a vision of a new normal for gender equality in global health

Inspire

a movement to demand and deliver on the policies that will lead to gender equality in the workplace and in global health programmes

About the 2020 Global Health 50/50 Report

- Provides an **unprecedented bird's eye view** of the global health system today
- **Reviews gender-related policies and practices of 200 global organisation**s that aim to promote health and/or influence global health policy
- Looks **internally at workplace policies and parity measures**, and at how organisations account for **gender in their external programmes**
- Sample covers organisations **from 10 sectors**, headquartered **in 33 countries** across **seven regions**

Power, privilege and priorities: exploring two inequalities

Inequalities in career opportunities inside global health organisations

Who leads? Do women and men have similar chances of reaching the top positions?

What about people from low- and middle-income countries vs from high-income?

Do organisations have strategies in place to correct for social/historical inequalities?

Inequalities in who benefits from the global health system

What health issues are deemed deserving of attention by the global health system?

Do they align with the biggest causes of ill-health?

Do organisations recognise and act on the gendered differences in health needs/risks?

Global Health: How Global?

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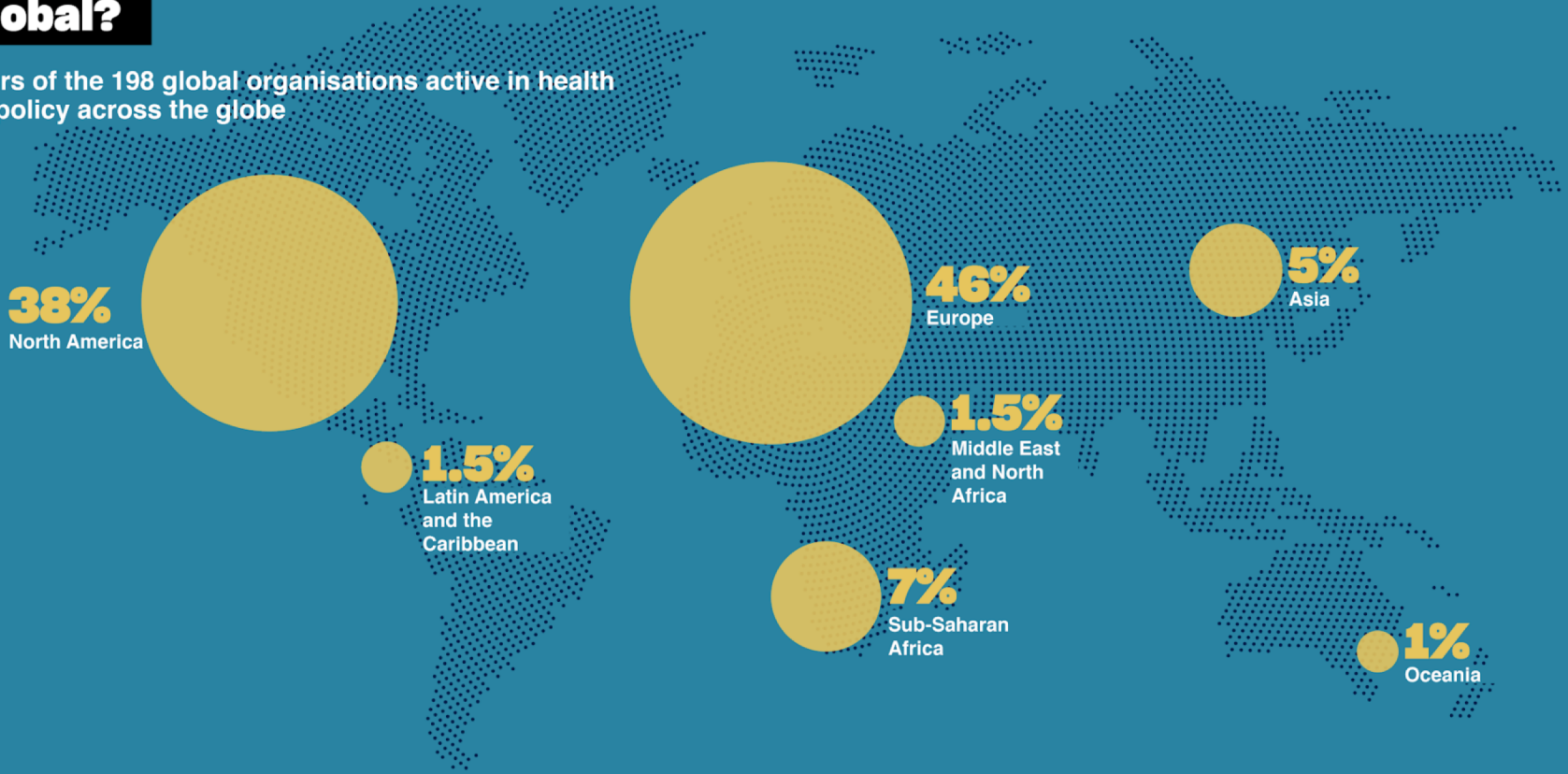
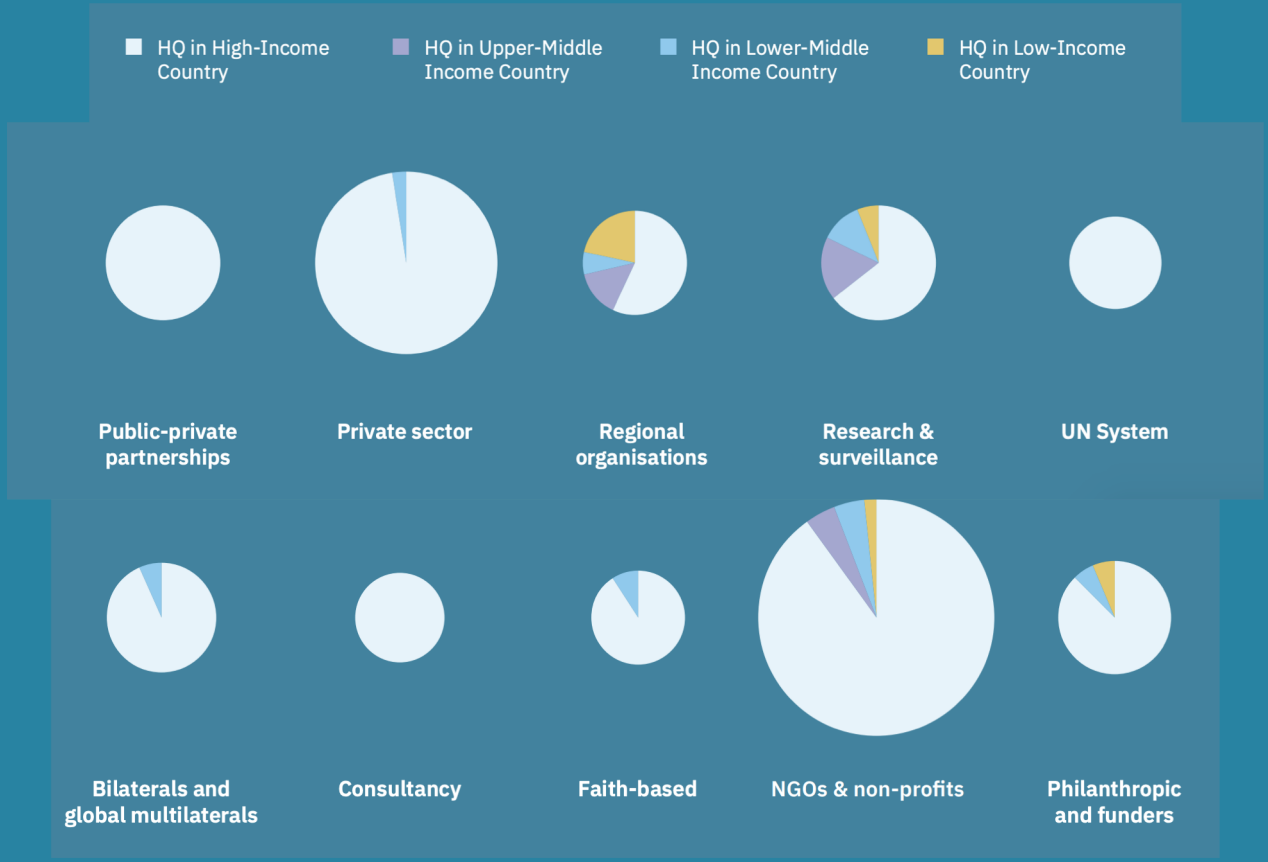
Headquarters of the 198 global organisations active in health and health policy across the globe



National income level of headquarters location, by sector



Parameters of the 2020 Report

1 Commitments to redistribute power

- Committing to gender equality
- Defining gender

2 Policies to tackle power & privilege imbalances

- Workplace gender equality policies
- Workplace diversity and inclusion policies
- Board diversity and inclusion policies

3 Who holds power & enjoys privilege?

- Gender parity in senior management and governing bodies
- Gender of executive head and board chair
- Nationality and education of executive heads

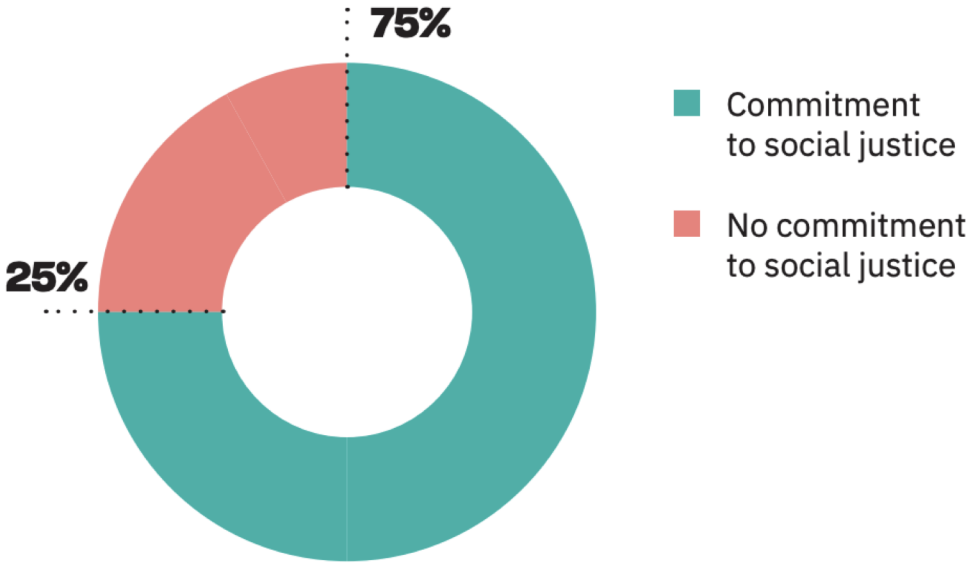
4 Gendered power dynamics driving health inequalities

- Sex-disaggregated monitoring and evaluation
- Gender-responsiveness of organisational approaches

1

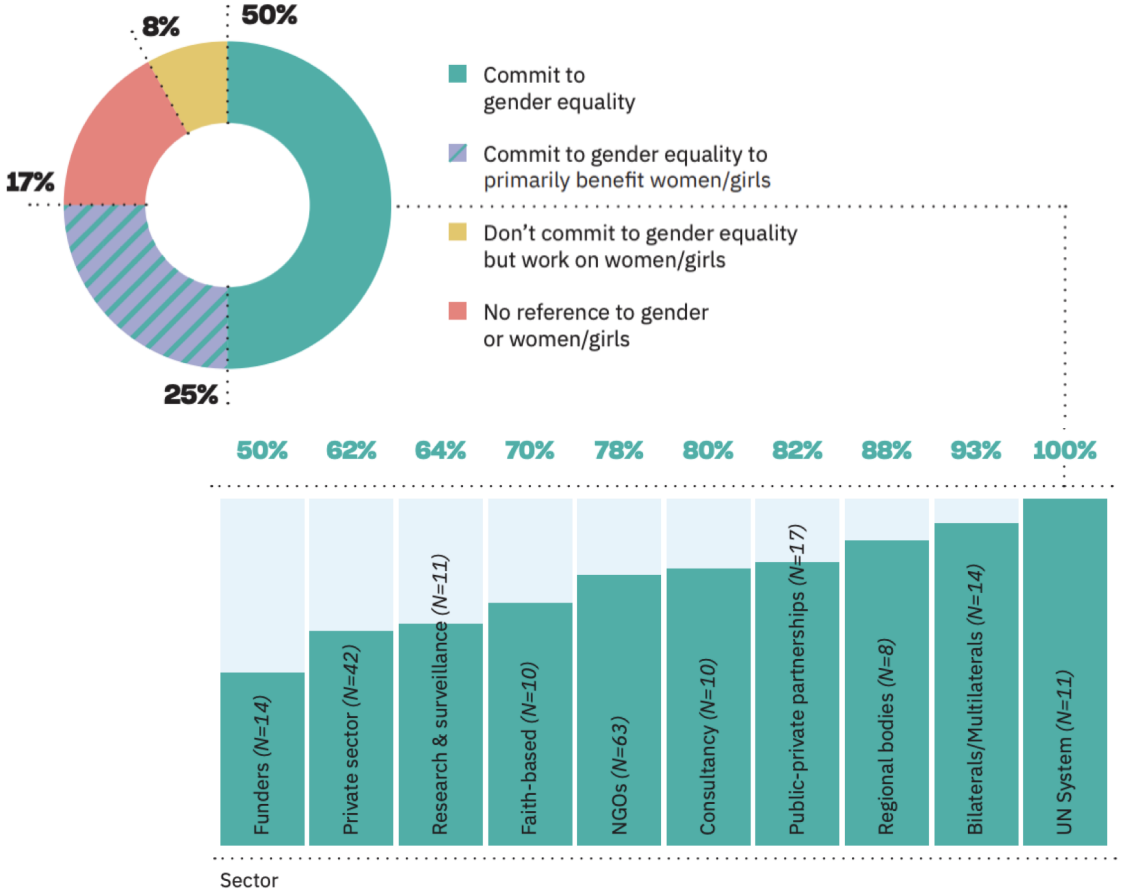
Commitments to redistribute power

Do organisations commit to social justice?



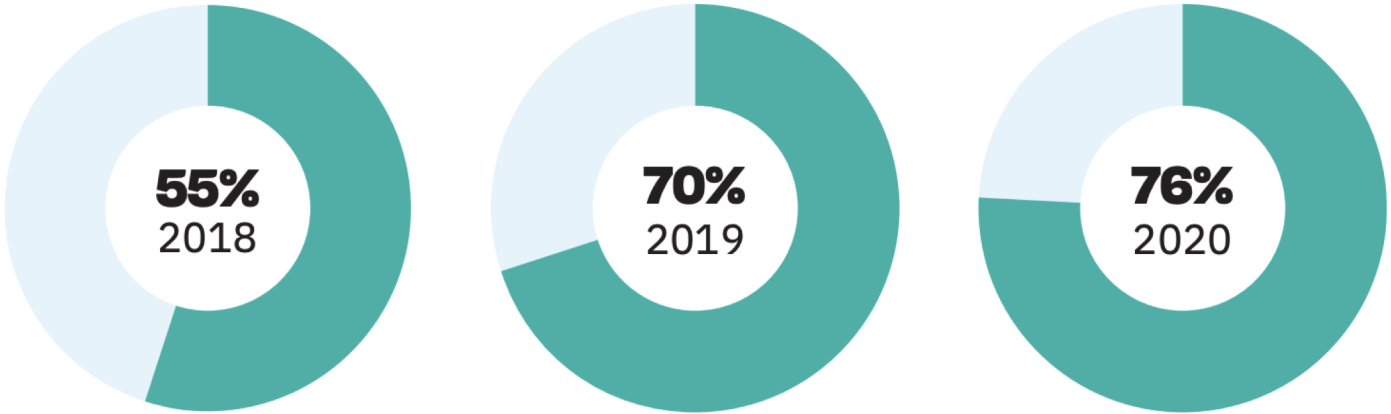
3 in 4 organisations make a commitment to social justice

Do organisations commit to gender equality?

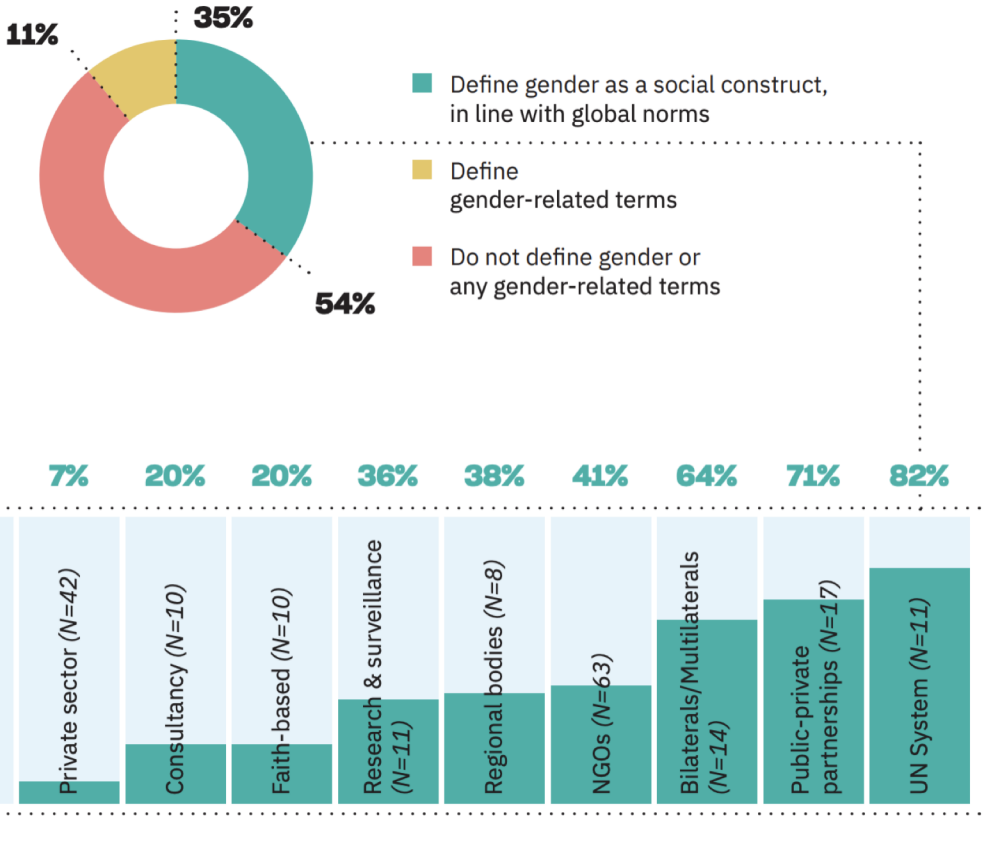


Commitments to gender equality are on the rise

% of organisations that make a public commitment to gender equality



Do organisations define gender in line with global norms?



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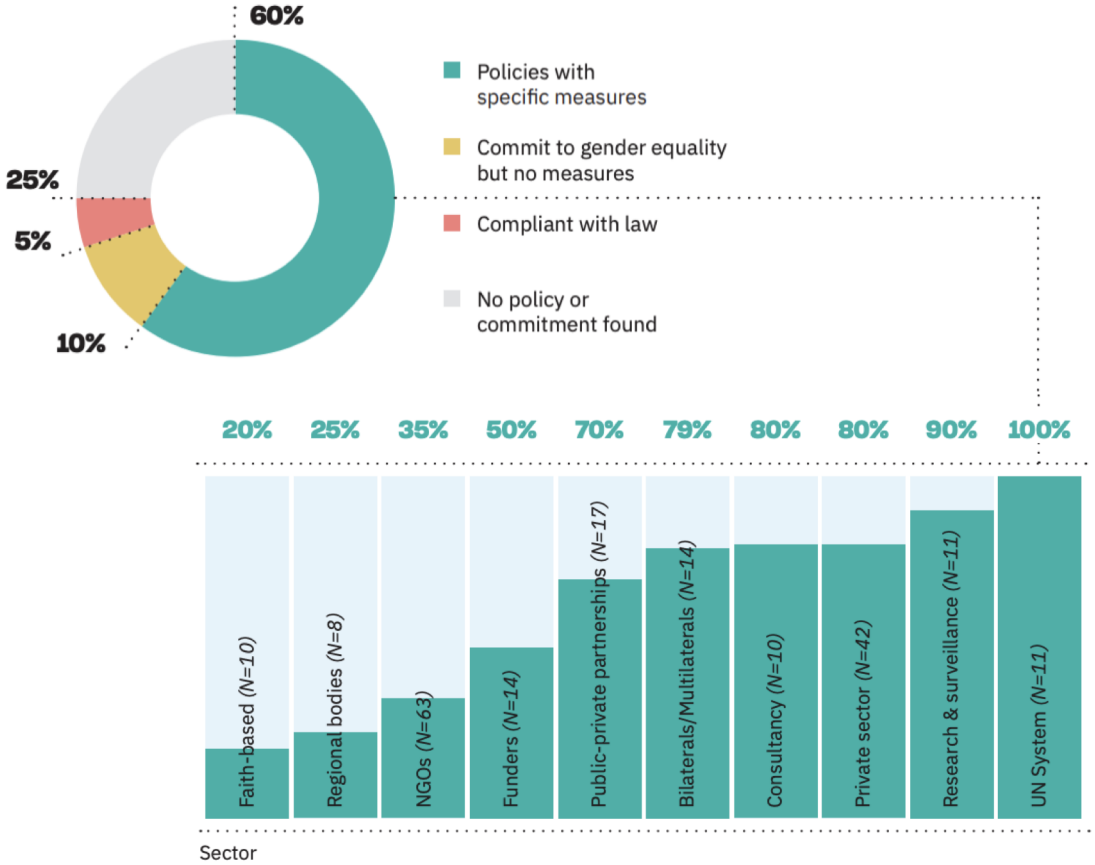
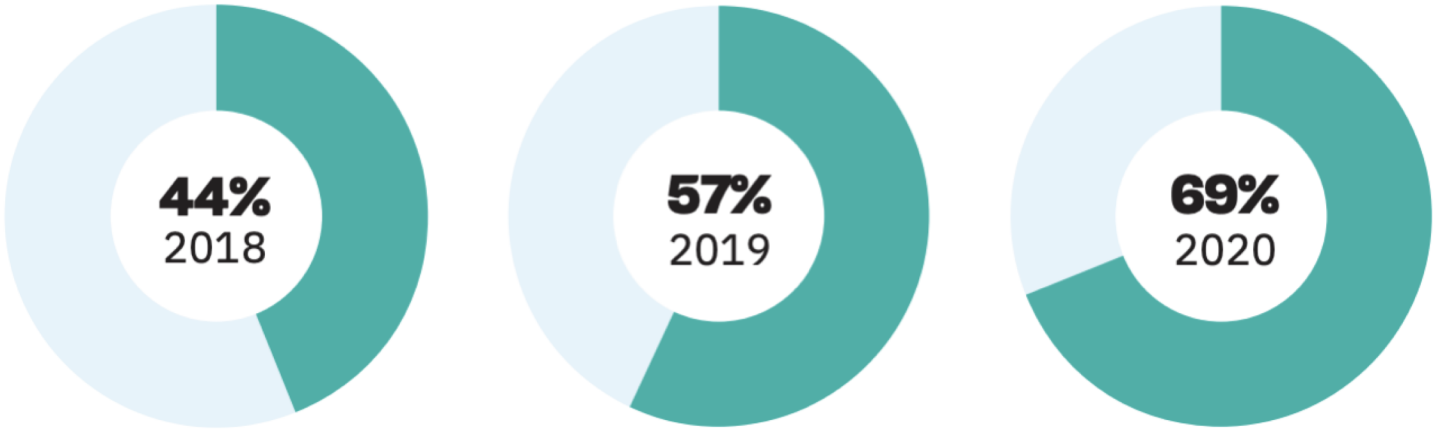
Workplace policies to tackle power & privilege imbalances

Do organisations have workplace policies to promote gender equality?

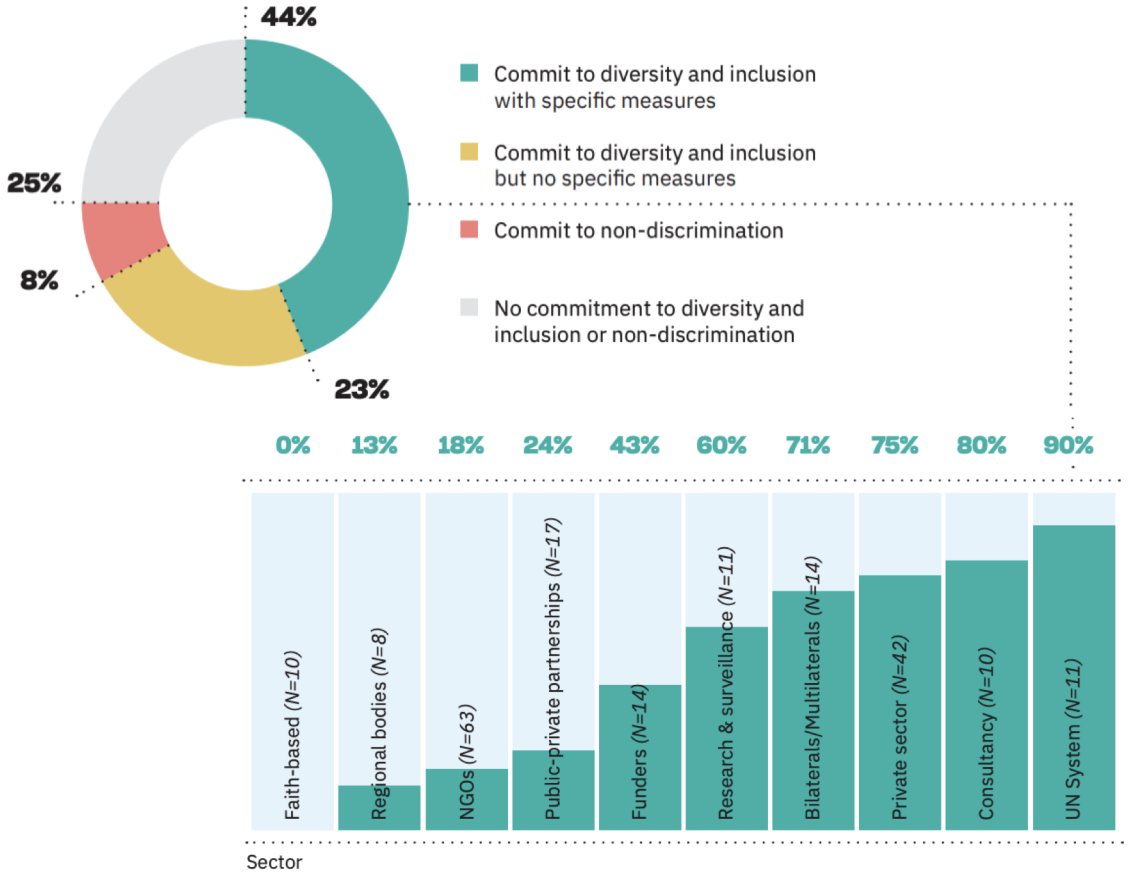


Workplace policies to promote gender equality are on the rise

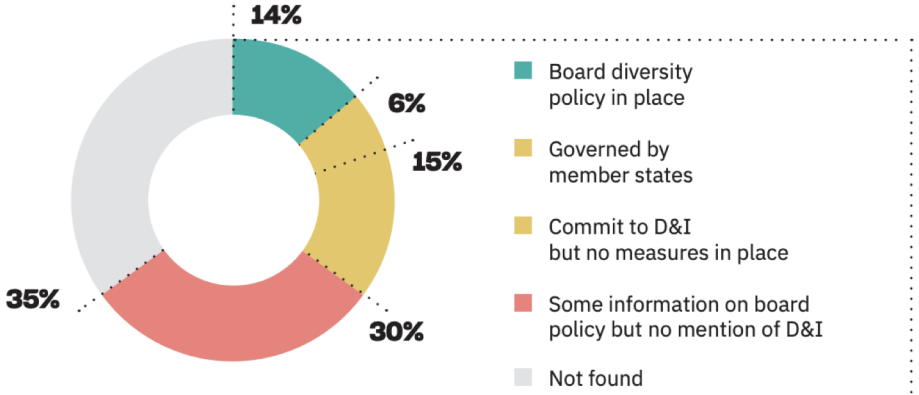
% of organisations with workplace policies to promote gender equality

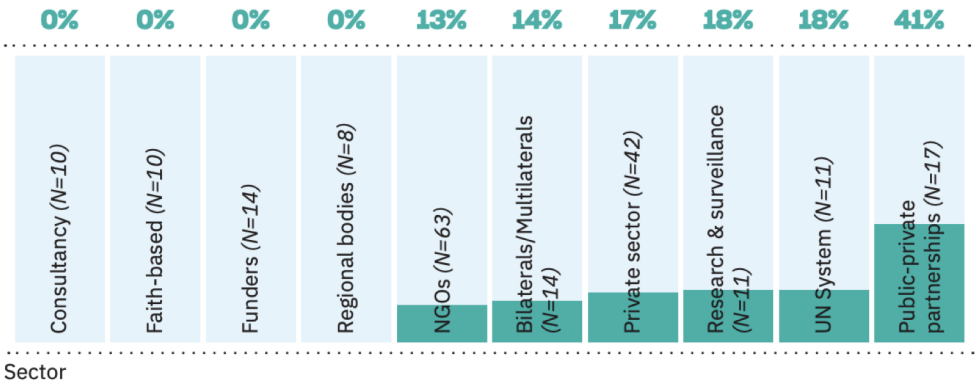


Do organisations have workplace diversity & inclusion policies?



Do organisations have board diversity policies?





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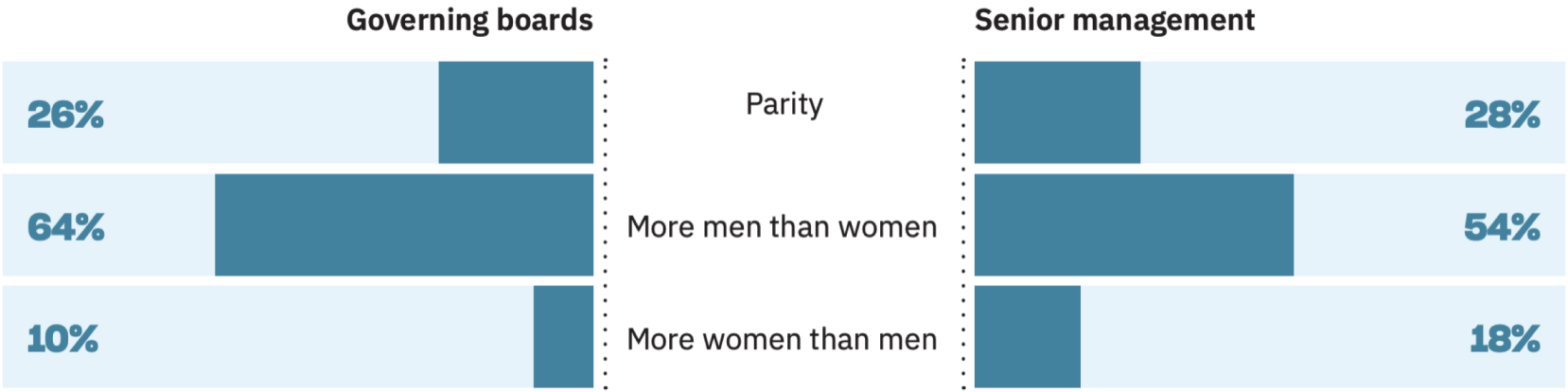
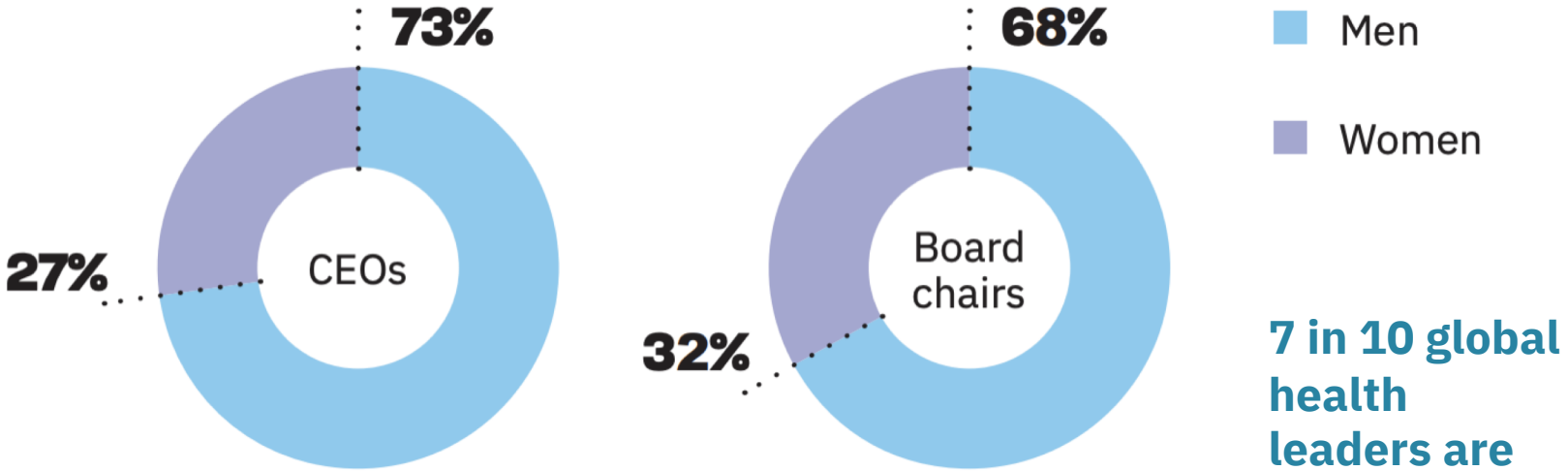
Who holds power and enjoys privilege?

Decision making bodies are still disproportionately male



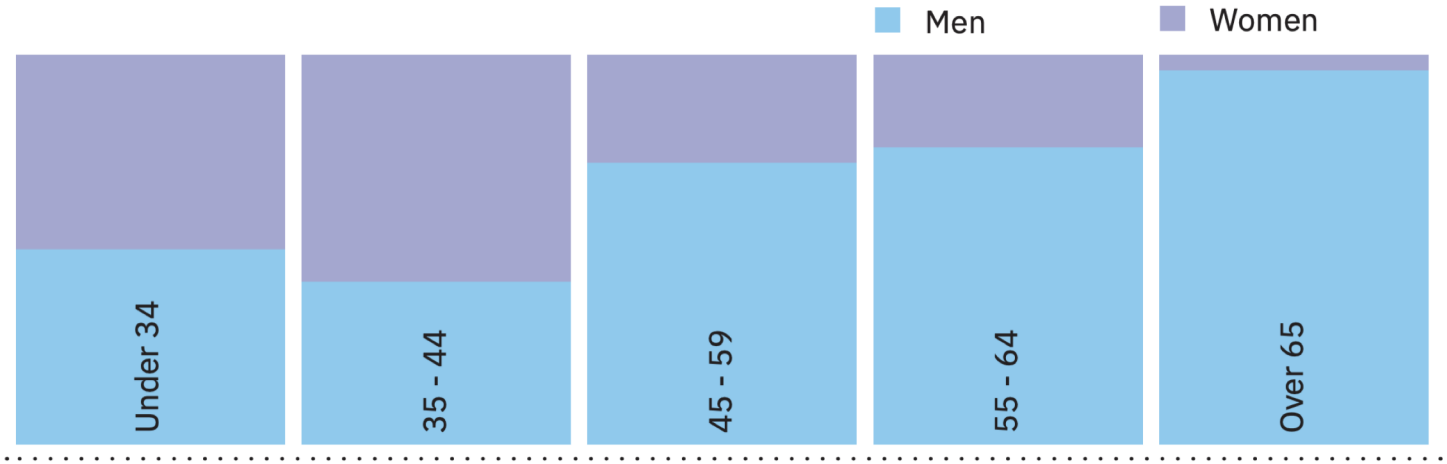
At the current rate of change, it will take over a half century to reach gender parity in senior management.

Who leads global health organisations?



7 in 10 global health leaders are male

Distribution of women and male CEOs by age range: disparity increases with age



Geography of global health leadership

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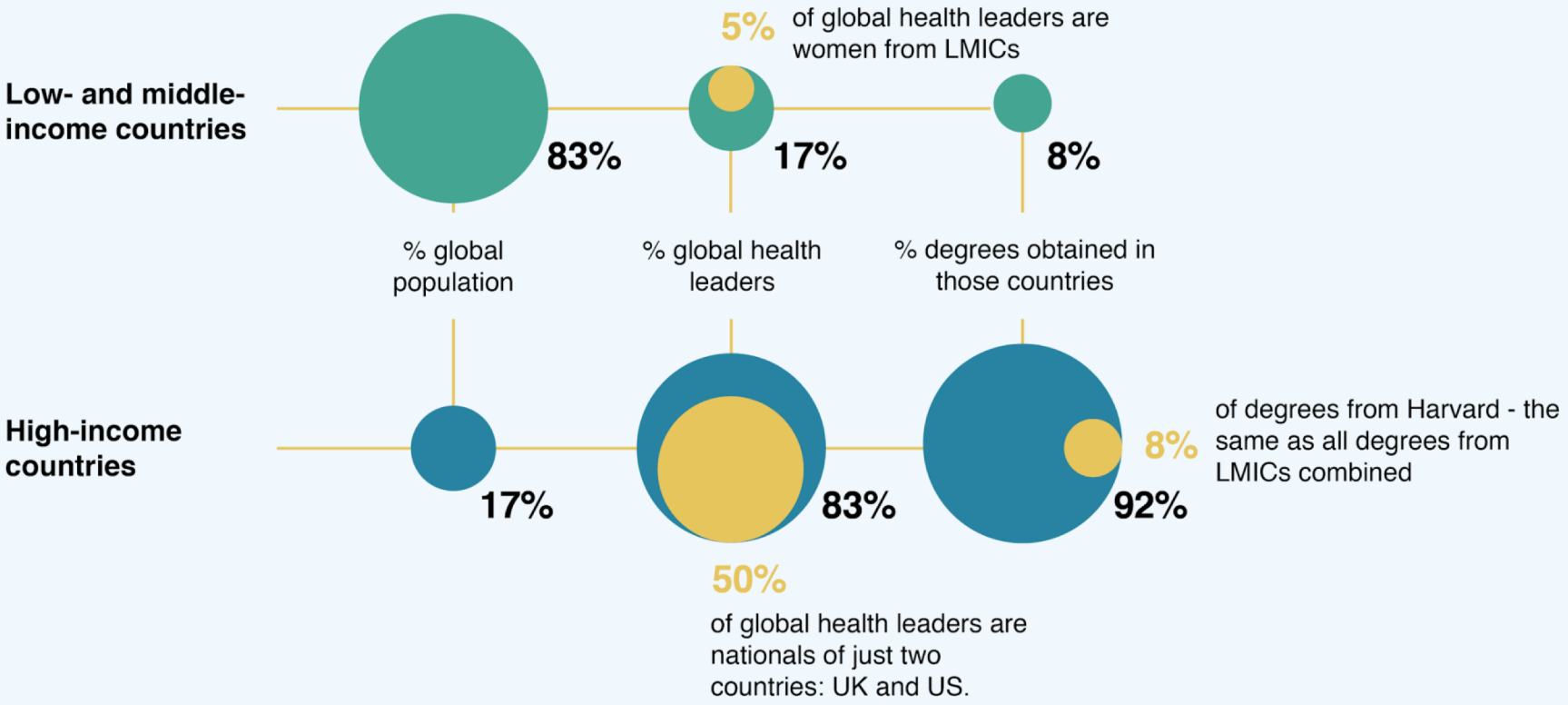

Confronting the 70-80-90 ‘glass border’ in global health: more than 70% of leaders in our sample are men, 80% are nationals of high-income countries and 90% were educated in high-income countries

Profiles of power and privilege in global health

If you are a **CEO** in our sample, you are...

3x more likely to be male

4x more likely to be from a high-income country

13x more likely to complete education in a high-income country

If you are a CEO of an organisation wielding **financial power,** you are...

3x more likely to be male

7x more likely to be from a high-income country

27x more likely to complete education in a high-income country

If you are a CEO of an organisation wielding **normative power,** you are...

2x more likely to be male

1.3x more likely to be from a low/middle-income country

8x more likely to complete education in a high-income country

If you are a CEO of an organisation wielding **for-profit power,** you are...

6x more likely to be male

19x more likely to be from a high-income country

40x more likely to complete education in a high-income country

4

The gendered power dynamics driving inequalities in health outcomes

Gender-responsiveness of organisational approaches - applying the WHO Gender-Responsiveness Scale

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29% of organisations with strategies to address underlying causes of gender inequities

0%
Gender-unequal

Perpetuates inequalities by reinforcing unbalanced norms, roles and relations.

20%
Gender-blind

Ignores differences in opportunities and resource allocation for women and men.

19%
Gender-sensitive

Acknowledges gender norms, roles and relations, but no remedial action.

32%
Gender-specific

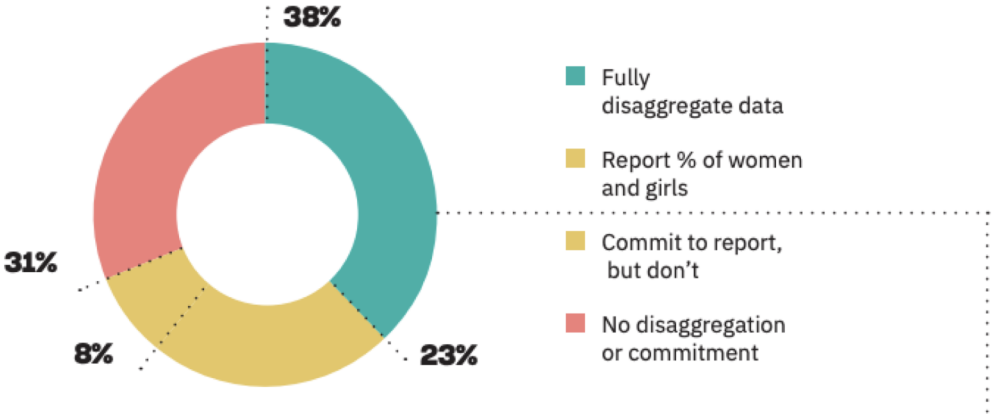
Considers how gender norms affect access to resources. Targets women or men to meet specific needs. Makes it easier for people to fulfil gender roles.

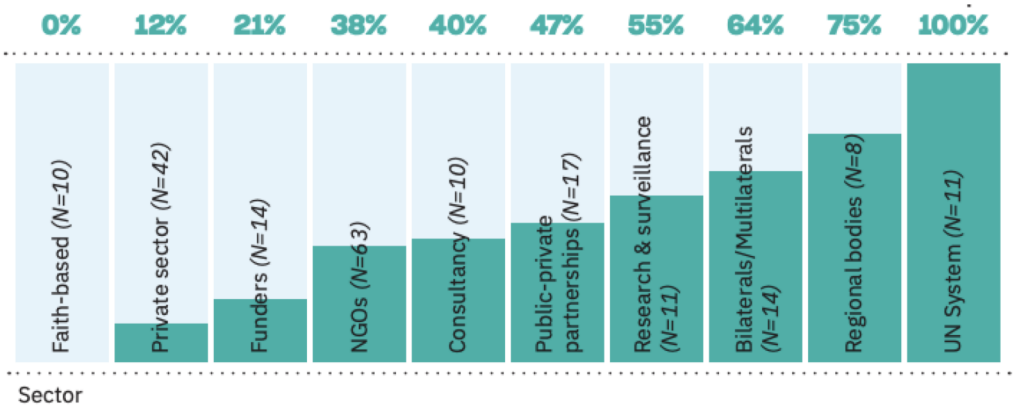
29%
Gender-transformative

Addresses causes of gender-based health inequities. Includes strategies to foster changes in power relationships between women and men.

Gender-transformative or gender-blind approaches, by sector

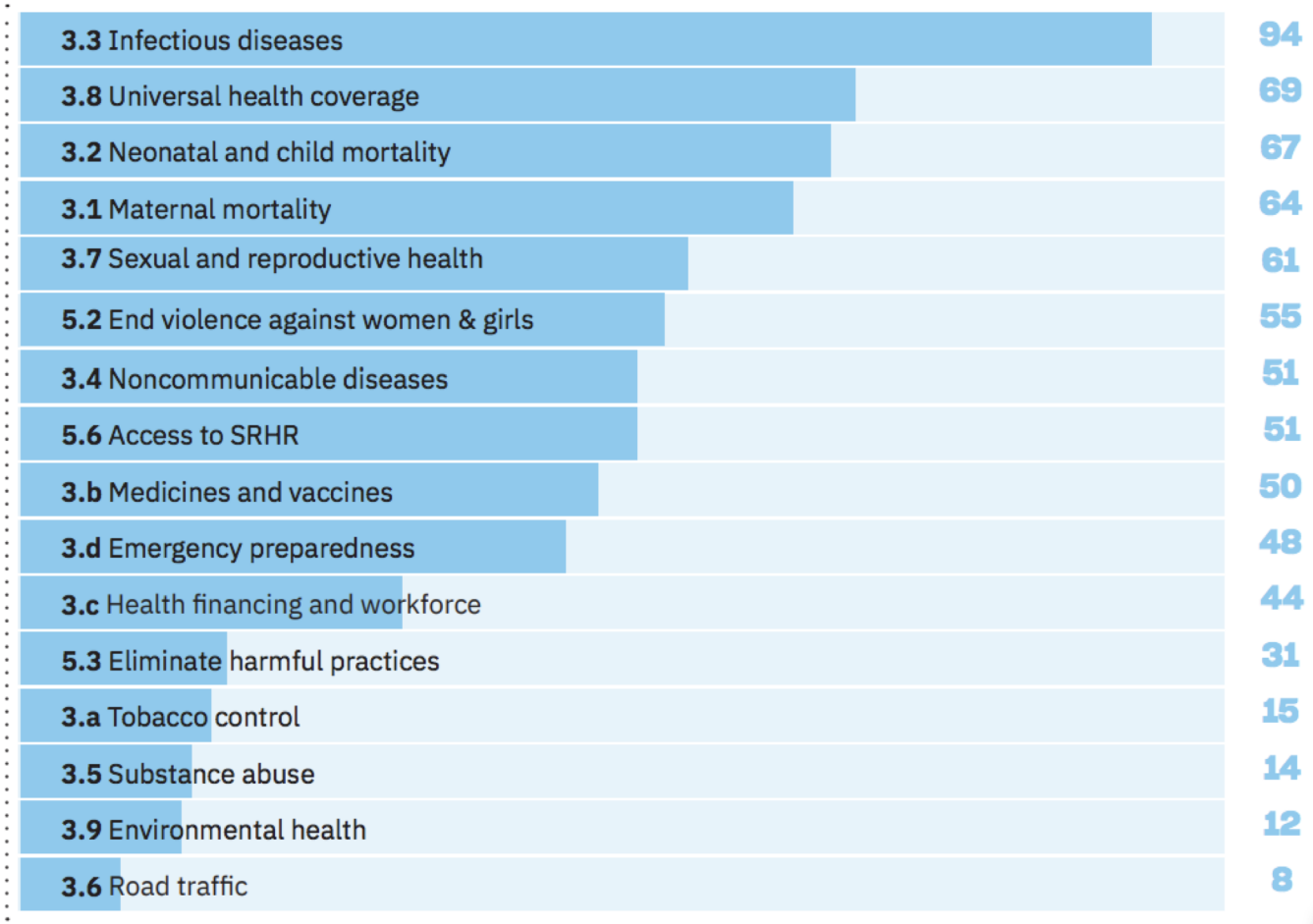
Do organisations sex-disaggregate their data on programmatic delivery?





The global health agenda: which priorities and for whom?

Number of organisations (of 146) that state a focus on SDG 3 and health-related SDG 5 targets



Assessing alignment: global burden of disease compared to organisational priorities, by SDG target

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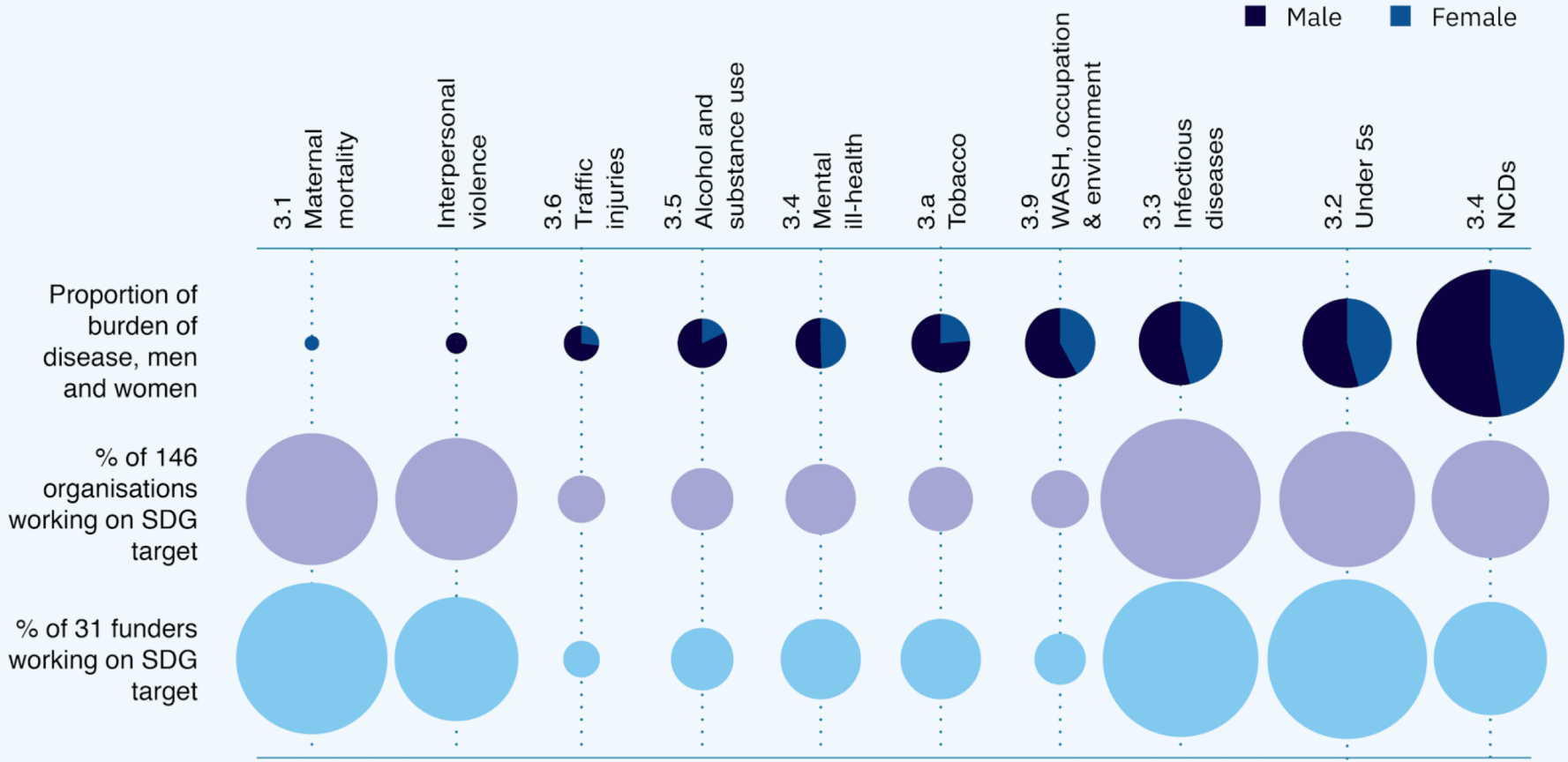

Organisations that specify a population focus in their programmatic priorities, by SDG target

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Want to know more?

www.globalhealth5050.org/2020report

info@globalhealth5050.org

Twitter: @GlobalhIth5050