An online copy of the report will be available at [this link](#) once the embargo is lifted.

Organisations active in global health failing women in the workplace, new report into 197 organisations finds

- Analysis into the number and quality of policies on periods, menopause, fertility treatments, abortion and parental leave among others reveals the workplace is worse for women.
- Only one organisation had a policy for menstrual leave, and fewer than 1% had a policy on the menopause, both of which affect virtually all women at some point in their lives.

12 July 2023, Cambridge, UK – Today, [Global Health 50/50](#) (GH5050) calls for a systemic overhaul of how workplaces deal with women's sexual and reproductive rights. GH5050's [6th annual report](#) into the gender-related policies and practices of 197 organisations active in global health finds workplaces are worse for women due to little or no consideration of how women's health – such as periods, menopause and fertility – needs to be supported by dedicated workplace policies and practices.

Of the 197 organisations analysed – who are headquartered in 37 countries and employ over 4.5 million people – the report found that:

- Only one organisation had a menstrual policy and it was not in the public domain.
- Only one organisational menopause policy was found, despite virtually all women going through the menopause at some point in their lives.
- Only one organisation included an explicit mention of benefits related to abortion services.
- Only 18 of 73 organisations who responded directly to GH5050 (25%) reported that they provide full maternity leave benefits to staff who suffer the loss of an infant before birth.
- Only 22 organisations reported that financial assistance and/or medical benefits are available to staff to facilitate access to fertility treatments.
- Parental policies were by far the most widely held and consistently applied, with 89 (45%) organisations publishing detailed information on parental leave policies online. This is a 40% increase in the number of organisations where such policies are available since the findings of the 2021 report.
- 29 organisations report that women are required to take sick leave for individual reproductive needs such as menstruation, menopause, or abortion.

These findings come as women's sexual and reproductive rights continue to be undermined across the globe, and in some countries overturned.

Professor Sarah Hawkes, Co-Founder and Co-Director of Global Health 50/50, said: *"The findings are damning. Despite being in the 21st century, gender discrimination continues to be perpetuated in all areas of life for women. As a community, organisations active in global health have a duty to uphold women's sexual and reproductive rights in all their forms. As a sector they are fighting for women across the globe to have access to these fundamental human rights, yet do not seem to apply the same standards in their own backyard."*

The analysis found progress in some areas, with a growing use of the term 'gender justice', expanding commitments to gender equality that are explicitly inclusive of gender diversity, and rapid growth in the availability of actionable, measurable diversity and inclusion policies.

Professor Kent Buse, Co-Founder and Co-Director of Global Health 50/50 added: *"We recognise the positive direction of travel across some metrics, especially around public commitments to gender equality. But our report this year shows that gender equality, and equal opportunities for advancement, in the workforce will remain a persistent challenge unless we have workplaces that are fit for everyone's sexual and reproductive health needs".*

Women told to use existing sick leave allocations for reproductive needs, leaving them at a disadvantage

While analysing reproductive justice in the workplace, the report reveals that individual reproductive needs such as menstruation, menopause, and abortion were often covered under existing sick leave allocations, potentially putting women at a disadvantage to their male colleagues.

- 10 organisations reported that staff had to utilise their sick leave allowance if attending abortion services.
- 12 reported that staff can avail of sick leave in the event of severe menopause symptoms.
- 15 organisations reported that no specific leave or benefits were available for menstrual symptoms and that staff could request use of sick leave if unable to work.

Helen Clark, former Prime Minister of New Zealand and lifelong gender equality advocate, said: *"Women's sexual and reproductive rights remain a taboo topic in many places, and that is reflected in the results of this report. Suffering from agonising period pains? Take sick leave. Mentally and physically drained by the effects of menstruation? Take sick leave. Going through the indescribable pain and grief of suffering a miscarriage? Take sick leave. Got the flu? Also take sick leave.*

"We are inflating the stigma by positioning these life events as illnesses, and penalising women for what is completely natural. This is deeply rooted in our society, and it will therefore require concerted action at all levels to turn the tide on this narrative. But we cannot rely solely on employers' goodwill to promote and protect women's sexual and reproductive rights within their workplaces. Government has a duty to enshrine these rights into law so that a new standard is set – one which reflects the rights and needs of women in the 21st century."

6-year trend: UN Women and Plan International are highest performers while corporates Pfizer and Nestle stagnate on progress

In its 6th year of reporting, Global Health 50/50 also identified trends in how organisations active in global health performed across a set of core gender-related variables.

When it first started producing its reports, GH5050's sample included 135 organisations. Among the 135 organisations assessed since 2018, 74 (55%) have not had a woman CEO since 2018 and 60 (50%) had no public definition of what "gender" means to the organisation.

Since its early years, the sample has grown to include 197 organisations. Based on data collected from 196 of the current sample of 197 organisations, over the past four years:

- 40 (20%) have been consistently high performers, including Plan International and UN Women.

- 61 (31%) have been identified as fast risers, including the European Commission, KPMG and Oxfam International.
- 37 (19%) have continued to perform poorly, including McKinsey & Company and Pfizer.

Iris Mwanza, Deputy Director, Women in Leadership at the Bill & Melinda Gates Foundation, commented: *"This new report from GH5050 highlights important gaps and opportunities for employers to remove SRHR-related barriers that have historically prevented women from thriving in the workplace, including rising to positions of leadership.*

"The most recent data shows that while many workplaces have policies that support women's role in caring for their family – like parental leave – these are insufficient to support women's advancement in the workplace. Employers, especially those in the Global Health space who know the impacts of these barriers all too well, need to prioritise policies and programmes across a range of SRHR-related issues to ensure rights are respected and protected throughout a woman's career, and we have equal opportunities to rise to leadership positions."

Women's health and sexual rights must not be left to chance

The global health community needs to spearhead good practices in the workplace so that they are fit for everyone, and governments must enshrine these rights into law, introducing minimum standards that promote and protect women's sexual and reproductive rights in the workplace in all their rich variety.

<ENDS>

NOTES TO THE EDITOR

About Global Health 50/50

Global Health 50/50® is an independent not-for-profit initiative that generates comprehensive analysis, action and accountability for intersectional gender equality in health globally. Initiated in 2018, its annual global report along with the Gender and Health Index monitors the policies and practices of hundreds of organisations active in global health and health policy.

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Methodology

*Please note this is a shortened version. For the full methodology, please refer directly to the report.

Organisational sample and criteria for inclusion

This report reviews 197 organisations active in global health. GH5050 defines "global organisations" as those with a presence in at least three countries. The sample includes organisations actively involved in global health and those organisations that aim to influence global health policy even if this is not their core function.

Ten sectors are represented in the sample of organisations analysed for the report:
1. Public-private partnerships (PPPs), defined as those partnerships with for-profit and public sectors represented on their governing bodies.

2. UN system agencies working in the health, nutrition and labour fields.
3. Bilateral and global multilateral organisations, including the 10 largest bilateral contributors of development assistance for health in the period 2005-2015.
4. Funding bodies, including philanthropic organisations.
5. Non-governmental and non-profit organisations, which can include industry groups registered as charitable organisations (e.g. 501(c)(3) in the US).
6. Private sector for-profit companies: Corporate participants in the Business and Health Action Group of the Global Business Council that provided a platform for the engagement of business in setting the health-related targets of the SDGs, or companies that contributed to consultations on the Uruguay Road Map on noncommunicable diseases.
7. Consultancy firms with an interest in the health sector.
8. Research and surveillance institutions.
9. Faith-based organisations.
10. Regional organisations.

Approach for data collection

GH5050 has developed a rigorous methodology that is consistent with established systematic review research methods. At least two reviewers extract each data item independently, and a third reviewer verifies the data. The majority of data collected and analysed comes from publicly-available websites.

2023 thematic focus: SRHR in the workplace

To identify and extract the information on the variables selected for inclusion in this report, we reviewed available human resource policies - those found on the internet and those shared directly with us upon request. Policies of interest were primarily: parental and other leave policies, sexual harassment policies, flexible working policies, codes of conduct, and medical and other employment benefit policies.

Engaging and validating results with organisations

We contact each organisation at least twice during the course of data verification. Following completion of data collection, we send each organisation their preliminary results and ask them to review and provide any additional information, documentation or policies to review. Throughout the process of data collection, GH5050 encourages organisations to contact us to discuss queries about the process and the variables. Final results are shared with all organisations before publication.