



HOLDING THE LINE

2025 Global Health 50/50 Report

ACKNOWLEDGEMENTS

Global 50/50® is an independent non-profit. Global 50/50 (G5050) was co-founded by Professors [Sarah Hawkes](#) and [Kent Buse](#). It is staffed by a collective of researchers, strategists and communications experts. Lynsey Robinson guides the development of the Global Health 50/50 Report. Collective members who contributed to the 2025 Report include: Adebisi Adeyeye, Imogen Bakelmun, Silviya Chaulagain, Govindi Deerasinghe, Sarmila Dhakal, Natasha Donkin, Kate Hart, Unsia Hussein, Alma Ionescu, Aaron Koay, Rebecca Langella, Alena Huong Le, Jiwon Lee, Sarah Lee, Victoria Olarewaju, Zoë Old, Charlie Pelter, Lydia Sloof, Sonja Tanaka, Dahye Yim, and David Zezai.

The initiative is guided by a diverse independent [Advisory Council](#) and charity oversight is provided by a [Board of Trustees](#). We are deeply indebted to the members of both bodies.

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All images featured in this Report are drawn from This is Gender's 'Crippling the Lens' exhibition: an outcome of the This is Gender: Gender and Disability Open Call. Spanning continents, gender identities, lived experiences, and visual strategies, the works in this collection explore how gender and disability entangle, disrupt, and reconstitute one another.

Crippling the Lens was developed in collaboration with CREA and the National accessArts Centre (NaAC). We thank our partners for their shared commitment to amplifying disabled voices through the arts. Learn more at <https://thisisgender.global5050.org>.

Global Health 50/50 is a registered UK Charity (Registration Number: 1194015).

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Cover illustration:

Husnah Kukundakwe
Kampala, Uganda. 2023.
Marjin Fidler

Husnah powers through the water in a strong front stroke, her face partially submerged as she swims straight toward us. Bubbles rise from her mouth, and her movement radiates strength and determination. Though she has a partially amputated arm, nothing holds her back.

Swimming has become a form of freedom for Husnah, as she explains: 'Swimming was for me an escape from being really shy. I was always hiding my disability, because people look at me weirdly when they see my arm. So I'd always wear a sweater the whole day, even when it was hot, so people couldn't see my hand. But when I started swimming, I learned to be more confident about myself.'

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REFLECTIONS FROM THE GLOBAL HEALTH 50/50 ADVISORY COUNCIL



At a time when gender equality is facing increasing resistance it is not just important but imperative that Global 50/50 continues to publish this vital report. In the face of efforts to reverse progress, we need rigorous, independent analysis to shine a light on where commitments are real, and where they are not. This report doesn't just diagnose the problem, it equips us with the evidence needed so we can hold policymakers and institutions to account.

Helen Clark
former Prime Minister of
New Zealand & UNDP Administrator



In moments of political volatility, the temptation is to soften our voices or make commitments invisible. But silence normalises retreat. As funding shifts and ideologies harden, we must remain consistent in our principles. As this Report highlights, making these values visible through commitments and public policies is part of the long journey toward social justice.

James Chau
WHO Goodwill Ambassador



The numbers don't lie: leadership in global health is still overwhelmingly male and far from reflective of the world it is to serve. Progress is stagnating—and in some places, it's deliberately being reversed. This is not the time for rollback or performative pledges. We need bold, intersectional action. Because only when leadership truly reflects the diversity of our societies can we create a healthier, more just world for all.

Katja Iversen
Executive adviser, author
and advocate



This Report helps restate the moral and rights-based arguments for gender equality and justice. Instrumentalist arguments that reduce justice to business metrics or how it helps grow the bottom line are too easily pushed aside in moments of uncertainty. Now is the time to act—not to appeal to power, but to confront and transform it.

Şeyə Abimbólá
Associate Professor,
University of Sydney, Australia



Global 50/50 reminds us once again that evidence and data should underpin change at all levels. We must mobilise this data for better health outcomes for all, and to build systems that are truly equitable. Our responsibility is to those on the frontlines: the local actors advancing gender equality, fairness, and equity.

Mariângela Batista Galvão Simão
Secretary of Health and
Environmental Surveillance,
Ministry of Health, Brazil



Global 50/50 is a steady purveyor of independent analyses. The rigour of their data and findings, and the clear, accessible presentation of their work, consistently delivers the tools we need in global health - empowering communities and advocates to push for the change they want to see, and making decision-makers and institutions accountable for representation and equality.

Jocalyn Clark
International Editor, The BMJ



We can, and must, use the data in this Report to reimagine a fairer world where power is no longer concentrated in one hemisphere but shared equitably. That change will come from movements working across levels, borders, and sectors—and from shifting our understanding of power from a means of control to the ability to uplift, strengthened through solidarity, shared leadership, and mutual accountability.

Sharmila Mhatre
Independent Consultant



What stops leaders from acting? Who benefits from leaving some behind? This Report challenges us to confront those questions, and to ensure data becomes a tool for advocacy and action, not just national and global reporting.

Mahesh Puri
Co-Director, Center for Research on Environment Health and Population Activities, Nepal



The Report recognises the extreme pressure many organisations face, navigating vague requirements while safeguarding their mission. Some organisations removed public commitments to DEI to be compliant, despite deep (and previously posted) commitments to the principles and practice of DEI. It's now up to these organisations to continue to assess what public commitments they can bring back, toward our shared goal of meaningful and visible progress.

Traci L. Baird
President and CEO of EngenderHealth



As a final year medical student, I want to know that I'm part of a global health workforce committed to gender equality, fairness, and equity. Global 50/50 gives me hope that change is possible, and that young leaders like me have a role in shaping a more just and inclusive future.

Lucía Pérez Gómez
Vice-President for External Affairs, International Federation of Medical Students Associations



WORD FROM THE GLOBAL 50/50 COLLECTIVE

*'Not everything that is faced can be changed;
but nothing can be changed until it is faced.'*

James Baldwin

The struggle for equality and universal human rights is long, punctuated with progress but also setbacks. Decolonisation, anti-racism, universal suffrage, disability inclusion, decriminalisation of same-sex relationships; these embody the ongoing interaction of ideas, institutions and interests over the kind of world we want to live in, and who gets to decide.

In 2025, we find ourselves at an inflection point in that ongoing journey. The global health ecosystem, still recovering from a global pandemic, now faces multiple and unprecedented shocks: rising armed conflict with associated forced displacement and migration,¹ a growing number of climate-related and extreme weather events with widespread consequences for health; spiralling debt and egregious inequalities; declining trust in institutions; and democratic backsliding.



From our Diversity and Struggle
Buenos Aires, Argentina. 2023.
Natalia Volpe

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Added to this, the anti-gender movement and spread of regressive ideologies, including a backlash against inclusion and diversity policies, have gained ground, emboldened by the rise of authoritarian governments around the world. Impacts are experienced in a variety of ways including through the reversal of hard-won rights to reproductive and sexual health,² and some government agencies being required to use the term 'sex' not 'gender' in all their work – this turn back to biological determinism is compounded by the defunding of gender-related programmes and policies.³ Growing backlash, disinformation, and political division are not only doing harm: they are pushing the global community further away from the collective, justice-oriented approaches needed to understand and address these intersecting challenges.⁴

The polycrisis in health is occurring against a backdrop of the collapse in development aid from the world's biggest donors. What's more, we are witnessing the hollowing out of the very institutions created to support global cooperation and shared wellbeing, including the World Health Organization (WHO) and other United Nations (UN) agencies. The United States of America (USA) has shut down The United States Agency for International Development (USAID), reversing decades of investment and putting the health and wellbeing of millions of people worldwide at even greater risk. Women-led organisations and those which serve sexual and reproductive health and rights in humanitarian contexts, already chronically underfunded, are now in financial crisis.⁵

WHY WORKPLACE COMMITMENTS STILL MATTER

In this fraught global context, tracking workplace policies and organisational commitments to gender equality might seem tone deaf. Similar criticisms surfaced when Global Health 50/50 (now Global 50/50 or G5050) began tracking sex-disaggregated data on COVID-19 and the role of gender during the pandemic, and yet this data proved essential to understand the gendered experience of COVID-19 and guide an effective public health response. Indeed, decisions made by organisations active in global health affect the lives and wellbeing of millions of people worldwide, whether as beneficiaries or as employees. The data on which they rely, their organisational cultures and decision-making processes have a direct impact on what is funded, and who benefits.

The workplace is not only a site of economic activity, but also a space of social reproduction, where norms are shaped, inequalities entrenched or resisted, and cultures formed. The global health sector remains highly unequal, sustained by the often underpaid or unpaid labour of women, particularly those from marginalised racial and ethnic groups.⁶ This labour is the backbone of entire systems, yet continues to be materially and culturally devalued.⁷ Recent progress, albeit limited, toward making the sector more equitable is now being dismantled. Regressive forces understand that workplace policies and practices that aim to address the distribution of power and opportunity pose a threat to their social project.⁸ That is why efforts toward fairness and inclusion are now under such sustained attack.

Tracking progress or stagnation on gender justice (see [Box 3](#) for definition) in the workplace therefore serves a crucial purpose by shining a light on the values and power dynamics of the global health sector and the broader sociopolitical context in which organisations operate. Reflecting on the situation, a director from one of the organisations in our sample asked us, 'If international agencies begin to comply with the gender backlash, we must ask ourselves: what have we become?'.

DECLINING PUBLIC COMMITMENTS, INCREASING INTERNAL DISSONANCE

Our 2024 Report documented persistent power imbalances in global health: we found that just 2% of non-profit board seats were held by women from low-income countries.⁹ We also warned of a growing backlash against gender equality and inclusion. What we did not anticipate, however, was the extent or pace of the rollbacks which would follow.

This year, for the first time since Global 50/50 began tracking public commitments and policies on gender equality in global health in 2017, we are documenting a clear decline in both.

The percentage of organisations with a public commitment to gender equality fell from 84% in 2024 to 75% in 2025. The drop is sharpest among organisations with US federal funding,^a where commitments dropped by 19% over the same period.

We rely on publicly available information in compiling our reports – a method that promotes transparency but is not without its limitations. One such limitation is the potential disconnect between how an organisation speaks about itself publicly and how it operates behind closed doors. In previous years, we heard concerns that while organisations may have good practice policies in place, their implementation and contribution to safe, equitable workplaces and working lives was highly variable. This year, we have heard the opposite – that a lack of policies in the public domain does not mean that an organisation has stopped or slowed its equality activities internally. The value of our approach, however, lies in offering a clear, comparative snapshot of how organisations publicly present their commitments and policies at a given moment in time.

Organisations move in the current of social and political change, sometimes pulled forward in bold, progressive steps, at other times tugged backward, into more conservative and regressive terrain. In compiling this report, we listened closely to people working within the global health sector. They shared their frustration, sadness and fear in their struggle to uphold principles of equality and fairness in the face of legal and political threats.

Amid these challenges, we've also heard stories of hope, of solidarity, compassion, and the quiet resolve of colleagues supporting one another to stand firm in efforts to embed and protect gender justice and inclusion in the workplace.

^a References to 'US funded' or 'US federally funded' organisations refer to those identified as being in receipt of an award from US federal grants or contracts during any part of 2025. We recognise that being in receipt of an award is not equivalent to receiving funds per se. All data identifying whether or not an organisation was awarded US federal funds during this period was gathered from usaspending.gov (see Annex for further details).

KEEPING THE SPOTLIGHT ON

At G5050, shared goals of social justice make us more determined than ever to fulfil our mission of transparency, monitoring and accountability of those in power. It is for this reason that this Report, like others before it, publishes a full index of results and identifies the organisations in our sample. We will continue to scrutinise, congratulate, challenge, and bear witness. The consequences of ceding space to a conservative rollback on equality and justice are already evident. Fairness, justice and dignity, are not 'nice to haves': they are the foundations of healthy and just societies.

We encourage our fellow global health partners, stakeholders and activists to relay and make use of the findings in this report as a tool to hold the global health sector to account and to hold the line against those who seek to undo the gains made to date.

We close this Word from the Collective with a heartfelt thank you to all those who have supported G5050's work since our beginning in 2017, and continue to do so, despite the ebb and flow of challenges. It is thanks to our donors, partner organisations, advisory board, board of trustees and colleagues that we can go further each year in exploring, detailing and highlighting social justice inequities.



SUMMARY

Global 50/50's eighth annual Health Report finds a marked downturn in the public availability of organisational commitments and policies for workplace fairness and equity. The gains reported in previous years were fragile; the figures presented in this year's Report are a reminder that the road to social justice, including gender justice, is long, with inevitable setbacks.

The 2025 Global Health 50/50 Report, and the accompanying Gender and Health Index, shines a light on whether and how organisations are playing their part in addressing two interlinked dimensions of inequality: inequality of opportunity in career pathways inside organisations; and inequality in who benefits from the global health system. The Report assesses the gender, fairness and equity-related policies and practices of 199 organisations^b active in global health – covering 37 countries and over 4 million employees, and provides a comprehensive overview on gender equality and the distribution of power and privilege across the global health ecosystem.

^b The 2025 Global Health 50/50 Report includes 199 organisations in its sample analysis, including USAID, which was still operational at the time the dataset was finalised. However, as USAID formally closed on the 1st of July 2025, it has been removed from the online Index.



Ruby
Syracuse, New York, USA. 2025.
Md Zobayer Hossain Joati

SUMMARY

The 2025 Report seeks to contribute to understanding how current political contexts impact the most influential organisations active in global health – and their ability and/or willingness to maintain gender justice, fairness and equity commitments. For the first time since G5050 began monitoring in 2017, we document a regression across the variables we assess. The regression is particularly marked for organisations (both for-profit and non-profits) with US federal grants or contracts^c who stand to lose funding, influence or charitable status if they do not comply with the directives from the current US administration, whether such outcomes are legally enforceable or not.¹⁰

We recognise that this removal of public commitments and policies does not necessarily mean that organisations have foregone their commitment to creating and delivering workplaces that are fair and equitable for all people, nor that the organisations have abandoned their commitments to gender justice. It may simply mean that organisations have responded to external pressures by removing publicly available policies.

While recognising the challenges posed by the current climate, this moment of rupture can also provide us with an opportunity to reclaim, rethink and realise more sustainable and equitable institutions and systems in the future. What ‘holding the line’ means will vary from organisation to organisation, but all of us within the global health sector have a role to play:

1

WORKPLACES

Uphold and implement core commitments and values of gender equality, fairness and equity. Organisations forced to change public-facing language or policies to comply with rollback can still ensure principles of fairness and equity are communicated, embodied and implemented internally. They should continue to monitor the context closely, and ensure these changes remain temporary. The censure of public commitments and policies should not become the new norm.

2

LEADERSHIP

Lead boldly and visibly. Organisations with greater freedom can and must use their voices to champion fairness and equity across the sector.

3

THE GLOBAL HEALTH COMMUNITY

Reassert core principles of fairness and equity across the sector as the global health landscape and architecture shifts. As global institutions are increasingly hollowed out, have their roles redrawn, or are holding their course in a very different environment, this is an opportunity to ensure that these core principles are not only protected but meaningfully advanced, adapted and embedded into regional, national and local responses to health inequity and social injustice.

EXPLORE ORGANISATIONS' PERFORMANCE



^c References to ‘US funded’ or ‘US federally funded’ organisations refer to those identified as being in receipt of an award from US federal grants or contracts during any part of 2025. We recognise that being in receipt of an award is not equivalent to receiving funds per se. All data identifying whether or not an organisation was awarded US federal funds during this period was gathered from usaspending.gov (see Annex for further details).

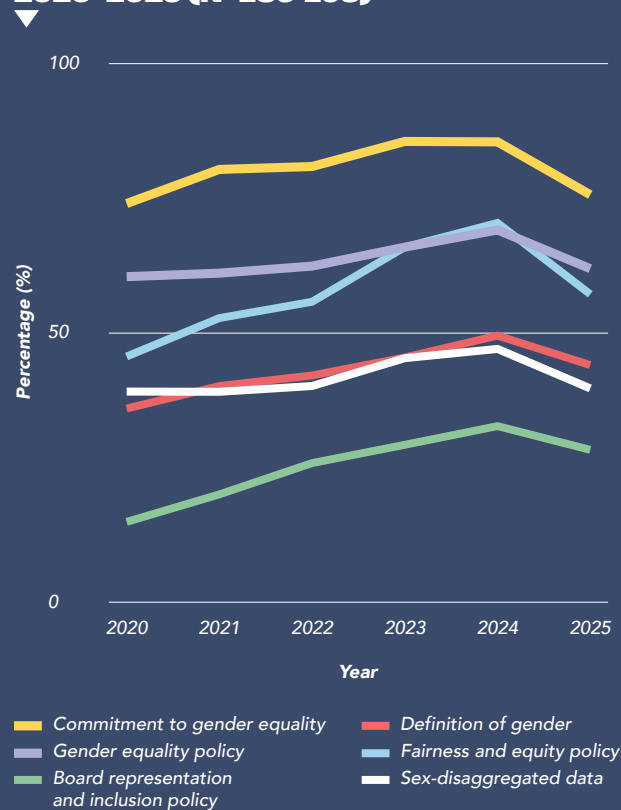
SNAPSHOT

2025 data highlight the fragility of past gains for 199 organisations active in global health

PROGRESS HALTED

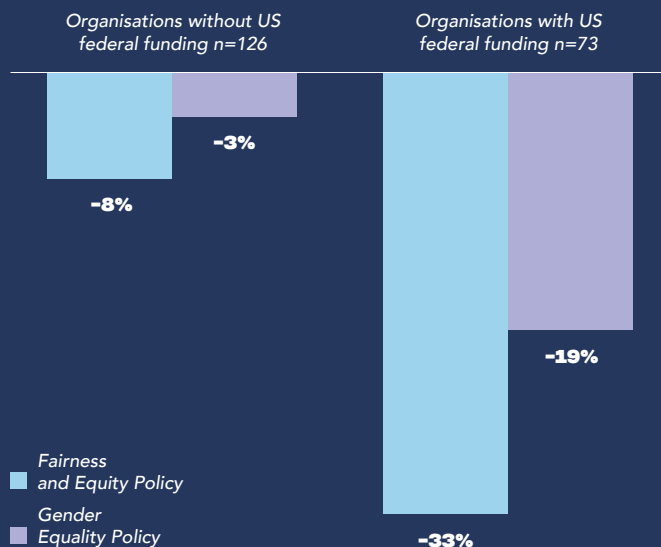
For the first time since our monitoring began, we document regression across every core variable we assess

PERCENTAGE OF ORGANISATIONS WITH HIGHEST SCORE FOR EACH VARIABLE, 2020-2025 (N=186-193)



US POLITICAL SHIFTS IN 2025 COINCIDES WITH DOWNTURN

DECLINE IN WORKPLACE POLICIES, 2024-2025



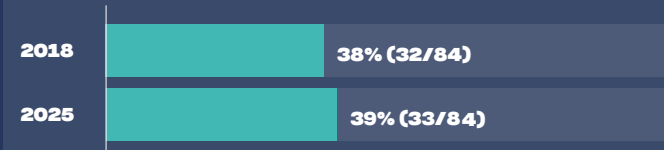
↓ Workplace fairness and equity policies **DOWN 33%** across organisations with US federal funding.

↓ Workplace gender equality policies **DOWN 19%** across organisations with US federal funding.

GENDER PARITY IN LEADERSHIP REMAINS OUT OF REACH

NON-PROFITS

Seven years on, women represent 39% of the CEOs across the non-profit sector - barely more than in 2018



FOR-PROFITS

Progress but far from parity



POLICY DOWNTURN UNDERMINES PROGRESS IN WOMEN'S LEADERSHIP

Workplace policies for gender equality, fairness and equity are key to enabling inclusive and equitable leadership in global health. The decline in publicly available policies sends a warning signal for women's leadership, particularly given the lack of progress.

INTRODUCTION: A MOMENT OF RUPTURE— AN OPPORTUNITY FOR CHANGE

▼
If Fishes Could Talk
Osogbo, Nigeria. 2023.
David Olayide

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Frameworks for equality often emerge from rupture and a demand for justice.¹¹ In this way, while the consequences of populist and authoritarian pushback on social justice and global health are real and devastating, this moment can also trigger a movement for change.

The 2020 Global Health 50/50 Report stated:¹²

[T]he very concepts of gender and gender equality, and those who dare to promote it, are under attack worldwide... now is the time for the global health ecosystem to be clear and resolute in both what gender means and that gender equality benefits everyone – in line with leaving no one behind and the right to health for all.

Five years on, this call to action is just as poignant. G5050's mission of holding up a mirror to power and privilege in the global health sector is more important than ever: 2025 has so far been devastating for social justice and equality. Funding cuts and regressive politics have struck at social justice values, policies and programmes all over the world.¹³ Many of the organisations working to advance scientific knowledge and improve the health and wellbeing of millions of people have been obstructed by rapid decisions to end funding or impose restrictions on what they can deliver,¹⁴ who they can serve and where. Responses have varied across the global health sector. Some non-profits are adapting language and the framing of programmes, while those not exposed to US funding have been less affected. The logic of profit generation and protection of the 'bottom line', whether for shareholders, private owners, or

investors,¹⁵ has seen some organisations in the for-profit sector remove or scale-back on their commitments and policies.¹⁶ For example, for-profit consultancies with large US federal government contracts appear to be under particular pressure to drop equality- and diversity-related commitments.¹⁷

The global health system was, and remains, deeply inequitable. Power, resources, and decision-making are concentrated in the hands of a few high-income countries.^{d,18} External debt servicing exceeds spending on health in more than 75% of lower-income countries.¹⁹ The withdrawal of development aid is likely to place even greater pressure on domestic budgets, further limiting investments in national health systems and putting the basic needs and wellbeing of millions in peril.

For many countries, communities and individuals, returning to the status quo is not only undesirable but untenable. Economic, political and social inequalities call for structural change rather than a revival of systems that have failed to deliver health equity.

^d The 2024 Global Health 50/50 Report found that 87% of non-profit and 98% of for-profit companies active in health were headquartered in high-income countries.



PART 1



The beauty of Global 50/50's work is that it provides a non-partisan space to talk honestly about a shared, if challenging, agenda. Its evidence-informed Annual Report stands out as a much-needed mirror on the global health sector, and in many ways, it is the singular accountability mechanism for gender equality in the sector. In these times more than ever, Global 50/50's data nudges and rewards our quiet persistence to translate values into public-facing actions.

Karl Hofmann

CEO of HealthX Partners Washington DC, parent organisation of PSI

POCKETS OF PROGRESS

Some organisations are maintaining or even strengthening their commitments. In March 2025, the European Commission launched the Roadmap for Women's Rights marking a renewed commitment to gender equality across the European Union (EU).²⁰ Principle 5 of its accompanying declaration commits to eradicating the gender employment gap, eliminating gender-based violence and sexual harassment in the workplace, alongside ensuring quality jobs and decent work for all.²¹ In 2024, the Institut Pasteur became the first French research institute to establish the position of Director of Diversity, Equity and Inclusion (at such a senior and strategic

level),²² and Medicines Patent Pool (MPP) adopted a new Menstrual and Menopause Policy, offering flexible work, awareness, and training to support women's health needs.²³

In a series of dialogues between Global 50/50 and several organisations in the sample, stakeholders made clear that while they may have removed diversity and inclusion language or gender policies to comply with US federal directives, this does not necessarily reflect – or result in – actual change in their internal values and practices.



In the face of growing hostility to gender equality and reproductive rights, holding the line is not enough. For organisations working across diverse and often difficult contexts, staying true to our values means rooting our work in the realities of the communities we serve, not in the shifting winds of political convenience. When the space to act narrows, we find new ways to act, to speak, and to stand with those most affected.

Seri Wendoh

International Planned Parenthood Federation Senior Technical Advisor



▼
Mañjunāth to Manjam'ma "Chronicles of a Transgender"
Karnataka, India. 2024.
Haider Khan

ABOUT THE REPORT

ANNUAL ANALYSIS OF ORGANISATIONS' GENDER-RELATED POLICIES AND PRACTICES

Every year, Global 50/50 shines a light on whether and how organisations are playing their part in addressing two interlinked dimensions of inequality: inequality of opportunity in career pathways inside organisations; and inequality in who benefits from the global health system. The Global Health 50/50 Report assesses the gender, fairness and equity-related policies and practices of 199 organisations active in global health – covering 37 countries and over 4 million employees.

Following an introduction to the challenges of the moment in which this Report arrives, Part 2 situates recent debates on diversity, equity and inclusion frameworks within a longer history of practices to advance fairness.

Part 3 presents our findings on the progress of organisations over eight years, including on public commitments to gender equality, workplace gender equality, fairness and equity policies, representation in leadership, and reporting data disaggregated by sex. Analyses are also presented on the change in organisational commitments and policies between 2024 and 2025.

Part 4 offers a three-point agenda for building on this moment of change to safeguard, reaffirm and embed core principles of fairness, equity, and justice.

Full details on G5050 data collection methods for the core variables can be found in the Annex.

BOX 1. ADAPTING OUR REPORT IN THE CURRENT CONTEXT

Since 2017 we have measured, analysed and reported on the same core variables in our Health Report and Gender and Health Index – with slight adaptations and adjustments to methods and variable definitions as we gained deeper insights into the work of organisations themselves. We are proud that these reports have resulted in positive impacts in many organisations, and it has been gratifying to learn of a ‘healthy competition’ between some organisations in how they perform in our Index.

In compiling the data for the 2025 report we consulted with a range of stakeholders – those working for or leading some of the organisations in the sample, external thought leaders, global health experts, and gender specialists – seeking advice and recommendations on the changes we should make to our methods, approach and reporting. Our driving principles were to ‘do no harm’ (to organisations and their employees) while also seeking to uphold the core values and practices of accountability and transparency.

The changes we have made to the approach adopted in previous years include the following:

- No individual results of the grading of organisational performance (Very High, High, Moderate, Low, Very Low) are reported; instead aggregate results are presented in each category – see Part 3.
- Quotes from stakeholders are anonymised where requested.
- No internal policy documents were scored and are not included in the Gender and Health Index.
- The Workplace Diversity and Inclusion and Board Diversity and Inclusion variables were renamed to Workplace Fairness and Equity and Board Representation and Inclusion to more accurately reflect the broader policies and initiatives these variables capture, beyond DEI (see Box 2).

We recognise that the findings presented in the report may not represent the ‘true picture’ of organisational performance. For example, policies and commitments may be available for viewing by employees of an organisation and continue to be applied, even if they are not publicly available. Our methodology and ethical approval preclude us from including assessments of policies that are not in the public domain, unless additional ethical review and consent from organisations are undertaken. Furthermore, we are aware that the presence of a policy does not guarantee implementation. Despite these caveats, and after wide consultation and deep consideration, we present the findings of our annual review, not just as a matter of accountability and historical record, but also as a reminder that progress is still being made in many parts of the sector despite the political context.

Organisational performance from previous years can still be found on [Organisational Profile pages](#) and in past [Global Health 50/50 Reports](#).

**EXPLORE ORGANISATIONS’
PERFORMANCE**



DISAGGREGATING THE DATA: NON-PROFITS AND FOR-PROFITS IN THE SHADOW OF THE US

Findings are disaggregated by organisational type (for-profit and non-profit), recognising the inherent differences in roles, interests and motivations between profit-generating companies with an interest in health and non-profit organisations with core mandates to advance global health and wellbeing. Organisations have been further disaggregated by those with a US federal government grant or contract and those that do not (see Annex).^e Disaggregation by sector and funding status allows an

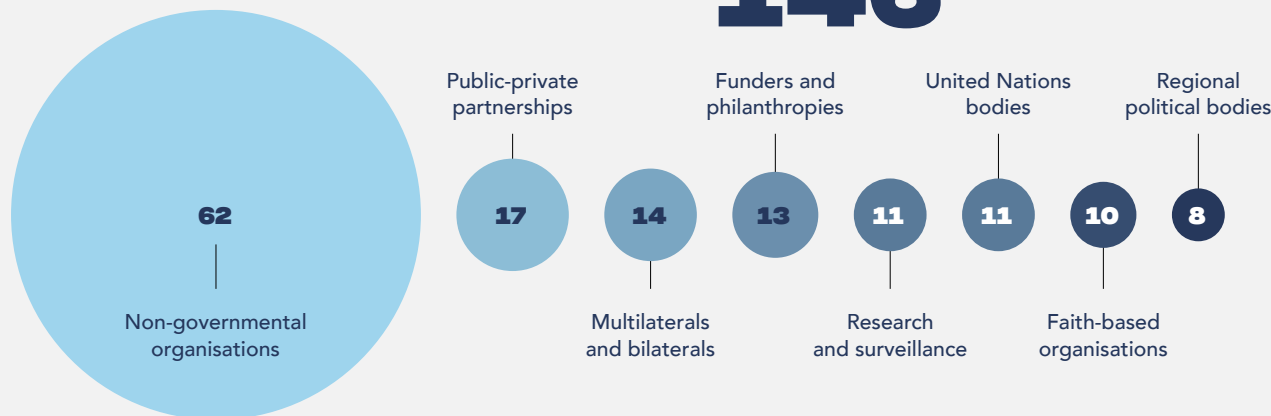
examination of how the current US political and legal environment has shaped workplaces across organisational types.

THE 2025 SAMPLE OF GLOBAL ORGANISATIONS ACTIVE IN GLOBAL HEALTH

The Global Health 50/50 Report and Gender and Health Index continue to provide the single most comprehensive analysis on gender justice and workplace fairness and the distribution of power and privilege in global health. The 2025 sample comprises:

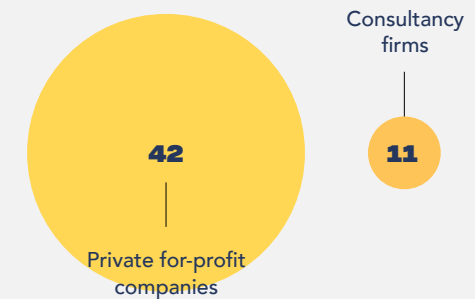
NON-PROFITS

146



FOR-PROFITS

53



^e To undertake this analysis we collected data from usaspending.gov to assess whether an organisation had been awarded US federal funds during any period covering 2025. We have categorised these organisations as being 'current funding recipients'. However, we recognise that being awarded federal funds is not equivalent to receiving such funds, and many organisations did not, in fact, receive awarded funds in 2025.

These are highly heterogeneous organisations, each with their own unique purpose, system of governance and organisational arrangements. Staff numbers range from a handful to half a million employees. What unites them is a stated interest in influencing health outcomes and/or global health policy. G5050 has taken a deliberative approach to identifying a broad and representative sample of organisations active in global health, including organisations based in low- and middle-income countries, for inclusion in its annual reports. Two organisations (both non-governmental organisations) were removed from our sample in 2025 – as one had ceased its health operations, and the other had ceased international operations.

The 2025 analysis includes 199 organisations in its sample, including USAID, which was still operational at the time the dataset was finalised. However, as USAID formally closed on the 1st of July 2025, it has been removed from the online Index.

Of the 73 organisations with active US federal funding, 51 are non-profit organisations and 22 are for-profit companies. Of these, 67 are headquartered in high-income countries, including 47 in the US, one is in an upper-middle-income country, three are in lower-middle-income countries, and one is in a low-income country, based on the World Bank country income classification.²⁴

BOX 2. WHY WE RENAMED THE WORKPLACE DIVERSITY AND INCLUSION POLICY VARIABLE

When we first introduced this variable in the 2020 Global Health 50/50 Report, our aim was to capture how organisations go beyond gender to address broader dimensions of inequality and inequity in the workplace, including but not limited to race, ethnicity, disability, sexuality, caste and class.

In 2025, political backlash against diversity, equity and inclusion in the US and beyond prompted us to revisit the language used to describe this variable. We concluded that the term Diversity

and Inclusion had become too narrow to reflect the wide range of inclusion strategies used across different contexts.

We have therefore renamed the variable Fairness and Equity to better reflect its original intent: capturing the presence of workplace policies with concrete measures to address inequalities that go beyond gender.

FAIRNESS BY DESIGN: POLICY APPROACHES TO RESHAPING OPPORTUNITY AROUND THE WORLD



Cricket Is My Emotions
Hathazari, Chattogram, Bangladesh. 2024.
Ziaul Huque

As backlash against diversity, equity and inclusion intensifies in the US and beyond, it is worth situating these debates²⁵ within a longer history of global efforts to advance fairness, equity and justice. Around the world, legal and policy frameworks have sought to rectify deep-seated inequalities and provide opportunities and support for groups that are seen to be disadvantaged, marginalised, under-represented or otherwise excluded from societies.

Here, we look at policies and laws that aim to create fairer conditions for everyone. Though far from exhaustive, the examples we share reflect the mosaic of context-specific responses to inequality emerging from collective mobilisation, political struggle, and at times, violent conflict.²⁶

LEVELLING THE FIELD

Affirmative action is one broad approach to levelling the playing field, aimed at increasing the 'participation of a disadvantaged social group in mainstream institutions.'²⁷ Sometimes referred to as positive discrimination,²⁸ these measures are typically targeted, corrective, and legally mandated, with the aim of redressing horizontal (group-based) inequalities that persist across generations and contexts.²⁹

Quotas are the most visible and enforceable form of affirmative action. They guarantee a fixed percentage or number of

positions for specific groups. Examples include reserving seats in parliament or places in universities.³⁰ Some countries use **nested quotas** to address overlapping or intersecting inequalities, for example, reserved seats for ethnic minority women.³¹

Preferential treatment or soft preferences offer advantage to underrepresented groups. For example, universities may award extra admission points to students from specific backgrounds; civil services may use tie-breakers when candidates are equally qualified; and organisations might implement targeted outreach, scholarships, or mentorship schemes.³²

Since the 1990s, workplace equity initiatives have been influenced by the rise of **diversity management**, particularly in Anglo-American contexts.³³ Defined as 'the official recognition, consideration and support of lifestyles and personal characteristics of all employees by a private firm or an organization',³⁴ initiatives include internal targets, inclusive hiring, and employee resource groups. This approach has framed

diversity as a source of competitive advantage rather than a matter of justice,³⁵ helping to secure buy-in from corporate actors.³⁶ However, it has been criticised for prioritising surface-level reforms over efforts to tackle structural or institutional drivers of discrimination.³⁷

Non-discrimination laws often form the foundation of the above approaches, prohibiting unequal treatment on the basis of protected characteristics such as race, gender, caste, religion, or disability. For example, in 2000, the European Union (EU) adopted the Racial Equality Directive and the Employment Equality Directive to prohibit discrimination on the grounds of racial or ethnic origin, religion or belief, disability, age, and sexual orientation in employment and occupation, among other areas.³⁸

Alternative models, like Venezuelan worker cooperatives, also provide examples of how inclusion can be embedded in institutional processes, prioritising participation, dignity and shared power.³⁹

Evidence shows that these targeted approaches can increase representation of target groups in workplaces, education and politics. For example, a 2023 systematic review of the literature on affirmative action and ethnic inequality found that nearly two-thirds of studies reported positive effects, particularly in terms of increased representation.⁴⁰ At the same time, such policies are also subject to frequent criticism.⁴¹ Further, qualitative studies tend to report more mixed outcomes, including increased stigma toward the target group.⁴²

TAKING AN HISTORICAL VIEW

Countries began scaling up affirmative action policies during the mid-20th century.⁴³ From the 1990s, efforts expanded across politics, public sector employment and education, followed by private sector employment (particularly from the 2010s).⁴⁴ For example, Norway introduced a law in 2003 mandating women make up at least 40% of board members in certain private companies. Finland, Germany, Kenya, and Spain have introduced similar legislation.⁴⁵ Other examples affecting private sector organisations include procurement rules (discussed below in the context of South Africa).

The nature of inequalities, and the specific approach taken to overcome them, are deeply rooted in the historical and socio-political context of each country. The three examples below demonstrate both the complexity of translating principles of justice, fairness and equity into practice, and the varied nature of interventions.

INDIA

India, one of the first countries to adopt affirmative action policies through its Constitution, is also among the most extensively studied contexts for state-led efforts to level the playing field.⁴⁶ Under British colonial rule, rigid hierarchies based on caste, as well as class and ethnicity, were deeply entrenched across economic, political, and social institutions.⁴⁷

Although there were some efforts during the colonial period to address these inequalities, including through quotas for disadvantaged groups;⁴⁸ it was only after independence that affirmative action became public policy and was included in the 1950 Constitution and reinforced by the 1951 First Constitutional Amendment.⁴⁹ Quotas were applied to politics, education, and public employment for two constitutionally recognised categories: Scheduled Castes (SCs) and Scheduled Tribes (STs). A third category, Other Backward Classes (OBCs), was added in 1990 to include other groups identified as disadvantaged.⁵⁰

These policies have generally had positive effects on educational and employment opportunities, including reducing pay gaps and increasing the representation of these groups in public institutions and employment.⁵¹ Since the 1990s, gender quotas at the village level have improved women's political representation and participation, and research shows that this has particularly benefited lower caste women.⁵² Other evidence is less conclusive. One study, for example, finds that SC men in rural areas are more likely than STs to benefit from employment quotas.⁵³

The example of India shows that quotas can improve representation and opportunities for disadvantaged groups, but their impact is also influenced by the complex overlap of caste, gender, religion and class.

SOUTH AFRICA

Apartheid embedded a rigid racial hierarchy in South Africa, with Black South Africans relegated to the bottom.⁵⁴ When apartheid

officially ended in April 1994, the new democratic government introduced a comprehensive set of legal and economic reforms aimed at redressing these entrenched inequalities and transforming the economy and society, including workplaces, to reflect the demographics of the country.⁵⁵

The Employment Equity Act (1998), which applies to all organisations with 50 or more employees, mandates equitable representation and fair treatment in employment, alongside the elimination of unfair discrimination.⁵⁶

This was followed by the Broad-Based Black Economic Empowerment (BEE) Act (2003), which aimed to increase Black ownership and leadership in business.⁵⁷ BEE compliance is strongly incentivised through a scorecard system and companies with low BEE scores risk exclusion from government procurement contracts.⁵⁸

Between 2004 and 2015, industry-specific BEE charters and Codes of Good Practice were introduced, including the establishment of targets such as 60% Black representation in senior management, with 40% of that representation to be Black women.⁵⁹ Companies can improve their BEE scorecard through mechanisms like mentorship programmes for Black suppliers or increased ownership by Black stakeholders.

These policies have shown measurable impact in advancing representation, particularly for Black women.⁶⁰ And yet, as of the 2010s, White men in South Africa still held around 50% of top management positions,⁶¹ highlighting the continued persistence of inequality in leadership structures.

BRAZIL

Brazil's inequality runs along deeply racialised and class lines.⁶² Since the late 1980s, the country has introduced a series of constitutional and legislative reforms aimed at undoing these inequalities. The 1988 Federal Constitution formally banned discrimination based on race, gender, disability, religion, and other characteristics.⁶³ This was followed by several landmark laws, including Law No. 8213 (1991), which introduced quotas requiring organisations with over 100 employees to reserve 2–5% of positions for persons with disabilities, and the Statute of Racial Equality (2010), which created a legal basis for affirmative action in education, employment and public services.⁶⁴

Most progress in affirmative action was made during the 2000s and 2010s, when key reforms were introduced across education and employment. In the early 2000s, several government ministries, including the Ministry of Agrarian Development, implemented racial quotas for Black employees.⁶⁵ At the state level, public universities began adopting racial quotas in admissions; by 2011, more than half of Brazil's public universities had adopted some form of affirmative action.⁶⁶ In 2012, Brazil's Supreme Court ruled in favour of racial quotas in higher education, and in the same year, the National Congress passed the Law of Quotas, establishing both race and class based quotas in federal universities.⁶⁷

Although these efforts remain controversial, evidence shows that 'racial inequality in education decreased significantly between 1992 and 2022',⁶⁸ and that students admitted through affirmative action at one elite university experienced a 14% increase in early-career earnings,⁶⁹ highlighting the long-term positive impact of these measures.⁷⁰ However, enforcement in other areas remains uneven. For example, disability quotas are often disregarded, and many disabled workers remain concentrated in low-wage jobs.⁷¹

WHAT'S AT STAKE

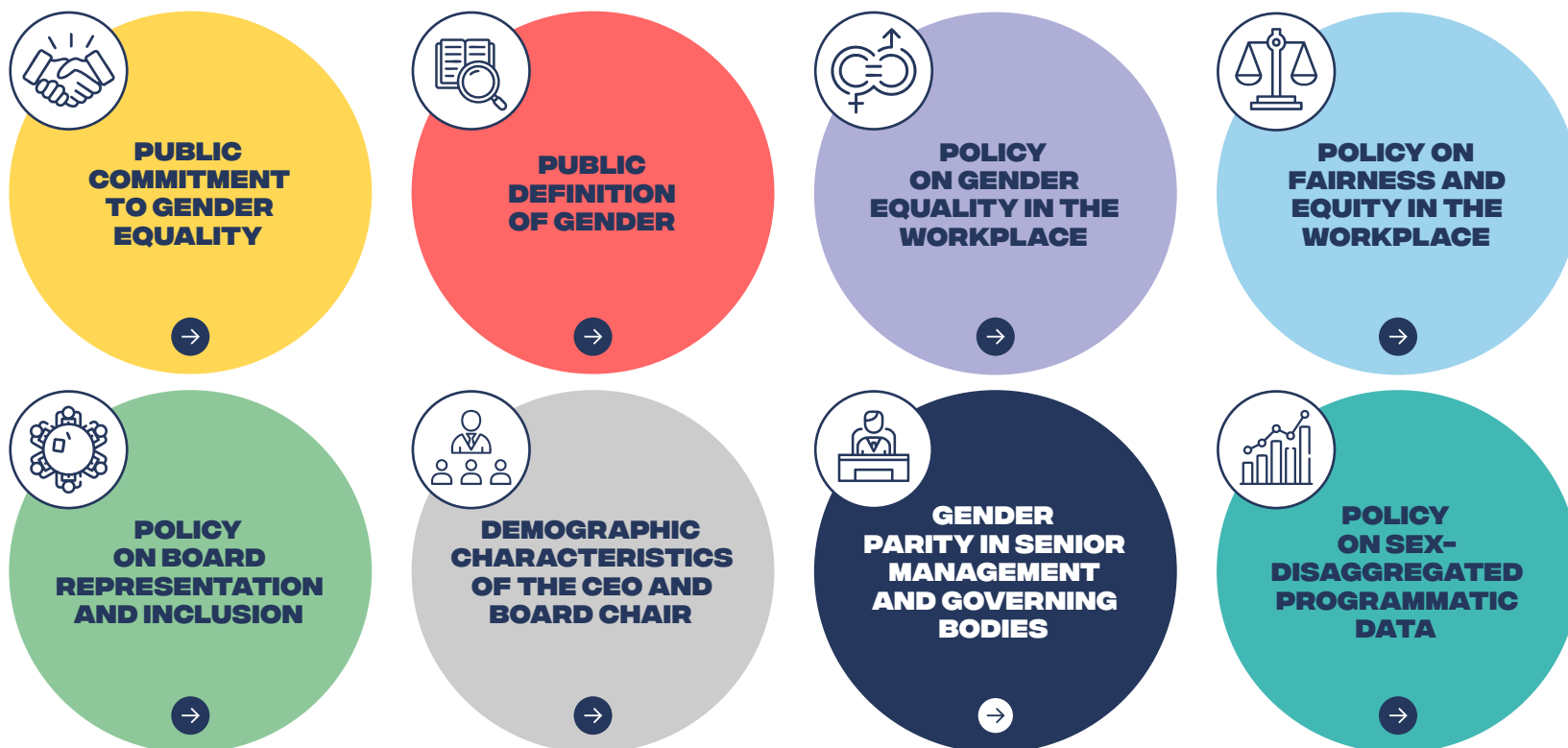
Around the world, and throughout recent history, governments have used quotas, anti-discrimination laws, and redistributive policies to challenge structural injustice. These efforts reflect a universal recognition that inequality isn't accidental and tackling it requires deliberate action. As the concept of DEI faces political pushback, it's vital to keep sight of the deeper struggle: for recognition, redress, and a fairer future. The backlash isn't just about hiring policies but about whether societies are willing to reckon with centuries of injustice, exclusion and marginalisation of whole groups of people.

FINDINGS ON ORGANISATIONAL PERFORMANCE, 2018–2025



MONITORING THE GENDER-RELATED POLICIES OF ORGANISATIONS ACTIVE IN GLOBAL HEALTH

Using publicly available information (gathered and analysed from each organisation's website), we present the findings for the 199 organisations in the 2025 sample (146 non-profit organisations and 53 for-profit companies) on the following variables:



For each of these variables we present trends over time, as well as comparisons between sub-categories of the organisations (for-profit compared to non-profit; with active US federal funding or not).

PART 3



GAIN is proud to continue to contribute to the work of Global 50/50. We take the data we provide and the Report you produce very seriously as an objective, non-gameable assessment of how we are doing in supporting gender equity, diversity and inclusion. It shines a light on where we can improve and where we must sustain performance. We strive to stay in the group of sustained 'high performers' and our Board expects that. Unfortunately, we are in a time when powerful voices tell us inequalities don't matter, that diversity is dilution, and that inclusion is weak. We at GAIN reject this completely. The evidence-based, time-series reporting from Global 50/50 clearly demonstrates the connections between being better at gender and being better in the world. It is more essential than ever.

Lawrence Haddad
Executive Director, GAIN

**EXPLORE ORGANISATIONS'
PERFORMANCE**



**VIEW YOUR DETAILED
ORGANISATIONAL PROFILE**



One of Us
Nairobi, Kenya. 2024.
Phelix Owin

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DEFINITION OF LABELS USED IN FIGURES THROUGHOUT THE REPORT^f

Note on denominators in following charts: The number of organisations assessed for each variable varies slightly, as indicated by the different denominators (n) in the figures. This is because 1) organisations with 10 or fewer staff are not included in the assessment of Workplace Gender Equality and Fairness and Equity policy variables, 2) organisations without boards are not included in the assessment of the Board Representation policies variable.

A note on USAID: The 2025 analysis includes 199 organisations in its sample, including USAID, which was still operational at the time the dataset was finalised. However, as USAID formally closed on the 1st of July 2025, it has been removed from the online Index.

Commitment to gender equality/equity with gender referring to men and women, gender justice, or gender mainstreaming in policy and planning.

Commitment to achieve gender equality, with focus on empowering women and girls (GP).

**COMMITMENT
TO GENDER
EQUALITY**

**BOARD
REPRESENTATION
AND INCLUSION
POLICY**

Board policy with specific strategies and measures (e.g. targets, dedicated seats, monitoring) to promote representation and inclusion, including gender diversity.

Definition of gender found consistent with WHO/UN definition.

**DEFINITION
OF GENDER**

**DEMOGRAPHIC
CHARACTERISTICS
OF THE CEO
AND BOARD CHAIR**

Gender, nationality, and education of the CEO and board chair.

Workplace gender equality affirmative policy with specific measure(s) to improve gender equality and/or support women's careers.

**GENDER
EQUALITY
POLICY**

**GENDER PARITY
IN SENIOR
MANAGEMENT AND
GOVERNING BODIES**

Gender distribution in senior management and governing bodies is 45-55% women, or within a difference of one.

Workplace fairness and equity policy with specific measures to improve fairness and equity.

**FAIRNESS AND
EQUITY POLICY**

**SEX-DISAGGREGATED
DATA POLICY**

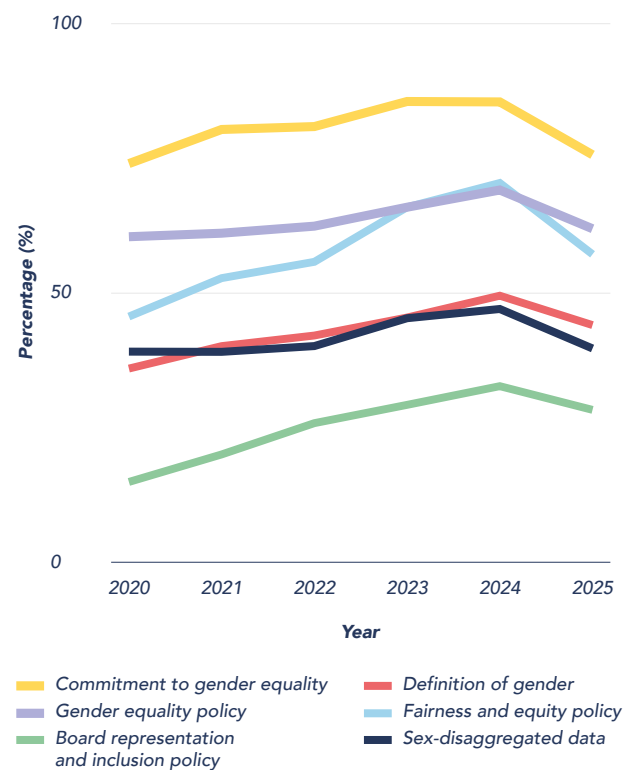
Policy or organisational commitment to regularly report sex-disaggregation of data or to undertake gender analysis.

^f See Scoring Key on Core Variables: https://global5050.org/wp-content/uploads/G5050-Index_Scoring-Key-2025.pdf

MONITORING TRENDS, 2020-2025

Global 50/50 has monitored 193 organisations (141 non-profit organisations and 52 for-profit companies) since 2020. The sample has shifted slightly over the years, with some organisations added

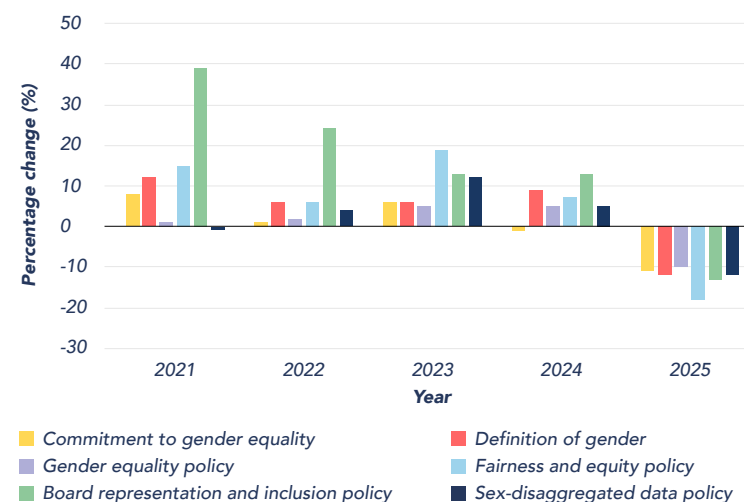
FIGURE 1 Percentage of organisations with highest score for each variable, 2020-2025 (n=186-193)



Note on the time period: While G5050 issued its first report in 2018, two variables were introduced in 2020: Workplace Fairness and Equity policies and Board Representation and Inclusion policies.

since 2020 and some that have closed and thus been removed from the sample. From 2020-2024, G5050 reported a steady increase in organisational performance across six commitment and policy variables, including a 13 percentage point increase (113/187 to 128/186) in workplace gender equality policies and 54 percentage point increase (85/187 to 131/187) in fairness and equity policies. These trends were notably disrupted in 2025, when, for the first time, organisational performance across all six variables declined (Figures 1 and 2).

FIGURE 2 Percentage change in the proportion of organisations with highest score for each variable, 2020-2025 (n=186-193)



MONITORING PERFORMANCE, 2024-2025

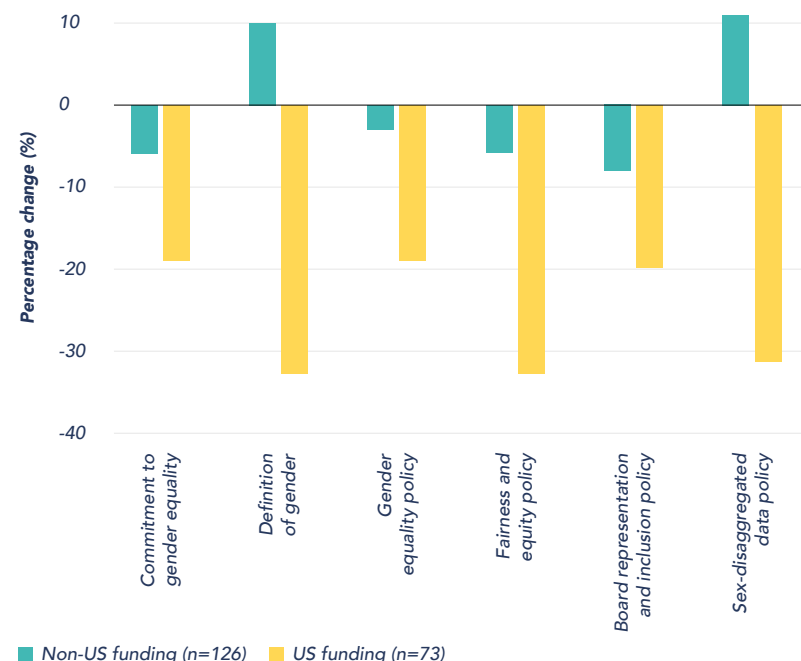
Figure 3 presents percentage change in organisations with the highest score across six core variables, between 2024 and 2025, disaggregated by funding status (organisations with US federal funding vs those without). The analysis includes the full sample of 199 organisations, and explores whether, and how, the current US political and legal climate may be driving changes in policies and commitments for gender equality, fairness and equity. To undertake this analysis, we collected data from usaspending.gov to assess whether an organisation had been awarded US federal funds during any period covering 2025. We have categorised these organisations as being 'current funding recipients'. However, we recognise that being awarded federal funds is not equivalent to receiving such funds, and many organisations did not, in fact, receive awarded funds in 2025.

Among organisations classified as current recipients of US federal funding, we observed a much larger decline in organisational scores — a proportional drop ranging between 19% and 33% across all variables. The largest decreases were in public definitions of gender and in workplace fairness and equity policies (Figure 3).

Among the 126 organisations without current US federal funding, there was a 10-percentage point increase (50/126 to 55/126) in organisations with a public definition of gender, and an 11-percentage point increase (43/126 to 48/126) in organisations with a policy or commitment to the

sex-disaggregation of data. However, there were proportional declines of between 3% and 6%, in the percentage of organisations with a public commitment to gender equality, a workplace gender equality policy, and a workplace fairness and equity policy.

FIGURE 3 Percentage change in organisations with highest score, by funding status (US federal funding vs without US federal funding), 2024-2025



ORGANISATIONAL PERFORMANCE

Since 2022, Global 50/50 has assessed organisations' performance in the Gender and Health Index across five categories: **Very High, High, Moderate, Low, and Very Low**. Performance is calculated using a point-based system applied to eight core variables assessed annually. The updated scoring methodology for 2025, outlined in the Annex, was introduced to improve clarity and better reflect our commitment to transparency and accountability. Please note that the gender of the CEO and Board Chair is not scored.⁹

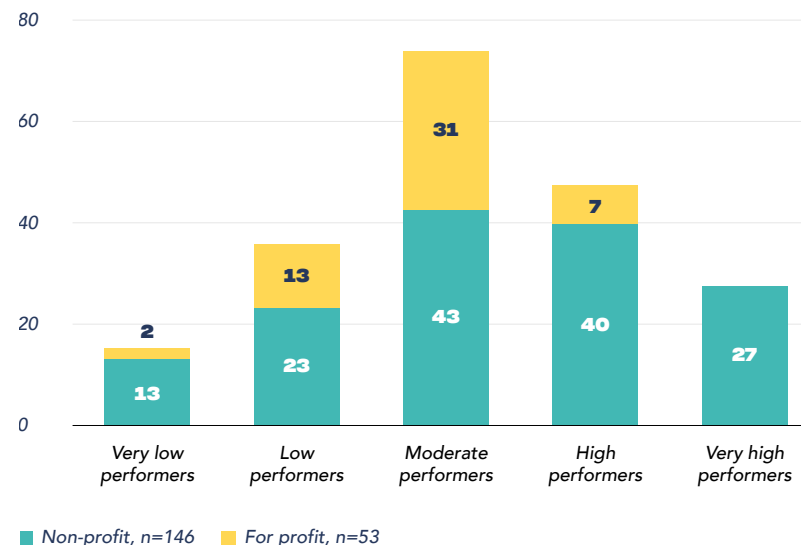
Figure 4 shows the percentage of organisations in each performance category in 2025, broken down by sector (non-profit and for-profit).

Non-profit organisations show stronger commitments and policies for gender equality, fairness and equity compared to for-profit companies.

14% (27/199) of organisations were categorised as **Very High Performers**. To qualify for this category, an organisation needs at least six Green (G) scores and a maximum of two Amber (A) scores, reflecting consistently strong performance across all core variables.

⁹ Organisational performance from previous years can still be found on [Organisational Profile pages](#) and in past [Global Health 50/50 Reports](#).

FIGURE 4 Number of organisations in each performance category, by sector, 2025 (n=199)



In 2025, all Very High Performers were non-profit organisations.

The largest percentage (37%; 74/199) of organisations fell in the Moderate Performance category. Of these 43% (31/72) were for-profit companies and 58% (43/74) were non-profit organisations.

8% (15/199) of organisations were Very Low Performers, with 13% (2/15) for-profit companies and 87% (13/15) non-profit organisations. These organisations had an average of five to six 'Not Found' (NF) scores out of the eight variables assessed, a reflection of limited transparency in commitments and policies for gender equality, fairness and equity.

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PUBLIC COMMITMENT TO GENDER EQUALITY

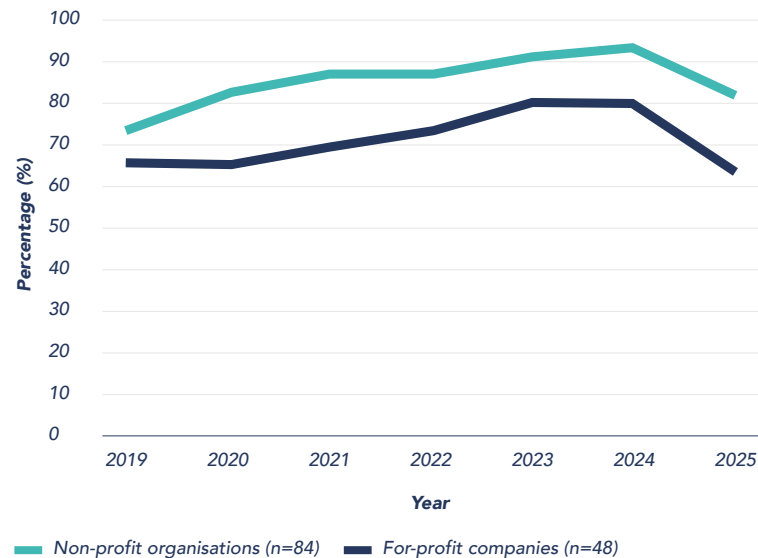


In 2025, 75% (149/199) of organisations had a public commitment to gender equality.

Between 2019 and 2024, public commitments to gender equality became increasingly common across the 132 organisations in the sample since 2019,^h with commitments rising from **70%** (92/132) in 2019 to **87%** (115/132) in 2024.

However, as figure 5 shows, 2025 marks a downward trend in these commitments across both non-profit organisations and for-profit companies.

FIGURE 5 Organisations with a commitment to gender equality by sector, 2019-2025 (%) (n=132)



^h G5050 began collecting data on this variable in 2018. However, given slight adjustments to our methodology between 2018 and 2019, we report this trend analysis starting in 2019.



We removed our DEI policies from our external website (but not from our practices) to protect our ability to be reimbursed by USAID for money they owed us – money we spent on projects designed to advance the health, equality, and rights of women and marginalized communities around the world. Is this irony?

Senior Leader
of Consistently High Performing Non-profit Organisation in the G5050 Gender and Health Index

PUBLIC COMMITMENT TO GENDER EQUALITY



Over this period, we also documented a shift toward a more inclusive and comprehensive understanding of gender equality—one that goes beyond the empowerment of women and girls, to encompass a broader challenge to restrictive gender norms, aiming to build a more just society for all.

Example of an organisation with a commitment to achieve gender equality, with a focus on empowering women and girls:

The action plan for women's rights and gender equality in Norway's foreign and development policy, A fair world is an equal world, will form the basis of Norad's work... The priority concerns work with women's rights through targeted measures such as sexual and reproductive health and rights and gender-based violence, and the integration of equality in other areas such as education, health, food and climate.

The Norwegian Agency for Development Cooperation (Norad)⁷²

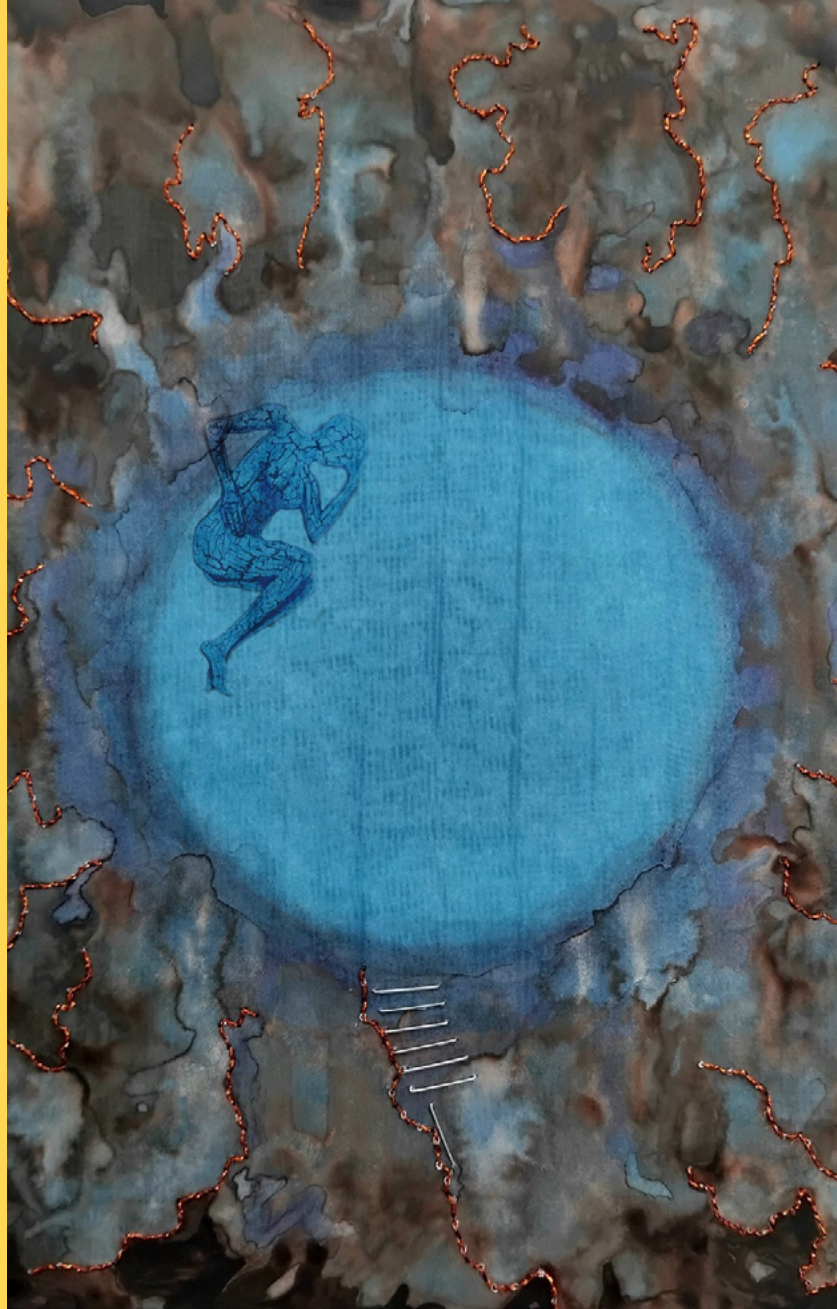
Example of a commitment to gender equality/equity with gender referring to men and women, gender justice, or gender mainstreaming in policy and planning:

The UNDP commitment to gender equality is integral to all efforts to expand people's choices, realize a just and sustainable world, and achieve the vision of the 2030 Agenda for Sustainable Development... UNDP will help governments to place gender equality at the core of political, economic and environmental dialogues and decisions. We stand ready to play this role including in opening difficult conversations around power imbalances and the distribution of resources.

United Nations Development Programme (UNDP) Gender Equality Strategy 2022-2025⁷³

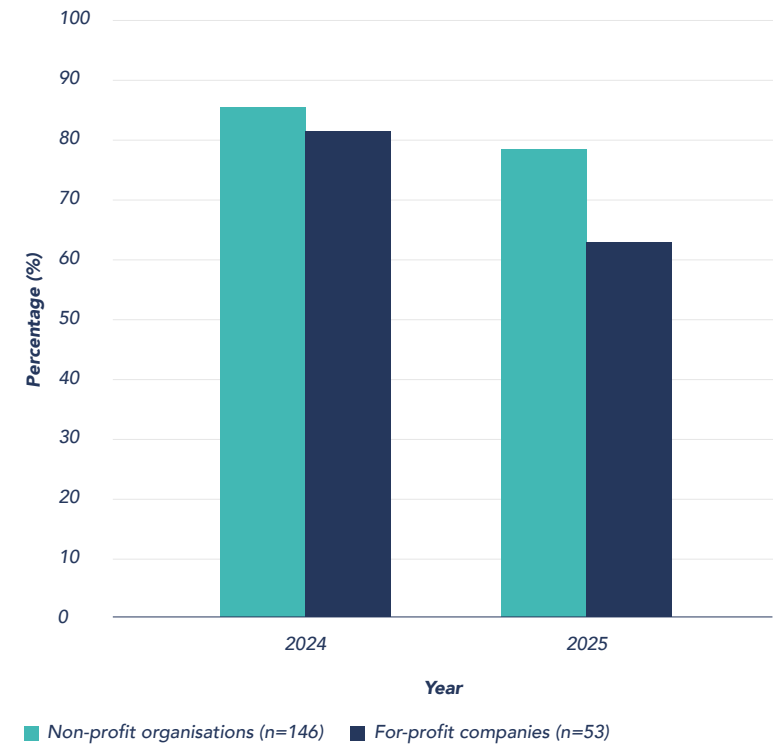
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PUBLIC COMMITMENT TO GENDER EQUALITY



Among the 199 organisations included in both the 2024 and 2025 reports, public commitments to gender equality declined from **84% (168/199)** in 2024 to **75% (149/199)** in 2025, with the most notable decrease, from 81% (43/53) to 62% (33/53), among **for-profit companies** (Figure 6).

FIGURE 6 Organisations with a commitment to gender equality by sector, 2024-2025 (%) (n=199)



Pain me no more!
Nottinghamshire, England. 2025.
Karen Hazelton

PART 3

PUBLIC COMMITMENT TO GENDER EQUALITY



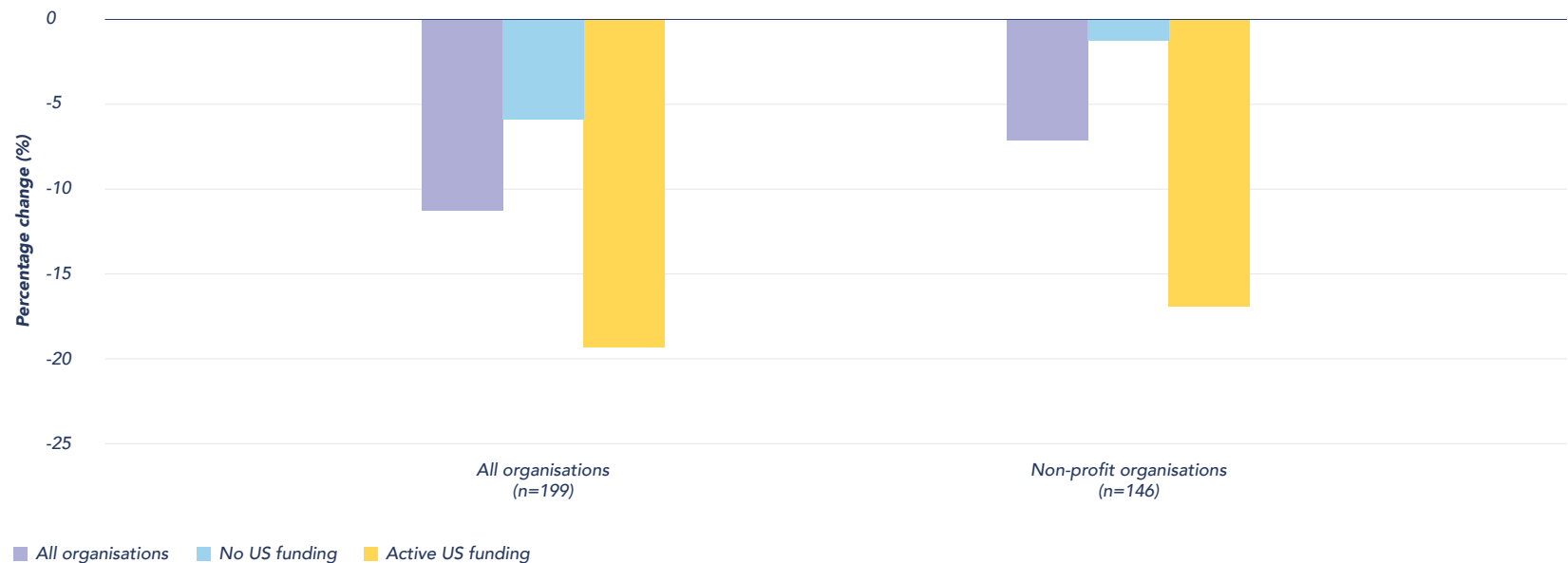
Figure 7 presents the percentage change in public commitments to gender equality between 2024 and 2025, disaggregated by US federal funding status. It shows that organisations with US federal funding experienced the largest decline, with a 19% (67/73 to 54/73) proportional drop in public commitments, compared to a 6% (101/126 to 95/126) proportional decline among organisations without.

Figure 7 also shows the percentage change in public commitments to gender equality for the 146 non-profit

organisations. Among the non-profit organisations with US federal funding, public commitments to gender equality fell proportionally by 17% (47/51 to 39/51) between 2024 and 2025. In contrast, among non-profit organisations without US federal funding there was a 1% (78/95 to 77/95) proportional decline over the same period.

The percentage of for-profit companies with a commitment to gender equality dropped from 81% (43/53) in 2024 to 62% (33/53) in 2025.

FIGURE 7 Percentage change in organisations with a commitment to gender equality by funding status (US federal funding vs. no US federal funding), 2024-2025, (n=199)



PART 3

DEFINING GENDER AND ITS MEANING TO AN ORGANISATION



Gender definitions capture the depth and breadth of an organisation's understanding of power and equality and how that informs decision-making and practice. The conceptualisation of gender – as interacting with but different from sex and as a relational, contextual, and changing social construction that influences who holds power – is foundational to understanding how gender influences both career pathways and health outcomes.

G5050 adopts the definition of gender provided by the World Health Organization (WHO) as its starting point in assessing public definitions of gender.

Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.

World Health Organization (WHO)

See further discussion from WHO on the term 'gender' and its relationship with health [here](#).

BOX 3. GENDER JUSTICE

The report of the Lancet Commission on Gender and Global Health, supported by Global 50/50 through funding, co-chairing, research contributions and operational support, calls for a paradigm shift in how gender is understood and addressed within global health systems. Central to this vision is a definition of Gender Justice:

Gender justice envisions a world in which everyone can thrive irrespective of their position in gender relations. It recognises the diversity of needs and experiences of all people. Gender justice is both a goal and an approach. It aims to achieve both equity (equitable redistribution of resources, access, and opportunities) and equality and non-discrimination for all. A gender-justice approach to health means that sex

and gender differences should not create disadvantages for anyone's health; advances the universal rights of all people; requires overcoming patriarchy, discrimination, coercion, violence, poverty and the anti-gender movement; requires the elimination of sex and gender discrimination; enacts and enforces non-discriminatory laws and policies; addresses the interaction of gendered aspects of social, political, economic, and legal drivers with health and wellbeing; ensures inclusion and diversity in leadership and participation in decision-making processes and institutions; and tracks progress in gender justice and holds decision makers and power holders to account.

Read the full report:

<https://www.thelancet.com/commissions-do/gender-and-health>

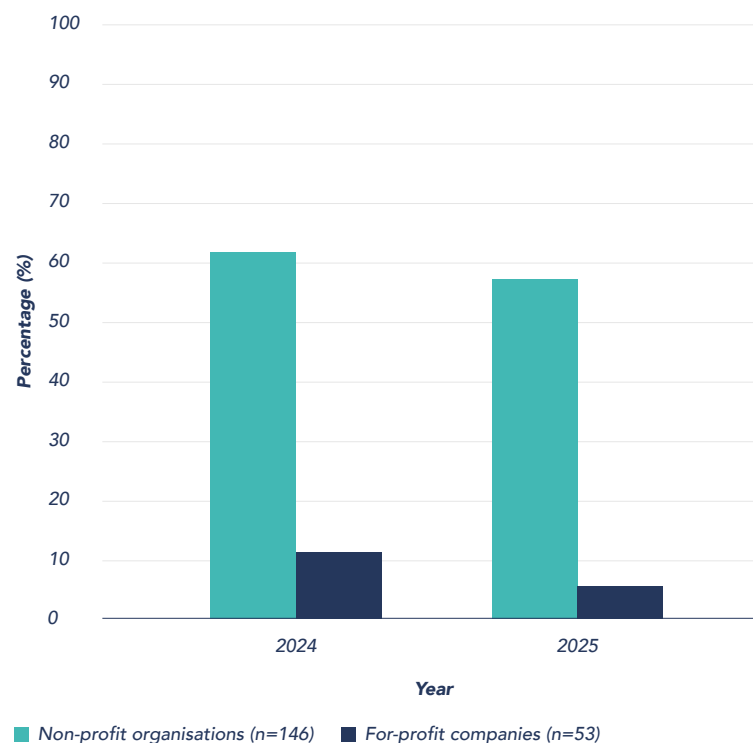
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DEFINING GENDER AND ITS MEANING TO AN ORGANISATION



In **2025**, **43%** (86/199) of organisations published a definition of gender aligned with that of WHO, down from 48% (96/199) in 2024. Among non-profit organisations, the percentage fell from 62% to 57% (90/146 to 83/146), and among for-profit companies, from 11% to 6% (6/53 to 3/53) (Figure 8). This marks a reversal of the upward trend reported in previous years.

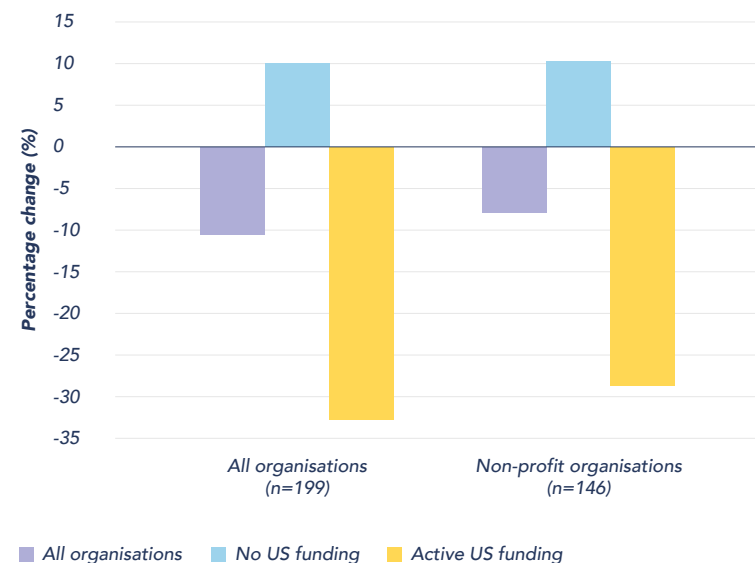
FIGURE 8 Organisations with a definition of gender by sector, 2024-2025 (%), (n=199)



Public definitions of gender among non-profit organisations with US federal funding decreased proportionally by 29% (42/51 to 30/51) between 2024 and 2025, while non-profits without such funding increased proportionally by 10% (48/95 to 53/95) (Figure 9).

The number of for-profit companies with a public definition of gender decreased from 6 (11%) to 3 (6%), out of a total of 53 companies.

FIGURE 9 Percentage change in organisations with a definition of gender by funding status (US federal funding vs. no US federal funding), 2024-2025 (n=199)



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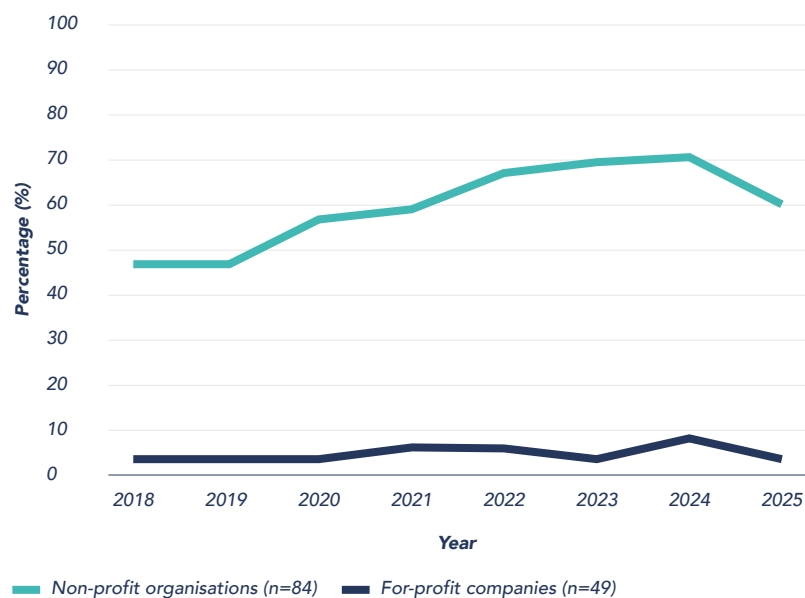
DEFINING GENDER AND ITS MEANING TO AN ORGANISATION



Between 2018 and 2024, organisationsⁱ publishing a definition of gender increased by 16%, from 32% (42/133) to 48% (64/133).

Although non-profit organisations with a public definition of gender declined in 2025, the trend from 2018 to 2025 still shows an increase - from 48% (40/84) in 2018 to 61% (51/84) in 2025 (Figure 10). For-profit companies showed no change over the same period, with just two organisations publishing a definition in both 2018 and 2025 (Figure 10).

FIGURE 10 Organisations with a definition of gender by sector, 2018-2025 (%), (n=133)



ⁱ G5050 has monitored 84 non-profit organisations and 49 for-profit companies since 2018. Organisations added to the sample after 2018 are not included in this analysis

Organisational example:

Gender refers to socially constructed differences between the sexes, norms and cultural expectations on women/girls, men/boys; and how femininity and masculinity is defined. Gender is used when analysing the relationship between men and women, girls and boys, in regard to their different access to power, life opportunities, vulnerabilities and different strategies for change. Gender is also used when discussing differences between different groups of women, men, boys and girls, e.g. with regards to age, ethnic background, social class, sexuality etc.... Gender defines the roles and responsibilities that women and men, girls and boys have in a given context and culture.

Swedish International Development Cooperation Agency, Gender Analysis Principles and Elements⁷⁴



The Global 50/50 Report highlights key aspects of the history of global health organisations, which were founded with noble objectives but emerged in the context of colonialism and capitalism. The current backlash against gender equality is a test of whether the core values on which these organisations were built can withstand moments of crisis. Self-censorship to secure funding risks undermining our ability to confront gender injustice. If international agencies begin to comply with the gender backlash, we must ask ourselves: what have we become?

Senior leader

Very High Performing Organisation in the G5050 Gender and Health Index



Nadim, Hope Never Dies
Bangladesh. 2022.
Sadman Sakib

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WORKPLACE GENDER EQUALITY, FAIRNESS AND EQUITY POLICIES

Legal frameworks exist to protect workers against discrimination, yet this may not be enough to counteract the individual bias and structural discrimination that disadvantage people based on gender identity, sex or other protected characteristics. When implemented meaningfully, gender equality, fairness and equity policies can shift organisational

culture and redistribute power. They offer a platform for broader transformation, not just within organisations, but across the global health system.

Advancing gender equality, fairness and equity in the workplace goes beyond statements of intent. It requires:

Supportive organisational leadership and sustained commitment

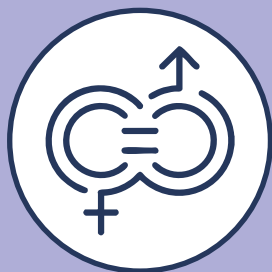
Concrete measures that address inequalities at key points of career progression (e.g. hiring, promotion, pay, retention, leadership development)

A culture of accountability and transparency in removing structural barriers to equitable advancement

G5050 assessed whether organisations (with 10 or more employees) had publicly available policies committing to advancing (1) gender equality and (2) fairness and equity in the workplace, and whether those policies had specific measures in place to guide and monitor progress.

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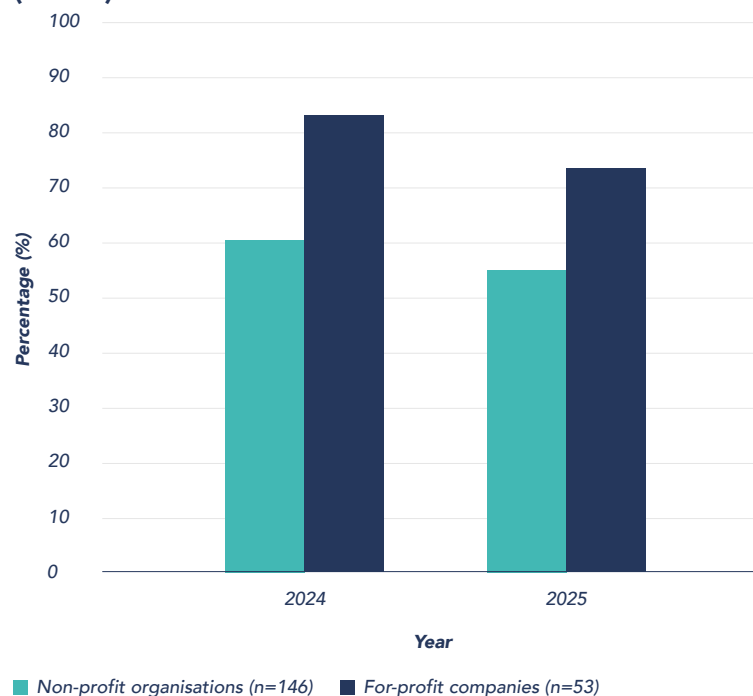
WORKPLACE GENDER EQUALITY POLICY



In 2025, 61% (116/191) of organisations^j had a publicly available gender equality policy with specific measures, down from 68% (129/191) in 2024.

This includes a 9% (86/140 to 78/140) proportional decline among non-profit organisations, and 12% (43/51 to 38/51) proportional decline among for-profit companies (Figure 11).

FIGURE 11 Organisations with a workplace gender equality policy with specific measures by sector, 2024-2025 (%), (n=191)



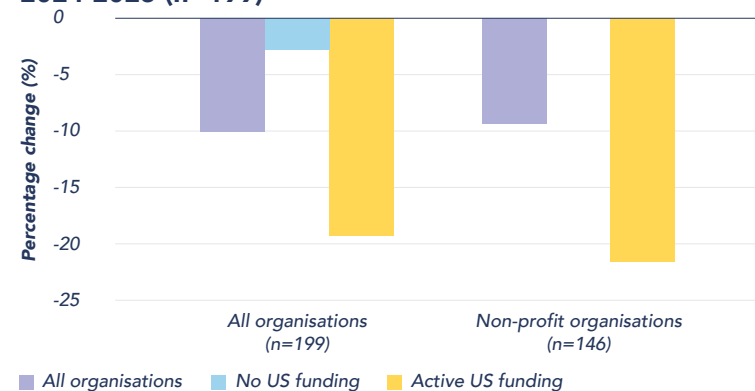
^j 8 organisations have 10 or fewer staff and are not included in the assessment of this variable.

Figure 12 breaks down these findings further by US federal funding status. The steepest proportional decline of 22% (37/51 to 29/51) is found among non-profit organisations with US federal funding. In contrast, the proportion of non-profit organisations with a workplace gender equality policy without such funding did not change between 2024 and 2025 (55%; 49/89).

Gender equality policies found among for-profit companies with US federal funding decreased from 20 to 17, and among companies without US federal funding from 23 to 21.

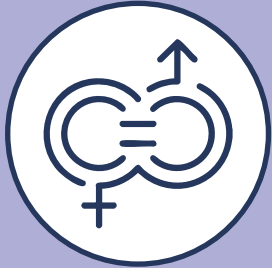
This pattern suggests that while political and funding-related pressures may be disproportionately affecting US federally funded organisations, a broader retrenchment in publicly available workplace gender equality policies is also underway among for-profit companies without US federal funds.

FIGURE 12 Percentage change in organisations with a workplace gender equality policy with specific measures by funding status (US federal funding vs. no US federal funding), 2024-2025 (n=199)



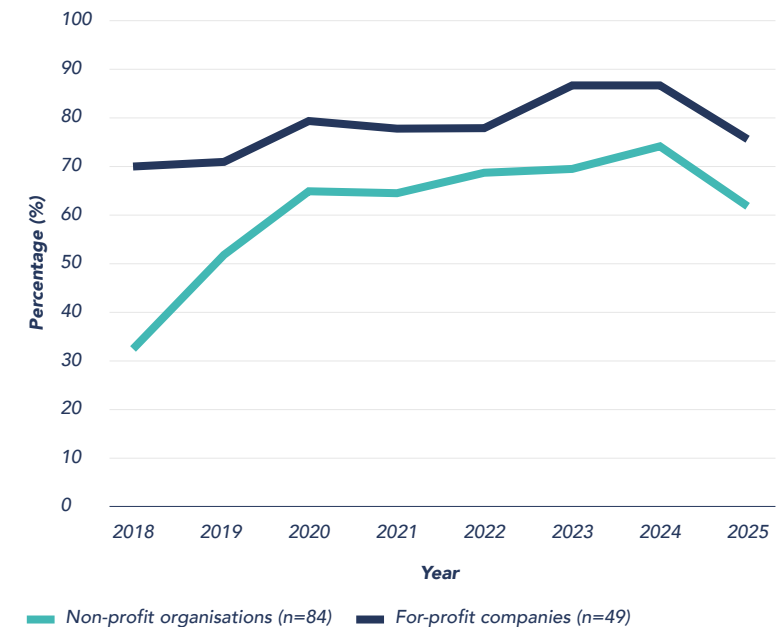
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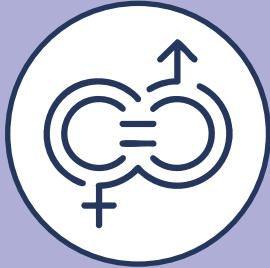
WORKPLACE GENDER EQUALITY POLICY



Taking a longer view, the percentage of non-profit organisations with a gender equality policy with specific measures increased proportionally by 85% (27/82 to 50/81) between 2018 and 2025, but decreased proportionally by 8% (33/47 to 35/46) among for-profit organisations (Figure 13).

FIGURE 13 Change in organisations with a workplace gender equality policy with specific measures by sector, 2018-2025 (%) (n=133)





Organisational examples:

An Office-wide target has been set of 50 per cent of Professional posts to be filled by women, with particular care to be given to gender balance in senior posts. Career development opportunities for General Service staff will be expanded and specific measures will be taken to create a family friendly and enabling working environment for all staff, both men and women.

International Labour Organization (ILO) Policy on Gender Equality and Mainstreaming

Strategic Area 3: We enhance the ability of our organisation to achieve gender equality

Our institutional structure facilitates the decentralised implementation of the Gender Strategy across all organisational units and at every level of the hierarchy. To meet the new requirements, we will ensure a high level of gender-specific expertise and consistent attentiveness on the part of managers by further standardising the provision of resources.

Gender focal persons at departmental and corporate unit level manage the implementation of the measures set out in this strategy within their own units. They will also advise and support gender focal persons at divisional, sectional, country, portfolio and project levels.

Key result 11: By the end of 2028, gender equality and equal opportunities will be part of GIZ's main leadership development programmes.

Key result 12: By the end of 2028, 80 per cent of country offices will have gender action plans containing measures to foster equal opportunities.

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) Gender Strategy 2025-2029

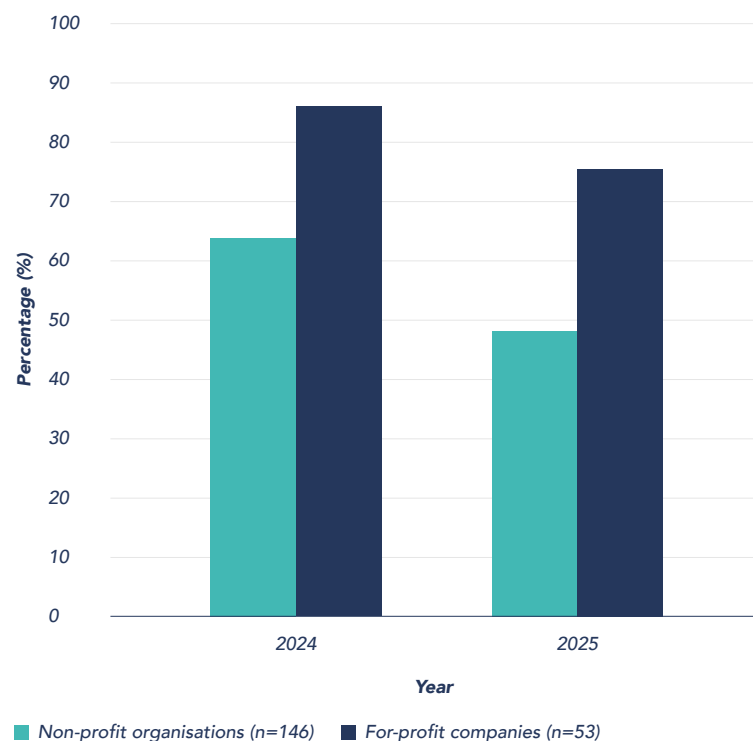
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WORKPLACE FAIRNESS AND EQUITY POLICY



In 2025, 57% (108/191)¹ of organisations had a workplace fairness and equity policy with specific measures, down from 70% (133/191) in 2024. This includes a decrease among non-profit organisations from 64% (89/140) to 49% (69/140), and among for-profit companies from 86% (44/51) to 76% (39/51) (Figure 14).

FIGURE 14 Organisations with a workplace fairness and equity policy with specific measures by sector, 2024-2025 (%) (n=199)

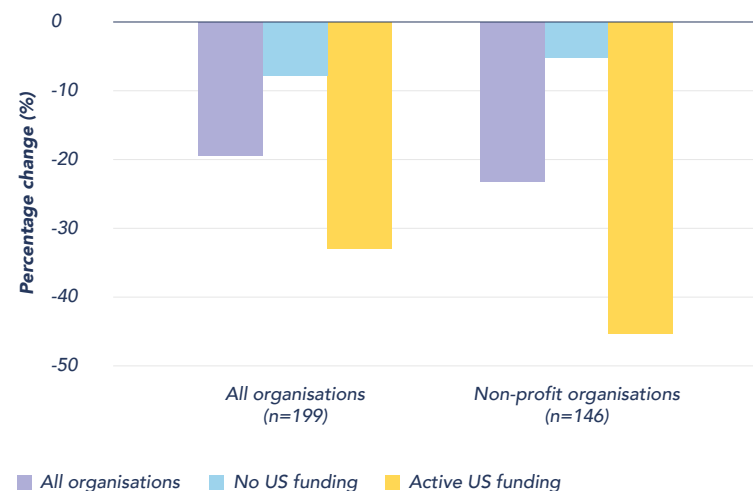


¹ 8 organisations have 10 or fewer staff and are not included in the assessment of this variable.

The data show declines across sectors and funding status, but most sharply among non-profit organisations with US federal funding, where the proportion fell by 45% (40/51 to 22/51) between 2024 and 2025 (Figure 15).

While the removal of public policies may not reflect a shift in internal values or organisational culture, and in some cases may be a temporary response to external pressures, the data presented here highlight a rollback in, at a minimum, the visibility and public availability of workplace fairness and equity policies.

FIGURE 15 Percentage change in organisations with a workplace fairness and equity policy with specific measures by funding status (US federal funding vs. no US federal funding), 2024-2025 (n=199)



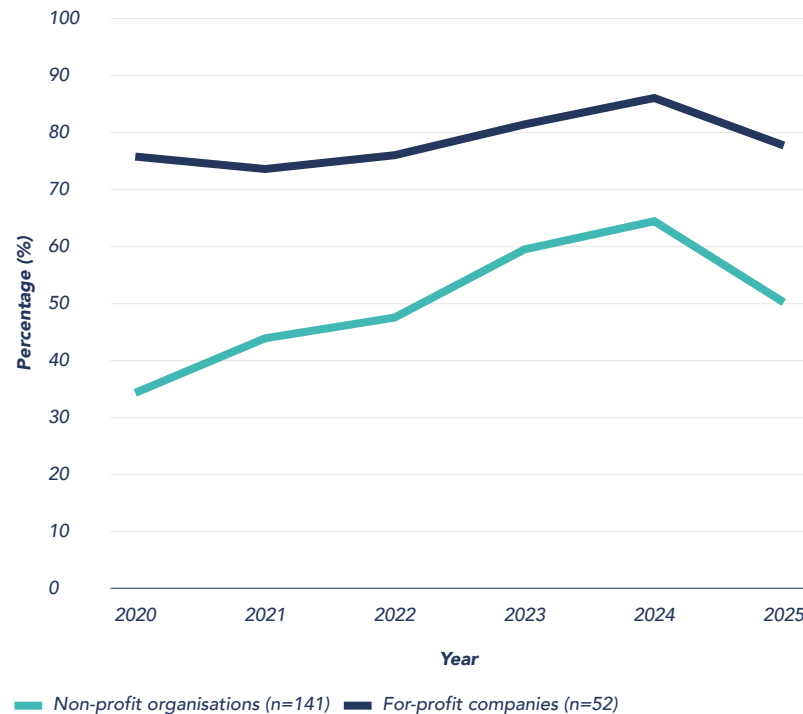
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WORKPLACE FAIRNESS AND EQUITY POLICY



Taking a longer view, however, shows that workplace fairness and equity policy availability among non-profit organisations has increased since 2020: from **34% (47/137)** to **50% (69/137)** in 2025 (Figure 16). In contrast, change among for-profit companies was negligible (Figure 16).

FIGURE 16 Change in organisations with a workplace fairness and equity policy with specific measures, 2020-2025 (%) (n=193)



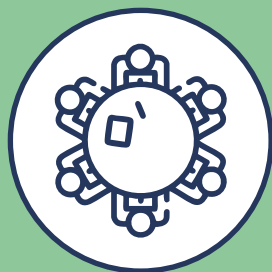
Organisational example:

A Diversity, Equity and Inclusion (DEI) Action Plan was launched as a corporate response to the results of the Employee Satisfaction Survey (E2S). It aims to promote all forms of diversity including equitable geographical distribution and gender balance, cultural, generational, multilingual and persons with disabilities. The DEI Corporate Action Plan is guided by the UN System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP), the UN Disability Inclusion Strategy, and the UN Strategic Action Plan on Addressing Racism and Promoting Dignity for all.

Food and Agriculture Organization of the United Nations (FAO)⁷⁵

PART 3

BOARD REPRESENTATION AND INCLUSION POLICIES



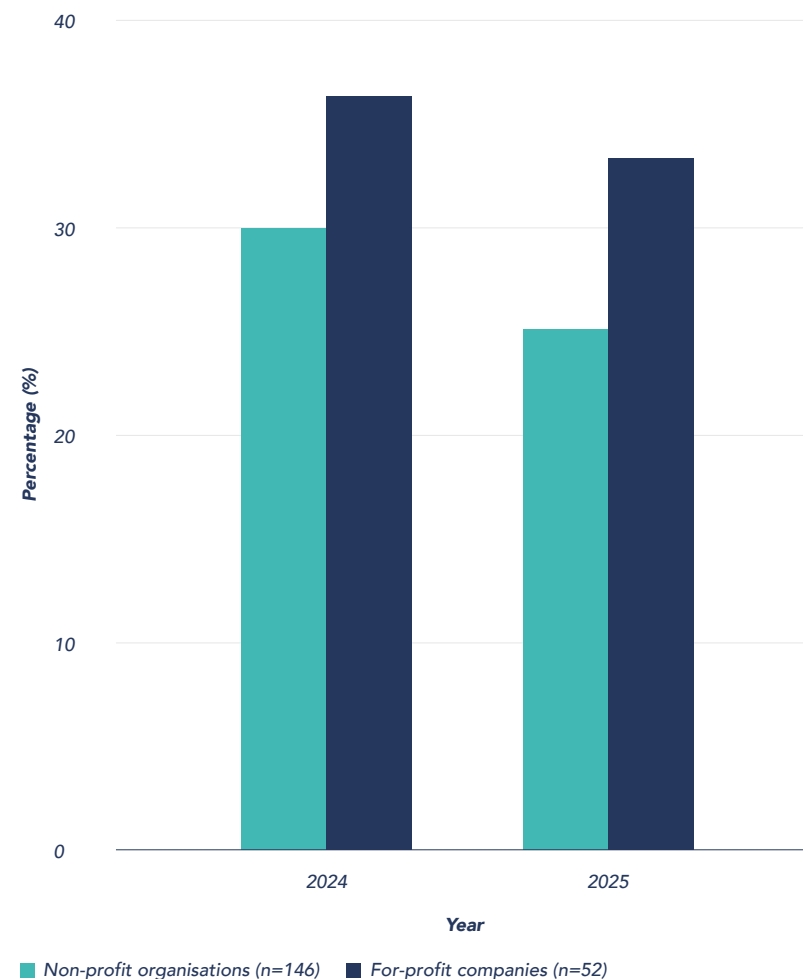
Organisational governance is concerned with how power and control over resources and decision-making are distributed among various actors through formal structures and processes. Governing boards represent the locus of power in organisations where decisions on leadership, strategy, finance, and programming are made, and which influence the career opportunities and health outcomes of people around the world.

G5050 assessed whether organisations have board representation and inclusion policies in the public domain, and which of those have specific measures, such as targets, to make and monitor progress. Not all board policies aim to achieve gender parity – targets found in board policies range from 20% to 50% women represented on the board.

In **2025, 27%** (53/193) of all organisations^m had a board representation and inclusion policy with specific measures in the public domain, down from **32%** (61/193) in **2024**. This includes a decline among non-profit organisations from **30% (42/141) to 25% (35/141)**. Policy availability changed little among for-profit organisations, from 19 organisations in 2024 to 17 in 2025 (Figure 17).

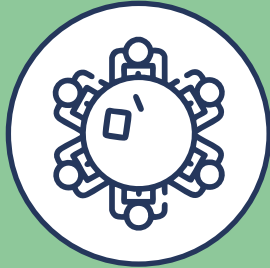
^m 7 organisations have informed Global 50/50 that they do not have governing bodies

FIGURE 17 Organisations with a board representation and inclusion policy with specific measures, 2024-2025 (%), (n=199)



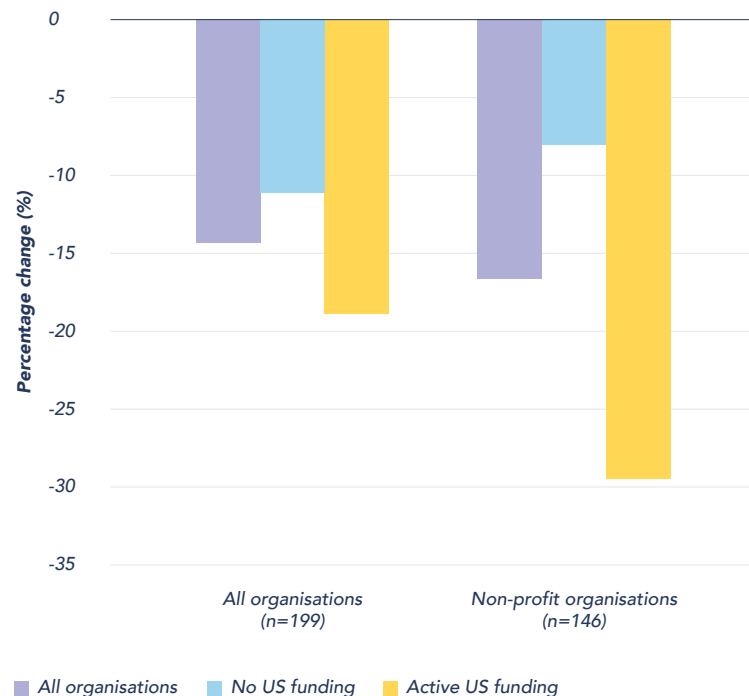
PART 3

BOARD REPRESENTATION AND INCLUSION POLICIES



When disaggregated further by funding status, the largest decline in board policies found was among non-profit organisations with active US federal funding, from 35% (17/49) in 2024 to 24% (12/49) in 2025 (Figure 18).ⁿ

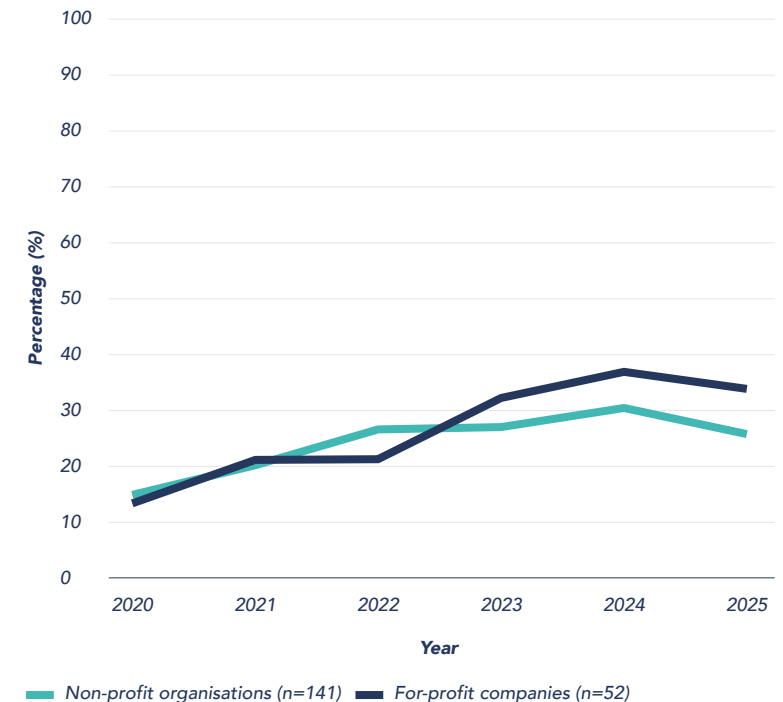
FIGURE 18 Percentage change in organisations with a board representation and inclusion policy with specific measures by funding status (US federal funding vs. no US federal funding) 2024-2025, (n=199)



ⁿ The sample size (n) varies slightly by sector, funding status, and year. The full sample was used for each analysis, excluding only organisations without a board, which differed slightly between years.

Overall, from 2020 to 2025, the proportion of organisations with board representation and inclusion policies increased. Policy availability increased among non-profit organisations from **15%** (21/136) to **26%** (35/136), and among for-profit companies from **14%** (7/50) to **34%** (17/50) (Figure 19).

FIGURE 19 Organisations with a board representation and inclusion policy with specific measures, 2020-2025 (%) (n=193)



GENDER AND GLOBAL HEALTH LEADERSHIP

Power imbalances pervade the global health system and are visible in the lack of gender equality and representation in the highest positions of leadership. Who holds positions of authority provides a strong measure of the progress that organisations are making in fostering equity in career advancement, decision-making and power.

Gender parity in leadership is one of the **measurable outcomes** of workplace gender equality, fairness and equity policies. Any downturn is therefore important to monitor, particularly in light of the decline in these policies, as documented above.



▼
When The Mountain Won't Move, Healthcare Must
Banawe, Ifugao, Philippines. 2023.
Gina C. Meneses

PART 3

DEMOGRAPHIC CHARACTERISTICS OF THE CEO AND BOARD CHAIR



EXPLORING THE LEADERSHIP 'GLASS BORDER'

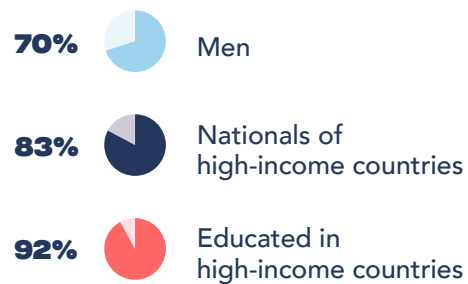
Among the 102 CEOs and board chairs who were appointed in 2025, 34% were women (35), 41% were nationals of low- and middle-income countries (LMICs) (42) and 21% (21) had completed their education in LMICs.

Non-profit organisations

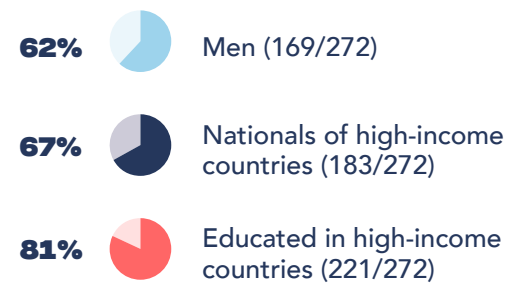
Slow but positive trends in gender and geographic representation

Of the 102 new CEOs and board chairs appointed since 2024, 81 were from non-profit organisations. **The newest cohort of leaders has a larger proportion of women and nationals of LMICs than the full sample of leaders.**

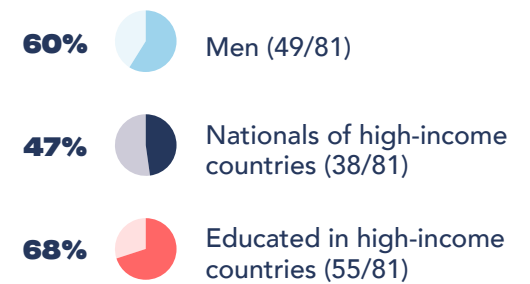
Non-profit CEOs and Board Chairs in 2020 (n=258)



Non-profit CEOs and Board Chairs in 2025 (n=272)



New Non-profit CEOs and Board Chairs (n=81)



We found an average percentage increase of 1% in women CEOs and 2% in women Board Chairs each year since 2018. At the current rate of change, leadership of organisations active in global health will not reach gender parity until 2033 for Board Chairs and 2044 for CEOs.

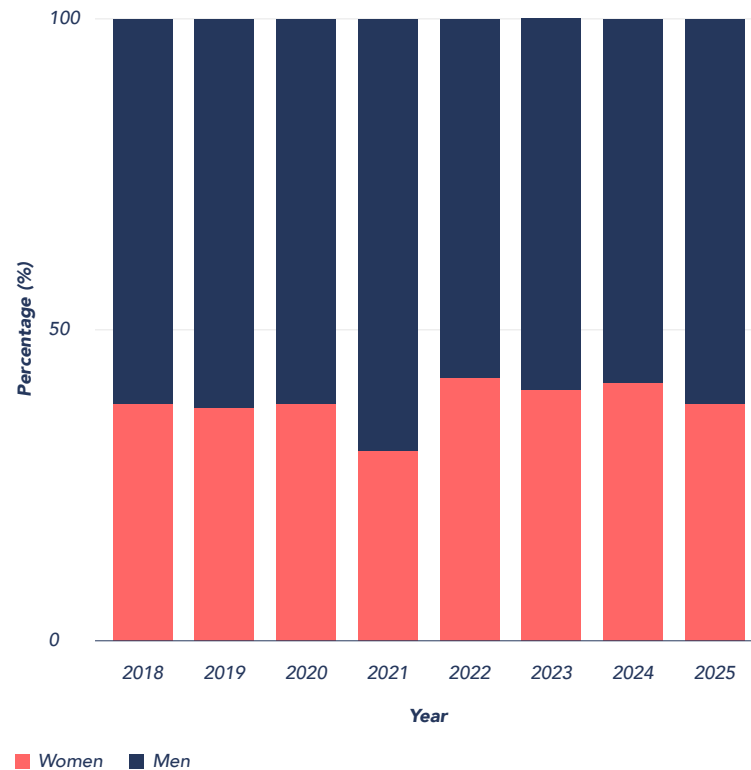
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DEMOGRAPHIC CHARACTERISTICS OF THE CEO AND BOARD CHAIR



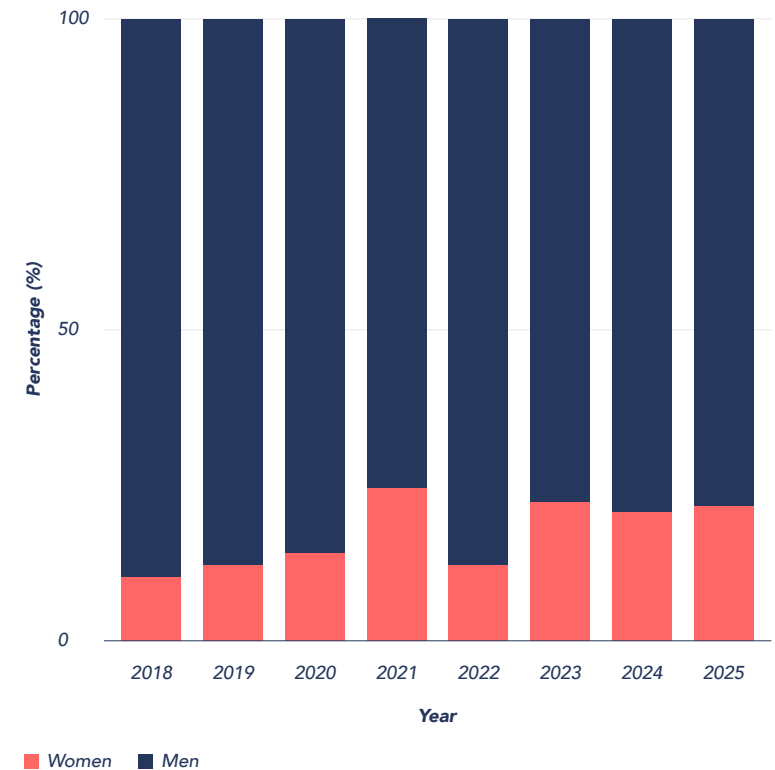
Figures 20 and 21 show the percentage of women CEOs between 2018 and 2025 across all organisations, disaggregated by sector. Among non-profit organisations, the percentage of women CEOs remains unchanged since 2018: 38% (32/84) in 2018 and 39% (33/84) in 2025 (Figure 20). Among for-profit companies, the percentage of women CEOs increased from 10% (5/48) to 22% (10/46) across the same period (Figure 21).

FIGURE 20 Percentage of women CEOs, non-profit organisations, 2018-2025 (n=81-85)^o



^o The number of CEOs included each year between 2018 and 2025 ranges from 81 to 85, reflecting annual changes in leadership across organisations.

FIGURE 21 Percentage of women CEOs, for-profit companies, 2018-2025 (n=46-49)^p



^p The number of CEOs included each year between 2018 and 2025 ranges from 46 to 49, reflecting annual changes in leadership across organisations.

PART 3

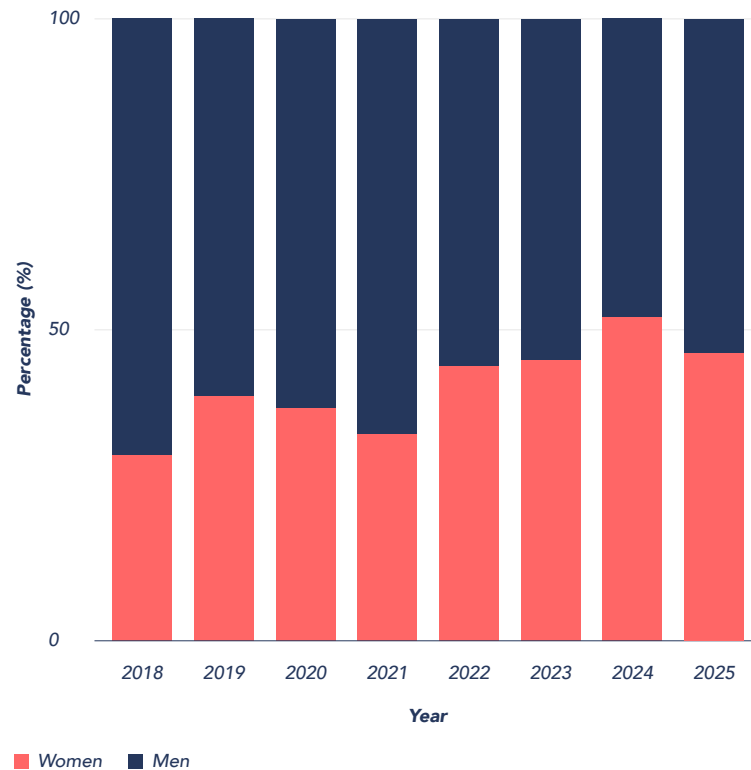
DEMOGRAPHIC CHARACTERISTICS OF THE CEO AND BOARD CHAIR



Figures 22 and 23 show the percentage of women Board Chairs from 2018-2025, disaggregated by sector. In the same period, the percentage of women Board Chairs among non-profit organisations **increased** from 30% (21/70) in 2018 to 46% (33/72) in 2025 (Figure 22).

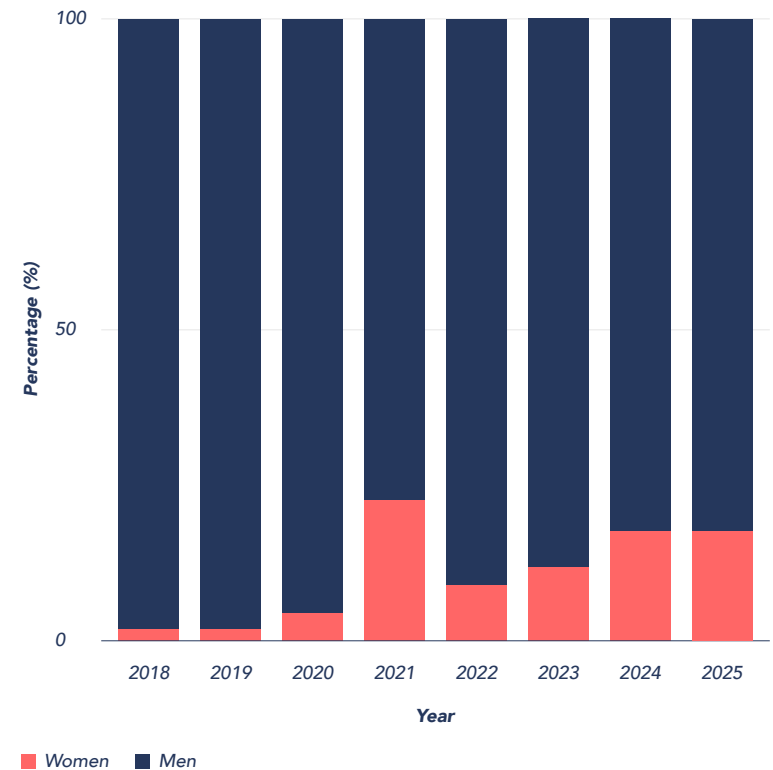
Among for-profit companies, the percentage of women Board Chairs **increased** from 2% (1/46) to 17% (8/47) (Figure 23).

FIGURE 22 Percentage of women board chairs, non-profit organisations, 2018-2025 (n=70-80)^q



^q The number of board chairs included each year between 2018 and 2025 ranges from 70 to 80, reflecting annual changes in board members across organisations.

FIGURE 23 Percentage of women board chairs, for-profit companies, 2018-2025 (n=43-47)^r



^r The number of board chairs included each year between 2018 and 2025 ranges from 43 to 47, reflecting annual changes in leadership across organisations.

GENDER PARITY IN SENIOR MANAGEMENT AND GOVERNING BODIES



DECISION-MAKING BODIES STILL MORE LIKELY TO HAVE MORE MEN THAN WOMEN

In 2025, decision-making bodies in global health organisations remain more likely to include more men than women (56%+ men) (Figure 24). Fewer than one third of boards (29%; 47/164) achieved gender parity (45–55% women), while 57% had more men than women. The gap was narrower in senior management bodies, where two in five (38%; 68/181) achieved gender parity, compared to 40% with more men than women (Figure 24).

FIGURE 24 Gender composition of decision-making bodies (%), 2025

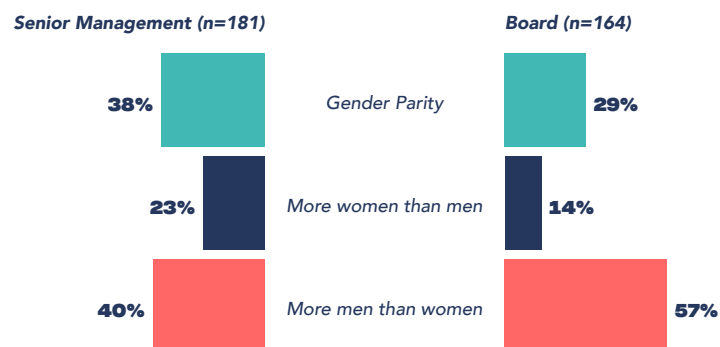
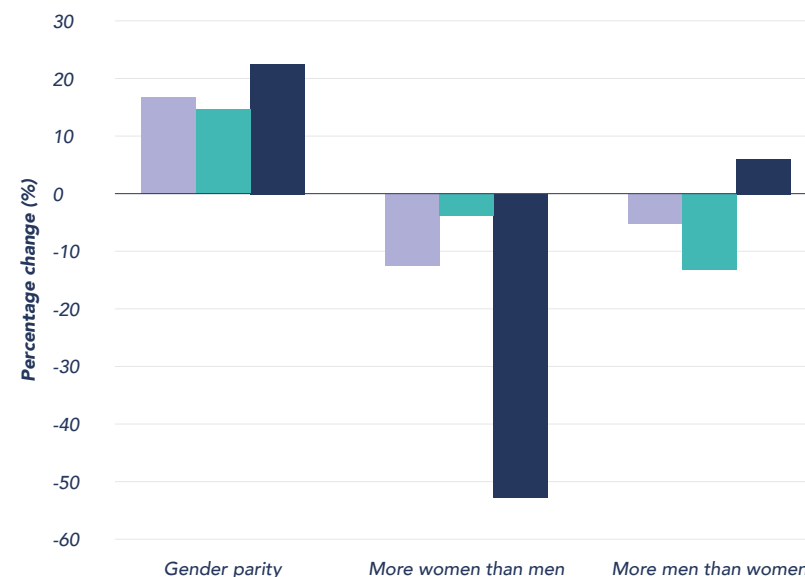


Figure 25 shows the percentage change of organisations with more, fewer or equal numbers of women compared to men in senior management since 2024.

Among non-profit organisations, senior management bodies with gender parity (45–55% women) increased proportionally by 15% (46/131 to 53/131), alongside a 13% proportional decrease in bodies with more men than women (56%+ men) (47/131 to 41/131).

Among for-profit companies, senior management bodies with gender parity also increased proportionally by 22% (13/53 to 15/50). However, the number of senior management bodies with more women than men dropped by more than half (53%; 9/53 to 4/50), while those with more men than women increased by 6% (31/53 to 31/50).

FIGURE 25 Percentage change in composition of senior management bodies by sector, 2024-2025 (n=199)^s



■ All organisations (n=199)
■ Non-profit organisations, n=146
■ For-profit companies, n=53

^s The sample size (n) varies slightly between 2024 and 2025. The full sample (n=199) was used for each analysis, excluding only organisations for which information on senior management could not be found or which have 10 or fewer staff. In 2024, no information on senior leadership was found for 15 organisations. In 2025, no information was found for 18 organisations.

PART 3

GENDER PARITY IN SENIOR MANAGEMENT AND GOVERNING BODIES

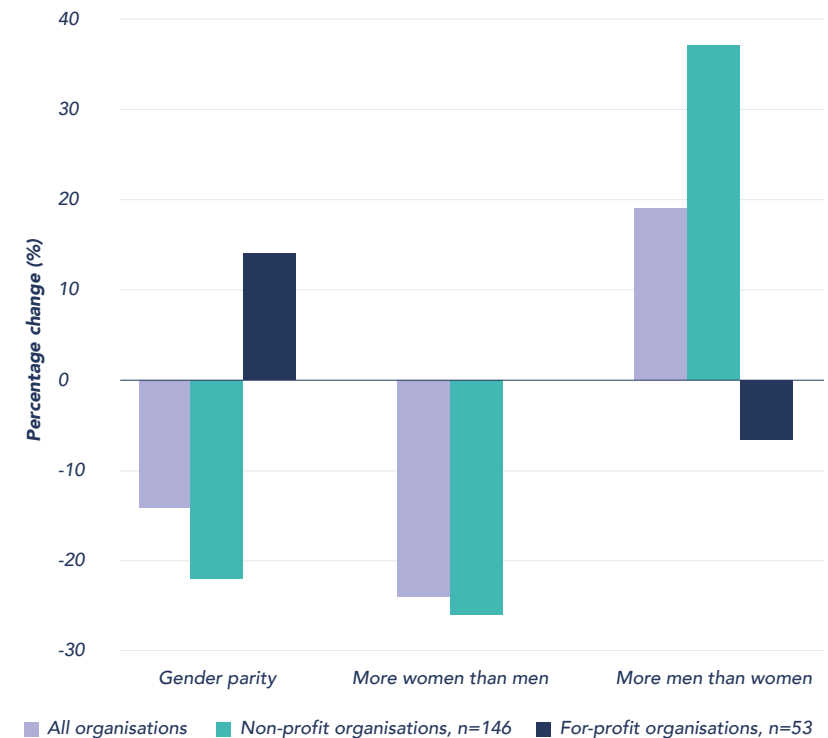


Figure 26 shows the percentage change of organisations with more, fewer or equal numbers of women compared to men in boards since 2024.

Among **non-profit organisations**, there was a 22% proportional decrease in boards with gender parity between 2024 and 2025 (44/123 to 33/118), and a 37% increase in boards with more men than women (56%+ men) (48/123 to 63/118).

For-profit companies saw a slight improvement, with gender parity increasing by 14% (12/45 to 14/46). However, no for-profit companies had Boards with more women than men in 2024 or 2025.

FIGURE 26 Percentage change in composition of boards by sector, 2024-2025 (n=199)^t



^t The sample size (n) varies slightly between 2024 and 2025. The full sample (n=199) was used for each analysis, organisations for which information on senior management and/or Board composition could not be found were excluded. In 2024 and 2025, 5 organisations did not have a Board. In 2024, Board information could not be found for 26 organisations, and this was 27 organisations in 2025.

THE UNREALISED POTENTIAL OF DISAGGREGATED OF DATA



Sex-disaggregated data is fundamentally necessary both for organisations to implement gender-responsive health programmes that rely on evidence, and for others to hold organisations accountable for their commitments and actions to health equity (see Box 4). Understanding the distribution of ill health, who is benefitting from interventions, and who is being left behind, should be firmly embedded in both responses to health crises and in health programmes generally.

SDG17.18 states that countries should be supported to produce timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

However, G5050 findings point to a global health system that, despite decades of evidence, still does not grasp the urgency and vitality of sex-disaggregated data.

BOX 4: WHY DATA ON GENDER MATTERS

We are living through a polycrisis of climate breakdown, democratic backsliding, widening inequality, and conflict. These global challenges are deeply gendered, experienced differently by women and men, with unequal outcomes in access to healthcare, education, housing, and other services essential to dignity and survival. Yet amid rising backlash, misinformation, and division, we are moving further away from the gendered analysis and structural responses these crises urgently demand.

Collecting sex-disaggregated data is key to identifying inequality and informing targeted interventions.

In 2025, Global 50/50 launched a breakthrough data visualisation tool: [Gendered Health Pathways](#). By synthesising data

disaggregated by sex, age, country and condition, the tool presents for the first time a uniquely holistic view of people's health pathways for three of the world's deadliest conditions: HIV, hypertension and diabetes.⁷⁶ Conditions that, in many cases, are as preventable as they are fatal.

The visualisations incorporate whole journeys — from exposure to risks through to diagnosis, treatment, control and outcome (prevalence and mortality) — combining several standardised global data sets sourced from UNAIDS, the institute for Health Metrics & Evaluation, NCD Risk Factor Collaboration, and the World Health Organization.

By revealing striking disparities along these journeys at a population level, the tool helps to shed new light on how gender affects people's health — depending on the systems, structures, laws and cultures around them.⁷⁷

PART 3

THE UNREALISED POTENTIAL OF DISAGGREGATED OF DATA



In **2025**, **41%** (81/196) of all organisations had a policy or commitment to sex-disaggregate programmatic delivery data, report gender analysis of their impact, require disaggregation in the programmes they support, or publicly report disaggregated data. This is down from **46%** (91/196) in 2024.

Between 2024 and 2025, the percentage of non-profit organisations with a policy, commitment, or reporting practice on sex-disaggregated data or gender analysis, fell from **57%** (82/144) **to 52%** (75/144). Among for-profit companies, the proportion dropped from **17%** (9/52) to **12%** (6/52) (Figure 27).

FIGURE 27 Organisations with a policy or commitment to disaggregate data by sex and/or gender (n=199)



The decline in policies is concentrated among both non-profit organisations and for-profit companies with US federal funding. Organisations without US federal funding, across both sectors, increased from 35% to 39% (43/123 to 48/123).

FIGURE 28 Percentage change in non-profit organisations with a policy or commitment to disaggregate data by sex and/or gender 2024-2025, (n=144)



PART 3

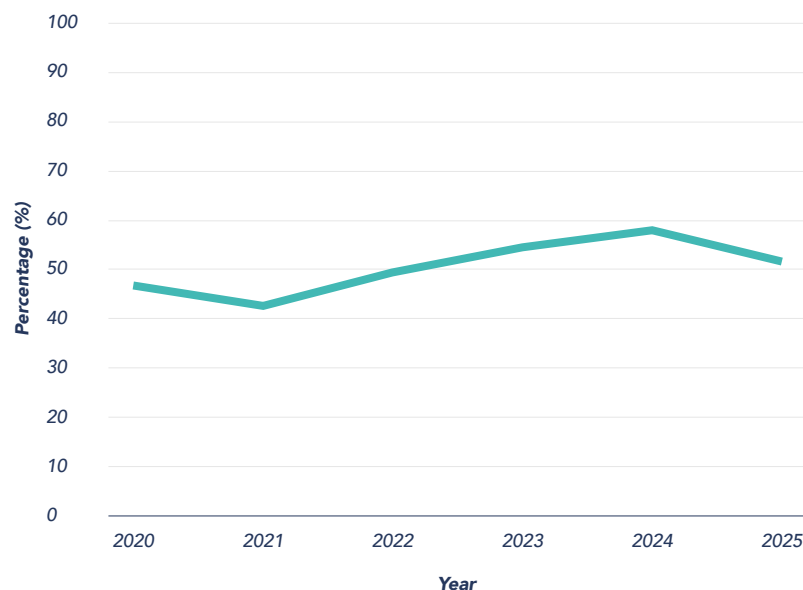
THE UNREALISED POTENTIAL OF DISAGGREGATED OF DATA



Data from 2020-2025 highlights the limited and uneven progress on sex-disaggregated data and gender analysis (Figure 29). Among non-profit organisations, the proportion rose from 47% (65/139) in 2020 to 58% (81/139) in 2024, before declining to 53% (73/139) in 2025.

Among for-profit companies there was an overall decline from 17% to just 12% between 2020 and 2025 (9/52 to 6/51).

FIGURE 29 Non-profit organisations with a policy or commitment to disaggregate data by sex and/or gender, 2020-2025, n=139-141



Organisational example

We are closing existing gaps in our knowledge and data by consistently investing in gender analyses and data, and fostering the ongoing generation and utilisation of data. We also need the data to establish how different types of discrimination overlap. This is known as an intersectional approach. Moreover, we will reflect critically on how data is generated and assessed to ensure that we do not reproduce existing power relations, including with regard to colonial continuities.

Key result 1: By the end of 2028, the number of portfolio-wide gender analyses conducted at country or regional level will have increased from 20 (baseline) to 70. The analyses indicate how GIZ can support in reducing gender power gaps in a given sector or across sectors. They also look at how all genders can be involved in major societal transformations.

Key result 2: By the end of 2028, digitally processed gender data will be available for the planning and implementation of measures on the basis of the portfolio-wide gender analyses. Digital tools will ensure easier access to available gender expertise.

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) Gender Strategy 2025-2029⁷⁸

CALL TO ACTION



Kindness
Bombouaka, Togo. 2019.
Antonio Aragon Renuncio

AN UNFINISHED AGENDA: GENDER JUST WORKPLACES OF THE FUTURE

This year's data reveal a decline in public commitments and workplace policies for gender equality, fairness and equity, with the greatest drop between 2024 and 2025 among organisations with active US federal funding.

We began this Report with a reminder that the journey to social justice is long - and far from linear. It is a struggle marked with progress and pushback, borne of a refusal to accept inequality and discrimination, and fuelled by a determination to build a more egalitarian society.

The current contestation over social justice, global solidarity and equality is having a major impact on the global health sector.

Confronted with nationalist politics, drastic funding cuts and a deepening polycrisis, global organisations active in health are doing their best to respond with equity, justice, and care.

Moments of rupture can also open space for possibility: a chance to reclaim, rethink and realise more equitable institutions and systems. This is true not only for health organisations, but also more broadly, as the norms and power relations of the post-World War II global order are redrawn. With an ongoing push for local responses to global challenges and the reset of global health for example, we have an opportunity to seize this moment to safeguard, reaffirm and embed core principles of fairness, equity, and justice in all we do, including in the workplace.

Our analysis of the data in this Report leads us to suggest the following three-point agenda in the current climate:

1

WORKPLACES

Uphold and implement core commitments and values of gender equality, fairness and equity. Organisations forced to change public-facing language or policies to comply with rollback can still ensure principles of fairness and equity are communicated, embodied and implemented internally. They should continue to monitor the context closely, and ensure these changes remain temporary. The censure of public commitments and policies should not become the new norm.

2

LEADERSHIP

Lead boldly and visibly. Organisations with greater freedom can and must use their voices to champion fairness and equity across the sector.

3

THE GLOBAL HEALTH COMMUNITY

Reassert core principles of fairness and equity across the sector as the global health landscape and architecture shifts. As global institutions are increasingly hollowed out, have their roles redrawn, or are holding their course in a very different environment, this is an opportunity to ensure that these core principles are not only protected but meaningfully advanced, adapted and embedded into regional, national and local responses to health inequity and social injustice.

The future is not yet written. Collectively, we can reset the narrative and strengthen coalitions to defend and nurture our shared values and the social justice they enable. In the months and years to come, G5050 will continue to play our part: as an accountability mechanism for gender and social justice and convener of those speaking truth to power.

ANNEX

METHODS

▼
Wolfgang
Trostberg, Germany. 2025.
Manuela Federl

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A core function of our work is independent monitoring – which sits at the heart of systems of accountability.⁷⁹ Measuring ‘from the outside’ presents several challenges. For example, capturing concepts as contextual as those of fairness and equity with a standardised, simple methodology may seem a fool’s errand. We recognise and acknowledge the critiques, including that reducing nuanced concepts such as intersectionality to measurable indicators may risk flattening their meaning. Nonetheless, we are all aware that what gets measured, gets done.

ORGANISATIONAL SAMPLE AND CRITERIA FOR INCLUSION

This Report reviews 199 global organisations active in global health. Global 50/50 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. Inclusion of an organisation does not signify G5050’s endorsement of its activities, nor that G5050 considers the organisation to be contributing to advancing population level health in a positive direction. Rather, organisations under review have been identified as having demonstrated an interest in influencing global health and/or global health policy.

Between 2018 and 2020, the sample shifted in its composition to account for 1) the thematic focus of the Report each year, 2) continued efforts to identify global organisations headquartered in low- and middle-income countries, and 3) the general evolution of the global health architecture.

Trend analyses across time periods are presented for (1) public commitment to gender equality (2019-2025), (2) definition of gender (2018-2025) and (3) policy on gender equality in the workplace (2018-2025).

G5050 has monitored 87 non-profit organisations since 2018 (61 non-profit organisations have been added since 2018 and are not included in this trend analyses).

G5050 has also monitored 49 for-profit companies since 2020 (4 have been added since and are not included in this trend analysis).

Trend analyses from 2020-2025 are presented for (1) policy on fairness and equity in the workplace and (2) policy on board representation and inclusion, as G5050 introduced these variables in 2020. G5050 has monitored 145 non-profit organisations and 52 for-profit companies since 2020.

The 2025 sample comprises:

NON-PROFITS (146)**146**

- 62** Non-governmental and non-profit organisations, which can include industry groups registered as charitable organisations (e.g. 501(c)(3) in the US)
- 17** Public-private partnerships defined as those partnerships with for-profit and public sectors represented on their governing bodies
- 13** Funding bodies, including philanthropic organisations
- 14** Multilateral and bilaterals including the 10 largest bilateral contributors of development assistance for health in the period 2005-2015
- 11** United Nations bodies working in the health, nutrition and labour fields
- 11** Research and surveillance
- 10** Faith-based organisations
- 8** Regional political bodies

FOR-PROFITS (53)**53**

- 42** 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,⁸⁰ or companies that contributed to consultations on the Uruguay Road Map on noncommunicable diseases⁸¹
- 11** Consultancy firms with an interest in the health sector

Organisations were also disaggregated by funding status. Researchers used [USAspending.gov](https://www.usaspending.gov) to identify which organisations held active US federal grants or contracts during the reporting period. Funding was considered active if the grant or contract period included any part of 2025. For each organisation, we reviewed the Recipient Profile to verify details (including parent organisation and address) and recorded the type of funding (grant, contract, or both), funding period, and awarding agency.

APPROACH AND METHODS FOR DATA COLLECTION

G5050 has developed a rigorous methodology that is consistent with established systematic review research methods. At least two reviewers extract each publicly available data item independently, and a third reviewer verifies the data. The reviewers discuss any discrepancies in data extraction until they reach a consensus. Data are coded according to content, using a traffic light system established in advance of data collection and refined iteratively.

Most data collected and analysed comes from publicly available websites. Transparency and accountability are closely related and by relying on publicly available data we aim to hold organisations and stakeholders to account - including for having gender-related policies accessible to the public.

Several variables assess the availability and contents of policies. We do not consider newsletters or blogs as evidence of policy.

Further, for workplace-related policies, we do not consider the contents of job advertisements as evidence of policy, rather, we look for evidence of actual policies or an overall commitment from the organisation. This decision is also drawn from our concern that some people may not get as far as the job ads if they don't see any commitment to equality in the main pages of the organisation itself.

Some organisations follow the workplace policies of host organisations or parent companies. In these cases, we used the same code as for the host/parent. For example, several organisations employ the workplace policies of the World Health Organization (WHO), e.g. Partnership for Maternal, Newborn and Child Health and the Alliance for Health Policy and Systems Research. Other non-workplace policy variables (e.g. gender parity in leadership, stated commitment to gender equality, etc.) are coded for each organisation individually.

For the corporate alliances and federations, we looked for evidence of policies that were normatively gender equality-promoting. We did not accept evidence from members alone (e.g. IFBA has membership including Coca-Cola; we did not accept evidence of gender-responsive programmes from Coca-Cola for coding IFBA).

We used an earlier version of this methodology to review a small number of global health organisations and global PPPs in health. These reviews were published in peer-reviewed journals (The Lancet⁸² and Globalization and Health⁸³) prior to 2017.

ENGAGING AND VALIDATING RESULTS WITH ORGANISATIONS

We contact each organisation at least twice during data validation. Initially we inform the CEO and head of human resources or their equivalent about the project and the start date of data collection, using email addresses found online. In that correspondence, we request the nomination and contact details of a focal point in the organisation who can review and validate the data once collected. 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.

For the 2025 Report, 76 organisations validated or partially validated their data.

We also offer all organisations the opportunity to engage with us directly to discuss the methods, data, and findings. For the 2025 Report, this included a workshop with representatives of seven organisations and individual meetings with three organisations.

To amend organisational scores, we request that organisations show us evidence in the public domain to support their amendment. Throughout the process of data collection, G5050 encourages organisations to contact us to discuss queries about the process and the variables. Results are shared with all organisations before publication.

Data were collected between 19 March and 12 April 2025; data validation with organisations took place between the 17 April 2025 and 13 June 2025.

ETHICS

The methods described above were approved by the ethics committee of University College London, where G5050 was previously housed. Since becoming an independent UK-based charity our methods have been reviewed by the [Social Research Association \(UK\)](#) to ensure our methods continue to align with “principles of good practice in social research, including high standards of ethics”.

STRENGTHS AND LIMITATIONS

As far as we know, this is the only systematic attempt to assess how gender is understood and practised by organisations working in and/or influencing the field of global health across multiple dimensions (commitment, workplace policy content, gender and geography of leadership and gender-responsive programming). While our efforts may have omitted relevant measures and do not include all active organisations, this method provides the opportunity to measure the status quo and report on organisations’ progress. This method has allowed us to shine a light on the state of gender equality in global health, and organisations across all sectors have begun to respond to our call. We believe that the collection of data and information for measurement and accountability is a fundamental first step to change.

ORGANISATIONAL SCORES AND RANKING

G5050 has developed a research methodology that is consistent with established principles of rigorous research - including double-blind independent reviewing. The Gender and Health Index

scores organisational performance predominantly using a traffic light system (green, amber, red). The data collected and analysed comes from publicly available websites. Organisations are invited to contribute to and validate data collected on their policies and practices at least twice during the data collection period.

Organisational performance for 2025 is categorised into five categories: very high performer, high performer, moderate performer, low performer, and very low performer. The variables that are included in this calculation are:



Public commitment to gender equality



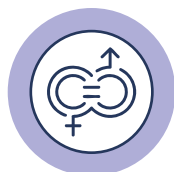
Board representation and inclusion policy



Public definition of gender



Demographic characteristics of the CEO and board chair



Workplace gender equality policy



Gender parity in senior management and governing bodies



Workplace fairness and equity policy



Policy on reporting of sex-disaggregated programmatic data

We also present trends in organisational performance, in aggregate, across the eight core variables assessed annually. Performance is categorised into five levels:

- Very High: 90% and above
- High: 75–89%
- Moderate: 50–74%
- Low: 25–49%
- Very Low: 0–24%

Each organisation is assessed using a point-based system, with a maximum possible score of 24 points and a minimum of 0 points.

Scores are assigned as follows:

For the following variables:

- Commitment to gender equality
- Definition of gender
- Sex-disaggregated programmatic data

Organisations receive:

- 3 points for Green (G)
- 2 points for Amber (A)
- 0 for Red (R) points if no relevant commitment, definition, or policy is found

For the following variables:

- Workplace gender equality policy
- Workplace fairness and equity policy

- Board representation and inclusion policy
- Gender parity in senior management
- Gender parity in governing body

Organisations receive:

- 3 points for each Green (G) or Purple (P)
- 2 points for Amber (A)
- 1 point for Red (R)
- 0 points for Not Found (NF)

NF applies when policies or information could not be located on the public website, or when the existence of relevant bodies could not be verified

Special notes on the scoring:

Organisations receiving a score of Member State (MS) for the Board representation and inclusion policy variable are assigned one point. This recognises that UN and other MS board-led organisations should be held accountable for promoting representative and inclusive board structures, while they may not control board appointments directly.

Boards themselves also have the authority to revise and improve their own policies.

Not Applicable (NA) scores are excluded from the total possible score (i.e., 3 points per NA variable are subtracted from the denominator). NA is applied in the following cases:

- Organisations with 10 or fewer staff receive NA for workplace policies, unless they are subject to the policies of a larger host organisation
- Organisations that have informed G5050 that they do not have a governing body receive an NA for Board representation and inclusion policy and Gender parity in governing body.
- Organisations that do not report programmatic data receive an NA for reporting of sex-disaggregated programmatic data.

We have not assigned a score based on the gender of the CEO or Board Chair, as we have not agreed on a methodology that is fair and defensible. We welcome your suggestions as to what a fair assessment would look like. Please email us at: info@global5050.org.

For organisations that are not included in our sample but wish to self-assess using the same methods, please see the self-assessment tool on the G5050 website: <https://global5050.org/gh5050-how-to-series-2/>

**EXPLORE ORGANISATIONS'
PERFORMANCE**



**VIEW YOUR DETAILED
ORGANISATIONAL PROFILE**



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While the Roadmap has been welcomed as a positive step, civil society organisations have called for stronger and more concrete action. The Center for Reproductive Rights and the International Planned Parenthood Federation European Network, for example, have urged the European Commission to prioritise sexual and reproductive health and rights (SRHR) and ensure the roadmap is meaningfully implemented (<https://reproductiverights.org/european-commission-commitment-sexual-reproductive-health-rights-roadmap/>).
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IMAGE DESCRIPTIONS

The following are the descriptions of all images included in this Report.

Images also contain hover-over captions, but please note this feature may not work across all software.

^{P6} From our diversity and struggle. Buenos Aires, Argentina. 2023. Natalia Volpe. A bold, graphic poster centres a pink, abstracted figure, an emblem of all bodies engaged in the ongoing struggle for diversity and women's rights. With multiple eyes gazing outward, one fist clenched and the other raised in openness, the figure embodies both tension and strength. Spanish text, "desde nuestra diversidad y lucha" ("from our diversity and struggle"), wraps around its arms and torso, echoing the language of protest and collective resistance.

^{P10} Ruby. Syracuse, New York, USA. 2025. Md Zobayer Hossain Joati. Ruby Kaftan, 20, poses confidently in her bedroom wearing her favourite blue princess dress. Her hands on her hip, she radiates self-assurance and agency. A writer, illustrator, and fashion designer, Ruby uses creativity to shape a world that reflects her identity on her own terms.

^{P13} If Fishes Could Talk. Osogbo, Nigeria. 2023. David Olayide. A male subject poses against the backdrop of a textured wall, his face obscured by a vibrant red fabric. He cradles a fragile blue balloon in one hand, while an arm, delicate and feminine, extends behind him, reaching outward.

^{P15} Blue stage. Spain. 2025. SViana. A painting in blue hues captures a monumental female silhouette merges with the cityscape, her shadow cast across sky and skyline in deep, tonal blues. She is not hidden by the urban fabric but inscribed into it, transforming the city through her presence. Poised between myth and reality, Blue Stage invites us to reimagine urban environments that honour multiplicity, where private experience shapes public space, and access is not a concession but a fundamental design principle.

^{P17} Manjunāth to Manjam'ma "Chronicles of a Transgender". Karnataka, India. 2024. Haider Khan. Manjunāth to Manjam'ma "Chronicles of a Transgender" Karnataka, India 2024 Haider Khan Manjamma Jogati smiles broadly as she adjusts her headscarf. Dressed in a vivid sari with bangles, earrings, and makeup, she radiates confidence and ease. Caught mid-gesture, she looks beyond the frame, perhaps to someone, perhaps simply within. While disability is often understood in physical or cognitive terms, it is equally shaped by social exclusion, discrimination, and lack of access, conditions that transgender individuals in India, like Manjamma, know intimately. Born as Manjunath, she was rejected by her family, survived on the streets, and faced profound systemic marginalisation. Through extraordinary resilience and artistry, she

mastered the traditional folk form of Jogati Nritya, eventually becoming President of the Karnataka Folk Academy and receiving the Padma Shri—one of India's highest civilian honours. This portrait celebrates not only her joy, but her resistance: a life lived in defiance of societal constraint.

^{P21} Cricket Is My Emotions. Hathazari, Chattogram, Bangladesh. 2024. Ziaul Huque. Jisad, a disabled cricketer born with a leg impairment, poses with his cricket bat, wicket, and crutch. His head tilted upward and a broad smile across his face, he radiates a spirit of determination and pride. Cricket has been Jisad's passion since childhood, a love that brings him to life. Refusing to let his disability define him, he moves through the world with dignity and resilience. This portrait centres his joy, not his diagnosis, capturing an image of disabled life that is rarely foregrounded: one of passion, agency, and interiority.

^{P26} No school today. Colombo, Sri Lanka. 2024. Hikkaduwa Liyanage Prasanth Vinod. A girl stands solemnly before a crimson backdrop, her white school uniform marked by a single drop of blood. In one hand, she clutches her schoolbooks; in the other, a bundle of blood-stained sanitary towels. Blood drips down her clenched fist. The image reframes the familiar symbols of childhood—uniforms, braids, books—within a stark, bodily context, making visible what is too often unseen or unsaid. Here, menstruation is not taboo, but testimony.

^{P28} One of Us Nairobi, Kenya. 2024. Phelix Owin. A close-up portrait of a man with vitiligo, his face filling the frame as he gazes steadily outward. His face is gently held by a constellation of hands, some his own, others with varying skin tones and textures, branch-like in their support. The image evokes quiet assurance, tenderness, and the beauty of difference.

^{P35} Pain me no more! Nottinghamshire, England - 2025 Karen Hazelton. A blue-toned figure curls into the fetal position inside a glowing blue orb, one hand clutching their head, the other their stomach. Around the void, darker hues, swirling oranges, bronzes, and chaotic textures, suggest a surrounding turmoil from which the figure seeks refuge. The textured surface, punctuated by staples and layered brushstrokes, amplifies the painting's expressive emotional landscape.

^{P40} Nadim, Hope Never Dies. Bangladesh - 2022. Sadman Sakib. Nadim floats in still, blue water, his arms outstretched and face turned upwards. Photographed from above, only his upper body is visible, his amputated

leg concealed beneath the surface. The surrounding water ripples outward, marking his presence in the frame.

^{P43} The Past in Your Hands, (London, England. 2024,) Jaime Prada. A pair of hands, delicate and expressive, reach out from the darkness to touch the face of an ancient Egyptian sculpture. The blind woman engages in a rare moment of multisensory access during a touch tour at the British Museum. All else in the photograph is shadowed, drawing attention to her hands as tools of perception, memory, and connection.

^{P49} When The Mountain Won't Move, Healthcare Must. Banawe, Ifugao, Philippines. 2023. Gina C. Meneses. As dusk falls amid the steep slopes of the Banaue Rice Terraces, a woman receives care. Her masked face glowing with the quiet relief that help has come at last, reaching her through the gentle hands of a health worker. In a place where wheelchair access is near impossible, this image captures the quiet dignity of care that travels across mountains. Here, policy becomes practice: bringing healthcare to those who cannot reach it. In doing so, it affirms that disability does not mean invisibility. With its painterly light and powerful stillness, the image speaks to the themes of access, equity, and the everyday grace of being seen.

^{P58} Kindness. Bombouaka, Togo . 2019. Antonio Aragon Renuncio. Kodjo, a 14-year-old boy in a wheelchair, sits with quiet purpose in a makeshift classroom at the Orione Center for children with disabilities. Caught mid-action as he assists a peer with homework, his presence radiates a calm, pedagogical authority. The composition, intimate and gently distanced, offers the viewer an unstaged glimpse into a moment of mutual care and solidarity.

^{P60} Wolfgang. Trostberg, Germany. 2025. Wolfgang stands tall in the garden, hoe in hand, his yellow wellington boots bright against the soil. His gaze is steady, proud, a quiet assertion of dignity and purpose. For over two decades, he has worked at an integration gardening company where people with and without disabilities cultivate the land side by side. This photograph is part of a long-term project built on trust and shared experience. By blurring the lines between who is labelled "disabled" and who is not, the work refuses the hierarchies so often embedded in narratives of labour and care. It captures not only Wolfgang's strength but also the radical potential of inclusive workplaces: environments rooted in respect, reciprocity, and mutual growth.

