



GLOBAL
HEALTH 50/50
TOWARDS GENDER EQUALITY IN GLOBAL HEALTH

‘Gender blind after all this time’: Few global health organizations promoting gender-responsive actions within their own institutions

First-ever gender-related policy and practice analysis of 140 leading health organizations spotlights inadequate and limited focus on the promotion of gender equality in programmes and the workplace

LONDON, 8 March 2018 – A new landmark report launched today on International Women’s Day reveals that only a select group of the world’s top global health organizations have placed gender equality at the centre of their operations, both programmatically and institutionally.

The 2018 Global Health 50/50 Report – the first of its kind – provides an in-depth look at the extent to which the organizations analysed in the study understand, define, programme, resource, and monitor gender as a determinant of health, or as an indicator of equality within their own organization.

Developed by Global Health 50/50, an independent initiative housed by the University College London Centre for Gender and Global Health, the report provides a unique assessment of seven domains that zero in on an organization’s commitment to gender equality. The development of the report was supported in part by a grant from Wellcome Trust.

The domains of the study include: public statement of commitment to gender equality; gender defined in institutional policies and consistent with global norms; programmatic policies in place to guide gender-responsive action; sex-disaggregated data collected and reported; workplace policies and practices with specific measures to promote gender equality in place; gender parity in governance bodies and senior management; and gender of the head of the organization and of the head of its governing body.

The 140 organizations involved in the study are those from the United Nations system; bilateral and multilateral development institutions; philanthropic organizations and funders; civil society and nongovernmental organizations; public-private partnerships; and the private sector.

Mixed picture of gender equality progress in global health

An overarching finding of the study highlights that global health organizations have yet to fully commit to gender equality, with only one out of three stating a commitment to gender equality to benefit the health of all people.

Worryingly, one-third have no stated committed to gender equality, and the remainder of the organizations are silent on specific actions related to gender and/or women and girls. The report underscores that decision-making power remains in the hands of men, although women constitute the vast majority of people working in global health, accounting for 67% of employees in the health and social sectors. Further findings include:

- Fewer than one-third of organizations define gender in a manner that is consistent with global norms, a prerequisite for effective and equitable programming;
- Only 40% of organizations mention gender in their programme and strategy documents;
- Two-thirds of organizations do not disaggregate their programme data by sex;
- 43 organizations (30%) make no reference to workplace gender equality;
- 20% of organizations have achieved gender parity on their boards;
- A quarter (25%) of organizations have achieved gender parity at the level of senior management;
- 69% of organizations are headed by men; and
- 80% of board chairs are men.

While the report points to significant discord in whether organizations are internalizing their commitment to gender equality, it equally captures actors that, at least when it comes to commitment, policy and representation, are advancing gender equality in global health. The report identifies 18 high-scoring organizations.

The nine highest-scoring organizations are: BRAC; Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); GAVI; The Global Fund to Fight AIDS, TB and Malaria; Population Reference Bureau; Save the Children International; Swedish International Development Cooperation Agency (Sida); Joint United Nations Programme on HIV/AIDS (UNAIDS); and UNICEF.

An additional ten high-scorers identified in the report include: CARE; European Commission; Food and Agriculture Organization of the UN (FAO); FHI360; Jhpiego; the Partnership for Maternal, Newborn & Child Health (PMNCH); Stop TB; United Nations Population Fund (UNFPA); UN Women; and the World Health Organization (WHO).

Recommended actions for change

A significant feature of the *Global Health 50/50 Report* is the set of evidence-informed recommendations it presents across the seven domains of organizational commitment to gender equality. The recommendations were developed in consultation with GH5050's Advisory Council. Some of the recommendations in the report include:

- Leaders in organizations need to exercise commitment to gender equality and incentivize policies and practices that respond to evidence on the impact of gender on the health, well-being and careers of women and men;

- Organizations should put in place policies and processes to ensure a common understanding and ownership of the definition of gender, and the practices required to achieve gender equality;
- Move beyond the tendency to conflate gender with women;
- Embed gender markers in the review and approval process of all new programmes and initiatives;
- Demonstrate and implement zero tolerance for sexual and gender harassment; and
- Set time-bound targets for reaching gender parity in senior management and governing bodies.

“Global Health 50/50 reveals that much remains to be done to systematically to ensure gender equality permeates global health organisations and steers both their programmes and workplaces,” said Ulrika Modéer, State Secretary for Development Cooperation, Sweden and Advisory Council member. “We need equity in access to resources, rights and representation in global health. We now have a baseline, and Sweden, with its feminist foreign policy, will expect progress across all actors in next year’s report.”

In the foreword to the report, United Nations Deputy Secretary-General Amina J. Mohammed urged the “global health community to reflect on the findings presented and to act to improve practice”. Calling the report an important milestone, the Deputy Secretary-General encouraged other sectors to undertake a similar analysis to help “achieve sustainable and inclusive development”.

Next year’s iteration of the Global Health 50/50 report will seek to explore additional domains including the existence and enforcement of workplace policies on sexual harassment. A much better understanding of the extent to which policies and accountability mechanisms are implemented and their effectiveness in fostering gender-equitable organizational culture is also urgently needed.

Data collection and verification

The organizations selected in the report were identified initially from an exercise undertaken by London-based Chatham House in 2015 that defined and mapped global health organizations mainly based in the United States of America. Global Health 50/50 expanded the scope to include organizations working in the global south as well as bilateral institutions, UN agencies, funds and programmes, public-private partnerships, funders and private sector entities. To be considered a global health actor by the initiative, an organization had to have activities underway in at least three countries.

Data used in the report were gathered from several sources including from publicly-available content and verified through direct communication with the organizations involved. How well an organization performed was assessed against a coding system based on the study’s seven variables. An overview of the report’s research methods can be found in annex 2.

QUOTABLES

“I hope that Global Health 50/50 can not only build on the momentum that we are seeing in the mainstream media in terms of gender equality, but also reshape and reimagine it in the direction it needs to head towards, as this inaugural report captures.”

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

“Global Health 50/50 offers an accountability mechanism that has been sorely lacking.”

- **Ms. Helen Clark, former Prime Minister of New Zealand & Administrator, UNDP**

“Global Health 50/50 has done us a tremendous service by putting such a rich data set in the public domain. I call on the organizations to act on this evidence and improve their gender practices. What we need next is similar analysis at regional and country levels.”

- **Dr. Sania Nishtar, Founder and President of Heartfile, Pakistan**

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

- **Dr. Mariângela Simão, Assistant Director-General for Drug Access, Vaccines and Pharmaceuticals, World Health Organization**

“We established Global Health 50/50 with the aim of promoting dialogue on two issues. One is blindingly obvious, namely that men rule global health. Our report adds the most comprehensive data ever to show where most action is needed for gender parity. The second issue is more subtle yet equally insidious. It is the persistent failure of the global health system to consider, let alone address, the highly gendered nature of exposure to health risks, health seeking behaviour, health care service delivery and therefore health outcomes. As a result, global health fails to intervene effectively and fairly to ensure the health of women, men, boys, girls and transgender people. This message seems difficult for many to grasp; but the evidence is clear and needs to be heeded if we are to ensure health for all.”

- **Prof. Sarah Hawkes and Dr. Kent Buse, Global Health 50/50 Co-Leads**

About Global Health 50/50

[Global Health 50/50](#) is an independent initiative created to advance accountability and action for gender equality in global health. Its [Advisory Council](#) is an informal group whose members guide the initiative and serve as its Ambassadors in their personal capacities.

Media contact

For further information on the report, or to set up an interview with an Advisory Council member or the initiative’s Co-Leads, please contact us at media@globalhealth5050.org.