

GENDER EQUALITY IN HEALTH MEANS THAT WOMEN AND MEN, ACROSS THE LIFE-COURSE AND IN ALL THEIR DIVERSITY, HAVE THE SAME CONDITIONS AND OPPORTUNITIES TO REALIZE THEIR FULL RIGHTS AND POTENTIAL TO BE HEALTHY, CONTRIBUTE TO HEALTH DEVELOPMENT AND BENEFIT FROM THE RESULTS.

WHO Gender fact sheet

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

"GENDER EQUALITY IS FUNDAMENTAL TO THE 2030 AGENDA. BUT TO FOCUS OUR EFFORTS IN THE RIGHT ARENAS, TRACK PROGRESS OVER TIME AND HOLD EACH OTHER ACCOUNTABLE, WE NEED TRANSPARENT DATA AND ANALYSIS. THAT IS WHY THIS REPORT IS AN IMPORTANT MILESTONE."

Amina J. Mohammed

United Nations Deputy Secretary-General Foreword to the Global Health 50/50 Report

Is global health advancing gender equality?

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

Gender equality has seemingly been embraced as a priority in global health. However, the report is inspired by a growing concern that too few global health organisations walk the talk by defining, programming, resourcing or monitoring gender, either as a determinant of health, or as a driver of career equality in their own workplaces.

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

Through an examination of seven domains, the report provides an in-depth look at the extent to which global health organisations commit and take action to promote gender equality, both through their programmes and operations, and within the workplace.

The report argues that a combination of gender-responsive programming and gender-equitable workplaces will lead to more effective organisations and more equitable health outcomes. It further presents a series of evidence-informed policy recommendations that global health organisations can take to be at the forefront of meaningfully driving gender equality in and through health.

Parameters of the Global Health 50/50 Report

1 QUESTION

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

2 DIMENSIONS

Gender-responsive programmes and policies

Gender equality in the workplace

7 DOMAINS

- 1. Public statement of commitment to gender equality
- 2. Gender defined in institutional policies and consistent with global norms
- 3. Programmatic policies in place to guide gender-responsive action
- 4. Sex-disaggregated data collected and reported
- 5. Workplace policies and practices with specific measures to promote gender equality
- 6. Gender parity in governing bodies and senior management
- 7. Gender of the head of the organisation and of the governing body

Still gender blind after all this time

SUMMARY OF FINDINGS AND RECOMMENDATIONS

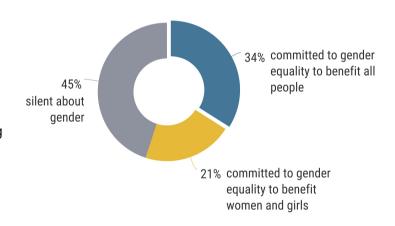
1

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

Finding:

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

Of the 76/140 organisations stating such commitment, three out of five commit to gender equality to benefit all people (women and men), while two out of five commit to gender equality to exclusively benefit women and girls.



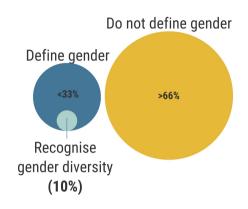
Recommendations:

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

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

"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...UNEARTHS THE IMPACT OF GENDER ON THE HEALTH AND WELLBEING OF ALL PEOPLE."

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



Finding:

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

Fewer than one third of organisations define gender in a manner that is consistent with global norms.

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

Recommendations:

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

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

"WHEN WE TALK ABOUT GENDER AND GENDER EQUALITY, WE HAVE TO TALK ABOUT CREATING THE BEST OPPORTUNITY FOR EVERYBODY... AN ENVIRONMENT THAT ENCOURAGES, NURTURES, PROTECTS AND PROPELS. I HOPE THAT GLOBAL HEALTH 50/50 BECOMES A MOVEMENT THAT DELIVERS GENDER EQUALITY FOR EVERYBODY."

James Chau

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

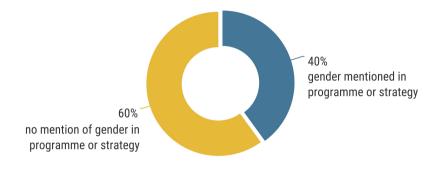
Are programmatic policies in place to guide genderresponsive action?

Finding:

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

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

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



Recommendations:

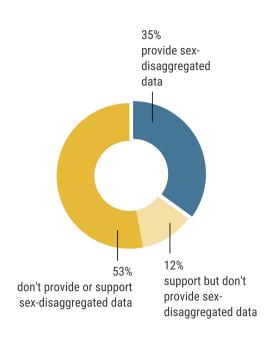
Organisations should move beyond the tendency to conflate gender with women so as to appreciate the gender-related determinants of everyone's health.

Organisations should conduct gender-based analyses to inform the development, implementation and M&E of programmes, in order to better understand and address how gender affects health outcomes for everyone.

"RESTRICTED UNDERSTANDINGS OF GENDER MAY
BE DRIVING OUR FINDING THAT MANY POLICIES
AND PROGRAMMES FOCUS MAINLY ON GENDER AS
IT RELATES TO THE HEALTH OF WOMEN, AND
PARTICULARLY THEIR REPRODUCTIVE HEALTH AND
ROLES AS MOTHERS. THE CHANGING PATTERNS OF
DEATH AND DISABILITY THAT ARE RESPONSIBLE
FOR HEALTH OUTCOMES FOR ALL PEOPLE HAVE NOT
YET BEEN REFLECTED IN THE AGENDAS OF MANY
GLOBAL HEALTH ORGANISATIONS."

4

Does the organisation collect and report on sexdisaggregated data from their programmatic activities?



Finding:

Organisations generally fail to present sex-disaggregated programmatic data.

Two thirds of organisations don't disaggregate their programme data by sex.

Only one organisation reports health data for transgender populations.

Recommendations:

Organisations should ensure relevant programmatic data is sex-disaggregated.

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

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

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

Global health journals should commit to only publishing articles that report sexdisaggregated and analysed data (where appropriate).

"I BELIEVE THAT THE INAUGURAL REPORT OF GH5050 CAN HELP DRIVE ACTION FOR GENDER EQUALITY ACROSS ORGANISATIONS. GH5050 OFFERS AN ACCOUNTABILITY MECHANISM THAT HAS BEEN SORELY LACKING."

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

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

Finding:

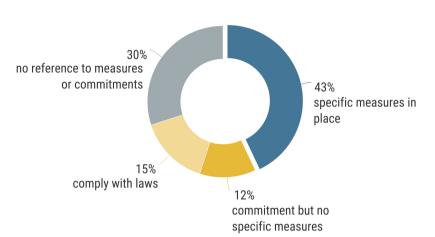
Organisations aren't doing nearly enough to support gender equality in the workplace.

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

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

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

Nineteen organisations (14%) provide details of their gender pay gap. The majority of these are in the United Kingdom where reporting on gender pay gaps is becoming a legal requirement.



Recommendations:

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

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

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

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

6&7

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

What is the gender of the head of the

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

Findings:

Decision-making power remains in the hands of men.

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

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

Global health is led by men.

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

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

Recommendations:

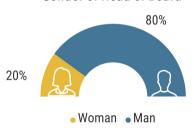
Organisations should adopt specific affirmative measures to achieve gender equality among staff and governing bodies, which include those mentioned in Recommendation 5.2, as well as:

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

Gender of Executive Director

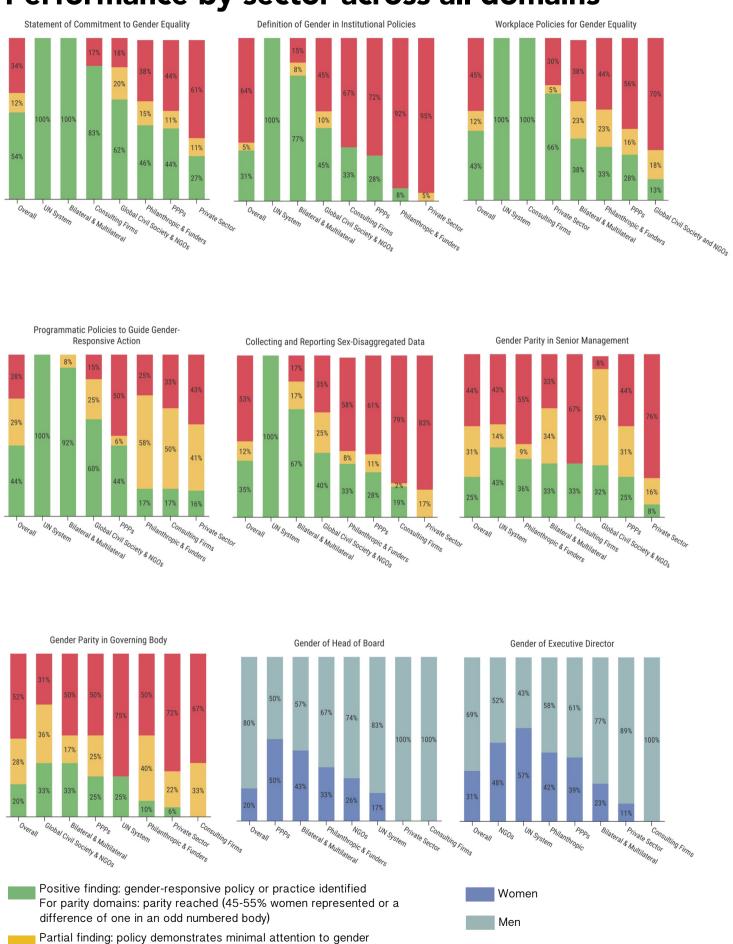


Gender of Head of Board



"GLOBAL HEALTH 50/50 DEMONSTRATES THE IMPORTANCE OF NUMBERS. BUT IT IS NOT JUST A MATTER OF PARITY, IT IS ALSO A MATTER OF RIGHTS, RESOURCES AND ULTIMATELY POWER."

Summary of key findings: Performance by sector across all domains



Negative finding: No evidence of gender-responsive policy identified For parity domains: 0-34% women represented

For parity domains: Some progress towards parity (35-44% women

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The Global Health 50/50 initiative is housed by the University College London Centre for Gender and Global Health. Global Health 50/50 is led by Professor Sarah Hawkes and Dr Kent Buse with a dedicated team of researchers, strategists and communications experts working on a largely voluntary basis: Claudia Ahumada, Emily Blitz, Charlotte Brown, Chloe Byers, Tiantian Chen, Mikaela Hildebrand, Ruth Lawlor, Edward Mishaud, Elias Nosrati, Anna Purdie and Sonja Tanaka.

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Full report available at: www.globalhealth5050.org



