

Methods

To measure concepts as contextual as diversity and equality with a standardised, simple methodology may seem a fool's errand. We recognise what has been called the 'epistemological violence' committed to nuanced concepts such as intersectionality when we attempt to reduce them to measurable indicators. Nonetheless, we are all aware that what gets measured, gets done.

Sample and criteria for inclusion

This Report reviews 200 organisations active in global health. GH5050 defines "global organisations" as those with a presence in at least three countries. The sample includes organisations actively involved in global health and those organisations that aim to influence global health policy even if this is not their core function. Inclusion of an organisation does not signify GH5050's endorsement of its activities, nor that GH5050 considers the organisation to be contributing to advancing population level health. Rather, organisations under review have been identified as having demonstrated an interest in influencing global health and/or global health policy.

Over the past three years, the sample has 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.

Ten sectors are represented in the 2020 sample:

1. Public-private partnerships (PPPs), defined as those partnerships with for-profit and public sectors represented on their governing bodies
2. UN system agencies working in the health, nutrition and labour fields
3. Bilateral and global multilateral organisations, including the 10 largest bilateral contributors of development assistance for health in the period 2005-2015
4. Funding bodies, including philanthropic organisations
5. Non-governmental and non-profit organisations, which can include industry groups registered as charitable organisations (e.g. 501(c)(3) in the US)

6. Private sector for-profit companies: Corporate participants in the Business and Health Action Group of the Global Business Council that provided a platform for the engagement of business in setting the health-related targets of the SDGs,⁵² or companies that contributed to consultations on the Uruguay Road Map on noncommunicable diseases⁵³
7. Consultancy firms with an interest in the health sector
8. Research and surveillance institutions
9. Faith-based organisations
10. Regional organisations

We recognise the limitations of grouping organisations by sector, particularly in light of the unique features of many in our sample that preclude distinct categorisation. We have sought to establish clear rationale for the categorisation of each organisation, at times directly with the organisation.

Approach and methods for data collection

GH5050 has developed a rigorous methodology that is consistent with established systematic review research methods. At least two reviewers extract each data item independently, and a third reviewer verifies the data. The 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. The codes in the GH5050 2020 report were updated from previous years, to bring further nuance and accuracy and as a result of invaluable ongoing discussions with organisations.

The data collected and analysed comes from publicly available websites and is in the public domain. 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. We do not ask for confidential information, information of a commercially sensitive nature or information that would identify individuals in organisations (other than the gender of the CEO, for example, which is publicly available for all included organisations).

Data on the gender and geography of power are drawn solely from publicly available information. Aside from gender, data on the individual characteristics of leadership have been aggregated and are not presented in an individually attributable manner.

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).

Data analysis and scoring for the variable on sex-disaggregated data was updated for the 2020 report. Where in the past we allocated a Green to those organisations for whom we were able to identify a single example of reporting sex-disaggregated data, this year we reserved the Green scoring for those organisations regularly reporting sex-disaggregated data. During data collection, we looked at those sites where we would reasonably expect to find disaggregation (e.g. annual reports or specific reports relating to a health issue). If data were not disaggregated, then we coded accordingly.

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 Lancet and Globalization and Health) prior to 2017.

Organisational priorities were assessed by reviewing publicly available information on each organisation's website. An organisation was deemed to be paying attention to an SDG target when its stated priorities, strategic focus as well as programmatic

areas aligned with the target. Where an organisation's work contributed to the achievement of a target, it was also noted whether the sex of the target population was specified. Two reviewers independently assessed how each organisation's work linked with each SDG target. Any disagreements were resolved by discussion with a third reviewer.

Engaging and validating results with organisations

We contact each organisation at least twice during the course of data verification. 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. In order 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, GH5050 encourages organisations to contact us to discuss queries about the process and the variables. Final results are shared with all organisations before publication.

Strengths and limitations

The methods described above have been discussed with the head of ethics of University College London, where GH5050 is housed, and found to be in compliance with international norms. As far as we know, this is the only systematic attempt to assess how gender is understood and practiced 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 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.