Global Health 50/50 aims to inform, inspire and incite change to shift institutions, ideas and interests

<table>
<thead>
<tr>
<th>Inform</th>
<th>Inspire</th>
<th>Inspire</th>
</tr>
</thead>
<tbody>
<tr>
<td>global discourse with the world’s most rigorous and extensive database on the state of gender equality in global organisations active in health</td>
<td>a vision of a new normal for gender equality in global health</td>
<td>a movement to demand and deliver on the policies that will lead to gender equality in the workplace and in global health programmes</td>
</tr>
</tbody>
</table>
About the 2020 Global Health 50/50 Report

- Provides an **unprecedented bird’s eye view** of the global health system today
- Reviews **gender-related policies and practices of 200 global organisations** that aim to promote health and/or influence global health policy
- Looks **internally at workplace policies and parity measures**, and at how organisations account for **gender in their external programmes**
- Sample covers organisations **from 10 sectors**, headquartered **in 33 countries** across **seven regions**
Inequalities in career opportunities inside global health organisations

Who leads? Do women and men have similar chances of reaching the top positions?

What about people from low- and middle-income countries vs from high-income?

Do organisations have strategies in place to correct for social/historical inequalities?

Inequalities in who benefits from the global health system

What health issues are deemed deserving of attention by the global health system?

Do they align with the biggest causes of ill-health?

Do organisations recognise and act on the gendered differences in health needs/risks?
Global Health: How Global?

Headquarters of the 198 global organisations active in health and health policy across the globe

- 38% North America
- 46% Europe
- 7% Sub-Saharan Africa
- 1% Oceania
- 1.5% Latin America and the Caribbean
- 1.5% Middle East and North Africa
- 5% Asia
National income level of headquarters location, by sector

- Public-private partnerships
- Private sector
- Regional organisations
- Research & surveillance
- UN System
- Bilaterals and global multilaterals
- Consultancy
- Faith-based
- NGOs & non-profits
- Philanthropic and funders
## Parameters of the 2020 Report

### 1. Commitments to redistribute power
- Committing to gender equality
- Defining gender

### 2. Policies to tackle power & privilege imbalances
- Workplace gender equality policies
- Workplace diversity and inclusion policies
- Board diversity and inclusion policies

### 3. Who holds power & enjoys privilege?
- Gender parity in senior management and governing bodies
- Gender of executive head and board chair
- Nationality and education of executive heads

### 4. Gendered power dynamics driving health inequalities
- Sex-disaggregated monitoring and evaluation
- Gender-responsiveness of organisational approaches
Commitments to redistribute power
Do organisations commit to social justice?

3 in 4 organisations make a commitment to social justice.
Do organisations commit to gender equality?

- 50% Commit to gender equality
- 17% Commit to gender equality to primarily benefit women/girls
- 8% Don't commit to gender equality but work on women/girls
- 25% No reference to gender or women/girls
Commitments to gender equality are on the rise

% of organisations that make a public commitment to gender equality

- 55% in 2018
- 70% in 2019
- 76% in 2020
Do organisations define gender in line with global norms?
2

Workplace policies to tackle power & privilege imbalances
Do organisations have workplace policies to promote gender equality?
Workplace policies to promote gender equality are on the rise

% of organisations with workplace policies to promote gender equality

- 44% in 2018
- 57% in 2019
- 69% in 2020
Do organisations have workplace diversity & inclusion policies?
Do organisations have board diversity policies?

- Board diversity policy in place: 14%
- Governed by member states: 6%
- Commit to D&I but no measures in place: 15%
- Some information on board policy but no mention of D&I: 30%
- Not found: 35%

Table showing sector-wise distribution:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultancy (N=10)</td>
<td>0%</td>
</tr>
<tr>
<td>Faith-based (N=10)</td>
<td>0%</td>
</tr>
<tr>
<td>Funders (N=14)</td>
<td>0%</td>
</tr>
<tr>
<td>Regional bodies (N=8)</td>
<td>0%</td>
</tr>
<tr>
<td>NGOs (N=63)</td>
<td>13%</td>
</tr>
<tr>
<td>Bilaterals/Multilaterals (N=14)</td>
<td>14%</td>
</tr>
<tr>
<td>Private sector (N=42)</td>
<td>17%</td>
</tr>
<tr>
<td>Research &amp; surveillance (N=11)</td>
<td>18%</td>
</tr>
<tr>
<td>UN System (N=11)</td>
<td>18%</td>
</tr>
<tr>
<td>Public-private partnerships (N=27)</td>
<td>41%</td>
</tr>
</tbody>
</table>
Who holds power and enjoys privilege?
Decision making bodies are still disproportionately male.

At the current rate of change, it will take over a half century to reach gender parity in senior management.
Who leads global health organisations?

7 in 10 global health leaders are male.
Distribution of women and male CEOs by age range: disparity increases with age.
**Geography of global health leadership**

- **Low- and middle-income countries**
  - % global population: 83%
  - % global health leaders: 17%
  - % degrees obtained in those countries: 8%

- **High-income countries**
  - % of degrees from Harvard - the same as all degrees from LMICs combined: 8%
  - 50% of global health leaders are nationals of just two countries: UK and US.

5% of global health leaders are women from LMICs.
Confronting the 70-80-90 ‘glass border’ in global health: more than 70% of leaders in our sample are men, 80% are nationals of high-income countries and 90% were educated in high-income countries
### Profiles of power and privilege in global health

**If you are a CEO in our sample, you are...**

<table>
<thead>
<tr>
<th>Power Type</th>
<th>Male Probability</th>
<th>Education Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial power</td>
<td>3x more</td>
<td>4x more</td>
</tr>
<tr>
<td>Normative power</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For-profit power</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If you are a CEO of an organisation wielding financial power, you are...**

<table>
<thead>
<tr>
<th>Probability</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3x more</td>
<td>likely to be male</td>
</tr>
<tr>
<td>7x more</td>
<td>likely to be from a high-income country</td>
</tr>
<tr>
<td>27x more</td>
<td>likely to complete education in a high-income country</td>
</tr>
</tbody>
</table>

**If you are a CEO of an organisation wielding normative power, you are...**

<table>
<thead>
<tr>
<th>Probability</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2x more</td>
<td>likely to be male</td>
</tr>
<tr>
<td>1.3x more</td>
<td>likely to be from a low/middle-income country</td>
</tr>
<tr>
<td>8x more</td>
<td>likely to complete education in a high-income country</td>
</tr>
</tbody>
</table>

**If you are a CEO of an organisation wielding for-profit power, you are...**

<table>
<thead>
<tr>
<th>Probability</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6x more</td>
<td>likely to be male</td>
</tr>
<tr>
<td>19x more</td>
<td>likely to be from a high-income country</td>
</tr>
<tr>
<td>40x more</td>
<td>likely to complete education in a high-income country</td>
</tr>
</tbody>
</table>
The gendered power dynamics driving inequalities in health outcomes
Gender-responsiveness of organisational approaches - applying the WHO Gender-Responsiveness Scale

- **29%** Gender-transformative
  - Addresses causes of gender-based health inequities. Includes strategies to foster changes in power relationships between women and men.

- **32%** Gender-specific
  - Considers how gender norms affect access to resources. Targets women or men to meet specific needs. Makes it easier for people to fulfil gender roles.

- **19%** Gender-sensitive
  - Acknowledges gender norms, roles and relations, but no remedial action.

- **20%** Gender-blind
  - Ignores differences in opportunities and resource allocation for women and men.

- **0%** Gender-unequal
  - Perpetuates inequalities by reinforcing unbalanced norms, roles and relations.
Gender-transformative or gender-blind approaches, by sector
Do organisations sex-disaggregate their data on programmatic delivery?
The global health agenda: which priorities and for whom?
Number of organisations (of 146) that state a focus on SDG 3 and health-related SDG 5 targets

<table>
<thead>
<tr>
<th>Target Description</th>
<th>Organisations Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3 Infectious diseases</td>
<td>94</td>
</tr>
<tr>
<td>3.8 Universal health coverage</td>
<td>69</td>
</tr>
<tr>
<td>3.2 Neonatal and child mortality</td>
<td>67</td>
</tr>
<tr>
<td>3.1 Maternal mortality</td>
<td>64</td>
</tr>
<tr>
<td>3.7 Sexual and reproductive health</td>
<td>61</td>
</tr>
<tr>
<td>5.2 End violence against women &amp; girls</td>
<td>55</td>
</tr>
<tr>
<td>3.4 Noncommunicable diseases</td>
<td>51</td>
</tr>
<tr>
<td>5.6 Access to SRHR</td>
<td>51</td>
</tr>
<tr>
<td>3.b Medicines and vaccines</td>
<td>50</td>
</tr>
<tr>
<td>3.d Emergency preparedness</td>
<td>48</td>
</tr>
<tr>
<td>3.c Health financing and workforce</td>
<td>44</td>
</tr>
<tr>
<td>5.3 Eliminate harmful practices</td>
<td>31</td>
</tr>
<tr>
<td>3.a Tobacco control</td>
<td>15</td>
</tr>
<tr>
<td>3.5 Substance abuse</td>
<td>14</td>
</tr>
<tr>
<td>3.9 Environmental health</td>
<td>12</td>
</tr>
<tr>
<td>3.6 Road traffic</td>
<td>8</td>
</tr>
</tbody>
</table>
Assessing alignment: global burden of disease compared to organisational priorities, by SDG target

Proportion of burden of disease, men and women

% of 146 organisations working on SDG target

% of 31 funders working on SDG target
Want to know more?

www.globalhealth5050.org/2020report

info@globalhealth5050.org

Twitter: @Globalhlth5050