



# BOARDS FOR ALL?

A REVIEW OF **POWER, POLICY  
AND PEOPLE** ON THE BOARDS  
OF ORGANISATIONS ACTIVE  
IN GLOBAL HEALTH

Global Health 50/50<sup>®</sup> is an independent charitable initiative. Global Health 50/50 was co-founded by Professors Sarah Hawkes<sup>1</sup> and Kent Buse.<sup>2</sup> It is staffed by a dedicated collective of researchers, strategists and communications experts most of whom work in the global health sphere while also contributing to the work and aims of GH5050. Collective members who contributed to the 2022 Report include: Tiantian Chen, Mireille Evagora-Campbell, Fizza Fatima, Erick Freire, Thepan Ganesh, Sophie Gepp, Sophie Hampton, Lara Hollmann, Unsia Hussain, Victoria Olubunmi, Alex Parker, Ashley Sheffel, Treasure Udechukwu, Zahra Zeinali and David Zezai. Sonja Tanaka and Anna Purdie co-ordinate and manage the GH5050 collective.

The initiative is guided by a diverse independent Advisory Council<sup>3</sup> and charitable oversight is provided by a Board of Trustees.<sup>3</sup> We are deeply grateful to the members of both of these bodies. GH5050 is grateful to the many people who shared their expertise, insights and experiences in the development of this report. Several of those people are featured in the PDF and online versions of this report.

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**#GH5050 #BoardsforAll @GlobalHlth5050**  
**[www.globalhealth5050.org](http://www.globalhealth5050.org)**

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<sup>3</sup> <https://globalhealth5050.org/meet-the-team/>



## WARMI JILAQATA

Puno, Peru, 2015

David Martín Huamaní Bedoya

Rita Suaña Coila and women from the Uros community collect waste that has washed downstream from the surrounding cities to be taken to the recycling centre. Captured in cinematic black and white, Rita casts an imposing figure. Rita was the first woman mayor of the town of Uros, a community that has lived on the floating islands of Lake Titicaca since Incan times. Her election sent shockwaves through her community - her own family doubted that she, as a woman, would be able to do the job. In this patriarchal society, her leadership is historic.

*David Martín Huamaní Bedoya is a photographer from Lima, Peru, whose work exhibits nationally and internationally.*

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# MOVING THE EQUALITY AGENDA FORWARD

**“ENSURING THE LEADERSHIP AND INFLUENCE OF PEOPLE FROM LOW- AND MIDDLE-INCOME COUNTRIES, AND ESPECIALLY WOMEN, IS NOT ONLY A QUESTION OF EQUITY – HOWEVER ESSENTIAL – BUT OF THE VERY RELEVANCE, EFFECTIVENESS AND IMPACT OF THE GLOBAL HEALTH ENTERPRISE.”**

Global Health. The very name of our chosen field, our shared calling, is imbued with fundamental values of universality, equity, and well-being for all.

When I read the findings of this report, however, I question whether we are living up to our name and ideals. This critical report from Global Health 50/50 (GH5050) has shown the extent to which so much of global health is governed by the Global North. Among more than 2,000 board seats, analysis reveals that 75% are held by nationals of high-income countries (home to 16% of the global population). Shockingly and damningly, fewer than 1% – just 17 board seats – are held by women from low-income countries.

The influence and responsibility vested in these governing bodies is vast. Some control the distribution of billions of dollars each year, some engage in global discourse determining priorities, norms and solutions. They collectively govern the careers of 4.5 million employees. Ensuring the leadership and influence of people from low- and middle-income countries, and especially women, in these bodies is not only a question of equity – however essential – but of the very relevance, effectiveness and impact of the global health enterprise.

Across the variables on policy, practice and outcomes detailed in this report, GH5050 finds areas of progress, yet these are islands in a sea of stagnation. GH5050 reports no change in the availability of gender equality workplace policies in two years, despite the brutal impact of the pandemic on women’s working lives. Fifty-four organisations have neither had a woman CEO nor a woman board chair in the five years that GH5050 has been assessing them. However, whenever we call for talents, women have come. So, what is going wrong?

The rigorous and alarming findings of the 2022 GH5050 report must spur us into action. I have the privilege and opportunity to sit on several boards but, often and unfortunately, as the first and only African, Black person or person from the Global South. I know from my own experience as a member of several boards, that boards that are rich in diversity – social diversity and idea diversity – are better problem solvers. But equally important is an organisation that fosters an egalitarian board culture – one that elevates different voices and perspectives, and welcomes conversations about diversity.

I encourage my colleagues and peers who, like me, have a responsibility because they occupy these positions of

## ELHADJ AS SY

Co-Chair of the Global Preparedness Monitoring Board, Co-Chair of the Lancet Commission on Gender and Global Health, Governor of the Wellcome Trust, Member of the Governing Board of Interpeace, and Chair of the Board of the Kofi Annan Foundation



influence, to critically examine whose interests are being served by the status quo. Irrespective of our gender, we are all responsible for ensuring equality. As a man, I am proud to be working towards equality for all genders, for all people.

The past two years have revealed many fault lines in our society. Untold lives have been lost and many more have been irrevocably changed. Widening economic, gender, and racial inequalities are doing harm to all of us. We have learned too. The past two years have spawned remarkable innovations in the way we connect. We have worked side-by-side with colleagues and communities, without ever having been in the same room. This is an opportunity to truly go global and transform the way global health is governed, and to ensure increasingly diverse voices in positions of decision-making. I welcome the increase in formal policies that set the vision, measures and accountability mechanisms to advance diverse representation on boards; these must become commonplace across all global health organisations.

If there is one sector that should lead in this space, it is global health. Let us live up to our name.

# WORD FROM THE GH5050 COLLECTIVE

Governing boards represent the locus of power across organisations active in global health, where decisions on leadership, strategy, finance, and programming are made that influence the health outcomes of people around the world. Our 2022 report provides a close-up view of these bodies as epicentres of continued inequities as well as prime spaces for transformation.

Two years ago, we **reported** that power imbalances resulting from systemic patriarchal, colonial and imperial norms pervaded the global health system, with a crippling lack of gender equality and diversity in the highest positions of leadership. Our report was written as the COVID-19 pandemic was advancing across the world, and in it we warned that the global health system was “broken” and neither “fair nor fit-for-purpose”. In 2021, we **uncovered** how hard this inequitable system strikes the most vulnerable in times of crisis, finding for example that over 80% of COVID-19 health-programming activities did not recognise how gender affects people’s health despite the clear role<sup>1</sup> of gender on people’s experiences during the pandemic.

The COVID-19 pandemic has thrown into relief how structural forces shape individual opportunities and outcomes. Pandemic measures have hit the economically vulnerable hardest<sup>2</sup> while the world’s ten richest men doubled their wealth during the crisis.<sup>3</sup> Women have borne the greatest burden of the pandemic at home and in the workplace, and as a result the clock of achieving gender parity has been set back to 135 years, from 99 years previously.<sup>4</sup>

## STARK FINDINGS OF POWER IMBALANCES

This year, we find that in the corridors of power and the rules determining who is given a platform to govern, considerations of gender and diversity are all too often lacking. People from low-income countries are largely denied the opportunity to

contribute to the governance of global health, with women particularly under-represented. Just 17 of the over 2,000 global health board seats are occupied by women nationals of low-income countries. Meanwhile, a quarter of board members are men from the United States. Despite these inequities, only 12% of boards in our sample have published affirmative measures to promote women’s participation and only 6% have published policies to address geographic imbalances.

## LACK OF PROGRESS IN DEMOCRATISING AND DIVERSIFYING GLOBAL HEALTH

Despite decades of work to reveal the ingrained imprint of historical injustices and decolonise development cooperation, the global health sector seems only to be waking up to its own complicity in patterns of colonialism, imperialism, racism and abuse of power in the last few years.<sup>5</sup>

We are alarmed by the lack of progress on democratising and diversifying global health. The collective failure to deliver equality in global health is inextricably linked to a failure to ensure equality in voice, representation and inclusion at the top. We cannot realise our collective mandate to deliver health equity globally while those sitting in the spheres of influence do not reflect the people they serve. And hence, for the first time, we have taken the decision to highlight organisations that have not improved their practices and policies over the past five years. We would encourage people working for or funding these organisations to use our data to demand change.

## GROUNDS FOR OPTIMISM

Despite the findings in this report, and the wider state of growing inequality, there are grounds for optimism. We are inspired by the drive of numerous organisations who engaged

with our findings to take deliberate steps to embed gender equality and diversity into their structures, policies and programme delivery.

As part of GH5050’s methods, GH5050 invites each of the 200 organisations to engage directly in the collection and interpretation of organisational findings at several points during the data collection process in advance of publication. The data in this report reflects the participation and contributions of over 90 organisations who took the time to submit documentation, verify findings and engage with GH5050. We are deeply appreciative of their participation which helps to bring about a more transparent, gender-equal and gender-responsive global health system.

We are grateful for the guidance of our Advisory Council and the contributions of organisations in validating the data for this report. Without your support, none of this would be possible. We are delighted and honoured that Elhadj As Sy has written the Foreword to this report – we need many more men to step up for gender equality.

## A CALL TO CLAIM THE ROOM

This report is a call to the barricades. Or more specifically a call to the boardroom – the Global Health Boardroom. It is high time that the room is claimed. We saw disability rights activists do it; we saw HIV activists do it; and we are seeing young climate activists do it. The time is overdue for people with a stake in global health to assert ‘Nothing About Us Without Us!’ and claim their rightful place in its boardrooms. We need ‘Boards for All’ if we are to achieve ‘Health for All.’

# WHAT'S IN BOARDS FOR ALL?

## FIRST-EVER ASSESSMENT OF GLOBAL HEALTH BOARD MEMBERS

This report takes an in-depth look at power and privilege by examining who governs global health. For the first time, this report assesses the demographics of every board member of the most influential organisations active in global health, which includes 1,946 individuals holding 2,014 board seats across 146 organisations. This is a sub-sample of the 200 organisations annually assessed by GH5050 (see page 8), and excludes those organisations where board membership is mandated through member state participation or where data could not be located. Publicly-available information was collected on the gender and nationality of board members, their place of employment, the sector in which they work, and where the organisation they work for is headquartered.

As the world continues to suffer from the impacts of a devastating pandemic, including unprecedented levels of inequality, this report presents rigorous evidence on the inequitable gender composition of boards governing global health and the outsized presence of a small number of nationalities in these decision-making spaces.

This data is presented to contribute to growing interrogations of power in global health: Who dictates global health priorities and solutions? What interests, worldviews and precepts are these decisions based on, and thus who actually benefits and how? What does it mean for priority-setting, knowledge-generation and effective and equitable responses in global health when, as this report finds, 44% of board members are from a single country – the United States? The report further questions whether more representative and equitable global health governance is a question of men from high-income countries relinquishing power, or whether it will rely on an increasingly diverse set of actors seizing power and 'claiming the room'.

## ANNUAL ANALYSIS OF ORGANISATIONS' GENDER-RELATED POLICIES AND PRACTICES

The 2022 report presents the findings on board representation alongside its annual analysis of 200 organisations' gender-related policies and practices. Every year, GH5050 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.

While numerous organisations have continually performed well in the [Gender and Health Index](#), and dozens more have made measurable progress, the report finds growing polarisation between high- and low-performing organisations. The performance and progress of organisations that have been assessed since 2020 is presented in Annex 1. Organisations are listed in three categories: consistently high performers, fast risers and stagnators. For the first time, organisations that have performed poorly in 2018 and have not shown improvement in 2022 for each core variable is presented (Annex 2). The 2022 performance of all 200 organisations is presented in Annex 3.

Full details of the methods GH5050 employed to analyse board membership and board policy, as well as the methods for data collection on the core variables, can be found in Annex 4.

As the many voices in this report attest, however, fostering diverse and inclusive governance spaces is possible through committed leadership, deliberate policy, and sustained action and accountability.

## CALLS FOR CHANGE FROM GLOBAL HEALTH BOARD MEMBERS

The report features insights from board members from low- and middle-income countries and from representatives of organisations active in global health. These leaders reflect on what makes for a diverse board in global health (and how they come about), how individuals and organisations are challenging traditional power inequities to shape more diverse and inclusive boards, and what greater diversity in decision-making could mean for delivering better and fairer health outcomes.

### FEATURED VOICES:

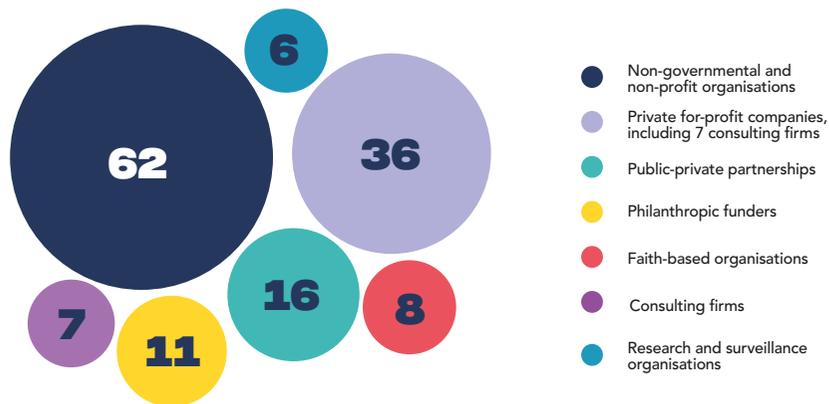
- **CATHERINE BERTINI**, Chair of the board of the Global Alliance for Improved Nutrition; Distinguished Fellow at the Chicago Council on Global Affairs
- **MINAKSHI DAHAL**, Research Officer at the Center for Research on Environment Health and Population Activities, Nepal
- **KATE GILMORE**, Chairperson of International Planned Parenthood Federation
- **ANURADHA GUPTA**, Deputy Chief Executive Officer of Gavi, the Vaccine Alliance; Board member of Partnership for Maternal, Newborn and Child Health
- **ANUJ KAPILASHRAMI**, Professor in Global Health Policy & Equity at University of Essex; Board of trustees for Health Poverty Action
- **CATHERINE KYOBUTUNGI**, Executive Director of the African Population and Health Research Center; Board member of Partnership for Maternal, Newborn and Child Health
- **DEVAKI NAMBIAR**, Program Head of Health Systems and Equity at the George Institute for Global Health; Board member of Health Systems Global
- **NYOVANI MADISE**, Director of Development Policy and Head of the Malawi office of the African Institute for Development Policy; Board member of Population Council and Trustee of Liverpool School of Tropical Medicine

# THE GLOBAL HEALTH 50/50 REPORT AND ORGANISATIONAL SAMPLE

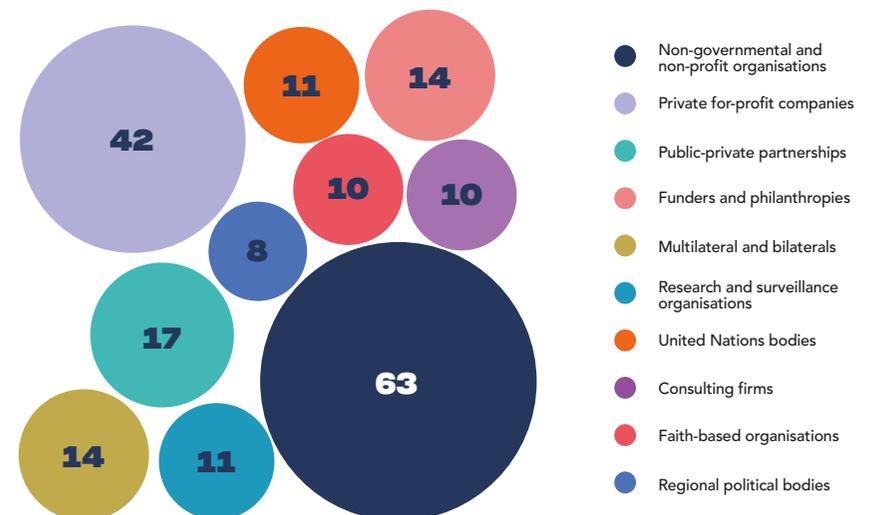
Through its annual report and the Gender and Health Index, GH5050 assesses the gender-related policies and practices of global organisations (operational in a minimum of three countries) that aim to promote health and/or influence global health agendas and policy. The GH5050 report and Index continue to provide the single-most comprehensive analysis on gender equality and the distribution of power and privilege in global health.

GH5050 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. The sample currently contains 200 organisations from 10 'sectors', headquartered in 37 countries which, together, employ over 4.5 million people.

## 146 ORGANISATIONS INCLUDED IN 2022 BOARD MEMBER ANALYSIS



## 200 ORGANISATIONS INCLUDED IN ANNUAL REPORT ON GENDER-RELATED POLICIES, PRACTICES AND OUTCOMES



# SNAPSHOT

## OF 2,014 BOARD SEATS ACROSS 146 ORGANISATIONS...

### GLOBAL HEALTH GOVERNING BOARDS ARE NOT GLOBALLY REPRESENTATIVE

75%



are held by nationals of high-income countries.

82%



This rises to 82% among the 123 board seats of funding bodies.

51%



of all seats are held by nationals of the two most dominant countries: the United States (44%) and the United Kingdom (7%).

2.5%



just 50 seats are held by nationals of low-income countries.

### A FRACTION OF ORGANISATIONS HAVE TRANSPARENT POLICIES FOR BOARD DIVERSITY

12%  
(23/198)

have published targets to address gendered power distribution by promoting women's participation on their boards.



6%  
(11/179)

have published targets to address geographic imbalances.



3%  
(5/198)

have dedicated seats or quotas in the public domain to promote diversity in the identity characteristics of board members, including age and ethnicity.



### WOMEN FROM LOW-INCOME COUNTRIES ARE NEARLY ABSENT

Across the sector, women hold



of board seats (814/2014).

Women from low- and middle-income countries hold



of board seats.

Just 1% of 1,438 board seats in the non-profit sector



are held by women nationals of low-income countries.

Women hold



(45/123) of seats on funding bodies.

Just 1 seat is held by a woman from a low-income country.

There are no women from low-income countries on for-profit boards.

### WHILE SOME PROGRESS HAS BEEN MADE, THERE ARE SIGNS OF STAGNATION

AFTER 5 YEARS TRACKING 138 ORGANISATIONS...



58%  
(80/138)  
have not had a women CEO

51%  
(70/138)  
have not had a woman board chair in the five years GH5050 has been tracking them.

Almost 1/3 organisations have made little to no progress across our index.



In the past 2 years, we've seen no progress in the number of organisations publishing gender workplace policies, despite inequitable impacts of the pandemic on women's working lives.



## **HEN - STEPHEN, STOCKPORT, 2019**

*Stockport, 2019*  
Bex Day

Stephen Whittle, OBE is a British legal scholar and co-founder of the trans-activist group Press for Change. Since 2007, he has been Professor of Equalities Law in the School of Law at Manchester Metropolitan University. After the Gender Recognition Act 2004 came into force in April 2005, he achieved legal recognition as a man and was able to marry his partner, Sarah. The series Hen is an anthropological study on the fluidity of gender, and an exploration into the lasting impact of societal restrictions concerning gender identity and sexual orientation on people's lives.

*Bex Day is a photographer and director from London.*

# PART 1

## POWER AND PRIVILEGE IN GLOBAL HEALTH BOARDS: A REVIEW OF PEOPLE AND POLICY



**Boards are some of the most influential decision-makers in global health. They often nominate an organisation's leadership, set strategic direction and funding priorities, and provide oversight and accountability for financial, management and programmatic decision-making. Globally, demands for gender equality and broader diversity in decision-making and influence are loud and growing, bolstered by global social justice movements and evidence that diverse and inclusive boards are more innovative and effective.<sup>6</sup>**

Positions of power in global health continue to be dominated by men from high-income countries. This is but one manifestation of a **broken system** where governance is not inclusive of multiple forms of diversity, be it gender, geography, disability, sexual orientation, race, class or education, therefore excluding those whose perspectives and expertise can challenge the status quo and lead to better and fairer health outcomes for all. Representative participation in the boards governing public-health policy and practice is a vital component of building trust in public health systems.<sup>7</sup> As COVID-19 has once again highlighted, public trust is essential for the delivery and success of public health goals.

The COVID-19 pandemic and response have laid bare the broken system in action, and the resulting inequitable health outcomes. The impact of structural inequalities in race, class, gender, geography and more, both between

and within countries, on the degree to which people have suffered or been protected from the immediate and longer-lasting effects of the pandemic have been starkly apparent.

Our analysis reveals that the makeup of global health boards does not reflect the populations they serve.<sup>8</sup> A recent survey from the non-profit sector in the United States of America found that when selecting board members, board chairs and executives tended to prioritise characteristics such as reputation, networks and certain skills over membership or knowledge of the community affected or served when selecting board members.<sup>9</sup> Such a disconnect may perpetuate perceptions of patronage, reduce levels of trust, and contribute to a group-think mentality, which can lead to making poor strategic decisions.

History has taught us that representation matters. Breakthroughs in progress towards

rights and participation for affected communities have often been won through demands for their voices to be heard and experiences recognised in decision-making spheres. (See page 13).

Our findings also show that change is possible: organisations are publishing more board representation and diversity policies – GH5050 has reported an 11% increase over two years. There is additional evidence from the private sector that some boards are becoming more responsive<sup>10</sup> – for example, gender diversity on boards is gradually increasing in some regions.<sup>11</sup>

It is time for all global health organisations to correct historical disadvantage and inequality in the boardroom – to meet their obligation of contributing to a more equitable world and to shape more diverse, inclusive and effective governing bodies for better health for all.

# “NOTHING ABOUT US WITHOUT US!” STAKING CLAIM TO THE GLOBAL HEALTH BOARD ROOM



## THE FIGHT FOR DISABILITY RIGHTS, INCLUDING THE RIGHT TO REPRESENTATION

Among the trailblazers of the fight for inclusive and participatory decision-making were the leaders of the disability rights movement. Their defining motto, “Nothing About Us Without Us!” was at once unequivocal, self-explanatory and powerful. The central role played by people with disabilities in drafting the United Nations Convention on the Rights of Persons with Disabilities in the early 2000s marked a milestone in the path towards inclusive decision-making. Among other things, the Convention guarantees the right to participation in political and public life, including through equal participation in “non-governmental organisations and associations concerned with the public and political life of the country.”<sup>13</sup>

The success of many social justice movements has been underpinned by the drive of hitherto excluded or marginalised groups to unite and claim space from power-holders within arenas of influence.<sup>12</sup> By gaining access to and transforming decision-making spaces traditionally closed to them, communities have sought to ensure that their interests were better met and their perspectives and lived experiences acknowledged and included in governance and policy. The ultimate aims of such movements have been recognition, self-determination and accountability to ensure due process and to democratise and legitimise decisions and thereby promote trust in institutions.

The result of people living with disabilities claiming a seat at the table was the adoption of the first international human rights treaty explicitly requiring states to involve the people it protects in the development, implementation and monitoring of their rights.<sup>14</sup> In the health space, it led, among other things, to WHO’s policy<sup>15</sup> on disability. The policy commits the organisation to “establish systematic process for consultations and active engagement of people with disability and organisations of persons with disabilities in WHO’s business operations and programmatic areas.”

## MEANINGFUL PARTICIPATION OF PEOPLE LIVING WITH AND AFFECTED BY HIV

The HIV movement built on the demands of the disability rights movement for meaningful representation and engagement in

decision-making bodies in which HIV-related issues were being discussed. Protest and legal action by coalitions of people living with and affected by HIV, such as Act Up and Youth Force, led to the conclusion that “AIDS changed everything”.<sup>16</sup> The demands institutionalised lasting shifts in the global response. Among other achievements, in 1994, 42 countries formally committed to the GIPA principle (greater involvement of people living with HIV/AIDS) at the Paris AIDS Summit. This principle, based on the right to self-determination and participation in decision-making processes that affect the lives of people living with and affected by HIV, was enshrined in subsequent UN Political Declarations and became a norm adopted in most if not all countries. Later, when UNAIDS and the Global Fund to Fight TB, AIDS and Malaria were established, people living with and affected by HIV were able to claim seats on their governing bodies. The

Global Fund’s Country Coordinating Mechanisms similarly stipulate that people living with and affected by HIV are to have full membership.<sup>17</sup>

**“POWER CONCEDES NOTHING WITHOUT A DEMAND. IT NEVER DID AND IT NEVER WILL.”**

**Frederick Douglass,**  
19th Century African-American social reformer

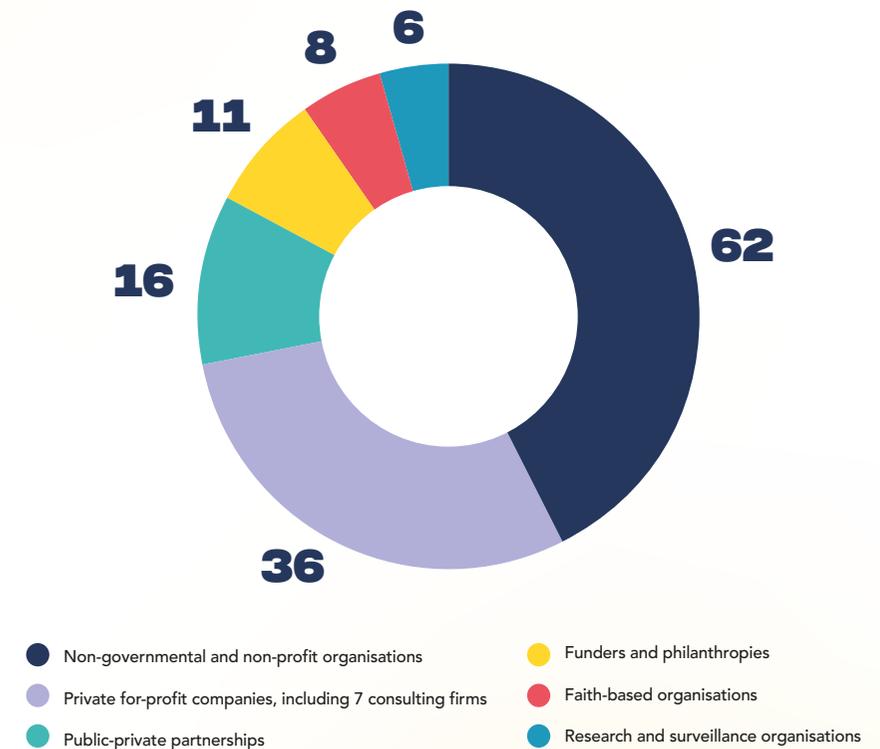
# WHO GETS TO GOVERN?: AN ANALYSIS OF WHO FILLS 2,000+ GLOBAL HEALTH BOARD SEATS

For the first time, the GH5050 report presents an in-depth analysis of who holds power and privilege in the governing boards of organisations active in global health. From July through October 2021, GH5050 gathered publicly-available demographic information on 1,946 individuals holding 2,014 board seats across 146 organisations.<sup>18</sup>

Among the sample of 200 organisations which GH5050 annually assesses, this board review excluded organisations whose board compositions are determined by national governments (e.g. bilateral agencies) and/or member states (e.g. UN agencies). This allowed the review to focus on diversity outcomes in the absence of formal policies that dictate geographically-balanced representation (i.e. distribution of seats by region) and/or that mandate single-sector and/or single-country representation (i.e. boards with seats reserved for government representatives only). These exclusion criteria removed all United Nations organisations (11), all bilateral and multilateral organisations (14), and all regional bodies (8), as well as one (1) research and surveillance organisation and two (2) multilateral funding bodies from the larger sample. An additional 17 organisations were excluded given that information on their board members was not publicly available, or the existence of a board could not be determined.

Data collected on each board member includes the gender and nationality of board members, their place of employment, the sector in which they work, and where the organisation they work for is headquartered. Data was drawn primarily from individuals' online biosketches and LinkedIn profiles.

THE SAMPLE INCLUDES **146** ORGANISATIONS:



Further information on the methods used in this analysis can be found in Annex 4.

## BOARD MEMBERS OF THE FOLLOWING ORGANISATIONS INCLUDED IN BOARD ANALYSIS:

### CONSULTANCY

- Accenture
- Deloitte
- KPMG
- McKinsey & Company
- Palladium Group
- PwC
- Rabin Martin

### FAITH-BASED ORGANISATIONS

- Africa Christian Health Association Platform (ACHAP)
- American Jewish World Service (AJWS)
- Catholic Medical Mission Board (CMMB)
- Catholic Relief Services (CRS)
- Islamic Relief Worldwide
- Muslim Aid
- World Council of Churches (WCC)
- World Vision

### PRIVATE SECTOR

- AB InBev
- AbbVie
- Abt Associates
- Becton, Dickinson and Company
- BP
- Bristol-Myers Squibb
- Coca-Cola
- Consumer Brands Association
- DSM
- Eli Lilly and Company
- ExxonMobil
- General Electric
- Gilead
- GlaxoSmithKline (GSK)
- GSMA
- Heineken
- Intel
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)

- International Federation of Pharmaceutical Wholesalers Foundation (IFPW)
- Johnson & Johnson
- Kuehne + Nagel
- Medtronic
- Merck
- Nestle
- Novartis
- Novo Nordisk
- Pfizer
- Philips
- Reckitt Benckiser Group (RB)
- Safaricom
- Sumitomo Chemical
- Teck Resources
- Unilever
- US Council for International Business (USCIB)
- Vestergaard Frandsen
- Viatrix

### NGOS & NON-PROFITS

- ACTION Global Health Advocacy Partnership
- Action on Smoking and Health (ASH)
- Advocates for Youth
- Africa Centre for Global Health and Social Transformation (ACHEST)
- Alight
- amfAR, Foundation for AIDS Research
- Amref Health Africa
- AVERT
- BRAC
- CARE International
- China Foundation for Poverty Alleviation (CFPA)
- Clinton Health Access Initiative (CHAI)
- Cordaid
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- EngenderHealth
- FHI 360
- Framework Convention Alliance (FCA)
- GBC Health
- Global Health Council
- Health Action International
- Health Poverty Action
- i+solutions
- International AIDS Society (IAS)
- International Center for Research on Women (ICRW)
- International Diabetes Federation (IDF)
- International Federation of Medical Students (IFMSA)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Planned Parenthood Federation (IPPF)
- International Rescue Committee (IRC)

- International Union Against Tuberculosis and Lung Disease
- International Women's Health Coalition (IWHC)
- Ipas
- Jhpiego
- Magna
- Management Sciences for Health (MSH)
- Médecins Sans Frontières (MSF)
- Medicines Patent Pool (MPP)
- Medico International
- Memisa
- Mercy Corps
- Movendi International
- MSI Reproductive Choices
- NCD Alliance
- Oxfam International
- Partners In Health
- PATH
- Pathfinder International
- Plan International
- Population Action International
- Population Council
- Population Reference Bureau (PRB)
- Population Services International (PSI)
- Promundo
- Reproductive Health Supplies Coalition
- Save the Children
- Sonke Gender Justice
- SRHR Africa Trust
- Union for International Cancer Control (UICC)
- Vital Strategies
- World Economic Forum
- World Heart Federation
- World Obesity Federation

### PUBLIC-PRIVATE PARTNERSHIPS

- Clean Cooking Alliance
- Drugs for Neglected Diseases Initiative (DNDi)
- FIND, the global alliance for diagnostics
- Gavi, the Vaccine Alliance
- Global Alliance for Improved Nutrition (GAIN)
- Global Fund to Fight AIDS, Tuberculosis & Malaria
- Global Handwashing Partnership (GHP)
- Global Health Innovative Technology Fund (GHIT Fund)
- International Vaccine Institute (IVI)
- Medicines for Malaria Venture
- Nutrition International
- Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH)
- RBM Partnership to End Malaria
- Scaling Up Nutrition
- Stop TB Partnership
- TB Alliance

### PHILANTHROPIC AND FUNDERS

- Aga Khan Foundation (AKF)
- Bill & Melinda Gates Foundation
- Bloomberg Philanthropies
- Caterpillar Foundation
- Ford Foundation
- Imam Khomeini Relief Foundation
- Open Society Foundations
- Qatar Foundation (QF)
- Rockefeller Foundation
- Sanofi Espoir Foundation
- Wellcome Trust

### RESEARCH AND SURVEILLANCE

- Africa CDC
- Africa Population and Health Research Centre (APHRC)
- Alliance for Health Policy and Systems Research (AHPSR)
- Health Systems Global
- icddr,b
- Institut Pasteur

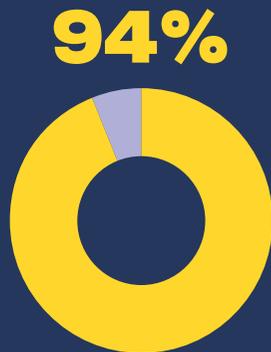
# FINDINGS

## GENDER AND GEOGRAPHY OF BOARD MEMBERSHIP

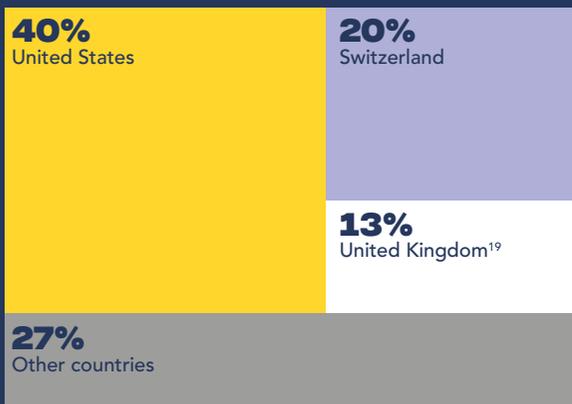
This analysis reveals the inequitable gender composition of the 2,000-plus board seats and the outsized presence of a small number of nationalities. The starkest inequalities are found in the disproportionately low representation of women from low- and middle-income countries in the governance of global health.

### ORGANISATIONS IN THE SAMPLE ARE PRIMARILY HEADQUARTERED IN HIGH-INCOME COUNTRIES

of organisations are headquartered in high-income countries.



**73%**  
(106/146) are headquartered in just **3 COUNTRIES**



### MOST BOARD SEATS ARE OCCUPIED BY NATIONALS OF HIGH-INCOME COUNTRIES

Among 2004 board seats, where the nationality of board members could be determined:

**3/4**

(75%; 1,506/2,004) are held by nationals of **high-income countries**.

**44%**

(882/2,004) are occupied by **Americans**.

**23%**

(488/2,004) are held by nationals of **Europe** including the UK.

**10X**

Americans and British nationals hold ten times the seats held by **Chinese and Indian nationals** - together they hold 5% (110/2,004) of board seats.

**2.5%**

(50/2,004) are held by **nationals of low-income countries**.

**47%**

The boards of 69/146 (47%) organisations are **composed entirely** of members from high-income countries.

### WOMEN FROM LOW-INCOME COUNTRIES ARE NEARLY ABSENT FROM GOVERNING BODIES

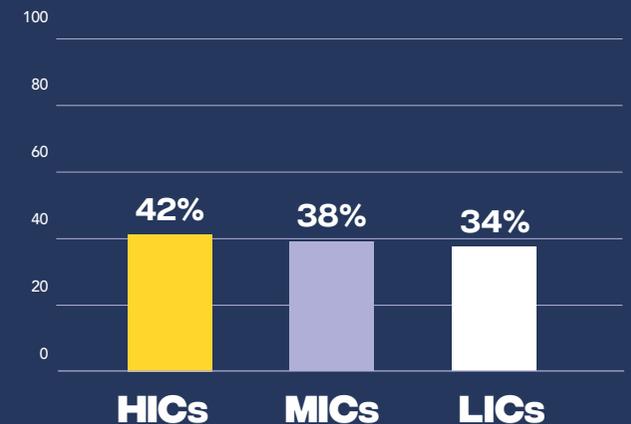


Across all 2,014 boards seats,

**40%**

are held by women.

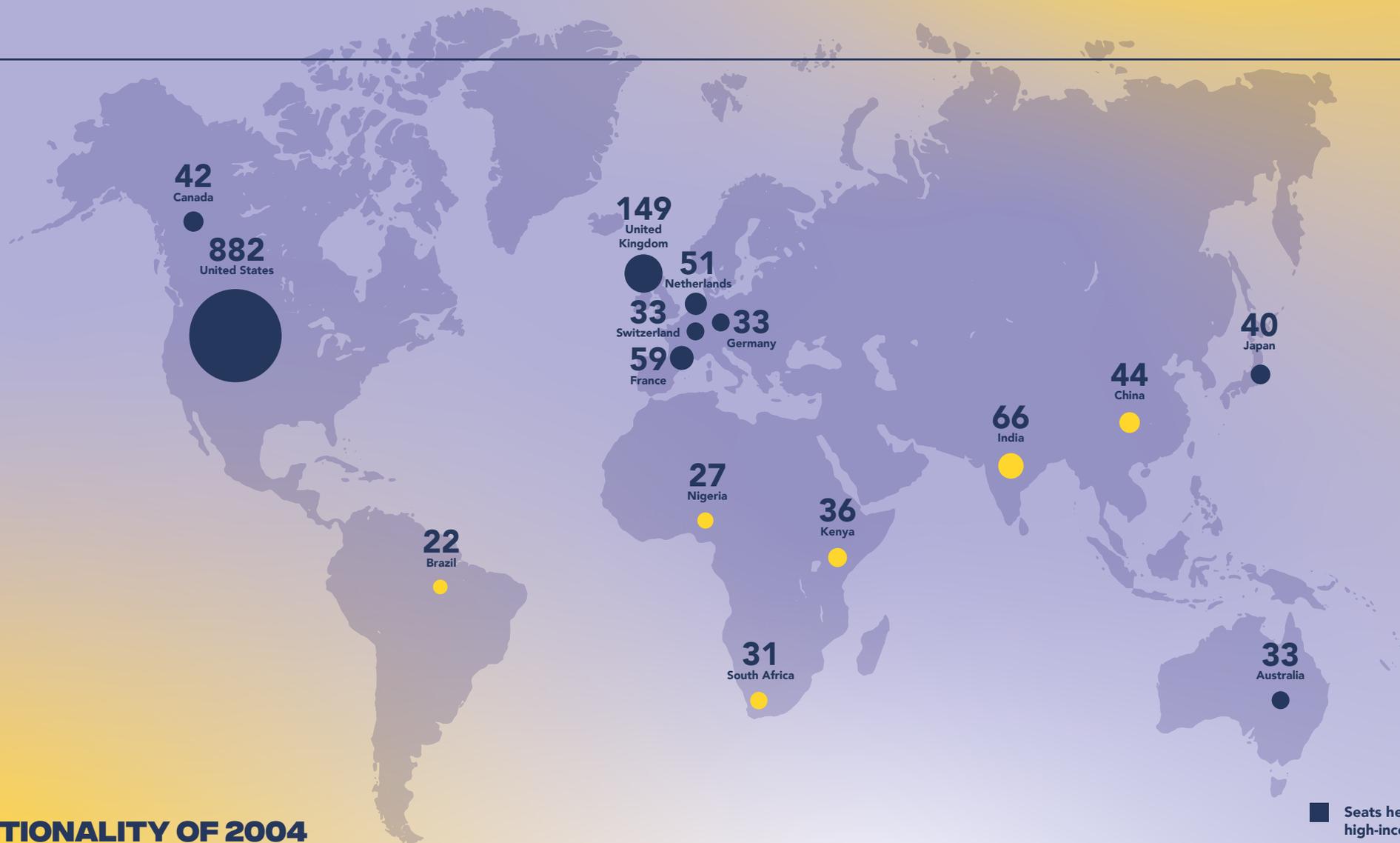
Just **1** board member identified as non-binary.



Women make up 42% (625) of board members from high-income countries, 38% (170) of members from middle-income countries, and 34% (17) of members from low-income countries.

Fewer than **1%** 17 board seats – are occupied by **women from low-income countries**.

# TOP 15 NATIONALITIES REPRESENTED AMONG BOARD MEMBERS



## NATIONALITY OF 2004 BOARD MEMBERS OF 146 ORGANISATIONS ACTIVE IN GLOBAL HEALTH

(where nationality could be determined)



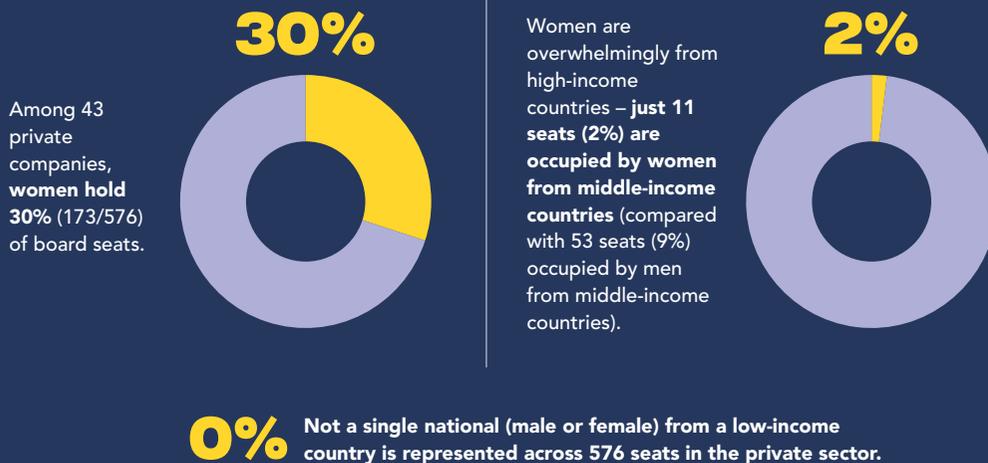
- Seats held by nationals of high-income countries
- Seats held by nationals of middle-income countries
- Seats held by nationals of low-income countries

# FINDINGS

## BOARD INEQUALITIES BY SECTOR

Different types of organisations wield different types of power – such as political, normative or financial. An analysis of the board members of private for-profit companies, a sector which wields considerable financial power, reveals even deeper imbalances than the sample overall.

### STARK GENDER INEQUALITIES ON PRIVATE SECTOR BOARDS



### MORE WOMEN SIT ON NON-PROFIT BOARDS THAN FOR-PROFIT BOARDS

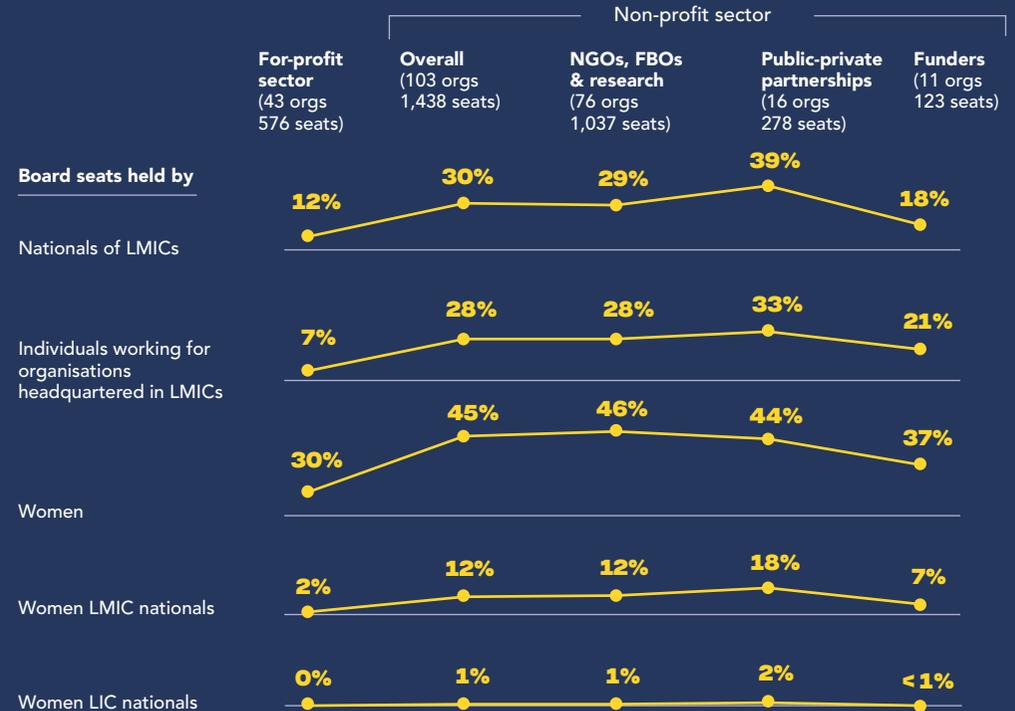
**45%**  
641/1438

Women occupy 45% (641/1438) of board seats of non-profit organisations (n=103). These include NGOs, faith-based organisations, research organisations, public-private partnerships, and global health funders.

**1%**  
17/1438

17 out of 1438 seats are occupied by women from low-income countries (1%). Four women from low-income countries occupy two seats each, bringing the actual number of women board members down to 13.

### BOARD INEQUALITIES DIFFER BY SECTOR



### INEQUALITIES IN REPRESENTATION WIDEN ON FUNDING BOARDS

The 11 philanthropic funders<sup>4</sup> in the sample, which together distribute more than US\$16 billion each year for global health and development, appear to have some of the least diverse governing bodies among the non-profit sample, in terms of gender and geography.

**37%**

Women hold 37% (45/123) of all seats. Of 123 board seats, 82% are held by nationals of high-income countries.

**3%**

Just four board seats (3%) are held by nationals of low-income countries, with one occupied by a woman from a low-income country.

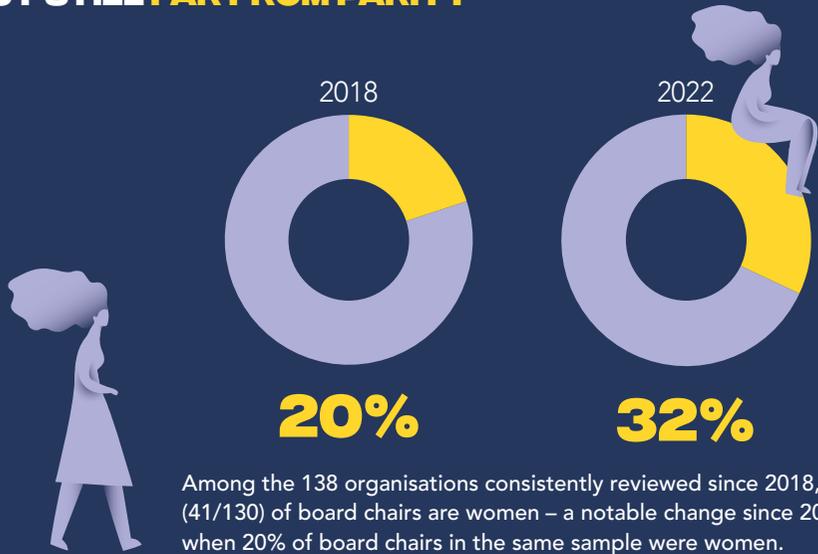
<sup>4</sup> Aga Khan Foundation; Bill & Melinda Gates Foundation; Bloomberg Philanthropies; Caterpillar Foundation; Ford Foundation; Imam Khomeini Relief Foundation; Open Society Foundations; Qatar Foundation; Rockefeller Foundation; Sanofi Espoir Foundation; Wellcome Trust.

# FINDINGS

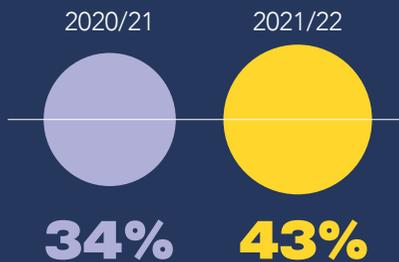
## GENDER AND GEOGRAPHY OF BOARD CHAIRS

GH5050 has been collecting and reporting on the gender of board chairs in global health for five consecutive years.

### MORE WOMEN ARE REPRESENTED THAN EVER BEFORE, BUT STILL FAR FROM PARITY



Among board chairs newly appointed since 2021, 43% (22/51) are women, an increase from 34% the previous year.

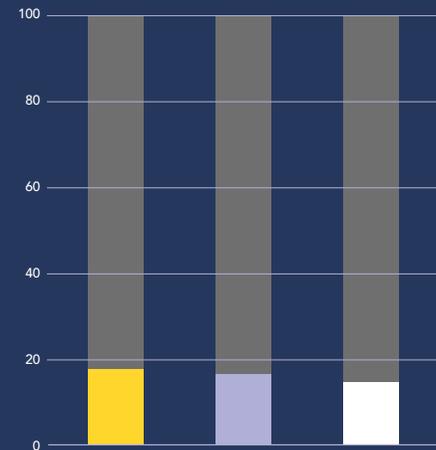


Among the original sample of **138** organisations that GH5050 tracks,

**70** (51%) have not had a woman board chair in the five years that GH5050 has been assessing them.

### LITTLE PROGRESS MADE IN INCREASING OTHER MEASURES OF DIVERSITY AMONG BOARD CHAIRS

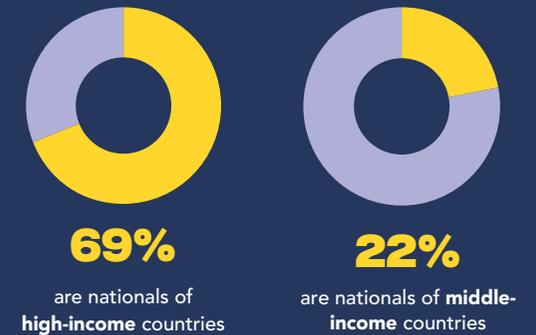
Among **180** board chairs whose nationality could be found,



**18%** (33) are nationals of low- and middle-income countries, compared to **17%** in 2021 and **15%** in 2020.

Just three new appointees (3/51) are under the age of 45. Appointment of older board chairs may privilege those who have historically held positions of power. **There are just nine board chairs overall under the age of 45.**

Among the **49** newly-appointed Board Chairs in 2021/2022 whose nationality could be found:



1

"Board invitations usually only come once you assume leadership positions in your own organisation. But there are not enough senior women and the demand on their time is high - when you approach them, they think "Oh, I'm already on five boards, and I cannot take on any more." So if we want more women board members, we need to support women throughout their careers so they can reach the top."

### Catherine Kyobutungi,

Executive Director of the African Population and Health Research Center; Board member of Partnership for Maternal, Newborn and Child Health

2

"The few women leaders from lower-income countries who are on global health governing boards exude exemplary confidence and capabilities. Seeing them in action can be hugely inspirational for staff, setting off a virtuous cycle of women inspiring women. I have seen how women leaders sitting on these boards have the domino effect of dismantling gender stereotypes."

### Anuradha Gupta,

Deputy Chief Executive Officer of Gavi, the Vaccine Alliance; Board member of Partnership for Maternal, Newborn and Child Health

3

"In Nepal, women are expected to be the sole caregivers at home. But one of the provisions for promotion in the civil service is service in a remote area for a certain time, which is difficult for a lot of women to complete sooner resulting in inequities in promotion between women and men. Young women are also held back by the lack of women mentors to guide us, hear our concerns and act as a role model. I think this really limits opportunities for young Nepalese women trying to succeed in national and international health spaces."

### Minakshi Dahal,

Research Officer at the Center for Research on Environment Health and Population Activities, Nepal

4

"The young people on our board are impatient with the self-satisfaction of the aged. If we appoint only CEOs to boards, we will replicate organisations as they are. It is a shocking assumption that the same thinking, skills and world views will transform this world. Youth is a competency, not just an identity, and boards without it are ill-suited for the challenges we face."

### Kate Gilmore,

Chairperson of International Planned Parenthood Federation



5

"In tackling the issue of poor representation, a lot of focus is on the disadvantages and challenges that women experience due to their gender, and occasionally their intersectional position. But we also need to better understand the privileges amongst those that wield power and how they do so, the resources and capital they have access to. We then need to ask how those resources and spaces be democratised."

### Anuj Kapilashrami,

Professor in Global Health Policy & Equity at University of Essex; Board of trustees for Health Poverty Action

6

"People talk about the issue of listening to women, of listening to diverse voices like it is novel. I still worry that it's all talk because I don't believe that organisations truly understand why diversity matters. But if we don't listen to these voices then we can never be as effective as we should be in health."

### Catherine Bertini,

Chair of the board of the Global Alliance for Improved Nutrition; Distinguished Fellow at the Chicago Council on Global Affairs

7

"I don't think there's a single point where boards become representative, inclusive, and so on. It's a direction in which we have to travel. It means being open to unlearning, to discomfort, to being at the back, and, for people who are new on the block, claiming the room and claiming that space."

### Devaki Nambiar,

Program Head of Health Systems and Equity at the George Institute for Global Health; Board member of Health Systems Global

8

"When organisations don't embrace diversity, I say it's their loss. If we are going to have people making decisions about issues in low- and middle-income countries, we must listen to the people who see the reality on the ground. Sometimes the things that matter are very basic. And we need to have that voice in board meetings."

### Nyovani Madise,

Director of Development Policy and Head of the Malawi office of the African Institute for Development Policy; Board member of Population Council and Trustee of Liverpool School of Tropical Medicine

# BOARD POLICIES: AN UNDERUTILISED GATEWAY TO MORE EQUITABLE GLOBAL HEALTH GOVERNANCE

**Board policies are critical tools for realising diverse and effective governance. They represent the institutional value placed in the experiences and insights necessary in guiding its direction and purpose. Publicly-available board policies are essential for cultivating transparency around organisations' commitments to diverse, inclusive and equitable working environments – and enabling accountability for delivering on these commitments.**

Each year, GH5050 assesses whether the 200 organisations it tracks have board diversity and inclusion policies in the public domain. The 2022 report deepens this assessment by analysing the content of all publicly-available policies to examine which constituencies, populations and characteristics are named. Each policy was assessed for the presence of affirmative measures to improve gender equity or diversity among board members, and specifically whether policies included targets or dedicated seats for underrepresented population groups.

GH5050 has repeatedly demonstrated the level of underrepresentation of women in global health governing boards. Despite this evidence, only a fraction of organisations have publicly published specific measures to advance women's representation on boards. An even smaller proportion of policies have targets or dedicated seats to promote regional diversity, representation of civil society or affected communities, or diversity in other characteristics of board members, including age and ethnicity.

## **BOX. REACHING BEYOND TRADITIONAL NETWORKS: DIVERSIFYING THE CANDIDATE COHORT**

The process of identifying potential board candidates often relies heavily on the networks of board members and chief executives. Diversifying board membership will require challenging this paradigm and using non-traditional recruitment methods. The BoardSource 2021 *Leading with Intent* Report found that alternative networks that have been tapped within charity sector include:

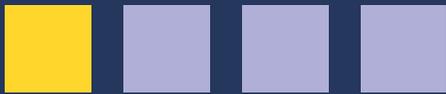
- **Leaders from the communities the organisation serves**
- **Referrals from leaders in the communities the organisation services**
- **Programme participants or former participants**
- **Leaders from peer or partner organisations**
- **Publicly posted or advertised board openings**
- **External headhunter, agency, or board matching services**

Source: Board Source Report 2021<sup>20</sup>

# FINDINGS

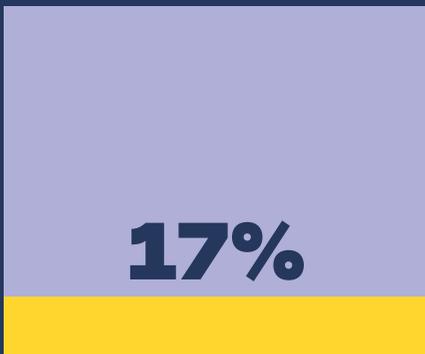
## BOARD DIVERSITY POLICIES

### JUST ONE IN FOUR ORGANISATIONS PUBLISH STRATEGIES ON ADVANCING BOARD DIVERSITY



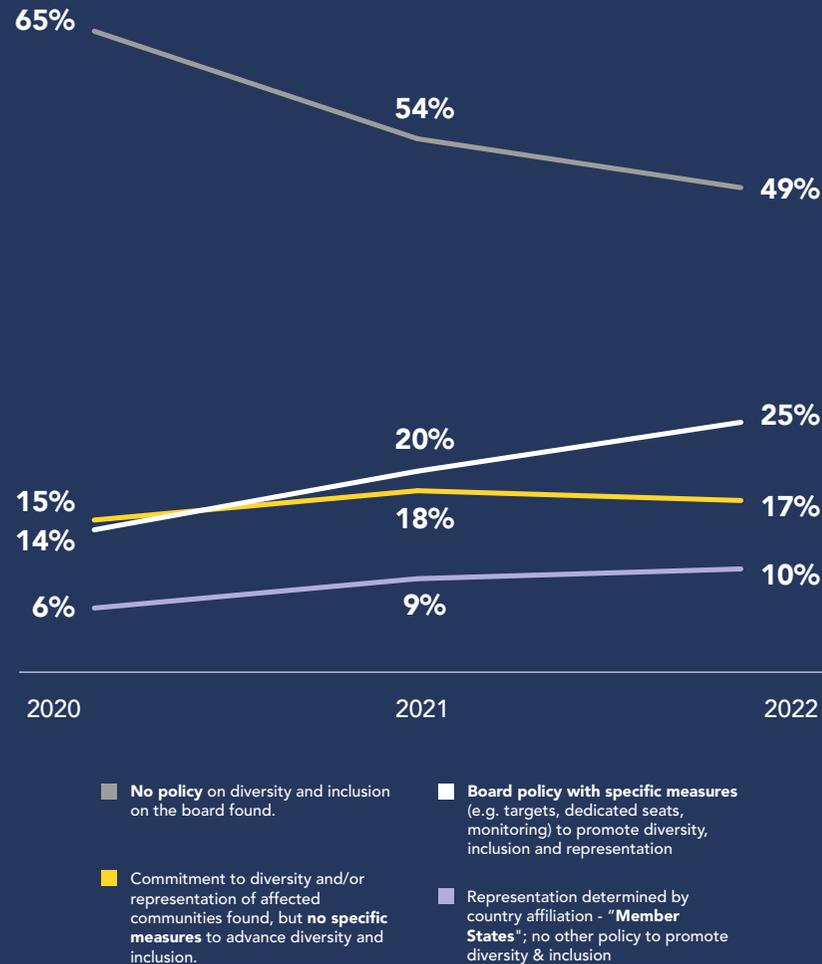
**1 IN 4**

organisations (48/198<sup>21</sup>) publish policies with specific measures to advance gender equality, diversity and inclusion on their boards – an improvement from roughly 1 in 6 in 2020.

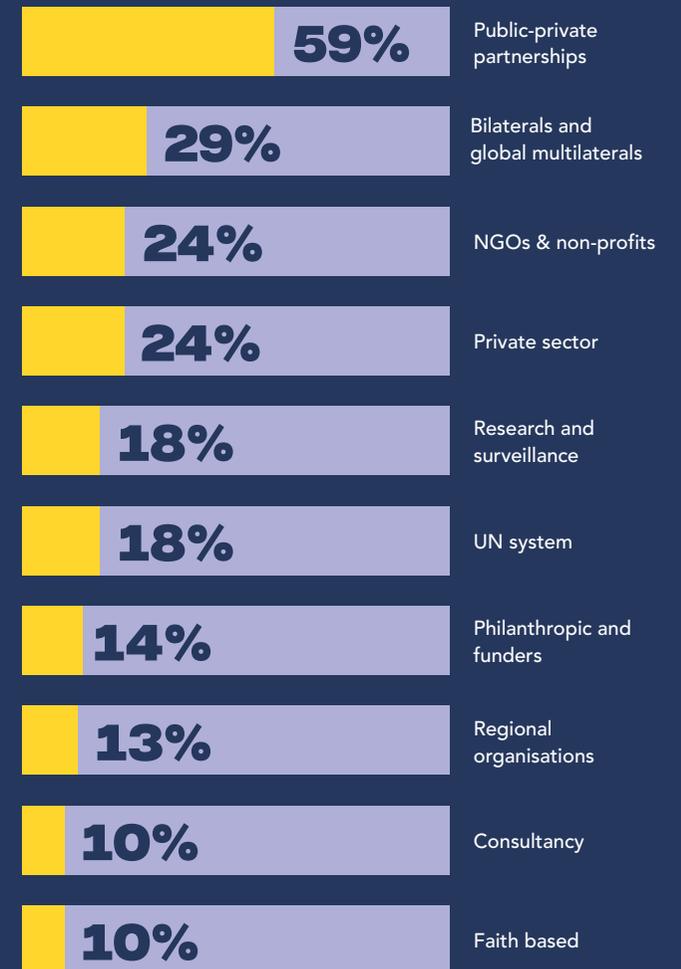


(32/198) of organisations publicly publish a commitment to diversity and representation in their boards, but do not publish strategies and measures to reach those commitments.

### INCREASE IN AVAILABILITY OF BOARD POLICIES WITH STRATEGIES AND MEASURES TO PROMOTE DIVERSITY AND INCLUSION, 2020-2022



### ORGANISATIONS WITH AVAILABLE BOARD POLICIES WITH MEASURES TO PROMOTE DIVERSITY AND INCLUSION



# FINDINGS

## TARGETS AND SEATS TO ADVANCE DIVERSITY ON BOARDS

In its review of 198 organisations, GH5050 found publicly available information on the principles and rules that guide board composition for

### 111 ORGANISATIONS

This includes the 25% of organisations (48 total) for which strategies to advance board diversity were found, 17% of organisations (32 total) where information on an organisation's commitment to board diversity was found, but no specific measures to reach those commitments, and 10% of organisations (19 total) whose boards are composed of member states. This also includes 10 organisations for which governance policies on board selection based on skills were found, but no other characteristics were mentioned. GH5050 assessed which policies or board information contained targets and/or dedicated seats to ensure the representation of certain groups in their board policies.<sup>22</sup>

#### IN THIS INFORMATION ON 111 BOARDS, WE FOUND MENTION OF TARGETS AND/OR DEDICATED SEATS FOR



THE ODDS THAT AN ORGANISATION HAS A BOARD DIVERSITY POLICY IN PLACE IS

# 138%

HIGHER FOR ORGANISATIONS WITH GENDER PARITY ON THEIR BOARD THAN ORGANISATIONS THAT DO NOT HAVE GENDER PARITY ON THEIR BOARD (AND THIS IS STATISTICALLY SIGNIFICANT).

# FROM POLICY TO PRACTICE:

## ORGANISATIONAL STRATEGIES TO ADVANCE BOARD DIVERSITY, INCLUSION AND REPRESENTATION

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“GAIN has developed a set of targets for its board - at least half of our voting board members have to have grown up in and worked significantly in a lower-income country and at least half must be women. The ambition for diversity has always been there, but these targets are important to make us more disciplined and more accountable to these aspirations.”

**Lawrence Haddad,**

Executive Director, Global Alliance for Improved Nutrition (GAIN)

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According to IPPF Regulations, the Board must comprise at least 50% women and at least 20% youth under 25 years of age who meet specific profiles on expertise, skills and experience.

“Organisations have the power to improve their board diversity. Be deliberate. Ask yourselves what is fair, what is just, how inclusive can you be. Otherwise, we keep running headlong without knowing what impact we’re making, and what the people we work with want. We end up speaking at - instead of - with the people whose voices matter most.”

**Seri Wendoh,**

Global Lead, Gender and Inclusion, International Planned Parenthood Federation

“The UNAIDS board has a unique set up that includes civil society delegates selected by civil society itself as members of the board. When you have networks of people living with HIV, and those most vulnerable to and affected by HIV in the boardroom, it shifts the dialogue. Other board members have a constant reality check with a human face before them, who will say what works for people in strategies, policies and implementation – and importantly also what does not work. The discussion becomes more focused on doing the right things in the AIDS response, those that have impact for people, those where there is evidence behind – a politically palatable compromise without impact is not an option.”

**Morten Ussing,**

Director, Governance and Multilateral Affairs, UNAIDS

“CARE is committed to ensuring gender balance on its board. The board also established a commitment to achieving a 40% ratio of Black, Indigenous, and People of Color among its directors. To ensure accountability, we embedded the commitments into our Board Responsibilities, created lines of communication with staff, established systems to monitor progress and hold an annual board training on gender, equity, and diversity.”

**CARE USA**

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“Since 2010, Gavi has had guiding principles in relation to the gender balance of its Board, Board committees and Board advisory committees. The gender balance is deemed to be within the acceptable range if there is no more than 60% of any one gender represented in each of the separate groups and as an aggregate. As individuals and as an institution, we are committed to building and nurturing a culture in which inclusiveness is a reflex, not an initiative or afterthought.”

**Gavi, The Vaccine Alliance**



## TRADITION KEEPERS

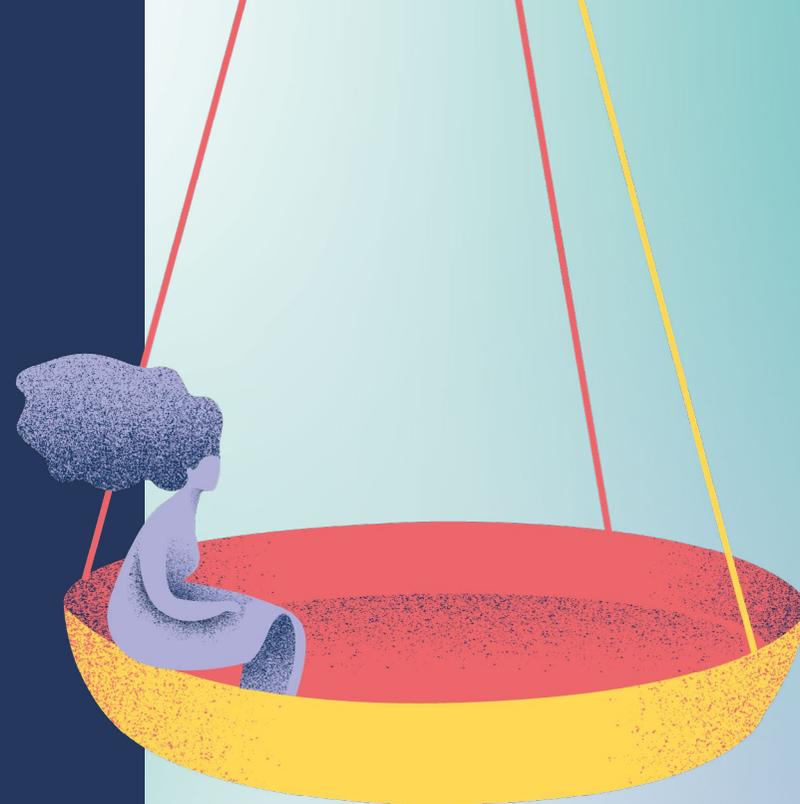
Oaxaca, Mexico. 2020  
Greta Rico

The Day of the Dead, a traditional Mexican celebration of life and death, is sustained amid the COVID-19 pandemic thanks to domestic and care work by women in their communities. The harvest of flowers, the purchase of candles, incense and the preparation of food belie a heavy workload that is rarely recognised. Here, Rosalia holds a photograph of her mother, who died barely a week before the celebration of the Day of the Dead. This colourful image honours the keepers of traditions - the women who sustain festivities and families.

*Greta Rico is a documentary photographer, journalist, and educator focused on issues of gender and human rights. Her work focuses on exploring social boundaries and rehistoricizing the body in a situated way.*

# PART 2

## THE UNFINISHED AGENDA: GENDER AND HEALTH INDEX TRENDS OVER FIVE YEARS



**Five years of robust evidence summarised in the Gender and Health Index provides an increasingly clear picture of where progress is being made and where it is not, and whether and how organisations are using the findings of the Index to drive change. The sample assessed each year by GH5050 is composed of 200 highly heterogeneous organisations, each with their own unique purpose, system of governance and organisational arrangements. Staff numbers range from four to half a million employees. What binds them, however, is a stated interest in influencing health outcomes and/or global health policy.<sup>24</sup> A seemingly shared interest in influencing health, however, does not translate into similar levels of interest in or commitment to equity.**

### **STRIVING AND STAGNATING: A SECTOR DIVIDED (2020-2022)**

GH5050 has collected data on 199 of the current sample of 200 organisations since 2020. Around a fifth of organisations (39/199) have continuously performed well across the variables collected. (See **Annex 1** for the list of organisations). These organisations have transparent policies and measures in place to advance gender equality and gender-responsive programmatic approaches. These organisations are also often the most likely to engage regularly with GH5050 during its validation process, which may be further indication of their interest in and support for transparency and public accountability.

Another subset of 55 organisations has demonstrated increasing commitment to set

and strengthen gender-responsive policies, where GH5050 had previously reported them lacking or unavailable. Over the period 2020-22 these organisations have improved their overall score, and the majority of them have engaged regularly with GH5050 to request advice and resources. Further, many of these organisations have demonstrated a willingness to positively and actively respond to the findings of the Gender and Health Index.

By contrast, we find that the scores of 32 organisations have been consistently low and little to no progress has been made. Only a few of these organisations have engaged with GH5050 in any meaningful way, including to validate and contribute to the findings reported in the Index, which may also be an indication of the relatively lower level of interest and resources

invested in gender, diversity and inclusion measures by the organisation.

We are concerned that progress reported by GH5050 in recent years represents a sector divided into those organisations that are striving to achieve gender equality and those that are stagnating. While dozens of organisations have bolstered their commitment to gender equality, set and published workplace policies to advance equity, cultivated more gender-equitable leadership bodies and designed gender-transformative programmatic approaches, it appears that a relatively large swathe of the sample has done little of this essential work.

# EXAMINING POOR PERFORMANCE BY CORE VARIABLE, 2018-2022

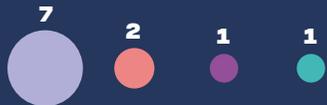
GH5050 currently collects data from 200 organisations, among which 138 organisations have been consistently reviewed since 2018. For five years, GH5050 has assessed the performance of these 138 organisations on a set of 'core variables'. These variables include: 1) Public commitment to gender equality; 2) Organisational definition of gender;

3) Publicly-available workplace policy on gender equality; 4) Gender distribution of senior management and the governing body; 5) Gender of the CEO and board chair; 6) Gender-responsiveness of programmatic approaches, and; 7) Sex-disaggregation of programmatic monitoring and evaluation data.

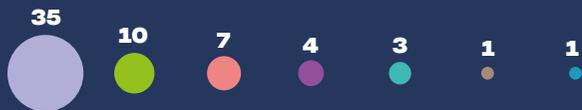
While many organisations have demonstrated progress across at least some of these variables, no change has been found for a subset of organisations on each variable. The full list of organisations that have persistently performed poorly on each variable can be found in Annex 2.

## STAGNATION SINCE 2018 ACROSS 138 ORGANISATIONS

**11** Organisations: No public commitment to gender equality found, 2018 and 2022



**61** No public definition of what "gender" means to the organisation, 2018 and 2022



**32** No published workplace policy with measures to advance gender equality, 2018 and 2022



**31** Fewer than 34% women in senior management, 2018 and 2022



**31** Fewer than 34% women on the governing body, 2018 and 2022



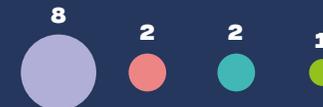
**80** Have not had a woman CEO since 2018



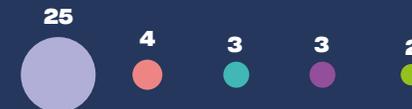
**70** Have not had a woman Board Chair since 2018



**13** Programmatic approaches consistently gender blind since 2018



**37** No sex-disaggregated monitoring and evaluation data, 2018 and 2021, and no policy on sex-disaggregated data found in 2022



**31** Have never responded to requests to validate data collected by GH5050 since 2018



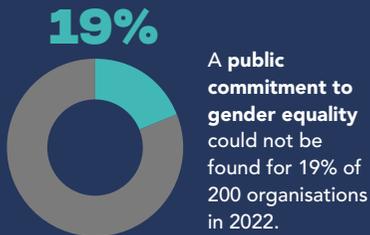
# FINDINGS

## GENDER EQUALITY POLICIES AND CAREER OUTCOMES

### STAGNATION IN PUBLIC COMMITMENT TO GENDER EQUALITY AND TRANSPARENT GENDER EQUALITY WORKPLACE POLICIES

Progress on public commitment to gender equality and transparent gender equality workplace policies has stagnated over the past two years. Over this period, researchers have shown that gender has played a significant role in who has borne the social and economic consequences of the pandemic.

Women have been more likely to lose their jobs and bear the burden of domestic care, and girls have been more likely to leave education.<sup>25</sup> The failure of two out of five organisations to publish workplace policies on gender equality in the face of these inequalities during a global pandemic is all the more concerning.



Among 39 organisations that have not made a public commitment to gender equality, only seven responded to requests to participate in validating GH5050 findings on their organisation.



### ANNUAL % INCREASE IN COMMITMENTS TO GENDER EQUALITY OR PUBLISHING WORKPLACE POLICIES PLUMMETS



Where GH5050 recorded a large improvement in performance between years 2018 and 2019, that upward trend has all but halted in the past two years.

■ Gender equality workplace policy  
■ Commitment to gender equality

### MALE DOMINANCE IN GLOBAL HEALTH PERVADES

Among **138** ORGANISATIONS assessed since 2018:



have not had a woman CEO in this period.

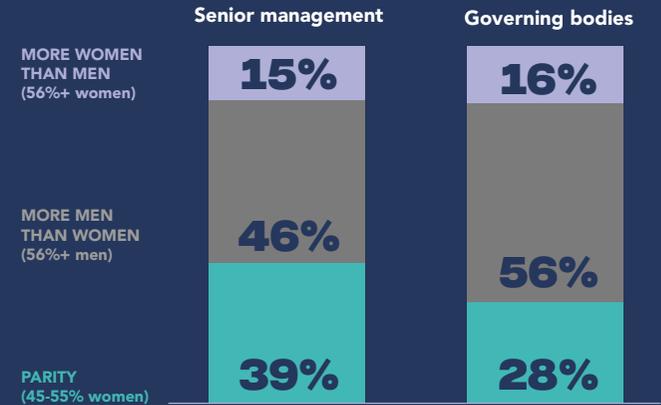


have not had a woman board chair in this period.

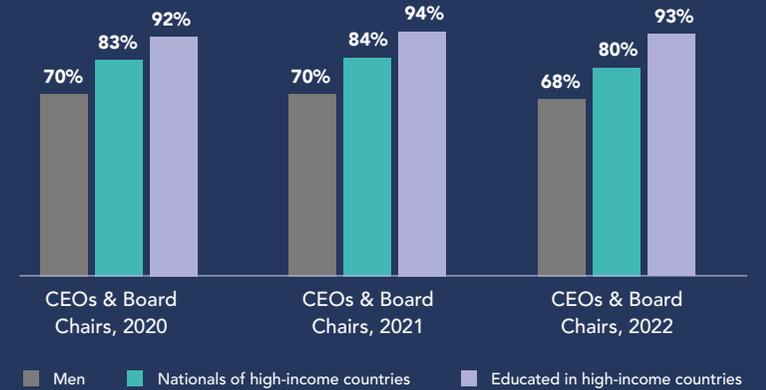


have not had a woman CEO or a woman board chair in this period.

### DESPITE PROGRESS, DECISION-MAKING BODIES WITH MORE MEN THAN WOMEN OUTNUMBER THOSE WITH MORE WOMEN THAN MEN BY 3 TO 1



### THE 70-80-90 'GLASS BORDER' IN GLOBAL HEALTH LEADERSHIP\* REMAINS INTACT



\*"leadership" means both CEO and board chair

# FINDINGS

## VARYING PROGRESS IN REDUCING THE GENDER PAY GAP AT UK-BASED ORGANISATIONS

The gender pay gap provides a stark measure of power and privilege by comparing the average hourly pay of men and women in an organisation. Typically, the gap reflects the gendered distribution of employees across the levels of an organisation—if an organisation has more men in senior positions and more women in lower-paid posts, it will have a wider gender pay gap. In 2021 and 2019, GH5050 reported that, outside of legal mandates, very few organisations voluntarily publish their gender pay gap.

Among the 200 organisations of the GH5050 sample, 44 are (usually) required under UK law to annually and publicly report their gender pay gap and are thus also the only organisations for which data has been consistently available over the last four years. Thirty-six of these organisations reported in both 2017 and 2020. To assess progress towards closing the gender pay gap among these 36 organisations, data from 2017/18 and 2020/21 (the latest available) was gathered and compared.

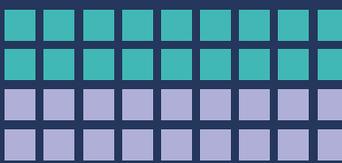
organisations, which are NGOs, did not pay bonuses to their staff in 2017/18 and 2020/21. We compared information on bonuses for the remaining 31 organisations.

Following two years of major increases in the burden of unpaid care, job loss, financial hardship and poverty at higher rates among women than men, and evidence that previous trends in the reduction of the gender pay gap have stalled, measuring the gender pay gap takes on a new level of urgency.

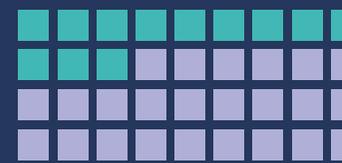
Data on bonuses is also available for 35 organisations; however, four of those

\*Excluded from bonus pay gap analysis

### ON AVERAGE, THE GENDER PAY GAP (GPG) DECREASED BY 2.5% ACROSS THE 36 ORGANISATIONS OVER THE PERIOD 2017/8 - 2020/21.

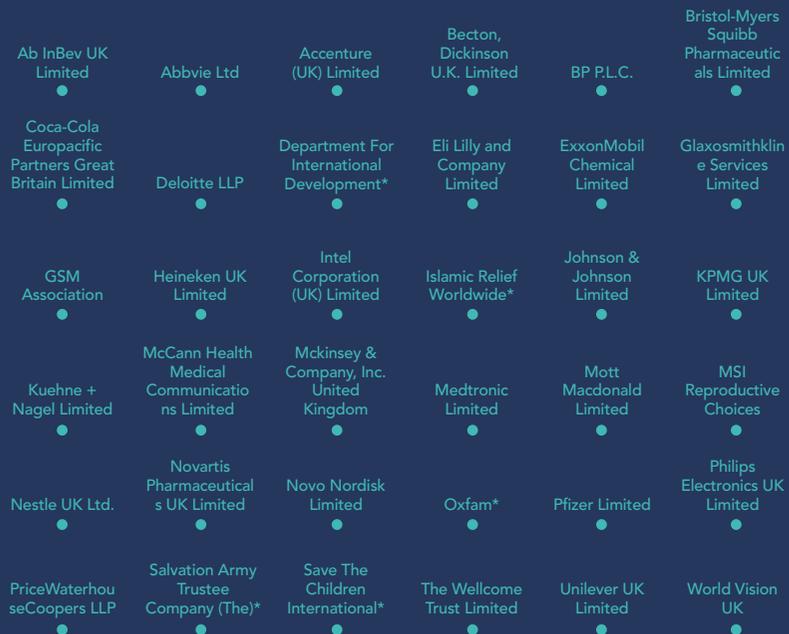


In half (18/36) of organisations the GPG decreased by an average of **8.1%**



Yet in one-third (12/36) of organisations, the GPG increased by an average of **4.6%** in favour of men.

#### 36 organisations included in this analysis:



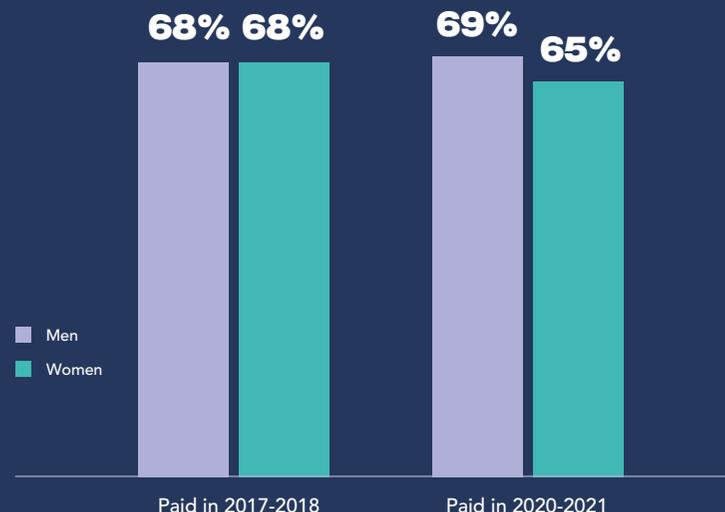
### WORSENING GAP AGAINST UK AVERAGE:

In 2017/18 **25%** of the 36 UK organisations had a GPG above the UK average of **17.9%**; by 2020/21, this had increased to **42% (15/36)** of organisations with a GPG above the UK average of **15.4%**.

In half of organisations (**52%; 16/31**), the bonus pay gap increased in favour of men.

In **45% (14/31)** of organisations, the bonus pay gap moved towards equality (for three organisations, this was achieved by decreasing the gaps that had previously favoured women).

### PANDEMIC IMPACT? THE PROPORTION OF WOMEN EMPLOYEES THAT RECEIVED BONUS PAY FELL IN 2020/21



# FINDINGS

## GENDER-RESPONSIVE PROGRAMMATIC APPROACHES

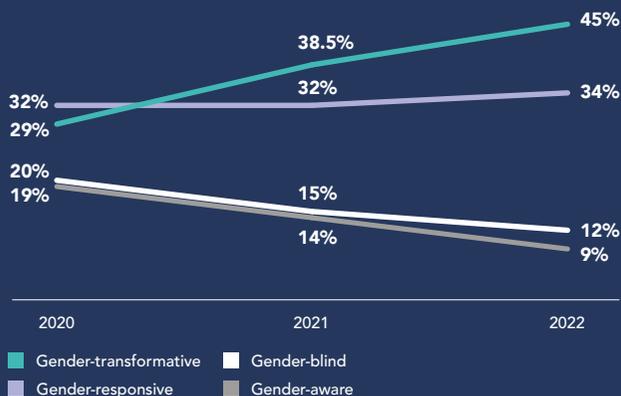
### STEADY PROGRESS IN APPLYING A GENDER LENS TO PROGRAMMATIC APPROACHES

Much of the global health sector agrees that gender plays a crucial role in perpetuating disparities in the distribution of the burden of ill-health across and within populations, and that gender influences how organisations address the problem(s). Our report finds that 81% of organisations have publicly committed to gender equality. But this does not necessarily translate into gender-responsive programmes to reach beneficiaries.

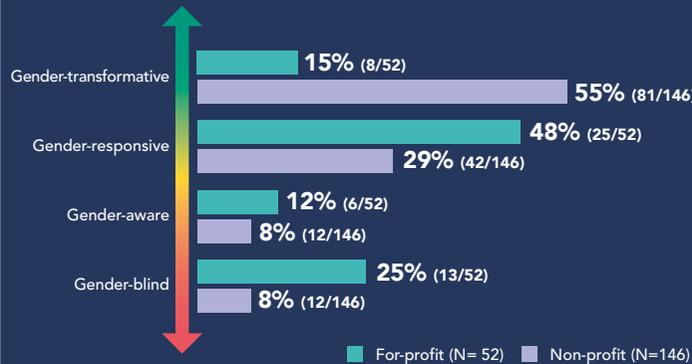
Transformative approaches embedded in the work of global health organisations have been shown to yield more effective outcomes. These include those policies and programmes that seek to address the underlying structural (e.g. economic, legal, political, cultural) drivers of gender inequality. Although progress is being made, more than half of programmes do not yet adopt a fully transformative approach to addressing gender and gender inequalities.

### GENDER-RESPONSIVENESS OF ORGANISATIONAL APPROACHES, 2020-2022

Over the past two years, progress has been made in the reduction of gender-blind health approaches.



### GENDER-RESPONSIVENESS OF ORGANISATIONAL APPROACHES, 2022



### POPULATION FOCUS OF GENDER-RESPONSIVE ORGANISATIONAL APPROACHES, 2022

When organisations state a population focus for their policies and programmes, it is predominantly on improving the health of women and girls. Failure to recognise and address the role that gender plays in the health of everyone is likely to result in ineffective policies and practices, meaning that unmet health needs persist.

Of **174** organisations taking gender into consideration in policy and practice (excluding organisations found to be gender-blind):

**43%** (74/174) were primarily focused on empowering, enabling and meeting the needs of **women and girls**.

**NONE** focused on primarily meeting the health needs of men.

**3%** (6/174) explicitly recognised men and boys and 18 recognised transgender and non-binary people, alongside women and girls, as beneficiaries of programmatic action.

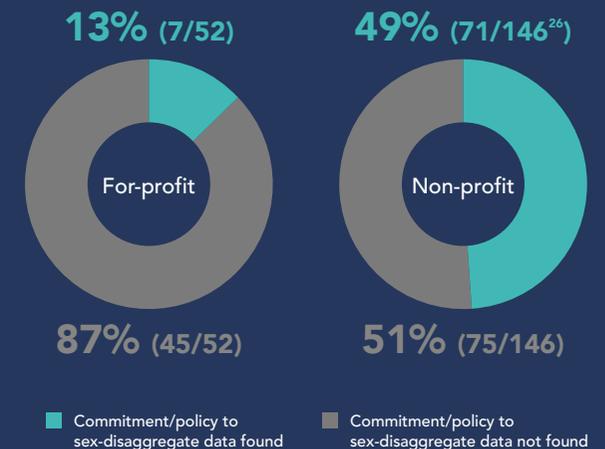
### HARNESSING THE POWER OF DATA

Sex-disaggregation of data should be ubiquitous within health programmes: it is a means to hold organisations to account for their commitments not only to equity but also to the delivery of effective interventions. Following two years of growing academic and public interest in the roles of sex and gender in driving COVID-19 health outcomes and insights generated from sex-disaggregated data on the pandemic, GH5050 finds that only half of non-profit organisations active in global health have available policies committing to regularly sex-disaggregating health data.

**A failure to collect, report and analyse sex-disaggregated data is a lost opportunity for understanding the distribution of ill-health, who is benefitting from interventions, and who is being left behind.**

**HALF** of non-profit organisations publish commitments to regularly sex-disaggregate programmatic monitoring and evaluation data.

This marks a **slight improvement over 2021**, when commitments were found for **44%** (65/146) organisations.





## ANGELS OF HEALTH

India, 2013.

Amitava Chandra

A child development officer administers a booster shot as part of the immunisation programme in India. Women in India play major roles in delivering healthcare both directly and indirectly. Mothers and female caregivers often ensure that their children and relatives receive medical attention when they need it. The majority of community healthcare workers are also women. The composition, lighting and rich textures of the image evoke a Renaissance painting, elevating and celebrating these women caregivers.

Amitava Chandra works for the Finance Ministry in India and is also a passionate photographer whose several works have been awarded and featured by organisations around the world.

# ANNEX 1.

## PERFORMANCE OVER THE PAST THREE YEARS: CONSISTENTLY HIGH PERFORMERS, FAST RISERS AND STAGNATING LOW PERFORMERS, 2020-2022

**GH5050 has developed a rigorous methodology that is consistent with established systematic review research methods. 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.**

The following categorisation of the 200 organisations in the GH5050 sample into Consistently High Performers, Fast Risers, and Stagnating Low Performers is based on organisations' scores in 2020, 2021 and 2022. The variables that are included in this calculation are:

1. Commitment to gender equality
2. Public definition of gender
3. Workplace gender equality policy
4. Workplace diversity and inclusion policy
5. Board diversity and inclusion policy
6. Gender parity in senior management
7. Gender parity in governing body
8. Gender-responsiveness of programmatic approaches
9. Reporting of sex-disaggregated programmatic data

For each variable, organisations are scored 1, 0 or -1 points, meaning that the highest

possible score is 9 points, while the lowest possible score is -9 points.

#### Organisations score one (1) point for:

- Each green scored
- Scoring a purple for Senior Management / Governing Bodies (P indicates that more than 55% women are represented)

#### Zero points (0) for:

- Each amber scored
- Scoring Member State (MS) for the board policy variable, indicating that the governing body consists of Member States and that no other board diversity policy is available
- Scoring Not Found (NF) for the gender parity in senior management and governing body variables, indicating that the existence of

these bodies could not be verified and/or no information on board members was found

#### Minus one (-1) point for:

- Each red scored
- Each 'not found' (NF) scored for Workplace gender equality policy, Workplace diversity and inclusion policy and Board diversity and inclusion policy (i.e. policies could not be located on public website)

#### Notes on the scoring:

- Reporting of sex-disaggregated data: in previous years, this variable was scored as red, amber or green. This year, findings are presented as a 'yes' or 'no'. As a binary variable, organisations are either awarded 1 (yes) or 0 (no) points. For consistency, for 2020 and 2021, organisations are awarded 1 point for scoring green and 0 points for both amber and red.

- Gender-responsive programmatic responses: in 2020 and 2021, organisations have been scored from 1-5 using the [WHO scale](#) of gender-blind to gender-transformative. Organisations were scored red (-1 point) for a 1 or a 2 on the WHO scale, amber (0 points) for a 3 or a 4 on the WHO scale, and green (+1 point) for a 5 on the WHO scale.
- For organisations that receive scores of Not Applicable (NA), the total number of available points is reduced, so as to avoid unfairly penalising these organisations. Their final score is then adjusted to the equivalent of a denominator of 9. NAs are applied in the following cases:
  - Organisations with 10 or fewer staff receive an NA for Workplace gender equality policy and Workplace diversity and inclusion policy, unless they are subject to the policies of a larger host organisation.
  - Organisations that have informed GH5050 that they do not have a governing body receive an NA for Board diversity 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 a methodology which is both fair and defensible. We welcome your suggestions

as to what a fair assessment would look like. Please email us at [info@globalhealth5050.org](mailto:info@globalhealth5050.org).

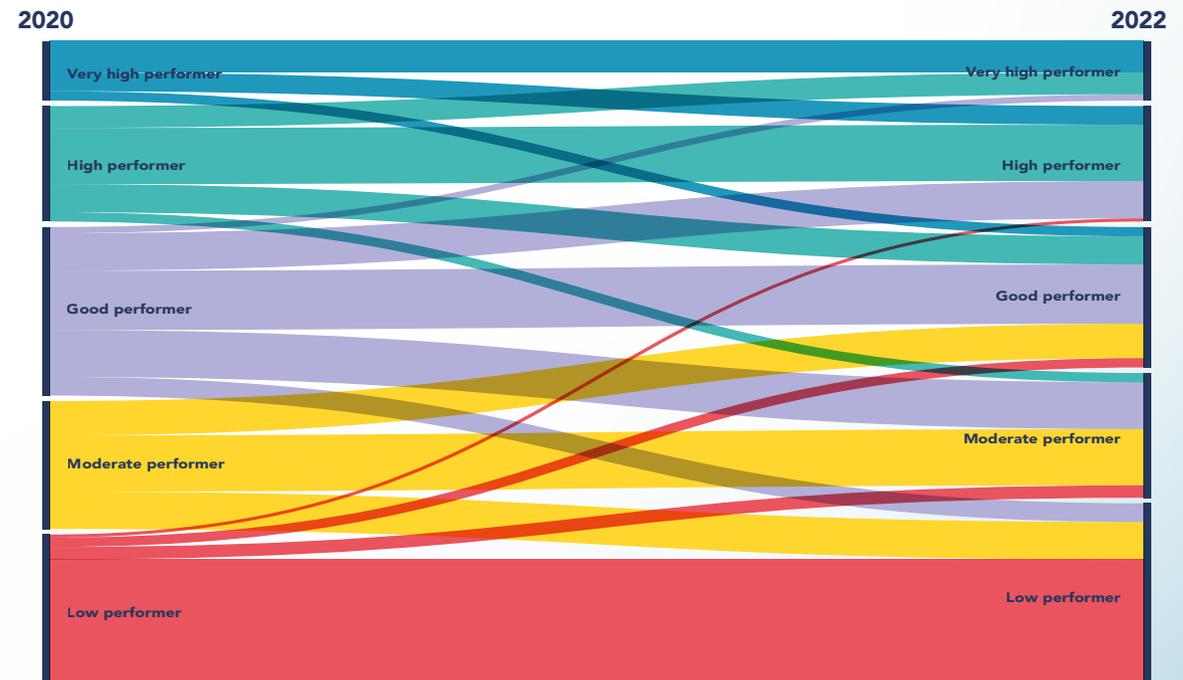
**As a final step we have categorised the organisations using the following criteria:**

- Consistently high performers: organisations have achieved a score of at least 5 points each year for the past 3 years. An asterisk indicates those organisations that have increased their scores by at least 3 points since 2020.
- Fast risers: organisations that had fewer than 5 points in 2020 and have increased their score by at least 3 points since then.

- Stagnating low performers: organisations have not scored above 0 since 2020 and have not increased their score by more than 1 point since 2020.

The resulting list below categorises a total of 126 organisations of the total sample of 200 organisations. The 74 organisations not named in Annex 1 are those that do not fulfil the categories listed above - i.e. they are not performing at a high level, not rising fast, nor are they stagnating at low levels. The findings on the performance of all 200 organisations in 2022 can be found in Annex 3 (and full performance data across multiple years is available in the [Gender and Health Index](#)).

## MOVEMENT IN ORGANISATIONAL PERFORMANCE, 2020-2022



# GH5050 ASSESSMENT OF GENDER-RELATED PERFORMANCE OF ORGANISATIONS, 2020-2022

35



## CONSISTENTLY HIGH PERFORMERS

39 organisations have scored at least 5 out of 9 total points each year for the past three years.

- Africa Population and Health Research Centre (APHRC)
- CARE International\*
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
- EngenderHealth\*
- FIND, the global alliance for diagnostics
- Gavi, the Vaccine Alliance
- Global Alliance for Improved Nutrition (GAIN)
- Global Fund to Fight AIDS, Tuberculosis & Malaria
- Health Action International
- International Federation of Medical Students (IFMSA)
- International Labour Organization (ILO)
- International Planned Parenthood Federation (IPPF)

- Jhpiego
- Joint United Nations Programme on HIV and AIDS (UNAIDS)
- Management Sciences for Health (MSH)
- Medicines Patent Pool (MPP)
- Mercy Corps
- National Institutes of Health (NIH)
- Palladium Group
- Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH)
- PATH\*
- Plan International
- Population Services International (PSI)
- Reproductive Health Supplies Coalition\*
- Scaling Up Nutrition
- SRHR Africa Trust
- Stop TB Partnership

- Swedish International Development Cooperation Agency (Sida)
- UN Women
- UNHCR
- UNICEF
- Unilever
- Unitaid
- United Nations Development Programme (UNDP)
- United Nations Office on Drugs and Crime (UNODC)
- United Nations Population Fund (UNFPA)
- World Bank Group
- World Food Programme
- World Health Organization (WHO)

An \* indicates organisations who are consistently high performers and are also fast risers

## FAST RISERS

55 organisations that have increased by at least 3 points since 2020, regardless of their score.

### Scoring 5+ in 2022

- African Union Commission (AUC)
- Cordaid
- European Commission
- FHI 360
- Food and Agricultural Organization of the United Nations (FAO)
- Ford Foundation
- Foreign, Commonwealth & Development Office
- GBC Health
- Global Financing Facility (GFF)
- International AIDS Society (IAS)
- International Center for Research on Women (ICRW)
- Medicines for Malaria Venture
- Oxfam International
- Partners In Health
- Pathfinder International
- Population Council
- RBM Partnership to End Malaria

- Sanofi Espoir Foundation
- Save the Children
- Sonke Gender Justice
- United Nations Economic Commission for Africa (UNECA)

### Scoring between 1-4 points in 2022

- Accenture
- Africa CDC
- Agence Française de Développement (AFD)
- Amref Health Africa
- Bill & Melinda Gates Foundation
- Bloomberg Philanthropies
- Bristol-Myers Squibb
- Clean Cooking Alliance
- DSM
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- Gilead
- Heineken
- International Vaccine Institute (IVI)
- Islamic Relief Worldwide
- Johnson & Johnson

- McCann Health
- Memisa
- MSI Reproductive Choices
- Viatris

### Scoring 0 points or fewer in 2022

- Africa Christian Health Association Platform (ACHAP)
- Aliko Dangote Foundation (ADF)
- Caribbean Public Health Agency (CARPHA)
- Catholic Medical Mission Board (CMMB)
- Global Handwashing Partnership (GHP)
- International Food and Beverage Alliance (IFBA)
- Ministry of Foreign Affairs and International Cooperation, Italy
- NCD Alliance
- Rabin Martin
- Sumitomo Chemical
- TB Alliance
- US Council for International Business (USCIB)
- Vital Strategies
- World Heart Federation
- World Vision

## STAGNATING LOW PERFORMERS

32 organisations that have not scored above 0 since 2020 and have not increased their score by more than 1 point since 2020.

- Action on Smoking and Health (ASH)
- American Jewish World Service (AJWS)
- amfAR, Foundation for AIDS Research
- Association of Southeast Asian Nations (ASEAN)
- Caritas Internationalis
- China Foundation for Poverty Alleviation (CFPA)
- Clinton Health Access Initiative (CHAI)
- Community of Latin American and Caribbean States (CELAC)
- ExxonMobil

- Global Health Innovative Technology Fund (GHIT Fund)
- Global Road Safety Partnership (GRSP)
- Health Poverty Action
- i+solutions
- Imam Khomeini Relief Foundation
- International Council of Beverages Associations (ICBA)
- International Diabetes Federation (IDF)
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
- Islamic Development Bank
- Kuehne + Nagel
- Laerdal

- Médecins Sans Frontières (MSF)
- Medela
- Medtronic
- Novartis
- Partners in Population and Development (PPD)
- Pfizer
- Rockefeller Foundation
- TOMS
- Vestergaard Frandsen
- West African Health Organization (WAHO)
- World Council of Churches (WCC)
- World Obesity Federation

# ANNEX 2. ORGANISATIONS THAT HAVE SCORED POORLY ON GH5050 CORE VARIABLES OVER FIVE YEARS

## ORGANISATIONS FOR WHICH NO PUBLIC COMMITMENT TO GENDER EQUALITY WAS FOUND, 2018 AND 2022 (ORGANISATIONS SCORING RED)

- Becton, Dickinson and Company
- BP
- Consumer Brands Association
- ExxonMobil
- Global Road Safety Partnership (GRSP)
- Imam Khomeini Relief Foundation
- International Council of Beverages Associations (ICBA)
- International Federation of Pharmaceutical Wholesalers Foundation (IFPW)
- Philips
- Qatar Foundation (QF)
- Rabin Martin

## ORGANISATIONS FOR WHICH NO PUBLIC DEFINITION OF WHAT "GENDER" MEANS TO THE ORGANISATION WAS FOUND, 2018 AND 2022 (ORGANISATIONS SCORING RED AND AMBER)

- AB InBev
- ACTION Global Health Advocacy Partnership
- Action on Smoking and Health (ASH)
- ALIGHT
- Becton, Dickinson and Company
- BP
- Bristol-Myers Squibb
- Caterpillar Foundation
- Centers for Disease Control and Prevention (US)
- Clean Cooking Alliance
- Clinton Health Access Initiative (CHAI)
- Coca-Cola
- Consumer Brands Association
- Deloitte
- DSM
- Eli Lilly and Company
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- ExxonMobil
- Ford Foundation
- General Electric
- Gilead
- GlaxoSmithKline (GSK)
- Global Handwashing Partnership (GHP)
- Global Health Council
- Global Road Safety Partnership (GRSP)

- GSMA
- Heineken
- Imam Khomeini Relief Foundation
- Intel
- International Council of Beverages Associations (ICBA)
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
- International Federation of Pharmaceutical Wholesalers Foundation (IFPW)
- International Food and Beverage Alliance (IFBA)
- Islamic Development Bank
- Johnson & Johnson
- Kuehne + Nagel
- KPMG
- Laerdal
- McCann Health
- McKinsey & Company
- Médecins Sans Frontières (MSF)
- Medela
- Medtronic
- Merck
- Ministry of Foreign Affairs and International Cooperation, Italy
- Viatris
- NCD Alliance
- Nestle
- Novartis
- Philips
- Population Action International
- Qatar Foundation (QF)
- Rabin Martin
- Rockefeller Foundation
- Safaricom
- Sumitomo Chemical
- Teck Resources
- TOMS
- Vestergaard Frandsen
- Wellcome Trust
- World Economic Forum

## ORGANISATIONS FOR WHICH NO PUBLISHED WORKPLACE POLICY WITH SPECIFIC MEASURES TO ADVANCE GENDER EQUALITY WAS FOUND, 2018 AND 2022 (ORGANISATIONS SCORING RED AND AMBER)

- ACTION Global Health Advocacy Partnership
- Advocates for Youth
- ALIGHT

- amfAR, Foundation for AIDS Research
- Bill & Melinda Gates Foundation
- Centers for Disease Control and Prevention (US)
- Clinton Health Access Initiative (CHAI)
- Consumer Brands Association
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- FHI 360
- Global Handwashing Partnership (GHP)
- Global Health Innovative Technology Fund (GHIT Fund)
- Imam Khomeini Relief Foundation
- International AIDS Society (IAS)
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
- International Food and Beverage Alliance (IFBA)
- Islamic Development Bank
- Laerdal
- Médecins Sans Frontières (MSF)
- Medela
- Ministry of Foreign Affairs and International Cooperation, Italy
- NCD Alliance
- Oxfam International
- Population Action International
- Population Council
- Population Reference Bureau (PRB)
- Qatar Foundation (QF)
- Rabin Martin
- TB Alliance
- TOMS
- United States Agency for International Development (USAID)
- US Council for International Business (USCIB)

## ORGANISATIONS WITH FEWER THAN 34% WOMEN IN SENIOR MANAGEMENT, 2018 AND 2022 (ORGANISATIONS SCORING RED)

- AB InBev
- Accenture
- Becton, Dickinson and Company
- BP
- Drugs for Neglected Diseases Initiative (DNDi)
- ExxonMobil
- General Electric
- Global Health Innovative Technology Fund (GHIT Fund)
- GSMA
- Heineken
- Intel
- International Vaccine Institute (IVI)

- Islamic Development Bank
- Japan International Cooperation Agency (JICA)
- Johnson & Johnson
- Kuehne + Nagel
- McKinsey & Company
- Medtronic
- Merck
- Mott MacDonald
- Nestle
- Novartis
- Novo Nordisk
- Philips
- Reckitt Benckiser Group (RB)
- Safaricom
- Sumitomo Chemical
- TB Alliance
- Teck Resources
- Unilever
- World Economic Forum

#### **ORGANISATIONS WITH FEWER THAN 34% WOMEN ON THE BOARD, 2018 AND 2022 (ORGANISATIONS SCORING RED)**

- AB InBev
- AbbVie
- Action on Smoking and Health (ASH)
- amfAR, Foundation for AIDS Research
- Bill & Melinda Gates Foundation
- Eli Lilly and Company
- ExxonMobil
- FIND, the global alliance for diagnostics
- Gilead
- Global Health Innovative Technology Fund (GHIT Fund)
- GSMA
- Imam Khomeini Relief Foundation
- International Federation of Pharmaceutical Wholesalers Foundation (IFPW)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Union Against Tuberculosis and Lung Disease
- International Vaccine Institute (IVI)
- Islamic Development Bank
- Japan International Cooperation Agency (JICA)
- Kuehne + Nagel
- KPMG
- McKinsey & Company
- Medtronic
- Novartis
- Pfizer
- Sumitomo Chemical
- TB Alliance
- Teck Resources
- UNICEF

- World Bank Group
- World Economic Forum
- World Health Organization (WHO)

#### **ORGANISATIONS THAT HAVE NOT HAD A WOMAN CEO SINCE 2018**

- AB InBev
- AbbVie
- Action on Smoking and Health (ASH)
- African Union Commission (AUC)
- Agence Française de Développement (AFD)
- amfAR, Foundation for AIDS Research
- Amref Health Africa
- Becton, Dickinson and Company
- BP
- BRAC
- Bristol-Myers Squibb
- Coca-Cola
- Deloitte
- Drugs for Neglected Diseases Initiative (DNDI)
- Eli Lilly and Company
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- ExxonMobil
- Food and Agricultural Organization of the United Nations (FAO)
- Ford Foundation
- Foreign, Commonwealth & Development Office
- Gavi, the Vaccine Alliance
- Gilead
- General Electric
- Global Alliance for Improved Nutrition (GAIN)
- Global Fund to Fight AIDS, Tuberculosis & Malaria
- Global Road Safety Partnership (GRSP)
- GSMA
- Health Action International
- Heineken
- Imam Khomeini Relief Foundation
- Intel
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
- International Federation of Pharmaceutical Wholesalers Foundation (IFPW)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Food and Beverage Alliance (IFBA)
- International Planned Parenthood Federation (IPPF)
- International Union Against Tuberculosis and Lung Disease
- International Vaccine Institute (IVI)
- Islamic Development Bank
- Japan International Cooperation Agency (JICA)
- Johnson & Johnson
- KPMG
- Kuehne + Nagel
- Laerdal

- McCann Health
- McKinsey & Company
- Medicines for Malaria Venture
- Medtronic
- Merck
- Mott MacDonald
- National Institutes of Health (NIH)
- Nestle
- Norwegian Agency for Development Cooperation (Norad)
- Novartis
- Novo Nordisk
- Nutrition International
- Open Society Foundations
- PATH
- Pfizer
- Philips
- Population Reference Bureau (PRB)
- Population Services International (PSI)
- PwC
- RBM Partnership to End Malaria
- Reckitt Benckiser Group (RB)
- Reproductive Health Supplies Coalition
- Rockefeller Foundation
- Safaricom
- Sumitomo Chemical
- TB Alliance
- Teck Resources
- TOMS
- Unilever
- United Nations Development Programme (UNDP)
- US Council for International Business (USCIB)
- Vestergaard Frandsen
- Wellcome Trust
- World Bank Group
- World Economic Forum
- World Health Organization (WHO)

#### **ORGANISATIONS THAT HAVE NOT HAD A WOMAN BOARD CHAIR SINCE 2018**

- AB InBev
- AbbVie
- Action on Smoking and Health (ASH)
- African Union Commission (AUC)
- amfAR, Foundation for AIDS Research
- Abt Associates
- Amref Health Africa
- Becton, Dickinson and Company
- BP
- Bristol-Myers Squibb
- AVERT
- Coca-Cola
- Eli Lilly and Company

- Clinton Health Access Initiative (CHAI)
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- Consumer Brands Association
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
- ExxonMobil
- DSM
- Food and Agricultural Organization of the United Nations (FAO)
- Ford Foundation
- Gilead
- FHI 360
- General Electric
- FIND, the global alliance for diagnostics
- GSMA
- GlaxoSmithKline (GSK)
- Global Health Innovative Technology Fund (GHIT Fund)
- Health Action International
- Heineken
- Imam Khomeini Relief Foundation
- Intel
- International Council of Beverages Associations (ICBA)
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
- International Federation of Pharmaceutical Wholesalers Foundation (IFPW)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Food and Beverage Alliance (IFBA)
- International Union Against Tuberculosis and Lung Disease
- International Vaccine Institute (IVI)
- Japan International Cooperation Agency (JICA)
- Johnson & Johnson
- KPMG
- Kuehne + Nagel
- Management Sciences for Health (MSH)
- Laerdal
- Medela
- Medicines for Malaria Venture
- Medtronic
- Merck
- Mott MacDonald
- Nestle
- Novartis
- Novo Nordisk
- Nutrition International
- Open Society Foundations
- Pfizer
- Philips
- Reckitt Benckiser Group (RB)
- Reproductive Health Supplies Coalition
- Rockefeller Foundation
- Safaricom
- Sanofi Espoir Foundation
- Stop TB Partnership
- Sumitomo Chemical

- TB Alliance
- Unilever
- US Council for International Business (USCIB)
- Vestergaard Frandsen
- Viatrix
- World Economic Forum

#### **ORGANISATIONS WITH CONSISTENTLY GENDER BLIND PROGRAMMATIC APPROACHES, 2018 AND 2022 (ORGANISATIONS SCORING RED)**

- Consumer Brands Association
- DSM
- Global Health Innovative Technology Fund (GHIT Fund)
- Global Road Safety Partnership (GRSP)
- Imam Khomeini Relief Foundation
- International Council of Beverages Associations (ICBA)
- International Federation of Pharmaceutical Wholesalers Foundation (IFPW)
- Kuehne + Nagel
- Laerdal
- Médecins Sans Frontières (MSF)
- Philips
- Qatar Foundation (QF)
- Vestergaard Frandsen

#### **ORGANISATIONS FOR WHICH NO SEX-DISAGGREGATED MONITORING AND EVALUATION DATA WAS FOUND, 2018 AND 2021, AND NO POLICY ON SEX-DISAGGREGATED DATA FOUND IN 2022 (ORGANISATIONS SCORING RED)**

- AB InBev
- Accenture
- ALIGHT
- Becton, Dickinson and Company
- BP
- Bristol-Myers Squibb
- Consumer Brands Association
- DSM
- Eli Lilly and Company
- ExxonMobil
- Ford Foundation
- General Electric
- Gilead
- Global Health Council
- Global Health Innovative Technology Fund (GHIT Fund)
- Global Road Safety Partnership (GRSP)
- Heineken
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
- International Federation of Pharmaceutical Wholesalers Foundation (IFPW)
- International Vaccine Institute (IVI)

- Islamic Development Bank
- Kuehne + Nagel
- KPMG
- Laerdal
- McCann Health
- Medela
- Nestle
- Novartis
- Philips
- Qatar Foundation (QF)
- Rabin Martin
- Reckitt Benckiser Group (RB)
- Rockefeller Foundation
- Teck Resources
- TOMS
- US Council for International Business (USCIB)
- Vestergaard Frandsen

#### **ORGANISATIONS THAT HAVE NEVER RESPONDED TO REQUESTS TO VALIDATE DATA COLLECTED BY GH5050 SINCE 2018**

- Action on Smoking and Health (ASH)
- Agence Française de Développement (AFD)
- Bill & Melinda Gates Foundation
- BP
- Bristol-Myers Squibb
- Consumer Brands Association
- DSM
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- ExxonMobil
- General Electric
- Gilead
- Global Road Safety Partnership (GRSP)
- Heineken
- Imam Khomeini Relief Foundation
- International Federation of Pharmaceutical Wholesalers Foundation (IFPW)
- International Food and Beverage Alliance (IFBA)
- Islamic Development Bank
- KPMG
- McKinsey & Company
- Medela
- Ministry of Foreign Affairs and International Cooperation, Italy
- Mott MacDonald
- Philips
- Qatar Foundation (QF)
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- Sumitomo Chemical
- TOMS
- US Council for International Business (USCIB)
- Vestergaard Frandsen
- World Economic Forum

# ANNEX 3. ORGANISATIONAL PERFORMANCE, 2022

An organisation's performance is calculated based on a point system across nine variables, with each green (and purple for gender balance of management / boards) counting for one point, an amber as 0 points and a red as -1 point. An organisation can score a maximum of nine points. See Annex 1 for further details. Gender of CEO and Board Chair is not scored. Organisations with fewer than 10 staff are not expected to have workplace gender / diversity policies and are not scored on these variables.

Full details and organisational pages can be found at: <https://globalhealth5050.org/data/>

Very High Performers (19)			
Organisations scoring 8 or 9			
CARE International	V ★ ↑	Food and Agricultural Organization of the United Nations (FAO)	V ↑ X
EngenderHealth	V ★ ↑	Ford Foundation	V ↑ X
Gavi, the Vaccine Alliance	V ★	Foreign, Commonwealth & Development Office	↑
Global Alliance for Improved Nutrition (GAIN)	V ★	FIND, the global alliance for diagnostics	V ★
International Planned Parenthood Federation (IPPF)	V ★	GBC Health	V ↑
Medicines for Malaria Venture	V ↑ X	Global Affairs Canada	↑
Medicines Patent Pool (MPP)	V ★	Global Financing Facility (GFF)	↑
PATH	V ★ ↑	Global Fund to Fight AIDS, Tuberculosis & Malaria	V ★
Pathfinder International	V ↑	Health Action International	V ★ X
Population Services International (PSI)	V ★	Health Systems Global	V ↑
Reproductive Health Supplies Coalition	V ★ ↑ X	International AIDS Society (IAS)	V ↑
Save the Children	↑	International Federation of Medical Students (IFMSA)	V ★
Scaling Up Nutrition	V ★	Jhpiego	V ★
Sonke Gender Justice	V ↑	Joint United Nations Programme on HIV and AIDS (UNAIDS)	V ★
Swedish International Development Cooperation Agency (Sida)	V ★	Mercy Corps	★
UN Women	V ★	National Institutes of Health (NIH)	V ★
Unitaid	V ★	Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH)	V ★
United Nations Development Programme (UNDP)	★	Plan International	V ★
United Nations Population Fund (UNFPA)	★	Population Council	V ↑
		RBM Partnership to End Malaria	V ↑
		Sanofi Espoir Foundation	V ↑
		Stop TB Partnership	V ★
		UNHCR	★
		UNICEF	V ★
		Unilever	★ X
		United Nations Economic Commission for Africa (UNECA)	↑
		United Nations Office on Drugs and Crime (UNODC)	V ★
		World Bank Group	V ★
		World Food Programme	★
		World Health Organization (WHO)	★
High Performers (37)			
Organisations scoring 6 or 7			
Africa Population and Health Research Centre (APHRC)	V ★		
African Union Commission (AUC)	↑ X		
BRAC	↑		
Cordaid	V ↑		
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	★		
European Commission	V ↑		
FHI 360	V ↑		

- ★ Consistently high; organisation has scored at least five points each year since 2020.
- ↑ Fast riser; organisation has increased their score by 3 or more points since 2020.
- ↑ Moderate riser; organisation has increased their score by 2 points since 2020.
- No progress since 2020; organisation has not scored above 0 points and has not improved their score by more than 1 point since 2020.
- X Organisation has not had a woman CEO or woman Board Chair since 2018 (138 organisations have been assessed since 2018).
- V Organisation validated the data published in the 2022 Report.

★ Consistently high; organisation has scored at least five points each year since 2020.

↑ Fast riser; organisation has increased their score by 3 or more points since 2020.

↗ Moderate riser; organisation has increased their score by 2 points since 2020.

● No progress since 2020; organisation has not scored above 0 points and has not improved their score by more than 1 point since 2020.

✗ Organisation has not had a woman CEO or woman Board Chair since 2018 (138 organisations have been assessed since 2018).

✓ Organisation validated the data published in the 2022 Report.

### Good Performers (34)

Organisations scoring between 3 and 5

AbbVie			✗
Abt Associates	✓		
Accenture		↑	
Agence Française de Développement (AFD)		↑	
Alliance for Health Policy and Systems Research (AHPSR)	✓	↗	
Amref Health Africa		↑	✗
AVERT			
Bill & Melinda Gates Foundation		↑	
Clean Cooking Alliance		↑	
Dalberg	✓		
Drugs for Neglected Diseases Initiative (DNDi)	✓	↗	
DSM		↑	
Fundação Oswaldo Cruz (Fiocruz)			
GlaxoSmithKline (GSK)	✓		
Global Health Council	✓		
International Center for Research on Women (ICRW)	✓	↑	
International Federation of Red Cross and Red Crescent Societies (IFRC)			✗
International Labour Organization (ILO)		★	
International Rescue Committee (IRC)			
International Vaccine Institute (IVI)	✓	↑	✗
Islamic Relief Worldwide	✓	↑	
Japan International Cooperation Agency (JICA)	✓		✗
John Snow, Inc			
Johnson & Johnson	✓	↑	✗
Management Sciences for Health (MSH)	✓	★	
Memisa	✓	↑	
Norwegian Agency for Development Cooperation (Norad)	✓		
Nutrition International	✓		✗
Open Society Foundations	✓	↗	✗
Oxfam International	✓	↑	
Palladium Group	✓	★	
Partners In Health	✓	↑	
SRHR Africa Trust	✓	★	
United States Agency for International Development (USAID)		↗	

### Moderate Performers (60)

Organisations scoring between 0 and 2

AB InBev	✓		✗
ACTION Global Health Advocacy Partnership			

Action on Smoking and Health (ASH)		●	✗
Advocates for Youth		✓	
Africa CDC		✓	↑
Africa Centre for Global Health and Social Transformation (ACHEST)		✓	↗
American Jewish World Service (AJWS)		●	
Bloomberg Philanthropies		↑	
BP		↗	✗
Bristol-Myers Squibb		↑	✗
Caribbean Public Health Agency (CARPHA)		↑	
Caritas Internationalis		●	
Catholic Medical Mission Board (CMMB)		↑	
Catholic Relief Services (CRS)		✓	
Centers for Disease Control and Prevention (US)			
Clinton Health Access Initiative (CHAI)		✓	●
Coca-Cola			✗
Deloitte		↗	
European Centre for Disease Prevention and Control		↗	
Eli Lilly and Company		↗	✗
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)		↑	✗
Framework Convention Alliance (FCA)		✓	
Gilead		↑	✗
GSMA			✗
Heineken		↑	✗
icddr,b			
Institut Pasteur			
Intel		✓	↗
International Union Against Tuberculosis and Lung Disease		✓	✗
International Women's Health Coalition (IWHC)			
Ipas		✓	↗
McCann Health		↑	
McKinsey & Company			
Medico International		↗	
Medtronic		●	✗
Merck		✓	↗
Ministry of Foreign Affairs of the Netherlands		↗	
Mott MacDonald			✗
MSI Reproductive Choices		✓	↑
Nestle			✗
Novo Nordisk		✓	↗
Pacific Community			
Pfizer		●	✗

★ Consistently high; organisation has scored at least five points each year since 2020.

↑ Fast riser; organisation has increased their score by 3 or more points since 2020.

↗ Moderate riser; organisation has increased their score by 2 points since 2020.

● No progress since 2020; organisation has not scored above 0 points and has not improved their score by more than 1 point since 2020.

✗ Organisation has not had a woman CEO or woman Board Chair since 2018 (138 organisations have been assessed since 2018).

✓ Organisation validated the data published in the 2022 Report.

Philips			✗
Population Action International	✓	↗	
Population Reference Bureau (PRB)	✓		
Promundo	✓		
PwC			
Reckitt Benckiser Group (RB)			✗
Rockefeller Foundation	●		✗
Safaricom	✓		✗
Southern Africa Development Community (SADC)		↗	
Sumitomo Chemical		↑	✗
Teck Resources	✓	↗	
Union for International Cancer Control (UICC)			
US Council for International Business (USCIB)		↑	✗
Viartis	✓	↑	
Vital Strategies	✓	↑	
Wellcome Trust	✓	↗	
World Economic Forum			✗

### Low Performers (49)

Organisations scoring between -8 and -1

Africa Christian Health Association Platform (ACHAP)		↑	
Aga Khan Foundation (AKF)		↗	
Alight	✓	↗	
Aliko Dangote Foundation (ADF)		↑	
amfAR, Foundation for AIDS Research	●		✗
Association of Southeast Asian Nations (ASEAN)	●		
Becton, Dickinson and Company		↗	✗
Caterpillar Foundation			
China CDC		↗	
China Foundation for Poverty Alleviation (CFPA)	●		
Community of Latin American and Caribbean States (CELAC)	●		
Consumer Brands Association		↗	
ExxonMobil	●		✗
General Electric		↗	✗
Global Handwashing Partnership (GHP)		↑	
Global Health Innovative Technology Fund (GHIT Fund)	✓	●	
Global Road Safety Partnership (GRSP)	●		
Health Poverty Action	●		
i+solutions	✓	●	
Imam Khomeini Relief Foundation	●		✗
International Council of Beverages Associations (ICBA)	✓	●	

International Diabetes Federation (IDF)		●	
International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)	✓	●	✗
International Federation of Pharmaceutical Wholesalers Foundation (IFPW)		↗	✗
International Food and Beverage Alliance (IFBA)		↑	✗
Islamic Development Bank	●		
KPMG	●		✗
Kuehne + Nagel	●		✗
Laerdal	●		✗
Magna		(Added in 2021)	
Médecins Sans Frontières (MSF)	●		
Medela	●		
Ministry of Foreign Affairs and International Cooperation, Italy		↑	
Movendi International			
Muslim Aid	✓	↗	
NCD Alliance	✓	↑	
Novartis	✓	●	✗
Partners in Population and Development (PPD)	●		
Qatar Foundation (QF)		↗	
Rabin Martin		↑	
Salvation Army International	✓		
TB Alliance	✓	↑	✗
TOMS	●		
Vestergaard Frandsen	●		✗
West African Health Organization (WAHO)	●		
World Council of Churches (WCC)	●		
World Heart Federation	✓	↑	
World Obesity Federation	✓	●	
World Vision		↑	

# ANNEX 4. METHODS

## 1. 2022 THEMATIC FOCUS ON BOARD COMPOSITION AND POLICIES

### Board members mapping

We collected available information on the characteristics of board chairs and board members of 146 organisations in our sample during the period July - October 2021. Data was collected from online sources – primarily from biographies on the organisations' board page and LinkedIn profiles. We were able to identify 1,946 individuals holding 2,014 board seats of 146 organisations.

Among the sample of 200 organisations which GH5050 annually assesses, this review excluded organisations whose board compositions are determined by national governments and/or member states. This allowed the review to focus on diversity outcomes in the absence of formal policies that dictate geographically-balanced representation (i.e. distribution of seats by region) and that mandate single-sector representation (i.e. boards with seats reserved for government representatives only). This criteria thus excluded all UN System organisations (11), all bilateral and multilateral

organisations (14), and all regional bodies (8), as well as one (1) research and surveillance organisation and two (2) multilateral funding bodies. An additional 17 organisations were excluded given that information on their board members was not publicly available, or the existence of a board could not be determined.

The final analysis includes:

- 62 non-governmental and non-profit organisations
- 8 faith-based organisations
- 6 research and surveillance organisations
- 16 public-private partnerships
- 11 funders and philanthropies
- 43 private for-profit companies, including 7 consulting firms

The following information was collected for each board member, where it was available online:

- Demographic information:
  - Gender
  - Nationality

- Primary place of work:
  - Organisation
  - Sector
  - Location of headquarters of organisation

For Board Chairs only, we additionally collected data on age.

Four researchers collected data and two researchers extracted data on each individual reviewed. Discrepancies were identified through automated cleaning and each was discussed with a third reviewer until consensus was reached on the final entry.

### Board policy analysis

We analysed publicly-available board diversity and inclusion policies, which were identified from GH5050 results of the Gender and Health Index (2021 and 2022). For each policy, data was extracted on:

1. Presence of affirmative measures to improve gender equality or diversity among board members. Measures specifically included either dedicated seats or board composition targets for underrepresented population groups.

- Population groups that were named as targets of affirmative measures (for example, civil society, people from underrepresented regions and people with diverse ethnicities).

The sample of 200 organisations contains 23 regional and multilateral organisations whose boards are composed of Member States (and which by nature are thus representative of multiple countries and/or regions). These Member State board policies alone do not qualify for a 'Green' score for this variable; organisations must have additional measures to promote diverse representation such as gender equality targets or dedicated seats for affected communities to qualify to be scored a 'Green'.

Each policy in the sample was evaluated by two reviewers. A third reviewer validated the data and identified discrepancies which were discussed by the reviewers until a consensus was reached on the final entry.

Organisations with boards whose membership is determined by national affiliation (i.e. Member State bodies) were excluded from the analysis of measures to promote regional diversity in board membership.

The excluded organisations (n=32) were:

- Bilateral and multilateral organisations (14)
- Regional bodies (8)
- UN system (11)

These organisations were otherwise included in the analysis of measures to promote other forms of diversity, including gender and civil society actors.

## 2. ANNUAL REPORTING ON GH5050 'CORE VARIABLES'

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 '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. We are aware that two organisations ceased operations in 2021 during the data collection period. For completeness and to continue monitoring trends, they have been included in the 2022 Report analysis. A third organisation requested to be removed entirely from the sample. To monitor trends, they have also been included in the analysis of core variables. They have been removed however from the analysis of board members in Part 1.

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 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.

Ten sectors are represented in the 2022 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,<sup>27</sup> or companies that contributed to consultations on the Uruguay Road Map on noncommunicable diseases<sup>28</sup>
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 2022 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. 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).

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 Lancet<sup>29</sup> and Globalization and Health<sup>30</sup>) prior to 2017.

### 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.

### **Ethics**

The methods described above have been approved by the ethics committee of University College London, where GH5050 was previously housed.

### **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). We recognise however that policy is not equivalent to implementation. 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 bring about change.

# NOTES

- 1 Flor L, Friedman J et al. (2022) Quantifying the effects of the COVID-19 pandemic on gender equality on health, social, and economic indicators: a comprehensive review of data from March, 2020, to September, 2021. *The Lancet* [https://doi.org/10.1016/S0140-6736\(22\)00008-3](https://doi.org/10.1016/S0140-6736(22)00008-3)
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  - 12 John Gaventa (2005) Reflections on the Uses of the ‘Power Cube’ Approach for Analyzing the Spaces, Places and Dynamics of Civil Society Participation and Engagement, Institute of Development Studies, University of Sussex, United Kingdom
  - 13 United Nations Department of Economic and Social Affairs. 2006. Convention on the Rights of Persons with Disabilities, Article 29: Participation in political and public life, United Nations <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-29-participation-in-political-and-public-life.html>
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  - 18 The data represent a cross-sectional snapshot of board membership at one point in time. We recognise that boards are constantly evolving and renewing/replenishing and some boards may have made recent adjustments or changes to membership. New memberships since November 2021 are not reflected in this data.
  - 19 Given the inclusion criteria for this review, which excluded regional political bodies as well as organisations where board member data was not available, the sample of 147 organisations reviewed skews even more heavily towards those based in high-income countries than the overall sample of 200 organisations, which has been reported elsewhere.
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  - 21 Two organisations informed GH5050 that they do not have governing boards.
  - 22 15 organisations that score ‘Green’ in our annual review of board policies were not included in this focused assessment.
- These excluded policies have specific measures - such as dedicated recruitment measures, board training for underrepresented groups, investing in diversifying the pipeline for succession to the board, and monitoring and reporting on all board appointments - but do not contain targets and/or dedicated board seats.
- 23 Organisations with boards whose membership is determined by national affiliation (i.e. Member State bodies) were excluded from the analysis of measures to promote regional diversity in board membership. These organisations were otherwise included in the analysis of measures to promote other forms of diversity, including gender and civil society actors.
  - 24 See Annex 4 on Methods for a description and justification of the sampling frame used in the GH5050 report.
  - 25 Flor L, Friedman J et al. (2022) Quantifying the effects of the COVID-19 pandemic on gender equality on health, social, and economic indicators: a comprehensive review of data from March, 2020, to September, 2021. *The Lancet* [https://doi.org/10.1016/S0140-6736\(22\)00008-3](https://doi.org/10.1016/S0140-6736(22)00008-3)
  - 26 Two organisations informed GH5050 that they do not collect or publish programmatic data.
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  - 29 Hawkes, S., & Buse, K. (2013) Gender and global health: Evidence, policy, and inconvenient truths. *The Lancet*, Volume 381 (9879), pp.1783-1787. [https://www.thelancet.com/article/S0140-6736\(13\)60253-6/pdf](https://www.thelancet.com/article/S0140-6736(13)60253-6/pdf)
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**MEETING GROUND SERIES**

*London, UK, 2018*  
Jacqueline Ennis-Cole

Lawrence is an accomplished and passionate car mechanic. He is a migrant from the Caribbean living in the UK. He learned his trade through an apprenticeship programme open to young men like himself. This series is a study of a man at work - his conditioning, masculinity and physicality. Commercial and cultural processes have long associated cars with masculinity, constructing them as symbols of power, mobility and risk-taking. Garages are now rapidly closing down as diesel cars transition to electric cars. What role will notions of gender play in this new technological era?

*Jacqueline Ennis-Cole (b. 1964 Manchester, UK) is an artist and photographer who investigates masculinity at work.*



**GLOBAL 50**  
**HEALTH 50**