BOARDS FOR ALL?

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

#BOARDSFORALL
Global Health 50/50 is an independent research initiative that informs, inspires and incites action and accountability for gender equality and health equity.

Annual report provides key moment to:

- Provide birds-eye view of progress on gender and gender policy in global health
- Independently assess individual organisations & engage directly on their gender policies
- Equip individuals and organisations with rigorous evidence for advocacy and accountability
- Bring public scrutiny and pressure to organisational policies
- Encourage healthy competition - race to the top
WE AIM TO INFORM, INSPIRE AND INCITE CHANGE TO SHIFT INSTITUTIONS, IDEAS AND INTERESTS

**INFORM**
- global discourse with world’s most rigorous and extensive database on the state of gender equality in global organisations active in health

**INSPIRE**
- a vision of a new normal for gender equality in global health

**INCITE**
- a movement to demand and deliver on the policies that will lead to gender equality in the workplace and in global health programmes

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**GLOBAL HEALTH 50/50 2022 REPORT**
WHAT IS NEW ABOUT THE 2022 REPORT?

- The first time the report takes deep dive into demographics of who governs global health - mapping who holds more than 2000 board seats across 146 organisations
- It has five years of data showing trends - including signs of progress and stagnation
- The first time the report and Gender and Health Index have ranked all 200 organisations according to performance - celebrating where progress is being made and calling out laggards
First-ever assessment of global health board members

146 organisations included in 2022 board member analysis

Annual analysis of organisations' gender-related policies and practices

200 organisations included in annual report on gender-related policies, practices and outcomes

About the Global Health 50/50 2022 report

Annual analysis of organisations' gender-related policies and practices

Organisations included in annual report on gender-related policies, practices and outcomes

- Non-governmental and non-profit organisations
- Private-for-profit companies, including 7 consulting firms
- Public-private partnerships
- Philanthropic funders
- Faith-based organisations
- Consulting firms
- Research and surveillance organisations

- Non-governmental and non-profit organisations
- Private for-profit companies
- Public-private partnerships
- Funders and philanthropies
- Multilateral and bilaterals
- Research and surveillance organisations
- United Nations bodies
- Consulting firms
- Faith-based organisations
- Regional political bodies
PART 1
POWER AND PRIVILEGE IN GLOBAL HEALTH BOARDS: A REVIEW OF PEOPLE AND POLICY
Most board seats are held by nationals of high-income countries.

Of 2014 board seats...

- 75% are held by nationals of high-income countries.
- Rising to 82% among funding bodies.
- 44% are held by USA nationals alone.
- 2.5% are held by nationals of low-income countries.
Women from low-income countries are nearly absent from governing bodies.

- Across all 2,014 boards, 40% are held by women.
- Yet fewer than 1% of board seats are held by women from low-income countries.
#BOARDSFORALL
GLOBAL HEALTH 50/50
2022 REPORT

TOP 15 NATIONALITIES REPRESENTED AMONG BOARD MEMBERS

High-income countries

Middle-income countries

Canada
United States
882
149
United Kingdom
Netherlands
33
Switzerland
33
Germany
59
France
51

42
22
Brazil
7
27
Nigeria
36
Kenya
31
South Africa
44
China
66
India
40
Japan
33
Australia
STARK INEQUALITIES ON PRIVATE SECTOR BOARDS

OF 576 BOARD SEATS ACROSS 43 COMPANIES...

30% are held by women, most of whom are nationals of high-income countries

Just 2% are held by women from middle-income countries

There are no women who are nationals of low-income countries

#BOARDSFORALL  GLOBAL HEALTH 50/50  2022 REPORT
# Boards for All

**GLOBAL HEALTH 50/50 2022 REPORT**

## Board Inequalities Differ by Sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Board seats held by</th>
<th>For-profit sector</th>
<th>Overall (103 orgs 1,438 seats)</th>
<th>NGOs, FBOs &amp; research (76 orgs 1,037 seats)</th>
<th>Public-private partnerships (16 orgs 278 seats)</th>
<th>Funders (11 orgs 123 seats)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National of LMICs</td>
<td>12%</td>
<td>30%</td>
<td>29%</td>
<td>39%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Individuals working for organisations headquartered in LMICs</td>
<td>7%</td>
<td>28%</td>
<td>28%</td>
<td>33%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>30%</td>
<td>45%</td>
<td>46%</td>
<td>44%</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>Women LMIC nationals</td>
<td>2%</td>
<td>12%</td>
<td>12%</td>
<td>18%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Women LIC nationals</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

#BoardsForAll
More women are board chairs than ever before but we are still far from parity.

Among the 49 newly-appointed board chairs in 2021/2022 whose nationality could be found:

- 69% are nationals of high-income countries
- 22% are nationals of middle-income countries
- 8% are nationals of low-income countries
- 10% are women from low- and middle-income countries

#BoardsForAll Global Health 50/50 2022 Report
Publicly available information on the rules that guide board composition was found for 111/198 organisations. Among that information, we found few targets and seats to ensure diversity and representation for:

- **Gender equality**: 23/111 organisations (21%)
- **Civil society or affected communities**: 14/111 organisations (13%)
- **Regional diversity**: 11/92 (excluding 19 Member State-only multilateral and regional bodies)
- **Young people**: 3/111 organisations (3%)
- **Race and ethnic diversity**: 2/111 organisations (2%)
- **People with disabilities or members of the LGBTQ+ community**: no policies found (0%)
PART 2
THE UNFINISHED
AGENDA:
GENDER AND
HEALTH INDEX TRENDS
OVER FIVE YEARS
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
Male dominance in global health pervades across 138 orgs, over five years from 2018-2022...

- 58% have not had a woman CEO
- 51% have not had a woman board chair
- 39% have had neither a woman CEO nor a woman board chair

The 70-80-90 ‘Glass Border’ in global health leadership remains intact:

- CEOs & Board Chairs, 2020: 70% Men, 83% Nationals of high-income countries, 92% Educated in high-income countries
- CEOs & Board Chairs, 2021: 70% Men, 84% Nationals of high-income countries, 94% Educated in high-income countries
- CEOs & Board Chairs, 2022: 68% Men, 80% Nationals of high-income countries, 93% Educated in high-income countries

#BoardsForAll Global Health 50/50 2022 Report
Among 36 UK-based organisations, on average, the gender pay gap decreased by 2.5% 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%.
Among 36 UK-based organisations (those organisations in the GH5050 sample required to report gender pay gap), the proportion of women that received a bonus pay fell in 2020/21 compared to 2017/18.
WANT TO KNOW MORE?

FIVE YEARS OF DATA, INTERACTIVE INDEX & ORGANISATIONAL PROFILES
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