

The Global Health 50/50 2022 Report: Boards for All
Frequently Asked Questions

1. What are the report's key findings, in a nutshell?

The report found that men from the Global North are vastly overrepresented on the boards of global health organisations, and that more needs to be done to ensure women and nationals from low- and middle-income countries have a seat at the table. Among more than 2,000 board seats, 75% are held by nationals of high-income countries (home to only 16% of the global population), while only 1% - just 17 board seats – are held by women from low-income countries.

2. Which organisations did Global Health 50/50 assess in the report, and how was this sample selected?

To determine who holds power in the governance of global health, the report assessed the demographic make-up of the boards of 146 influential organisations active in global health. To be included in the sample, organisations had to have a presence in at least three countries and be actively involved in delivering health programmes and/or influencing global health policy, even if this is not their core function.

The final sample included 1,946 individuals holding 2,014 board seats across 146 organisations. This represents a sub-sample of the 200 organisations that GH5050 assesses annually, excluding those whose board compositions are determined by national governments (e.g. bilateral agencies) and/or member states (e.g. UN agencies).

The final sample included 6 different types of organisations active in global health:

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

3. Which data did the report use to assess the diversity of organisations' boards?

From **July to October 2021**, GH5050 gathered publicly available information on the demographic characteristics of the board chairs and board members of the 146 organisations in the sample. Data were collected from online sources, primarily biographies on organisations' board pages and individuals' LinkedIn profiles.

Where it was available online, the following data were collected for each board member of the 146 organisations:

- Demographic information:
 - Gender
 - Nationality
- Primary place of work:
 - Organisation
 - Sector
 - Location of headquarters of organisation

4. Why were UN organisations excluded from the analysis?

GH5050 removed boards from the final analysis whose compositions are determined by national governments and/or UN member states. By doing so, the report was able 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).

These criteria thus excluded 53 organisations from the sample that GH5050 annually assesses. These included: 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 because information on their board members was not publicly available, or because the existence of a board for their organisation could not be determined.

5. How did GH5050 identify 'high-performing' and 'low-performing' organisations?

GH5050's annual analysis of the gender-related policies and practices of 200 organisations active in global health uses a traffic light system (green, amber, red) to score organisational performance across nine key variables:

- Commitment to gender equality
- Public definition of gender
- Workplace gender equality policy
- Workplace diversity and inclusion policy
- Board diversity and inclusion policy
- Gender parity in senior management
- Gender parity in governing body
- Gender-responsiveness of programmatic approaches



- 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 and the lowest possible score is -9 points. Each green (and P for gender balance of management/boards) counts for one point, an amber as 0 points, and a red as -1 point. 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.

For the first time, the GH5050 categorises all 200 organisations based on their scores published in the 2022 report. These are as follows:

- Very high performers: 8 or 9 points; 19 organisations (10% of the sample)
- High performers: 6 or 7 points; 37 organisations (20% of the sample)
- Good performers: 3 to 5 points; 34 organisations (17% of the sample)
- Moderate performers: 0 to 2 points; 61 organisations (31% of the sample)
- Low performers: -8 to -1 points; 49 organisations (25% of the sample)

The change in organisations' scores in 2020, 2021 and 2022 has also been assessed. Based on their progress, some organisations have been identified as Consistently High Performers, Fast Risers, and Stagnating Low Performers, using the following criteria:

- Consistently high performers: organisations have achieved a score of at least 5 points each year for the past 3 years.
- 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.

6. Why is a lack of gender and geographic diversity on the boards of major global health organisations so damaging?

The boards of global health organisations hold a vast amount of power and responsibility, making decisions on leadership, strategy, finance, and programming that influence the health outcomes of billions of people around the world. Many of these boards control the distribution of billions of dollars each year and set the agenda in terms of global health policy priorities. Collectively, they govern the careers of 4.5 million employees.

Given the influence they have in affecting the health outcomes of people around the world, it is vital that the governing bodies of global health organisations represent the demographic make-up of the communities impacted by their programmes. Without integrating the perspectives of diverse genders and geographies, decisions are made by a narrow pool of individuals (largely men from high-income countries) and threaten to exclude the most relevant and knowledgeable voices. This can lead to poor or inequitable decision making and threaten wellbeing and lives. Yet, at present, women from lower-income countries are woefully underrepresented, and are therefore largely denied the opportunity to contribute to the governance of global health.

7. What can organisations do moving forward to improve diversity on their boards?

Organisations can adopt and publish board policies. Board policies are critical tools for realising diverse and effective governance, representing the institutional value an organisation places in the experiences and insights necessary to guide its direction and purpose. At present, GH5050 finds that only 1 in 4 organisations publish policies with specific measures to advance gender equality, diversity, and inclusion on their boards – an improvement from roughly 1 in 6 in 2020. In addition, while 17% of organisations have published a commitment to diversity and representation in their boards, few of these have published a plan indicating the measures they intend to take to reach these commitments. By committing themselves publicly to increasing diversity, and then ensuring they have affirmative measures in place to do this, organisations can become more effective, fair, and equitable.

8. Why is now an important time for organisations to commit publicly to improving the diversity of their leadership boards?

The COVID-19 pandemic has exposed unprecedented levels of inequality. Now more than ever, organisations must seek to become more fair, diverse, and representative at the highest levels of their leadership and governing bodies, in order to approach the global health challenges of the 21st century with new voices and perspectives.

In recent years, we have seen social justice movements driven by marginalised groups uniting to claim space in social and political arenas of influence. By gaining access to and transforming decision-making spaces traditionally closed to them, communities have sought to ensure that their interests are better met and that their perspectives and lived experiences are included in policy. In the face of this data and amidst growing demands to dismantle power and privilege imbalances and continued stark health inequities, the dominance of men from rich countries in global health is simply unjustifiable. Now is the ideal time for global health organisations to commit publicly to clear and actionable policies for improving diversity on their boards.