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Press release, including some data points, has been updated 28/03/2022

Global health skewed by gender and geography: Boards remain dominated by men from high-income countries, new study finds

- Groundbreaking study analysing over 2,000 board seats across 146 leading global organisations active in the global health sector finds that people from high-income countries dominate leadership positions.
- 44% of board seats are held by US nationals alone. Nationals of just two countries - the US and UK - together occupy over half (51%) of all board seats.
- Only 25% of board seats are held by nationals of all low- and middle-income countries (LMICs), despite the fact that these countries are home to 84% of the world's population.
- For every 1 seat held by a national of a low-income country, 30 are held by nationals of high-income countries.
- Just 17 seats are held by women from low-income countries, equating to less than 1% of board members. This is compared to the 881 seats (44% of all seats) that are held by men from high-income countries.
- No women from low-income countries are present on any private-for-profit boards in the sample, with just one present across the boards of 11 philanthropic funders.
- Among 138 organisations tracked over 5 years by Global Health 50/50, 54 (39%) have had neither a female CEO nor a female board chair in this period.
- The report warns that progress is at risk of stagnation. A pool of 32 organisations perform poorly in the [Gender and Health Index](#) and have made no progress in their commitments and practices to advance gender equality.

London, 30 March 2021. Gender and geographic diversity are severely lacking in the boards of major organisations active in global health, a newly-released study finds. Despite organisations pledging to increase diversity at their highest levels, the study shows that men from high-income countries continue to dominate leadership positions on boards, while women remain underrepresented. Alarmingly, the study reveals that women from low-income countries are excluded from decision-making processes, occupying only 17 (1%) of the more than 2,000 board seats assessed. 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. Yet the study reveals that organisations are failing to democratise and diversify global

health. The report argues that diversity is not just a matter of equality, but that having the most relevant perspectives, experiences and expertise in the room leads to stronger organisations delivering better health programmes for all.

The findings form part of Global Health 50/50's latest report, *Boards for All? A review of power, policy and people on the boards of organisations active in global health*. Now in its fifth year, the 2022 report uses publicly available data to assess the gender and geographic diversity of 2,014 board members and chairs across 146 leading global health organisations, including 62 non-governmental and non-profit organisations, 8 faith-based organisations, 6 research and surveillance organisations, 16 public-private partnerships, 11 funders and philanthropies, and 36 for-profit companies, including 7 consulting firms. This is a sub-sample of the 200 organisations annually assessed by GH5050, and excludes those organisations where board membership is mandated through member state participation or where data could not be located.

The findings reveal that only 25% of board seats are occupied by nationals of low-and middle-income countries, despite these countries being home to 84% of the world's population. The governing bodies of almost half the sample - 69 organisations (47%) - are composed entirely of individuals from high-income countries.

In addition, over half of board seats (51%) in the sample are occupied by nationals of just two countries, the United States (44%), and the United Kingdom (7%), while 94% of the organisations assessed are headquartered in high-income countries, providing further evidence of the dire lack of geographic diversity in global health leadership.

When the data is broken down further to the poorest countries, the report finds that only 2.5% of board seats are occupied by nationals of low-income countries and that women from low-income countries comprise only 1% of all board members. Across 11 philanthropic funders, which distribute over US \$16 billion each year and who hold huge power in determining the priorities of global health, only one of 123 seats is held by a woman from a low-income country. Shockingly, no women from low-income countries sit on the boards of assessed organisations in the for-profit sector.

Overall, men hold 60% of all board seats, with women holding 40% and just one non-binary board member identified.

Commenting on these findings, Global Health 50/50 co-director Professor Sarah Hawkes said "These findings demonstrate that global health is not truly global. Boards are the nexus of decision-making in organisations. 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. Put simply, we cannot have health for all if we do not have boards for all."



The second part of the report contains an assessment of the gender-related policies and practices of 200 global organisations (operational in a minimum of three countries) that aim to promote health and/or influence global health agendas and policy. The sample covers organisations from 10 sectors headquartered in 37 countries which, together, employ over 4.5 million people.

The report finds that there has been some progress in addressing gender inequality, with women making up 43% of board chairs appointed in 2021, up from 34% the previous year.

However, the report also warns of stagnation. Despite some progress towards gender parity, little progress has been made in increasing the regional and geographic diversity of board chairs. Among 180 board chairs whose nationality could be identified, 18% (33) are nationals of low- and middle-income countries, only marginally up from 17% in 2021 and 15% in 2020.

The report also finds that just 10% of assessed organisations publish details of their affirmative measures to promote more women on boards, and only 5% have published measures to address geographic imbalances. The overwhelming majority (75%) of assessed organisations do not publish board diversity policies.

Reflecting on these findings, Global Health 50/50 co-director Professor Kent Buse said “We are alarmed by the lack of progress on democratising global health. The collective failure to deliver equality in global health outcomes is inextricably linked to a failure to ensure equality in voice, representation and inclusion at the top. 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 the disability rights movement do it, we saw the HIV movement do it. We support people who have a stake in global health whose voices are not being heard to claim the room. We call everyone, including funding agencies, to use the evidence in our report to demand much needed change.”

Details of the accompanying launch event, which will take place on 1 April 2022 at 1:30 pm BST, can be found [here](#).

Quotes to accompany this news release:

“Women’s voices, particularly from lower-income countries, bring realism to conversations that happen at the global level. And the kind of approaches that global health institutions then adopt are very pragmatic, practical, and solution-oriented. The finding that boards of global health institutions have only 6% representation of women from lower-income countries has, in my view, very profound implications. This means that strategies and policies being set by these institutions exclude the lived experiences and practical insights

of those who these institutions have been established to support and serve”

Anuradha Gupta

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

“Despite 84% of the world’s population living in low- and middle-income countries, people from these countries occupy less than a quarter of board seats of global health organisations. While some global health 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, a large swathe of organisations have done little or none of this essential work to effectively address the disproportionate balance of power at the governance level in global health institutions. The result is that many diverse perspectives are being excluded from the decision-making that happens in these boardrooms.”

Felicita Hikaum

Director, The AIDS and Rights Alliance for Southern Africa (ARASA)

“There is mounting evidence that more diverse boards lead to increased innovation and effectiveness. There are also tried and tested strategies for increasing the diversity of people on boards, such as implementing clear policies and changing the way that board members are recruited. There is no reason to delay - global health organisations should be taking action today to improve their decision-making and thereby improve the health outcomes of millions of people.”

Fiona Hathorn

Founder and CEO, Women on Boards

“I find it appalling that we are incompetent as a sector at being truly engaged with the fullness of the human experience and condition. When our boards are biased, are not based on meritocracy but on privileging certain identities and experiences, we are made not only lesser in terms of our credibility but less relevant and less effective. As a sector that is supposed to be dismantling power hierarchies, it is utterly unacceptable that we are not manifesting the world as it is.”

Kate Gilmore

Chair, International Planned Parenthood Federation

“The rigorous and alarming findings of the 2022 Global Health 50/50 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 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.”

“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.”

“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.”

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
Chair of the Board of the Kofi Annan Foundation

“This isn’t about excluding anyone from the boardrooms of organisations active in global health. Rather it is about making more space, adding more seats, and being truly inclusive so all affected communities have their voices heard and acted on in decision-making. Those decisions will lead to better health for all.”

James Chau

WHO Goodwill Ambassador and Host of The China Current

Notes to Editors:

1. Once live, the report can be found at www.globalhealth5050.org/2022-report
2. Graphics to accompany the report will be available [here](#)
3. Global Health 50/50 is a non-profit research and advocacy initiative that promotes far-reaching transparency, action and accountability to advance gender equality and health equity. Established in 2017, it brings together leading feminists including doctors, academics, journalists, politicians, and policy experts from all corners of the world.
4. For more information about this story, or to arrange interviews, contact: media@globalhealth5050.org