WORKPLACES: WORSE FOR WOMEN

Analysis of workplace policies on sexual and reproductive health and rights and gender equality of 197 global organisations active in health

Global Health 50/50 2023 Report

bit.ly/SRHRAtWork

Eyes always lie. Silvia Viana, Spain, 2018.
RESEARCH/PRACTICE ON GENDER, HEALTH AND DEVELOPMENT - THE GENESIS OF GH5050

AN UNRULY MÉLANGE? COORDINATING EXTERNAL RESOURCES TO THE HEALTH SECTOR: A REVIEW
KENB BUSE AND GILL WALT
International Health Policy Programme, London School of Hygiene and Tropical Medicine, Keppel
Social Science & Medicine, 1998

Keeping a tight grip on the reins: donor control over aid coordination and management in Bangladesh
KENT BUSE
Health Policy Unit, London School of Hygiene and Tropical Medicine, 1F
Health Policy and Planning, 1999

Why include men? Establishing sexual health clinics for men in rural Bangladesh
SARAH HAWKES
Public Health Sciences Division, International Centre for Diarrhoeal Disease Research, Bangladesh
Health Policy and Planning, 1998

Reproductive-tract infections in women in low-income, low-prevalence situations: assessment of syndromic management in Matlab, Bangladesh
Sarah Hawkes, Linda David Mabey
The Lancet, 1999

Gender and global health: evidence, policy, and inconvenient truths
Sarah Hawkes, Kent Buse
The Lancet, 2013

The World Bank and global cooperation in health: the case of Bangladesh
Kent Buse, Catherine Dean
The Lancet, 1998
GH5050: ACCOUNTABILITY TO DRIVE CHANGE

INFORMED ACTION.
Organisations report change in policy and practice

CULTURE CHANGE.
Generation of demand for fairer workplaces

SMARTER FUNDING.
Data used to inform funder leverage for fairer systems
Red.
Violet Costello, Canada, 2022.
GROWING RECOGNITION OF SRHR IN WORKPLACE

Painful periods? Spain just passed Europe’s first paid ‘menstrual leave’ law

Menopause rights: UK’s refusal to change law should still give employers pause for thought

Just one in six working women have never experienced period pains that are bad enough to affect their ability to work

How often, if at all, do you experience period pains that are sufficiently bad that they affect your ability to work? % of 892 working women who currently menstruate
- Every time I get my period 9
- Most times I get my period 15
- Some times when I get my period 27
- Rarely when I get my period 14
- Don’t know 15
- I do not regularly get period pains that affect my ability to work, but I have in the past 11
- I have never had period pains that affect my ability to work 17

All working women who currently menstruate

Just 11% of working women who have taken time off work for period pains have never concealed the real reason why they needed a sick day

Thinking about the occasions you have taken time off work for your period pains, how often did you actively conceal the fact that it was for period pains (i.e. you pretended you had to take time off work for some other reason)? % of 287 working women who have ever taken time off work for period pains
- Every time 0
- Most times 25
- Some times 32
- Rarely 13
- Never 42
- Don’t know 5

Four in 10 working women who have period pains that regularly affect their ability to work have never taken any time off for period pains

How often, if at all, do you take time off work for period pains? If you no longer menstruate, please think about when you did. % of 665 working women who currently menstruate
- Every time I get my period 7
- Most times I get my period 15
- Some times when I get my period 15
- Rarely when I get my period 11
- Don’t know 10
- I do not regularly take time off for period pains, but I have done so in the past 6
- I have never taken time off for period pains 17

All working women who currently menstruate

Working women who have period pains that affect ability to work every / most times they get their period
- 2
- 9
- 10
- 7
- 45
- 40

Working women who have period pains that affect ability to work sometimes / rarely when they get their period
- 7
- 12
- 16
- 64
### SRHR WORKPLACE POLICY ISSUES REVIEWED

<table>
<thead>
<tr>
<th>REPRODUCTIVE RIGHTS ACROSS THE LIFE COURSE</th>
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<tbody>
<tr>
<td>• Menstruation</td>
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<tr>
<td>• Abortion</td>
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<tr>
<td>• Menopause</td>
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<thead>
<tr>
<th>WELLE-BEING &amp; SAFETY IN THE WORKPLACE AND BEYOND</th>
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<tbody>
<tr>
<td>• Flexible working</td>
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<td>• Anti-sexual harassment</td>
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<td>• Resources for staff experiencing domestic violence</td>
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<tr>
<th>BECOMING A PARENT</th>
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<tbody>
<tr>
<td>• Leave for fertility treatment</td>
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<tr>
<td>• Antenatal care leave</td>
</tr>
<tr>
<td>• Leave for pregnancy loss or stillbirth</td>
</tr>
<tr>
<td>• Parental leave, for all parents, including via adoption or surrogacy</td>
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<tr>
<th>PARENTS AND CARERS</th>
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<tbody>
<tr>
<td>• Support for new parents returning to work</td>
</tr>
<tr>
<td>• Leave for family caring responsibilities</td>
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OUR METHODS

- Sampling frame of organisations working in the global health space - covers a variety of sectors

- Reviewing the organisations:
  - Analysis of websites
  - Each organisation contacted at least twice to review and validate their data

- Reviewing SRHR policies:
  - Policies downloaded from websites or shared directly with GH5050
  - Findings validated with organisations
  - Engagement with SRHR experts and evidence review

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>NGOs</td>
<td>61</td>
</tr>
<tr>
<td>Research and surveillance</td>
<td>11</td>
</tr>
<tr>
<td>For-profit companies</td>
<td>42</td>
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<td>United Nations bodies</td>
<td>11</td>
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<tr>
<td>Public-private partnerships</td>
<td>17</td>
</tr>
<tr>
<td>Consulting firms</td>
<td>10</td>
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<tr>
<td>Multilateral and bilaterals</td>
<td>14</td>
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<tr>
<td>Faith-based organisations</td>
<td>10</td>
</tr>
<tr>
<td>Funders and philanthropies</td>
<td>13</td>
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<tr>
<td>Regional political bodies</td>
<td>8</td>
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</table>
Among 197 organisations, including 73 who validated their data and provided internal information:

1. Menopause policy found.
2. Menstrual leave policy found.
3. Organisation references abortion in staff benefits policy.
4. 89 organisations published detailed information on parental leave policies online.
5. 112 of 135 total parental leave policies assessed were inclusive of adoption and/or surrogacy.
6. 121 organisations provide some form of support to returning parents.
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<tr>
<th>#</th>
<th>Description</th>
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<tbody>
<tr>
<td>14</td>
<td>Report staff can request sick leave if unable to work due to <strong>menstrual symptoms</strong>.</td>
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<tr>
<td>4</td>
<td>Paid personal leave for <strong>menstrual symptoms</strong>.</td>
</tr>
<tr>
<td>10</td>
<td>Report staff can request sick leave for <strong>fertility treatment</strong>.</td>
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<tr>
<td>7</td>
<td>Report availability of <strong>fertility leave</strong>.</td>
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<tr>
<td>12</td>
<td>Report staff can request sick leave for <strong>menopause</strong>.</td>
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<tr>
<td>2</td>
<td>Paid personal leave for severe <strong>menopause symptoms</strong>.</td>
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VIOLENCE IN THE HOME

21 organisations report having a domestic violence policy or offering support to staff experiencing domestic violence.*

8 organisations reported that staff may use existing sick or personal leave to seek health, social or legal assistance.
DOES THIS MATTER FOR WOMEN’S CAREER EQUALITY? A LOOK AT CAREER OUTCOMES

<table>
<thead>
<tr>
<th>1</th>
<th>COMMITMENTS TO REDISTRIBUTE POWER</th>
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<tbody>
<tr>
<td>• Committing to gender equality</td>
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<tr>
<td>• Defining gender</td>
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<tr>
<th>2</th>
<th>POLICIES TO TACKLE POWER &amp; PRIVILEGE IMBALANCES</th>
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<tbody>
<tr>
<td>• Workplace gender equality policies</td>
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<tr>
<td>• Workplace diversity and inclusion policies</td>
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<td>• Board diversity and inclusion policies</td>
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<th>3</th>
<th>WHO HOLDS POWER &amp; ENJOYS PRIVILEGE?</th>
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<tbody>
<tr>
<td>• Gender parity in snr. management and boards</td>
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<tr>
<td>• Gender of CEO and Board Chair</td>
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<tr>
<td>• Nationality and education of leaders</td>
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<tr>
<th>4</th>
<th>GENDERED POWER DYNAMICS DRIVING HEALTH INEQUALITIES</th>
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<tbody>
<tr>
<td>• Sex-disaggregated monitoring and evaluation</td>
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WORKPLACES WORSE FOR WOMEN

GLOBAL HEALTH 50/50 2023 REPORT

#SRHRATWORK
MALE LEADERSHIP PERVADERS

AMONG 135 ORGANISATIONS...

74 organisations have not had a woman CEO since 2018, when GH5050 began tracking.

58 organisations have not had a woman board chair since 2018.

45 organisations have not had a woman CEO or board chair since 2018 - compared to 5 organisations that have not had a man CEO or board chair in that period.
Among 372 CEOs and Board Chairs...

**2023**
- CEOs and Board Chairs who are men: 66%
- CEOs and Board Chairs who are nationals of HICs: 73%
- CEOs and Board Chairs who completed their degrees in HICs: 83%

**2020**
- CEOs and Board Chairs who are men: 70%
- CEOs and Board Chairs who are nationals of HICs: 83%
- CEOs and Board Chairs who completed their degrees in HICs: 92%
DESPITE PROGRESS, DECISION-MAKING BODIES STILL NOT EQUAL

WORKPLACES WORSE FOR WOMEN

GLOBAL HEALTH 50/50 2023 REPORT

**SERIOR MANAGEMENT**
- 39% Parity (45-55% women)
- 38% More men than women (56%+ men)
- 23% More women than men (56%+ women)

**BOARDS**
- 35% Parity (45-55% women)
- 52% More men than women (56%+ men)
- 13% More women than men (56%+ women)
WANT TO KNOW MORE?

SIX YEARS OF DATA, INTERACTIVE INDEX & ORGANISATIONAL PROFILES AT:
globalhealth5050.org/2023-report

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