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

2023 Global Health 50/50 Report

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

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Cover illustration:

EYES ALWAYS LIE
(detail)
Spain, 2018, Part of the 2023 This is Gender In/ Equality Collection

Silvia Viana

The room is filled with individuals wearing suits, their eyes fixated solely on profit. The Western male business attire, eyes looking all ways, a central, single female, framed by roses, all bring different points of view. The intense focus on financial gain fuels the machinery of Western capitalism and a patriarchal society, leading to the exploitation of people, animals, and the environment. This perpetual search for wealth predominantly benefits only a privileged few. This mixed-media illustration serves as a powerful reminder for us to recognise the pervasive inequalities present in our immediate surroundings. It urges us to cultivate self-awareness and to recognise the alienation that results from unequal social and economic structures.

Silvia Viana is a Spanish artist exhibiting worldwide.

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Individual profile pages of organisations' results over six years can be found at: https://globalhealth5050.org/report-profile/

The interactive Gender and Health Index can be found at: GlobalHealth5050.org/data

Since 2019, GH5050 has invited artists from around the world to engage in and submit their work to the This is Gender collection, a collective effort to reimagine and reframe gender imagery globally. Explore the full collection here: https://globalhealth5050.org/this-is-gender/

FOREWORD

Dr. Natalia Kanem, Executive Director, UNFPA

Good sexual and reproductive health, based on principles of human rights and respect for bodily autonomy, are fundamental to achieving gender equality and sustainable development. Yet around the world, Covid-19, conflict, food insecurity, and climate-related disasters all are setting back development progress, especially for women and girls. We witness women's rights being subverted, their needs neglected, and political pushback from various quarters relegating them, in some cases, to second-class citizens.

The global health and development sector generally recognizes and supports women's and girls' rights, and aims to deliver on policies, programmes and practices that promote the realization of sexual and reproductive health and rights for all.

The 1994 International Conference on Population and Development in Cairo brought together a remarkable global consensus putting human dignity and rights, including the right to plan a family, at the heart of development. Nearly 30 years on, The Global Health 50/50 (GH5050) Report on sexual and reproductive health and rights could not be timelier. With ICPD30 on the horizon, we have an opportunity to renew the collective promise to keep the rights and choices of women and girls at the centre of sustainable development.

It follows therefore that global health workplaces should be frontrunners in modelling the highest possible standards for promoting the sexual and reproductive health and rights of their employees. This year's Report from GH5050 tells a different story, however, with astonishing data on the near invisibility of sexual and reproductive rights in the global health workplace.

When I read the Report's findings from nearly 200 organisations, it is strikingly clear that global health workplaces are not yet fit for women. Most health institutions lack the policies and practices to support the sexual and reproductive health and rights of women, serving to perpetuate gender biases and discrimination in the workplace.

Why are global health CEOs and board chairs still predominantly men? Why is the increase in women's global health leadership and power so glacially slow? GH5050 helps us answer these fundamental questions.

Sexual and reproductive health and rights in the workplace play a powerful role in driving gender equality and women's leadership and, by consequence, more equitable, just and inclusive sustainable development. Global health institutions will be more impactful and more effective in decision-making and implementation when there is strong, diverse leadership and representation from all parts of the world.

GH5050 encourages health advocates, staff and leaders to squarely frame sexual and reproductive health and rights in the workplace as a human rights issue and central to women's leadership. I wholeheartedly endorse and support this. The global health community must listen to women's voices and invest in their leadership.

Together, let us all take action to expand access to sexual and reproductive health and uphold rights and choices as the path to a more equal, prosperous and sustainable future for all.

WORD FROM THE COLLECTIVE

PLASTIC WORKERS
Dhaka, Bangladesh, 2018

Debdatta Chakraborty

———————————————

The ghostly figures foreshadow the risks for these women working in such conditions. This captivating photograph taken on the outskirts of Dhaka, Bangladesh captures women working with synthetic materials without adequate protection. When questioned about the risks of exposure to plastics, they explained that they have limited alternatives to earn money. Remaining in their village or working in rural areas does not guarantee a stable income, especially during periods when there are no crops in the fields.

Debdatta Chakraborty is an amateur photographer from Kolkata, India.

HIDDEN OBSTACLES, LOST OPPORTUNITIES

At Global Health 50/50 (GH5050), we grapple to understand the hidden obstacles that keep some people from enjoying the same career opportunities as others, especially those barriers that keep women from being able to join, remain, advance and lead in global health.

In 2023, global backsliding on feminist progress prompted us to turn our focus to sexual and reproductive health and rights (SRHR) in the workplace. We believe SRHR are fundamental to gender equality. We see growing debate in some countries about the merits of progressive, rights-based policies, such as for menstruation or menopause. Yet in others we have seen a reversal of hard-won rights to SRHR and wellbeing, including protection from sexual assault and harassment and the growing erasure of rights for LGBTQI+ people. We are witnessing the impact of a rising, well-funded and active opposition to goals of gender equality alongside the continued effects of the COVID-19 pandemic.

The rollback of the constitutional right to abortion in the United States has increased state control over women's bodies. In response, some private sector employers stepped in to provide support. This led us to the question, if the state fails to protect SRHR, should and can employers step up and step in? We thought this a question worthy of further examination, and it led to the genesis of the 2023 GH5050 Annual Report. We drew on years of groundbreaking analysis and advocacy by many organisations and individuals working in this field, and we

are particularly grateful to the information available from Bloody Good Period, Global Menstrual Collective, Leave Network, Maternity Action, Oxford Human Rights Hub, and Women's Health Matters.

We are also extremely grateful to the 73 organisations that voluntarily contributed to this Report and shared how they are approaching SRHR in the workplace - their attention to these policies as part of workplace health and wellbeing is welcome and trailblazing.

WORKPLACES: WORSE FOR WOMEN?

Historically, workplaces have been created for men and male bodies and a particular vision of masculine gender roles. For centuries, women have been subject to misogyny and ageism, and their bodies considered as weak, inadequate and unfit for formal employment. For example, menstruation and menopause have been viewed as reasons for why women are not suitable for many kinds of jobs, rather than as normal functions of the body that workplaces should be designed to accommodate.

SRHR disproportionately impact the lives and careers of women, transgender people and individuals who identify anywhere across a range of gender identities. Ignored or under-addressed, SRHR can result in career disruptions and perpetuate gender biases and discrimination in the workplace. Across the lifecourse this has cumulative impacts. UK research, for example, shows the gender pay gap widens among workers aged 40 and above, and is largest among people over 60, with ongoing consequences

for pensions and financial wellbeing at older ages.[1] Men also suffer from the impacts of stereotypical gender roles in the workplace. Inadequate or absent workplace policies can mean that men have limited opportunities to fulfil their caring roles and responsibilities – with impacts on their own mental health and quality of life, and overall family wellbeing.

GH5050 has adopted a life course approach to assessing SRHR needs over the course of a career. Policies that support flexible work arrangements to cope with menstrual or menopause symptoms, family planning, maternity leave, breastfeeding, childcare, and support people who suffer from violence in the domestic sphere (such as intimate partner violence or violence from other family members), can help people pursue a healthy private life and career goals.

We are pleased to see evidence of growing policy attention to parental and care leave. We encourage organisations to ensure that these are taken up by women and men to avoid the risk of reinforcing traditional gender roles. In contrast, policies on individual reproductive needs, including menstruation, menopause and abortion, are exceedingly scarce, as is dedicated support for people suffering violence at home. Further, we were not able to find international guidance for workplace policies on these SRHR needs. This is despite many organisations in our sample working to promote SRHR norms, policies, principles and services around the world. Some organisations appear to use sick leave for many SRHR issues - raising the question as to whether there are more inclusive and equitable solutions than requiring women to use sick leave allowances for having or stopping having periods?

WOMEN SHOULD NOT BE STIGMATISED, DISCRIMINATED AGAINST, OR PENALISED FOR MENSTRUATION AND MENOPAUSE.

"WE ARE INFLATING THE STIGMA BY POSITIONING THESE LIFE EVENTS AS ILLNESSES, AND PENALISING WOMEN FOR WHAT IS COMPLETELY NATURAL. THIS IS DEEPLY ROOTED IN OUR SOCIETY, AND IT WILL THEREFORE REQUIRE CONCERTED ACTION AT ALL LEVELS TO TURN THE TIDE ON THIS NARRATIVE."

Right Honourable Helen Clark, former Prime Minister of New Zealand and lifelong gender equality advocate

THE STATE OF GENDER EQUALITY IN GLOBAL HEALTH: GH5050'S ANNUAL REVIEW

As we enter our sixth year of compiling this report, we are firmly encouraged by the dedication and enthusiasm of a range of organisations to engage with GH5050's research process and the issue of gender equality, and we applaud the progress being made in some areas. We find growing use of the term 'gender justice', expanding commitments to gender equality that are explicitly inclusive of gender diversity and rapid growth in the availability of actionable, measurable diversity and inclusion policies. We also find, however, that at the current rate, we will not reach gender parity in leadership until 2037, which is disappointing and frustrating, but spurs us on to identify new ways to make change happen.

We recognise that workplaces reflect the social, cultural, economic and legal norms of the societies in which they exist and operate. Policies can help shift the dial on gender inequalities in the workplace, but are unlikely to be successful if gender inequalities in the home, in the care economy and in addressing the unpaid labour of women outside work are not accompanied by wider societal shifts towards more equitable societies for all. At GH5050 we have seen an encouraging increase in the number of policies across a range of issues. Policies are a good start, but are not cast-iron guarantees of practices that aim to achieve inclusive, respectful organisational cultures where people, in all their diversity, can participate equitably and thrive in their career choices.

Moving forward
The global community needs to develop employment norms and standards for SRHR in the workplace.
The findings show there are neither enough policies in place to protect women throughout their working life, nor are there common standards and practices around SRHR workplace policy. The global community must collaborate across sectors to develop employment norms and standards that promote and protect SRHR in the workplace and across the life course. This should be accompanied by independent accountability mechanisms, to challenge and transform the structures and values that perpetuate inequality.

The global health community is well placed to spearhead good practices in the workplace, so they are fit for everyone.
Given their mandates to deliver on SDG5 and promote sexual and reproductive health of women and girls across the world, global health organisations can be global leaders in spearheading good practice in their own workplaces, making them fit for everyone.

Governments must enshrine SRHR in law for workplace justice. Legal protection is a bedrock to the realisation of rights. A lack of adequate protections and access to sexual and reproductive rights jeopardises women's dignity, equal opportunities, health and lives. These issues are too important to be left to the discretion of employers and organisational policies. Women's rights to reproductive justice in the workplace must be enshrined in law and all employers must conform and be held accountable.

ABOUT THE REPORT

A BLURRED RED SPOT
Afghanistan, 2016

Silvia Alessi

A blurred red spot. This is what a girl looks like in this harsh part of the world. Afghanistan is a difficult place for women, and this region can be even more hostile. Kyrgyz people live a hard life on a plateau at an altitude of 3,000 metres. Women take care of children, yurts and livestock, whatever the weather, while men are far away from the village. Last year, more than 300 Kyrgyz nomads tried to flee the country and take refuge, but their attempt was unsuccessful and their future is uncertain now with the Taliban in control of the Badakhshan region. The photograph shows an unmarried woman in the traditional red veil but she is out of focus and only visible because of the stark white landscape. A background foregrounding her plight. The photograph emphasises a woman's lack of status. Her attire might be seen from miles away, however, her humanity and rights are unequal, invisible, and unseen.

Silvia Alessi is an awarded photographer, born in Bergamo, Italy. Her main interest lies in documentary photography. With a strong commitment to ethics and collaboration, she engages with real people and stories to depict their narratives.

FIRST-EVER ASSESSMENT OF WORKPLACE POLICIES FOR SRHR ACROSS THE LIFE COURSE

For the first time, the Global Health 50/50 Report expands and deepens its focus on an area of policy that plays a decisive role in promoting equality of opportunity in the workplace: the extent to which the SRHR of the workforce are recognised and addressed in workplace policies.

GH5050 adopts a life course approach to assessing SRHR needs, taking into account different life events that may impact women's entry, participation, advancement and retention in the workplace. Women's careers are particularly affected by their SRHR needs, which, if not accounted for and accommodated, can result in career disruptions, contribute to ongoing gender pay gaps, and perpetuate gender biases and discrimination in the workplace.

We examined workplace policies in 197 global organisations active in global health on SRHR issues, from menstruation, abortion and menopause to antenatal care and caring responsibilities. GH5050's biannual review of sexual harassment, parental leave and flexible working policies is presented within this SRHR life course framework. Our findings are presented in Part 1.

Global health workplaces should be frontrunners in modelling the highest possible standards for promoting the SRHR of their employees. We find some, albeit rare, examples of promise, and substantial space for leaders to set the agenda and show the way.

NOBODY'S FREE UNTIL EVERYBODY'S FREE
Scotland, 2023

Lauren McLaughlin

A typographic neon artwork where the two inner words 'men' and 'power' flash on and off consecutively but the full word 'empowerment' never lights up. Speaking in 1971 at the National Women's Political Caucus in Washington pioneering nonviolent activist for women's and civil rights, Fannie Lou Hamer declared; "Nobody's free until everybody's free". Adopting Hamer's words as the title, this work aims to address the persistence of white supremacy and patriarchal oppression and calls attention to the progress still to be made in the fight for equality. The shifting words show the dynamic aspect at play in how power is formed, never just one element, it is made possible through other words and by the context in which it is used and abused.

Lauren McLaughlin is a multidisciplinary artist whose focus is rooted in a desire to represent the undervalued and overlooked experiences of mothering, caregiving, and gendered work through a feminist lens.

ANNUAL ANALYSIS OF ORGANISATIONS' GENDER-RELATED POLICIES AND PRACTICES

The 2023 Report takes an in-depth look at workplace policies alongside our annual analysis of 197 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.

Part 2 of this Report presents our findings on the progress of organisations over six years, including on public commitments to gender equality, workplace gender equality, diversity and inclusion policies, representation in leadership, and reporting data disaggregated by sex. Part 3 presents organisational performance in 2023, as well as progress since 2020 by category (consistently high performers; fast risers; and stagnators).

Full details of the methods GH5050 employed to analyse SRHR policies, to collect data on the core variables, and to calculate organisational performance can be found in Annex 1.2.

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 197 organisations from 10 'sub-sectors', headquartered in 37 countries which, together, employ over 4.5 million people. Three organisations that had previously been in the sample ceased operations in 2022. This year's sample comprises:

61 Nonprofit & non-governmental organisations

11 Research and surveillance

42 Private for-profit companies

11 United Nations bodies

17 Public-private partnerships

10 Consulting firms

14 Multilateral and bilaterals

10 Faith-based organisations

13 Funders and philanthropies

8 Regional political bodies

RESEARCH FRAMEWORK OF THE 2023 REPORT

1

COMMITMENTS TO REDISTRIBUTE POWER

- Committing to gender equality
- Defining gender

2

POLICIES TO TACKLE POWER & PRIVILEGE IMBALANCES

- Workplace gender equality policies
- Workplace diversity and inclusion policies
- Board diversity and inclusion policies

3

DEMOGRAPHICS OF POWER AND PRIVILEGE

- Gender parity in senior management and governing bodies
- Gender of executive head and board chair
- Nationality and education of executive heads

4

GENDERED POWER DYNAMICS DRIVING HEALTH INEQUALITIES

- Sex-disaggregated monitoring and evaluation

+

NEW FOR 2023

- Sexual and reproductive health and rights in the workplace

+

EVERY TWO YEARS

- Sexual harassment policy
- Parental leave and support to new parents
- Flexible working

SNAPSHOT

AMONG 197 ORGANISATIONS, INCLUDING 73 WHO VALIDATED THEIR DATA AND PROVIDED INTERNAL INFORMATION:

Organisations are largely silent on how they help to meet staff SRHR needs, apart from at the time of becoming a parent

1 menopause policy found. 3 UK-based organisations credited as 'Menopause Friendly Workplaces'.

1 (unpaid) menstrual leave policy found.

1 organisation policy found with explicit mention of benefits relating to abortion services.

4 US-based organisations report availability of funds for staff if travel is required to access abortion services.

29 organisations informed GH5050 that staff can use sick leave for: menstruation, menopause, abortion, fertility treatment, antenatal care and/or pregnancy loss.

21 organisations report having a domestic violence policy and/or offering resources to staff suffering from violence.

Responses to the diverse caring responsibilities of staff vary widely

Paid parental leave policies found for

67%

(135/197) of organisations - with paid leave allowances ranging from 2 to 39 weeks.

Among **135** parental leave policies found, 112 were explicitly inclusive of parenthood through adoption and/or surrogacy.

63 organisations reported caring leave (beyond parental leave) policies and/or other support programmes, such as subsidised child and elder care.

Policy transparency on the rise

46% 90/197 organisations provided details on their sexual harassment policies online - compared to 32% in 2019.

44% 89/197 of organisations provide details on parental leave policies online - compared to 27% in 2019.

Strong commitment to gender equality, but inequalities in leadership continue

Growing commitment to gender equality

75% 2020 → **85%** 2023

Diversity and inclusion policies found for **65%** of organisations - up from **44%** in 2020.

Gender equality workplace policies found for **65%** of organisations - just **5%** more than in 2020.

1.25% increase each year in women CEOs and Board Chairs means 14 years to go to gender parity.

45 organisations have not had a woman CEO or board chair since 2018, when GH5050 began tracking - compared to 5 organisations that have not had a man CEO or board chair in that period.

FREE CHILD CARE
Pakistan, 2023

Mehreen Zain

In the office, a woman is taking care of a child while working. South Asian society is delicate when it comes to its gender roles, and the most sacred and significant one is the role of a mother. The family structure relies solely on women for the upbringing of children, whether they are married or single. Society does not allow them to neglect their motherly duties, even when they are at work and expected to fulfil their professional responsibilities. While child daycare facilities exist, they are often subject to judgement from the community. It is the woman alone who is expected to make this sacrifice. A woman's role is still predominantly defined by motherhood; if she does not become a mother, her life is not considered fulfilled.

Mehreen Zain is an artist from Pakistan working in design. In her artistic practice, she is interested in capturing society's paradoxes and patriarchal innuendos.

OVERVIEW

BREAKING THE SILENCE ON SRHR WORKPLACE POLICIES ACROSS THE LIFE COURSE

Sexual and reproductive health and rights (SRHR), including privacy and agency, are fundamental to gender equality in all spaces, including the workplace. Yet SRHR in the workplace is generally ignored, overlooked and often unspoken about. As people struggle with SRHR-related workplace stigma and discrimination, the silence continues. For women, the impact on career retention, promotion, progression and entry into leadership positions is harsh.

Alongside adequate global and national legal SRHR frameworks, workplace SRHR policies can provide an important lever for ensuring that people are able to stay and progress in their careers across the life course, while also removing stigma and taboo surrounding reproductive health. Leave and flexible working arrangements for employees experiencing painful periods, miscarriage, fertility treatment, abortion or pregnancy are essential components of realising SRHR. Reproductive needs do not, in most circumstances, reflect disease; they are part of day-to-day life for a significant proportion of the workforce. They can also be complex, change over the life course, and vary significantly from person to person.

Comprehensive SRHR workplace policies apply across the life course from the entry into the workforce, through all aspects of participation and advancement along a career 'pipeline' (see Figure). Progress is hastened by workplace policies that promote non-discrimination or affirmative action, tackle sexual harassment, discrimination and bullying, ensure safety in and around the workplace, and autonomy over health decisions.

What is the policy context of SRHR entitlements in the workplace?

Nearly 2.4 billion working age women live in countries that do not grant them the same rights as men. Ninety-three countries do not have legal mandates to ensure equal pay for work of equal value, and 30 still do not prohibit gender discrimination in employment. In 2023, the World Bank reported that the pace of legal reforms concerning the equal treatment of women around the world had plummeted to a 20-year low.

SRHR policies that are in place are most often the result of the legal jurisdiction of the country in which a workplace is based. Even where governments have made legal commitments to supporting SRHR, this is not always translated into practice. Further, 60% of the working-age global population are employed in the informal economy and may struggle to access SRHR and other protections at work. In some countries this may include a significant proportion of the health workforce who are employed as 'volunteer' community health workers.

So where does the global health sector stand on SRHR issues such as these and more? In a sector where power is unevenly distributed (as we have shown in our previous GH5050 reports), legal rulings in some countries can also create obstacles and uncertainty in other countries. This has been especially evident in the case of two US policies – the Global Gag rule and the Helms Amendment – which have impacted the provision of SRHR services, especially abortion, in many low-and middle-income countries for the past few decades. Global health organisations working to support SRHR can therefore encounter a range of challenges, particularly when employing staff across different countries and operating within different legal frameworks, restrictions and entitlements.

In the absence of legal mandates, can workplace policies step in to fill the gap and how can these policies be made equally accessible to all employees working within the same organisation? How can employers be held to account if they fail to deliver on SRHR in the workplace or, conversely, how does good practice get more widely replicated? How can SRHR workplace policies be equitable and inclusive for all workers?

In this Report, we primarily use the term 'women' and we intend this to be inclusive while recognising that some people within and beyond this category may have divergent and unique needs. People who were born female who identify as women, trans men, non-binary, other gender identities, and some intersex people, may share many sexual and reproductive experiences, including menstruation and menopause. Trans, non-binary, and intersex individuals also have distinct SRHR requiring a specific policy focus. We also acknowledge limitations in the language of SRHR evidence, policy and practice in recognising this diversity.

TAKING A (CAREER) LIFE COURSE APPROACH TO SRHR IN THE WORKPLACE

Recruitment policies and practices ensure non-discrimination and equality	Responsive SRHR policies ensure employees are not penalised for having a reproductive system or for biological ageing	Promotion of health and wellbeing around becoming a parent	Respect for work-life balance, including policies addressing caring responsibilites and upholding the right to family life	Appropriate adjustments for wellbeing and retention in older age

CROSS CUTTING ISSUES

Non-discrimination and safe working environment free from harassment

Equality on basis of sexual orientation and gender identity

Promoting right to health and right to privacy

No financial penalties accrued in realising rights

FINDINGS

SEXUAL AND REPRODUCTIVE RIGHTS IN THE GLOBAL HEALTH WORKPLACE: WHAT IS THE STATUS?

GH5050 reviewed the websites of 197 organisations, including any workplace policies, policy excerpts or mentions of benefits, and requested organisations to share with us relevant policies that are not in the public domain with GH5050.

We looked at the SRHR events presented in Box 1. We provide a deeper dive into the history of and debates surrounding one of these issues – menstrual leave policy – on pages 21.

We recognise that this is not necessarily a full and complete picture of SRHR policies across all 197 organisations. Some organisations may not specify discrete SRHR events in their policies, but operate on the principle that all conditions are covered under health and medical insurance policies and available to all employees. Other organisations may provide days of "special leave" or "personal leave", available to all employees, and designed to cover these and other life events that require time off work. Still other organisations may be based in countries where legal provisions for SRHR issues in the workplace (e.g. paid time off for antenatal appointments, menstrual leave, etc) are already in place. Other organisations are exceeding the minimum legal requirement, particularly in those countries where the law is lacking. In addition, this is but a subset of all SRH conditions that affect and impact on peoples' health and wellbeing - pragmatically we were not able to review the entire spectrum of SRH conditions.

We have tried to capture some of this in our reporting, and are aware that in many cases we were not able to find specific details of policies that may be in operation. Furthermore, we only reviewed headquarter or global policies, which we understand may not necessarily apply to staff working in countries outside of the headquarter country office.

A total of 73 organisations validated the data collected on their organisations, including 30 who shared a total of 183 internal policy documents. Below, we present some background information for each of the SRHR areas, followed by our findings.

BOX 1. SRHR IN THE WORKPLACE: POLICY ISSUES REVIEWED IN THE 2023 REPORT

REPRODUCTIVE RIGHTS ACROSS THE LIFE COURSE

Do workplace policies provide paid leave or other accommodations for:

- **Menstruation**
- **Abortion**
- **Menopause?**

Is time off for menstruation or menopause included in or supplemental to existing sick leave?

Is other support (e.g. financial) provided to enable access to safe abortion services?

SAFETY AND WELL-BEING IN THE WORKPLACE AND BEYOND

Do workplace policies provide:

- **Flexible working arrangements for all staff**
- **Anti-sexual harassment**
- **Resources for staff experiencing domestic violence?**

BECOMING A PARENT

Do workplace policies provide adequate paid leave for:

- **Antenatal care**
- **Pregnancy loss or stillbirth**
- **Fertility treatment**
- **Parental leave, for all parents, including via adoption or surrogacy?**

Is financial or other support provided to enable access to fertility treatments, adoption or surrogacy?

WORKING PARENTS AND CARERS

Do workplaces provide:

- **Support for new parents returning to work, such as breastfeeding facilities or flexible working**
- **Leave for family caring responsibilities, for e.g. adult family members or older children?**

RESULTS

MENSTRUATION

As debates around menstruation have become more mainstream, greater attention has been given to the ways in which it can impact on women in the workplace. Tensions continue to exist – with some framing of menstrual health (a term which includes a focus on wellbeing and not just the absence of disease), and responses to it, continuing to reinforce or challenge the medicalisation of menstruation. Alternative views contend that more focus must be given to underlying gendered social norms that create and reinforce the stigma associated with menstruation and inequalities. Race, ethnicity and other social identity markers and structural inequalities also shape experiences of menstrual stigma.

Menstrual leave policies have been in existence in some parts of the world since the early twentieth century but discussion has gathered pace since the mid 2010s (see map and page 21). Menstrual policies in the workplace take different forms, ranging from the provision of placing sanitary products in workplace toilets to introducing paid leave or flexible working for those who experience painful menstrual symptoms.

This map indicates all countries found to have an active law mandating the right to menstrual leave for all employees in the country. Several countries where parliamentarians have recently tabled menstrual leave are also indicated.

SPAIN
2023

ITALY
2016

SOUTH KOREA
1997

JAPAN
1947

HONG KONG
2016

TAIWAN
2002

INDIA
2017

VIETNAM
2015

PHILIPPINES
2004 and 2003

BRAZIL
2016

ZAMBIA
2019

INDONESIA
2003

● Menstrual leave law: 7 countries
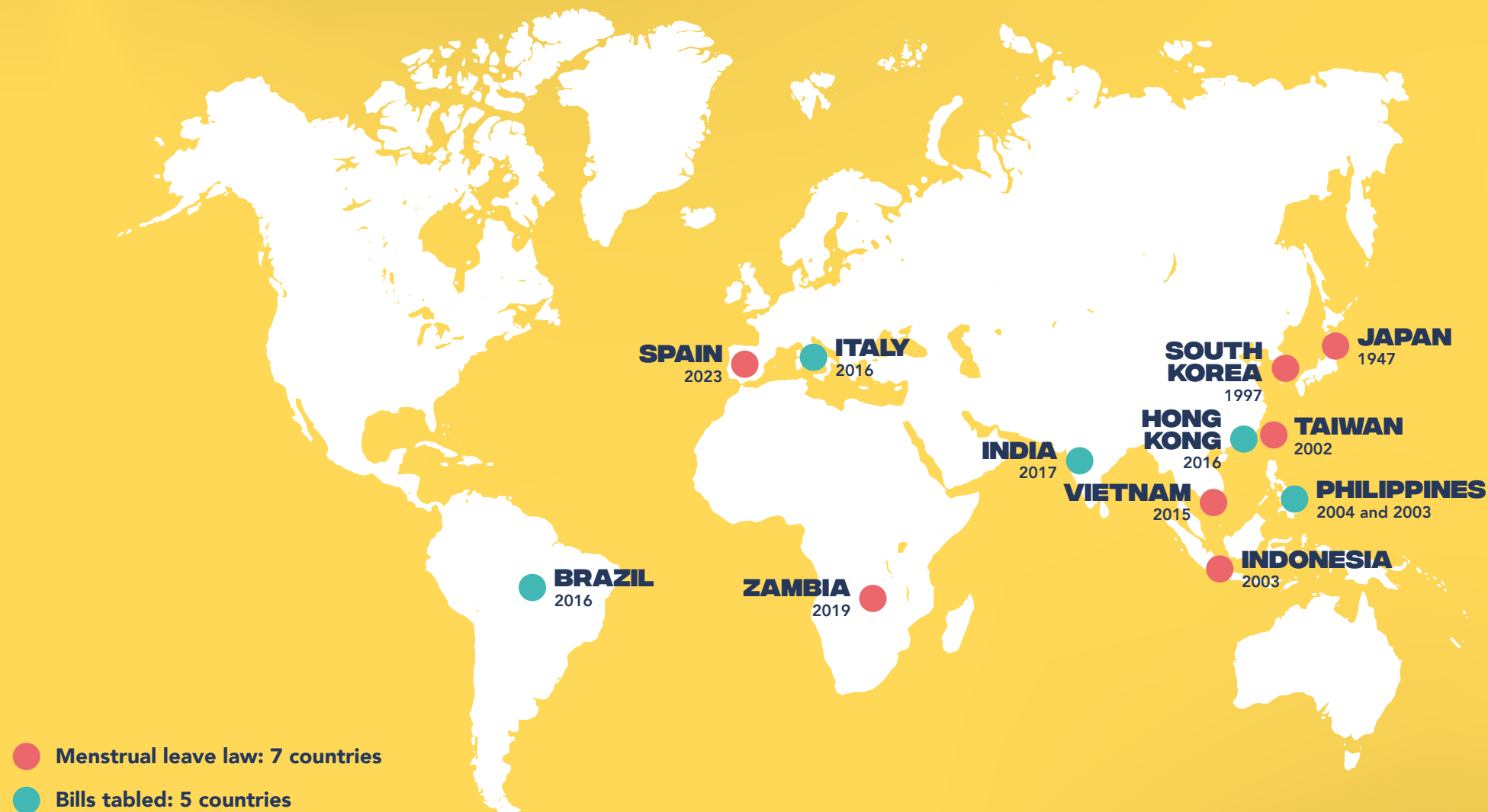
● Bills tabled: 5 countries

NO MENSTRUAL POLICIES

in the public domain for any of the 197 organisations

1 ORGANISATION

reported that it provides unpaid menstrual leave for headquarter staff, in accordance with national labour standards.

4 ORGANISATIONS

report the availability of personal leave, which can be used for menstruation.

1 ORGANISATION

reported that it ensured that no staff member ever ran out of sick leave.

14 ORGANISATIONS

report that while no specific leave or benefits were available, staff could request use of sick leave if unable to work due to menstrual symptoms.

LEAVE POLICIES AVAILABLE TO STAFF WITH SEVERE MENSTRUAL SYMPTOMS

UNPAID MENSTRUAL LEAVE

Organisation offers unpaid menstrual leave

- Global Health Innovative Technology Fund

SICK LEAVE

Organisation reports that employees may use paid sick leave for menstrual symptoms

- Abt Associates
- Equimundo
- FIND
- Global Fund to Fight AIDS, Tuberculosis & Malaria
- International AIDS Society
- International Rescue Committee
- International Vaccine Institute
- Ipas
- Management Sciences for Health
- Population Council
- Swedish International Development Cooperation Agency
- TB Alliance
- UNICEF
- United Nations Office on Drugs and Crime

PERSONAL LEAVE

Organisation reports that employees may use paid personal leave for menstrual symptoms

- CARE International
- EngenderHealth
- International Center for Research on Women
- Pathfinder International

BOX 2. BREAKING BARRIERS: IMPLEMENTING MENSTRUAL LEAVE FOR A DIVERSE AND INCLUSIVE WORKPLACE

Meet Radhika Uppal and her supervisor, Sapna Kedia, who work at the International Center for Research on Women Asia, based in India. They became aware that some of their colleagues were struggling with severe pain during their menstrual cycles and were having to use sick leave when they were unable to work. Radhika and Sapna firmly believe that having a period is not an illness and that women should not have to use sick leave days to cope with painful menstruation.

To take action, Radhika and Sapna began by compiling information on menstrual leave policies. While they could not identify a universal standard, they discovered that a range of different organisations in India had publicly available policies. They presented a proposed menstrual leave policy to management, which was assessed and subsequently implemented by the Asia office for a six-month trial period in April 2023. Ravi Verma, Director of ICRW Asia, said, "We're fully committed to ensuring the success of a menstrual leave policy in our workplace, which means we need to ensure that those who need it can access it."

Though it is still early days, Sapna and Radhika have received positive feedback from their colleagues. They are confident that the introduction of the menstrual leave policy promotes equity and inclusivity within the organisation, while simultaneously combating the stigma surrounding menstruation.

THE RIGHT TO PLAY
Kenya, 2022

Lee-Ann Olwage

Portrait of 12-year-old Michealle Naeku, gazing directly into the camera with confidence. Naeku is an avid reader and dreams of becoming a nurse. She is a student at Kakenya's Dream school in Enoosaen, Kenya, an educational program for girls from rural areas who have avoided FGM (female genital mutilation) and child marriage. This empowering initiative provides these young women with educational opportunities, empowering them to shape their own futures and break free from harmful traditions. It prompts us to ponder: What are the dreams of girls? And what unfolds when a nurturing and empowering environment allows them to learn and envision their aspirations?

Lee-Ann Olwage, born in 1986 in Durban, is a visual storyteller from South Africa who uses collaborative storytelling to explore themes relating to gender and identity.

CHARTING THE RISE OF MENSTRUAL LEAVE POLICIES

A review of the history and debates around menstrual health shows a distinct lack of consensus over the role of states and employers above and beyond the guarantee of a safe, supportive workplace equipped with good sanitation facilities.

Globally and historically, workplaces have served as sites for achieving wider societal goals relating to health and demography. In the first half of the 20th century the Soviet Union and several East and South-East Asian countries adopted menstrual leave policies (i.e. specified time off each month for women who menstruate). Concern has been raised that these policies reflected broader pronatalist goals and were used as a means of protecting women's future reproductive capacity. Such an approach may have reached its nadir in 20th century Romania where workplaces were sites of enforcement of the state's aggressive pronatalist policies requiring women to undergo monthly gynaecological exams.

In several countries, notably Indonesia and Japan, trade unions also played a role in pushing for menstrual leave as a means of improving gender equality in the workplace. In Japan, women workers in the transport and textile sectors first campaigned for menstrual leave in the 1920s and 1930s, responding to the lack of adequate sanitation facilities in their workplaces and saw this as a symbol of women's emancipation.

Towards the end of the 20th century, menstrual leave policies were adopted predominantly in countries experiencing rapid growth in highly feminised export sectors. Again the question of whether these policies are progressive symbols of the struggle for gender equality and good health, or merely serve to secure women's reproductive roles, is not clear.

Since 2015 there has been renewed interest in the issue of menstrual leave (see Map, page 18). While these later stage policies are not completely removed from pro-natalist underpinnings, they are also increasingly framed around arguments relating to economic productivity with some attention given to the importance of women's rights.

The 2000s also saw a growing number of corporations engaging in the debate around menstrual leave. The sportswear retailer Nike was technically the first global corporation to introduce guidelines on menstrual leave in 2007 when they were introduced into its "Code [of] Leadership Standards". In 2016, a social enterprise, Co-exist, based in Bristol, UK became the first organisation to launch "period leave" for employees, while the Victorian Women's Trust in Australia introduced a flexible working policy for staff members experiencing symptoms of menstruation or menopause. Similarly, in 2020 a high-profile food delivery company in India granted women up to ten days menstrual leave every year in an attempt to combat stigma around periods. In 2023, Spain became the first country to introduce three days of menstrual leave every month financed through the state social security system.

Menstrual policies generally offer either paid or unpaid time off work but in a small number of cases, particularly among the corporate sector, employees are offered a range of flexible working arrangements instead.

Despite the diversity of menstrual policies, the debate around their effectiveness to address menstrual health stigma and discrimination, and how to improve working conditions for people remains unclear. To date, there are no global studies of the impact of menstrual leave and there is little discussion of its use or implications for workplace gender relations. Similarly, no consideration has been given to any unintended consequences of menstrual leave. At the same time there is a lack of evidence around the impact of menstruation on careers.

A growing body of work is investigating how the provision of menstrual health-supportive facilities alongside social and behaviour change interventions in the workplace can positively impact women's experiences at work. When implemented, menstrual policies must reflect a holistic approach that addresses both practical SRHR aspects, e.g. clean toilets, and adequate facilities for the safe disposal of menstrual hygiene products, and strategic SRHR workplace issues, such as challenging gender norms by addressing stigma around SRHR, and legal frameworks.

BOX. DEBATES AROUND MENSTRUAL LEAVE

Potential benefits	Potential pitfalls
• offers a means of providing some respite from the workplace for those who experience menstrual cycle-related issues such as dysmenorrhea and endometriosis, without being penalised • offers the potential to create spaces where people can speak more openly about menstrual health, which can in turn contribute to reducing stigma around menstruation • creates a separate category of menstrual leave that distinguishes it from medical or sick leave could combat the medicalisation of menstruation.	• can perpetuate sexist beliefs and attitudes which in turn reinforce menstrual stigma • may impact the gender wage gap if employers choose not to recruit or promote women and others who menstruate if they believe they will take time off, or that implementing a menstrual leave policy may have a financial cost • can further reinforce the medicalisation of menstruation if they perpetuate the idea that menstruation is 'debilitating' and something that needs 'fixing'.

ABORTION

Abortion care is an essential component of comprehensive SRHR, and a core principle of the realisation of bodily autonomy for women and girls. Provision of legal abortion services however continues to be highly contested across much of the world. Gender equality advocates face increased pressure as opposition has become more coordinated at both global and national levels, permeating multiple spaces and institutions.

Global evidence shows that outlawing abortions does not stop them from happening and that abortion rates tend to remain similar across countries regardless of the legal status. Moreover, evidence shows that abortion bans can be associated with increases in the number of unintended pregnancies.

The legal status of abortion varies widely across countries (see page 23). Globally, the Center for Reproductive Rights estimates that 40% of women live in countries with restrictive abortion laws. Despite continued challenges to access to safe abortion, there is some cause for hope. Over the period 2000-2022, 50 countries expanded the legal grounds for abortion. In high-income countries, with the exception of the United States, abortion is predominantly legal. In some contexts, particularly where the legal status of abortion permits, workplaces have recognised the need to support employees in this area. Workplace policies may include paid leave for those seeking abortion, as well as providing financial resources, for example to cover travel costs.

RED
*Calgary, Alberta
Canada, 2022*

Violet Costello

The artwork Red is a powerful expression of the outrage regarding the Supreme Court's decision to overturn the landmark Roe v Wade ruling. Protest and activism spill from the montage of new and familiar faces, fighting for the right to abortion as healthcare, choice, and bodily autonomy for women. The artwork is rich with feminist cultural references: the coathanger for self-abortion, the bra for burning, the banners and the faces of the women who led the way, and a gorilla face, a visual link to the Guerilla Girls, a feminist movement fighting sexism and racism in art. All on a bed of red. It is raging and enraging.

Violet Costello, a 66-year-old Canadian multi-disciplinary artist, who vividly recalls the landmark decision of Roe v. Wade in the United States Supreme Court. To her disbelief, she witnesses that young women today possess fewer rights than she had for the majority of her life.
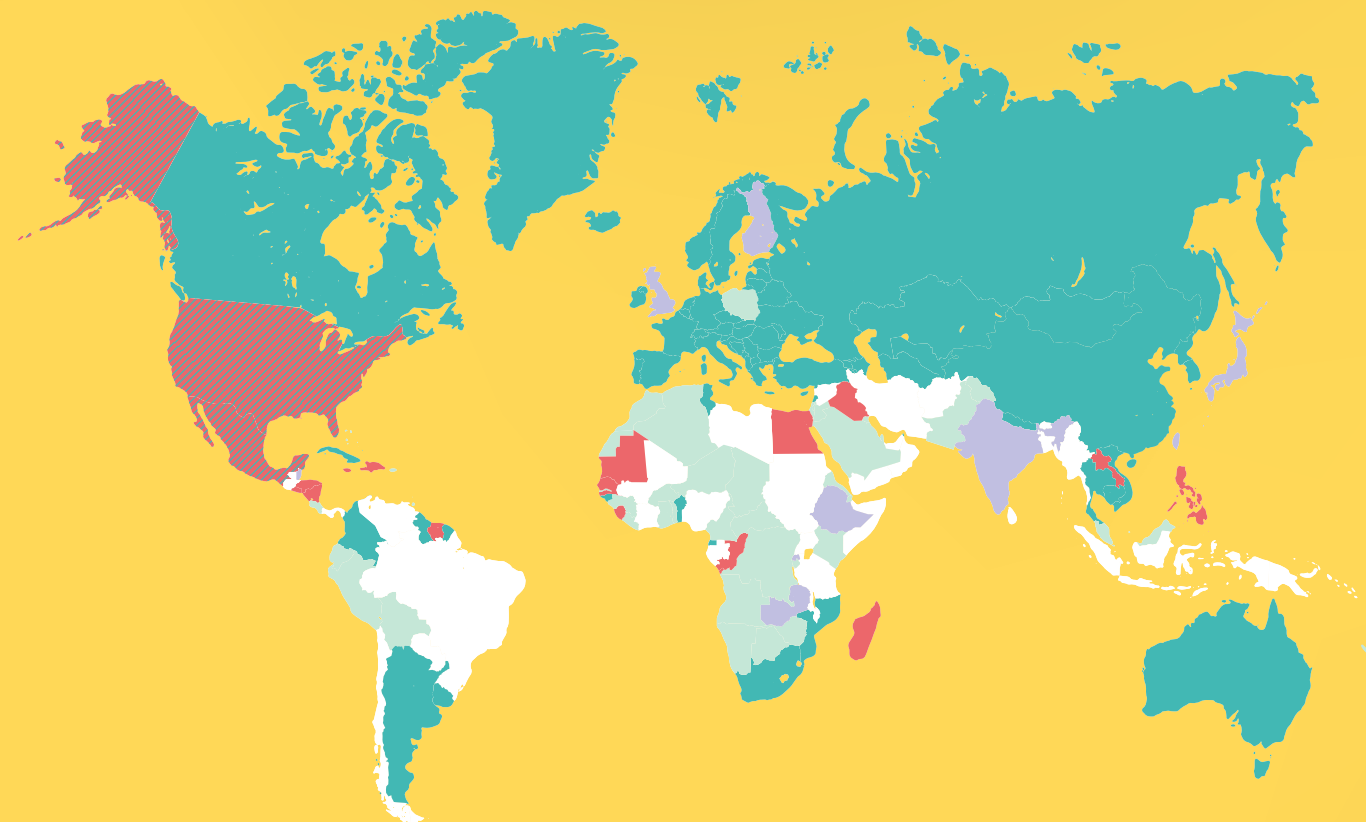
NUMBER OF ORGANISATIONS IN THE GH5050 SAMPLE HEADQUARTERED IN EACH COUNTRY

On Request (Gestational Limits Vary)

- **1** Australia
- **1** Austria
- **5** Belgium
- **3** Canada
- **2** China
- **2** Denmark
- **3** France
- **1** Georgia
- **2** Germany
- **1** Ireland
- **4** Italy
- **8** Netherlands
- **2** Norway
- **1** Slovakia
- **2** South Africa
- **1** South Korea
- **3** Sweden
- **37** Switzerland

Prohibited Altogether

Laws vary at state level

- **71** USA

To Preserve Health

- **1** Botswana
- **1** Burkina Faso
- **6** Kenya
- **1** New Caledonia
- **1** Nigeria
- **1** Qatar
- **1** Saudi Arabia
- **1** Trinidad

To Save the Woman's Life

- **3** Bangladesh
- **1** Brazil
- **1** Indonesia
- **1** Iran
- **1** Uganda
- **1** Venezuela

Broad Social or Economic Grounds

- **3** Ethiopia
- **1** India
- **3** Japan
- **21** UK

Reproduced with permission from the Center for Reproductive Rights, https://reproductiverights.org/maps/worlds-abortion-laws/

FINDINGS

1 organisational policy found with explicit mention of benefits relating to abortion services (although several organisations shared their staff handbooks that specified the organisation's commitment to promoting access to safe abortion for all).

4 US-based organisations reported that travel funds are available to staff if they need to access medical services not available locally, including for abortion.

1 organisational benefits policy explicitly mentioned that abortion was excluded from employee health coverage.

8 organisations reported that abortion services are covered by employers or national health insurance, where the service is legal.

Some of the US-based organisations in our sample have published statements about maintaining staff access to women's reproductive health services in the wake of the US Supreme Court overturning Roe v. Wade, including Abt Associates, Gilead and IPPF.

10 organisations reported that staff could use sick leave, and 3 reported that staff could use personal leave, for abortion services.

"OUR MISSION AND OUR VALUES APPLY NOT ONLY TO OUR CLIENTS AND THE COMMUNITIES WE WORK ALONGSIDE, BUT ALSO TO HOW WE SHOW UP FOR AND SUPPORT ONE ANOTHER. THE ABT COMMUNITY HAS STAFF IN MANY STATES WHO WILL EXPERIENCE THE NEGATIVE IMPACTS OF OVERTURNING ROE V. WADE. WE REMAIN COMMITTED TO DEVELOPING DATA AND IMPLEMENTING POLICIES THAT SUPPORT OUR MISSION TO KEEP FAMILIES—INCLUDING WOMEN—SAFE AND HEALTHY, AND THAT COMMITMENT EXTENDS TO SUPPORTING OUR EMPLOYEES AND CLIENTS AROUND THE WORLD AS THEY MAKE DECISIONS TO ENSURE THEY AND THEIR FAMILIES ARE SAFE AND HEALTHY."

Statement by Abt Associates President and CEO, Kathleen Flanagan on the Supreme Court Roe v. Wade ruling, June 24, 2022

"WE SUPPORT CHOICE. WE SUPPORT OUR EMPLOYEES AND THEIR DEPENDENTS IN THEIR DECISION TO NOT REMAIN PREGNANT, AND WE ALSO SUPPORT THOSE THAT DO. OUR FAMILY LEAVE PROGRAMS, COMPRESSED WORK SCHEDULES, FLEXIBLE HOURS, AND WORK FROM ALMOST ANYWHERE POLICY ARE ALL DESIGNED TO SUPPORT THE DECISIONS OUR EMPLOYEES WANT TO MAKE AND THE LIFE THEY WANT TO LIVE."

Chief HR Officer, Brandon Guzzone, PSI

WORKPLACE POLICIES ON ABORTION

FINANCIAL SUPPORT

Organisation reports that financial support is available to staff for travel to access medical services, including abortion

- Abt Associates
- Johnson & Johnson
- Gilead
- Population Services International

MEDICAL COVERAGE

Organisation reports that abortion services are covered by employer or state health insurance

- Abt Associates
- EngenderHealth
- European Commission
- Gilead
- International Rescue Committee
- Population Services International
- Swedish International Development Cooperation Agency
- Teck Resources

SICK LEAVE

Organisation reports that employees may use paid sick leave for abortion services

- Equimundo
- FIND
- International AIDS Society
- International Vaccine Institute
- Ipas
- Joint United Nations Programme on HIV and AIDS
- Management Sciences for Health
- Population Council
- TB Alliance
- Swedish International Development Cooperation Agency

PERSONAL LEAVE

Organisation reports that employees may use paid personal leave for abortion services

- EngenderHealth
- International Center for Research on Women
- International Planned Parenthood Federation

ORGANISATIONAL PROVISION OF GENDER-AFFIRMING CARE

Gender-affirming care includes a number of medical interventions that support and affirm an individual's gender identity. Such interventions may include medical or surgical care if a person is seeking to transition, and may also include support for mental health, sexual health and reproductive health.

Examples of organisations that state that their medical insurance for employees includes coverage for inclusive and gender-affirming care include:

- **Accenture**
- **Bloomberg Philanthropies**
- **EngenderHealth**
- **Novartis**

"For more than 20 years, we have been supporting LGBTIQ+ inclusion through our policies and practices, and we are continuing to work to provide more for our people including…

Equal access to medical plans for our LGBTIQ+ people and their partners … and coverage for transgender-inclusive health care."

Accenture

FERTILITY SUPPORT

Workplace policies on fertility can support women, men and people with diverse gender identities as they seek to conceive and create their families, and counter possible harm to the careers of people undergoing treatment.

Policies that offer access to fertility support for all employees, regardless of their gender identity, sexual orientation or relationship status, help to eliminate unnecessary barriers or discrimination. They can promote and provide a respectful environment for employees undergoing fertility treatments by offering flexible work arrangements and according privacy.

HORMONE CAKE
Lincolnshire, United Kingdom, 2020

Chiara Luxardo

The path to parenthood for queer couples is not straightforward, but the artist is fortunate to live in one of the few countries where it is possible. As a lesbian couple, the journey to becoming parents is vastly different, involving careful planning, rationalisation, and preemptive anxiety in a world that largely caters to heteronormative ideals. The artwork takes a humorous approach to reflect the complex and arduous journey specific to same-sex couples. It captures the overwhelming psychosomatic experience of IVF while also celebrating the incredible potential of the female body.

Chiara is a documentary photographer and lens-based artist based in London, UK. In her work, she explores themes of family, relationships and queerness using intimate personal stories and portrait series.

FINDINGS

WORKPLACE POLICIES ON FERTILITY TREATMENT

22 organisations reported that financial assistance and/or medical benefits are available to staff to facilitate access to fertility treatments.

7 organisations reported providing leave other than sick or personal leave available to staff, including dedicated assisted conception leave.

4 organisations reported providing additional forms of support, such as educational and emotional support from fertility experts.

Several of the insurance or benefits policies we found covered 'infertility'. It is unclear whether a covered person is only eligible for such services when they are deemed infertile, which is defined as the inability to conceive after a period of unprotected intercourse. Such policy language has been shown to discriminate against same-sex couples from accessing fertility treatments. Notably, the medical insurance plan for several United Nations agencies covers fertility treatment only in the case when infertility as a medical condition has been diagnosed – meaning that same sex couples or single people wishing to undergo fertility treatment might be disadvantaged.

FINANCIAL COVERAGE

Organisation reports that financial assistance and/or medical coverage are available to staff undergoing fertility treatment

- Abt Associates
- Accenture
- Bloomberg Philanthropies
- BP
- Bill & Melinda Gates Foundation
- CARE International
- Clinton Health Access Initiative
- Deloitte
- Eli Lilly and Company
- Equimundo
- European Commission
- ExxonMobil
- Gilead
- Global Fund to Fight AIDS, Tuberculosis & Malaria
- Intel
- Jhpiego
- Johnson & Johnson
- McKinsey & Company
- Novartis
- Nutrition International
- Swedish International Development Cooperation Agency
- UNICEF

FERTILITY LEAVE

Organisation reports availability of fertility leave

- AB InBev
- GlaxoSmithKline
- International Planned Parenthood Federation
- International Vaccine Institute
- MSI Reproductive Choices
- Palladium Group
- Plan International

ADDITIONAL SUPPORT

Organisation offers other forms of support, such as counselling and flexible working

- Accenture
- Bloomberg Philanthropies
- BP
- EngenderHealth

SICK LEAVE

Organisation reports that employees may use paid sick leave for fertility treatment

- FIND
- International AIDS Society
- International Center for Research on Women
- International Rescue Committee
- Ipas
- Joint United Nations Programme on HIV and AIDS
- Management Sciences for Health
- Population Council
- Swedish International Development Cooperation
- TB Agency

ANTENATAL VISITS

Antenatal care plays a role in ensuring the health and well-being of pregnant women and their baby(ies). It often requires time away from work for appointments to monitor the progress of the pregnancy and provide necessary support, care and advice to the pregnant woman. Some countries mandate employers to provide women with paid time off from work for antenatal appointments, there may also be an entitlement for a partner to take time off to accompany the pregnant woman to her appointment. In other countries such laws are absent. An antenatal care workplace policy can provide employees with a range of support including paid time off for antenatal appointments, workplace adjustments, and enhanced occupational safety measures.

TAKE A BREAK ZOË
UK, 2020

Maisie Broadhead, courtesy of Paintings in Hospitals

Zoë, a nurse who, like many others, has been tirelessly working during and after the COVID-19 pandemic, finds a moment of rest from the hectic pace of her daily work. The image echoes the visual language of grand portraits from history, adding a layer of dignity and significance to this ordinary scene. Traditionally, nurses have been depicted in art as supporting characters or in service to others, rarely showcased as individuals in their own right. However, this image presents Zoë as the focal point, bringing her presence and serenity to the forefront. Through her art, Maisie aims to make her twin sister Zoë visible, acknowledging her as an A&E nurse at the Whittington Hospital in London.

Maisie Broadhead is a London-based artist, her multi-disciplinary work often re-interprets aesthetics from art history genres, drawing links between narratives past and present.

FINDINGS

24

organisations reported having some form of paid leave in place that staff could avail to attend their own, and in some cases, their partner's, antenatal care services.

13

reported that antenatal care was covered by paid sick leave.

LEAVE FOR ANTENATAL CARE

PAID LEAVE

Organisation reports that employees have access to paid leave (such as family or health and safety leave, which may be supplementary to sick leave) to attend antenatal care services

- CARE International
- Deloitte
- EngenderHealth
- Equimundo
- European Commission
- FIND
- Foreign, Commonwealth & Development Office
- Global Fund to Fight AIDS, Tuberculosis & Malaria
- Global Health Innovative Technology Fund
- Health Poverty Action
- International AIDS Society
- International Planned Parenthood Federation
- International Vaccine Institute
- Islamic Relief Worldwide
- McKinsey & Company
- National Institutes of Health
- NCD Alliance
- Plan International
- Population Services International
- Rabin Martin
- Safaricom
- Sonke Gender Justice
- Sumitomo Chemical
- Swedish International Development Cooperation Agency

FERTILITY LEAVE

Organisation reports that employees may use paid sick leave to attend antenatal care services

- Abt Associates
- Africa Centre for Global Health and Social Transformation
- Food and Agricultural Organization of the United Nations
- International Center for Research on Women
- International Rescue Committee
- Ipas
- Joint United Nations Programme on HIV and AIDS Management Sciences for Health
- Nutrition International
- Pathfinder International
- Population Council
- TB Alliance
- UNICEF
- United Nations Office on Drugs and Crime

ADDITIONAL SUPPORT

Organisation reports that antenatal care is covered by employer or state health insurance

- Africa Centre for Global Health and Social Transformation
- Bristol-Myers Squibb
- CARE International
- Clinton Health Access Initiative
- Equimundo
- Food and Agricultural Organization of the United Nations
- International Rescue Committee
- Joint United Nations Programme on HIV and AIDS
- McKinsey & Company
- Pathfinder International

MISCARRIAGE AND STILLBIRTH

Annually an estimated two million infants are stillborn, and more than 10 times that number of pregnancies end in miscarriage. Rates of stillbirth vary across the world, with women in low- and middle-income countries suffering higher rates than women in high-income countries. A baby who dies after 28 weeks of gestation is termed by WHO as a stillbirth, and those pregnancies spontaneously lost before that date are classified as miscarriages. The 'cut-off' in terms of numbers of weeks defining miscarriage or stillbirth varies from country to country.

Workplace policies on miscarriage and stillbirth can provide support and compassionate care to employees who experience either of these, and can include bereavement leave, access to counselling services, and resources to help navigate the emotional and physical aspects of pregnancy loss or miscarriage, and stillbirth.

ALPHA WOMAN I
Pakistan, 2021

Nifesah Mehru Nisa

A posture of power, an Alpha woman crossing her arms with strength. The composition portrays a focused and composed figure, utilising only a portion of the canvas but asserting her presence with confidence. She challenges us, her body obscured and covered in almost flat blue paint that defies the long history of the objectification of women's bodies in art. The artwork explores the consequences of suppression and repression on both individuals and their surroundings. It aims to inspire empowerment, encouragement, and positivity.

Nifesah Mehru Nisa is a Pakistani artist based in Lahore. Through her art, she is interested in exploring the notions of feminism and inspiring positive social change.

FINDINGS

26 organisations reported that staff can avail of sick leave or bereavement leave in the event of a stillbirth, and 33 organisations reported that staff can avail of sick leave or bereavement leave in the event of a miscarriage.

4 organisations reported that maternity leave may be available to staff in the event of a miscarriage.

10 organisations that reported on their leave policies related to stillbirth did not report having a leave policy in the event of a miscarriage.

Among the **45** organisations that reported some form of leave available to staff in the case of a stillbirth or miscarriage, 6 recognised and provided leave benefits to partners of the childbearing parent.

18 organisations reported that they provide full maternity leave benefits to staff who suffer the loss of an infant before birth. In determining leave benefits, some organisations referred to national definitions of what constitutes a miscarriage or a stillbirth. 4 organisations defined the gestational week at which a pregnancy loss is characterised as a stillbirth, ranging from 20 weeks to 28 weeks.

"PWC HAS INTRODUCED A MISCARRIAGE LEAVE POLICY OF 10 DAYS PER ANNUM FOR PREGNANCY LOSS PRIOR TO 20 WEEKS OF GESTATION TO PROVIDE SUPPORT DURING A DEEPLY PERSONAL AND CHALLENGING TIME. THIS LEAVE IS ALSO AVAILABLE TO THE PARTNER OF SOMEONE WHO EXPERIENCES A MISCARRIAGE AND BUILDS ON AN EXISTING POLICY WHERE FULL PARENTAL LEAVE ENTITLEMENTS ARE AVAILABLE IF A CHILD IS STILLBORN (FROM 20 WEEKS GESTATION)."

https://www.pwc.com.au/media/2022/parental-miscarriage-leave-policy-oct2022.html

POLICIES RELATED TO PREGNANCY LOSS

Miscarriage	Stillbirth	Organisation
yellow, teal	yellow, teal	Abt Associates
yellow	yellow	Africa Centre for Global Health and Social Transformation
navy (after 28 weeks)	navy (after 28 weeks)	Africa Population and Health Research Centre
	navy	BRAC
white, navy	white, navy	CARE International
navy (after 20 weeks)	navy (after 20 weeks)	Deutsche Gesellschaft für Internationale Zusammenarbeit
yellow, lavender	yellow, lavender	EngenderHealth
white	white	European Commission
yellow	yellow	Food and Agricultural Organization of the United Nations
yellow	yellow	FIND
yellow	yellow	GAVI, the Vaccine Alliance
teal	teal	Health Poverty Action
yellow	yellow	International AIDS Society
teal	teal, navy	International Center for Research on Women
navy	navy	International Planned Parenthood Federation
yellow, teal	yellow, teal	International Rescue Committee
white	white	International Vaccine Institute
yellow	yellow	Ipas
	white	Joint United Nations Programme on HIV and AIDS
teal	teal	KPMG
yellow	yellow	Management Sciences for Health
yellow	navy (after 24 weeks)	MSI Reproductive Choices
white		National Institutes of Health

Miscarriage	Stillbirth	Organisation
white	white	NCD Alliance
yellow	yellow	Nutrition International
white	teal, navy	Palladium Group
	navy	Partnership for Maternal, Newborn and Child Health
yellow, teal	yellow, teal	Pathfinder International
yellow, teal	navy (after 24 weeks)	Plan International
yellow	yellow	Population Council
navy	navy	Population Services International
yellow	yellow	Equimundo (formerly Promundo)
yellow	yellow	PwC
navy	navy	Rabin Martin
	navy	RBM Partnership to End Malaria
teal	teal	Safaricom
	navy	Scaling Up Nutrition
teal	teal	Sonke Gender Justice
	navy	Stop TB Partnership
yellow	yellow	Swedish International Development Cooperation Agency
	navy	UN Women
	navy	Unitaid
	navy	United Nations Development Programme
white (after 24 weeks)	navy	United Nations Office on Drugs and Crime
	navy	United Nations Population Fund

Legend:
- **Yellow** – Paid sick leave or another type of unspecified leave in the event of a miscarriage or stillbirth
- **White** – Paid leave in the event of a miscarriage or stillbirth
- **Teal** – Paid bereavement/ compassionate leave in the event of a miscarriage or stillbirth
- **Light blue** – Other forms of support available, such as counselling and flexible working
- **Navy** – Employees may take most or all parental/maternity leave in the event of a miscarriage or stillbirth (and week of gestation at which an employee is eligible to take maternity leave)

*Dedicated leave of six weeks following miscarriage or stillbirth.

MENOPAUSE

Menopause marks the end of menstruation, occurring either naturally or as a result of surgery or chemotherapy. While the term 'menopause' refers to that point when a woman (or anyone who usually menstruates) has not had a period for 12 months, the perimenopause leading up to the menopause can last 10 years or even longer. Symptoms during this time can include mental and physical changes – such as challenges with temperature control, mental concentration, tiredness, etc – many of which may require support, sensitivity and signposting to appropriate services and resources in the workplace and beyond.

BOX 3. MENOPAUSE POLICY IN THE UK

Legal terrain

With demographic shifts seeing people living longer, retirement ages rising, and people spending more years in the workplace, discussions around menopause and the law is "having a moment" in some countries. Legal responses to these shifts vary from country to country, with laws against discrimination on the grounds of sex, age and/or disability providing legal cover for some people. Research in the UK during the period 2017 – 2022 found 16 case reports where women's menopausal symptoms had been the grounds for a claim of discrimination or unfair dismissal.[29] Twelve of the sixteen cases were unsuccessful – highlighting the question of whether the legal framework in the country is suitable for addressing menopause-related discrimination in the workplace.

The workplace

Research suggests a correlation between menopausal-perimenopausal symptoms and women's early exit from the labour market. A 2022 report by the Fawcett Society in the UK found that 44% of over 4000 women surveyed had their ability to work affected by symptoms, and almost one in ten women had left their jobs as a result of symptoms (this figure rose to one in five women with a disability).[30] Workplaces generally did not meet the needs of menopausal or perimenopausal women: eight in ten women reported lack of information-sharing in the workplace, absence of policies, and absence of support networks, while eight in ten women also thought that every employer should have a workplace policy and action plan.

Setting standards

In May 2023 the British Standards Institution published a set of standards for addressing menopause and menstrual health in the workplace. Some employers in the UK have already implemented menopause policies to support women going through the menopause, with measures such as flexible working, paid leave opportunities, and the right to request changes in task allocation, among others.

FINDINGS

21 organisations shared information related to menopause in the workplace.

1 organisational menopause policy found.

3 organisations reported that they hosted menopause awareness and discussion sessions with staff.

12 reported that staff can avail of sick leave in the event of severe menopause symptoms.

3 large for-profit UK-based companies are accredited as a 'Menopause Friendly Workplace' (Bristol-Myers Squibb, Medtronic, Unilever), which is given by a UK-based independent body.[28]

POLICIES RELATED TO MENOPAUSE

MENOPAUSE POLICY
Dedicated menopause policy found

- MSI Reproductive Choices

SICK LEAVE
Organisation reports that employees may use paid sick leave for severe menopause symptoms

- Abt Associates
- EngenderHealth
- Equimundo
- FIND
- International AIDS Society
- International Vaccine Institute
- Ipas
- Management Sciences for Health
- Population Council
- Swedish International Development Cooperation Agency
- TB Alliance
- UNICEF

PERSONAL LEAVE
Organisation reports that employees may use paid personal leave for severe menopause symptoms

- CARE International
- International Center for Research on Women

WORKPLACE DISCUSSIONS
Organisation reports hosting awareness and discussion sessions

- Global Alliance for Improved Nutrition
- International Rescue Committee
- UNICEF

BOX 4. MSI GLOBAL SUPPORT OFFICE MENOPAUSE POLICY

As part of our organisational commitment to providing an inclusive and supportive working environment for all team members, we identified a need to raise awareness and understanding, outline the support available and encourage team members to have open conversations about menopause. We recognise that stigma and misinformation around menopause still exist and wanted to ensure that our team members have access to the right information and support from MSI, when they need it.

This led to the introduction of our Menopause Policy for MSI's Global Support Office in 2021, on World Menopause Awareness Day, which is celebrated on 18th October each year. In developing our policy, we worked with our clinical colleagues, who provided the evidence and medical knowledge needed to create practical, informed guidance for both those experiencing menopause directly, as well as their partners, colleagues and others who wish to support them. We also collaborated with our Team Member Council, to ensure that the policy was aligned with the real-life needs and experiences of our colleagues.

Introducing this policy has allowed us to begin breaking down that stigma and creating a working environment in which those experiencing menopause feel able to thrive.

BOX 5. OVERCOMING STIGMA: EMPOWERING WOMEN THROUGH MENOPAUSE POLICIES

"When I was about 46, I nearly left the workforce," shares Jane Caldwell, Head of Operations and Resources at Medicines Patent Pool. Jane found herself battling debilitating symptoms of perimenopause that shook her confidence in her own intellectual abilities and made her question her future career. Inspired by her personal experience, Jane took the initiative to introduce a comprehensive menstrual and menopause policy in her previous workplace. However, when she announced it at an all-staff meeting, a wave of giggles rippled through the room. Jane firmly believes that this kind of stigma is one of the most significant barriers to achieving gender equality.

Jane passionately explains, "A crucial purpose of menstrual and menopause policies is to normalise and prioritise these experiences. By doing so, organisations send a clear message that they value and address these issues as significant and important matters." When asked about advocating for similar policies in other workplaces, Jane suggests that the power of facts cannot be overstated. If an organisation's management genuinely cares about women's careers and gender equality, this is one of the most vital considerations to attract and retain female talent.

BOX 6. DEVELOPING A MENOPAUSE POLICY AT ISLAMIC RELIEF WORLDWIDE

"Islamic Relief Worldwide works on increasing representation of female staff, and took the decision to develop a menopause policy due to feedback received from employees who are going through this potentially difficult phase. We want to ensure that employees feel fully supported, and both men and women's roles are equally appreciated and empowered. Creating this policy means being clear on how we can assist our employees in the workplace through providing an environment where the challenges that menopause poses can be openly discussed and we can work collectively to put the right support mechanisms in place for employees."

Waseem Ahmed, CEO, Islamic Relief Worldwide

VIOLENCE IN THE HOME

Violence against women is a violation of human rights and a major public health problem. WHO estimates that more than a quarter of women aged 15-49 years old have been subjected to sexual or physical violence from an intimate partner.

Workplaces have the potential to provide a safe and supportive environment for employees who may be experiencing abuse or violence at home. Policies should include confidential reporting mechanisms, access and signposting to support services, workplace safety measures, and compassionate leave to protect and assist employees facing these situations.

FINDINGS

21

organisations reported having a domestic violence policy or providing dedicated support to staff who may be experiencing domestic violence. Policies included: time off to obtain legal, medical, or other support; having a designated staff member trained to receive enquiries and provide guidance to staff; offering access to counselling; publicising support and resources; conducting resilience training and workplace awareness initiatives on domestic violence.

8

organisations reported that staff may use existing sick or personal leave to seek health, social or legal assistance.

POLICIES RELATED TO DOMESTIC VIOLENCE

SUPPORT PROGRAMMES

Dedicated policy in place and/or organisation reports dedicated support, including psychosocial counselling, flexible working, training staff to recognise and respond to domestic violence, and resilience workshops

- EngenderHealth
- European Commission
- FHI 360
- Global Affairs Canada
- Global Fund to Fight AIDS, Tuberculosis & Malaria
- International AIDS Society
- International Center for Research on Women
- Jhpiego
- Nutrition International
- Pacific Community
- Palladium Group
- Partnership for Maternal, Newborn and Child Health
- PATH
- Pathfinder International
- Rabin Martin
- Reproductive Health Supplies Coalition
- Safaricom
- Swedish International Development Cooperation Agency
- TB Alliance
- UNICEF
- Unilever

LEAVE

Organisation reports that employees may use existing leave in the case of domestic violence

- Abt Associates
- Equimundo
- FIND
- International Vaccine Institute
- Ipas
- Management Sciences for Health
- Population Council
- Population Services International

"[THE PACIFIC COMMUNITY] IS COMMITTED TO HEIGHTENING AWARENESS OF DOMESTIC VIOLENCE AND TO PROVIDING GUIDANCE TO ALL STAFF ON HOW TO PREVENT ITS OCCURRENCE AND ADDRESS ITS EFFECTS. SPC SEEKS TO CREATE A SUPPORTIVE WORKPLACE IN WHICH STAFF FEEL ABLE TO DISCUSS DOMESTIC VIOLENCE AND SEEK THE NECESSARY HELP AND ADVICE. ALL STAFF HAVE THE RESPONSIBILITY OF PROMOTING A SAFE AND RESPECTFUL WORKING ENVIRONMENT FREE OF VIOLENCE AND INTIMIDATION, AND BEING SENSITIVE TO, AND NONJUDGMENTAL TOWARDS, VICTIMS OF DOMESTIC VIOLENCE."

Manual of staff policies, Pacific Community

CARING RESPONSIBILITIES

Supporting employees with caring responsibilities for family members, including children and dependent adults, can help address the double burden of care that particularly affects women and reduce stress in the workplace. Later we review parental leave; this section refers to employees with other types of caring responsibilities. Growing numbers of people in older age groups (45+ years) in the workforce are taking on caring responsibilities for older relatives. This means that caring is not just an issue of importance for younger employees with children, but an issue for everyone. Workplaces have responded to the family and caring responsibilities of employees in a number of ways, including flexible working arrangements, provision of carers' leave, and signposting to resources that provide care and peer networks.

FLEXIBLE WORKING

The COVID-19 pandemic promoted the adoption of flexible working arrangements for many in the global health workforce. Research shows that, with sufficient support from leadership and supervisors, flexible working arrangements (such as condensed working hours, teleworking, flexible hours, term-time working, etc) can be powerful tools to enhance staff inclusion. These kinds of flexible arrangements can be helpful in relation to different SRHR issues; for example allowing people to fit in medical appointments or taking 'time out' or working at home in order to cope with menstrual pain and discomfort. Flexible working patterns can mean that employees can potentially accommodate SRHR needs without having to take time off.

FINDINGS

43
organisations reported that they provide some form of paid, dedicated caring leave.

32
organisations reported the provision of other forms of support, such as subsidised or backup child and elder care, though did not indicate whether dedicated caring leave was available.

16
organisations report offering unpaid leave for staff who require longer periods of absence to undertake caretaking obligations of immediate family members (parents, spouse and children).

AS WORKPLACES HAVE EVOLVED IN RECENT YEARS, FLEXIBLE WORKING HAS GROWN QUICKLY

This figure does not take into account the situation in countries where flexible working is governed by national law. Our finding represents those organisations where GH5050 was able to find mention of flexible working on the organisation's website or policy.

Some organisations reported that while flexible arrangements were available to locally-hired staff and third-country national staff in some offices, particularly in the US and Europe, these were not in practice across all country offices, in part due to local laws and culture.

59% of organisations (117/197) reported, either on their website or directly to GH5050, that flexible working arrangements are available to employees. This is compared to 30% in 2019.

30%
IN 2019

59%
IN 2023

ANTI-SEXUAL HARASSMENT POLICIES

A comprehensive anti-sexual harassment policy guides an organisation's approach to preventing and addressing sexual harassment, and can contribute to the creation of a work environment based on dignity and respect. Drawing on good practice, existing global norms (including the UN model policy), a range of public and private sector guidelines, and peer-reviewed publications, GH5050 identified four elements of a comprehensive sexual harassment policy (see Box).

FINDINGS

46% (90/197) of organisations published their sexual harassment policies online - compared to 32% in 2019.
An additional 20 organisations shared their internal policies and gave permission to code them.

67% (73/110) of policies reviewed performed adequately by including at least two of the four essential best practices in their policies.

44% (48/110) included all four elements of best practice - compared to 34% in 2019.

POLICIES HAD VARYING ELEMENTS OF BEST PRACTICE CONTENT IN TERMS OF:

Protections for confidentiality & non-retaliation	Descriptions of reporting and investigation processes	Zero-tolerance approach and definition of sexual harassment	Mandatory training for staff
84%	**79%**	**72%**	**57%**

BOX 7. GH5050 FOUR BEST PRACTICE ELEMENTS OF A COMPREHENSIVE SEXUAL HARASSMENT POLICY

COMMITMENT AND DEFINITION
Does the policy: state the organisation's zero-tolerance approach to sexual harassment; sufficiently define sexual harassment, and/or provide clear examples of sexual harassment?

TRAINING
Does the policy guarantee mandatory training for all staff?

CONFIDENTIALITY AND NON-RETALIATION
Does the policy: guarantee confidentiality of the investigation; and non-retaliation for complainants?

REPORTING AND ACCOUNTABILITY
Does the policy describe: formal and informal reporting processes; sanctions that will apply to those who commit sexual harassment; how complaints will be investigated; and whether results of investigations reported back to all staff?

PARENTAL LEAVE

Equitable paid parental leave policies support gender transformative norms around family responsibility, women's equality in career opportunities, compensation for women's unpaid labour, and closure of the gender pay gap. Such entitlements further contribute to gender equal recruitment, improved employee morale and better health and wellbeing of families.

Parental leave policies are universal and equitable when they are explicit in providing the same rights to leave and benefits to all parents, whether single, same-sex, and/ or adoptive. Despite calls for equality and universality, parental leave policies are frequently applied unequally or written in language that discriminates against or excludes some staff. For example, lengthy leave entitlements provided to women in the absence of similar entitlements for men can reinforce unequal parenting norms and harm women's careers over the long-term.

GH5050 assessed the number of paid weeks of leave available to primary and secondary caregivers as well as options for parental and shared parental leave. It also reviewed whether the organisation offered support to parents returning to work, such as flexible transitions back to work, reduced or part-time working hours, facilities for breastfeeding mothers, and/or childcare support.

FINDINGS

45%
(89/197) of organisations published detailed information on parental leave policies online. - compared to 33% in 2021 and 27% in 2019.

44%
organisations shared their internal policies directly with GH5050. Some organisations report refraining from publishing parental leave policies as they may not be standardised across the organisation.

Organisations in the US (where 71/197 of our sample are headquartered) often offer the fewest number of paid weeks. They also almost uniformly offer the same benefits to both parents (gender neutral). This is in addition to 6-8 weeks of paid leave for birth mothers covered by short-term disability insurance.

Organisations headquartered in Japan, Sweden, Norway and the UK found to offer the longest paid leave benefits to both parents.

Guaranteed paid leave for primary and secondary caregivers ranges from 2 to 39 weeks.

Legend:
- 🟨 Maternity / primary carer leave weeks
- 🟩 Parental leave weeks
- 🟦 Shared parental leave weeks
- ⬜ Paternity/secondary carer leave weeks
- ⬜ Parental leave weeks
- ⬜ Shared parental leave weeks

Organization	Maternity/primary	Parental (teal)	Shared	Paternity/secondary	Parental	Shared
Abt Associates[1]	8			8		
Alight	8			8		
Bristol-Myers Squibb[1]	8			8		
CARE International[1]	6			6		
Catholic Relief Services[1,2]	2			2		
DSM	3			3		
EngenderHealth	12			12		
ExxonMobil[1]	8			8		
FHI 360[1]	12			12		
Gilead	12			12		
Global Health Council	12			12		
International Center for Research on Women (ICRW)	4			4		
International Rescue Committee (IRC)	8			8		
Ipas	6			6		
Jhpiego	12			12		
KPMG	24			24		
Management Sciences for Health (MSH)	4			4		
Medela	16			16		
Medicines for Malaria Venture	16			16		
Mercy Corps	16			16		
National Institutes of Health (NIH)	12			12		
Open Society Foundations	24			24		
Partners In Health	12			12		
PATH	4			4		
PAI	6			6		
Population Council[1]	13			13		
Population Reference Bureau (PRB)[1]	8			8		
Population Services International (PSI)[1]	6			6		
Equimundo (formerly Promundo)[1]	12			12		
PwC	22			22		
Reproductive Health Supplies Coalition	4			4		
TOMS	23			23		
United States Agency for International Development (USAID)	12			12		
Vital Strategies	6			6		
AVERT	2		37			37
Foreign, Commonwealth & Development Office	2		37			37
GlaxoSmithKline (GSK)	2		37			37
Health Poverty Action	2		37			37
Heineken	2		37			37
International Planned Parenthood Federation (IPPF)	2		37			37
Islamic Relief Worldwide	2		37			37
MSI Reproductive Choices	2		37	2		37
Plan International	2		37			37
Save the Children	2		39	2		39
Swedish International Development Cooperation Agency (Sida)	2	13	30	2	13	30
Wellcome Trust	2		37			37
Becton, Dickinson and Company	6			6		
Ford Foundation	10			10		

Organization	Maternity/primary	Parental (teal)	Shared	Paternity/secondary	Parental	Shared
Global Handwashing Partnership (GHP)	10			3		
TB Alliance	10			10		
World Vision	10					
AbbVie	12	8		12	8	
Africa Centre for Global Health and Social Transformation (ACHEST)	12			0,8		
Clinton Health Access Initiative[1]	12					
Drugs for Neglected Diseases Initiative (DNDi)	12			2		
General Electric	12			6		
International Vaccine Institute (IVI)	12			2		
Merck	12			12		
Pfizer	12			12		
SRHR Africa Trust	12					
Africa Population and Health Research Centre (APHRC)	13			2		
Africa CDC	14			1		
African Union Commission (AUC)	14			1		
Coca-Cola[1]	14			6		
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	14	44				52
Global Health Innovative Technology Fund (GHIT Fund)	14	38				52
Japan International Cooperation Agency (JICA)	14	38				52
Médecins Sans Frontières (MSF)	14					
Medtronic	14			8		
Novartis	14			14		
Novo Nordisk	14			8		
Palladium Group	14			2		
Sumitomo Chemical	14	38				52
Global Affairs Canada	15		40			40
Accenture	16			8		
Aga Khan Foundation (AKF)	16			0,2		
Agence Française de Développement (AFD)	16			5		
FIND	16			2		
Global Road Safety Partnership (GRSP)	16			2		
Health Action International	16			4		
International AIDS Society (IAS)	16			2		
International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)	16			4		
International Labour Organization (ILO)	16			16		
McKinsey & Company	16			8		
Medicines Patent Pool (MPP)	16			4		
Ministry of Foreign Affairs of the Netherlands	16	26		1		26
NCD Alliance	16			2		
Pathfinder International	16			16		
Safaricom	16			3		
Sonke Gender Justice	16			4		
Unilever	16			4		
United Nations Economic Commission for Africa (UNECA)	16			4		
World Food Programme	16			16		
World Heart Federation	16			1		
Johnson & Johnson	17	12				12
Dalberg	18			8		

Organization	Maternity/primary	Parental (teal)	Shared	Paternity/secondary	Parental	Shared
Eli Lilly and Company	18			10		
International Federation of Medical Students (IFMSA)	18	32		2		32
International Federation of Red Cross and Red Crescent Societies (IFRC)	18			2		
Nestle	18			4		
Norwegian Agency for Development Cooperation (Norad)	18		59			59
Philips	18					
Global Fund to Fight AIDS, Tuberculosis & Malaria	19			4		
Teck Resources	19		40			40
European Centre for Disease Prevention and Control	20		18	2		18
European Commission	20					
Global Financing Facility (GFF)	20			10		
Intel	20			8		
Ministry of Foreign Affairs and International Cooperation, Italy	20		24	2		24
World Bank Group	20			10		
Alliance for Health Policy and Systems Research (AHPSR)	24			4		
BRAC	24			4		
GAVI, the Vaccine Alliance	24			8		
Global Alliance for Improved Nutrition (GAIN)	24			4		
icddr,b	24					
RBM Partnership to End Malaria	24			16		
Scaling Up Nutrition	24			16		
Stop TB Partnership	24			16		
Unitaid	24			16		
World Health Organization (WHO)	24			16		
AB InBev	26			4		
Amref Health Africa	26			2		
Bloomberg Philanthropies	26			4		
Food and Agricultural Organization of the United Nations (FAO)	26			16		
Joint United Nations Programme on HIV and AIDS (UNAIDS)	26			16		
Nutrition International	26					
Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH)	26			16		
Reckitt Benckiser Group (RB)	26	4				4
UN Women	26			16		
UNHCR	26			16		
UNICEF	26			16		
United Nations Development Programme (UNDP)	26			16		
United Nations Office on Drugs and Crime (UNODC)	26			16		
United Nations Population Fund (UNFPA)	26			16		
Deloitte	39		19	4		19

1. Most employees in the United States who give birth also have access to paid short term disability leave of 6-8 weeks.

2. Eight weeks for primary caregiver adoption leave, as parent would not qualify for short-term disability leave (US-based).

ADOPTION AND/ OR SURROGACY

People pursue parenthood in diverse ways, including through adoption and surrogacy. Parental leave policy in these instances exists to provide paid or unpaid time off to new parents enabling them to bond with their adopted child and support employees in their transition to parenthood.

FINDINGS

112

(83%) of 135 policies reviewed were explicitly inclusive of adoption and surrogacy.

Some organisations specify that a certain proportion of primary caregiver leave is exclusive to the birth parent for the physical recovery period.

Otherwise, no differences found in the length of leave available to new biological or adoptive parents.

Ambiguity exists in some policies in terms of whether surrogate women are afforded the same rights and benefits as other pregnant women, or as people who become parents through surrogacy.

Policies appear to cover only staff that are contracting a third-party surrogate, rather than serving as a surrogate themselves.

Several organisations cover eligible staff expenses relating to the adoption of a child or the use of a surrogate, ranging from

US$5,000 TO $20,000

SUPPORT TO NEW PARENTS

Parents, particularly women, can struggle to manage the transition back into the workplace. New mothers are more likely than new fathers to switch to part-time work, and to exit the labour force. Employers can provide a supportive environment including flexible working, financial support, and employment security to ensure that women are able to return to the workplace effectively, and stay there.

121

ORGANISATIONS, UP FROM 96 IN 2021

Alongside entitlements of returning to a previous post (or equivalent) after a period of leave, some organisations offer support to returning parents, such as flexible working, provision of private spaces/time for lactation, shipping breast milk when travelling on business, on-site childcare and/or financial support for childcare options. Some organisations also offer specific programmes including career coaching and dedicate resources to support back to work transitions. It is unclear from our review whether these benefits are equally available and accessible to women and men.

PART 2 | THE UNFINISHED AGENDA: GENDER AND HEALTH INDEX TRENDS OVER SIX YEARS

ACCESS W BANKING
Lagos, Nigeria, 2023

AyaworanHO3D

In a room filled with determined women, the mission is clear: to make access to banking services more inclusive and attainable for women. In Nigeria, the lack of access to financing options, particularly loans, has posed a significant barrier for women in business. This disparity highlights the pervasive gender inequality that exists, as many financial institutions have been reluctant to provide women with the necessary loans to grow their enterprises. As a result, numerous women-owned businesses have remained stagnant or even faced closure due to insufficient funds needed to sustain or expand their operations.

Aderemi Davies aka AyaworanHO3D is a Nigerian documentary photographer and filmmaker who extensively uses his art to celebrate African indigenous values, cultures, people, places, arts and identity in general.

OVERVIEW

Six years of robust evidence summarised in the Gender and Health Index reveals 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 197 highly heterogeneous organisations, each with their own unique purpose, system of governance and organisational arrangements. This sample has grown from 135 organisations assessed since 2018. Staff numbers range from four to half a million employees. What binds them is a stated interest in influencing health outcomes and/or global health policy.

Core variables assessed each year:

- Public commitment to gender equality
- Public definition of gender
- Workplace gender equality policy
- Workplace diversity and inclusion policy
- Board diversity and inclusion policy
- Gender distribution in senior management and on the board
- Demographic characteristics of the CEO and board chair
- Programmatic data disaggregated by sex

AMONG 135 ORGANISATIONS ASSESSED SINCE 2018
% organisations, 2018 and 2023 (number of organisations in brackets)

No public **commitment** to gender equality found, 2018 and 2023

13% (18)

No public **definition** of what "gender" means to the organisation, 2018 and 2023

50% (68)

No published **workplace policy** with measures to advance gender equality, 2018 and 2023

21% (28)

Fewer than 34% women in **senior management**, 2018 and 2023

21% (28)

Fewer than 34% women on the **governing body**, 2018 and 2023

21% (28)

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

55% (74)

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

43% (58)

Have not had a woman **CEO** or **Board Chair** since 2018

**33% (45)**

PUBLIC COMMITMENT TO GENDER EQUALITY

Gender equality is a human right and a precondition for realising all goals in the 2030 Sustainable Development Agenda, including health and well-being. GH5050 reviews organisations' visions, missions and core strategy documents in the public domain to determine whether an organisation states a commitment to gender equality.

Public commitments to gender equality have grown quickly over the past six years. Organisations are also increasingly embracing a more inclusive and comprehensive concept of gender equality; one that focuses not only on the empowerment of women and girls but one in which all people, regardless of their gender, will benefit from tackling restrictive gender norms and shaping a more just society. The number of organisations that transcend the gender binary and explicitly include transgender and/or non-binary people in their promotion of gender equality has grown from 17% to 45% in just two years.
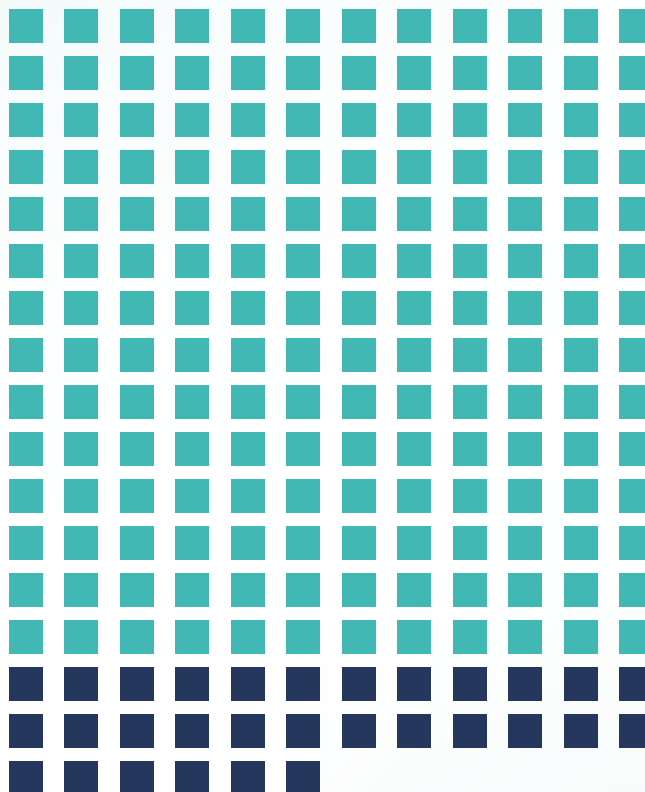
85%
OF ORGANISATIONS PUBLICLY COMMIT TO GENDER EQUALITY (167/197)

PUBLIC COMMITMENTS TO GENDER EQUALITY HAVE RISEN RAPIDLY FROM

56% IN 2018

TO

86% IN 2023
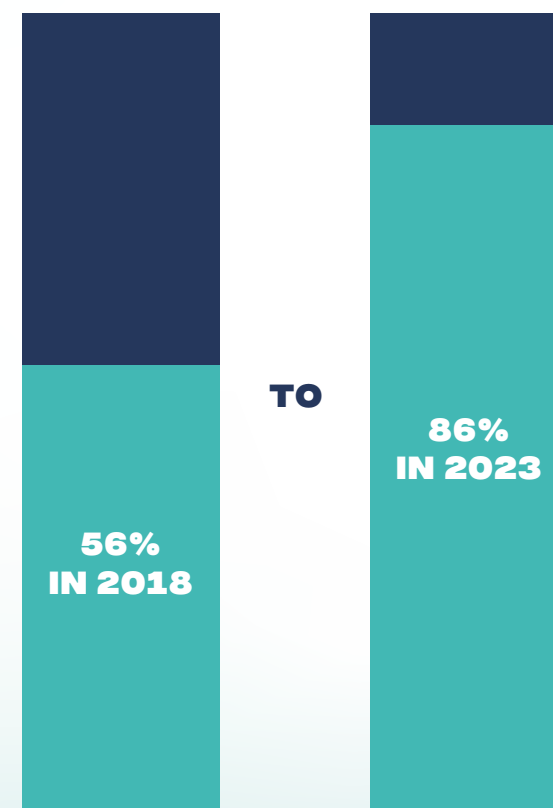
AMONG 135 ORGANISATIONS ASSESSED OVER SIX YEARS

DEFINING GENDER AND ITS MEANING TO AN ORGANISATION

Gender definitions reflect the depth and breadth of an organisation's understanding of power and equality and how that informs decision-making and practice. Definitions of gender also display core values and help to define responses to how people operate and relate to each other in the workplace, across the health sector and beyond. Given the contested understanding of gender in many societies, and 25 years after the global conferences of Beijing and Cairo, clarity in organisational commitments to gender equality and clarity of concept is long overdue.

SLOW CHANGE
45% OF ORGANISATIONS PUBLISH A DEFINITION OF GENDER, UP FROM 32% IN 2018

32% IN 2018

45% IN 2023
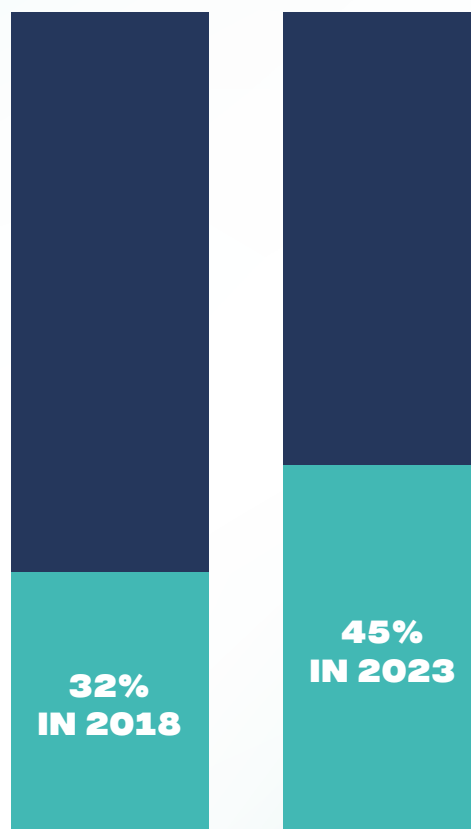
AMONG 135 ORGANISATIONS ASSESSED OVER SIX YEARS

DEFINING GENDER: SONKE GENDER JUSTICE'S APPROACH

Gender roles and expectations are learned. They can and do change over time and they vary within and between social, cultural and religious groups. Systems of social differentiation, like political status, class, ethnicity, disability and age, shape gender roles; and because they are constructed, they can also be re-constructed by faith leaders and communities to create more equitable gender relations.

Understanding gender is important because a gender-analysis can reveal how patriarchy harms both men and women; understanding the way gender norms are created is also important because once we see how subordination and domination are constructed along the lines of gender and sexuality, it becomes more possible to also see how harmful norms can be changed.
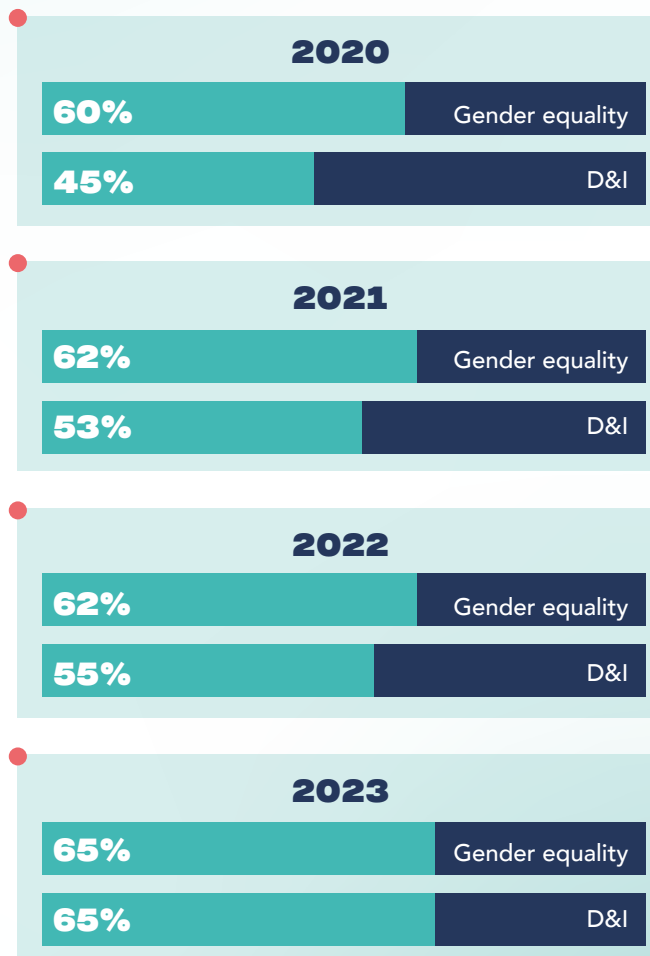
45%
OF ORGANISATIONS PUBLISH A DEFINITION OF GENDER (88/197)

WORKPLACE GENDER EQUALITY, DIVERSITY AND INCLUSION POLICIES

Legal frameworks exist to protect workers against discrimination, yet this is not enough to counteract the individual bias and structural discrimination that disadvantage people on the basis of gender. Ensuring equality of opportunity requires clear policies with specific and actionable measures. Support for diversity, inclusion and gender equality in the workplace means policies and practices that foster a supportive organisational culture for all staff and requires corporate commitment, specific measures, particularly at times of career transition points, and accountability for redressing barriers to equitable advancement.

GH5050 assessed which organisations (with 10 or more employees) had publicly available policies that committed to advancing gender equality and/or diversity and inclusion (D&I) in the workplace, and which had specific measures in place to guide and monitor progress. We found a relatively rapid increase in the availability of D&I policies since 2020, and a much slower increase in gender equality policies.

ORGANISATIONS WITH POLICIES WITH SPECIFIC MEASURES* IN PLACE, 2020-2023

2020

| 60% | Gender equality |
| 45% | D&I |

2021

| 62% | Gender equality |
| 53% | D&I |

2022

| 62% | Gender equality |
| 55% | D&I |

2023

| 65% | Gender equality |
| 65% | D&I |

Notable change among the

135

organisations assessed over six years:

75%
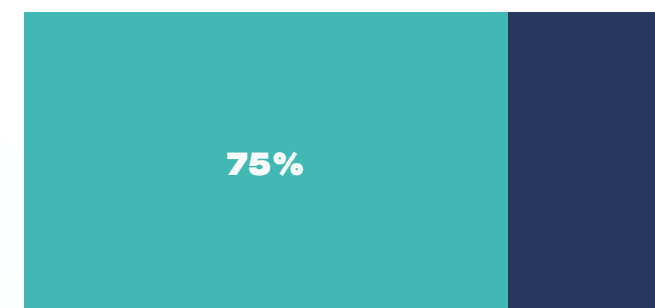
of organisations found to have gender equality policies, compared to

45% IN 2018

* Specific measures found include, for example: policies for inclusive recruitment processes; mentoring, training and leadership programmes; targets for representation at senior levels; gender/diversity analysis and action in staff performance reviews and staff surveys; regular reviews of organisational efforts towards D&I, and; reporting back to all staff

MORE POLICIES AMONG LARGER ORGANISATIONS

Gender equality policies found for:

39%	**41%**	**69%**	**79%**
of organisations with 10-49 staff	of organisations with 50-249 staff	of organisations 250-1000 staff	of organisations with 1000+ staff
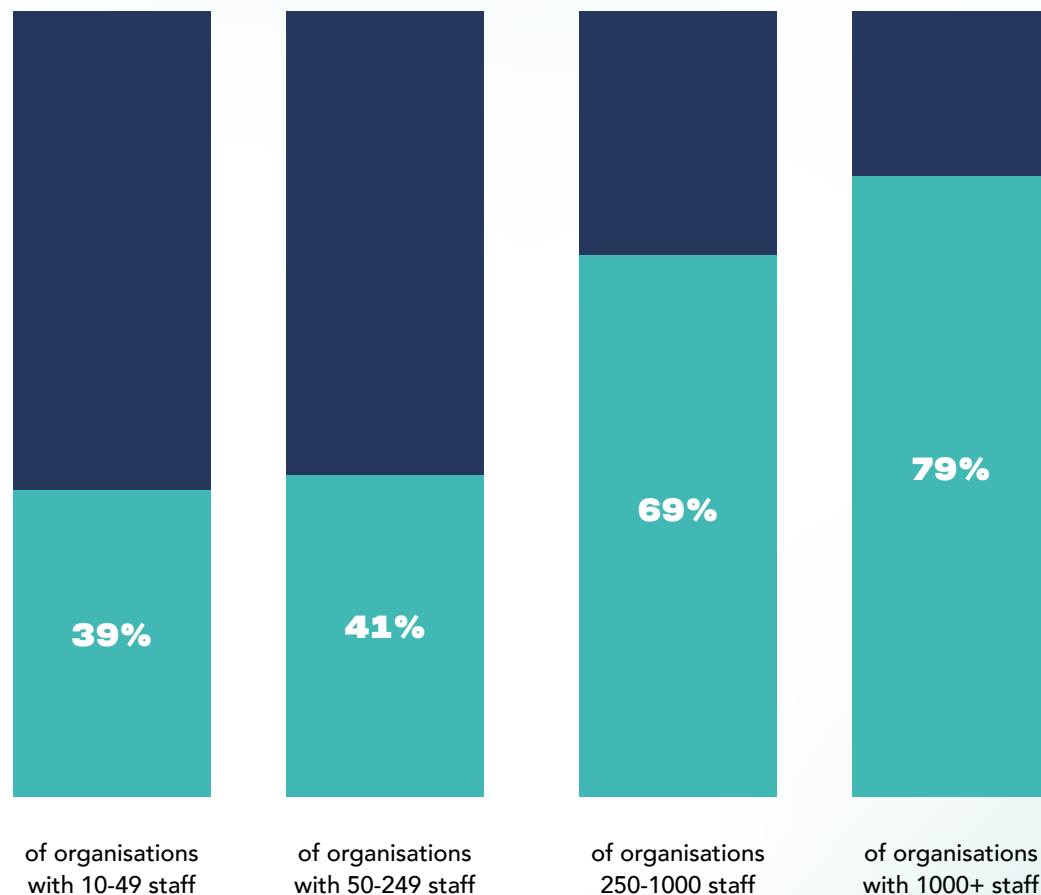
MISSING POLICIES

No gender equality or D&I policy found for

20

large organisations (250 or more staff, n=131)

1 Consultancy

5 Faith-based organisations

6 NGOs

4 Funders

1 For-profit company

1 Regional body

2 Research bodies

BOARD DIVERSITY AND INCLUSION POLICIES

Governing boards represent the locus of power in organisations where decisions on leadership, strategy, finance, and programming are made that influence the career opportunities and health outcomes of people around the world. The 2022 Global Health 50/50 Report Boards for All highlighted 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.

Globally, demands for gender equality and broader diversity on boards are loud and growing, bolstered by evidence that diverse and inclusive boards are more innovative and effective. Yet this is not yet being translated into publicly-available policies for D&I on governing bodies.

Organisations that publish policies with specific measures to advance gender equality, diversity and inclusion on their boards (55/192)

29%

Organisations that commit to diversity and/or representation of affected communities on the board.
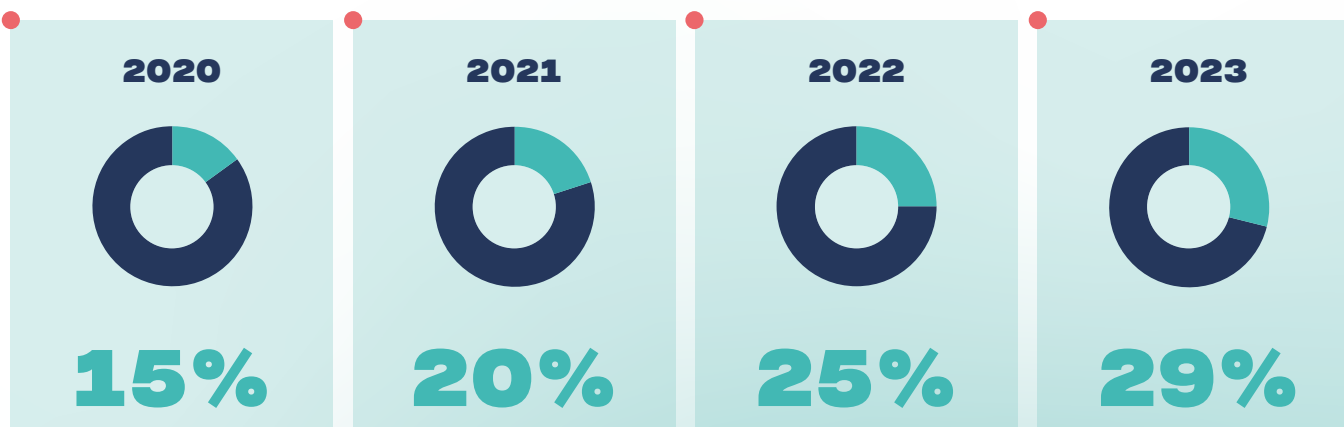
20%

Organisations that have boards composed of representatives nominated by member states

10%

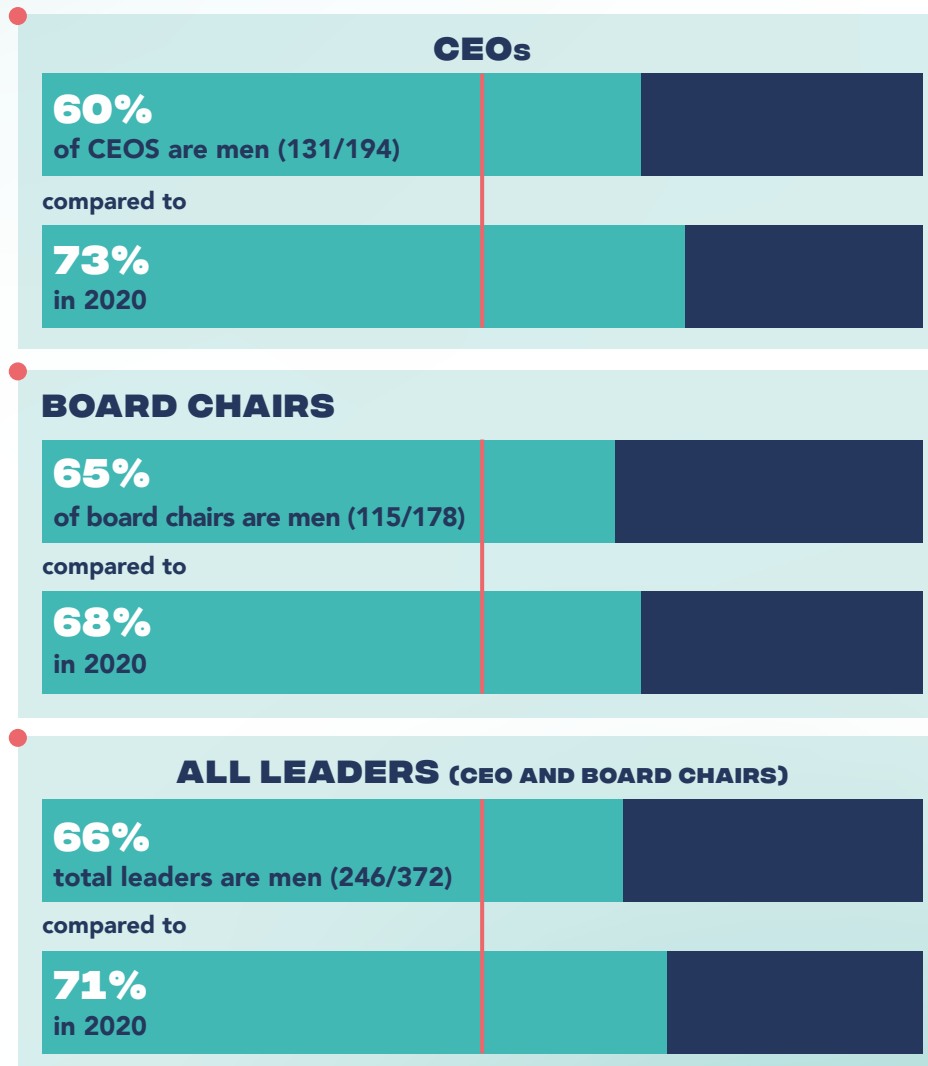No policy or commitment to diversity on the board found

42%

ORGANISATIONS WITH POLICIES WITH SPECIFIC MEASURES TO ADVANCE DIVERSE BOARD REPRESENTATION

2020	2021	2022	2023
15%	**20%**	**25%**	**29%**

GENDER AND GLOBAL HEALTH LEADERSHIP

Power imbalances pervade the global health system, visible in the lack of gender equality and diversity in the highest positions of leadership. Who holds positions of authority provides a strong measure of the progress that organisations are making in fostering equity in career advancement, decision-making and power.

We found a sluggish average increase of 1.25% in women CEOs and board chairs each year since 2020. At the current rate of change, leadership of organisations active in global health will not reach gender parity by the 2030 deadline for the Sustainable Development Goals.

CEOs

60%
of CEOS are men (131/194)

compared to

73%
in 2020

BOARD CHAIRS

65%
of board chairs are men (115/178)

compared to

68%
in 2020

ALL LEADERS (CEO AND BOARD CHAIRS)

66%
total leaders are men (246/372)

compared to

71%
in 2020

ASSUMING THIS TRAJECTORY IS MAINTAINED, GENDER PARITY AMONG CEOS AND BOARD CHAIRS WILL BE REACHED IN

14 YEARS

- Men
- Women
- — Gender parity

WHERE ARE THE WOMEN?

Among 135 organisations assessed since 2018:

74

organisations have not had a woman CEO in this period.

Compared to 26 organisations that have not had a man CEO

58

organisations have not had a woman board chair in this period.

Compared to 12 organisations that have not had a man board chair.

45

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

Compared to 5 organisations have not had a man CEO or board chair.

DESPITE PROGRESS, DECISION-MAKING BODIES STILL MORE LIKELY TO HAVE MORE MEN THAN WOMEN

SENIOR MANAGEMENT

BOARDS

39%

Parity
(45-55% women)

35%

38%

More men than women
(56%+ men)

52%

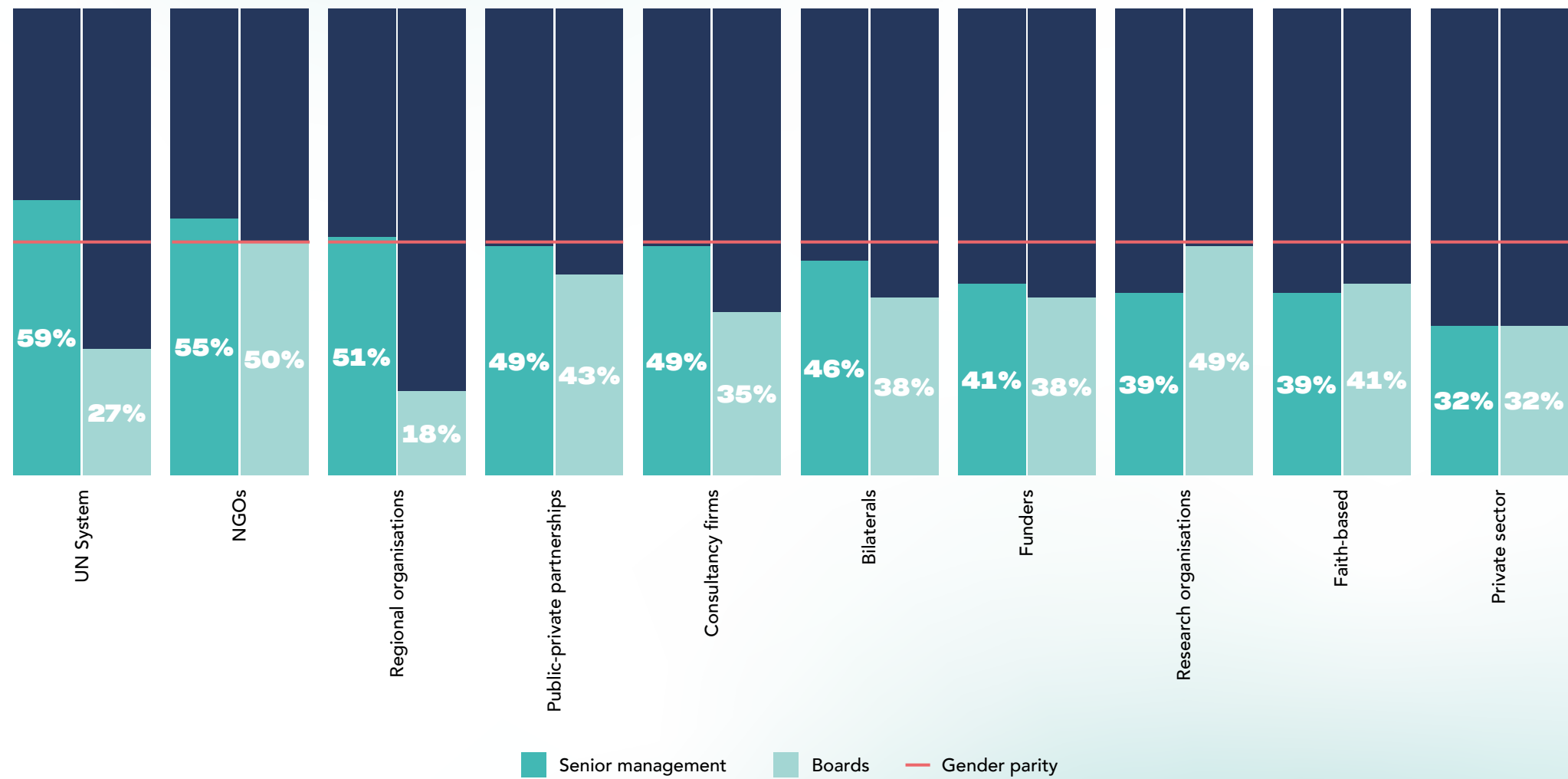**23%**

More women than men
(56%+ women)

13%

Notable progress is being made in reducing the number of gender-unequal decision-making bodies (organisations assessed from 2018-2023):

Senior management bodies with fewer than 44% women
55% in 2018 ↓ 39% in 2023

Boards with fewer than 44% women
75% in 2018 ↓ 54% in 2023

PROPORTION OF WOMEN IN LEADERSHIP VARIES BY BODY AND BY SECTOR

Bar chart showing proportion of women in leadership (Senior management and Boards) by sector:

Sector	Senior management	Boards
UN System	59%	27%
NGOs	55%	50%
Regional organisations	51%	18%
Public-private partnerships	49%	43%
Consultancy firms	49%	35%
Bilaterals	46%	38%
Funders	41%	38%
Research organisations	39%	49%
Faith-based	39%	41%
Private sector	32%	32%

Legend: Senior management · Boards · Gender parity

THE LEADERSHIP 'GLASS BORDER' STARTS TO SHOW SOME CRACKS?

2023 saw a higher than average turnover in CEOs and Board Chairs (40%). The cohort of incoming leaders had much higher representation of people from low- and middle-income countries (LMICs) than previous years.

Among

82

new leaders in 2022/2023, 37% were women, 40% were from LMICs, and 22% had completed their education in LMICs.

CEOS AND BOARD CHAIRS IN 2020

70%
Men

83%
Nationals of high-income countries

92%
Educated in high-income countries

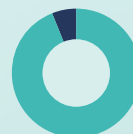### CEOS AND BOARD CHAIRS IN 2021

70%
Men

84%
Nationals of high-income countries

94%
Educated in high-income countries

CEOS AND BOARD CHAIRS IN 2022

68%
Men

80%
Nationals of high-income countries

93%
Educated in high-income countries

CEOS AND BOARD CHAIRS IN 2023

66%
Men

73%
Nationals of high-income countries

83%
Educated in high-income countries

THE UNREALISED POTENTIAL OF DISAGGREGATED DATA

The unrealised potential of disaggregated of data

Sex-disaggregated data is fundamentally necessary both for organisations to implement gender-responsive health programmes that rely on evidence, and for others to hold organisations accountable for their commitments and actions. Understanding the distribution of ill-health, who is benefitting from interventions, and who is being left behind should be firmly embedded in both responses to health crises and in health programmes generally.

SDG17.18 states that countries should be supported to produce timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts. However, GH5050 findings point to a global health system that, despite decades of evidence, still does not grasp the urgency and vitality of sex-disaggregated data. The gendered experience of COVID-19, and the value of sex-disaggregated data during the pandemic, should have been an alarm call for action. GH5050's 'Sex, gender and COVID-19 project' highlighted the inequities along a pathway from testing to illness or death, as well as the near absence of data disaggregated by race/ethnicity, disability or refugee status.[32]

Still, many organisations are failing to integrate evidence from sex-disaggregated data into their programming and responses, and global health is poorer as a result.

54%

(77/143) of non-profit organisations (excluding for-profit companies from our sample) publish commitments to regularly sex-disaggregate programmatic monitoring and evaluation data.

This marks an improvement over 2021, when commitments were found for

44%

(65/148) organisations.

ORGANISATIONAL POLICIES TO SEX-DISAGGREGATE PROGRAMMATIC MONITORING AND EVALUATION DATA

	FOR-PROFIT	NON-PROFIT
Policy found	3/52	77/143
Policy for specific programme found	5/52	21/143
No policy found	44/52	45/143

PART 3 | ORGANISATIONAL PERFORMANCE, 2023, AND TRENDS OVER FOUR YEARS

A MAN'S WORLD
Liverpool,UK, 2022

Seldjan Behari

A woman sits in the middle of a painting and looks directly at us, her face without a mark of expression. She finds herself encircled by men, each wearing a smirk. The woman appears almost statue-like, frozen in time. The artwork seeks to shed light on the challenges that women encounter within male-dominated work environments. It serves as a visual representation of the obstacles and hardships that women often confront, emphasising the need for equality and inclusivity in the workplace. There is a sense that everyone is in motion except her.

Seldjan Behari is an Albanian-born artist and painter currently living in the UK.

ORGANISATIONAL PERFORMANCE 2023

An organisation's performance is calculated using a point system across eight variables. Gender of CEO and Board Chair is not scored. Organisations with 10 or fewer staff are not expected to have workplace gender / diversity policies and are not scored on these variables. GH5050 did not review or include one of the core variables - gender-responsive programmatic strategies - in the 2023 report or the following calculations. See Annex 1.2 for further details.

Organisational pages can be found at:
https://globalhealth5050.org/data/

Symbol	Meaning
V	Organisation validated the data published in the 2023 Report.
★	Consistently high; organisation has scored at least 4 points each year since 2020.
↑	Fast riser; organisation has increased their score by 4 or more points since 2020 or 3 points since 2021.
↗	Moderate riser; organisation has increased their score by 3 points since 2020.
●	No progress since 2020; organisation has not scored above 1 and has not increased their score by more than 1 point since 2020 or organisation's score has decreased by 3 or more points since 2020.
✗ (red)	No woman leader; organisation has not had a woman CEO or Board Chair since 2018 (among organisations assessed since 2018, n=135).
✗ (orange)	No woman leader; organisation has not had a woman CEO or Board Chair since 2020 (among organisations assessed since 2020, n=196).

Very high performers
31 organisations score 7 or 8

Organisation	V	★	↑	✗
Alliance for Health Policy and Systems Research (AHPSR)	V		↑	
CARE International	V	★		
EngenderHealth	V	★		
European Commission	V		↑	
FIND	V	★	↑	
GAVI, the Vaccine Alliance	V	★		
Global Alliance for Improved Nutrition (GAIN)	V	★	↑	
Global Fund to Fight AIDS, Tuberculosis & Malaria	V	★		
International Planned Parenthood Federation (IPPF)	V	★		
Jhpiego	V	★		
Joint United Nations Programme on HIV and AIDS (UNAIDS)	V	★		
Medicines for Malaria Venture	V		↑	✗
Medicines Patent Pool (MPP)	V	★		
Mercy Corps		★	↑	
Norwegian Agency for Development Cooperation (Norad)	V	★	↑	
Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH)	V	★		
Pathfinder International	V		↑	
Plan International	V	★		
Population Council	V		↑	
Population Services International (PSI)	V	★		
RBM Partnership to End Malaria			↑	
Reproductive Health Supplies Coalition	V	★		✗
Save the Children			↑	
Scaling Up Nutrition	V	★		
Sonke Gender Justice	V		↑	
Stop TB Partnership	V	★		
Swedish International Development Cooperation Agency (Sida)	V	★		
UNICEF	V	★		
Unitaid	V	★		
United Nations Office on Drugs and Crime (UNODC)	V	★		
United States Agency for International Development (USAID)			↑	

High performers			
36 organisations score 5 or 6			
Abt Associates	V		
Africa Population and Health Research Centre (APHRC)	V ★		
Cordaid		↑	
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	★		
DSM		↑	
FHI 360	V	↑	
Food and Agricultural Organization of the United Nations (FAO)	V	↗	✗
Ford Foundation		↗	✗
GBC Health		↑	
Global Affairs Canada	★		
Global Financing Facility (GFF)	★		
Health Action International	V ★		
Health Systems Global	★		
International Center for Research on Women (ICRW)	V	↑	
International Federation of Medical Students (IFMSA)	V ★		
International Federation of Red Cross and Red Crescent Societies (IFRC)		↗	✗
International Labour Organization (ILO)	★		
International Rescue Committee (IRC)	V	↗	
Ipas	V	↑	
MSI Reproductive Choices	V	↑	
National Institutes of Health (NIH)	V ★		
Novo Nordisk	V	↑	✗
Nutrition International	V		✗
Open Society Foundations	V	↑	✗
Oxfam International		↑	
Pacific Community		↑	
Partners In Health	V	↑	
PATH	V ★		
UN Women	V ★		
UNHCR	★		
United Nations Development Programme (UNDP)	V ★		

United Nations Economic Commission for Africa (UNECA)		
United Nations Population Fund (UNFPA)	★	
World Bank Group	★	
World Food Programme	★	
World Health Organization (WHO)	★	

Good performers			
49 organisations score between 2 and 4			
AbbVie			✗
Accenture		↗	
Africa CDC		↑	
Africa Centre for Global Health and Social Transformation (ACHEST)	V	↗	
African Union Commission (AUC)			✗
Agence Française de Développement (AFD)		↑	
American Jewish World Service (AJWS)		↑	
AVERT		●	
Bill & Melinda Gates Foundation		↑	
BP		↑	✗
BRAC			
Bristol-Myers Squibb		↑	✗
Caritas Internationalis		↑	
Centers for Disease Control and Prevention (US)			
Clean Cooking Alliance		↑	
Dalberg			
Deloitte		↗	
Drugs for Neglected Diseases Initiative (DNDi)			
Equimundo (formerly Promundo)	V	↗	
Fundação Oswaldo Cruz (Fiocruz)			
Gilead	V	↑	✗
GlaxoSmithKline (GSK)			
Global Handwashing Partnership (GHP)		↑	
Global Health Council	V		
GSMA			✗

Organisation	Symbols
Health Poverty Action	V ↑
Heineken	↗ X
Institut Pasteur	
Intel	↑ X
International AIDS Society (IAS)	V
Islamic Relief Worldwide	V ↑
John Snow, Inc	
Johnson & Johnson	V ↗ X
KPMG	↑ X
Management Sciences for Health (MSH)	V
McCann Health	↑
Memisa	V ↑
Merck	↗ X
Mott MacDonald	↑
NCD Alliance	V ↑
Palladium Group	V ★
Population Reference Bureau (PRB)	
Southern Africa Development Community (SADC)	↗
Teck Resources	V
Unilever	X
Union for International Cancer Control (UICC)	
Viatris	V ↑
Wellcome Trust	↗
World Economic Forum	X

Moderate performers

44 organisations score 0 or 1

Organisation	Symbols
AB InBev	●
Action on Smoking and Health (ASH)	● X
Advocates for Youth	●
Association of Southeast Asian Nations (ASEAN)	↑
Becton, Dickinson and Company	↑ X
Bloomberg Philanthropies	↑

Organisation	Symbols
Caribbean Public Health Agency (CARPHA)	↑
Caterpillar Foundation	●
Catholic Medical Mission Board (CMMB)	↑
Catholic Relief Services (CRS)	V ●
China CDC	↑
Clinton Health Access Initiative (CHAI)	V
Coca-Cola	X
Eli Lilly and Company	X
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	↑ X
European Centre for Disease Prevention and Control	
Foreign, Commonwealth & Development Office	
General Electric	↗ X
Global Alliance for Tobacco Control (GATC) (formerly the Framework Convention Alliance)	●
Global Health Innovative Technology Fund (GHIT Fund)	V ●
icddr,b	●
International Council of Beverages Associations (ICBA)	●
International Union Against Tuberculosis and Lung Disease	V X
International Vaccine Institute (IVI)	V ↑ X
Japan International Cooperation Agency (JICA)	V X
Medela	↑
Medico International	●
Medtronic	● X
Ministry of Foreign Affairs of the Netherlands	●
Movendi International	●
Muslim Aid	↑
Nestle	● X
Novartis	● X
PAI	↗
Pfizer	● X
Philips	X
PwC	●
Reckitt Benckiser Group (RB)	X
Rockefeller Foundation	● X

Organisation	V	↑	●	✕
Safaricom	V		●	✕
Salvation Army International			●	
TB Alliance	V	↑		✕
Vital Strategies		↑		
World Vision		↑		

Low performers
37 organisations score between -7 and -1

Organisation	V	↑	●	✕
ACTION Global Health Advocacy Partnership			●	
Africa Christian Health Association Platform (ACHAP)				
Aga Khan Foundation (AKF)				
Alight	V			
Aliko Dangote Foundation (ADF)			●	
amfAR, Foundation for AIDS Research			●	✕
Amref Health Africa				✕
China Foundation for Poverty Alleviation (CFPA)			●	
Community of Latin American and Caribbean States (CELAC)		↗		
Consumer Brands Association				
ExxonMobil				✕
Global Road Safety Partnership (GRSP)			●	
i+solutions			●	
Imam Khomeini Relief Foundation		↑		
International Diabetes Federation (IDF)			●	
International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)	V		●	
International Federation of Pharmaceutical Wholesalers Foundation (IFPW)				
International Food and Beverage Alliance (IFBA)				
Islamic Development Bank				
Kuehne + Nagel		↑		✕
Magna				
McKinsey & Company			●	
Médecins Sans Frontières (MSF)		↑		
Ministry of Foreign Affairs and International Cooperation, Italy		↑		
Partners in Population and Development (PPD)			●	

Organisation	V	↑	●	✕
Qatar Foundation (QF)		↑		
Rabin Martin	V	↑		
SRHR Africa Trust			●	
Sumitomo Chemical			●	✕
TOMS	V	↑		
US Council for International Business (USCIB)		↑		
Vestergaard Frandsen			●	✕
West African Health Organization (WAHO)			●	
World Council of Churches (WCC)			●	
World Heart Federation	V			
World Obesity Federation	V		●	

PERFORMANCE OVER FOUR YEARS: CONSISTENTLY HIGH PERFORMERS, FAST RISERS AND STAGNATORS, 2020-2023

GH5050 has collected data on 196 of the current sample of 197 organisations since 2020. Forty organisations have continuously performed well across the variables collected. These organisations have transparent policies and measures in place to advance gender equality and are at or near gender parity in their decision-making bodies. They are also often the most likely to engage with GH5050 during the data validation process, which may be further indication of their interest in and support for transparency and public accountability.

Another subset of 61 organisations has demonstrated increasing commitment to set and strengthen gender-responsive policies, where GH5050 had previously reported them lacking or unavailable. Over the period 2020-23, these organisations have improved their overall score, and the majority of them have engaged regularly with GH5050 and actively responded to the findings of the Gender and Health Index.

By contrast, we find that the scores of 37 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.

Find the detailed methods on how performance has been calculated in Annex 1.2.

CONSISTENTLY HIGH PERFORMERS

40 organisations have scored at least 4 out of 8 total points each year for the past four years.

- Africa Population and Health Research Centre
- CARE International
- Deutsche Gesellschaft für Internationale Zusammenarbeit
- EngenderHealth
- FIND*
- Gavi, the Vaccine Alliance
- Global Affairs Canada
- Global Alliance for Improved Nutrition*
- Global Financing Facility
- Global Fund to Fight AIDS, Tuberculosis & Malaria
- Health Action International
- Health Systems Global
- International Federation of Medical Students
- International Labour Organization
- International Planned Parenthood Federation
- Jhpiego
- Joint United Nations Programme on HIV and AIDS (UNAIDS)
- Medicines Patent Pool
- Mercy Corps*
- National Institutes of Health
- Norwegian Agency for Development Cooperation*
- Palladium Group
- Partnership for Maternal, Newborn and Child Health
- PATH
- Plan International
- Population Services International
- Reproductive Health Supplies Coalition
- Scaling Up Nutrition
- Stop TB Partnership
- Swedish International Development Cooperation Agency
- UN Women
- UNHCR
- UNICEF
- Unitaid
- United Nations Development Programme
- United Nations Office on Drugs and Crime
- United Nations Population Fund
- World Bank Group
- World Food Programme
- World Health Organization

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

FAST RISERS

61 organisations that have increased their scores by at least 4 points since 2020 or 3 points since 2021.

Scored 5+ points in 2023

- Alliance for Health Policy and Systems Research
- Cordaid
- DSM
- European Commission
- FHI 360
- GBC Health
- International Center for Research on Women
- Ipas
- Medicines for Malaria Venture
- MSI Reproductive Choices
- Novo Nordisk
- Open Society Foundations
- Oxfam International
- Pacific Community
- Partners In Health
- Pathfinder International
- Population Council
- RBM Partnership to End Malaria
- Save the Children
- Sonke Gender Justice
- United States Agency for International Development

Scored 1-4 points in 2023

- Africa CDC
- Agence Française de Développement
- American Jewish World Service
- Association of Southeast Asian Nations
- Becton, Dickinson and Company
- Bill & Melinda Gates Foundation
- Bloomberg Philanthropies
- BP
- Bristol-Myers Squibb
- Caribbean Public Health Agency
- Caritas Internationalis
- Catholic Medical Mission Board
- Clean Cooking Alliance
- Elizabeth Glaser Pediatric AIDS Foundation
- Gilead
- Global Handwashing Partnership
- Health Poverty Action
- Intel
- International Vaccine Institute
- Islamic Relief Worldwide
- KPMG
- McCann Health
- Medela

- Memisa
- Mott MacDonald
- NCD Alliance
- TB Alliance
- Viatris

Scored 0 or fewer points in 2023
- China CDC
- Imam Khomeini Relief Foundation
- Kuehne + Nagel
- Médecins Sans Frontières
- Ministry of Foreign Affairs and International Cooperation, Italy
- Muslim Aid
- Qatar Foundation
- Rabin Martin
- TOMS
- US Council for International Business
- Vital Strategies
- World Vision

MODERATE RISERS

16 organisations that have increased their score by 3 points since 2020

Scored 5+ points in 2023
- Food and Agricultural Organization of the United Nations
- Ford Foundation
- International Federation of Red Cross and Red Crescent Societies
- International Rescue Committee

Scored 2-4 points in 2023
- Accenture
- Africa Centre for Global Health and Social Transformation
- Deloitte
- Equimundo
- Heineken
- Johnson & Johnson
- Merck
- Southern Africa Development Community (SADC)
- Wellcome Trust

Scored -3-1 points in 2023
- Community of Latin American and Caribbean States
- General Electric
- PAI

STAGNATING LOWER PERFORMERS

37 organisations that have not scored above 1 since 2020 and have not increased their score by more than 1 point since 2020, or whose scores have decreased by 3 or more points since 2020.

- AB InBev
- ACTION Global Health Advocacy Partnership
- Action on Smoking and Health
- Advocates for Youth
- Aliko Dangote Foundation
- amfAR, Foundation for AIDS Research
- AVERT
- Caterpillar Foundation
- Catholic Relief Services
- China Foundation for Poverty Alleviation
- Global Alliance for Tobacco Control
- Global Health Innovative Technology Fund
- Global Road Safety Partnership
- i+solutions
- icddr,b
- International Council of Beverages Associations
- International Diabetes Federation
- International Federation of Pharmaceutical Manufacturers and Associations
- McKinsey & Company
- Medico International
- Medtronic
- Ministry of Foreign Affairs of the Netherlands
- Movendi International
- Nestle
- Novartis
- Partners in Population and Development
- Pfizer
- PwC
- Rockefeller Foundation
- Safaricom
- Salvation Army International
- SRHR Africa Trust
- Sumitomo Chemical
- Vestergaard Frandsen
- West African Health Organization
- World Council of Churches
- World Obesity Federation

UNEVEN PERFORMERS

42 organisations whose scores have not changed by more than 2 points in either direction since 2020 and do not fall into other categories.

Scored 3-5 points in 2023
- Abt Associates
- African Union Commission
- BRAC
- Centers for Disease Control and Prevention (US)
- Dalberg
- Drugs for Neglected Diseases Initiative
- Fundação Oswaldo Cruz
- Global Health Council
- Institut Pasteur
- International AIDS Society
- John Snow, Inc
- Nutrition International
- Population Reference Bureau
- Unilever
- United Nations Economic Commission for Africa

Scored 0-2 points in 2023
- AbbVie
- Clinton Health Access Initiative
- Coca-Cola
- Eli Lilly and Company
- European Centre for Disease Prevention and Control
- Foreign, Commonwealth & Development Office
- GlaxoSmithKline
- GSMA
- International Union Against Tuberculosis and Lung Disease
- Japan International Cooperation Agency
- Management Sciences for Health
- Philips
- Reckitt Benckiser Group
- Teck Resources
- Union for International Cancer Control
- World Economic Forum

Scored -5 - -2 points in 2023
- Amref Health Africa
- ExxonMobil
- International Federation of Pharmaceutical Wholesalers Foundation
- Alight
- Aga Khan Foundation
- Islamic Development Bank
- World Heart Federation
- Africa Christian Health Association Platform
- International Food and Beverage Alliance
- Consumer Brands Association

ANNEX. METHODS

1.1 SAMPLE, DATA COLLECTION AND VALIDATION WITH ORGANISATIONS

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.

ORGANISATIONAL SAMPLE AND CRITERIA FOR INCLUSION

This Report reviews 197 organisations active in global health. 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 2023 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, or companies that contributed to consultations on the Uruguay Road Map on noncommunicable diseases

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 majority of 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. Aside from human resources policies (see below), 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).

This year's report covers human resources policies - some of which remain internal to the organisation itself and have not been published in the public domain. At the start of our data collection we requested organisations to share relevant policies with us. The policies have been coded and we have indicated, where appropriate, when these were internal rather than public policies. As per ethical approval (see below), these internal policies were stored by us on secure servers and will be destroyed from our servers after an agreed length of time.

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 and Globalization and Health) prior to 2017.

2023 THEMATIC FOCUS: SRHR IN THE WORKPLACE

To identify and extract the information on the variables selected for inclusion in this report, we reviewed available human resource policies - those found on the internet and those shared directly with us upon request. Policies of interest were primarily: parental and other leave policies, sexual harassment policies, flexible working policies, codes of conduct, and medical and other employment benefit policies.

Organisations' websites and shared internal policies were searched using the following search terms:

Policy issue	Search terms
Menstruation	Menstrual, menstruation, period
Menopause	Menopause, menopausal
Abortion	Abortion, termination
Antenatal care	Antenatal, prenatal
Miscarriage, stillborn	Pregnancy loss, miscarriage, stillborn, demise
Fertility	Fertility, conception assistance
Adoption, surrogacy	Adopt, adopted, surrogacy, surrogate
Violence in the home	Domestic, abuse, victim, survivor, intimate partner, violence

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 were 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). 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 change.

1.2 ORGANISATIONAL SCORES AND RANKING

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.

Organisational performance for 2023 is categorised into five quintiles: **very high performer, high performer, good performer, moderate performer, and low performer.** 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. Reporting of sex-disaggregated programmatic data

We also present trends in organisational performance on the above variables over four years, which are categorised as: consistently high performers, fast risers, moderate risers, uneven performers and stagnators. Trend scores are based on organisations' scores in 2020, 2021, 2022 and 2023.

For each variable, organisations are scored 1, 0 or -1 points, meaning that the highest possible score is 8 points, while the lowest possible score is -8 points.

ORGANISATIONS SCORE ONE (1) POINT FOR:

- Each **green (G)**
- Purple (P) for Senior Management / Governing Bodies (P indicates that more than 55% women are represented)

ZERO POINTS (0) FOR:

- Each **amber (A)**
- **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
- **Not Found (NF)** for 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**
- Each '**not found' (NF)**' 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 years 2020 and 2023, this variable was scored as red, amber or green. In 2022, findings were presented as a 'yes' or 'no'. To maintain consistency with the binary approach to scoring, organisations were either awarded 1 (yes) or 0 (zero) points for year 2022. For years 2020, 2021 and 2023, organisations are awarded 1 point for scoring green and 0 points for both amber and red.

- Gender-responsive programmatic responses: The 2023 Report did not collect nor report data on this variable. Organisational scores in 2020-2022 have been adjusted by removing this variable to maintain consistency with the 2023 set of variables.

- 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 8. 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 on a methodology that is fair and defensible.
We welcome your suggestions as to what a fair assessment would look like. Please email us at **info@globalhealth5050.org**.

As a final step we have categorised the organisations. For 2023 performance, this is categorised as following:

Very high performer	Organisations that score 7 or 8 points
High performer	Organisations that score 5 or 6 points
Good performer	Organisations that score between 2 and 4 points
Moderate performer	Organisations that score 0 or 1 points
Low performer	Organisations that score between -7 and -1 points

For trends in organisational performance over four years, this is categorised as following:

Consistently high performers	Organisations that have achieved a score of at least 4 points each year for the past 4 years. An asterisk indicates those organisations that have increased their scores by at least 4 points since 2020 or by 3 points since 2021
Fast risers	Organisations that have increased their score by at least 4 points since 2020 or by 3 points since 2021
Moderate risers	Organisations that have increased their score by 3 points since 2020
Uneven performers	Organisations whose scores have not changed by more than 2 points in either direction since 2020 and do not fall into the other four categories
Stagnating lower performers	Organisations have not scored above 1 since 2020 and have not increased their score by more than 1 point since 2020, or organisations whose scores have decreased by more than 3 points since 2020

Full performance data across multiple years is also available in the Gender and Health Index.

ENDNOTES

1.   Office for National Statistics. (2022, October 26). Gender pay gap in the. Retrieved from www.ons.gov.uk website: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2022

2.   Government Equalities Office, & The Rt Hon Penny Mordaunt MP. (2019). Gender equality at every stage: a roadmap for change (pp. 1–28). Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821889/GEO_GEEE_Strategy_Gender_Equality_Roadmap_Rev_1__1_.pdf

3.   Previous GH5050 research has found that the majority of the organisations reviewed (56%; 82 out of 146, not including the private for-profit sector) work on one or more aspects of SRHR in their external programmes.

4.   We recognise that SRHR are vital to every person's health and wellbeing. In this report we also recognise that women, transgender men, and non-binary people are more likely to have specific needs in relation to SRHR across the life course.

5.   World Bank. (2023). Women, Business and the Law 2023 (pp. 1–131). https://openknowledge.worldbank.org/server/api/core/bitstreams/b60c615b-09e7-46e4-84c1-bd5f4ab88903/content

6.   World Bank. (2023). Women, Business and the Law 2023 (pp. 1–131). https://openknowledge.worldbank.org/server/api/core/bitstreams/b60c615b-09e7-46e4-84c1-bd5f4ab88903/content

7.   Shanthosh, J., Durbach, A., & Joshi, R. (2021). Charting the Rights of Community Health Workers in India: The Next Frontier of Universal Health Coverage. Health and Human Rights Journal, 23(2), 225–238. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8694295/pdf/hhr-23-225.pdf

8.   World Health Organization. (2022, June 22). WHO statement on menstrual health and rights. https://www.who.int/news/item/22-06-2022-who-statement-on-menstrual-health-and-rights

9.   Defining menstrual health continues to be an area of contestation. See for example: 1) Amery, F., Channon, M., Puri, M. C., & Thomson, J. (2023). Developing the menstrual justice agenda: insights from a mixed method study in the mid-western region of Nepal. Sex Reprod Health Matters, 31(1). https://doi.org/10.1080/26410397.2023.2204025; 2) Hennegan, J., Winkler, I. T., Bobel, C., Keiser, D., Hampton, J., Larsson, G., Chandra-Mouli, V., Plesons, M., & Mahon, T. (2021). Menstrual health: a definition for policy, practice, and research. Sexual and reproductive health matters, 29(1), 31-38 1911618. https://doi.org/10.1080/26410397.2021.1911618

10. Hord, C., David, H. P., Donnay, F., & Wolf, M. (1991). Reproductive health in Romania: reversing the Ceausescu legacy. Studies in Family Planning, 22(4), 231–240.

11. Dan, A. J. (1986). The law and women's bodies: The case of menstruation leave in Japan. Health Care for Women International, 7(1-2), 1–14. https://doi.org/10.1080/07399338609515719

12. Baird, M., Hill, E. T., & Colussi, S. (2021). Mapping menstrual leave legislation and policy historically and globally: A labor entitlement to reinforce, remedy, or revolutionize gender equality at work? Comparative Labor Law and Policy Journal, 42(1), 187–228. https://dialnet.unirioja.es/servlet/articulo?codigo=8237661

13. Baird, M., Hill, E. T., & Colussi, S. (2021). Mapping menstrual leave legislation and policy historically and globally: A labor entitlement to reinforce, remedy, or revolutionize gender equality at work? Comparative Labor Law and Policy Journal, 42(1), 187–228. https://dialnet.unirioja.es/servlet/articulo?codigo=8237661

14. Morris, S. (2016, March 2). UK company to introduce "period policy" for female staff. The Guardian. https://www.theguardian.com/lifeandstyle/2016/mar/02/uk-company-introduce-period-policy-female-staff

15. Melican, C., & Mountford, G. (2016). Menstrual and Menopause Workplace Wellbeing Policy. Victorian Women's Trust. https://www.vwt.org.au/projects/menstrual-workplace-policy/

16. Delhi, R. in N. (2020, August 8). Indian food delivery company Zomato offers "period leave" to women. The Guardian. https://www.theguardian.com/world/2020/aug/08/indian-food-delivery-company-zomato-offers-period-leave-to-women

17. Jones, S. (2023, February 16). Spain passes law allowing anyone over 16 to change registered gender. The Guardian. https://www.theguardian.com/world/2023/feb/16/spain-passes-law-allowing-anyone-over-16-to-change-registered-gender

18. Baird, M., Hill, E. T., & Colussi, S. (2021). Mapping menstrual leave legislation and policy historically and globally: A labor entitlement to reinforce, remedy, or revolutionize gender equality at work? Comparative Labor Law and Policy Journal, 42(1), 187–228. https://dialnet.unirioja.es/servlet/articulo?codigo=8237661

19. Levitt, R. B., & Barnack-Tavlaris, J. L. (2020). Addressing Menstruation in the Workplace: The Menstrual Leave Debate. The Palgrave Handbook of Critical Menstruation Studies, 561–575. https://doi.org/10.1007/978-981-15-0614-7_43

20. Sang, K., Remnant, J., Calvard, T., & Myhill, K. (2021). Blood Work: Managing Menstruation, Menopause and Gynaecological Health Conditions in the Workplace. International Journal of Environmental Research and Public Health, 18(4), 1951. https://doi.org/10.3390/ijerph18041951

21. Sommer, M., Chandraratna, S., Cavill, S., Mahon, T., & Phillips-Howard, P. (2016). Managing menstruation in the workplace: an overlooked issue in low- and middle-income countries. International Journal for Equity in Health, 15(1). https://doi.org/10.1186/s12939-016-0379-8

22. Bearak, J., Popinchalk, A., Ganatra, B., Moller, A.-B., Tunçalp, Ö., Beavin, C., Kwok, L., & Alkema, L. (2020). Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. The Lancet Global Health, 8(9). https://doi.org/10.1016/S2214-109X(20)30315-6

23. Center for Reproductive Rights. (n.d.). Abortion. https://reproductiverights.org/our-issues/abortion/

24. Sedgh, G., Mason, N., & Singh, S. (2022, August 16). Undoing of Roe v. Wade Leaves US as Global Outlier on Abortion. Guttmacher Institute. https://www.guttmacher.org/article/2022/08/undoing-roe-v-wade-leaves-us-global-outlier-abortion

25. World Health Organization. (n.d.). Gender incongruence and transgender health in the ICD. https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd

26. Lancet, N. (2021). Miscarriage: worldwide reform of care is needed. The Lancet, 397(10285), 1597. https://doi.org/10.1016/s0140-6736(21)00954-5

27. Hug, L., You, D., Blencowe, H., Mishra, A., Wang, Z., Fix, M. J., Wakefield, J., Moran, A. C., Gaigbe-Togbe, V., Suzuki, E., Blau, D. M., Cousens, S., Creanga, A., Croft, T., Hill, K., Joseph, K. S., Maswime, S., McClure, E. M., Pattinson, R., & Pedersen, J. (2021). Global, regional, and national estimates and trends in stillbirths from 2000 to 2019: a systematic assessment. The Lancet, 398(10302), 772–785. https://doi.org/10.1016/s0140-6736(21)01112-0

28. World Health Organization. (2018). Why We Need to Talk about Losing a Baby. https://www.who.int/news-room/spotlight/why-we-need-to-talk-about-losing-a-baby

29. The Menopause Friendly Accreditation. (n.d.). https://menopausefriendly.co.uk/

30. Myhill, K., & Sang, K. (2023). Menopause at Work: An Analysis of the Current Law and Proposals for Reform. Industrial Law Journal, 52(1), 214–229. https://doi.org/10.1093/indlaw/dwad003

31. Fawcett Society. (2022). Landmark Study: Menopausal Women Let Down by Employers and Healthcare Providers (pp. 1–5). https://www.fawcettsociety.org.uk/Handlers/Download.ashx?IDMF=ab18c943-9c75-4320-8bb4-ae781d2dedec

32. Tomlinson, M. (n.d.). BS 30416 Menstrual and menopausal health in the workplace. BSI Group. https://www.bsigroup.com/en-GB/blog/healthcare-blog/bs-30416-menstrual-and-menopausal-health-in-the-workplace/

33. World Health Organization. (2021, March 9). Violence against women. https://www.who.int/news-room/fact-sheets/detail/violence-against-women#:~:text=Worldwide%2C%20almost%20one%20third%20(27,violence%20by%20their%20intimate%20partner).

34. Buse, K., Gautam, A., Hussain, U., & Olarewaju, V. (2023). The dearth of disaggregated health data: a political rather than a technical challenge. BMJ, 381, p1254–p1254. https://doi.org/10.1136/bmj.p1254

35. Pfizer, GSK, UN Foundation, & GBC Health and the Global Health Council. (2015). The Central Role of Health in the Post-2015 Sustainable Development Agenda (pp. 1–5). Every Woman Every Child. https://www.everywomaneverychild.org/images/Health_in_the_SDGs_v10_6April15_2.pdf

36. Global conference on enhancing policy coherence to prevent and control noncommunicable diseases. (2017). https://www.esmo.org/content/download/121083/2120839/1/Global-Conference-Noncommunicable-Diseases-2017.pdf

37. Hawkes, S., & Buse, K. (2013). Gender and global health: evidence, policy, and inconvenient truths. Lancet, 381(9879), 1783–1787. https://doi.org/10.1016/S0140-6736(13)60253-6

38. Hawkes, S., Buse, K., & Kapilashrami, A. (2017). Gender blind? An analysis of global public-private partnerships for health. Globalization and Health, 13(1), 1–11. https://doi.org/10.1186/s12992-017-0249-1

TRAVERSING
UK 2022

Shivangi Ladha

Figures that appear to be seated and standing at the same time, shift and fade across the paper. The print represents the collective voice of a crowd – a crowd seeking to rise and transcend to a place or state where there is no differentiation between gender, sexuality, race, caste, creed, disability or class, where we are essentially all one and the same from within. Multiple bodies are connected in one formation, marching throughout time. The artist aims to raise awareness and spring consciousness in others about their own existence. It provides others with a different perspective on the concept of identity, that is free from the constraints of the mind.

Shivangi Ladha is an Indian artist, currently based in London and exhibiting worldwide.