2024 GLOBAL HEALTH 50/50 REPORT

GAINING GROUND?

ANALYSIS OF THE GENDER-RELATED POLICIES AND PRACTICES OF 201 GLOBAL ORGANISATIONS ACTIVE IN HEALTH

GLOBAL 50
HEALTH 50

Global Health 50/50® is an independent nonprofit. Global Health 50/50 was co-founded by Professors Sarah Hawkes and Kent Buse. It is staffed by a dedicated collective of researchers, strategists and communications experts most of whom work in the global health sphere while also contributing to the work and aims of GH5050. Sonja Tanaka guides the development of the global Report. Collective members who contributed to the 2024 Report include: Imogen Bakelmun, Unsia Hussein, Alma Ionescu, Aaron Koay, Manasi Hansoge, Alena Huong Le, Victoria Olarewaju, Charlie Pelter, Vedant Shukla, Dahye Yim, David Zezai.

We are grateful to Minakshi Dahal and Sarmila Dhakal of CREHPA and Anugrah Saputra and Rayssa Anggraeni at CISDI for their partnership and research contributions.

The initiative is guided by a diverse independent Advisory Council and charitable oversight is provided by a Board of Trustees. We are deeply indebted to the members of both of these bodies.

GH5050 is grateful to the many people who shared their expertise, insights and experiences in the development of this Report, and to the 83 organisations who validated their data with us.

This Report was funded by a grant from Bill & Melinda Gates Foundation.

Global Health 50/50 is a registered UK Charity (Registration Number: 1194015).

Suggested citation: Global Health 50/50, Gaining ground? Analysis of the gender-related policies and practices of 201 global organisations active in health, Cambridge, UK, 2024.
https://doi.org/10.56649/OVWL4422

All care has been taken to ensure the accuracy of the data reported. However, if you believe that an error has been made, please contact: info@globalhealth5050.org.

#GH5050 @GlobalHlth5050
www.globalhealth5050.org

Cover illustration:

TXAI SURUÍ

Guarani village of Tekoá Pyau, Jaraguá, São Paulo.

Daniela Agostini

Txai Suruí, a prominent Brazilian Indigenous activist leader, documents police action during an assembly of indigenous people against the legal thesis, Marco Temporal, in the Guarani village of Tekoá Pyau, in Jaraguá, São Paulo. In Txai's set stare we are reminded of the importance of remaining vigilant in the fight for equality.

CONTENTS

FEATURED VOICES:

Seye Abimbola, Associate Professor, University of Sydney, Australia and Member of the GH5050 Advisory Council
Nabeeha Kazi Hutchins, President and CEO of PAI
Sharmila Mhatre, Member of GH5050 Advisory Council
Hannah Valantine, Professor of Medicine, Stanford University, USA, and inaugural and former Chief Officer for Scientific Workforce Diversity at the United States National Institutes of Health

Individual profile pages of organisations' results over seven 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. The images in this report are drawn from our collection. Explore the full collection here: https://globalhealth5050.org/this-is-gender/

FOREWORD

FROM DR AYOADE ALAKIJA
CHAIR OF THE FIND BOARD

In this Report, Global Health 50/50 has undertaken an eye opening and critical examination of the governance landscape of global organisations active in health, which deeply resonates with me on a personal level and is both enlightening and sobering.

These organisations wield immense influence and authority. They control the distribution of billions of dollars annually and play a significant role in shaping global discourse on the social and political priorities, norms, and solutions impacting us all.

If our aspirations of equity are to be achieved, it is essential that these places of influence not only reflect the diversity of our global community, but actively seek to rebalance power structures. For those of us working in the global health space, it is imperative that our work is informed by the voices of people on the ground and addresses the needs of the communities at the peripheries.

For the first time, Global Health 50/50's report finds parity among the chairs and members of the boards of nonprofit organisations. Yet are these women getting the support they need to be successful, or are they being undermined? These questions provide a possible theme for a further report. We also see the most diverse cohort of new leaders to date, a testament to the hard work within organisations to publish

commitments, implement policies, and start to shift cultures and norms.

At the same time, people from low-income countries, particularly women, continue to be largely excluded from leadership roles globally. Shockingly, only 2% of nonprofit board seats are held by women from low-income countries, while 17% are held by men from the USA.

The need to improve women's representation in boardrooms and across leadership teams cannot be overstated. It's not just about equality, it is also strategic. A growing body of evidence backs-up this vital point.[1] Companies with a greater proportion of women on their boards tend to outperform those with fewer women, with profitability being significantly higher. Diversity in leadership brings a variety of unique perspectives and skillsets to the table, enriching decision-making processes and innovation. Diverse boards are better equipped to understand and respond to the needs of their stakeholders and the populations they aspire to serve, leading to improved corporate governance and reputation.

As the first black woman to Chair the FIND Board of Directors I am undoubtedly better equipped to serve the needs of populations in the Global South than my overrepresented counterparts from high-income countries. Nevertheless, I remain an anomaly. As a leader in global health, I have experienced people reacting to my legitimate decisions in ways that I have found challenging and, at times, disrespectful. I can't help but wonder if their response would have been different had those same decisions been made by a white man from a high-income country.

It may be that for more women to step into leadership positions, the models and methodologies of leadership itself need to be reconsidered. Allowing women to sit at a table laden with prejudice, bullying and blame is not progress. We must not allow female leadership as an anomaly to become an aberration. As Nigerian philosopher Bayo Akomolafe said, "I cannot risk being included in these sites of power. Occupying the upper deck on a slave ship still leaves us here on this vessel. So, I do not want a seat at the table. I want to fly."

Definitions of leadership can no longer be centred on traditionally masculine traits but must encompass compassion, empathy and the humanity of those whose lives are at stake. In her book, Feminism is for Everybody, bell hooks wrote, "We should never leave it to women and equity-seeking leaders to carry the weight of gender-sensitive, equity-mindful, and diversity-unlocking decision-making alone. That's a setup and a missed opportunity."

For transformative, sustained change which sees more women in leadership roles in global health and country-led health responses that address the rights and needs of girls and women requires courage and conviction - of women in leadership, those who support them and those working with them so that we might all find wings to fly.

Through their thorough research and analysis, GH5050 continues to provide the impetus for us all to strive for greater equity and inclusion in global health governance. Let us all acknowledge the transformative power of women's leadership in boardrooms and commit to moving beyond the metrics to redefine leadership and turn the tables on dominant power structures. By championing women in all their diversity, we not only enhance organisational performance but also pave the way for a future where everyone has an equal opportunity to thrive.

1 Dixon-Fyle, S, et al. (March, 2020). Diversity wins: How inclusion matters. McKinsey & Co. https://www.mckinsey.com/featured-insights/diversity-and-inclusion/diversity-wins-how-inclusion-matters#/

WORD FROM THE COLLECTIVE

Gender equality is not just a lofty ideal; it is a fundamental human right and an essential precondition for achieving all the goals set out in the 2030 Agenda for Sustainable Development, including the crucial areas of health and well-being.

A NEW REPORT AMIDST PROGRESS AND PUSHBACK

As we continue to advance the agendas of the groundbreaking Beijing and Cairo conferences on women's rights and population and development respectively, we see progress and pushback in equal measure. This contest challenges us to reflect on our journey and enhance our strategies to bring about a more equitable and fairer world. Our latest Report provides rigorous evidence highlighting the inequitable gender composition of boards governing global organisations active in health and the disproportionate influence of a few nationalities in these decision-making spaces. The data feeds into the growing dialogue on power dynamics in global health: Who sets priorities and solutions? What interests, worldviews, and principles underpin these decisions? Ultimately, who benefits, and who is left behind? In the past two years since we first investigated board representation, we find that boards have more women and more nationals from

low- and middle-income countries. In fact, across the variables that we measure each year, we find progress – sometimes remarkable jumps – in organisational performance. For the first time, gender parity has been reached among board chairs in the nonprofits, and the newest cohort of leaders is more diverse than ever before. This is a clear indicator that change is not only possible but is already happening. And we commend those organisations that have upped their game. However, American men still hold more global health board seats than women from all 57 low- and middle-income countries combined.

Additionally, the Report underscores that in decision-making spaces with greater female representation, women are more likely to ascend to leadership roles. This link highlights the power of representation and the importance of fostering inclusive environments that encourage diverse leadership. The first GH5050 Report emerged during a period of intense advocacy for gender equality across political, professional, and personal spheres. Overtime we have documented the positive impact of these efforts, evidenced by policy changes and progress towards parity.

However, this progress is fragile and possibly at threat and future gains are far from assured. We are witnessing a well-funded, organised backlash aiming to undermine the progress made in gender equality, women's rights, bodily autonomy, and gender diversity. Figures like Andrew Tate and Jordan Peterson amplify anti-feminist rhetoric, which misrepresents gender equality and reinforces damaging stereotypes. This stance, often boosted by unchecked social media algorithms, promotes a harmful zero-sum perspective that pits men's interests against women's progress and sees women in power as about taking away, rather than adding value. The very term 'gender' remains highly contested in global spaces, including increasingly in the World Health Assembly. It is vital that we consider any positive changes in policy and leadership in recent years, highlighted in this Report, with a long-term perspective and strive to ensure we do not see a step backwards from the progress made.

Encouragingly, we are seeing a small but positive movement in terms of investment. An Organisation for Economic Cooperation and Development (OECD) analysis revealed that during 2016-2017, 62% of official development assistance was gender blind and only 4% was allocated to programmes in which gender equality and women's empowerment was the main objective. Feminist funding initiatives have sought to fill this gap, with a welcome focus on resourcing progressive women-led movements fighting for gender justice, especially in the global South.

EMBRACING AND INVESTING IN THE POWER OF ACCOUNTABILITY TO DRIVE CHANGE

While we would like to see even greater investments, including from governments, equally importantly, accountability mechanisms must be prioritised alongside advocacy to ensure real, lasting change. We have seen the power or at least the potential of accountability in initiatives such as The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in opposing the effects of discrimination around the world. We hope that the data in our report will provide young women, staff associations and other reformers with some of the evidence that will help them hold their organisations to account for greater diversity and equity in leadership.

Achieving gender equality is not a secondary goal but a cornerstone of a sustainable and just future. We will continue to champion this cause with passion and urgency, recognising that our collective well-being and the realisation of the 2030 Sustainable Development Agenda depend on it. Swedish feminist foreign policy focused on rights, representation and resources. We add to that list a fourth 'R': recourse, in the sense of strengthened accountability for the first three 'Rs'. Let us continue to push for progress, challenge inequities, and rewrite the rules on who gets to operate in the corridors of power.

SUMMARY

The 2024 GH5050 Report takes an in-depth look at gender equality and diversity within global health leadership. For the first time, the Report also explores the differences between the nonprofit and for-profit sectors. Drawing on seven years of annual assessments, the Report finds that while some progress has been made, significant and alarming gaps remain, especially in diversity in leadership and pay equity.

LOCATIONS OF POWER AND LEADERSHIP

Power imbalances remain widespread in the global health system, particularly evident in the lack of gender equality and diversity in top leadership positions. Most organisations in the sample are headquartered in high-income countries. This geographical locus of power heavily influences the composition of their boards.

In nonprofit organisations, most board seats are occupied by nationals from high-income countries, with only 5% held by nationals from low-income countries. Women from low-income countries hold just 2% of nonprofit board seats, while 17% of seats are held by men from the USA alone. The proportion of women and nationals from low- and middle-income countries is even lower on the boards of for-profit companies in the sample. People from low-income countries continue to be largely denied the opportunity to contribute to the governance and decision-making of global health, with women especially under-represented.

ENCOURAGING SIGNS TO BE CELEBRATED – AND SCRUTINISED

Despite these ongoing inequalities, the report also highlights some encouraging shifts. The newest cohort of board chairs is more diverse than GH5050 first reported. For the first time, gender parity among board chairs in nonprofit organisations has been achieved, with 51% of board chairs being women, a significant change from 30% in 2018. This progress mirrors the rise in public commitments to gender equality, which have grown from 68% in 2018 to 91% in 2024 among nonprofits in our sample.

This increase should be celebrated. However, gender parity has not been achieved in all sectors. Among for-profit companies, only 16% of board chairs are women. While low, this is a marked increase from 2% since 2018.

A closer look at power and pay reveals inequities even when gender parity has been achieved. An assessment of the nonprofits in the GH5050 sample that submit US tax returns shows that while more than half of CEOs are women, men lead organisations with average revenues more than twice as large as those led by women. As larger revenues are linked to larger salaries for CEOs, men CEOs earn on average $140,000 more annually than their women counterparts.

Gender pay inequalities are rampant – driven by, for example, women's historically lower pay, the disproportionately low representation of women in senior roles, occupational segregation, and gender discrimination. Yet exceedingly few employers analyse and publish their gender pay inequalities, particularly in the absence of state mandates.

In the UK, where gender pay gap reporting is mandatory, there has been some progress towards equality. The median gender pay gap, which measures pay gaps across an entire workforce, has decreased from 13.1% to 10.9% since 2017 among organisations in our sample. However, disparities remain substantial, particularly in bonus pay, where women receive a median 16.4% less than men. Lower lifetime earnings make it harder for women to save for retirement and result in smaller pensions than men.

CALL FOR ACCOUNTABILITY

While there are promising signs of progress, the journey towards gender equality and equitable power distribution in global health is far from complete. The underrepresentation of individuals from low- and middle-income countries (LMICs), especially women, in decision-making roles is a stark reminder of the work still needed to achieve global health equity. Organisations must be held accountable for their commitments, and policies must translate into real-world outcomes.[2] We encourage staff and stakeholders to use the findings of this Report to put pressure on leadership in organisations, particularly those that are performing poorly in the GH5050 Index (see Part 4 for how to use this Report to drive change). And we call on funders to invest more in accountability mechanisms, including to hold organisations accountable for shaping inclusive and equitable workplaces.

This report underscores the critical need for continued advocacy, policy implementation, and rigorous accountability. Only through sustained and collective effort can we hope to dismantle the entrenched power structures that perpetuate inequities in global health leadership.

2 Evagora-Campbell M, Kedia S, Odero HO, et al. Legislation for advancing women's leadership in the health sector in India and Kenya: a 'law cube' approach to identify ways to strengthen legal environments for gender equality. BMJ Glob Health 2024;0:e014746. doi:10.1136/bmjgh-2023-014746

ABOUT THE REPORT

FOLLOW UP ASSESSMENT OF GLOBAL HEALTH BOARD MEMBERS

This Report takes an in-depth look at power and privilege by examining who governs global health. Following up on our 2022 report, here we assess the demographics of every board member of 147 of the most influential organisations active in global health. This is a sub-sample of the 201 organisations annually assessed by GH5050 and excludes organisations where board membership is mandated through member state participation or where data could not be located (pg 16). We present aggregate findings on the gender and nationality of 1,980 individuals across 147 organisations.

SPOTLIGHT ON POWER AND PAY INEQUALITIES IN THE US AND THE UK

This Report also presents GH5050's review of the publicly-available tax returns of the US-based nongovernmental organisation in our sample. By extracting organisational revenue, CEO annual salaries, and the gender of the CEO, we reveal inequalities in power and pay at the highest levels of leadership (pg 29).

GH5050 also presents data on the gender pay gap reported by organisations in the sample with a presence in the UK, where employers with more than 250 staff are legally required to report their gender pay gap annually (pg 31).

ANNUAL ANALYSIS OF 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.

Parts 1 and 2 of this Report present our findings on the progress of organisations over seven 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 offers opportunities to drive change using the results of the Report. Part 4 presents organisational performance in 2024, as well as progress since 2020 by category (consistently high performers; fast risers; and stagnators).

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

PRESENTING FINDINGS FOR NONPROFIT AND FOR-PROFIT ORGANISATIONS SEPARATELY

For the first time the GH5050 annual Report presents its findings separately for the nonprofit organisations and for-profit companies in our sample (see next page for the full list). The sample of for-profit companies included in the GH5050 analysis is largely derived from two groups: 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 Sustainable Development Goals (SDGs), and companies that contributed to consultations on the Uruguay Road Map on noncommunicable diseases. Eleven global consultancy companies with an interest in the health sector are also included. One consultancy company was added to the sample this year, upon request by the company.

We present the findings separately in acknowledgement of the inherent differences in roles, interests and motivations between profit-generating companies with an interest in influencing health (including those with an interest in health policies at global and national levels), and organisations with core mandates to advance global health and wellbeing and social justice. Such disaggregation also allows further insight into how the two types of employers perform differently across the Gender and Health Index.

STATISTICAL ANALYSIS OF DATA

We undertook regression analyses to examine correlations between variables and tested for statistical significance, adjusting for confounders where appropriate. Results that showed statistically significant correlations (p value <0.05) are indicated in the text, with the strengths of correlations shown as $p<0.05$, <0.01 or <0.001).

JOIN THE CONVERSATION! SHARE YOUR THOUGHTS ON THE REPORT AND HELP DRIVE CHANGE. #GH5050 #GENDEREQUALITY

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.

This sample has grown from 140 organisations assessed in 2018 to 201 in 2024. These are highly heterogeneous organisations, each with their own unique purpose, system of governance and organisational arrangements. 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. 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.

Five organisations were added in 2024 – three of which are new incarnations of organisations previously in the sample, one a social enterprise company that requested to be included, and one a partner of GH5050 in the Global Food 50/50 initiative.

The 2024 sample comprises:

NONPROFITS (148)

64 NON-GOVERNMENTAL ORGANISATIONS

17 PUBLIC-PRIVATE PARTNERSHIPS

13 FUNDERS AND PHILANTHROPIES

10 FAITH-BASED ORGANISATIONS

11 UNITED NATIONS BODIES

14 MULTILATERAL AND BILATERALS

11 RESEARCH AND SURVEILLANCE

8 REGIONAL POLITICAL BODIES

FOR-PROFITS (53)

42 PRIVATE FOR-PROFIT COMPANIES

11 CONSULTING FIRMS

RESEARCH FRAMEWORK OF THE 2024 REPORT

SPECIAL FEATURES

- Power and privilege among 1,980 board seats
- Gender pay inequalities in the US and UK

CLICK HERE TO DISCOVER HOW YOU CAN MAKE A CHANGE IN YOUR ORGANISATION TODAY
GUIDES AND RESOURCES – GLOBAL HEALTH 50/50

CORE VARIABLES

COMMITMENTS TO REDISTRIBUTE POWER

1. Public commitment to gender equality
2. Definition of gender in line with global norms

POLICIES TO TACKLE POWER AND PRIVILEGE IMBALANCES AT WORK

1. Gender equality policy
2. Equality, diversity and inclusion policy
3. Board diversity and inclusion policy

POWER AND PRIVILEGE IN LEADERSHIP POSITIONS

1. Gender parity in senior management and the governing body
2. Gender and educational and geographic background of the CEO and Board Chair

GENDERED POWER DYNAMICS DRIVING HEALTH INEQUALITIES

1. Policy on sex-disaggregated monitoring and evaluation data

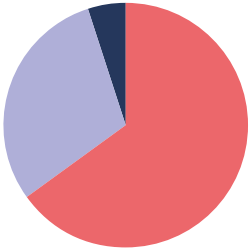
SNAPSHOT

ORGANISATIONS IN THE SAMPLE ARE PRIMARILY HEADQUARTERED IN HIGH-INCOME COUNTRIES

87% of **nonprofit** organisations are headquartered in high-income countries

98% of **for-profit** organisations are headquartered in high-income countries

MOST NONPROFIT BOARD SEATS ARE HELD BY NATIONALS OF HIGH-INCOME COUNTRIES

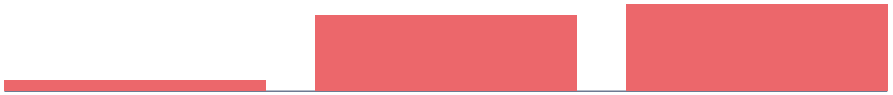


65% of seats on nonprofit boards are held by nationals of high-income countries

30% are held by nationals of middle-income countries

5% are held by nationals of low-income countries

AMERICAN MEN HOLD MORE SEATS ON NONPROFIT BOARDS THAN WOMEN FROM ALL 57 LOW- AND MIDDLE-INCOME COUNTRIES REPRESENTED COMBINED



2% of seats on nonprofit boards – 30 of 1,382 total – are held by **women from low-income countries**

15% of seats on nonprofit boards are held by **women from 57 low- and middle-income countries**

17% are held by **men from the USA**

MORE WOMEN THAN EVER IN POSITIONS OF LEADERSHIP

Among the **87 nonprofit** organisations assessed **since 2018**:

30% women board chairs, **2018**

51% women board chairs, **2024**

Among the **49 for-profit** companies assessed **since 2018**:

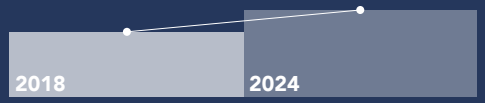
2% women board chairs, **2018**

16% women board chairs, **2024**

Parity reached among board members across nonprofit boards:
45% of board members are women

PROGRESS IN REPRESENTATION MIRRORS INCREASED GENDER EQUALITY COMMITMENTS AND POLICIES

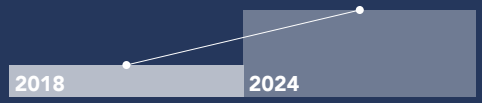
Among 87 nonprofit organisations assessed since 2018, Public **commitments** to gender equality have risen from **68% in 2018 to 91% in 2024.** Availability of **gender equality policies** has risen from 30% to 72%.



68% **91%**

NONPROFIT ORGANISATIONS

Among 49 for-profit companies assessed since 2018, Public **commitments** to gender equality have risen from **33% in 2018 to 80% in 2024** Availability of gender equality policies has risen from 67% to 84%.



33% **91%**

FOR-PROFIT COMPANIES

MEN CLAIM POWER, INCLUDING AT THE VERY TOP

2X Among US-based nonprofits in the sample, men CEOs lead organisations with an average revenue of more than twice that of organisations led by women, and the average salary of the men CEOs is $140,000 higher than women CEOs.

POWER AND PRIVILEGE

IN GLOBAL HEALTH LEADERSHIP

SELF MADE

Ketu Lagos, Nigeria.

Francis Ogunyemi

Yinka works at her sewing station while her young daughter plays by her side. A self-made business woman, Yinka established herself as a fashion designer in Lagos after struggling to find a sustainable corporate job after graduation that allowed her to balance motherhood with financial independence. As we watch her work, we are reminded of the entrepreneurial spirit of women across the world who find innovative ways to support their families and manage their households.

PART 1

This section presents our findings on:

- Geographic inequalities on governing boards
- Gender parity among board chairs and board members
- Geographic and gender inequalities among CEOs and senior management
- Pay inequalities among CEOs of US-based nonprofits
- Gender pay gap in UK-based organisations

GEOGRAPHIC INEQUALITIES ON THE GOVERNING BOARDS OF 147 GLOBAL ORGANISATIONS

For the second time, the GH5050 Report presents an in-depth analysis of who holds power and privilege in the governing boards of organisations active in global health. From February through April 2024, GH5050 gathered publicly available demographic information on 1,980 board members across 147 organisations (103 nonprofit and 44 for-profit). We present these findings below and compare them to data we published in 2022.

WHO'S IN THE BOARD ANALYSIS?

Among the sample of 201 organisations which GH5050 annually assesses, this board review excluded organisations whose board compositions are determined by national governments (e.g., bilateral agencies) and/or member states (e.g., UN agencies). This allowed the review to focus on diversity outcomes in the absence of policies that dictate geographical representation (i.e., distribution of seats by region) and/or that mandate single country representation (i.e., boards with seats reserved for government representatives only). These exclusion criteria removed all United Nations organisations (11), all bilateral and multilateral organisations (14), and all regional bodies (8), and two (2) multilateral funding bodies from the larger sample. An additional 19 organisations were excluded given that information on their board members was not publicly available, or the existence of a board could not be determined (see pg 6 for full list).

Data collected on each board member includes the gender and nationality of board members, the current country of primary employment affiliation, and where the organisation they work for is headquartered. Data was drawn primarily from individuals' online biosketches and LinkedIn profiles.

BOARD MEMBERS OF THE FOLLOWING ORGANISATIONS INCLUDED IN BOARD ANALYSIS:

NONPROFIT ORGANISATIONS

ACTION Global Health Advocacy Partnership
ABC Health
Action on Smoking and Health
Africa CDC
Africa Centre for Global Health and Social Transformation
Africa Christian Health Association Platform
Africa Population and Health Research Centre
Aga Khan Foundation
Alight
Alliance for Health Policy and Systems Research
American Jewish World Service
amfAR, Foundation for AIDS Research
Amref Health Africa
Bill & Melinda Gates Foundation
Bloomberg Philanthropies
BRAC
CARE International
Caterpillar Foundation
Catholic Medical Mission Board
Catholic Relief Services
China Foundation for Poverty Alleviation
Clean Cooking Alliance
Clinton Health Access Initiative
Cordaid
Drugs for Neglected Diseases Initiative (DNDi)
Elizabeth Glaser Pediatric AIDS Foundation
EngenderHealth
Equimundo
FHI 360
FIND
Ford Foundation
Fos Feminista
Gavi, the Vaccine Alliance
Global Alliance for Improved Nutrition (GAIN)
Global Alliance for Tobacco Control
Global Fund to Fight AIDS, Tuberculosis & Malaria
Global Health Council
Global Health Innovative Technology Fund
Health Action International
Health Poverty Action
Health Systems Global
i+solutions
icddr,b
Imam Khomeini Relief Foundation
Institut Pasteur
International AIDS Society
International Center for Research on Women
International Diabetes Federation
International Federation of Medical Students
International Federation of Red Cross and Red Crescent Societies
International Food Policy Research Institute
International Planned Parenthood Federation
International Rescue Committee
International Union Against Tuberculosis and Lung Disease
International Vaccine Institute
Ipas
Islamic Relief Worldwide
Jhpiego
Magna
Management Sciences for Health
Médecins Sans Frontières
Medicines for Malaria Venture
Medicines Patent Pool
Medico International
Memisa
Mercy Corps
Movendi International
MSI Reproductive Choices
Muslim Aid
NCD Alliance
Nutrition International
Open Society Foundations
Oxfam International
PanAfricare
Partners In Health
Partnership for Maternal, Newborn and Child Health
PATH
Pathfinder International
Plan International
Population Action International
Population Council
Population Reference Bureau
Population Services International
Qatar Foundation
RBM Partnership to End Malaria
Reproductive Health Supplies Coalition
Rockefeller Foundation
Save the Children
Scaling Up Nutrition
Sonke Gender Justice
SRHR Africa Trust
Stop TB Partnership
TB Alliance
Union for International Cancer Control
Vital Strategies
Wellcome Trust
World Council of Churches
World Economic Forum
World Heart Federation
World Obesity Federation
World Vision

FOR-PROFIT COMPANIES

AB InBev
AbbVie
Abt Associates
Accenture
Becton, Dickinson and Company
BP
Bristol-Myers Squibb
Coca-Cola
Consumer Brands Association
Deloitte
DSM
Eli Lilly and Company
ExxonMobil
General Electric
Gilead
GlaxoSmithKline
GSMA
Heineken
Intel
International Federation of Pharmaceutical Manufacturers and Associations
International Federation of Pharmaceutical Wholesalers Foundation
Johnson & Johnson
KPMG
Kuehne + Nagel
Mathematica
McKinsey & Company
Medtronic
Merck
Nestle
Novartis
Novo Nordisk
Palladium Group
Pfizer
Philips
PwC
Rabin Martin
Reckitt Benckiser Group (RB)
Safaricom
Sumitomo Chemical
Teck Resources
Unilever
US Council for International Business
Vestergaard Frandsen
Viatris

NOMBU NGXASALO

Makhanda, Eastern Cape 2017.

Andy Mkosi

Nombu Ngxasalo poses for a portrait outside of her uncle's garage in Grahamstown where she works as a mechanic. She believes that cars, like babies, need the utmost care. Nombulelo has always been fascinated by the anatomy of cars, and when the opportunity arose to work with her uncle, she saw it as a chance to learn and empower herself in the industry.

GEOGRAPHIC INEQUALITIES ON THE GOVERNING BOARDS OF 147 GLOBAL ORGANISATIONS

This analysis reveals the geographic composition of 1,980 board seats, including 1,382 seats across 103 nonprofit boards and 598 seats across 44 for-profit boards. The starkest inequalities are found in the disproportionately low representation of women from low- and middle-income countries in the governance of organisations active in global health.

COUNTRY INCOME CLASSIFICATION

The World Bank assigns countries to four income groups – low, lower-middle, upper-middle, and high – based on the gross national income per capita of the country. In 2024, among the 217 economies assessed by the World Bank, 12% were low-income, 25% were lower-middle, 25% were upper-middle, and 38% were high-income.

ORGANISATIONS IN THE SAMPLE ARE PRIMARILY HEADQUARTERED IN HIGH-INCOME COUNTRIES

87%
(90/103)

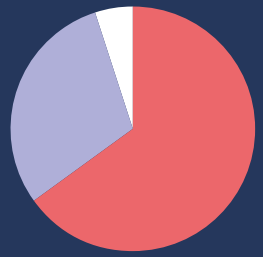
of **nonprofit** organisations are headquartered in high-income countries

Average % of board members by nationality, by headquarter location

	Board nationalities – high-income	Board nationalities – low/middle-income
Organisations headquartered in high-income (n=90)	**70%**	**30%**
Organisations headquartered in low/middle-income (n=13)	**23%**	**77%**

The location of an organisation's headquarters is correlated with who is on the board: organisations (nonprofit and for-profit) headquartered in LMICs are more likely to have nationals from LMICs on their boards than organisations in HICs ($p<0.01$).

MOST NONPROFIT BOARD SEATS ARE HELD BY NATIONALS OF HIGH-INCOME COUNTRIES



65% of nonprofit seats held by nationals of high-income countries

30% are held by nationals of middle-income countries

5% are held by nationals of low-income countries

American and British nationals hold **8x** the number of nonprofit seats held by Chinese and Indian nationals (who hold 6% of board seats)

Among 478 nonprofit board members who are nationals of LMICs, **94** (20%) appear to be living and/or working in high-income countries

WOMEN FROM LOW- AND MIDDLE-INCOME COUNTRIES ARE VASTLY UNDERREPRESENTED

2% of nonprofit board seats – 30 of 1,382 total – are held by women from low-income countries

15% of nonprofit board seats are held by women from 57 low- and middle-income countries

17% are held by men from the USA

PROPORTION OF WOMEN ON NONPROFIT BOARDS VARIES BY INCOME-LEVEL OF THE HEADQUARTER COUNTRY

48% Board seats in high-income countries (n=1261)

39% Board seats in middle-income countries (n=106)

33% Board seats in low-income countries (n=15)

SEYE ABIMBOLA

**ASSOCIATE PROFESSOR,
UNIVERSITY OF SYDNEY, AUSTRALIA
MEMBER OF GH5050 ADVISORY COUNCIL**

IS GLOBAL HEALTH REALLY GLOBAL?

Whether global health is really global is a question still searching for an affirmative answer. Once again, GH5050's Report shows us why this question remains unanswered. Almost all global organisations in GH5050's sample (87% of nonprofit and 98% of for-profit) are headquartered in high-income countries. Most of their board seats (65% of nonprofit and 89% of for-profit) are held by people from high-income countries. On nonprofit boards, men from the United States alone occupy vastly more board seats (17%) than women from all low-income countries combined (2%). On for-profit boards, it is 30.1% for men from the United States, 0.2% for women from low-income countries.

With that much skew, our global initiatives are easily misdirected, ineffective, and counter-productive. The problem is also a lack of solidarity. You cannot claim to represent the world when you exclude so much of it from seats of power, when much of the world sees their dignity as knowers actively disregarded. As normalised as it is, this status quo is indefensible. If, as this excellent GH5050 Report suggests, having targets has helped increase gender parity on senior management and boards, then I call for 'global' organisations to commit to a target for fair geographical representation. A target to which they can be held accountable; a target that can be monitored and reported by GH5050.

BOARD INEQUALITIES BY SECTOR & PROGRESS SINCE 2022

Different types of organisations wield different types of power – such as political, normative or financial power – across the global health ecosystem. An analysis of the board members of for-profit companies, a sector which wields considerable financial power, reveals deeper imbalances compared to nonprofit organisations.

ONE FOR-PROFIT COMPANY IN THE SAMPLE IS HEADQUARTERED OUTSIDE OF HIGH-INCOME COUNTRIES

98%
(43/44)

of **for-profit** organisations are headquartered in high-income countries

Board inequalities differ by sector

		NONPROFIT ORGANISATIONS		
	For-profit companies (n=598)	Funders (n=110)	NGOs, Faith-based, Research bodies (n=1006)	Public-private partnerships (n=266)
% Seats held by HICs	**89%**	**80%**	**67%**	**55%**
% Seats held by MICs	**11%**	**39%**	**29%**	**39%**
% Seats held by LICs	**0.2%**	**3.6%**	**4.4%**	**6.8%**
% Seats held by HIC men	**58%**	**46%**	**35%**	**32%**
% Seats held by LIC women	**0.2%**	**0.9%**	**2.3%**	**2.3%**

ARE BOARDS INCHING CLOSER TO EQUITY?

The boards of the 99 nonprofit organisations assessed in 2022 and 2024 are less dominated by nationals of high-income countries than two years ago.

Among 99 nonprofit organisations assessed in 2022 and 2024	**2022** (n=1384)	**2024** (n=1350)
% Seats held by HICs	**69%** (959)	**65.5%** (884)
% Seats held by MICs	**27%** (376)	**30%** (402)
% Seats held by LICs	**3.5%** (49)	**4.7%** (64)
% Seats held by HIC men	**37%** (517)	**34%** (458)
% Seats held by LIC women	**1.2%** (16)	**2.1%** (28)

21 nonprofit organisations headquartered in high-income countries have women from low-income countries on their boards – up from 13 organisations in 2022.

Slower progress measured among for-profit boards.

Among 43 for-profit companies assessed in 2022 and 2024	**2022** (n=576)	**2024** (n=590)
% Seats held by HICs	**89%**	**88%**
% Seats held by MICs	**11.2%**	**11.4%**
% Seats held by LICs	**0.0%**	**0.2%**
% Seats held by HIC men	**60%**	**58%**
% Seats held by LIC women	**0.0%**	**0.2%**

HOW LONG TO EQUITY?

While 85% of the global population lives in low- and middle-income countries (LMICs), 34.5% of nonprofit boards seats and 11.6% of for-profit board seats are held by nationals of LMICs.

At the current pace of change, it will take:

27
YEARS
to reach geographic equity on nonprofit boards

367
YEARS
to reach geographic equity on for-profit boards

EXAMPLES OF POLICIES TO GUIDE AND MONITOR BOARD DIVERSITY, INCLUSION AND REPRESENTATION

See our findings on the availability of board diversity policies on page 44.

"In 2021, Mercy Corps' Board of Directors agreed the following diversity goals, to be achieved by 2023: 50% of Board members identify as female or non-binary, 50% of Board members identify as Black, Indigenous, or a Person of Color (BIPOC) / Black, Asian, or Minority Ethnic (BAME), and 25% of Board members should be a citizen of Africa, Asia, Central / South America, or the Middle East."

Mercy Corps
Non-governmental organisation

"UNAIDS is guided by its Programme Coordinating Board (PCB), a governance structure unique in its small size and its level of inclusiveness, with Member States, Cosponsors and civil society, and specifically people living with and affected by HIV, as PCB members. Its constituency structure and openness to granting observer status further enhances inclusiveness."

UNAIDS
United Nations

"APHRC recognizes the importance of creating and maintaining a Board that leverages its diversity in, among others, academic and professional qualifications, technical and industry knowledge, gender, backgrounds, experiences, nationality, age, cultural, ethnicity and perspectives so as to reflect the diversity of APHRC's Stakeholders and ultimately to realize APHRC's Vision."

"The board diversity policy sets the following criteria, which are considered 'essential': achieve a reasonable gender balance; have a broad range of nationalities and regions, including donor and beneficiary countries, with no more than three Directors from one country at any time, and have age diversity to bring different generational perspectives to the Board's deliberations."

African Population and Health Research Center
Research body

"Under IPPF's new regulations, the Nominations and Governance Committee (NGC) has the mandate to recruit and evaluate the performance of members of the Board of Trustees and the Board committees. Reporting to the General Assembly, the NGC is a seven-person committee that has majority MA members, at least half of whom must be women and at least 20% of whom must be youth under 25."

International Planned Parenthood Federation
Non-governmental organisation

"Our commitment to inclusion and diversity is reflected in all levels of our company, beginning with our Board of Directors, which has adopted a Board Diversity Policy that requires consideration of a candidate's gender, membership in a visible minority, Indigenous heritage, and whether a candidate self-identifies as a person with disabilities, in addition to their business skills, qualifications and career history. The policy also has a target of no one gender comprising more than 70% of the Board."

Teck
For-profit company

"The IRC Inc. Board instated self-identified goals of 50% individuals who identify as women, 33% people who identify as Black, Indigenous or Native Peoples, Hispanic/Latinx, Middle Eastern or North African, or Asian/ Pacific Islanders, and 20% people who have a lived refugee experience—either personally or through an immediate family member—that shaped their identity in a way that is meaningful to them. Additionally, the Board committed to include consistent DEI updates to their meetings."

International Rescue Committee
Non-governmental organisation

GENDER PARITY AMONG BOARD CHAIRS AND BOARD MEMBERS ACROSS ALL 201 ORGANISATIONS

This section returns to the full sample of 201 organisations (i.e. adding back in those organisations with boards composed of member state representatives). Among the 148 nonprofit organisations in the sample, data on the gender of board members was found for 124 organisations. Trend analyses are presented for 87 nonprofit organisations that have been assessed by GH5050 since 2018. Among the 53 for-profit companies in the sample, data was found for 45 companies this year. Trend analyses are presented for 49 companies that have been assessed since 2018 and for which data was found most years.

PARITY REACHED FOR THE FIRST TIME AMONG NONPROFIT BOARD CHAIRS

45%

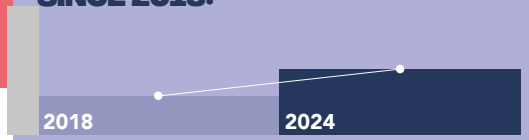
of **nonprofit** board chairs are women (60/134*)

Does parity mean equal power?

Larger nonprofit organisations are more likely to have men board chairs than smaller organisations (p<0.05).

*Gender of board chair found for 128 nonprofit organisations. Six organisations have two board chairs.

AMONG THE 87 NONPROFIT ORGANISATIONS ASSESSED SINCE 2018:



30% **51%**

WOMEN BOARD CHAIRS

20 nonprofits haven't had a woman board chair since 2018. **7** haven't had a man board chair since 2018.

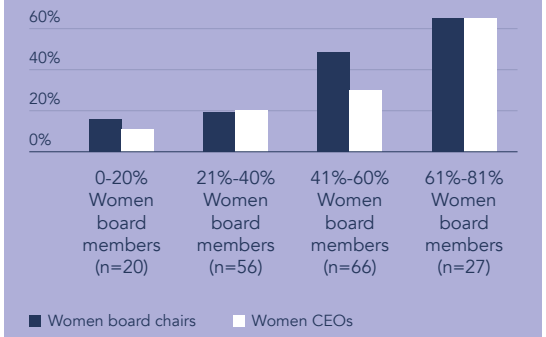
AMONG THE 49 FOR-PROFIT COMPANIES ASSESSED SINCE 2018:

2% **16%**

WOMEN BOARD CHAIRS

MORE WOMEN BOARD MEMBERS ARE CORRELATED WITH MORE WOMEN LEADERS

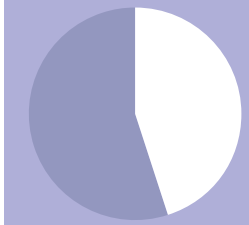
Among nonprofits, the higher the proportion of women on a board, the more likely the organisation is to have a woman board chair (p<0.05) and to have a woman CEO (p<0.05))



WOMEN LEAD MORE DIVERSE BOARDS

Having a woman board chair is positively correlated with higher representation of nationals of LMICs on the board. (p<0.05).

PARITY REACHED AMONG BOARD MEMBERS ACROSS NONPROFIT BOARDS

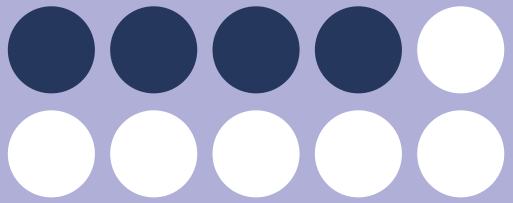


45%
of board members are women (1253/2798)

Two board members (publicly) identify as nonbinary

Still,

4/10
nonprofit boards have more men (56%+) than women members



MORE WOMEN ON BOARDS THAN EVER BEFORE

Among nonprofit organisations assessed since 2018, boards with at least 45% women increased from

36% **65%**

PROGRESS TOWARDS PARITY FOUND AMONG FOR-PROFIT COMPANIES – BUT A LONG WAY YET TO GO

For-profit boards with at least 45% women, among 49 companies assessed since 2018:

5% **14%**

No for-profit companies have more than 55% of women represented on their boards.

AVERAGE PROPORTION OF WOMEN ON BOARDS VARIES BY SECTOR

Women are least represented on boards that largely consist of member state representatives – including the United Nations, bilateral and multilateral bodies, and regional organisations.

Proportion of women on Boards, average

JOIN THE CONVERSATION! SHARE YOUR THOUGHTS ON THE REPORT AND HELP DRIVE CHANGE. #GH5050 #GENDEREQUALITY

GENDER AND GEOGRAPHY AMONG CEOS AND SENIOR MANAGEMENT

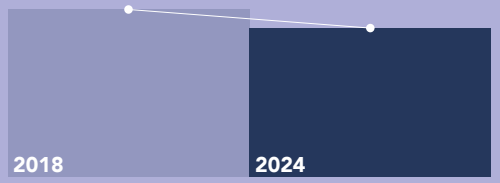
SLOW PROGRESS TOWARDS PARITY AT THE CEO LEVEL

Among nonprofit organisations assessed since 2018:

60% **57%**

MEN CEOS (52/86) **MEN CEOS (49/86)**

Among for-profit companies assessed since 2018:



90% **80%**

MEN CEOS (44/49) **MEN CEOS (39/49)**

64%

of CEOs of nonprofit organisations are men (94/148)

44%
(39/88)

CEOs and board chairs that are nationals of LMICs completed their their studies in the US or UK

FIELD BBS

Portland, Oregon, USA. 2020.

Mason Rose

Two houseless transgender teenagers hold each other in a field. They've been sleeping outside of the justice center in Portland, Oregon, where nightly protests have been held since the murder of George Floyd. Previously the two had slept at a shelter, but were kicked out for attending the protests for fear of COVID-19 infection. Their soft gaze and intimate pose tells a story about the tenderness of teenage years.

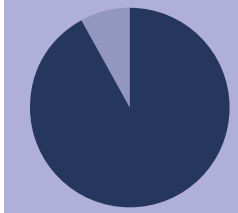
EXPLORING THE LEADERSHIP 'GLASS BORDER'

Among 70 new nonprofit leaders (CEOs and board chairs) appointed in 2023/2024, 43% were women (30), 46% were from LMICs, and 20% had completed their education in LMICs. This cohort is more diverse in terms of gender and nationality than the sample of leaders as a whole – a trend we have seen since 2020.

CEOS AND BOARD CHAIRS IN 2020 (N=258)

70%
men

83%
Nationals of high-income countries



92%
Educated in high-income countries

CEOS AND BOARD CHAIRS IN 2024 (N=282)

60%
men

70%
Nationals of high-income countries

88%
Educated in high-income countries

NEW CEOS AND BOARD CHAIRS (N=70)

57%
men

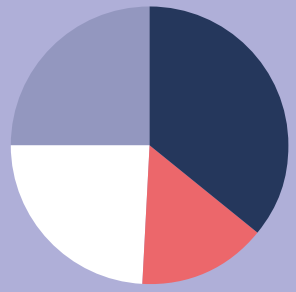
54%
Nationals of high-income countries

80%
Educated in high-income countries

PROGRESS TOWARDS GENDER PARITY IN SENIOR MANAGEMENT

GENDER PARITY IN SENIOR MANAGEMENT

Among **148 nonprofit** senior management teams...



36% Parity (45-55% women)

15% 34-44% women

24% 0-33% women

25% 56%+ women

Among **53 for-profit** senior management teams...

25% Parity (45-55% women)

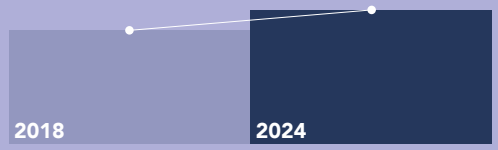
11% 34-44% women

47% 0-33% women

17% 56%+ women

PROGRESS IN REDUCING THE NUMBER OF GENDER-UNEQUAL DECISION-MAKING BODIES

Among 87 nonprofit organisations, senior management bodies with 45%+ women increased from:



61% **72%**

PROGRESS AMONG FOR-PROFIT COMPANIES – BUT A LONG WAY YET TO GO

Among 49 for-profit organisations, senior management bodies with 45%+ women increased from:

14% **39%**

AVERAGE PROPORTION OF WOMEN IN SENIOR MANAGEMENT VARIES BY SECTOR

Women are least represented in the senior management of organisations with financial power – funders and for-profit companies.

Proportion of women in senior management, average

NABEEHA KAZI HUTCHINS

PRESIDENT AND CEO, PAI

GENDER PARITY DOES NOT EQUAL POWER PARITY

In the US, women make up three-quarters of nonprofit staff. When we turn to CEOs and senior leadership, we see fewer and fewer women, not to mention women of colour. The disparity is particularly pronounced among the well-established, highest-funded nonprofits – the larger and more robustly funded nonprofits, the more likely it is run by a white man. In yet another valuable report, Global Health 50/50 finds that women CEOs of nonprofits not only earn considerably less than their male counterparts but also control billions of dollars less in revenue. This finding begs a conversation around ongoing systemic bias within the non-profit sector that continues to favour male-led organizations with disproportionate amounts of financial power and internal and external support. Moreover, the fact that half of the CEOs in the sample were women should also remind us that gender parity does not by itself equate to power parity.

With more women and women of color CEOs leading nonprofits in times of unprecedented organizational and landscape changes and risk, their success and surrounding support are critical. The recognition, reinforcement, and elevation of their leadership through equitable compensation, a strong Board of Directors' partnership, and sustained and trust-based donor funding, make an important difference. The Global Health 50/50 report enables renewed, constructive conversations with peers, allies, donors and volunteers to ensure that we look holistically at what is required and desired for equity and parity in the highest organisational ranks and define how we get there.

PAY INEQUALITY AMONG CEOS AT US-BASED NGOS

IN 2021, MEN CEOS LED ORGANISATIONS WITH AVERAGE REVENUES MORE THAN TWICE THAT OF ORGANISATIONS LED BY WOMEN.

To provide a snapshot of whether the gender of the Chief Executive Officer (CEO) is associated with rates of pay, Global Health 50/50 reviewed the tax returns filed by the nonprofit organisations in the sample (NGOs, faith-based organisations and public-private partnerships) and reported to the US Internal Revenue Service, which are public record. Financial data for the years 2015 and 2021 (latest available) were collected for the 29 organisations for which records were found for both years.

In 2021, more than half (55%; 16/29) of CEOs were women - an increase from 2015 when 11 (38%) nonprofits were headed by women. At both time points, men CEOs earned more than women CEOs. The average salary for men was $507,000 - $140,000 higher than the average salary for women ($366,000). This represents a gap of 28% - an increase from 2015, when the salary gap between men and women was 18% ($386,000 for men and $315,000 for women).

The average total revenue of organisations led by men was more than twice that of organisations led by women in 2021 ($389 million compared to $187 million). The average difference in revenue of organisations led by women compared men fell from a ratio of 3:1 in 2015 to 2:1 in 2021.

While this remains a small sample and should be interpreted with caution, our findings are consistent with another finding in this Report that smaller organisations are more likely to have women board chairs than larger organisations (see pg 23). The findings also echo those from a larger study of nonprofits in the USA which found that white men were more likely to be leading larger and "best funded" organisations compared to women of colour.[2]

Our findings align with evidence from the US and the UK. Data from the UK, where gender pay gap reporting is mandatory (see next section), shows that the difference in pay increases among older populations and is largest among the highest earners.[3] Women generally begin their careers closer to pay parity with men, but they lose ground as they age and progress through their work lives, due to a range of factors including parenthood and occupational segregation.[3]

2 Clerkin, C., Diomande, M., Koob, A. (2024). The state of diversity in the U.S. nonprofit sector. Candid. doi.org/10.15868/socialsector.43685

3 Francis-Devine, B., & Hutton, G. (2024). Women and the UK Economy Research Briefing. https://researchbriefings.files.parliament.uk/documents/SN06838/SN06838.pdf

AMONG 29 NONPROFITS, AVERAGE SALARIES OF MEN CEOS WERE $140,000 MORE THAN OF WOMEN CEOS.

FIGURE. ORGANISATIONAL REVENUE, WOMEN AND MEN CEOS, 2015 AND 2021

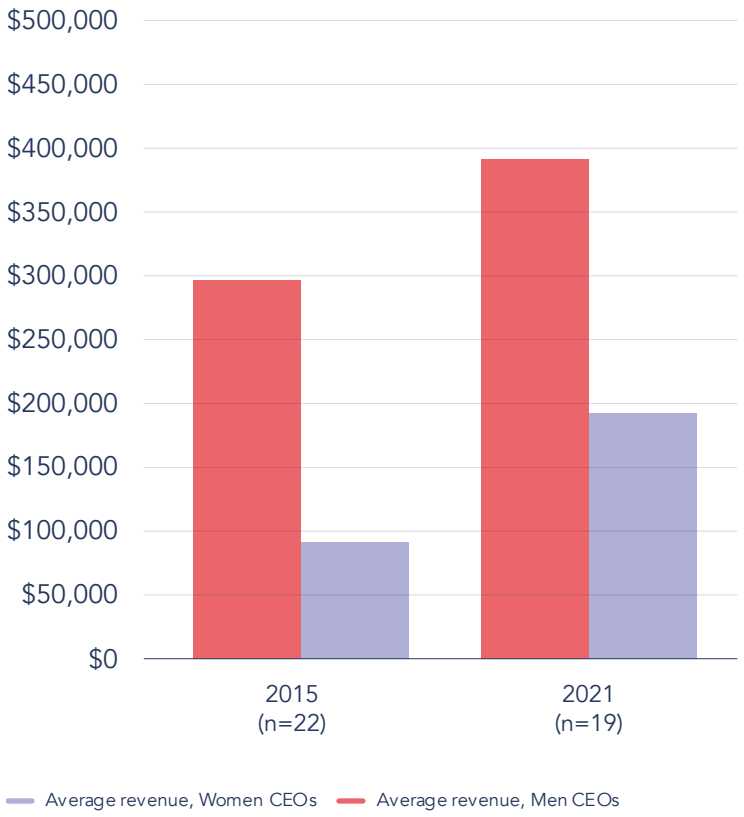
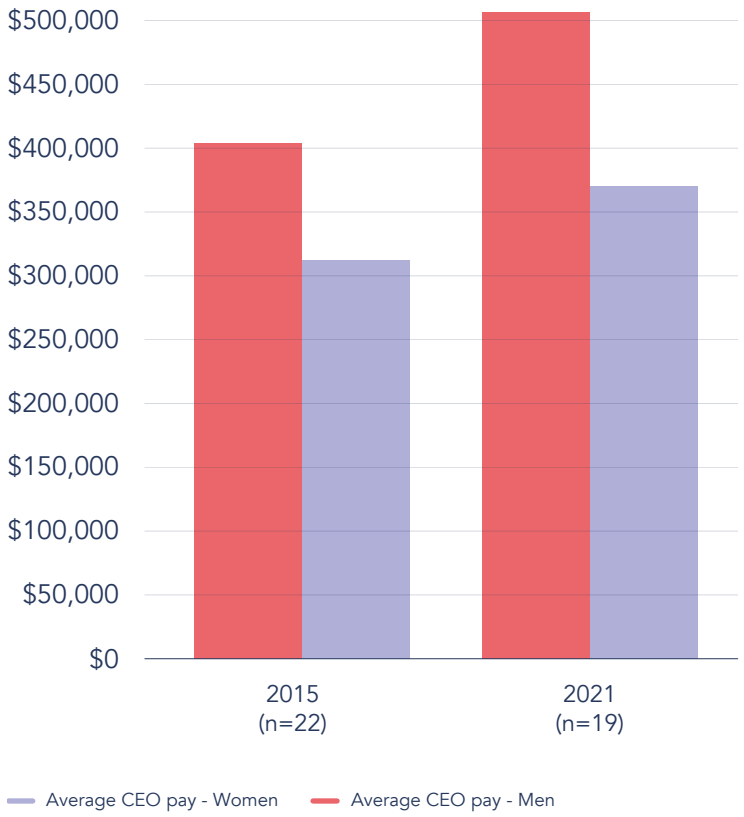


FIGURE. ANNUAL SALARIES, WOMEN AND MEN CEOS, 2015 AND 2021



ORGANISATIONS REVIEWED IN THIS ANALYSIS:

Action on Smoking and Health
American Jewish World Service
Catholic Medical Mission Board
Clinton Health Access Initiative
Elizabeth Glaser Pediatric AIDS Foundation
Engender Health
Equimundo Center For Masculinities And Social Justice
FHI 360 (Family Health International)
Fos Feminista
GBC Health
IFPRI
International Rescue Committee
Ipas
IPPF (Western Hemisphere)
Jhpiego
Management Sciences for Health
Mercy Corps
Partners in Health
PATH
Pathfinder International
Population Action International
Population Council
Population Reference Bureau
Population Services International
Results Educational Fund
Save the Children (US)
TB Alliance
World Vision

GENDER PAY GAP AT UK-BASED ORGANISATIONS

The gender pay gap provides a stark measure of power and privilege by comparing the average hourly pay of men and women in an organisation. Typically, the gap reflects the gendered distribution of employees across the levels of an organisation—if an organisation has more men in senior positions and more women in lower-paid posts, it will have a wider gender pay gap.

Increasing transparency on pay gaps helps to ensure that employers are being fair and can be used to hold them accountable for closing the gap. In the UK, reporting the gender pay gap has been mandatory since 2017 for organisations with more than 250 employees. The law has driven transparency on the gender pay gap in the UK and provided valuable information to employers and employees on inequality inside their organisations. As we have previously reported, in the absence of mandatory reporting, exceedingly few organisations voluntarily publish their gender pay gap.

In the UK, discrimination and disparities faced by ethnic minority employees are well-documented and evidence has shown that the gender pay gap widens for certain ethnic groups.[6] Despite calls for reporting of the ethnicity pay gap to be made mandatory, however, the UK Government has stated that it will remain voluntary for employers.[7]

Even in the absence of legislative requirements, employers active in global health, who are often working to advance social justice and gender equality, should act as models for career equality, including by publicly reporting pay gap data. This data can inform target-setting and the development of policies to reduce the gap, such as including multiple women in shortlists for recruitment and promotion, and transparency in pay negotiations.

Below we report on the gender pay gap of organisations from the GH5050 sample that reported their gender pay gap to UK authorities between 2017/18 and 2023/24.

PROGRESS IN CLOSING THE HOURLY GENDER PAY GAP

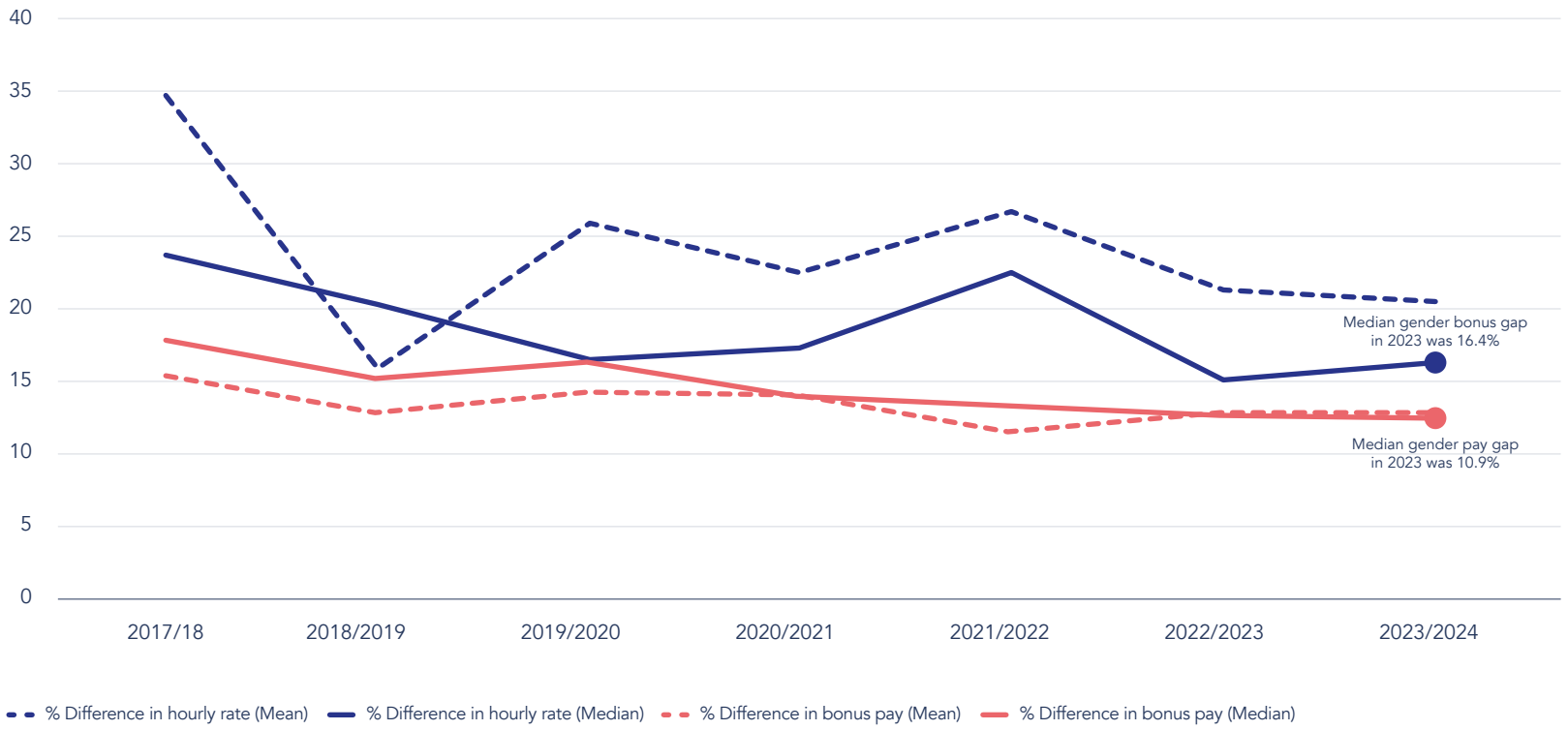
In 2023, across 40 organisations, the median gender pay gap for hourly pay was 10.9% in men's favour (mean pay gap = 10.6%). The median gap ranged from -8% (in favour of women) to 30% (in favour of men). The gap across the 40 organisations equates to women earning 89p for every £1 paid to men.

Some progress was made in closing the gap – from 13.1% in 2017 to 10.9% in 2023 for median pay gap. Eight organisations however saw an increase in their gender pay gap by a median 2.8% since 2017.

6 UK Government. (2023, August 8). NHS Basic Pay. Retrieved from https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/pay-and-income/average-hourly-pay/latest/.

7 Department for Business and Trade, Race Disparity Unit, & Department for Business, Energy & Industrial Strategy. (2023, July 13). Ethnicity Pay Reporting. Retrieved from https://www.gov.uk/government/consultations/ethnicity-pay-reporting.

FIGURE. HOURLY PAY AND BONUS PAY GAPS AMONG REPORTING ORGANISATIONS IN THE UK



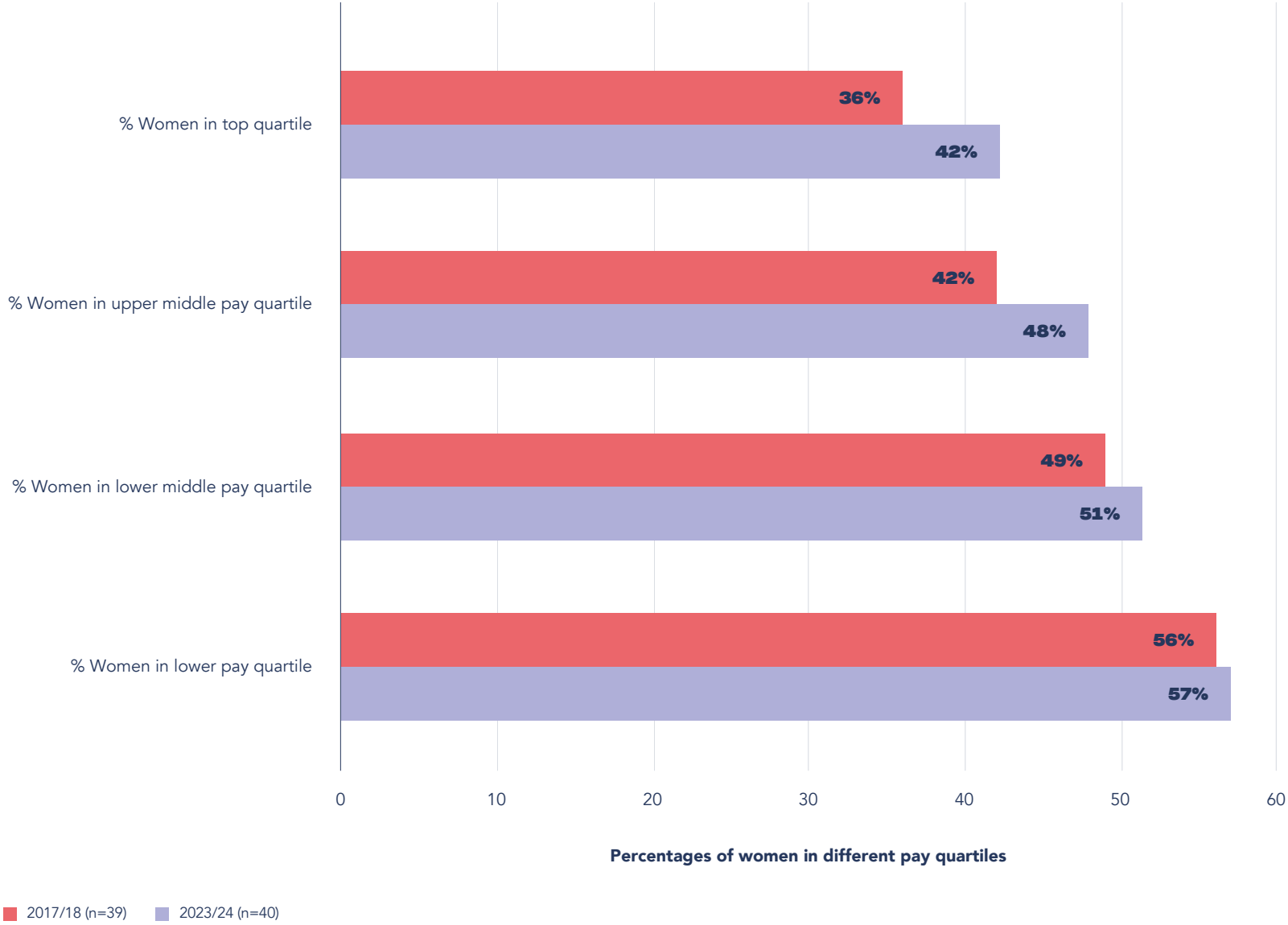
Organisations in the GH5050 sample perform better than the UK median. Together, the 40 organisations assessed had a smaller median gender pay gap (10.9%) than the 2023 UK median gender pay gap (14.3%).[8] However, 9 of these organisations had a gender pay gap higher than the UK median.

In 2023, 35 reporting organisations distributed bonus pay to employees. The median percentage of women and men receiving bonus pay was the same (93%). However, the median gender bonus pay gap was 16.4%, or 84p for women for every £1 paid to men (mean bonus pay gap = 21%). The median gap ranged from -257% (in favour of women) to 73% (in favour of men).

8 Office for National Statistics. Gender pay gap in the UK: 2023. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2023

REPRESENTATION OF WOMEN ACROSS THE PAY QUARTILES

While more women were represented in higher pay quartiles than in 2017, the continued over-representation of women in lower pay quartiles and under-representation in top quartiles contributes to the persistence of gender pay gaps.



POLICY PROGRESS

PART 2

THE HUES OF HARDSHIP

Srinagar, Kashmir. **Arpan Basuchowdhury**

A Kashmiri woman returns from her work at the morning vegetable market on Dal Lake where she sells lotus stems, known locally as Nadru. As the sole earner in her family, her work is essential. Here, in the soft morning light, she steers her boat laden with wares along the winding path. Captured in cinematic quality, in dark, silvered hues, we are invited to witness the quiet power and resilience of this preserving protagonist.

MONITORING THE GENDER-RELATED POLICIES OF 148 NONPROFIT ORGANISATIONS AND 53 FOR-PROFIT COMPANIES ACTIVE IN GLOBAL HEALTH

Seven 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. Part 2 reviews the findings for 148 nonprofit organisations and 53 for-profit companies on the following variables:

- Public commitment to gender equality
- Public definition of gender
- Policy on gender equality in the workplace
- Policy on diversity and inclusion in the workplace
- Policy on board diversity and inclusion

CLICK HERE TO DISCOVER HOW YOU CAN MAKE A CHANGE IN YOUR ORGANISATION TODAY
GUIDES AND RESOURCES – GLOBAL HEALTH 50/50

The performance of each organisation assessed on the aboave variables as well as one additional variable assessed each year is presented in Part 4: availability of policy on sex-disaggregated programmatic data.

Trend analyses from 2018-2024 are presented for (1) public commitment to gender equality, (2) definition of gender and (3) policy on gender equality in the workplace. GH5050 has monitored 87 nonprofit organisations since 2018 (61 nonprofit organisations have been added since 2018 and are not included in this trend analyses). GH5050 has also monitored 49 for-profit companies since 2020 (4 have been added since and are not included in this trend analysis).

Trend analyses from 2020-2024 are presented for (1) policy on diversity and inclusion in the workplace and (2) policy on board diversity and inclusion, as GH5050 introduced these variables in 2020. GH5050 has monitored 145 nonprofit organisations and 52 for-profit companies since 2020.

HANNAH VALANTINE

PROFESSOR OF MEDICINE, STANFORD UNIVERSITY, USA. INAUGURAL AND FORMER CHIEF OFFICER FOR SCIENTIFIC WORKFORCE DIVERSITY AT THE UNITED STATES NATIONAL INSTITUTES OF HEALTH

DIVERSITY REQUIRES RIGOUR, METRICS AND ACCOUNTABILITY

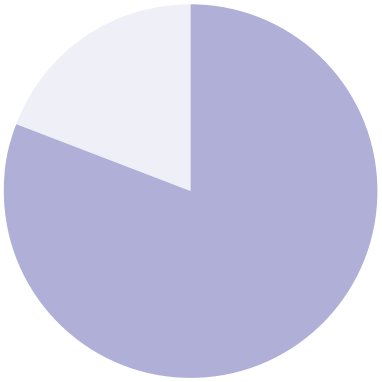
Advancing diversity and inclusion requires and deserves the same kind of rigour and attention that we apply to our scientific activities. We cannot continue to rely on an individual's good fortune or extreme effort to forge pathways to success. Rather, I know firsthand that building inclusive institutions and changing power dynamics requires systems-level change. It requires clear strategies of accountability and transparency; metrics of inclusion, diversity, and equity; tracking and evaluation, and tying metrics to institutional reward systems. It is this that I applied as the inaugural chief officer for scientific workforce diversity at the National Institutes of Health (NIH) - and delivered real impact in increasing the number of women and underrepresented racial and ethnic groups in senior roles.

The GH5050 Report this year finds encouraging increases in the availability of gender equality and diversity and inclusion policies. I urge leaders and staff to keep pushing – ensuring that these policies are championed by leadership, that they are made robust through metrics and tracking, regular review, holding supervisors accountable for fair, equitable, and inclusive behaviors, and that they are ultimately aimed at guiding transformative change. Academic, scientific and health institutions are made stronger through the contributions of women and underrepresented groups – stronger through diversity in thought, priorities and the problems we aim to solve in global health, and, ultimately, in the solutions we bring in ensuring health equity for all.

PUBLIC COMMITMENT TO GENDER EQUALITY

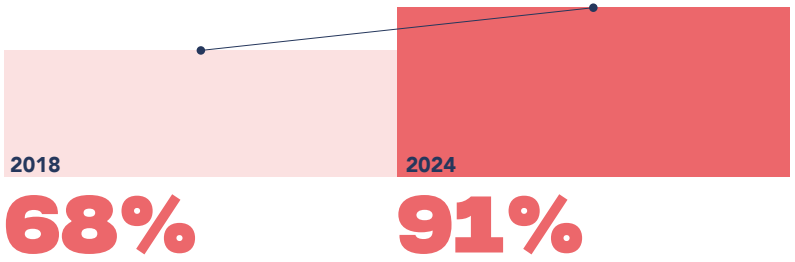
GH5050 reviews organisations' visions, missions and core strategy documents in the public domain to determine whether an organisation states a commitment to gender equality.

85%
of **nonprofit** organisations publicly commit to gender equality (126/148).

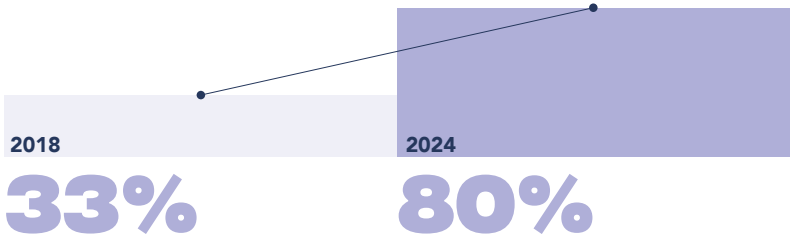


81%
of **for-profit** companies publicly commit to gender equality (43/53).

Public commitments to gender equality have grown quickly over the past seven years. Among the 87 nonprofit organisations assessed since 2018, public commitments were found for 91% of organisations, up from 68% in 2018.



Public commitments among 49 for-profit companies have risen from **33% in 2018** to **80% in 2024**.



JOIN THE CONVERSATION! SHARE YOUR THOUGHTS ON THE REPORT AND HELP DRIVE CHANGE. #GH5050 #GENDEREQUALITY

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.

GH5050 adopts the definition of gender provided by the World Health Organization as its starting point in assessing public definitions of gender.

> Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.

World Health Organization
See further discussion from WHO on the term 'gender' and its relationship with health here.

The conceptualisation of gender as interacting with but different from sex and as a relational, contextual, and changing social construction that influences who holds power is foundational to understanding how gender influences both career pathways and health outcomes.

Over seven years of exploring how organisations active in global health speak about and define gender, we have found a growing use of definitions of gender that align with global norms. We also find continued misconceptions of what the term means – particularly confusion and conflation of gender to mean women, sexuality, biological sex, or gender identity. For example:

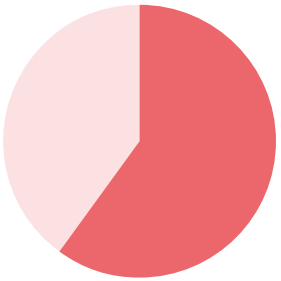
> The set of meanings assigned by a culture or society to someone's perceived biological sex. Gender has three components; gender identity, physical markers and gender expression.

Definition from an NGO.

> Gender is the social roles, behaviours, activities, attributes, and opportunities that any society considers appropriate for girls and boys; women and men; and lesbian, gay, bisexual, transgender, queer, and intersex life populations.

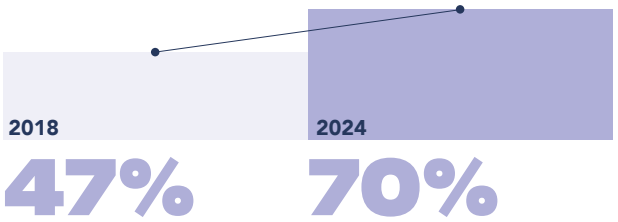
Definition from an NGO.

The phrase "lesbian, gay, bisexual, transgender, queer, and intersex life populations" includes sexual orientations (lesbian, gay, bisexual) along with gender identities (transgender). This mixes concepts of gender (distribution of power in society, social roles and identities) with concepts of sexuality (attraction and sexual orientation).



60%
of **nonprofit** organisations publish a definition of gender that aligns with norms established by WHO and other UN bodies (89/148).

70% of nonprofit organisations publish a definition of gender, up from 47% in 2018 among 87 organisations assessed over seven years.



DEFINING GENDER: ORGANISATIONAL EXAMPLES

"

Gender refers to the socially constructed roles and responsibilities of women and men. The concept of gender also includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men (femininity and masculinity)... Gender analysis has increasingly revealed how women's subordination is socially constructed, and therefore able to change, as opposed to being biologically predetermined and therefore static.

Global Affairs Canada

"

Gender is about the roles of people of all diversities. It also refers to the relationships between women and men and their respective status in their society, community, and family. It is not only about women. The roles that women have are fundamentally shaped by the roles that men have. Gender roles and relationships are based on beliefs and practices that can be transformed to create more balanced relationships, partnerships and resilience for everyone. For example, social ideas about masculinity can be harmful to men, who may be expected to behave in certain ways or take up activities that can affect their mental and physical health.

Pacific Community

"

We view patriarchy as creating and sustaining power inequalities by men collectively over women (including cis and trans women), as well as gender-nonconforming individuals, and by some groups of men over other marginalized men, and as a social force that keeps all individuals from having the connected, fulfilled, and peaceful lives they deserve. We view gender power and gender norms as constructed in relationships among individuals and reinforced by societies and structures, and we strive to work in ways that overcome the gender binary and achieve equality.

Equimundo

Clarity around the concept of gender should be considered as foundational to gender analysis and gender assessments of career structures, health policies and programmes. Given that advancing health and social justice is not the purpose of most of the for-profit companies in our sample, we would not necessarily expect them to provide public definitions of gender – and find that they largely do not.

10% (5/53) OF FOR-PROFIT COMPANIES PUBLISH A DEFINITION OF GENDER.

SHARMILA MHATRE

MEMBER OF THE GH5050 ADVISORY COUNCIL

WE CANNOT STOP NOW

Gender is a lens to view power and, with that lens, to make systems of power more just. The gender lens is an integral element of effective equality, diversity and inclusion (EDI) policies that guide organisations in recognising power relations and institutionalising practices for more inclusive and equitable workplaces which in turn deliver more effectively on the organisation's mission.

Although the world is widely off track to meet its gender equality goals, GH5050 finds welcome progress among the 201 organisations included in its report, including that more organisations have EDI policies. Nonetheless, the data reveals that in many cases power remains concentrated in the hands of the few rather than distributed across the many. We see that the headquarters location of organisations (HICs vs LMICs) is strongly associated with the make-up of the leadership. Organisations in HICs tend to have a majority of board members from HICs and organisations in LMICs have a majority of board members from LMICs. At the same time HIC organisations have a higher proportion of female board membership.

Furthermore, while the shares of CEOs and board chairs that are men and nationals from HICs have decreased since 2020, almost 9 out of 10 CEOS and board chairs were educated in high-income countries in 2024. This raises important questions about what is valued in leadership and which global perspectives dominate, while also pointing to the need to strengthen tertiary education in LMICs. Ultimately, this data reminds us that where agendas, knowledge and capital are produced dictates power and privilege.

While the Report has highlighted some positive trends, now is not the time for complacency. Hard-won gains towards more equitable career pathways are under threat, including rumblings of the demise of EDI, and reversals of policies that had been put in place to promote more inclusive societies. This year, some universities in the United States, including Harvard University's Arts and Sciences and the Massachusetts Institute of Technology, announced they would no longer require diversity statements in the hiring process for faculty positions. Proponents of this change argue that it maintains a focus on academic excellence rather than identity. These statements alone are not sufficient, and at the same time definitions of excellence are not bias free and access to elite institutions is not equal. This rollback on the policy of EDI statements is only one example of how organisations reflect and respond to broader shifts in public discourse – and highlights how quickly policy reversals can happen.

We are now living in a world of rising authoritarianism, conflict, and economic inequalities. There is growing intolerance and constant pushback on the struggle for social justice. Reversals of gender justice gains and shrinking civic space are evident, whether in Uganda's 2023 Anti-Homosexuality Bill, the US Supreme Court's 2022 overturning of Roe v. Wade, and in global fora such as the World Health Assembly.

Within gender justice movements, there are signs of divisions, rather than unity. Women's rights, LGBTQI, disability and indigenous groups have enriched the gender justice movement and driven progress, including for bodily autonomy. However, our differences have become divisive, fragmenting our social justice agenda. These divisions are further sown by anti-gender justice actors who endeavor to maintain systems of patriarchy, racism, colonialism, and religious fundamentalism, colluding with State and other actors to maintain power in the few hands who have long possessed it.

How can we withstand this rising tide of regressive and anti-gender justice forces? I believe that now more than ever, feminist leadership is needed. Feminist leadership is about sharing power to build inclusive, just and caring organisations and systems. We need to have honest conversations within the movement, link across different sectors, and reframe the narrative around what is possible when we work in solidarity rather than in opposition. We need to continue to advocate for structural changes, strong human rights frameworks, and against laws that divide groups and diminish rights, agency, and voice. We need to hold systems of power to account for our collective rights. GH5050 – and the data found in these pages – is a crucial part of the work. We need to continue the positive trends, and to be explicit about DEI through policies, conversations, action, and evidence of impact. There is too much at stake to stop now.

Note: This brief opinion piece is shaped by the privilege of engaging with feminist activists from around the world, each working to make our socio-economic systems more just and caring.

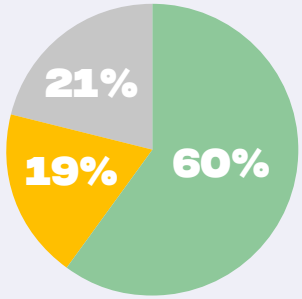
WORKPLACE GENDER EQUALITY, DIVERSITY AND INCLUSION POLICIES

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 identity or sex. GH5050 assessed which organisations (with more than 10 employees) had publicly available policies with specific measures in place to guide and monitor progress.

Specific measures found included, for example: inclusive recruitment processes; mentoring, training and leadership programmes; targets for representation; gender/diversity action in staff performance reviews, and; regular reviews of organisational efforts towards EDI.

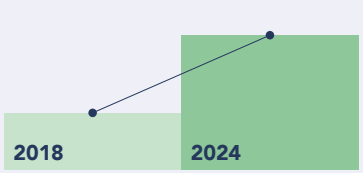
GENDER EQUALITY POLICIES

Among 142 **nonprofit** organisations:



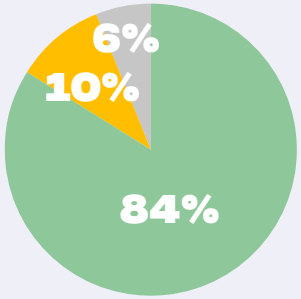
- Gender equality policies with specific measures found
- Commitment to gender equality in the workplace found, but no specific measures
- No commitment or policy found

Policies with specific measures among 83 **nonprofit** organisations assessed since 2018:



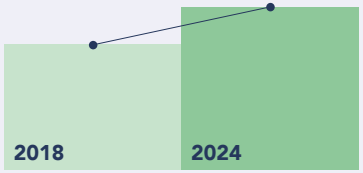
30% 72%

Among 52 **for-profit** companies:



- Gender equality policies with specific measures found
- Commitment to gender equality in the workplace found, but no specific measures
- No commitment or policy found

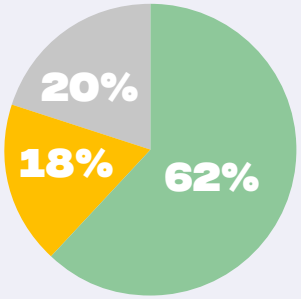
Policies with specific measures among 47 **for-profit** companies reviewed since 2018:



67% 87%

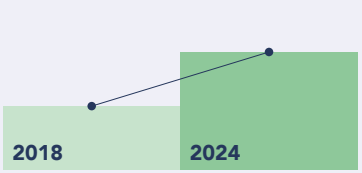
EQUALITY, DIVERSITY AND INCLUSION POLICIES

Among 142 **nonprofit** organisations:



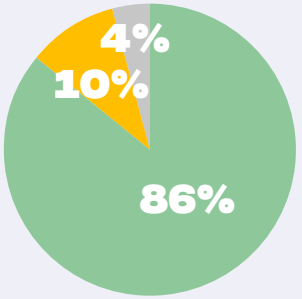
- Gender EDI policies with specific measures found
- Commitment to EDI equality in the workplace found, but no specific measures
- No commitment or policy found

Policies with specific measures among 139 **nonprofit** organisations assessed since 2020:



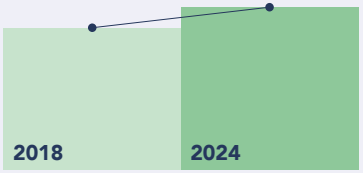
34% 63%

Among 52 **for-profit** companies:



- Gender EDI policies with specific measures found
- Commitment to EDI equality in the workplace found, but no specific measures
- No commitment or policy found

Policies with specific measures among 47 **for-profit** companies reviewed since 2020:



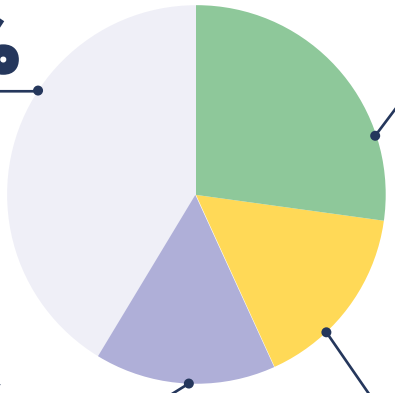
76% 87%

BOARD DIVERSITY AND INCLUSION POLICIES

Organisational governance is concerned with how power and control over resources and decision-making are distributed among various actors through formal structures and processes. 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.

GH5050 explored how many organisations have board diversity policies in the public domain, and which of those have specific measures, such as targets, to make and monitor progress. We note however that not all board policies aim to achieve gender parity – targets found in board policies range from 20% to 50% women represented on the board.

BOARD DIVERSITY POLICIES AMONG NONPROFIT ORGANISATIONS



42%

No policy or commitment to diversity on the board found

29%

Of nonprofit organisations publish policies with specific measures to advance gender equality, diversity and inclusion on their boards (41/143)

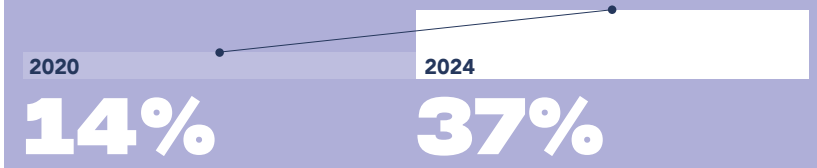
14%

Have boards composed of representatives nominated by member states (and hence representation is outside the hands of the organisations themselves)

15%

commit to diversity and/or representation of affected communities on the board

Increase in EDI policies with specific measures published by for-profit companies - from 14% in 2020 to 37% in 2024.



DEMANDING DIVERSITY: REGULATORY EFFORTS TO INCREASE GENDER DIVERSITY ON BOARDS

With growing public recognition of the importance of gender equality in governance spaces, as a matter of fairness and as a contribution to improved decision-making, corporate performance and financial outcomes, demands on governments to take action to ensure women are fairly represented on boards have also grown.

Several countries have implemented regulations and initiatives to increase gender diversity on corporate boards. In 2003, Norway became the first country to pass such a law and required that at least 40% of board members of publicly listed companies must be women. In Europe, Austria, Belgium, France, Germany, Greece, Italy, Netherlands, Portugal and Spain have also since set gender quota laws for boards.

Gender quota laws are less common outside of Europe, with a few notable exceptions. In India, the Companies Act, 2013, mandates that publicly listed companies have at least one woman on their board. Malaysia has a target of 30% women in decision-making positions in the corporate sector, supported by the Malaysian Code on Corporate Governance. In Kenya, the Constitution and Mwongozo Code require that no more than two-thirds of state board members be of the same gender.

Using data on the representation of women on the boards of the largest stock-listed companies in the European Union (EU), studies have shown that EU countries in which board quotas have been introduced have a higher share of women on boards than countries without quotas.[1]

Studies in the United States, Australia and Germany have also identified a "trickle-down effect" where companies with women on their boards tend to have more women in CEO, top executive, and managerial positions. Findings on this relationship are not universal: studies in Norway and Italy, for example, did not find clear evidence of a trickle-down effect following the introduction of gender quotas for corporate boards. Kirsch, A. (2021). Women on Board Policies in Member States and the Effects on Corporate Governance. Policy Department for Citizens' Rights and Constitutional Affairs Directorate-General for Internal Policies, European Parliament. The authors of these studies suggest that it may take time for the effects of board gender quotas on women's career advancement to become apparent. Further, not all women directors engage in advancing gender equality in the organisation, and factors such as board culture and organisational expectations play a significant role in determining their propensity to advocate for gender equality on boards.

1 Arndt, P., Wrohlich, K. (2019). Gender quotas in a European comparison: Tough sanctions most effective. DIW Weekly Report 38/2019: 338-344.
Humbert, A. L., Kelan, E. K., Clayton-Hathway, K. (2019). A rights-based approach to board quotas and how hard sanctions work for gender equality. European Journal of Women's Studies 26(4): 447- 468.

MOVING FORWARD

PART 3

MARY OWITI

Nairobi, Kenya.

Anwar Sadat

Mary Owiti poses for a portrait outside her café, the Caziza Gifted Hands Café. Once a nurse in London, her passion for caring was overshadowed by experiences of racism and discrimination, prompting her return home. Now widowed, she dedicates her life to providing comforting sustenance to her community. The café offers mutual rewards, giving Mary purpose, financial independence, and hope, all reflected in her broad, warm smile.

Workplace policies capture the values, vision and plans of an organisation. They are necessary but insufficient for creating an inclusive workplace and equitable global health system. Here we offer several ideas using this Report to push for change within your own organisation.

FOR ORGANISATIONAL LEADERS/DIRECTORS:

1. **Monitor and evaluate progress:** Compare your organisation's scores across the variables reviewed in the 2024 Report with scores received in past years to identify areas of improvement. Present the evaluation to staff and governing board and consider integrating performance across these variables into organisational KPIs.

2. **Compare and learn from peers:** Use the Gender and Health Index to compare your organisation's performance with that of others in your sector. Use the policy repository to explore high-scoring policies from others in your sector or engaged in similar work to potentially inform your own policy development.

3. **Consult staff on effective responses:** Where your organisation's scores highlight a need for improvement in a domain, convene a discussion among staff on what changes should be introduced to improve performance in this area. Use the scorecards in this Report, recommendations and examples of best practice included in this Report to guide the discussion.

4. **Inform and discuss with your Board:** Include equality, diversity and inclusion (based on GH5050 and other organisational reviews) as a standing item for Board discussion.

5. **Explore resources:** Refer to the GH5050 assessment framework and workplace policy repository. See the Chroma Collective Building Blocks which offer practical pathways for institutions to navigate and strengthen their commitment to gender equality.

6. **Engage in targeted funding:** If you are a funder, consider opportunities to support organisations in improving performance in one or more of the variables. Explore using the scorecard to set targets for grant reporting.

7. **Convene other leaders in the sector:** Systematic change will only occur when the benchmark across the sector is raised. Convene a meeting with other organisations of a similar size or doing similar work in the sector to share learnings and strategies to advance progress across and consider setting shared targets that will help raise the standards across global health.

FOR STAFF:

1. **Advocate for action from leadership:** Use the assessment of your organisation in one or more of the areas in this Report to advocate for action among leadership in your organisation. Utilise the score criteria and examples of good practice from other organisations in this Report to suggest policies and measures that should be adopted. If your organisation is lagging behind in your sector, highlight this and challenge leadership on why this is the case.

2. **Share the results with your union or staff association:** The findings of the Report can be a source of evidence-informed advocacy by employee associations within each organisation.

3. **Lobby your Board:** Advocate for your organisation's Board to include discussion of equality, diversity and inclusion (based on the results of the GH5050 review as well as other reviews within the organisation) as a regular standing item order.

4. **Self-assess your organisation:** If your organisation is not among the 201 included in this Report, use the self-assessment tool to review your organisation's performance across our 9 variables. Use the framework to present the areas in need of policy action to your HR department or leadership team.

5. **Initiate dialogue:** Organise a staff meeting, using our slide deck to present the Report findings and kick-start discussions on why they are relevant to your organisation.

6. **Organise a working group:** If you don't have one already, create a staff working group to advance issues of gender equality and broader diversity and inclusion in your organisation. Use your organisation's results as a starting point for discussion.

7. **Facilitate peer learning and exchange.** Participate in spaces for peer learning and exchange among organisations to share promising practices for advancing gender and diversity inclusion (e.g., workshops, community of practice, and structured learning opportunities so they can learn from each other and implement effective strategies)

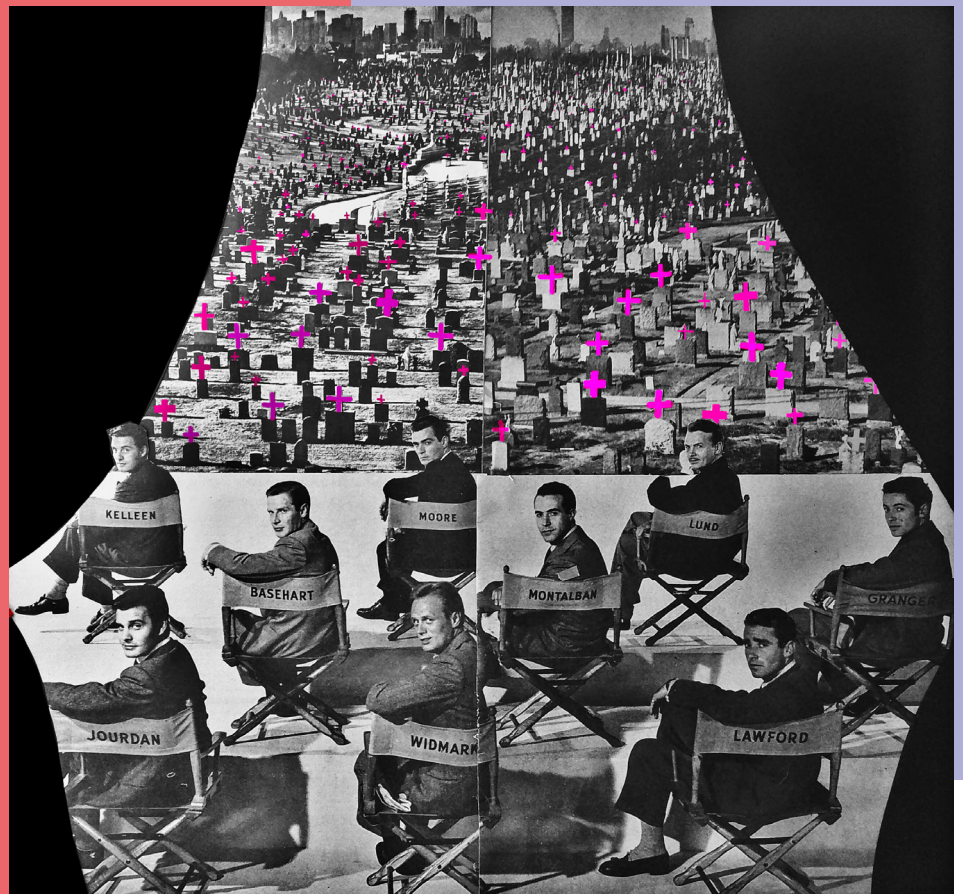
8. **Identify potential collaborators:** Review organisations' scores along the variables to identify those with strong commitments to gender equality in global health when considering potential partnerships.

9. **Use the scorecard when considering employment opportunities:** Review how a potential employer prioritises, commits to and delivers on gender equality and diversity when considering career opportunities. Do they have transparent, high-scoring workplace policies that will support your career pathway? Our scorecard can provide a strong indication of their commitment to gender equality as an employer.

JOIN THE CONVERSATION! SHARE YOUR THOUGHTS ON THE REPORT AND HELP DRIVE CHANGE. #GH5050 #GENDEREQUALITY

ORGANISATIONAL PERFORMANCE, 2024

AND TRENDS OVER FIVE YEARS



IT'S NOT A MOVIE. STAND UP!

Milan, Italy.

Gaia Giongo

A group of men dressed in smart, dark suits, turn in their director's chairs to meet our gaze. Some prop their arms against the back of the chair, others cross their legs, but all smile knowingly, almost smugly. Beyond lies a barren land punctuated with vivid pink shapes, in the distance a graveyard and cityscape. Black theatre-style curtains frame the scene, but this is not a movie, it is a harsh reality. Across the world and within all major industries and governments, it is men who control power. It's time to stand up!

PART 4

ORGANISATIONAL PERFORMANCE, 2024

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 equality or diversity policies and are not scored on these variables. See Annex for further details.

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

- Organisation validated the data published in the 2024 Report.
- Consistently strong; organisation has scored at least 4 points each year since 2021.
- Fast riser; organisation has increased their score by 3 or more points since 2021.
- Moderate riser; organisation has increased their score by 2 points since 2021.
- No progress since 2021; organisation has not scored above 1 and has not increased their score by more than 1 point since 2021 or organisation's score has decreased by 3 or more points since 2020.
- No woman leader; organisation has not had a woman CEO or Board Chair since 2018 (among organisations assessed since 2018, n=135).

VERY HIGH PERFORMERS 33 ORGANISATIONS SCORE 7 OR 8						
Abt Associates	V			↗		
CARE International	V	★				
EngenderHealth	V	★				
FIND	V	★		↗		
Gavi, the Vaccine Alliance	V	★				
Global Alliance for Improved Nutrition (GAIN)	V	★	↑			
Global Fund to Fight AIDS, Tuberculosis & Malaria	V	★				
Health Action International	V	★	↑			
International Federation of Red Cross and Red Crescent Societies (IFRC)	V	★				
International Labour Organization (ILO)	V	★	↑			
International Planned Parenthood Federation (IPPF)	V	★				
Jhpiego	V	★		↗		
Joint United Nations Programme on HIV and AIDS (UNAIDS)		★				
Medicines for Malaria Venture	V	★	↑			
Medicines Patent Pool (MPP)	V	★				
Mercy Corps		★		↗		
MSI Reproductive Choices	V		↑			
Norwegian Agency for Development Cooperation (Norad)		★	↑			×
Oxfam International			↑			
Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH)	V	★				
PATH	V	★		↗		
Pathfinder International	V		↑			
Plan International		★		↗		
Population Council	V		↑			
Population Reference Bureau (PRB)			↑			
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	★				
United States Agency for International Development (USAID)	V		↑			

HIGH PERFORMERS
30 ORGANISATIONS SCORE 5 OR 6

Africa Population and Health Research Centre (APHRC)	V	★				
Alliance for Health Policy and Systems Research (AHPSR)	V	★		↗		
Cordaid	V		↑			
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)		★				
Drugs for Neglected Diseases Initiative (DNDi)	V					
European Commission	V	★				
FHI 360	V		↑			
Food and Agricultural Organization of the United Nations (FAO)	V	★				✕
Global Affairs Canada		★				
Global Financing Facility (GFF)		★				
Health Poverty Action	V		↑			
International AIDS Society (IAS)	V					
International Federation of Medical Students (IFMSA)	V	★				
International Rescue Committee (IRC)	V		↑			
Ipas	V		↑			
Johnson & Johnson	V		↑			
JSI	V		↑			
National Institutes of Health (NIH)	V	★				
Pacific Community			↑			
Partners In Health	V		↑			
Swedish International Development Cooperation Agency (Sida)	V	★				
UN Women	V	★				
UNHCR		★				
UNICEF	V	★				
Unitaid	V	★				
United Nations Economic Commission for Africa (UNECA)		★				
United Nations Office on Drugs and Crime (UNODC)	V	★				
United Nations Population Fund (UNFPA)		★				
World Food Programme		★				
World Health Organization (WHO)		★				

V Organisation validated data in the 2024 Report

★ Consistently strong performer

↑ Fast riser

↗ Moderate riser

● No progress since 2021

✕ No woman leader since 2018

MODERATE PERFORMERS
60 ORGANISATIONS SCORE BETWEEN 2 AND 4

AbbVie					●	
Accenture						
ACTION Global Health Advocacy Partnership						
Africa Centre for Global Health and Social Transformation (ACHEST)						
African Union Commission (AUC)						✕
Aga Khan Foundation (AKF)						
Agence Française de Développement (AFD)				↗		
Amref Health Africa	V					✕
Bill & Melinda Gates Foundation	V		↑			
BP				↗		
BRAC				↗		
Bristol-Myers Squibb			↑			
Caritas Internationalis	V		↑			
Centers for Disease Control and Prevention (US)						
Clean Cooking Alliance			↑			
Clinton Health Access Initiative (CHAI)	V		↑			
Coca-Cola			↑			
Dalberg						
Deloitte						
DSM						
Equimundo (formerly Promundo)	V					
Ford Foundation		★				✕
Fundação Oswaldo Cruz (Fiocruz)						
General Electric			↑			
Gilead	V		↑			
GlaxoSmithKline (GSK)						
Global Handwashing Partnership (GHP)			↑			
Global Health Council				↗		
GSMA						
Health Systems Global					●	
icddr,b			↑			
Intel			↑			
International Center for Research on Women (ICRW)		★				
International Vaccine Institute (IVI)	V		↑			✕
Islamic Relief Worldwide	V			↗		

MODERATE PERFORMERS
60 ORGANISATIONS SCORE BETWEEN 2 AND 4

KPMG			↑			
Management Sciences for Health (MSH)	V					
Mathematica	V					
Memisa						
Merck	V					
Ministry of Foreign Affairs of the Netherlands			↑			
Mott MacDonald						
NCD Alliance			↑			
Novo Nordisk	V		↑			
Nutrition International	V					✕
Open Society Foundations						✕
PAI	V			↗		
Palladium Group	V				●	
Reckitt Benckiser Group (RB)				↗		
Rockefeller Foundation			↑			✕
Southern Africa Development Community (SADC)			↑			
TB Alliance	V		↑			
Teck Resources	V		↑			
TOMS	V		↑			
Unilever					●	
United Nations Development Programme (UNDP)	V	★				
Viatris	V		↑			
Wellcome Trust				↗		
World Bank Group	V	★				✕
World Economic Forum				↗		✕

LOW PERFORMERS
33 ORGANISATIONS SCORE 0 OR 1

AB InBev					●	
Africa CDC					●	
American Jewish World Service (AJWS)			↑			
Association of Southeast Asian Nations (ASEAN)			↑			
Bloomberg Philanthropies					●	
Caribbean Public Health Agency (CARPHA)					●	
Catholic Medical Mission Board (CMMB)	V		↑			
Catholic Relief Services (CRS)					●	
Eli Lilly and Company					●	
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)					●	✕
Fos Feminista	V					
Global Alliance for Tobacco Control (GATC) (formerly the Framework Convention Alliance)					●	
Global Health Innovative Technology Fund (GHIT Fund)	V				●	
Global Road Safety Partnership (GRSP)			↑			
Heineken					●	
IFPRI	V					
Institut Pasteur					●	
IPG Health (formerly McCann Health)					●	
Japan International Cooperation Agency (JICA)	V				●	✕
Laerdal	V		↑			
Medela			↑			
Medtronic					●	
Ministry of Foreign Affairs and International Cooperation, Italy			↑			
Muslim Aid			↑			
Novartis	V				●	
Pfizer				↗		
Philips					●	
PwC					●	
Safaricom					●	
Union for International Cancer Control (UICC)					●	
World Council of Churches (WCC)	V		↑			
World Vision			↑			

V Organisation validated data in the 2024 Report

★ Consistently strong performer

↑ Fast riser

↗ Moderate riser

● No progress since 2021

✕ No woman leader since 2018

VERY LOW PERFORMERS
45 ORGANISATIONS SCORE BETWEEN -7 AND -1

ABCHealth						
Action on Smoking and Health (ASH)					●	✕
Africa Christian Health Association Platform (ACHAP)					●	
Alight					●	
Aliko Dangote Foundation (ADF)					●	
amfAR, Foundation for AIDS Research					●	✕
Becton, Dickinson and Company				↗		
Caterpillar Foundation					●	
China CDC					●	
China Foundation for Poverty Alleviation (CFPA)				↗		
Community of Latin American and Caribbean States (CELAC)					●	
Consumer Brands Association					●	
European Centre for Disease Prevention and Control	V				●	
ExxonMobil					●	
Foreign, Commonwealth & Development Office					●	
i+solutions					●	
Imam Khomeini Relief Foundation			↑			✕
International Council of Beverages Associations (ICBA)					●	
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)					●	
International Union Against Tuberculosis and Lung Disease	V				●	✕
Islamic Development Bank	V				●	✕
Kuehne + Nagel				↗		
Magna					●	
McKinsey & Company					●	
Médecins Sans Frontières (MSF)			↑			
Medico International					●	
Movendi International					●	
Nestle					●	
PanAfricare						✕
Partners in Population and Development (PPD)					●	
Qatar Foundation (QF)			↑			
Rabin Martin	V			↗		
Salvation Army International	V				●	
SRHR Africa Trust	V				●	
Sumitomo Chemical					●	
US Council for International Business (USCIB)				↗		
Vestergaard Frandsen			↑			
Vital Strategies					●	
West African Health Organization (WAHO)					●	
World Heart Federation					●	
World Obesity Federation					●	

V Organisation validated data in the 2024 Report

★ Consistently strong performer

↑ Fast riser

↗ Moderate riser

● No progress since 2021

✕ No woman leader since 2018

PERFORMANCE OVER FOUR YEARS: CONSISTENTLY HIGH PERFORMERS, FAST RISERS AND STAGNATORS, 2021-2024

GH5050 has collected data on 197 of the current sample of 201 organisations since 2021. **49 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 **67 organisations** has demonstrated increasing commitment to set and strengthen gender-responsive policies, where GH5050 had previously reported them lacking or unavailable. Over the period 2021-24, these organisations have improved their overall score, and most 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 **59 organisations** have been consistently low and little to no progress has been made. Only a few of these organisations have engaged with GH5050, 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.

Another **22 organisations** have performed variably over the past four years and not improved their performance by more than one point since 2021.

CONSISTENTLY STRONG PERFORMERS

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

- Africa Population and Health Research Centre (APHRC)
- Alliance for Health Policy and Systems Research (AHPSR)
- CARE International
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
- EngenderHealth
- European Commission
- FIND
- Food and Agricultural Organization of the United Nations (FAO)
- Ford Foundation
- Gavi, the Vaccine Alliance
- Global Affairs Canada
- Global Alliance for Improved Nutrition (GAIN)
- Global Financing Facility (GFF)
- Global Fund to Fight AIDS, Tuberculosis & Malaria
- Health Action International
- International Center for Research on Women (ICRW)
- International Federation of Medical Students (IFMSA)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Labour Organization (ILO)
- International Planned Parenthood Federation (IPPF)
- Jhpiego
- Joint United Nations Programme on HIV and AIDS (UNAIDS)
- Medicines for Malaria Venture
- Medicines Patent Pool (MPP)
- Mercy Corps
- National Institutes of Health (NIH)
- Norwegian Agency for Development Cooperation (Norad)
- Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH)
- PATH
- Plan International
- Population Services International (PSI)
- RBM Partnership to End Malaria
- Reproductive Health Supplies Coalition
- Save the Children
- Scaling Up Nutrition
- Sonke Gender Justice
- Stop TB Partnership
- Swedish International Development Cooperation Agency (Sida)
- UN Women
- UNHCR
- UNICEF
- Unitaid
- United Nations Development Programme (UNDP)
- United Nations Economic Commission for Africa (UNECA)
- United Nations Office on Drugs and Crime (UNODC)
- United Nations Population Fund (UNFPA)
- World Bank Group
- World Food Programme
- World Health Organization (WHO)

FAST RISERS

51 organisations that have increased their scores by at least 3 points since 2021.

Scored 5+ points in 2024
- Cordaid
- FHI 360
- Health Poverty Action
- International Rescue Committee (IRC)
- Ipas
- Johnson & Johnson
- JSI
- MSI Reproductive Choices
- Oxfam International
- Pacific Community
- Partners In Health
- Pathfinder International
- Population Council
- Population Reference Bureau (PRB)
- United States Agency for International Development (USAID)

Scored 1-4 points in 2024
- American Jewish World Service (AJWS)
- Association of Southeast Asian Nations (ASEAN)
- Bill & Melinda Gates Foundation
- Bristol-Myers Squibb
- Caritas Internationalis
- Catholic Medical Mission Board (CMMB)
- Clean Cooking Alliance
- Clinton Health Access Initiative (CHAI)
- Coca-Cola
- General Electric
- Gilead
- Global Handwashing Partnership (GHP)
- icddr,b
- Intel
- International Vaccine Institute (IVI)
- KPMG
- Medela
- Ministry of Foreign Affairs of the Netherlands
- NCD Alliance
- Novo Nordisk
- Rockefeller Foundation
- Southern Africa Development Community (SADC)
- TB Alliance
- Teck Resources
- TOMS
- Viatris
- World Council of Churches (WCC)

Scored 0 or fewer points in 2024
- Global Road Safety Partnership (GRSP)
- Imam Khomeini Relief Foundation
- Laerdal
- Médecins Sans Frontières (MSF)
- Ministry of Foreign Affairs and International Cooperation, Italy
- Muslim Aid
- Qatar Foundation (QF)
- Vestergaard Frandsen
- World Vision

UNEVEN PERFORMERS

22 organisations whose scores have not changed by more than 1 point since 2021 in either direction and do not fall into other categories.

Scored 4-6 points in 2024
- Drugs for Neglected Diseases Initiative (DNDi)
- Equimundo (formerly promundo)
- GSMA
- International AIDS Society (IAS)
- Nutrition International

Scored 2-3 points in 2024
- Accenture
- ACTION Global Health Advocacy Partnership
- Africa Centre for Global Health and Social Transformation (ACHEST)
- African Union Commission (AUC)
- Aga Khan Foundation (AKF)
- Amref Health Africa
- Centers for Disease Control and Prevention (US)
- Dalberg
- Deloitte
- DSM
- Fundação Oswaldo Cruz (Fiocruz)
- GlaxoSmithKline (GSK)
- Memisa
- Merck
- Mott MacDonald
- Open Society Foundations

MODERATE RISERS

16 organisations that have increased their score by 2 points since 2021.

Scored 5+ points in 2024
- Abt Associates
- Scored 1-4 points in 2024
- Agence Française de Développement (AFD)
- BP
- BRAC
- Global Health Council
- Islamic Relief Worldwide
- PAI
- Reckitt Benckiser Group (RB)
- Wellcome Trust
- World Economic Forum

Scored 0 or fewer points in 2024
- Becton, Dickinson and Company
- China Foundation for Poverty Alleviation (CFPA)
- Kuehne + Nagel
- Pfizer
- Rabin Martin
- US Council for International Business (USCIB)

STAGNATING LOWER PERFORMERS

59 organisations that did not score about 1 in 2024 and have not increased their score by more than 1 point since 2021, or whose scores have decreased by 3 or more points since 2021.

- AB InBev
- AbbVie
- Action on Smoking and Health (ASH)
- Africa CDC
- Africa Christian Health Association Platform (ACHAP)
- Alight
- Aliko Dangote Foundation (ADF)
- amfAR, Foundation for AIDS Research
- Bloomberg Philanthropies
- Caribbean Public Health Agency (CARPHA)
- Caterpillar Foundation
- Catholic Relief Services (CRS)
- China CDC
- Community of Latin American and Caribbean States (CELAC)
- Consumer Brands Association
- Eli Lilly and Company
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- European Centre for Disease Prevention and Control
- ExxonMobil
- Foreign, Commonwealth & Development Office
- Global Alliance for Tobacco Control (GATC)
- Global Health Innovative Technology Fund (GHIT Fund)
- Health Systems Global
- Heineken
- i+solutions
- Institut Pasteur
- International Council of Beverages Associations (ICBA)
- International Diabetes Federation (IDF)
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
- International Federation of Pharmaceutical Wholesalers Foundation (IFPW)
- International Food and Beverage Alliance (IFBA)
- International Union Against Tuberculosis and Lung Disease
- IPG Health (formerly McCann Health)
- Islamic Development Bank
- Japan International Cooperation Agency (JICA)
- Magna
- Management Sciences for Health (MSH)
- McKinsey & Company
- Medico International
- Medtronic
- Movendi International
- Nestle
- Novartis
- Palladium Group
- Partners in Population and Development (PPD)
- Philips
- PwC
- Safaricom
- Salvation Army International
- SRHR Africa Trust
- Sumitomo Chemical
- Unilever
- Union for International Cancer Control (UICC)
- Vital Strategies
- West African Health Organization (WAHO)
- World Heart Federation
- World Obesity Federation

ANNEX METHODS

BROTHER, 21

Nyamira county, Kenya.

Oprah Omeka

Oprah's brother smiles broadly as she captures his portrait at their grandmother's house in Nyamira county, Kenya. Slumped low on the patterned sofa, limp arm outstretched, he seems happy and at ease. For their grandmother, creating a safe and comfortable space for her grandchildren is crucial. Having lost her eldest son to alcoholism and witnessed the devastating consequences of social pressures on young men, she is determined not to lose another.

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 201 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.

Trend analyses from 2018-2024 are presented for (1) public commitment to gender equality, (2) definition of gender and (3) policy on gender equality in the workplace. GH5050 has monitored 87 nonprofit organisations since 2018 (61 nonprofit organisations have been added since 2018 and are not included in this trend analyses). GH5050 has also monitored 49 for-profit companies since 2020 (4 have been added since and are not included in this trend analysis).

Trend analyses from 2020-2024 are presented for (1) policy on diversity and inclusion in the workplace and (2) policy on board diversity and inclusion, as GH5050 introduced these variables in 2020. GH5050 has monitored 145 nonprofit organisations and 52 for-profit companies since 2020.

Ten sectors are represented in the 2024 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, 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,[9] or companies that contributed to consultations on the Uruguay Road Map on noncommunicable diseases[10]

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 considering 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.

Most 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, we do not ask for confidential information, information of a commercially sensitive nature or information that would identify individuals in organisations.

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

9 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

10 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

published in peer-reviewed journals (The Lancet[11] and Globalization and Health[12]) prior to 2017.

DEMOGRAPHIC INFORMATION ON CEOS AND BOARD MEMBERS

We collected available information on the characteristics of board chairs and board members of 147 organisations in our sample during the period February - April 2024. Data was collected from online public sources – primarily from biographies on the organisations' board page and LinkedIn profiles.

Among the sample of 201 organisations which GH5050 annually assesses, this board review excluded organisations whose board compositions are determined by national governments (e.g., bilateral agencies) and/or member states (e.g., UN agencies). This allowed the review to focus on diversity outcomes in the absence of formal policies that dictate geographically-balanced representation (i.e., distribution of seats by region) and/or that mandate single country representation (i.e., boards with seats reserved for government representatives only). These exclusion criteria removed all United Nations organisations (11), all bilateral and multilateral organisations (14), and all regional bodies (8), as well as two (2) multilateral funding bodies from the larger sample. An additional 19 organisations were excluded given that information on their board members was not publicly available, or the existence of a board could not be determined (see table). The final analysis included 103 nonprofit and 44 for-profit organisations.

TABLE. ORGANISATIONS WHERE A BOARD COULD NOT BE DETERMINED AND/OR NO DATA ON BOARD MEMBERS FOUND (N=19)

PHILANTHROPIC AND FUNDERS	Aliko Dangote Foundation (ADF)
FAITH BASED	Caritas Internationalis
RESEARCH AND SURVEILLANCE	Centers for Disease Control and Prevention (US)
RESEARCH AND SURVEILLANCE	China CDC
CONSULTANCY	Dalberg
RESEARCH AND SURVEILLANCE	European Centre for Disease Prevention and Control
RESEARCH AND SURVEILLANCE	Fundação Oswaldo Cruz (Fiocruz)
PUBLIC-PRIVATE PARTNERSHIPS	Global Handwashing Partnership (GHP)
PUBLIC-PRIVATE PARTNERSHIPS	Global Road Safety Partnership (GRSP)
PRIVATE SECTOR	International Council of Beverages Associations (ICBA)
PRIVATE SECTOR	International Food and Beverage Alliance (IFBA)
PRIVATE SECTOR	IPG Health (formerly McCann Health)
CONSULTANCY	JSI
PRIVATE SECTOR	Laerdal
PRIVATE SECTOR	Medela
CONSULTANCY	Mott MacDonald
RESEARCH AND SURVEILLANCE	National Institutes of Health (NIH)
FAITH BASED	Salvation Army International
PRIVATE SECTOR	TOMS

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

12 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

Data collected on each board member includes the gender and nationality of board members, their place of employment, and where the organisation they work for is headquartered. Data was drawn primarily from individuals' online biosketches and LinkedIn profiles.

Two researchers reviewed the board membership data collected in 2022 on the same sample of organisations and updated and validated that data where necessary. Discrepancies were discussed with a third reviewer until consensus was reached on the final entry.

Board membership demographic data is not validated with organisations.

ENGAGING AND VALIDATING RESULTS WITH ORGANISATIONS

We contact each organisation at least twice during 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. 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. Results are shared with all organisations before publication.

METHODS FOR STATISTICAL ANALYSIS

We conducted regression analyses to examine correlations between variables using STATA 18. To prepare our data for statistical analyses, we recoded the variables where needed. The status of an organisation as nonprofit or for-profit and whether an organisation is headquartered in an LMIC were binary variables. Percentages of women on senior management teams, women on governing boards, and LMIC nationalities on governing boards were continuous variables. We recoded gender equality workplace policy, diversity and inclusion workplace policy, board diversity policy, gender parity on senior management teams, gender parity on governing boards, gender of CEO, and gender of board chair as binary variables. Organization size was recoded as follows: 1 to 49 employees as 1, 50 to 249 as 2, 250 to 999 as 3, and ≥1000 as 4.

Following that, we conducted regression analyses to examine relationships between variables. Where we appropriate, we ran the analyses for the nonprofit and for-profit sector separately. Linear regression was used where the outcome was continuous (e.g., percentage of women on boards), and logistic regression was used where the outcome was binary (e.g., gender equality workplace policy with specific measures). Both unadjusted and adjusted analyses were conducted. For instance, to examine whether being nonprofit was correlated with a higher percentage of women on governing boards, we controlled for the percentage of women on senior management teams, gender of CEO and board chair, percentage of LMIC nationalities on governing boards and organisation size. The strengths of correlations were noted, with $p<0.05$ considered statistically significant. Statistically significant results are indicated in the report, with correlation strengths reported as $p<0.05$, <0.01 or <0.001.

CEO GENDER PAY EQUALITY FOR US-BASED ORGANISATIONS

US-based nonprofits are required to report their tax records to the US Internal Revenue Service (IRS) every year. We collected the tax records of US-based nonprofits in our sampling frame from the IRS for the years 2015 and 2021. Where data was unavailable on IRS (due to delays in processing tax records), we used data from ProPublica, an investigative journalism database that collates tax records from US-based non-profits. We extracted data on total revenue and CEO salary from the tax records and excluded salary data

indicating partial salaries (e.g., if a new CEO joins the organisation in the middle of the year, the reported salary would not reflect their full annual salary). Next, we collected data on CEO gender using our established methodology. Then, we analysed differences in CEO pay by gender and the revenue size of organisations led by men and women CEOs.

GENDER PAY GAP DATA FOR ORGANISATIONS WITH A PRESENCE IN THE UK

Organisations with ≥250 employees in the UK are legally required to report their gender pay gap data to the UK government every year, while smaller organisations can opt into voluntary reporting. For organisations in our sampling frame that have a presence in the UK, we extracted their gender pay gap data from 2017 to 2023 from the UK Gender Pay Gap Service website, including mean and median percentage differences in hourly rate pay and bonus pay, percentages of women in different pay quartiles and percentages of women receiving bonus pay. Subsequently, we analysed trends in gender hourly pay and bonus pay gaps in our sample.

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.

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 2024 is categorised into five quintiles: very high performer, high performer, moderate performer, low performer, and very low performer. The variables that are included in this calculation are:

- Public commitment to gender equality
- Public definition of gender
- Workplace gender equality policy
- Workplace diversity and inclusion policy
- Board diversity and inclusion policy
- Gender parity in senior management
- Gender parity in governing body
- Policy on 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 2021, 2022, 2023, and 2024.

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:

For organisations that receive scores of Not Applicable (NA), the total number of available points is reduced to avoid unfairly penalising these organisations. 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.

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


GLOBAL 50
HEALTH 50