

REVIEWING GENDER-RELATED POLICIES AND PRACTICES:

GLOBAL HEALTH 50/50 2019 METHODS GUIDE

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I urge the global health community to reflect on the [GH5050] findings presented and to act to improve practice. I hope, too, that other sectors will follow suit and undertake similar analysis.

It is only by embedding gender analysis and action deep in the global structures of development cooperation that we will achieve sustainable and inclusive development that leaves no one behind.

AMINA MOHAMMED
UNITED NATIONS
DEPUTY SECRETARY-GENERAL

This guide provides an overview of the methodology of the GH5050 2019 Report, *Equality Works*. In response to calls to expand and adapt the GH5050 analysis across sectors, as well as commitments from multilateral health and development agencies to use the GH5050 methodology to track progress,¹ this guide further aims to support users in applying the GH5050 approach to monitoring gender-related organisational performance.

Equality Works reviews the gender-related policies and practices of global organisations active in health, with a focus on gender equality in the workplace. Informed by the findings of the assessment, the report proposes recommendations for expanding commitment to gender equality, developing evidence-informed policy content, promoting equitable outcomes in power and pay and ensuring gender-responsive programming¹.

Sample and criteria for inclusion

Equality Works reviews 198 organisations active in global health. Building on the 2018 sample of 140 organisations, GH5050 made a concerted effort to include more organisations headquartered in the “global south.”

The sample includes organisations actively involved in global health and those organisations that aim to influence global health even if this is not their core function. Inclusion of an organisation does not signify GH5050’s endorsement of their activities, nor that GH5050 considers the organisation to be contributing to advancing population-level health. Rather, organisations under

review have been identified as having clearly indicated an interest in influencing global health.

To qualify as ‘global’, each organisation included in the sample must have a presence in at least three countries.

Ten sectors are represented in the 2019 sample:

1. **Public-private partnerships (PPPs)**, 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 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 organisations**
6. **Private sector:**
 - 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 SDGs²
 - Companies that contributed to consultations on the Uruguay Road Map on noncommunicable diseases³
7. **Consultancy firms** with an interest in the health sector
8. **Surveillance and public health institutions**
9. **Faith-based organisations**
10. **Journals** in the medical and global health sector, and their parent companies

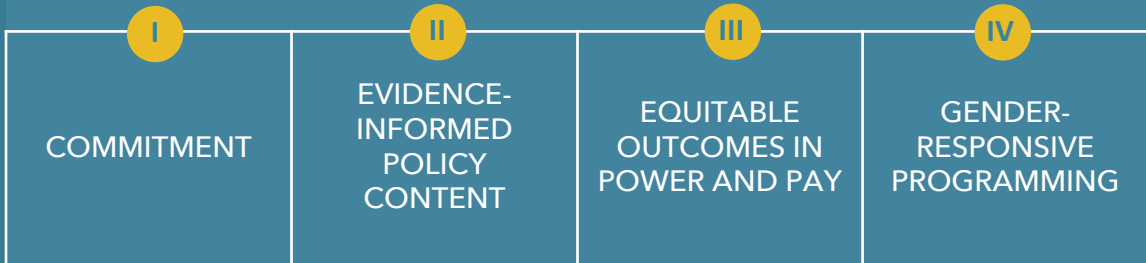
¹ Gender-responsiveness is a scale used by WHO and others to assess policies and programmes. The scale ranges from gender-unequal (perpetuates gender inequality) through gender-blind, gender-sensitive and gender-specific, to gender-transformative (considers gender, addresses inequities and promotes equality). https://www.who.int/gender/mainstreaming/GMH_Participant_GenderAssessmentScale.pdf

2019 Report Framework: Four dimensions & 10 domains

1 QUESTION

How gender-equal and gender-responsive are the world's most influential organisations active in global health?

4 DIMENSIONS



10 DOMAINS

1. Organisational public commitment to gender equality
2. Organisational definition of gender
3. Workplace gender equality policy
4. Sexual harassment policy
5. Parental leave policies and flexible working options for work-life balance
6. Gender parity in senior management and on the governing body
7. Gender of the executive head and chair of the governing body
8. Gender pay gap
9. Gender in programmatic strategies
10. Sex-disaggregated monitoring and evaluation data

Methods for data collection

GH5050 has developed a rigorous methodology that is consistent with established systematic review research methods. At least two reviewers extract each data item independently, and a third reviewer verifies the data. The reviewers discuss any discrepancies in data extraction until they reach a consensus. Data are coded according to content, using a traffic light system established in advance of data collection and refined iteratively. The codes in the GH5050 2019 report were updated from the 2018 report, given the expanded scope and as a result of invaluable ongoing discussions with organisations.

The data collected and analysed comes mainly from publicly available websites and is in the public domain. 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. However, some information and policies, e.g. parental leave (included in 2019), were not available in the public domain. To improve the accuracy of the content analysed, in an email communication we requested that organisations share their sexual harassment and family-friendly workplace policies directly with GH5050. We published the coding of internal documents only if the organisation gave written permission. We do not ask for confidential information, information of

a commercially sensitive nature or information that would identify individuals in organisations (other than the gender of the CEO, for example, which is publicly available for all included organisations).

Some organisations follow the policies of host organisations or parent companies. In these cases, we used the same code as for the host/parent. For example, several organisations employed the workplace policies of the World Health Organization (WHO), e.g. Partnership for Maternal, Newborn and Child Health, the Bulletin of WHO, and the Alliance for Health Policy and Systems Research. Individual journals do not appear to have specific internal workplace policies, so we used the workplace policies of their parent companies. Other non-workplace policy variables (e.g. gender parity in leadership, stated commitment to gender equality, etc.) are coded for each organisation individually.

We used an earlier version of this methodology to review a small number of global health organisations and global PPPs in health. These reviews were published in peer-reviewed journals (The Lancet⁴ and Globalization and Health⁵) prior to 2017.

Two organisations in the GH5050 2019 report shared information following publication. Their results have been updated in the online database and the revisions noted on the "corrections" page of our website.

Engaging and validating results with organisations

We contact each organisation at least twice during the course of data verification. Initially we inform the CEO and head of human resources, or their equivalent, about the project and the start date of data collection, using email addresses found online. In that correspondence, we request the nomination and contact details of a focal point in the organisation who can review and validate the data once collected.

Following completion of data collection, we send each organisation their preliminary results and ask them to review and provide any additional information, documentation or policies to review. Throughout the process of data collection, GH5050 encourages organisations to contact us to discuss queries about the process and the variables. Final results are shared with all organisations before publication.

Strengths and limitations

The methods described above have been discussed with the head of ethics of University College London, where GH5050 is housed, and found to be in compliance with international norms.

As far as we know, this is the first systematic attempt to assess how gender is understood and practiced by organisations working in and/or influencing the field of global health across multiple dimensions (commitment, evidence-informed policy content, equitable outcomes in power and pay 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.

1 Global Action Plan for Healthy Lives and Well-Being for All. (2019). <https://www.who.int/sdg/global-action-plan>

2 GBCHHealth. Business, Health and the SDGs. <http://www.gbchealth.org/focal-pointroles/post-2015-working-group/>

3 World Health Organization. (2017). Governance: Development of an outcome document for the WHO Global Conference on NCDs. <http://www.who.int/ncds/governance/outcomedocument-global-conference/en/>

4 Hawkes, S., & Buse, K. (2013). Gender and global health: Evidence, policy, and inconvenient truths. *The Lancet*, Volume 381 (9879), pp.1783-1787. [https://www.thelancet.com/article/S0140-6736\(13\)60253-6/pdf](https://www.thelancet.com/article/S0140-6736(13)60253-6/pdf)

5 Hawkes S, Buse K, & Kapilashrami A. (2017). Gender blind? An analysis of global public-private partnerships for health. *Globalization and Health*, 13 (1) pp.1-11. <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-017-0249-1>

About the series

GH5050 How-To Guides consolidate global best practice and evidence to support organisations in developing and improving gender-related policies and practices. GH5050 encourages organisations to use these guides as a starting point. Recognising that every organisation – their staff, sector, context and experience – is unique, organisations should develop their policies through rigorous, evidence-informed and consultative processes to ensure that they are effective and tailor-made, while increasing ownership and commitment among all staff, management and board members.

In the series:

- Measuring and Addressing the Gender Pay Gap in Global Health
- Guide to Parental Leave, Flexible Working and Family-Friendly Workplace Policies *[coming]*
- How to Develop a Comprehensive Sexual Harassment Policy
- Reviewing Gender-Related Policies and Practices: Global Health 50/50 2019 Report Methodology

Located here: globalhealth5050.org/GH5050-How-To-Series

GH5050 2019 Report and Organisational performance

Global Health 50/50 is an independent initiative to advance action and accountability for gender equality in global health and contribute to the 2030 Agenda for Sustainable Development. Its 2019 Report, [Equality Works](#) reviewed the gender-related policies and practices of 198 global organisations active in health, with a special focus on gender equality in the workplace.

To review your organisation's results, visit globalhealth5050.org/data-2019/. If your organisation was not included in the report, we encourage you to take the GH5050 Organisational [Self-Assessment](#).

For more information contact: info@globalhealth5050.org.

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HEALTH 5050
TOWARDS GENDER EQUALITY IN GLOBAL HEALTH