

GENDER JUSTICE FOR PLANETARY HEALTH

ASSESSING THE GENDER-
RESPONSIVENESS OF 114 GLOBAL
ORGANISATIONS' WORK TO ADDRESS
THE PLANETARY HEALTH CRISIS



Cover illustration:

KABEH PODO

YOGYAKARTA, INDONESIA. 2023.

Faiz Pujo Jatmiko

A male and female face press together to support the stem of an anthurium. Both faces are required to keep the lily erect, reaching towards the sun. Symmetrically balanced, their faces echo the open petals of the flower embodying the Javanese concept of "Kabeh Podo," meaning "all the same." Plant, man, and woman are one, each is dependent on the other.

Global Health 50/50® is an independent charitable initiative. Global Health 50/50 was co-founded by Professors Sarah Hawkes and Kent Buse. It is staffed by a collective of researchers, strategists and communications experts, many of whom work in the global health sphere while also contributing to the work and aims of GH5050. Collective members who contributed to the report include: Imogen Bakelmun, Sophie Gepp, Jasmine Gideon, Manasi Hansoge, Unsia Hussain, Alma Ionescu, Aaron Koay, Rebecca Langella, Victoria Olarewaju, Sonja Tanaka, and Dahye Yim.

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**DR SOUMYA
SWAMINATHAN**

Chairperson of M S Swaminathan
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Chief Scientist at the World
Health Organization

FOREWORD

The work of GH5050 has proved to be a vital addition to pressing for accountability for gender justice in the global health sector. Its annual index has spurred organisations to strengthen their policies and practices around gender equality.

This report offers an important opportunity to employ the GH5050 methodology to explore gender justice in planetary health. Given the urgency of the climate and environmental disasters facing the world, this is a critical and timely initiative. With the adoption of the Gender Action Plan at COP25 in 2019, I and many others were hopeful that the movements for gender justice, climate change and planetary health could be united, yet as this groundbreaking report from Global Health 50/50 and the Sunway Centre for Planetary Health reveals, gender-transformative action remains remarkably absent from most planetary health efforts. The findings of this analysis offer an opportunity to reflect on how to encourage global organisations active in health to further integrate a gender lens into their planetary health programmes.

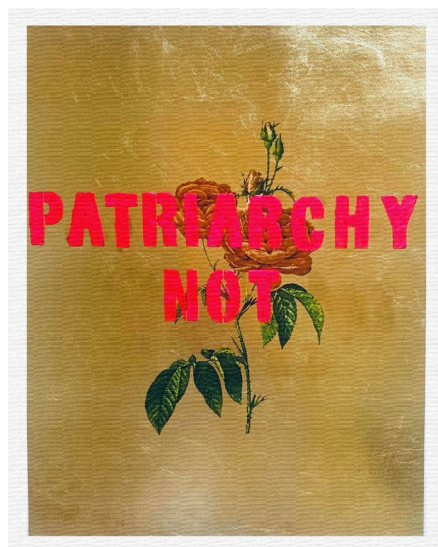
One important dimension of the annual reporting by Global Health 50/50 concerns collecting and reporting sex disaggregated data. Data disaggregated in this form has the potential to uncover how sex and gender affect the health of women and men differently. While 63% of the non-profit organisations assessed in report have made a policy commitment to producing gender-disaggregated data, the report finds that only 18% of these organisations published any sex-disaggregated data on their planetary health activities. Yet without this kind of data, strengthening the evidence base around how best to reach, support, and engage the most affected communities remains an on-going challenge.

The data in the report also draws attention to the on-going failure to incorporate women from low- and middle-income countries in the decision-making processes of these organisations. I am delighted to see the finding that women and men are equally represented in non-profit boards. Yet just 2.2% of board members are women from low-income countries. Knowing that women are disproportionately impacted by climatic hazards in multiple ways, it is imperative to have those voices represented in decision making bodies, as the best solutions are likely to come from lived experience.

One of the things that strikes me in the report is the stark difference between the for-profit and non-profit sectors in so far as equity in representation is concerned—with the private for-profit sector lagging far behind. The for-profit sector has a critical role in developing and bringing to scale much of the innovation and technology that we desperately need to enable humans to operate more safely within planetary boundaries. In my view, more diverse leadership is essential to ensure that such innovation, and the green agenda more broadly, responds to the needs of all, irrespective of gender and geography.

Like the authors of this innovative report, I am heartened that so many organisations have taken on the challenges of planetary health—our collective futures depend on it. But I also share their concerns that too much of the work in this field is gender blind and that there remains a failure to truly democratise the leadership of these efforts. This need not and should not remain our modus operandi as the stakes are so high—and it is the structurally excluded that suffer most. Fortunately, this is something that is within our power to change, and such change can only be good for the health of people and planet.

WORD FROM THE COLLECTIVE



This report reflects our belief that gender justice and planetary health are not separate challenges—in much the same way that the right to health, the right to a healthy environment and the right to gender equality are all indivisible rights. These struggles are interconnected and bound up in the distribution of power and opportunity, responsibility, and burden—across geographies and genders. We will make more progress if we reject the silos and collectively focus on the underlying structural drivers that harm people and planet.

We welcome the efforts of many of the organisations assessed here in addressing pressing planetary health challenges. Our findings that one-quarter of included organisations prioritise gender equality within their planetary health initiatives gives grounds for optimism. Of particular encouragement is the adoption by several organisations of a feminist perspective to advancing gender justice issues within the realm of planetary health.

Despite the continued calls for gender equality in key international agreements, including those addressing climate concerns, operationalising gender equality as part of planetary health action remains inadequate. This report reveals a lack of commitment to disaggregating data, undertaking gender transformative initiatives, and ensuring equitable participation of women and people from the most affected geographies in leadership roles.

DESTROY THE PATRIARCHY NOT THE PLANET

Brighton, UK. 2023.

Hannah Shillito

In gilded gold leaf print and striking red acrylic lettering, Hannah's triptych demands systemic change. As Hannah declares, dismantling patriarchal systems and promoting gender equality are integral to addressing the interconnected challenges of environmental degradation, climate change, and sustainable development.

Most of the organisations that integrate a gender lens in their planetary health work focus on reaching women and girls. We find a few examples of organisations acknowledging the differential impact of environmental and climate issues on both men and women. However, we don't see evidence of men being engaged or considered in gender-responsive programmes. Calls to strengthen the integration of gender into policies, plans, and solutions to address the planetary health crisis must be based on an understanding of gender as relational, embedded in the systems and structures of all societies, and with an impact on all people. Excluding groups (including men) from the gender equality and gender integration agendas of planetary health risks undermining support for the agendas and erodes principles of universality and the right to gender equality, to health, and to a healthy environment for all.

We find that programmes focused on women tend to position them as victim or saviour, thereby inadvertently reinforcing traditional gender roles, particularly when casting women predominantly as mothers and caregivers. Planetary health activities often place the burden of health and climate change adaptation on women, with little mention of involving men or addressing broader gender dynamics of structural inequalities. This risks perpetuating a 'feminisation of responsibility'¹ rather than recognising that changing the gendering of responsibilities—including shared domestic responsibilities—are part of the solution.

Our analysis further underscores the urgent need for more comprehensive and disaggregated data collection and analysis to guide gender-responsive strategies, interventions, and programmes. The absence of consistent data disaggregation and reporting means that disadvantages and inequalities remain unacknowledged and unaddressed—as planetary health crises worsen.

Achieving gender justice in planetary health will entail building new alliances beyond the health sector and learning from areas where successful changes have occurred. Ecofeminist scholars, activists, and frontline communities who have worked tirelessly over several decades to push for the recognition of intersectional gender inequalities in their campaigning and research around climate change have much to offer the field of planetary health. Forged to address the complex interrelationship between environmental degradation and patriarchal systems,² ecofeminism moves beyond a focus on women as individuals and targets the gendered power relations that underpin climate-related inequalities.³ Moreover, we can also learn from ecofeminists' call to move beyond 'masculinist techno-scientific approaches'⁴ in seeking a range of solutions to planetary health injustices.

Ensuring more gender-equitable and inclusive, democratic decision-making processes is vital if we are to achieve transformative gender justice in planetary health. Our analysis highlights that while important shifts are happening in terms of more women in leadership positions within global organisations, there are still important gaps to be addressed. We found, for example, that people from low-income countries and other countries bearing the brunt of planetary health injustices including extreme weather events, remain significantly under-represented in decision-making in the governance of planetary health. Much is to be gained by recognising the contributions of more diverse forms of knowledge, including local, traditional, and indigenous knowledge, and acknowledging the lived experience of those most impacted by climate and environmental degradation. At the same time, organisations working in planetary health must actively work against perpetuating the same systems of oppression that have led to today's crises.

We believe that progress on planetary health is possible and will be more rapidly achieved when more diverse voices have a say in shaping our common future. The urgency cannot be understated.

EXECUTIVE SUMMARY

Planetary health concerns the well-being of human civilisation and the natural systems on which it depends. A planetary health lens allows us to recognise the inextricable links between human health and societal actions and behaviours while also incorporating a focus on the Earth's natural systems—like biodiversity and ecosystems—within which humans exist. Our survival hinges on staying within the planet's safe operating space. Planetary health highlights the complex connections between climate and environmental changes and global inequalities—within and between countries.

Despite growing global attention to planetary health, the question of gender equality has been relatively neglected in policy and research. Nevertheless, important lessons and insights can be drawn from the established body of research and practice that has explored the interconnections between gender justice, health, and climate action.

This report reviews the planetary health activities of 114 organisations in GH5050's [annual sample](#) that met our definitions of being active in planetary health. This included 99 non-profit organisations (including multilateral and bilateral, nongovernmental, and research organisations, and public-private partnerships), and 15 for-profit companies. We reviewed the planetary health-related activities that were identified for their reference to gender and to activities focused on women, men and/or people with diverse gender identities.

The Report finds that the organisations engage in a range of planetary health activities, the most common being those related to climate adaptation and resilience, followed by health service adaptation. Within the not-for-profit sample, 24% of organisations were found to have planetary health activities that also recognised the structural causes of gender inequalities. Over one-third—37%—of organisations' planetary health activities did not mention gender. We also found that 38% of organisations' planetary health activities responded to the specific needs of women and girls alone. None of these organisations focused on the gender roles of men/boys alone. Within the for-profit section, 3 of the 15 companies demonstrated a commitment to gender equality within their planetary health activities.

The report argues that transformative gender justice for planetary health requires more inclusive leadership and decision-making processes—including based on gender and nationality. Our data finds some reason for hope, but inequalities persist. Among the non-profit organisations, 38% of CEOs/Executive Directors are women. Among the boards assessed, 48% of chairs and 50% of members are women—an important achievement in terms of gender parity.

The review however found the starkest inequalities in the disproportionately low representation of people from low- and middle-income countries in the governance of planetary health. Among the 921 board members, just 41 (4.5%) were nationals of low-income countries, compared to high-income country nationals, who hold 68% of board seats. There is also a notable absence of equitable representation of nationals from Small Island Developing States (those countries most affected by the climate crisis) and/or the 10 countries most affected by extreme weather events.

This first review of how organisations active in planetary health integrate a gender justice lens in their work finds evidence of good practice and progress towards gender parity. We advocate for a more transformative approach to planetary health and one that is centred around gender justice. Only with a more holistic and transformative approach can we dismantle the inequitable systems of power and privilege that continue to characterise the global health sector.

SNAPSHOT

AMONG 99 NON-PROFIT ORGANISATIONS ACTIVE IN PLANETARY HEALTH...

24%

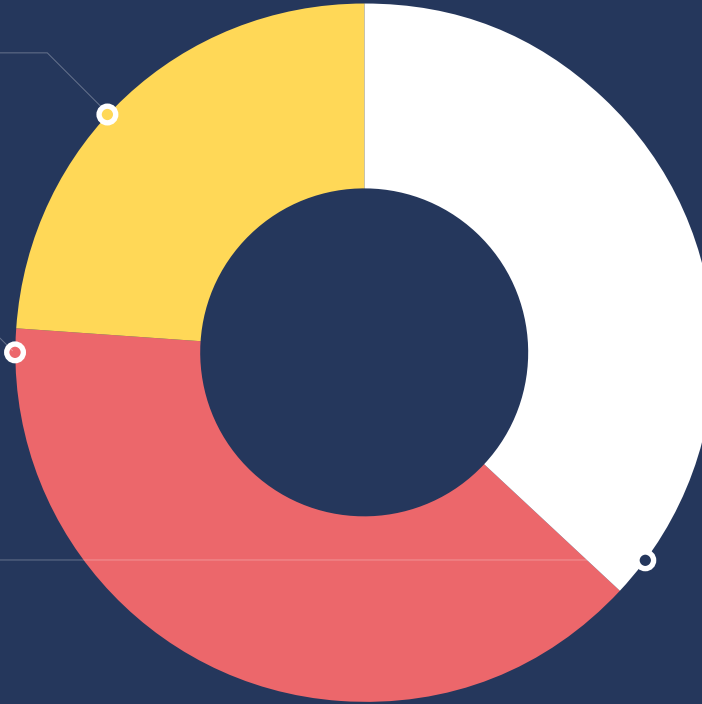
have planetary health activities that recognise the structural causes of gender inequalities

38%

have planetary health activities that respond to the specific needs of women and girls alone

37%

make no mention of gender in describing their planetary health activities



18%

published any sex-disaggregated data on their planetary health activities

38%

of CEOs are women



48%

of board chairs are women



Among 921 board members:

50%

are women



68%

are nationals of high-income countries



2.2%

are nationals of low-income countries



More board members are nationals of one country—USA—than all low- and middle-income countries combined

921

355

291

ABOUT THE REPORT

BUBBLE WORSHIP

INDIA, 2018.

Sourav Karmakar

Two women bathe in the foamy waters of India's sacred Yamuna River during Chhath Puja festivities. The two women belong to a group of nearly 1 billion Hindu worshipers who take to the river for ritual cleansing and prayer, an increasingly hazardous act. The froth is toxic, a mixture of sewage and industrial waste. Bathing in the foamy sludge can lead to respiratory and skin issues, however, for Hindu devotees, it is an essential part of their religious practice.



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ANNEX

This report examines whether many of the world’s most influential actors in global health are integrating a gender lens in their planetary health work. Section 1 explores how planetary health crises affect women and men differently. It further lays out the deep-rooted relationship between gender justice and planetary health justice.

Section 2 presents findings on three questions: 1) do organisations’ planetary health activities integrate a gender lens; 2) do organisations sex-disaggregate the data they report on planetary health issues; and 3) who leads organisations active in planetary health? We present our findings separately for non-profit and for-profit organisations, recognising the inherent differences in roles between profit-generating companies with an interest in health, and organisations with core mandates to advance global health and social justice.

As explored in Section 1, there is no globally agreed definition of the term planetary health. The inclusion and exclusion criteria used to define planetary health activities for the purpose of this report are presented in detail in Annex 1. The aim of this report was not to be authoritative about what constitutes planetary health activities, but rather to explore if and how gender is considered amidst the growing political interest in and action addressing environmental and climate threats to human health.

RESEARCH METHODS

The sample of organisations assessed in this report was drawn from a larger sample of 197 organisations active in global health assessed by Global Health 50/50 in its [annual report](#). GH5050 defines “global organisations” as those with a presence in at least three countries. The sample includes organisations involved in global health and those organisations (in the private sector) that aim to influence global health policy even if this is not their core function.

We reviewed the websites of all 197 organisations to identify those working in planetary health—defined as working on aspects of the relationship between natural systems and human activity and its impact on human health. This included humanitarian organisations providing crisis relief for natural disasters. For the private for-profit sector, we included pharmaceutical companies working to improve the sustainability of their distribution chains and products, as well as consultancy companies and others working at the nexus of environment and human health.

We excluded those organisations that do not actively promote health improvement, which were predominantly private sector companies that seek to influence health policy. We did not include organisations that reported on their internal sustainability goals or practices (e.g., to limit their greenhouse gas emissions), but did not have external planetary health objectives, programs, or initiatives.

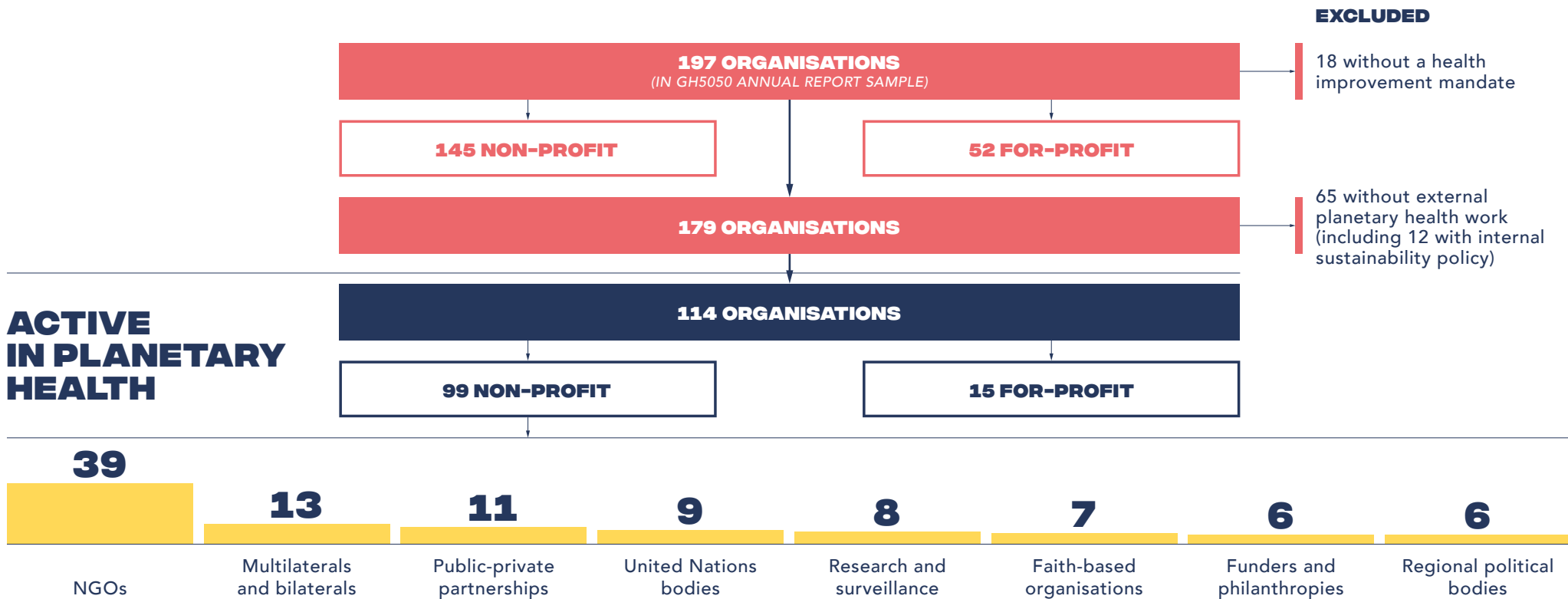
We identified 114 organisations that met our definitions of being active in planetary health. We classified 99

as non-profit organisations (including multilateral and bilateral, nongovernmental, and research organisations, and public-private partnerships), and 15 as for-profit companies (this includes pharmaceutical companies, consultancy companies, and food manufacturers). We reviewed the planetary health-related activities that were identified to assess if and how they integrated a gender lens into their work. Three categories of the extent of gender integration were used: gender transformative (i.e. addressing structural inequalities), gender specific (i.e. focused activities on one sub-population defined by gender identity), or not found. For each organisation we gave a single score for gender integration, even in cases where an organisation may have more than one programme/policy addressing planetary health. If any activity was found to address gender, the organisation received a positive score (gender transformative or gender specific). If an organisation had two activities with different classifications (i.e. one gender transformative and one gender specific), it was assigned the score of gender transformative. A similar approach was applied in assessing organisational reporting of sex-disaggregated data in relation to their planetary health activities.

We also report gender identity and nationality among the CEOs and board members of the included organisations. For the review of board members, we excluded those organisations where board membership is mandated through member state participation (including all United Nations and bilateral bodies) or where data relating to the identity of board members could not be located.

Our methods build on the established methodology of the GH5050 reports. Transparency is a core component of accountability and by relying on publicly available data we aim to hold organisations and stakeholders to account, including for having gender-related commitments, policies and reporting accessible to the public.

PROCESS FOR SELECTION OF ORGANISATIONS



SECTION 1.

GENDER JUSTICE AND PLANETARY HEALTH: INTERLINKED CRISES, COLLECTIVE SOLUTIONS

TURURO

APURIMAC, PERU. 2015.

David Martín Huamaní Bedoya

The photographer's great aunt, Juana harvests cactus fruit on her farm in Tururo, Apurimac, Peru. Surrounded by the verdant green of her crops, beneath an expansive blue sky, she farms her land using ancestral knowledge and sustainable methods. For Juana and her community, agricultural practices are intertwined with rituals, ceremonies, and ancestral beliefs that honour the land and its natural cycles.



WHAT IS PLANETARY HEALTH?

Every day, individuals and communities around the world contend with planetary health disasters, from famines in East Africa, massive flooding in Hong Kong and Libya, to toxic tidal waves of plastic pollution in India and raging wildfires across Europe and North America.

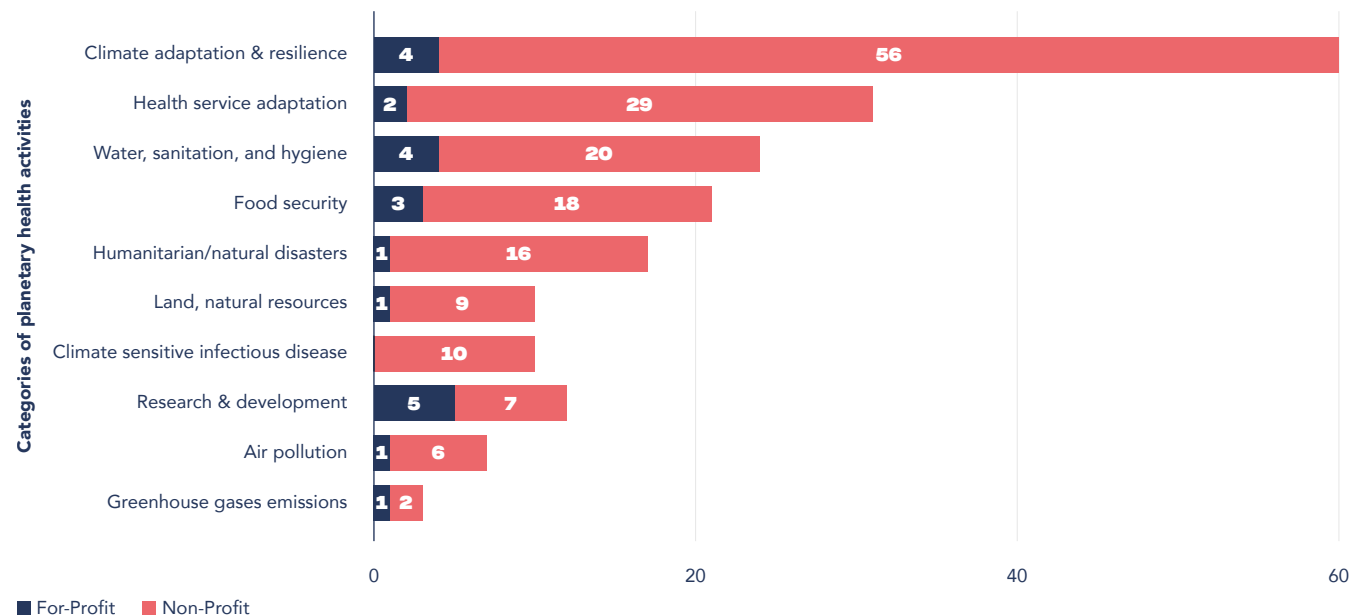
While there's no universally accepted definition of planetary health, there is general agreement that human well-being and the Earth's health are deeply interconnected. We define planetary health as achieving the highest possible standards of health, well-being, and fairness globally, by carefully managing human systems—like politics, economy, and society—that influence our future, within the planetary boundaries that allow humanity to thrive.⁵ While most evidence on health impacts is found in relation to the climate crisis, planetary health encompasses several of Earth's natural systems, including land-system change and fresh-water change.

The Earth's natural systems are currently facing unprecedented degradation, threatening human health in both known and still unknown ways.⁶ Recent interdisciplinary efforts have applied an 'Earth justice lens' to planetary boundaries, highlighting the urgent need for transformative actions to tackle the root causes of environmental damage and achieve fairer outcomes.⁷ These include improving governance, strengthening regulation, holding powerful entities accountable, and ensuring that the burdens of environmental change don't fall disproportionately on disadvantaged and vulnerable communities.⁸

The sample of 114 organisations (99 non-profit and 15 for-profit) in this report work on one or more aspects of the relationship between human health and planetary health (see Figure). We collected and classified activities into up to three categories for each organisation. Activities related to climate adaptation and resilience were the most common, followed by health service adaptation.

Examples include programmes supporting communities to transition to the cultivation of native and more sustainable crops, investigating how climate emergencies disrupt health service access, and building climate-resilient healthcare infrastructures and supply chains equipped to withstand extreme weather events.

AREAS OF PLANETARY HEALTH ACTIVITIES AMONG 114 ORGANISATIONS



WHY IS GENDER JUSTICE IMPORTANT TO PLANETARY HEALTH?

Applying a justice lens to planetary health, and particularly the climate crisis, has a long history and draws attention to how the breakdown of Earth's natural systems has had the greatest impact on those with the least responsibility for causing it.⁹ At the same time, the hardest hit communities are frequently excluded from policy debates and wider discussions around solutions and responses¹⁰ and they often have the fewest resources to adapt to and mitigate these threats. Much of the responsibility to address planetary health crises lies with wealthier nations, considering their disproportionately large contribution to climate and environmental crises.¹¹

*"Without a shift in power, there is a danger that 'solutions' to the climate crisis further entrench gendered, race and class-based historical and contemporary inequalities."*¹²

Gender justice calls for the transformation of gender and power relations, and the structures, norms and values that underpin them (see box for definitions). In the context of planetary health, gender justice means that women, men, and gender-diverse people have equality of opportunity to define and shape the planetary health-related policies, structures and decisions that affect their lives and society as a whole.

GENDER

Gender refers to the roles, behaviours, activities, and attributes that a given society at a given time considers appropriate for men and women. In addition to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, gender also refers to the relations between women and those between men. Gender determines what is expected, allowed, and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context, as are other important criteria for socio-cultural analysis including class, race, poverty level, ethnic group, sexual orientation, and age.

SOURCE: UN WOMEN, OSAGI GENDER MAINSTREAMING - CONCEPTS AND DEFINITIONS
[HTTPS://WWW.UN.ORG/WOMENWATCH/OSAGI/CONCEPTSANDEFINITIONS.HTM](https://www.un.org/womenwatch/osagi/conceptsanddefinitions.htm)

GENDER JUSTICE

The term "gender justice" best signifies an intersectional approach that centres the diverse needs, experiences, and leadership of people most impacted by discrimination and oppression. This approach helps achieve both equity (equal distribution of resources, access, and opportunities) and equality (equal outcomes for all).

SOURCE: GLOBAL FUND FOR WOMEN: [HTTPS://WWW.GLOBALFUNDFORWOMEN.ORG/WHAT-WE-DO/GENDER-JUSTICE/](https://www.globalfundforwomen.org/what-we-do/gender-justice/)

UNDERSTANDING THE GENDERED HEALTH IMPACTS OF PLANETARY HEALTH CRISES

Gender differences in norms, roles and responsibilities shape women, men and gender diverse people's differential exposure to the health risks of climate breakdown,¹³ pollution, and environmental disasters. In India, women's domestic roles expose them to harmful air pollution due to the burning of solid fuels.¹⁴ Throughout the world, during and in the aftermath of disasters, women face increased risks of sexual- and gender-based violence.¹⁵ In places with strong boy preferences, families facing scarcity due to disasters are more likely to give food and other resources to boys and take their daughters out of school or marry them young.¹⁶ Although data is lacking, it's evident that climate change intensifies maternal health risks, as heatwaves and food scarcity lead to higher rates of complications like hypertension and miscarriages.¹⁷

Men are differentially affected by environmental crises, often related to their roles in sectors like construction and agriculture, which increase their vulnerability to heat-related incidents and natural disasters. In Bangladesh, men who work in fishing are especially vulnerable to the impacts of climate change, facing increased risks to life from cyclones and sea-level changes.¹⁸ Emerging data indicates that male farmers in less affluent areas may experience higher rates of suicide during periods of drought.¹⁹ Few studies however have looked at the diverse and nuanced ways in which boys and men also impact and are impacted by planetary health crises.

Research has shown that women often have a smaller carbon footprint than men, regardless of whether they are rich or poor. A greater understanding of how gender norms influence men and women's activities and subsequent contributions to carbon emissions is essential to effective mitigation politics and programmes.

Marginalised groups, such as LGBTQ+ communities, face further compounded risks, emphasising the need for an intersectional approach in addressing planetary health crises.²⁰

BRINGING A GENDER JUSTICE LENS TO THE PLANETARY HEALTH SPHERE: DISCOURSE, PRACTICE, RESEARCH, AND LEADERSHIP

Integrating gender justice is a vital component of any strategy aimed at achieving planetary health justice.^{21,22,23} Research from global health attests to the positive impacts that can be achieved when more 'gender transformative' policies are implemented. However, the successful and sustainable implementation of policies is politically challenging and requires moving beyond elite, male-dominated decision-making processes and the participation of a more inclusive and diverse range of stakeholders.²⁴

Women however remain underrepresented among environment ministers globally and in climate negotiation platforms like the UNFCCC Conferences of the Parties

(COPs).²⁵ Moreover, in 2019 only 31% of the world's health ministers were women.²⁶

Additionally, the generation and distribution of scientific knowledge, particularly in climate science, is dominated by high-income countries, with less than one percent of peer-reviewed papers authored by researchers in Africa and a minority being women.²⁷ This imbalance reflects the broader issue of gendered and geographical knowledge hierarchies and oppressive systems in scientific research. Sex- and gender-disaggregated health data is also scarce, and gender considerations are rarely integrated into planetary health research.^{28,29}

In preparation for the 2023 COP 28 meeting, gender advocates emphasised the need for improved gender and environmental data and critiqued the dominance of male-led technological solutions.^{30,31} Advocates argue that bringing about change means challenging dominant forms of knowledge³² and recognising the perspectives of those most oppressed, including by valuing local, ancestral and traditional knowledge.

Despite decades of commitments to ensuring gender equality in environmental decision-making, States' existing environmental and climate laws, monitoring and assessment mechanisms, and data-collection and disaggregation practices remain largely gender-uninformed.³³ We aim to shed light on the critical need for incorporating gender perspectives in planetary health strategies, and advocate for a more inclusive approach in addressing planetary health challenges.

SPOTLIGHT ON VOICES AND ORGANISATIONS ACTIVE IN PLANETARY HEALTH

Chroma Collective mapping the gender and green agendas

The Chroma Collective, a community of gender practitioners based around the world,³⁴ have developed a visual framework that unites the gender and green agendas and enables organisations to assess where activities sit on a spectrum that moves from gender exploitative to transformative, and green agenda harmful to regenerative. Chroma Collective use their Unified Framework as a backdrop against which different stories of real human experiences can be mapped at the nexus of gender and the green agenda, including climate change.

SEE: [GENDERXGREENAGENDA.NEXUS/](https://genderxgreenagenda.nexus.org/)
FOR MORE INFORMATION

“Women and girls experience climate-induced disasters differently, given women’s care roles in the community women are already vulnerable to malnourishment as they are inclined to provide food security to their family before themselves. Women’s health risks are heightened when food security is endangered post climatic disasters. Understanding these nuances is important for policymakers who influence conversations on adaptation and mitigation and loss and damage.”

MENKA GOUNDAN, PROGRAM DIRECTOR, ARROW

The Asian Pacific Resource and Research Centre for Women (ARROW), headquartered in Kuala Lumpur, Malaysia, generates evidence and advocates for centring the needs and rights of women in sexual and reproductive health and rights in the nexus of climate change adaptation and mitigation strategies.

“A just climate movement necessitates non-negotiable inclusion, advocating for shared co-leadership in COP presidencies and visible representation in country delegations. This remains the core focus of SCC.”

MAMTA BORGOPYARY, EXECUTIVE DIRECTOR,
SHE CHANGES CLIMATE

She Changes Climate (SCC) is a global NGO established in response to the exclusion of women leaders from the original Conferences of the Parties (COP) 26 team. Through public campaigns, working with policy makers, and facilitating women’s access to decision-making spaces, SCC seeks to ensure women, in all their diversity, are included as active participants in climate leadership and policy-making processes.

“Patriarchy is harmful to our climate. Efforts are needed to advance this perspective by engaging men as human beings who are also vulnerable to disasters brought on by climate change and as actors with agency to enact change alongside women activist allies. The challenge lies in having boys and men engage in this process as a transformative step that leads away from rigid ideas of masculinity too often based on conquest, control and domination... A gender-equitable response to climate change must not only be sensitive to gender differences in roles and needs, but must also address social and economic power imbalances between and among women and men.”

FROM: MEN, MASCULINITIES & CLIMATE CHANGE:
A DISCUSSION PAPER

MenEngage Alliance is a global network of many of the leading voices on transforming masculinities and engaging men and boys work – researchers, practitioners, advocates, funding partners, and activists across 66 countries.

SECTION 2.

FINDINGS

THE WHITE MAN'S BURDEN

United Kingdom. 2020.

Madeleina Kay

A corpulent white man in a suit sprawls atop the world, his cigar igniting the southern hemisphere. Across the globe, a black woman with her child bears the burden as the floodwaters rise. In vivid colour and expressive strokes, *The White Man's Burden* questions who is culpable in the climate crisis and who disproportionately suffers its consequences.



This section presents our findings on whether and how global organisations active in health report that they have integrated a gender lens in their planetary health activities, using the GH5050 methodology to review publicly available data from 114 organisations. Results for 99 non-profit organisations are presented first, followed by 15 for-profit companies.

NON-PROFIT SECTOR

FINDING 1. DO PLANETARY HEALTH ACTIVITIES INTEGRATE A GENDER LENS AND, IF SO, HOW?

We assessed whether organisations active in global health integrate a gender lens in any (even if not all) of their planetary health activities. We categorised gender integration into three broad domains: gender-transformative, gender-specific, and those that made no mention of gender. These are defined as follows:



Planetary health activities incorporate efforts to address the root causes of gender-based structural inequities by challenging and changing harmful gender norms, roles, and/or relationships.



Planetary health activities address the specific needs of either women/girls or men/boys or people with diverse gender identities.



No mention of gender or programmes specifically focused on women, men and/or gender-diverse people found.

More than **60%** of the 99 non-profit organisations had at least one planetary health activity that integrated a **GENDER LENS**, including:

One-quarter

24% (24/99)

of organisations categorised as **GENDER-TRANSFORMATIVE** (see box below for example).

Thirty-eight organisations

38% (38/99)

had at least one activity that was assessed as **GENDER-SPECIFIC**. In all cases this referred to programmatic or policy goals specific to reaching women and girls. We did not identify any planetary health activities that were categorised as gender-specific only to working with men and boys or people who identify beyond a binary categorisation (women, men).



For

37% (37/99)

of the organisations, no mention of gender was found.

At the same time, previous GH5050 research has found that

95% (94/99)

of the same organisations make public commitments to gender equality in other areas of their work.

REFLECTING ON THE GENDER-SPECIFIC FOCUS ON WOMEN AND GIRLS

We found planetary health initiatives targeting women and girls tend to focus primarily on traditional norms and roles characterising women as mothers and caregivers. For example, programmes promoting 'clean cooking' and WASH often place the burden of health and climate change mitigation on women, with little mention of involving men or addressing broader gender inequalities in systems and structures (see quote below).

Moreover, the responsibility for climate adaptation often falls disproportionately on women and girls, perpetuating a 'feminisation of obligations and responsibilities'.³⁵ This trend aligns with broader criticisms of problematic portrayals of racialised women in low- and middle-income countries engaged in 'productive work' as the 'solution' to poverty and gender inequality.³⁶

We also found that organisations that were gender-specific in their responses only focused on women and girls—overlooking the needs of any other groups. This approach carries risks: (i) inadvertently reinforcing traditional gender roles and overlooking the structural determinants of gender roles that impact on everyone's health in a time of planetary health crises, and; (ii) undermining the global health sector's commitments and quest for universal health coverage.

'In societies where people are discriminated against based on gender, ethnicity, class, and caste, being a man or woman is often a decisive factor in determining the levels of risk they face from climate change, extreme and uncertain weather, and changes in the environment and economy.'

Involving both men and women equally in decision-making processes results in more sustainable climate action. CARE's community-based adaptation projects prove that men and women can play complementary roles. The better our understanding of how gender dynamics influence people's vulnerability to climatic changes, and what options they have to deal with these changes, the more successfully we can target groups and action.'

CARE INTERNATIONAL - [CARECLIMATECHANGE.ORG/WHAT-WE-DO/GENDER/](https://careclimatechange.org/what-we-do/gender/)

'With clean cooking technologies, a woman could reduce or eliminate her exposure to household air pollution; cut down on cooking time; eliminate or reduce the number of trips she makes to fetch firewood; and be able to leverage the time saved to engage in productive economic activities, pursue educational opportunities, or simply rest.'

EXAMPLE OF TEXT FOUND AND CATEGORISED AS GENDER-SPECIFIC

FINDING 2. DO ORGANISATIONS REPORT SEX-DISAGGREGATED PLANETARY HEALTH DATA?

With sex-disaggregated data, the global community stands to strengthen the evidence base around who is impacted by environmental change, and who is benefitting (or not) from the impacts of policies, investments, and programmes - see box.

WHAT IS SEX-DISAGGREGATED DATA?*

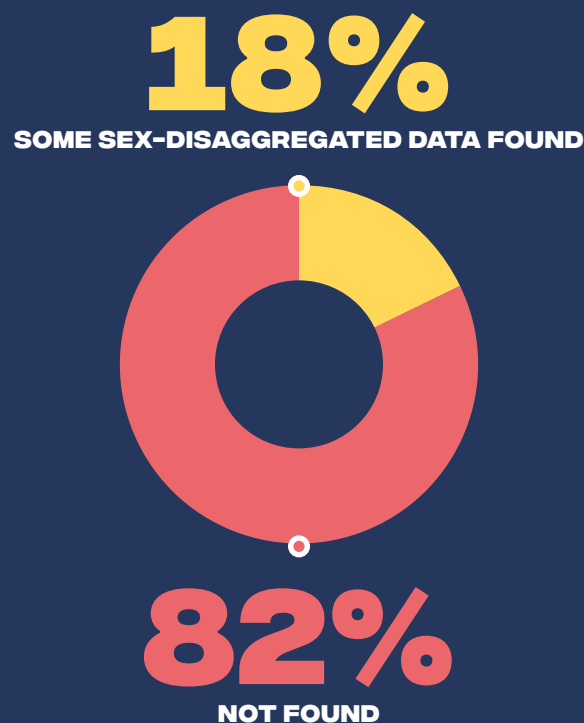
Sex disaggregated statistics are data collected and tabulated separately for women and men. When analysed, sex-disaggregated data has the potential to uncover differences in the situation between men and women as a result of gender roles and expectations. In every society, there are differences between what is expected, allowed and valued in a woman and what is expected, allowed and valued in a man. Incorporating a gender perspective into statistics does not necessarily mean the data involved has been disaggregated by sex, but this is usually the first and most important step.

FROM: [UNSTATS.UN.ORG/UNSD/DEMOGRAPHIC-SOCIAL/STANDARDS-AND-METHODS/FILES/HANDBOOKS/GENDER/INTEGRATING-A-GENDER-PERSPECTIVE-INTO-STATISTICS-E.PDF](https://unstats.un.org/unsd/demographic-social/standards-and-methods/files/handbooks/gender/integrating-a-gender-perspective-into-statistics-e.pdf)

*WE RECOGNISE THAT THIS BINARY VIEW OF SEX HAS THE POTENTIAL TO EXCLUDE PEOPLE; THE DATA WE REVIEWED IN THE 114 ORGANISATIONS DID NOT USE ANY CATEGORIES BEYOND A BINARY FOR EITHER SEX (I.E. INTERSEX PEOPLE) OR GENDER (I.E. PEOPLE WITH TRANS OR GENDER-DIVERSE IDENTITIES).

Eighteen (18%; 18/99) non-profit organisations published any sex-disaggregated data. In addition, four organisations working with just women/girls recorded sex-specific data on programme coverage, uptake, or impact. For some organisations, sex-disaggregated data were found in only a small number of programme monitoring or evaluation statistics rather than comprehensively across all organisational activity reports.

FIGURE. ORGANISATIONS REPORTING SEX-DISAGGREGATED PLANETARY HEALTH DATA (N=99)



ORGANISATIONAL POLICY COMMITMENTS TO SEX-DISAGGREGATE DATA

'As part of our efforts to address the disparate impact of air pollution on vulnerable populations, we work with governments to analyse age, sex, and geography-specific health outcomes.'

VITAL STRATEGIES

'FAO systematically collects and incorporates sex-disaggregated data in all its major statistical databases and related SDG platforms. These sex-disaggregated data are analysed and disseminated through FAO knowledge and communication products to expand the evidence base on gender in agriculture, natural resource management, food security and nutrition.'

FOOD AND AGRICULTURE ORGANIZATION

Global Health 50/50 reports annually on whether global organisations active in health have published policies on collecting and reporting disaggregated data. In 2023, GH5050 found that 63% (63/99) of the same sample of organisations that feature in this report had a published policy on data disaggregation—contrasting with the finding that we were only able to identify 18% of these organisations publishing any sex-disaggregated data on their planetary health activities. Sex-disaggregated data remains woefully inadequate—even amongst organisations with a stated policy commitment to disaggregate health data.

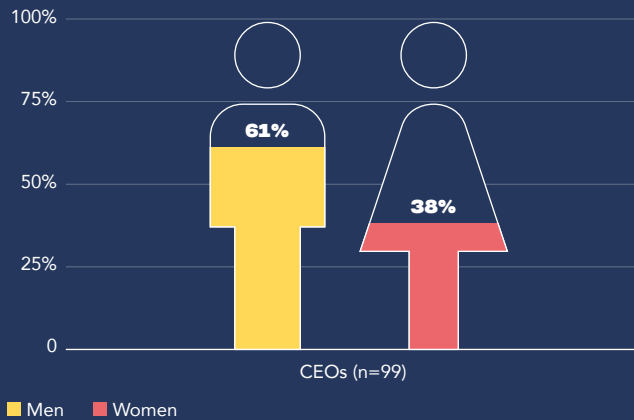
FINDING 3. WHO LEADS ORGANISATIONS ACTIVE IN PLANETARY HEALTH?

In addition to CEOs and Board Chairs, boards themselves are the most influential decision-making bodies in global health. Boards typically select an organisation's leadership, set strategic direction and funding priorities, and provide oversight and accountability for financial, management and programmatic decision-making.

To assess who gains access to these positions of influence, we collected the gender identity and nationality of CEOs across all 99 non-profit organisations. We also reviewed the characteristics of board members and board chairs. After excluding organisations whose board compositions are determined by national governments (e.g. bilateral agencies) and/or member states (e.g. UN agencies), we had a total sample of 60 non-profits with boards to include in our analysis of who occupies board seats.

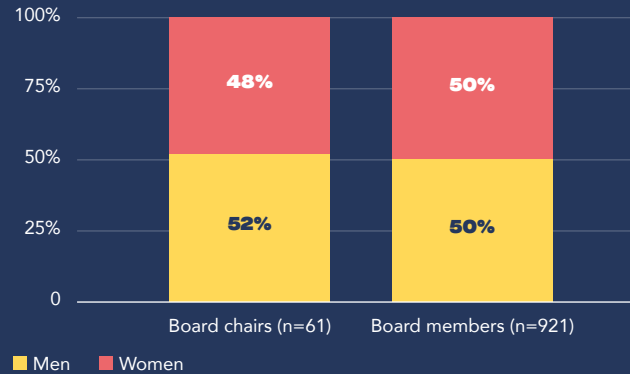
Among 99 non-profit organisations, 38% of CEOs were women.

GENDER OF CEOS

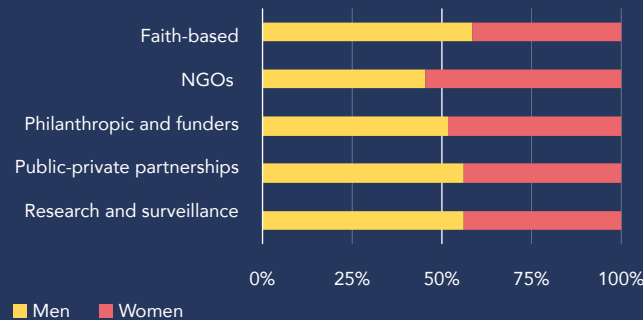


Among the 60 organisations included in the board review, approximately 50% of board chairs (29/61 - one organisation has two board chairs) and board members (460/921) are women. Some variation is seen among sub-sectors, with the largest proportion of women represented on the NGO boards and the smallest in the faith-based organisations.

GENDER OF BOARD CHAIRS AND BOARD MEMBERS



GENDER OF BOARD MEMBERS BY SECTOR



WHERE ARE BOARD MEMBERS FROM?

Among 921 board members, 68% (630) are nationals of high-income countries and 4.5% (41) are nationals of low-income countries. Of 41 board members who are nationals of low-income countries, 20 (2.2%) are women and 21 are men (2.3%). Eight of these people appear to have relocated to high-income countries (7 to the US and 1 to Switzerland).

Among 921 board members...

68%

are nationals of high-income countries

39%

are nationals of the US alone

17%

are nationals of lower-middle income countries

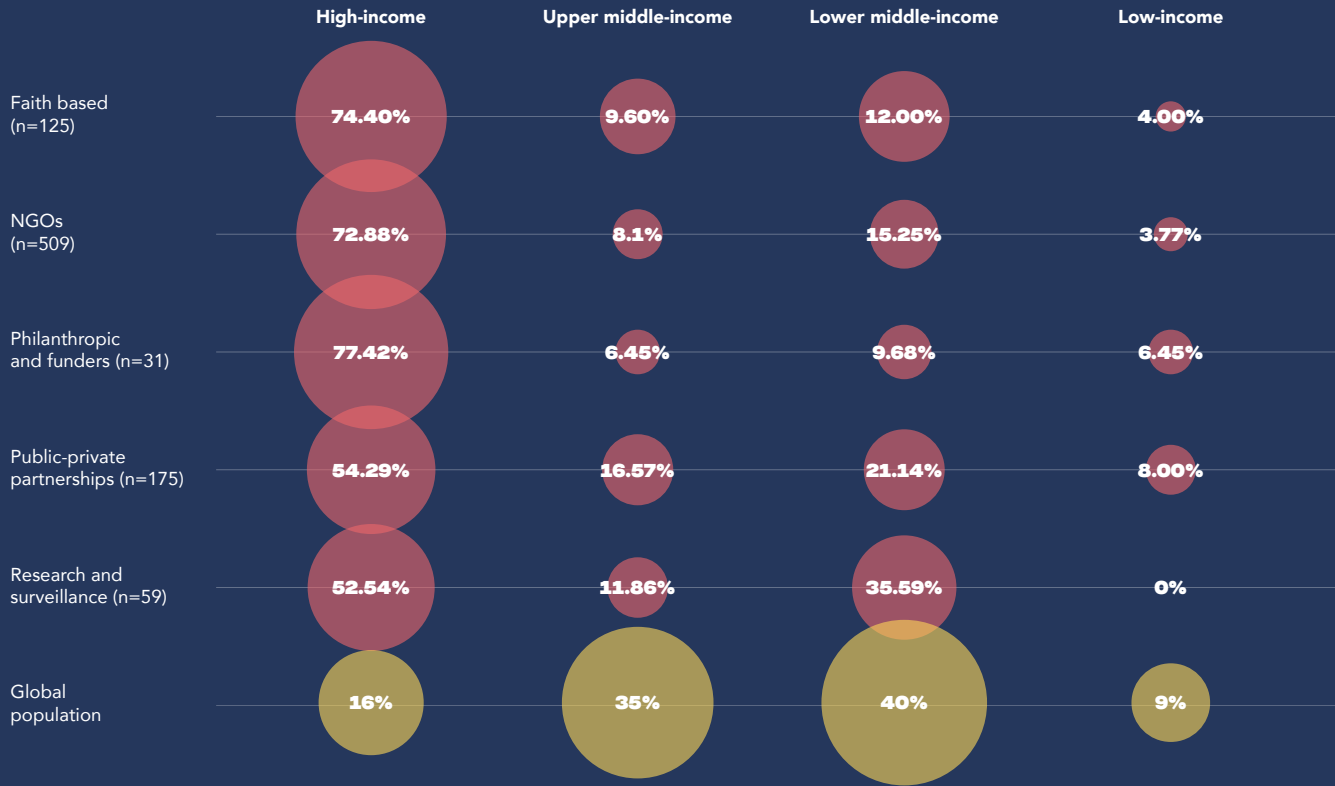
4.5%

are nationals of low-income countries

2%

are women from low-income countries

DISTRIBUTION OF BOARD MEMBERS BY COUNTRY INCOME GROUP



Board members from lower-middle countries make up

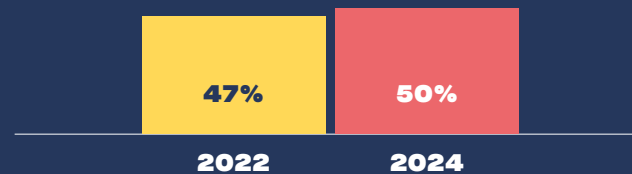
17% (157/921)

of all board members, with three-quarters coming from five countries, including

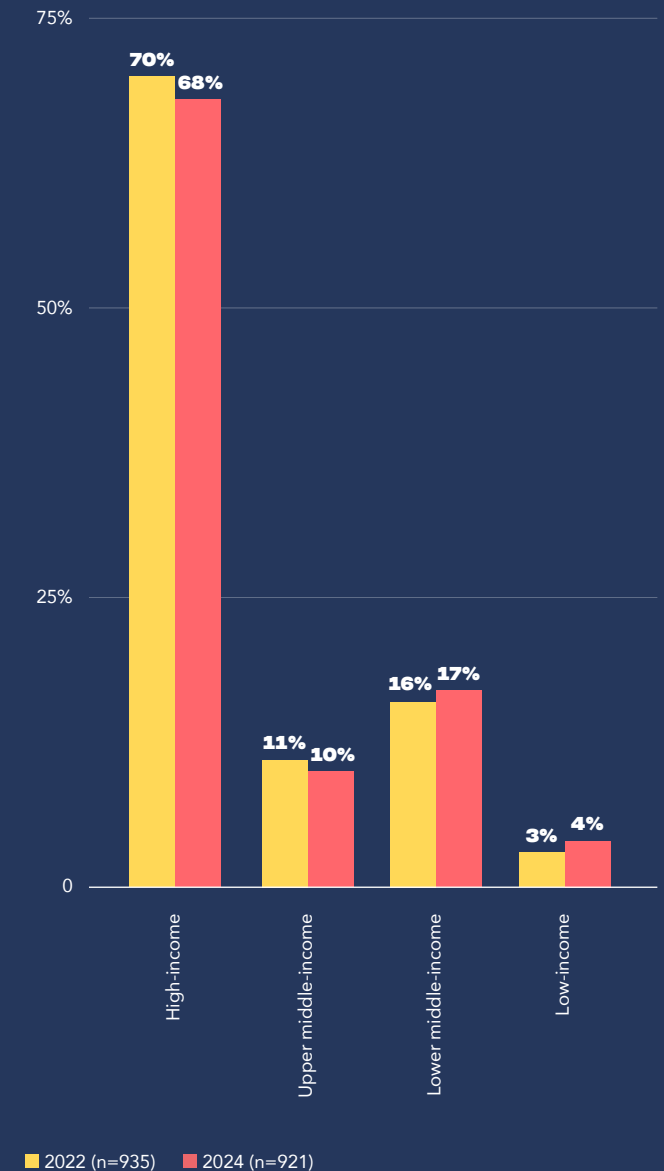
INDIA (4%),
KENYA (3%),
NIGERIA (2%),
BANGLADESH (1%),
and **GHANA** (1%).

Board member data was also collected in 2022 by GH5050 - at that time these 60 boards had 935 board seats. We compared the data for 2022 and 2024. The proportion of women on the boards has increased slightly, from 47% to 50%. The representation of people from different country income groups has also shifted nominally.

PERCENTAGE OF WOMEN ON THE BOARDS

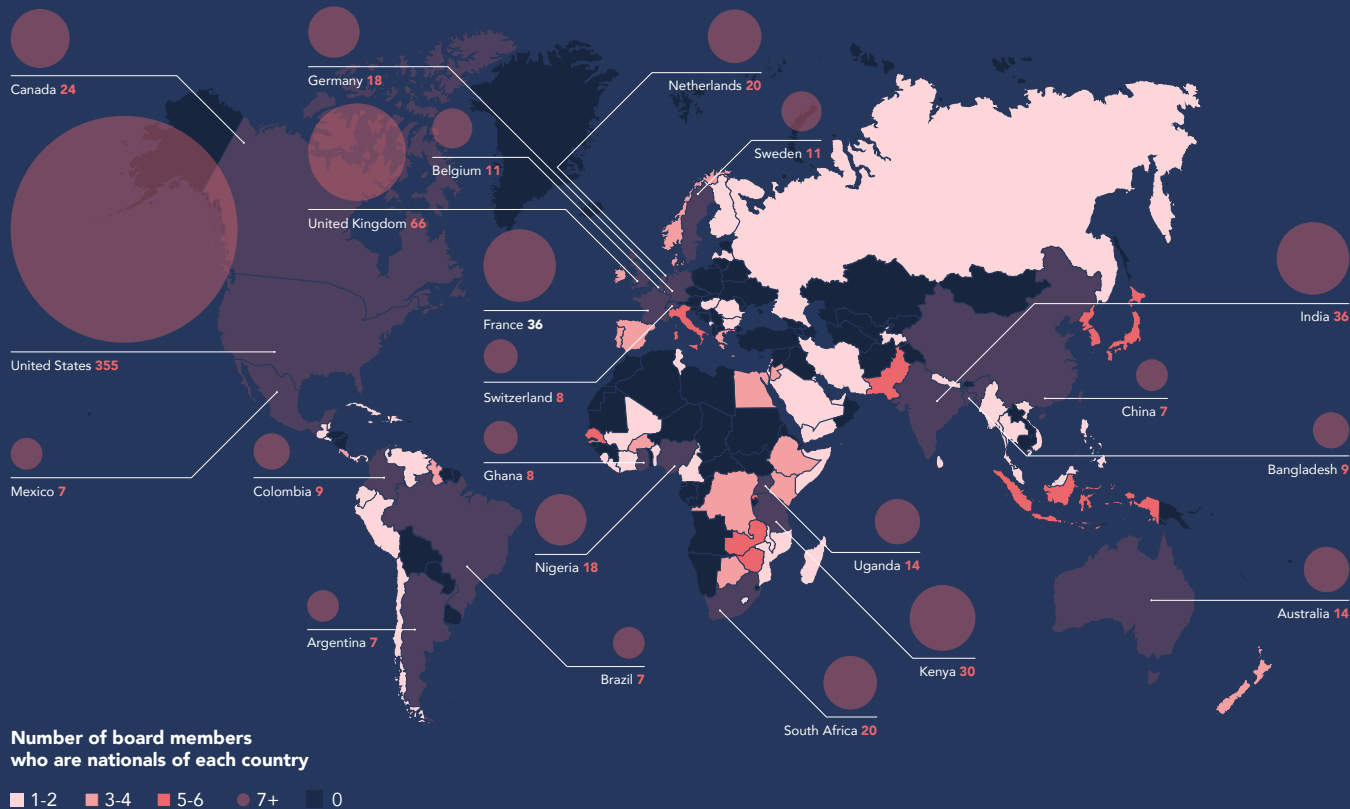


BOARD MEMBER REPRESENTATION, BY COUNTRY INCOME GROUP, 2022 AND 2024



WHERE ARE BOARD MEMBERS FROM?

This map displays the number of board members, among 921 total, who are nationals of each country.



REPRESENTATION FROM THE MOST-AFFECTED COUNTRIES

Small Island Developing States (SIDS) are a group of 39 countries that face unique social, economic, and environmental vulnerabilities.³⁷ Leaders and activists from SIDS have also been acknowledged for their role in highlighting the negative effects of the climate crisis on the lives and livelihoods of islanders and advancing

the global climate justice agenda. While representing disproportionately affected communities, nationals of SIDS hold just 14 (1.5%) of 921 planetary health board seats.

Nationals of Small Island Developing States hold just 14 (1.5%) of 921 planetary health board seats.

The non-profit Global Climate Risk Index computes the extent to which countries have been affected by extreme weather events (storms, floods, heat waves, hurricanes, etc). They identified 10 countries with the highest loss of life due to climate breakdown per 100,000 of the population during the period 2000-2019.³⁸ We assessed the representation of individuals from these 10 countries on the boards of organisations active in planetary health.

BOARD REPRESENTATION FROM TEN COUNTRIES MOST IMPACTED BY EXTREME WEATHER EVENTS

Country	No. of representatives on planetary health boards
Puerto Rico	0
Myanmar	2
Haiti	1
Philippines	2
Mozambique	1
Bahamas	0
Bangladesh	9
Pakistan	5
Thailand	2
Nepal	1

Gender parity in the board membership of the 99 non-profit organisations working in the domain of planetary health is welcome. This represents a major milestone for progress towards gender justice in the sector. However, applying a more critical, intersectional lens to the gender data has revealed the persistence of global inequalities that characterise the global health sector more broadly. The alarming under-representation of people from the countries most affected by climate breakdown and environmental degradation (particularly the SIDS and the countries impacted by extreme weather events) shines a light on the voices missing from the spaces of decision-making power in planetary health.

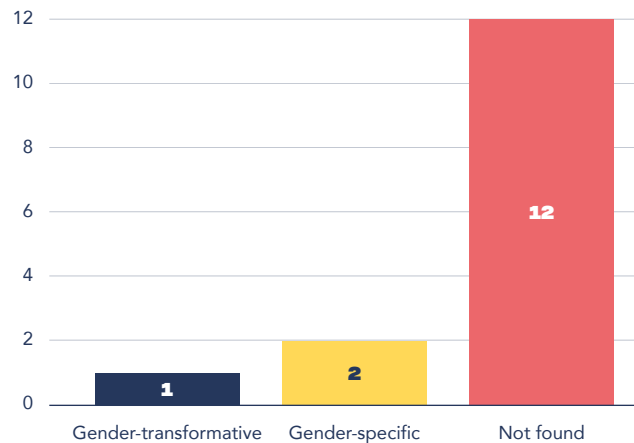
FOR-PROFIT SECTOR

The for-profit analysis includes 15 companies, including pharmaceutical, consulting, food, and telecommunications companies.

INTEGRATING A GENDER LENS

We found that one of the 15 companies had gender-transformative planetary health activities (see box) and two had gender-specific activities.

GENDER RESPONSIVENESS OF PLANETARY HEALTH ACTIVITIES BY 15 FOR-PROFIT ORGANISATIONS.



'Leveraging our leadership role in the Impact Economy, Palladium takes a multi-sectoral approach to environmental interventions, leveraging technological innovation and local expertise to design solutions that are holistic, adaptive, and suited to context. Our programs consider and incorporate issues of social inclusion, gender, and asymmetrical power relationships, maintaining a participatory engagement process and delivering politically smart, locally-led programs.'

PALLADIUM GROUP

COMMITMENT TO SEX-DISAGGREGATE DATA

None of the companies published sex-disaggregated data in relation to their planetary health activities.

SEX-DISAGGREGATED PLANETARY HEALTH DATA REPORTED BY 15 FOR-PROFIT ORGANISATIONS.



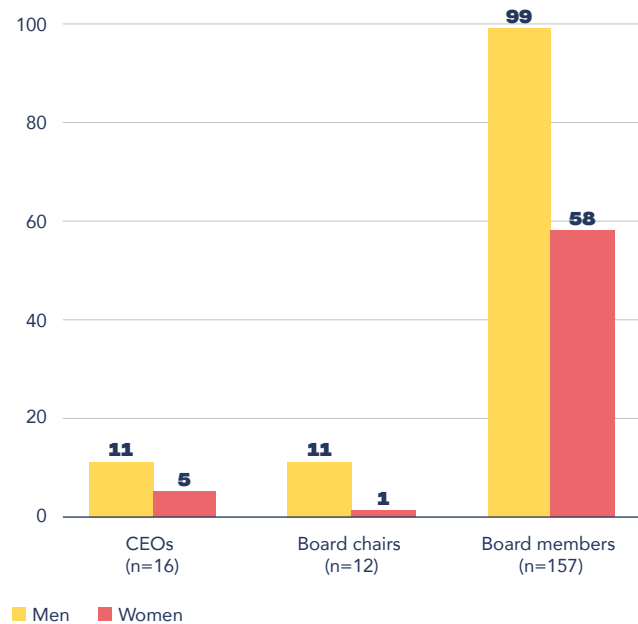
LEADERSHIP

Among the 15 for-profit organisations, 5 CEOs (5/16; one organisation has 2 co-CEOs), 1 board chair, and 58 board members (37%; 58/157) are women. No board data was found for three of the organisations.

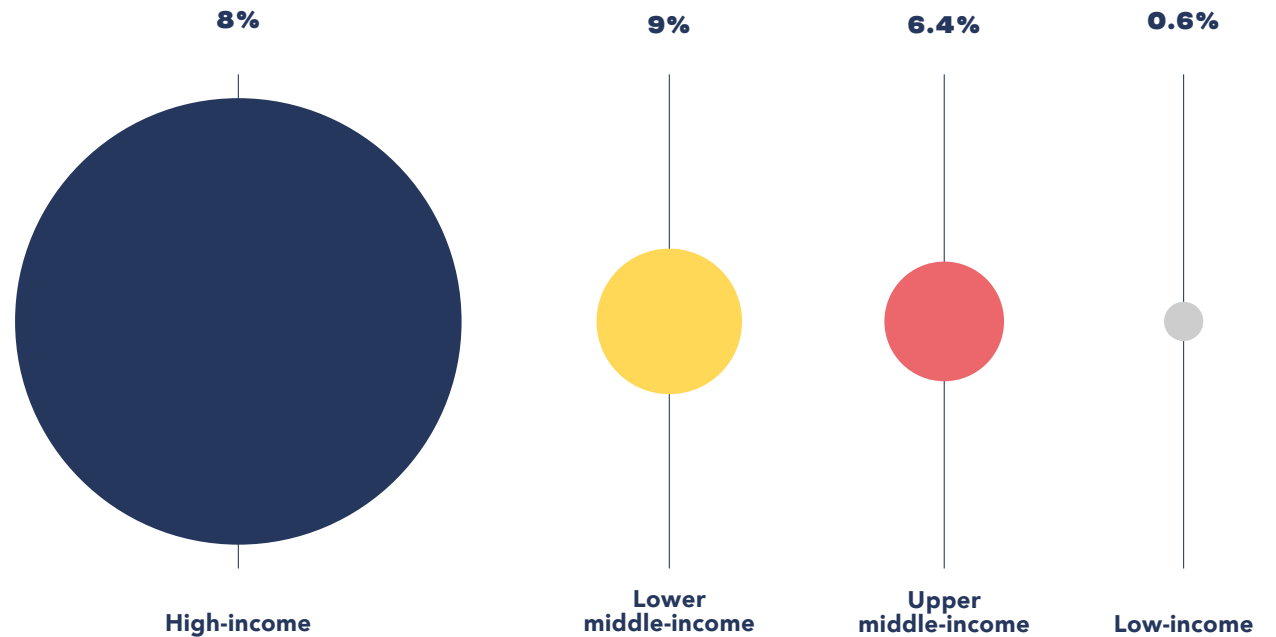
The majority of the 157 for-profit board members are nationals of high-income countries, with just one woman and no men from any low-income countries. Three board members (2 men, 1 woman) are from SIDS (all three are from high-income Singapore), and none are from the 10 countries most highly impacted by extreme weather events.

This absence of gender-inclusive and geographically representative planetary health leadership in the influential and resource-rich for-profit sector represents a significant underutilization of the power and strength of the sector, and a missed opportunity in addressing the pressing challenge of planetary health.

GENDER OF CEOS AND BOARD MEMBERS



NATIONALITY OF 157 FOR-PROFIT BOARD MEMBERS, BY INCOME GROUP



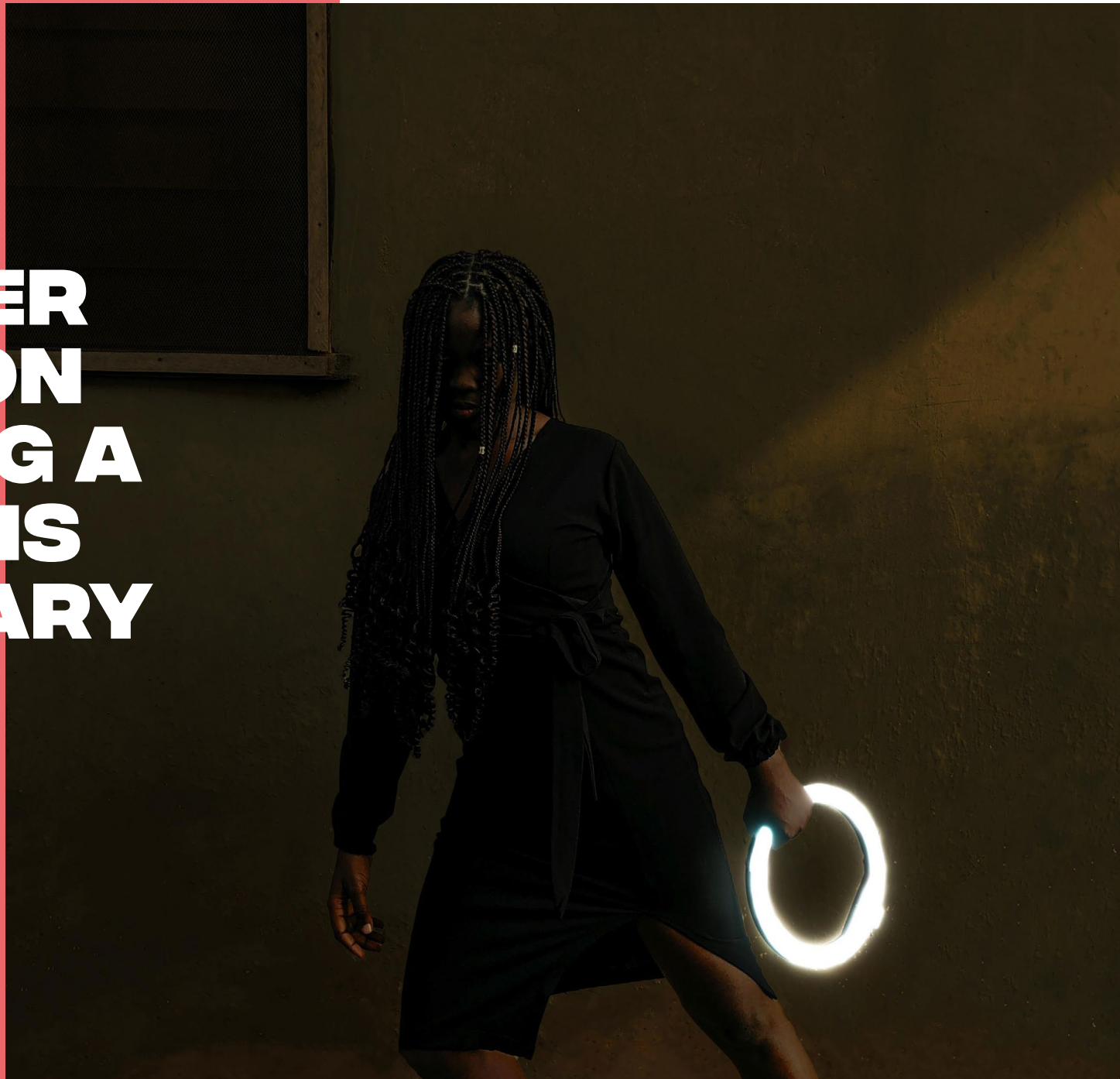
FOR FURTHER INFORMATION ON APPLYING A GENDER LENS TO PLANETARY HEALTH

HALO

Ile Ife Osun State, Nigeria.

David Olayide

In a dark room, a young woman strikes a fierce pose. Her body leans forward as though she is readying herself to run. Around her is darkness but in her hand she firmly grips a glowing ring of light, a halo. Retrieved from a discarded pile, the halo represents the unsustainable waste practices of the fashion and technology industry. Here, David advocates for sustainability and champions the African women catalysing the movement.



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Gender justice is an essential dimension of any effective planetary health action.
This report has reviewed three essential elements of gender just planetary health action.

1.

We encourage organisations active in planetary health to exercise their leadership in developing transformative and inclusive strategies that recognise and address harmful gender norms and their interaction with planetary health crises.

This resource from the European Institute for Gender Equality provides guidance on gender-responsive policies and programmes: https://eige.europa.eu/gender-mainstreaming?language_content_entity=en.

2.

Sex- and gender-disaggregated data, analysed through the lens of gender, is a vital input for developing more responsive policies and programmes. For organisations and individuals who wish to learn more about how sex-disaggregated data can be collected, analysed and reported, explore the European Institute for Gender Equality's methods, tools and data: <https://eige.europa.eu/gender-mainstreaming/tools-methods>.

For information on gender-environment data methodologies, explore the Gender+Environment Data Alliance resource repository: <https://genderenvironmentdata.org/resources/>.

For a deeper dive, read Catherine D'Ignazio and Lauren F. Klein's Data Feminism: <https://data-feminism.mitpress.mit.edu/>.

3.

To further explore the gender and geographic inequalities that characterise the leadership and governance of organisations active in health, see the 2022 Global Health 50/50 Report, [Boards for All](#).

The Women's Environment and Development Organization runs the Gender Climate Tracker, which among other things, tracks women's participation in the United Nations Framework Convention on Climate Change process: <https://genderclimatetracker.org/participation-stats/introduction>.

If you're interested in the strategies and policies that organisations assessed in this report have taken to advance diversity in their senior management and on their boards, explore this repository: <https://globalhealth5050.org/workplace-policies/>.

These are simply first steps. Ultimately we are more likely to achieve planetary health justice for all people through joined up action on gender justice, health justice and environmental justice.

ABOUT GLOBAL HEALTH 50/50

Global Health 50/50 (GH5050) is an independent research and advocacy initiative that uses academically rigorous methods to monitor the policies and practices of hundreds of organisations and evaluate progress on gender equality and health equity. Through its flagship report and Gender and Health Index, GH5050 provides the only birds-eye view of gender and equality in the global health system today. Since its establishment, Global Health 50/50 has made data and evidence more understandable, accessible and actionable in order to drive change and accountability for gender equality and health equity.

ABOUT THE SUNWAY CENTRE FOR PLANETARY HEALTH

The Sunway Centre for Planetary Health, Sunway University seeks innovative solutions on climate change, biodiversity loss, emerging infectious diseases, regenerative cities, and food insecurity. This is achieved through interdisciplinary research, policy dialogues including in the development of Malaysia's National Planetary Health Action Plan, and community engagement that emphasises gender and social justice considerations to shift governance and behavioural norms.

The Centre recognizes the critical role of education and capacity development and sharing in fostering a more equitable and sustainable future. Through training programmes, workshops, and outreach activities, the Centre supports individuals and communities to become agents of change, driving forward the agenda of planetary health and social justice, which are not only intertwined but inseparable.

METHODS

THE URBAN OUTING BANGLADESH, 2023.

Mithail Afrige Chowdhury

A woman reads a book during her picnic on the roof. Behind her, a makeshift backdrop transforms her setting. Dhaka's grey skyline and dense buildings are overlaid with a vibrant forest scene with a golden sunset and a gently flowing river. Here, through juxtaposition, Mithail emphasises how resilient women create their own safe, green spaces amidst the rapid urbanisation of Dhaka.



ORGANISATIONAL SAMPLE AND CRITERIA FOR INCLUSION

This planetary health report reviews 197 organisations active in global health. GH5050 defines “global organisations” as those with a presence in at least three countries. The sample includes organisations 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. Read more about the GH5050 organisational sample here: <https://globalhealth5050.org/methods-3/>

INCLUSION/EXCLUSION CRITERIA

We included organisations that:

- Work on aspects of the relationship between natural systems and human health – for example how climate change, food security, environmental pollution etc. relates to human health, as well as those that recognise the impact of human activity on natural systems. This includes organisations that do not specifically use the term “planetary health” but fall under the aforementioned definition.
- Work on the human health impacts of environment/ climate-related threats, but do not focus on restoring/enhancing natural systems.
- Implement programs/initiatives, advocate for planetary health policies, fund planetary health projects, and conduct scientific planetary health research.
- Work on resilience/sustainability of distribution chains and products.
- Provide crisis relief for natural disasters. (While not all natural disasters occur due to anthropogenic climate change, we have included these organisations in our sample as they work on the natural system-human health impact intersection.)

We excluded organisations that:

- Do not promote human health as a core part of their mandate.
- Do not have any formal external planetary health objectives, programs, or initiatives.
- Do not have any formal external planetary health objectives, programs, or initiatives but do have internal sustainability practices or goals to reduce the impact of their supply chain (e.g., to limit their GHG emissions).
- Mention the relevance of planetary health, but do not actively work on planetary health (i.e., they don’t have planetary health objectives, programs, initiatives but do mention that “climate change impacts health”).
- Work on natural systems, but do not link this work to human health.

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.

BOARD MEMBER ANALYSIS

We collected available information on the characteristics of board chairs and board members of 72 organisations (60 non-profit and 12 for-profit) in our sample during the period January - March 2024. Data was collected from online sources – primarily from biographies on the organisations’ board page and LinkedIn profiles.

Among the overall sample of 114 organisations included in this report, this review excluded organisations whose board compositions are determined by national governments and/or member states. 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 that mandate single-sector representation (i.e. boards with seats reserved for government representatives only). This criteria excluded all UN System organisations (9), all bilateral and multilateral organisations (13), and all regional bodies (6). An additional 14 organisations were excluded given that information on their board members was not publicly available, or the existence of a board could not be determined.

The final analysis includes:

38

non-governmental and non-profit organisations

9

public-private partnerships

6

faith-based organisations

4

research and surveillance organisations

3

funders and philanthropies

12

private for-profit companies, including 7 consulting firms

The following information was collected for each board member, where it was available online: gender, nationality, primary place of work. Two researchers extracted data on each individual reviewed. Discrepancies were identified through automated cleaning and each was discussed with a third reviewer until consensus was reached on the final entry.

ORGANISATIONS ASSESSED IN THE REPORT

Non-Profit

ACTION Global Health Advocacy Partnership
African Union Commission (AUC)
Agence Française de Développement (AFD)
Aliko Dangote Foundation (ADF)
Alliance for Health Policy and Systems Research
American Jewish World Service (AJWS)
Amref Health Africa
BRAC
CARE International
Caribbean Public Health Agency (CARPHA)
Catholic Medical Mission Board (CMMB)
Catholic Relief Services (CRS)
Centers for Disease Control and Prevention (US)
Clean Cooking Alliance
Clinton Health Access Initiative (CHAI)
Cordaid
Deutsche Gesellschaft für Internationale Zusammenarbeit
Drugs for Neglected Diseases Initiative (DNDi)
Elizabeth Glaser Pediatric AIDS Foundation
EngenderHealth
European Centre for Disease Prevention and Control
European Commission
FHI 360
Food and Agricultural Organization of the United Nation
Foreign, Commonwealth & Development Office
FIND
Fundação Oswaldo Cruz (Fiocruz)
GAVI, the Vaccine Alliance

Global Affairs Canada
Global Alliance for Improved Nutrition (GAIN)
Global Financing Facility (GFF)
Global Fund to Fight AIDS, Tuberculosis & Malaria
Global Handwashing Partnership
Global Health Council
Health Poverty Action
Health Systems Global
icddr,b
Institut Pasteur
International Center for Research on Women
International Federation of Medical Students
International Federation of Red Cross and Red Crescent Societies (IFRC)
International Labour Organization (ILO)
International Rescue Committee (IRC)
Ipas
Islamic Development Bank
Islamic Relief Worldwide
Japan International Cooperation Agency (JICA)
Jhpiego
Management Sciences for Health
Médecins Sans Frontières (MSF)
Medicines for Malaria Venture
Medico International
Memisa
Mercy Corps
Ministry of Foreign Affairs and International Cooperation, Italy
Ministry of Foreign Affairs of the Netherlands
MSI Reproductive Choices

National Institutes of Health (NIH)
NCD Alliance
Norwegian Agency for Development Cooperation (Norad)
Open Society Foundations
Oxfam International
Pacific Community
Partners In Health
Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH)
PATH
Pathfinder International
Plan International
PAI
Population Council
Population Reference Bureau (PRB)
Population Services International (PSI)
RBM Partnership to End Malaria
Rockefeller Foundation
Salvation Army International
Save the Children
Scaling Up Nutrition
Sonke Gender Justice
Southern Africa Development Community (SADC)
Swedish International Development Cooperation Agency (Sida)
UN Women
UNHCR
UNICEF
Union for International Cancer Control (UICC)
Unitaid
United Nations Development Programme (UNDP)

United Nations Economic Commission for Africa
United Nations Population Fund (UNFPA)
United States Agency for International Development (USAID)
Vital Strategies
Wellcome Trust
West African Health Organization (WAHO)
World Bank Group
World Council of Churches (WCC)
World Economic Forum
World Food Programme
World Health Organization (WHO)
World Heart Federation
World Vision

For-Profit

Abt Associates
Becton, Dickinson and Company
DSM
GlaxoSmithKline (GSK)
GSMA
John Snow, Inc
Johnson & Johnson
McCann Health
Merck
Mott MacDonald
Nestle
Novo Nordisk
Palladium Group
Pfizer
Safaricom

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