

INFORM, INSPIRE AND INCITE ACTIONS TO PROMOTE GENDER EQUALITY, DIVERSITY AND INCLUSION

INSIGHTS FROM
ORGANISATIONS ACTIVE IN GLOBAL
HEALTH ON WHAT WORKS AND
WHAT COULD BE STRENGTHENED IN
GLOBAL HEALTH 50/50'S GENDER
AND HEALTH INDEX

Report prepared for Global Health 50/50 by Gender at Work

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Abbreviations

DEI	Diversity, Equity and Inclusion
EDI	Equity, Diversity and Inclusion
ERG	Employee Resource Group
GDI	Gender, Diversity and Inclusion
GEDI	Gender Equity, Diversity and Inclusion
GFP	Gender Focal Point
GH5050	Global Health 50/50
FGD	Focus Group Discussion
HIC	High Income Country
KII	Key Informant Interview
LMIC	Low and Middle Income Country
NNP	Non-Governmental and Not-for-Profit Organisation
OAGH	Organisation Active in Global Health
OC	Organisational Culture
PF	Philanthropic and Funders
PPP	Public and Private Partnerships
RS	Research and Surveillance

Executive summary

Since [Global Health 50/50](#) (GH5050) was initiated, seismic shifts have taken place across the globe: the #MeToo movement, Black Lives Matter, the increased visibility of movements claiming LGBTQI related rights, the push to decolonialise and localise development, the global COVID-19 pandemic, with its complex impacts on organisations and gender equity, diversity and inclusion (GDI), and the rise of right wing forces opposed to values underpinning GDI.

To advance gender equality and health equity, GH5050 reviews the gender-related policies and practices of hundreds of organisations active in global health (OAGH). This state of gender equality in global health is published in annual Global Reports and the Gender and Health Index.

Five years of evidence shows gaps between what the Gender and Health Index measures for OAGH to promote gender and health equity, and internal organisational realities. GH5050 identified organisational culture as a possible gap in the current Index and commissioned Gender at Work to explore, from the inside in, the relevance of the current Index. The primary objectives of the study were:

1. To inform the potential updating of GH5050's measures and variables in the Index and the engagement of OAGH in monitoring and scoring; and
2. To take a deep dive into the best options for measuring organisational culture changes most relevant to serving the purpose of GH5050's Index to inform, inspire and incite actions for gender equity and health equity among OAGH.

The study applied a mixed-methods approach. The report captures the perspectives and experiences of a selection of leaders, senior managers and staff leads of human resources/GDI champions from a small selection of GH5050's 200 OAGH sample. A feedback survey and key informant interviews (KIIs) served as a reality check on what OAGHs are doing to translate policy into practice and the relevance of the current GH5050 Index to influence internal changes. It combines evidence from a desk review on what works to measure and track changes in organisational culture.

Learning from current GDI practices among OAGH

Based on this study's research, OAGH are increasingly paying attention to GDI in the workplace using varied strategies. These good practices offer insights into what is effective, particularly to understand the importance of organisational culture, and into why gaps persist between policy and practice to advance gender equity.

Building a common and coherent vision and understanding of GDI among staff is a vital process to turning a gender-related policy into organisational practice. This research found the need for

developing tools and resources on key definitions and their application and establishing regular awareness training and discussion. This finding suggests that GH5050's measure of whether OAGH have published on their websites, an explicit commitment to gender equity (GE), and gender related definitions consistent with global terms could be complemented by an indicator of whether OAGH have internal learning mechanisms and space for locally driven adaptations of terms.

Regular, repeated communication and direction by leadership about the importance of GDI to the values and mission of the organisation is another enabler to gender-responsive and inclusive work culture. This inclusive and transformative leadership may come from a recognized leader and or any staff who models attitudes, behaviours, and practices supportive of GDI such as calling out any form of discrimination while acting with humility.

Inclusive hiring of women and diversity of staffing is another good practice identified in the findings such as putting in place gender targets in governance bodies, Board and Committees, and debiasing interview and hiring practices. Culturally aware mentoring to actively recruit, and mentor women and marginalised people is another. Codes of conduct and tracking demonstration of such behaviours in managers' and all staff performance reviews can help systematise and internalise among staff such behaviours.

Regular and repeated anti-racist, diversity, and gender sensitivity training and programs for staff, board members and leadership help build up GDI-related sensitivity, skills, and empathy among staff. Such training programs may focus on one or more forms of discrimination in ways that build self-awareness, sensitivity, and compassion of all members of the OAGH. One example was mandatory on-line courses and webinars for all managers and staff about sexual harassment and abuse in the workplace.

GDI-related internal networks or affinity groups were common good practices that could have varied cross-organisational and regional office representation and GDI focus such as a network of Gender Focal Points (GFPs) or staff diversity and inclusion groups to promote equity, diversity, and inclusion or GDI. They typically lead and implement actions in accordance with GDI-related policies which may be based on an organisational values-driven agenda or on a compliance-driven agenda or a mix of both. Tracking evidence of such organisational wide groups for GDI and regularity of meetings and discussions is a promising variable for GH5050's deliberation.

Facilitating deep conversations and creating safe spaces to unlearn unconscious biases and dominance patterns in work culture is another promising strategy. Potential variables are whether staff are engaged in regular conversations about GDI within a GDI network or as part of regular staff meetings and behaviour change measures.

Another good practice is to increasingly engage with feminist and women's rights organisations in programming and services while taking on inclusive and feminist leadership internally to reduce the

divisions between internal and external approaches to equity and equality. An example is to encourage employee volunteerism in community projects with rewards where appropriate.

The effectiveness of creating organisational change for GDI requires multiple, mutually-reinforcing and formal and informal strategies, structures and capabilities to gradually infuse GDI principles into organisational practices and culture. Singular, isolated, or one-off efforts are insufficient. Such multi-scale approaches involve staff from distinct levels and regions and distributing responsibility across the organisation. Overall, implementing formal measures, tracking organisational targets and quotas for gender balance and diversity of representation and promoting and tracking shifts in staff attitudes and behaviours to embrace GDI principles enable organisational cultural change.

Relevance of the Gender and Health Index and Annual Reports

This section explores staff responses from the KIIs and feedback survey on the relevance of the GH5050 report and index to influence efforts to advance gender equity. It also highlights results on how the report and Index contribute to organisational change and what variables staff find most useful.

This research found that OAGH with organisational identities and mandates rooted in rights-based lenses tend to be early adopters of GDI as compared to organisations focused on scientific research and innovation only. Early adopters of GDI appreciated differently the GH5050 reports and scoring for their public image; and or for improving what they are already doing. Late adopters described the Index and Reports as significant sources to motivate and help them decide what first steps to take to advance GDI. Very few, however, reported that they had experienced a funder mentioning their GH5050 Scoring as part of funding discussions.

Broadly, most survey respondents appreciated the Annual Reports for evidence-building; motivating improvements in GDI, particularly the ranking of organisations against one another, and participating in future reports. For the feedback survey results, there was slightly less agreement that the GH5050 Report influenced organisations to integrate gender-responsive approaches in their programmatic and external work as compared to internal workplace.

Overall, the primary data indicate the GH5050 Index has informed, inspired, and incited actions among OAGH to identify the need for a clear, publicly available policy and or to improve existing policies to advance gender equity, or to increase women and diversity of representation in leadership. KIIs mentioned the GH5050 measure of low representation of women from LMICs inspired them to take deliberate actions to improve representation and voice of diverse women from the Global South.

Almost half of survey respondents reported that the GH5050 Reports contributed to changes in gender equity in the internal workplace and only a third in the case of diversity and inclusion. The research suggests some organisations are trying to move beyond a gender equity lens but would do well to have support from GH5050. The feedback results indicate a strong appreciation for all the variables in the Index with only a few respondents expressing less appreciation of particular variables. Suggestions for adding variables were to measure financing GDI integration in organisational budgets, and in key health sector areas where GDI considerations should be considered.

Building a case for an organisational culture measure in the Gender and Health Index

In the short period that this research project was undertaken, organisational culture measurement services and tools appeared to grow exponentially. Current good practice includes the use of staff engagement surveys, pulse checks and rubrics, indices, and benchmarks, including certification programs.

Some OAGH are already using good practice approaches to measuring GDI and organisational culture change. Almost two-thirds (62%) of surveyed organisations reported that their organisation already measures changes to organisational culture, most often through staff engagement surveys, gender equality targets and monitoring.

Even so, there is interest in working more closely with GH5050 to strengthen approaches and to share good practice, in addition to openness to adding an organisational culture dimension to the current Gender and Health Index.

Suggestions were shared on possible variables or indicators of organisational cultures supportive of GDI in OAGH (evidence of gender and inclusive initiatives; evidence of public reporting of staff surveys, evidence of public engagement on GDI initiatives) along with challenges and concerns expressed about what it would take to add a measure of organisational culture to the GH5050 Index. In addition to issues related to confidentiality and privacy of data and methodological challenges, the concern was raised that organisational culture is likely to be context-specific, and this would have to be considered.

Importantly for GH5050, the study affirmed that OAGH view that the current annual data collection process for the Index is straightforward and manageable for their organisation. The majority of feedback survey respondents reported that the process of validating data that the GH5050 research team formulated on their organisation helped them identify areas where progress is needed. Given this, the value-add of adding an organisational culture as a dimension to the current GH5050 Index was apparent to most research participants.

Conclusions and recommendations to GH5050

OAGH reflect to a large extent the same formal and informal gender and intersectional norms and rules as the societies to which they are embedded. While OAGH may have in place a gender equality policy and definitions, there may be differing and conflicting perspectives on what lens of oppression or discrimination is the most relevant in any context.

Most approaches reviewed acknowledge that there is no-one-size-fits-all standard to measure organisational culture change for GDI. Nonetheless there is good practice, evident in the literature review as well as in practices currently being used by OAGH, that provide insights into what is effective. They also demonstrate possible measures or indicators that OAGH are making progress in promoting enabling organisational cultures for GDI. Whether or not organisations have put in place some of these good practices can signal how seriously OAGH are taking the need to address organisational culture as a way to bridge the gap between formal policies and their uptake in practice.

Significantly, the research reaffirmed what GH5050 already knows: that OAGH included in their annual reviews are at different stages in their GDI organisational change journeys, with different capacities, resources, and contexts. The recommendations and options proposed in the report attempt to respond to this reality.

Recommendation 1a	Include organisational culture as a measure in the Gender and Health Index
Recommendation 1b	Focus a future issue of the GH5050 Annual Report and Gender and Health Index on Organisational Culture Change in support of GDI
Recommendation 2	Develop resources on organisational culture for OAGH
Recommendation 3	Revisit current core variables to ensure alignment with GDI
Recommendation 4	Commission an external evaluation of GH5050

Background & Purpose

GH5050's Annual Reports (2018-2022) show gaps between what the Gender and Health Index measures for organisations active in global health (OAGH) to advance gender and health equity, and internal organisational realities. Such evidence indicates, among other things, increasing numbers of OAGH have formal policy commitments to gender equality (GE), diversity and inclusion, yet persistently few women from low-income countries in leadership.¹

Out of concern, GH5050 has identified organisational culture as a possible dimension missing in the current Index to strengthen its usefulness for, and power to influence, OAGH. Accordingly, Gender at Work was commissioned to explore from the inside in, the relevance of the current Index to inform, incite, and ignite actions of OAGH to promote gender equity, diversity, and inclusion (GDI) in OAGH.

This report captures the perspectives and experiences of a selection of leaders, senior managers and staff leads of human resources/GDI and or GDI champions from a small selection of GH5050's 201 OAGH sample. A feedback survey and key informant interviews (KIIs) served as a reality check on what a range of OAGHs are doing to translate policy into practice and the relevance of the current GH5050 Index to influence internal changes. It combines evidence from a desk review on what works to measure and track changes in organisational culture. This multi-method research then discusses what it would take for GH5050 to include organisational culture in its Gender and Health Index.

Purpose and objectives

This study served to provide GH5050 with insights into potential adjustments to its current Index, particularly integrating a new organisational culture (OC) dimension and measure; and revisiting data collection methods and the engagement of organisations sampled.

Primary objectives are:

1. To inform the potential updating of GH5050's measures and variables in the Index and the engagement of OAGH in monitoring and scoring; and
2. To take a deep dive into the best options for measuring organisational culture changes most relevant to serving the purpose of GH5050's Index to inform, inspire and incite actions for gender equity and health equity among OAGH.

¹ Global Health 5050. (2022). Boards for All: Global Health Report on Who Governs Global Health. https://globalhealth5050.org/wp-content/themes/global-health/reports/2022/media/Boards%20for%20All_Global%20Health%2050_50%20Report_OnlineMarch2022.pdf (accessed July 23, 2022).

Key research questions

To achieve these major objectives, the study aimed to answer the following key qualitative research questions:

1. What is the evidence that adding an organisational culture change measure and variable to the current GH5050 Index can bring forth a better understanding of the gaps between policy and practice? How do current internal mechanisms and practices within a range of OAGH help explain the gaps between policy and practice, and in relation to what the Gender and Health Index measures? How has the COVID pandemic influenced OAGH workplace cultures?
2. What aspects of the Index and Reporting are most influential in encouraging GH5050 organisations to make a commitment to and take actions towards advancing gender equity and health equity?
 - a. What is missing?
 - b. What more could be done?
3. What might an additional variable that captures 'culture' change, appropriate to, and relevant to, the current Index and scoring look like? What recommendations do OAGH have for such a measurement? What is there to learn from how they measure OC in support of gender equity?
4. What data collection methods are most relevant for such a measure in line with GH50/50's current Index from OAGH perspectives and the wider literature?
5. Based on the above, do OAGH want to take a more active role in GH5050's scoring and monitoring, particularly on a measure of organisational culture change? What do OAGH recommend and what is the level of interest?

The target audience for this report is the GH5050 Secretariat and the Global Reference Group for the research project.

Working Definitions

To ensure common understanding, this report uses the following working definitions of key concepts:²

Gender Diversity: Recognizing that many peoples' preferences and self-expression fall outside commonly understood gender norms.³

² All definitions except gender diversity and equity were extrapolated from the GH5050, Glossary, <https://globalhealth5050.org/glossary/> (accessed November 20, 2022).

³ UN Women Training Centre Elearning Campus, Gender Equality Glossary, <https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36&mode=search&hook=gender+equity&fullsearch=1> (accessed Dec 3, 2022).

Gender equity: Fairness in addressing the different needs of people according to their gender. Inequitable outcomes based on gender are both avoidable and unacceptable. A concept of fairness recognises that there are differences between the sexes and that resources must be allocated differentially to address unfair disparities.

Gender equality: Women, men, non-binary and transgender people, across the life-course and in all their diversity, have the same conditions and opportunities to realize their full rights and potential to be healthy, contribute to health development and benefit from the results. Gender equality does not mean that men and women, boys and girls become the same, but that their opportunities and life chances are equal and that the differences that do exist in their skills, interests, ideas, etc. will be equally valued.

Equity: The absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. **Health equity** is achieved when everyone can attain their full potential for health and well-being.⁴

Diversity: The representation of varied identities and differences (gender, race, ethnicity, disability, sexual orientation, gender identity, national origin, tribe, caste, socioeconomic status, neurodiversity, etc.), collectively and as individuals.

Inclusion: A culture of belonging built by actively inviting the contribution and participation of all people and striving to create balance in the face of power differences.

Intersectionality: Moves beyond examining individual factors such as biology, socioeconomic status, sex, gender, and race to look at how people's lives are shaped by their identities, relationships, and social factors across multiple levels of society, to create intersecting forms of privilege and oppression.⁵

Structure of the report

The report's methodology and an overview of the current Gender and Health Index are described before moving on to the main findings, conclusions and recommendations.

⁴ World Health Organisation, Health Equality, https://www.who.int/health-topics/health-equity#tab=tab_1 (accessed Dec 2 2022).

⁵Adapted from two sources: Kapilashrami, A., & Hankivsky, O. (2018). Intersectionality and why it matters to global health. *The Lancet*, 391(10140), 2589-2591; and UN Women. (2021). *Intersectionality Resource Guide and Toolkit: An Intersectional Approach to Leave No One Behind*. <https://www.unwomen.org/sites/default/files/2022-01/Intersectionality-resource-guide-and-toolkit-en.pdf> (accessed Dec 5, 2022).

Section One discusses what can be learned from what organisations are doing now to promote GDI in their internal workplaces, particularly organisational culture, to better capture gaps between policy and practice. Related to this, the report explores what is known about the relationship between those dimensions already included in the Gender and Health Index and organisational culture change.

Section Two discusses the relevance of the GH5050 Index and scoring for OAGH to advance GDI in their organisations. It discusses what organisations appreciate, what has been more impactful for them to incite actions for GDI and recommendations on what more could be improved from the viewpoints of staff who lead GDI.

Section Three discusses the receptivity by OAGH to including organisational culture as an additional variable in the Gender and Health Index, along with suggestions for measurement, linking these to current initiatives by OAGH and other institutions to measure organisational culture.

Section Four provides various options for GH5050 to consider in responding to the feedback provided by OAGH. The options propose potential measures on organisational culture that GH5050 could add to its current Index along with other activities GH5050 could undertake to respond to recommendations emerging from the research.

Methodology

The study applied a mixed-methods approach.

Feedback survey

All 200 OAGH were invited to fill out a multiple-choice/short answer feedback survey questionnaire on the extent of the usefulness and impact of the current Global Annual Reporting and Gender and Health Index. The feedback survey was conducted using the online survey platform, SurveyMonkey. One-quarter of GH5050's sample (53/200) filled out the survey. The response rate broadly corresponded to the ratio of the sub sectors represented among the 200 OAGH. That is, the largest sub-sector of the 200 OAGH also saw the highest participation rate: namely, non-governmental and non-profit organisations.⁶ A descriptive analysis of the survey results are triangulated with the primary data results and desk review for this final report.

Key Informant Interviews (KIIs)

Selection criteria for organisational representation was based on having at least two per sector; and as much as possible, three organisations in sectors under-represented in the feedback survey of

⁶ Using data from the (p.8) the ratio of feedback survey respondents to the current composition of the sub-sectors of the 200 OAGH is as follows: 55% versus 31% NGOs; 15% versus 5% UN; 11% versus 21% private sector; 8% public-private partnership in both, 2% versus 4% regional organisations; and 2% versus 5% faith-based and 4% 'other'.

funders, bi-multilaterals, regional bodies, consultancies and faith-based (i.e. X organisations). The goal was to select and carry out 15-20 KIIs from OAGH representing the range of sectors, and staff positions. The selection criteria was five to seven senior management and leadership; six to eight leads of GDI such as a gender program specialist or equity, diversity and inclusion lead or a manager who is a GDI Champion; and four to six human resource (HR) leads. Based on the sampling criteria, a starting sample of 34 OAGH representing all ten sectors were sent formal invitations by the GH5050 Co-Directors to senior leadership to participate in the research.

Representation of sectors and gender and diversity of respondents was largely dependent on who was willing to be interviewed. A total of nine organisations out of the original sample confirmed interest to participate, consisting of five out of the 10 sectors (four Public-Private Partnerships (PPPs), one Philanthropic and Funders (PF), two NGOs and Non-Profits (NNP), one UN entity (UN) and one Research and Surveillance (RS)). One man and nine women were interviewed with a diversity of nationalities from Africa, Asia, Europe, and North America.

The key informant interviews were held using Gender at Work's Zoom account and all participants signed informed consent and agreed to have their interview recorded. The KIIs focused on: i) what formal policies and internal mechanisms OAGH have in place to advance and measure GDI in the workplace; ii) the relevance of the index to OAGH efforts to address GDI in the workplace and services/programming; and iii) interest among OAGH in adding an organisational culture dimension and measurement to the GH5050 Index. The interviews also discussed to what extent there may be interest among OAGH to take a more active, and collaborative role in collecting and analysing data for the Gender and Health Index and scoring for their organisations.

Desk review

The evidence review consisted of a mix of peer-reviewed journals, academic and non-academic databases, and grey literature related to organisational development, global health, international development with a specific focus on practice related to organisational diversity and inclusion from the perspectives of gender, LGBTQI, anti-racism, disability and decoloniality. Its main lens was to gather evidence of what works to measure and track organisational culture change. An effort has been made to search and review literature in French, Spanish and English, and to identify research and resources from the global South. The desk review sought: i) to support a better understanding of gaps highlighted in GH5050 annual reports between the existence of a range of organisational policies and strategies to support gender equality outcomes and the internal organisational realities as experienced by staff in OAGH; and, ii), the literature review on organisational culture change from the perspective of GDI, was meant to offer insights for GH5050 to strengthen the Gender and Health Index concerning intersectionality. Regarding the latter point, the purpose of this review is not to provide specific recommendations to GDI-retrofit the measures in the current Index but rather to offer examples of good practice on GDI for GH5050 to add to future updates of the Index.

Limitations

This research study is meant to offer insights based on a small sample of consultations with staff and organisations active in global health further verified with a desk review. Considering the limited number of key informants interviewed, the results discussed in this research report offer indications of evidence and suggestions for GH5050 to deliberate but in no way are meant to be scientifically conclusive or generalisable to all OAGH. GH5050 had originally wanted the research team to consult with a larger sample of diverse staff internal to a selection of OAGH to explore why there are gaps between policy and practice. Based on consultations with the external advisory group to this project, in February 2022, it was soon agreed that such a research approach would be difficult and may be too intrusive. In response, the research was limited to those OAGH and staff from the GH5050 survey that agreed to volunteer to participate in key informant interviews and narrowed down to leadership and leads of human resources and GDI. In addition, KII informants were not always in a position to provide comprehensive information about some elements of internal GDI-related policies and mechanisms because they were not directly involved in human resources where such responsibilities were centred. The feedback survey and KII results suggest it is organisations that are already keen on promoting gender equity and GDI that dominated the respondents and thus the results would need to be validated with a wider set of OAGH that are more representative of low- to mid-range performers under the GH5050 scoring.

Strengths

Evidence and results gathered have been legitimated by cross-triangulation of key informant interviews, the feedback survey and the desk review. In addition, the significance and validity of these findings and recommendations could be further substantiated by consulting with a broader sample of OAGH and experts in the field.

Overview of the current GH5050 Gender and Health Index

Every year since 2018, [Global Health 5050](#) has reviewed the gender-related policies and practices of hundreds of global organisations, which are published in its Annual Reports and the Gender and Health Index. These are accompanied by a series of resources for change including How-to Guides.

Since 2018, seismic shifts have taken place across the globe: the #MeToo movement, Black Lives Matter (BLM), the increased visibility of movements claiming LBGTQI related rights, the push to decolonialise and localise development, the global COVID-19 pandemic, with its complex impacts on organisations and GDI, and the rise of right wing forces opposed to values underpinning GDI.

Against this constantly shifting terrain, GH5050 has sought to keep the Gender and Health Index relevant. Adaptations in 2020 complemented the original core variables with a diversity and inclusion lens. The 2021 Index and Report examined the OAGH response to COVID 19 and the 2022 report looked at who governs the leading OAGH. In 2021, GH5050 engaged Gender at Work to

launch this current process to investigate the feasibility and interest among OAGH in adding additional measures on organisational culture change to the Index.

This section provides details on the Gender and Health Index to contextualize the feedback provided by research participants on its relevance and methodology⁷ (Section 2 of this report). An overview of the current variables included in the Index is also helpful for the discussion on additional variables that could potentially be included in future (Sections 3 and 4 of this report).

The Gender and Health Index includes 10 core variables to assess policies and practice across four domains (see Table 1).

Table 1: The domains and core variables of the GH5050 Gender and Health Index.

Domains	Commentary	Core Variables
Domain 1 Commitments to redistribute power	For long-term change to happen, it must be accompanied by change in discourse and narratives. The resurgence of a political backlash against the concept of ‘gender’ and the rise of interest groups who argue that gender is an “ideology”, or who deny that achieving gender equality includes realising sexual and reproductive health and rights for all, has made definitions and commitments more important than ever. Organisations must step up to define what they mean by gender and publicly commit to promoting equality as a core priority.	<ul style="list-style-type: none"> • Committing to gender equality • Defining gender
Domain 2 Policies to tackle power & privilege imbalances	To promote gender equality in health, organisations must first get their own houses in order. This means publishing policies which promote diversity and advance women’s careers, family-friendly workplaces that support caregivers and strive to achieve a work-life balance, and workplaces that are safe for all. Every two years GH5050 also conducts an in-depth review of the workplace policies and gender pay gaps of the organisation assessed in the report.	<ul style="list-style-type: none"> • Workplace gender equality policies • Workplace diversity and inclusion policies • Board diversity and inclusion policies
Domain 3 Who holds power & enjoys privilege?	Leadership which is diverse in gender and geography is key to achieving more supportive workplaces and more equitable health outcomes. Organisations need to support career progression, diverse hiring and appointment processes, and board diversity policies in order to ensure a	<ul style="list-style-type: none"> • Gender parity in senior management and governing bodies

⁷ This section draws directly on details of the research approach and methodology publicly available from GH5050 [here](#).

	gender balance in senior management, governing bodies and leadership, and a minimal gender pay gap.	<ul style="list-style-type: none"> • Gender of executive head and board chair • Nationality and education of executive heads
Domain 4 Gendered power dynamics driving health inequalities	Gender affects the health of all people: men, women, non-binary and transgender populations. To address this, organisations and funders must put gender at the heart of their work by ensuring that their external policies, programmes and approaches (i.e. what they deliver) are fully gender-responsive	<ul style="list-style-type: none"> • Sex-disaggregated monitoring and evaluation • Gender-responsiveness of organisational approaches
<p>Every two years, four additional variables are assessed:</p> <ul style="list-style-type: none"> • Sexual harassment policy • Parental leave & support to new parents • Flexible working • Gender pay gap 		

A detailed scoring key for each of the variables is used by the researchers undertaking the review which is published with the Index. Based on criteria laid out in the scoring key, organisations are given a rating of Green, Amber or Red. For the first time, the 2022 report and Gender and Health Index (found [here](#)) categorises all organisations by performance and presents dedicated pages for each organisation to explore and compare findings. Also for the first time, all 200 organisations are ranked according to performance “celebrating where progress is being made and calling out laggards.”⁸

The data collected and analysed for the Gender and Health Index comes primarily from publicly-available data. GH5050 does 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).

GH5050 contacts each organisation at least twice during the course of data verification. Initially, GH5050 informs 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, the nomination and contact details of a focal point in the organisation who can review and validate the data once collected is requested. Following completion of data collection, GH5050 sends each

⁸ Global Health 50/50. (2022). *2022 Report Presentation*. https://globalhealth5050.org/wp-content/themes/global-health/reports/2022/media/Boards%20for%20All_%20GH5050%202022%20report%20presentation.pdf (accessed December 3, 2022).

organisation their preliminary results and asks them to review and provide any additional information, documentation or policies to review. In order to amend organisational scores, organisations are requested to show evidence in the public domain to support their amendment. Throughout the process of data collection, GH5050 encourages organisations to reach out to discuss queries about the process and the variables. Final results are shared with all organisations before publication.

In addition to these core variables, each year GH5050 examines a thematic focus and collects organisational data relevant to the theme. The 2022 report, *Boards for All*, reviewed 200 organisations and included a review of the power and privilege of governing bodies of 146 organisations. The methods used for each thematic focus are often unique and are detailed in the relevant report.

Section 1: A Reality Check: Learning from current GDI practices among OAGH

This section discusses current GDI practices among OAGH from the feedback survey and KIIs, supplemented by good-practice examples from the literature. The analysis also offers insights into the gaps between policy and practice to advance gender equity that may guide GH5050 in future directions of its work.

Building a common and coherent vision and understanding of GDI

Within organisations, going from policy to practice requires tools and resources on key definitions and their application along with awareness training, regular communication, and discussion about the terms. Key informants described how their organisation builds buy-in and common ground on GDI concepts and principles by:

- Volunteer-based diversity and inclusion staff groups to develop the concepts and approaches in practical ways.
- During staff onboarding, an introduction and training on GDI and signing of related policies and code of conduct is systematically carried out.
- Interactive dashboards with GDI on-line training and on-line signing of policies by employees. Such a platform can track whether new and old staff participate in required and new GDI-related training. Managers can monitor staff participation and completion of such activities to ensure accountability to GDI.

In addition, organisations will prioritise the GDI entry point(s) relevant to them, whether it is gender equality or equity, diversity, and inclusion, race equity, decolonisation, or all of them.⁹ KIIs

⁹ Equity in the Centre, (2019). *Awake to Woke to Work: Building a Race Equity Culture*.

<https://static1.squarespace.com/static/56b910ccb6aa60c971d5f98a/t/5adf3de1352f530132863c37/1524579817415/Pro>

described varying entry points from Gender Equality only; to Gender, Diversity, and Inclusion (GDI) to both entry points, to Gender, Sexual Harassment and Abuse, among others. Based on KIIs, GDI concepts are perceived, and are at play, according to the different cultural and socio-economic contexts. For example, the approach and strategy to discuss LGBTQ inclusivity in the workplace is very different in Europe or North America as compared to African or Asian-based offices. Some GDI concepts, particularly around gender diversity, may be viewed Western impositions.

Several KIIs' organisations had global and locally-adapted GDI 'enabling environment guidelines' defining actions and standards of how to create more inclusive organisational cultures respectful of local contexts (KII4, UN). One OAGH encouraged each GDI champion in their country office to work with colleagues to act on a most relevant GDI issue as pertinent to their local context. These champions took this calling to heart and engaged their office colleagues to take on specific actions. One office hired a woman with disabilities and moved their office from the second to the ground floor to accommodate. This bottom-up approach grew out of the headquarters (HQ) and regional office conversations among GDI champions that imposing an one-size-fits all lens risks undermining cross-cultural dialogue, understanding and engagement.

Findings from the KIIs suggest that many OAGH are struggling more with diversity and inclusion concepts and their application and find them more culturally sensitive than gender equity. For example, the concept of gender diversity may be acceptable in the HQs but less well-perceived and even taboo, in sub-office contexts. Likewise, based on the feedback survey responses, most OAGH in this research have internal mechanisms to promote gender equality in workplace culture but fewer mentioned the same in the case of equity, diversity, and inclusion. Such findings do not mean OAGH are not interested in moving beyond the binary conceptualisation of gender (male versus female) to a more intersectional approach but there is need to respect varied cultural contexts.

These findings highlight the importance of a strategic vision, formal policies and definitions, coupled with processes for staff and leaders to build individual and shared understandings and practices of what it means to apply GDI values in the workplace. The GH5050 Index uses publicly available data to measure this internal practice by looking at whether sampled OAGH have published on their websites, an explicit commitment to gender equity (GE), and demonstrate adoption of gender related definitions that are consistent with global terms. What is missed are measures to check that an organisation has internal mechanisms such as learning spaces for building common understandings of concepts and relevance to everyday work.

[nspire-Equity-in-Center-publication.pdf](#) (accessed December 2, 2022); Global Health Decolonisation Movement (GHDM-Africa). (2021). *Pragmatic Approaches to Decolonising Global Health in Africa*. https://ghdmafrica.org/wp-content/uploads/2021/02/GHDM_brochure_web.pdf (accessed January 14, 2022).

Inclusive Leadership

Regular, repeated communication and direction by leadership about the importance of GDI to the values and mission of the organisation was identified across KIIs. For instance, repeated messaging from leadership that GDI is a priority to organisational values and workplace and programming approaches:

....a lot of the messaging ...from staff, from what [the Executive Director] sends to all staff... the messaging from the top is very important (KII10, PPP).

Pressure from leadership to expand the buy-in to gender among the researchers (KII3, RS).

If the leadership is not involved or engaged or committed. I'm not sure how much we can do or go (KII4 UN).

In one study based on 20 in-depth interviews with senior leadership from 10 large, influential multilateral, bilateral, NGOs and foundations confirms that leaders who communicate consistently and visibly that gender equality and EDI is a priority, both internally and externally, is a major factor of organisational culture change.¹⁰ OAGH leaders may set the example and motivate staff to understand and adopt equity principles “[...] by implementing gender mainstreaming in their daily work routines, decision-making processes and all other activities.”¹¹ As well, it can be very effective to identify one senior leader to “play the role of visionary, monitor implementation of organizational-wide policies, support strategic learning and ensure coordination.”¹² The Centre for Equity suggests having race equity champions, which we suggest is also relevant to GDI, at the board and senior leadership levels using selection criteria such as people who can “set race equity priorities, communicate them broadly, drive accountability, and influence the speed and depth at which race equity is embedded in the organization.”¹³

For a leader to espouse GDI in their leadership requires political will to “[...] use their position of power to communicate and demonstrate their support, leadership, enthusiasm for and commitment” to working toward GDI in the organisation.¹⁴ This **inclusive or transformational**

¹⁰Henry, S.K., J. Sandler, L. Passerini and G.L. Darmstadt. (2015). *Taking on the Gender Challenge in Organizations: What Does It Take?* Journal of Global Public Health. See also, Vinogradova, O., Y. Jänchen and G. Obexer-Ruff. (2015). *Gender-Next Analysis Report: Plans and initiatives in selected research institutions aiming to stimulate gender equality and enact structural change.* https://eige.europa.eu/sites/default/files/gender-net_d2-6_mapping_initiatives_selected_institutions.pdf (accessed December 2, 2022).

¹¹ European Institute for Gender Equality (EIGE). (2016). *Institutional Transformation: Gender Mainstreaming Toolkit.* p 12.

¹² Henry et al. (2015:8).

¹³ Equity in the Centre (2019:8).

¹⁴ InterAction. (2010). *The Gender Audit Handbook: A Tool for Organization Self-Assessment and Transformation.* <https://www.interaction.org/wp-content/uploads/2019/03/Gender-Audit-Handbook-2010-Copy.pdf>. (accessed December 4, 2022).

Leadership is a good practice in GDI.¹⁵ Inclusive leaders may be formally recognized managers and staff who demonstrate such qualities. They “create the conditions and vision to allow for change...modeling the behavior... making explicit decisions reflective of desired outcomes, and recognizing and rewarding those who implement new behaviours.”¹⁶

For those from privileged backgrounds, including, for example, those with power on account of their race, gender, geographical country of origin, class, etc can still become effective role models of GDI. Those who lead must model routinely and as normal practice, speaking out against any form of discrimination while acting with humility.¹⁷ They must create supportive cultures where diverse women and other under-represented groups feel “welcome, safe, supported, successful and respected.”¹⁸

A good practice noted in the literature review is for leaders to facilitate group interactions where members feel a sense of belonging and diversity of staff feel appreciated for their unique strengths and contributions. At the same time, creating relationships where marginalised groups and women feel accepted and supported.¹⁹ Such leadership styles and workplace culture dynamics are most conducive to high staff performance.²⁰ In addition, the often used message of giving special consideration to women or under-represented groups runs the risk of presenting women as a problem that needs to be fixed. By referencing instead, the value of building diversity of experience and contextual knowledge in an OAGH can help nurture a culture of inclusion and gender equality.²¹

Holding leaders ultimately responsible for meeting GDI policy objectives and results is an important indication of gender sensitivity and inclusive work culture.²² Leaders can become accountable by making GDI core competencies of board and senior managers, including cultural intelligence and self-awareness of implicit bias, as part of performance appraisals.²³ On one hand,

¹⁵ Dhatt R, Theobald S et al. (2017). The role of women's leadership and gender equity in leadership and health system strengthening. *Global Health Epidemiology Genomics*. Retrieved at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5870471/>.

¹⁶ Kotter, John, Vanessa Akhtar, and Gaurav Gupta. (2021). Overcoming Obstacles to Successful Culture Change. *MIT Sloan Management Review*. <https://sloanreview.mit.edu/article/overcoming-obstacles-to-successful-culture-change/> (accessed November 29, 2022).

¹⁷ Henry et al. (2015).

¹⁸ Coe, I.R, R. Wiley and L-G Bekker. (2019). Organisational Best Practices Towards Gender Equality in Science and Medicine. *The Lancet*, Volume 393; p 587. <https://www.thelancet.com/journals/lancet/article/PIIS0140-67361833188-X/fulltext> (accessed January 23, 2022).

¹⁹ Randel, A.E., Galvin, B.M., Shore, L.M., Holcombe Ehrhart, K., Chung, B.G., Dean, M.A. and U. Kedharnath, (2018) Inclusive leadership: Realizing positive outcomes through belongingness and being valued for uniqueness, *Human Resource Management Review*, Volume 28, Issue 2, Pages 190-203, <https://doi.org/10.1016/j.hrmr.2017.07.002>. (accessed December 5, 2022).

²⁰ Randel et al (2018).

²¹ GHDM-Africa (2021: 2).

²² InterAction (2010: 13).

²³ Coe et al. (2019).

the CEO and or another very senior staff person in an organisation should have overall responsibility for moving forward and championing any GDI related culture change process and have knowledge of how to do so. On the other hand, according to Molefi et al, it is still better to have in place a **senior GDI professional who has specialised** knowledge such as a Chief GDI Officer.²⁴

Inclusive Hiring

KIIs shared ways that their organisations are supporting women's leadership and diversity of staffing. An interviewee from a mid-sized OAGH (around 400 employees) mentioned that they have good female representation in their leadership, but they struggled to have people from diversity or minority groups (KII5, NNP). One OAGH had set-up a ratio of 60-40 % of female to male for their governance bodies, Board and Committees (KII9, PPP). Other examples shared from KIIs:

All positions are opened globally and interviews can take place remotely (on-line) and a relocation package for the candidate and his/her family proved to be efficient to attract and recruit good candidates from diversity groups (KII1, PPP).

· In recruitment, flexibility is important to succeed to have diversity candidates, the recruitment panel should be diverse too, and *"we noticed that having an equal pay mechanism that was set-up in one country office is spreading over (this could be a positive factor for recruitment"* (KII8, NNP).

· *"We have strong messages to have diversity in the recruitment panels, but also we look at diversity in the candidate pool (...) There is mandatory training for all staff on unconscious bias to be aware of when you are part of a panel (...) your unconscious bias would be in yourself (...) and recognize (these) in other folks on panels."* (KII10, PPP).

Other good practices from the literature reviewed was using "blind or anonymous recruitment platforms (such as beapplied.com)," and to "train your hiring managers to challenge their implicit biases constantly and consciously" and "determine your job evaluation criteria thoughtfully and deploy methods such as holistic review methods in shortlisting candidates."²⁵

Training hiring managers and other leaders in culturally aware mentoring can be an effective tool for GDI. Through training, managers can understand their own biases, actively recruit, and mentor women and marginalised people.²⁶ Establishing codes of conduct and tracking demonstration of

²⁴ Molefi, M, O'Mara J. and A. Richter. (2021). The Center for Global Inclusion, Global Diversity & Inclusion Benchmarks: Standards for Organizations Around the World. p. 23. <https://centreforglobalinclusion.org/downloads/> (accessed January 20, 2022).

²⁵ GHDM-Africa (2021: 2).

²⁶ GHDM-Africa (2021).

such behaviours in managers' performance reviews can be effective ways to articulate and promote internalisation of GDI values among staff.²⁷

Anti-racist, diversity, and gender sensitivity training and programs

Staff, board members and leadership training on gender and diversity issues are a key component of organisational culture change²⁸ It must be noted however, that research on the effectiveness of such workplace diversity programs is mixed.²⁹ For example, an important practice is to avoid 'one-off' gender and or GDI training and invest in continuous learning on GDI and cultural sensitivity.

One KII identified gender transformative training as most significant to organisational culture change in complementarity to a recently developed gender policy (KII3, RS). Many OAGH surveyed and consulted reflected such internal practices of regular training processes (not one-off) to address GDI more deeply and over time, and to shift mindsets, attitudes, and behaviours. This latter practice is about operationalising and embodying GDI principles articulated in a formal policy. Examples are:

- **Gender transformative, diversity and inclusion training** for focal points that may include small group discussion, role plays, and reading material to gain a deeper understanding (KII1, PPP, KII3, RS);
- **Mandatory on-line courses and webinars** for all managers and staff about sexual harassment and abuse in the workplace, and GEDI policies (KII6, PF); and
- **A mandatory 2-year Training Program on unconscious biases** about GDI including anti-racism in the workplace, by organising staff into small groups and three-hour sessions. Leadership messages every staff that they need to participate (KII10, PPP).

The KIIs pointed to GDI training programs that accompanied organisational efforts to create standards or codes of conduct for inclusive leadership and employee behaviours.

[The] framework is an internal tool...that goes hand in hand with the DEI [Diversity, Equity and Inclusion policy]... the [...] Framework speaks to how we want our leaders and employees to behave and emulate. It goes with our values of trust, honesty, and our commitment to gender equality and diversity. There are training programs for Great Managers and Great Leaders, to align the leaders and teams with the expected GDI mindset and model and evaluating these in the performance appraisal” (KII5, NNP).

²⁷ Equity in the Centre (2019).

²⁸ Moody, J. and A. Aldercotte. (2019). *Equality, Diversity and Inclusion in Research and Innovation: International Review*. UK Research and Innovation (UKRI). <https://www.ukri.org/files/final-edi-review-international/> (accessed January 22, 2022).

²⁹ The Economist. (2022). Workplace diversity programmes often fail, or backfire. Retrieved from <https://www.economist.com/graphic-detail/2022/08/25/workplace-diversity-programmes-often-fail-or-backfire> (accessed December 5, 2022).

Based on the desk review, GDI related training is a broad-based term for building gender and equity, diversity and inclusion related sensitivity, skills, and empathy. Programs may focus on general GDI and on specific issues such as systemic and structural forms of differentiation across any axis of discrimination. All forms of oppression must be considered with sensitivity, conviction, and compassion, and in ways that enhance inclusion and equity.³⁰ Such learning helps build understanding about the dominant identities that exist in institutional cultures of OAGH to help shift institutional norms. Training on and the capacity of thoughtful self-reflection and self-awareness of implicit bias are valuable core competencies for all members of OAGH and key in changing behaviors, either at the individual or institutional level.

Another related term popular in the health sector is cultural competency, cultural safety and or cultural humility training. These kinds of training may consist of respect for indigenous culture, gender diversity or EDI education, cultural sensitivity training and multi-cultural workshops. “Cultural competency is commonly understood as a set of congruent behaviors, knowledge, attitudes and policies that enable effective work in cross-cultural situations.”³¹

Internal networks and affinity groups

GDI-related internal networks or affinity groups are another good practice. These structures may be employee-based networks; employee resource groups (ERGs), interest groups, affinity groups and or ambassadors. These support groups refer to “groups of employees or other stakeholders who join to support one or more diversity dimensions with the express purpose of making progress in DEI for the group and wider organization.”³²

Most OAGH in the primary research had such groups but with different cross-representation, GDI lens and support to members. Most groups' main task is to implement actions in accordance with GDI-related policies which may be based on an organisational values-driven agenda or on a compliance-driven agenda or a mix of both. Membership is typically voluntary and revolving to promote shared responsibility. Groups ranged from:

- **Networks of Gender Focal Points (GFPs)** in each department, division and or by country office linked to a central gender unit and or human resources (KII3, RS, KII4, UN, KII4, PPP). One organisation has 500 GFPs, with an information hub and peer exchange dashboard for these focal points, direct email to communicate with leadership; an annual GFP meeting and three-day retreat, and light temperature checks to assess progress and challenges for improving actions related to GDI-policy commitments.

³⁰ Molefi et al (2021).

³¹ Margolies, Liz et al. (2014). Best Practices in Creating and Delivering LGBTQ Cultural Competency Trainings for Health and Social Service Agencies. C3 Cultural Competency Coordination. https://cancer-network.org/wp-content/uploads/2017/02/best_practices.pdf. (accessed January 24, 2022).

³² Molefi, M. et al. (2021).

- **Workplace Well-being Committees** to monitor and recommend about the work environment (KII9, PPP).
- **Staff Diversity and Inclusion Groups** have a broad mandate around equity, diversity, and inclusion or GDI including a strong emphasis on workplace culture. One OAGH has an employee-based **DEI Council** from various offices/countries for discussions and actions tailored to each contexts/priority around DEI related issues and led by a new DEI staff lead (KII5, NNP).

One respondent observed about their cross-regional GDI network “...having a council helps bring that space...it's the platform that allows things to happen. It motivates staff. ..get these conversations going... make sure that all staff feel like it's not just US centric (KII5, NNP)

Members of such networks may be seen as inclusive leaders. A diversity champion is usually active in GDI initiatives and is seen as a knowledgeable advocate of GDI. Ambassador is another term used for Diversity Champion. As a role model, such people must call out any forms of discrimination: “Don't be complicit in perpetuating colonialism in global health practice. Speaking out when you observe racist or other discriminatory behaviour helps set norms for acceptable conduct.”³³

These structures can be leveraged to develop GDI policies in participatory ways to build staff ownership. Member leads can also meet periodically with organisational leaders to brief them on progress to enhance effective implementation, learning and results on GDI policy commitments.

Inclusive leaders at the top and then spread across the organisation facilitate collaboration across the organisation (for example, GDI professionals and senior management) and within senior management (for example, board members presenting a unified approach to support female board members' decision-making power). As Coe et al. note “creating safe spaces for conversations about gender and diversity in scientific and social scientific research must be an explicit goal in improving organizational culture and is a key responsibility of academic and scientific leadership.”³⁴ These **mechanisms facilitate likelihood and regularity of meaningful dialogue and exchange on GDI issues in both safe and confidential ways** but also openly difficult and celebratory ways. Through such structures, organisations enable staff to internalise formal policies and mechanisms to mitigate risk of discrimination.

Challenges were mentioned among KIIs, of the risk of overwhelming members or focal points with additional work (KKI9, PPP), and issues of lack of coordination among focal points and risk of working in silos (KII1, PPP). There are also questions around the challenge if an organisation has

³³ GHDM-Africa (2021: p 5).

³⁴ Coe et al. (2019).

various employee-led groups, one focusing on gender issues and another on diversity and inclusion and how to ensure linkage and connections among these groups (KII9, PPP). Tracking evidence of such organisational wide groups for GDI and regularity of meetings and discussions is a promising variable for GH5050's deliberation.

Facilitating deep conversations and creating safe spaces to unlearn unconscious biases and dominance patterns

Organisational learning programs to unlearn unconscious biases are pertinent to work culture that “typically prioritize objectivity, social consciousness, and (often illusory) notions of equitable meritocracy”.³⁵ Leaders and staff must acknowledge and unlearn patterns of dominance. For those with more privilege, “[...] *it means acknowledging and unlearning patterns of dominance, like taking charge, leading, making decisions. Getting out of one's comfort zone, materially, emotionally and sometimes physically, and following the lead of those who are most impacted by violence and injustice.*”

³⁶

“...you need town hall meetings, you need to have discussions, ...it's sort of like a mixture...you need to have open discussions, even if they would be difficult, you need to, you need to have them because otherwise, if you don't start even talking, the change is not going to happen” (KII4, UN).

KIIs described examples of senior management using team-level breakdown of results of staff engagement surveys to approach team managers if results were disconcerting and or to recognise successes. Another example is to bring together staff from various levels and departments who experience similar forms of discrimination together to share experiences and formulate solutions that can be taken to leadership, who would then be expected to take actions. However, one study cautions that staff members may be unable to enact new skills or attitudes within the current context due to workload, organisational culture, or a lack of senior management buy-in.³⁷ It's about practicing reflexivity and connecting to people who will challenge our biases to dismantle privilege. It may involve some discomfort in having to acknowledge one's biases and privilege.

Similarly, the literature identified bringing in discussions on GDI into the day-to-day operations and culture of the organisation as good practices. The regularity of such conversations organised in the form of brown bag lunches or conversations between diverse groups build “personal connections to issues of gender, race, class or other forms of equity...Creating opportunities for staff, managers, leadership and the board for self-reflection on their own power and

³⁵ Coe et al. (2019).

³⁶ Peace Direct. (2021). Time to Decolonize AID: Insights and Lessons from a Global Consultation. Full Report. https://www.peacedirect.org/wp-content/uploads/2021/05/PD-Decolonising-Aid_Second-Edition.pdf (accessed January 26, 2022).

³⁷ Moody and Aldercotte. (2019).

privilege.”³⁸Other approaches are dedicating time at the end of regular meetings to discuss a GDI related question.

Potential variables are whether staff are engaged in regular conversations about GDI within a GDI network or part of regular staff meetings combined with qualitative indicators to measure expected attitude and behaviour changes. Such measures may enable organisations to track whether meaningful culture change has occurred. At the same time, “Culture in any organization will continue to evolve due to internal changes and shifts in the external environment. To adapt to the changing environment within and outside your organisation, it’s important to consistently and intentionally integrate culture into regular strategy conversations.”³⁹

Using multiple strategies

The above practices and strategies are structural, multiple, and mutually reinforcing, and require sustained investments in resources and time for OAGH to effectively promote GDI. Singular, isolated, or one-off efforts are insufficient. Key informants referred to **multiple, formal, and informal strategies, structures, and capabilities to gradually infuse GDI principles into organisational practices and culture. Participatory and inclusive approaches in operationalising a GDI policy and mandate were identified as among the most significant factors to organisational change for GDI.**

Such multi-scale approaches involve staff from different levels and regions to engage in building a common understanding of concepts. In turn, it is about distributing responsibility across the organisation on promoting GDI values and practices in the workspace. Several respondents insisted **that the informal ways of embracing and practising GDI principles in work relationships must not be tied only to HR policy compliance** (KII1, PPP and KII7, NNP).

[...] nobody is paying the GEDI champions extra for doing this. This is because they're passionate about it, because they see value in these organisational values...as an organisation, we go and talk about gender equality in the communities...we talk about people with disabilities...what's happening in our organisation? Is my office disabled friendly? (KII7. NNP).

Organisational targets and quotas for gender balance and diversity of representation are common strategies and measures gleaned from primary and secondary sources. The Awake to Woke to Work framework recommends tracking organisational targets, implementing formal measures, and promoting and tracking staff attitudes and behaviours towards achieving an inclusive workplace.⁴⁰

³⁸ Moody and Aldercotte. (2019).

³⁹ Kotter et al. (2021).

⁴⁰ Equity in the Centre. (2019).

Connect internal and external initiatives to empower women and marginalised groups

Organisations committed to GDI values and practices should clearly communicate and engage actively in social justice issues in the contexts of their work. Increasing engagement with feminist and women's rights organisations in programming and services while taking on inclusive and feminist leadership internally, for example, reduces the divisions between internal and external approaches to equity and equality. GH50/50's Annual Report (2021: 21) raised the need for people with power in organisations to themselves be connected to recent social movements for transformation whether women in health or the rights of Black and Indigenous people. This may include encouraging employee volunteerism in community projects by providing time off and/or compensation and rewards where appropriate.

In one OAGH, the organisation was ensuring greater female leadership internally such as having more women scientists leading papers published and running a social media campaign to celebrate and promote women scientists (KII2, PPP). In one small OAGH (less than 50 employees), at programming level, it created the "Great Leaders Program for Women, *"a coaching program for female leaders, and especially African women [in Ministries of Health], to have a safe space where they can discuss the obstacles they face, share experiences and tools, balance work life, etc.* Recognising women's lower representation among Board members, it had recently set up a two-presidents system with one woman and one man as their way of walking the talk on parity at higher levels (KII6, PF). These two examples demonstrate the potential links between internal walking the talk and external programming.

Section 2: Relevance of the Gender and Health Index and Annual Reports

This next section discusses the relevance of the GH5050 Annual Reports and scoring of OAGH from KII and feedback survey responses to influencing their organisations' efforts to advance gender equity. It starts off with contextualising the internal and external factors that influence OAGH to advance GDI before specifically focusing on the GH5050 Report and Index. The section closes off with recommendations on what could be improved from the viewpoints of staff who lead GDI in these OAGH and implications for GH5050.

Relevance of multiple internal and external factors

Organisations will be inspired and motivated to adopt a GDI agenda by multiple internal and external influencers. Based on the primary data findings and desk review, organisations' motivations for adopting a GDI lens internally and in programming or services is strongly influenced by the type of organisation, its mandate, and areas of focus (purely science versus social and scientific issues). These factors appear to strongly affect the extent of gender equity and EDI in an organisation.

The findings suggest that early adopters of gender equality and EDI agendas tend to have organisational identities and mandates rooted in rights-based lenses and human rights policies and movements. They tend to have well-established formal policies on gender and EDI, employment equity and anti-sexual harassment policies and regulations. In cross-comparison, and based on what the findings indicate, organisations focused on scientific research and innovation for tackling infectious diseases, vaccinations and or medical product development will tend to have less resources devoted to GDI and be a late adopter of gender equity and EDI. Interestingly, out of the nine organisations represented by key informants, it was larger European or North American based OAGH that have mandates grounded in a rights-based equity lens that claimed the GH5050 Index had not been a major influence on their strong GDI agenda and actions internally and in programming. They explained that their organisations were already aware and practicing what the Index measures.

Based on our small sample of KIIs and their organisations, **gender-specific or targeted projects in programming** appear to be catalysts for more pure science or medical focused organisations, to take on a wider GDI agenda. These gender specific programs or projects engage staff in regularly considering gender sensitive programming, i.e., disaggregation of data, analysis, and communication on gender impact, build up gender awareness and political will inside the organisation (3 KIIs out of 10 (PPPX2, RS1)). For these organisations, **external funders, or advocacy groups (i.e. GH5050) were identified as playing key roles in motivating internal organisational efforts to advance GDI.**

Some of our organisation's State funders ...as prospect member countries such as, Denmark, Australia, Canada, they have these feminist foreign policies. We wanted to meet their criteria in our operations (KII2, PPP).

The [women's health focused] platform [...] which promotes gender equity in our work ...the attention to all aspects of gender and inclusion in it, bring significant change ...These things are now well established within the organisation (KII1, PPP).

Based on several KIIs, **feminist donors in Global Health influence OAGH grantees to take on an internal gender agenda** by developing a gender inclusive project where the donor is funding gender integration. These conditionalities can incite motivation, capacity building, resources and systems that foster internal organisational culture change in the one project but ripple into the whole organisation. They described how these external forces and gender specific programming in women and girls' health build up organisational interest to communicate evidence (i.e., in medical research) combined with advancing leadership of women scientists (i.e., women in science social media campaign).

For OAGH that have long-followed a rights-based approach that is foundational to their organisational identity, the GH5050 Index and scoring may be less impactful although further investigations would be needed to validate this. Referring to the fact that their organisation had

already put in place the policies and mechanisms before being assessed by GH5050, *“We had already put into place [what...] the survey was asking us about, so I do think it's impactful.”* The same informant also stated, *“We're very proud of where we stand in that survey, we share it, we announce it... doing well, because again, that's a retention tool (KII5, NNP).*

The feedback survey explored whether OAGH surveyed by GH5050 were approached by funders about their Index scoring as part of receiving grants and the need to take actions on promoting gender equity. 44% of feedback survey respondents said no funder had mentioned their GH5050 score. The rest were either unsure or did not think it was relevant to them. Only six survey respondents out of 53 reported that they had experienced a funder mentioning their GH5050 Scoring. One KII's perspective illustrates these cases, *“[My organisation] scores quite low up until 2020, that's why SIDA was encouraging us to work on improving this...this [GH5050] is a very important index, that set the example of organisations measures, especially in front of [a] funder. Then also internally, when we report to the Board, they kind of warned us: we need an improvement on this” (KII2, PPP).*

Relevance of GH5050 Report and Index to inform and inspire

In the feedback survey, half of respondents confirmed that most staff in their organisation are familiar or aware of the existence of the GH5050 Annual reports while the other half disagreed or were uncertain. These mixed results suggest the need for GH5050 to explore ways to increase familiarization of the Annual Reports and Index among OAGH and a wider public. Several KIIs suggested GH5050 facilitate workshops with interested OAGH once scoring results are published, to help the organisations figure out what they need to do to improve GDI integration in consideration of their overall scoring.

The feedback survey asked whether the GH5050 report provides relevant evidence on how the global health sector is performing and progressing on gender equality in workplaces and health-sector related programs/services. The majority (89%) of feedback survey respondents confirmed that the report provides important evidence. Most survey respondents (nearly 89%) concur that their organisation values and recognizes the role of the GH5050 report in inspiring organisations active in the global health sector to promote gender equity. Forty-four percent of feedback survey respondents agreed with the statement that *“the GH5050 Report helps encourage their organisation to consider gender, diversity, and inclusion (GDI) in their workplace and programmatic work.”*

Similarly, most KIIs expressed appreciation for the Index influencing their organisation positively. Results indicate that the GH5050 report and ranking and scoring of an organisation against others, creates awareness, motivates organisations to reflect internally to address gaps, and an interest to perform better. *“... Definitely, it helps to build awareness. ... I want to be preferably a very high scoring organisation” (KII10, PPP).* The scoring motivates organisations to learn from others who score

higher: “...we then go to their websites...Is this something that they are doing, and we are not doing?” (KII8, NNP).

For three KIIs, the overall score and ranking inspired their organisations to be conscious of GDI, and to review their investment, the context of their work and the activities they implement to reflect on how to practically integrate and address GDI issues. Scoring high or low is associated with motivating organisations to do more to score better in the next assessment report period. “*I remember the first year, your initiative really helped us to take a step back saying ‘Oh why do we rank AMBER?’ and then we progressed basically by organizing all our actions. We made it more visible on our website and externally...it helped to elevate all these aspects to our Board of Directors and Executive Leadership Team...from a staff perspective...this brought a forum for discussion...*” (KII1, PPP).

Another key informant also reported that the GH5050 score influenced identifying why they scored poorly and inspired them to address the gaps: “...we had a low score [because] we didn't have [an] independent [stand-alone] gender policy... And, the proportion of females in senior management positions and Board members was low. If it was not that those things were highlighted by the Index, we could not have known that we need to improve...” (KII2, PPP).

One key informant reported that responding to GH5050's assessment questions help to reflect inward and see whether the organisation's principles and values align as well as learn from others who scored better. “... responding to some of the GH5050 assessment questions with evidence, ... to organisations like us...serves as [an] external lens... And then also a good thing, for others who are not involved in the process to ...try to adopt such best practices (KII8, NNP). To another key informant, “...overall improvements were made...And in 2021 we got a good score, so we really had good energy...we greatly appreciate the Global Health Index, it contributed a lot to motivate us” (KII2, PPP).

Relevance of the GH5050 Report and Index to enhance and incite actions

Generally, the feedback survey and KII results indicate that the GH5050 Report enhances and incites existing or new efforts to promote gender equity. For the feedback survey results, there was slightly less agreement that the GH5050 Report influenced organisations to integrate gender-responsive approaches in their programmatic and external work as compared to internal workplace. The majority (82%) of feedback survey respondents see the value of participating in the GH5050 report in the coming years.

Overall, the primary data indicate the GH5050 Index has informed, ignited and incited actions among OAGH in the following ways:

Changes to policies and programs

For many KIIs, the GH5050 report helped their organisation to gain more insight to identify the need for a clear, publicly available policy and or to improve existing policies to advance gender equity. KII responses varied in terms of whether they spoke specifically about a gender policy or a

policy that takes a broader lens of GDI or about family-friendly policies. For example, one key informant described how the GH5050 Index and scoring helped the organisation to take bold measures and put all activities the organisation was already doing, such as promoting equal opportunity in recruitment, into a Gender Equality, Diversity and Inclusion (GEDI) policy that communicates their organisation's culture to respect and embrace GDI: “[...] *Global Health 5050 directed us that we needed all of [the existing policies that advance gender equity] in one place, with bold commitments and principles. So that's how the GEDI policy came in 2020... It helped us to reflect a lot*” (KII5, NNP).

Another KII reported how their organisation set up a gender task force and developed a gender policy motivated by the GH5050 scoring, and pressure and support from feminist and pro-gender donors. The Gender Policy helped sensitize all levels of staff to gender equity in internal workplace practices including “...*the management and Board members are more aware of the importance of securing female members...especially for Board positions, we tried to secure females in any new addition*” (KII2, PPP2).

Key informants reported how the rank and score in the GH5050 Index influenced their organisations to better articulate and take a more public face on what they might have already been doing and brand it. In addition, the same key informant shared how the index helped the organisation to adjust existing policies' responsiveness to address GDI issues. “...*one of our leave policies was adjusted as a result of what we saw on the survey...[on] accommodating parents...that prompted a discussion about our parental leave policy and a change*” (KII5, NNP).

Likewise, for feedback survey respondents, the Index and scoring inspired:

“We are reviewing our gender approach and strategy towards becoming gender transformative.”

“My organisation already had a programmatic strategy aimed to address gender inequities. However, GH5050 encouraged my organisation to further develop the strategy, for example by developing surveying programmatic partnership; approaches and recommend measures.”

Increasing women and diversity of representation in leadership

Four out of the nine organisations reported measuring representation by gender and diversity in staffing and leadership inspired by GH5050 indicators (PPP1, PPP2, RS1, UN1). “*Measuring the advancement of women in our field...get greater representation of women, and from lower income countries on the Board of Directors, more females from the Global South to be first authors of scientific publications*” (KII1, PPP).

Key informants reported how the GH5050 measure of low representation of women from LMICs inspired them to take deliberate actions to improve representation and voice of diverse women from the Global South. “...*especially the newest report, ...not just how many women but also how many women*

from low- and middle-income countries because that makes a real difference as well in terms of how we see ourselves, and how we give the space to the countries we work with...and it's very powerful...1% of women from low- and middle-income countries are represented in global health decision bodies, and we are obviously part of many of those (KII6, PF).

Extent to which the GH5050 Index and Report contributes to organisational change

The feedback survey asked to what extent the GH5050 report has contributed to changes in GDI in the workplace and in relation to gender responsive approaches in programmatic work. For the feedback respondents, just under half (46%) agree that the GH5050 Reports contributed to changes in their organisations in terms of gender equity in the internal workplace. When adding diversity and inclusion into the question, the proportion of study participants that agreed on whether the GH5050 Reports contribute to change in their organisation went down significantly to only 29%. This may reflect the fact that GH5050 does not assess whether organisations have a clear definition of equity, diversity and inclusion on their websites.

These results reflect similar findings from Section One that gender equity may likely be more socialised into organisational workplaces and programs among OAGH than diversity or inclusion. Equity, diversity, and inclusion, however, may still be emergent concepts and principles being adopted and adapted by OAGH to which GH5050 may have an important role to help support them in tracking whether they have, for example, definitions of equity, diversity and inclusion based on global norms. Several KII informant responses suggest that organisations are exploring how to move beyond a gender equity lens and welcome GH5050's integration of diversity and inclusion. *"In the organisation, we did not have a gender definition nor a gender approach. Going forward with GH5050, the most interesting thing has been really the attention to gender diversity and broader diversity and how it is reflected in our governance processes"* (KII1, PPP).

Relevance of the variables in the GH5050 Index

While the sections above have brought out how the Index influenced OAGH in terms of informing, inciting and igniting actions for gender equality, it was only the feedback survey that specifically assessed what variables OAGH appreciate. The feedback results indicate a strong appreciation for all the variables in the Index with only a few respondents expressing less appreciation of the variables of sex disaggregation of M&E, workplace policy on gender equality, and gender pay gap. Reasons for questioning the relevance of gender pay gaps related to differences by country and or regional offices that may have different regulations and thus that it is difficult to compare across organisations. For disaggregation of data by sex, the challenge mentioned was that some organisations work in consortiums where it might be difficult to influence for disaggregated data.

While only one survey respondent commented on the variable for tracking leadership, it is worth noting: *"Grouping all "High Income Countries" together suggests that having a Chair/CEO from countries in the global South such as Uruguay or Chile is the same as having a Chair/CEO from the global North.*

But that doesn't feel right, as global North countries are the ones that have traditionally dominated leadership of global health organisations and still largely do so.”

In the key informant interviews, participants proposed adding new variables such as a measure of the extent to which an organisation is financing GDI integration in organisational budgets, and in key health sector areas where GDI considerations should be considered. For science-based organisations, one KII suggested tracking for GDI in clinical research or product development and another KII proposed tracking whether gender-equity is part of OAGH working in the healthcare workforce.

The feedback survey results suggest the value of GH5050 revisiting the relevance and appropriateness of its current variables in relation to the different types of OAGH, the varied gendered and general operating environments of these OAGH and in relation to the differing sub-sectors. For instance, some OAGH concentrate on clinical research and others on health systems strengthening at facility or community levels. Are there variables that might capture these differences?

Section 3: Building a case for an organisational culture measure in the Gender and Health Index

This section discusses the receptivity by OAGH to include organisational culture as an additional variable in the Gender and Health Index. Suggestions for variables and how these might be measured are then considered in the context of current initiatives by OAGH and other institutions to measure GDI and organisational culture change in support of GDI. This section also integrates KII and survey feedback on how the Index could be improved overall to catalysing actions to advance gender equity and health equity.

There is clearly interest among OAGH to understand if greater attention to organisational culture may strengthen the implementation of formal policies and improve overall results on gender equality and GDI. There is awareness that this requires regularly collecting, disaggregating, and reporting data on diversity of representation correlated with information on organisational culture. This cross correlation of results will help get the bigger picture of what is making the most impact and of the ongoing inequities and outcome gaps. There are significant initiatives already happening among some of the OAGH participating in the study.

Organisational culture: what to measure and how

What is organisational culture?

Before turning to the findings, it is worth beginning with definitions. In engaging with research participants in this GH5050 project, no specific definition was given for organisational culture. One

of the most helpful working definitions found in the literature review is from the Centre for Global Inclusion which defines organizational culture “as a system of shared beliefs, values, norms, habits, and assumptions that impact the organization’s environment and influence how people behave within it.” This aligns with what we heard from research respondents. For example,

Because we are part of the community...we cannot be free of all the perceptions that we have...[The] availability of policies doesn't mean everyone will be on the same page. Some of these things are Western, conceptually they are more easily understandable to the West than to us. Although people may see the importance and might accept it, in reality they may not fully practice it. So, we'll have to do a continued orientation discussion, clarification. Even project directors or senior management sometimes when they...have chosen on limited candidates or you don't have a winning candidate in it, and then they will say “oh we couldn't find anyone”. You must be continuously clarifying that (K118, NNP (Southern-based)).

This quote is shared in full given that it touches on two key issues that need to frame any future work that GH5050 may undertake. The first, the organisational culture reflects the wider societal culture in which an organisation is embedded, which has distinct implications for OAGH that operate across different contexts. The second, organisational culture is not something fixed in time, but is in a constant state of change and requires regularly revisiting and clarifying assumptions about what needs to change. These two features of organisational culture and culture change shape current thinking on what to measure and how to measure organisational culture evident in the literature review.

Workplaces are complex environments made up of a diverse range of people, conflicting interests and positions of power. They are constantly evolving internally and influenced by the broader context. For these reasons, understandings of what aspects of organisational or workplace culture need changing to create enabling environments for GDI and the set of measurements to track the change as linked to formal policies and their implementation may vary by context.

The evidence suggests that addressing organisational culture change is integral to the articulation, implementation and tracking of any GDI-related policies and their success. If an organisation’s beliefs, assumptions, and values conflict with the policies or the policies are not reflected in collective goals and beliefs, gender equity, inclusion and diversity goals will remain unachievable.⁴¹ In addition to formal policies, attention must be paid to the informal workings within the organisation, for example, “how managers address gender issues in meetings, how the objective of gender equality is kept on the agenda and how gender equality staff members are involved in decision making.”⁴²

⁴¹ Coe et al. (2019).

⁴² EIGE. (2016).

Organisational culture change is about building a culture of inclusion - the enabling conditions for GDI - as interconnected and interdependent to success in formal GDI-related policy implementation and diversity representation. Yet this is often the hardest kind of institutional change to achieve. The literature shows that organisational change for GDI requires shifting institutional structures that reinforce or even reward inequalities, and, at the same time, challenging and shifting individual attitudes or biases and behaviours of staff, leadership and board members.

An inclusive organisational culture cultivates respect, equity, and positive recognition of differences. It involves creating an environment where people feel heard and valued.⁴³ Leaders and staff must understand, be willing and have the ability to question taken-for-granted ways of doing things. This involves how gender-based and other intersecting forms of power and privilege shape relationships and taking actions to counteract how these structural inequalities affect women, men and gender diverse people differently and unequally. Both visible and hidden biases reinforce the status-quo and limit women and marginalized groups' decision-making power, and agency to engage fully in the organisation. An organisations' ability to hire and retain women and other marginalized groups requires gender responsive and inclusive organisational cultures.⁴⁴

*Summary of findings on **what** to measure*

Most measures of organisational culture change focus on staff perceptions and experiences. According to Stawiski, McGuire and Patterson (2018), methods to measure cultural change initiatives fall into two categories: 1) methods to measure shifts in beliefs and practices and fueling the ongoing learning process, and 2) methods to measure organisational outcomes. These authors further state that cultural change initiatives will be intimately connected with the daily operations of an organisation and thus there may be a multitude of variables that could be measured. They propose the following key areas of focus:

1. Identify a few (2–3) **underlying beliefs** of the current and required culture, and assess how they shift over time.
2. Identify a few (2–3) **interpersonal practices** that change over time to align with the culture change.
3. Identify the **organisational practices** that shift over time.
4. Identify 2–3 **organisational outcomes** that are most likely to be connected to changes in the organisational or work culture (longer-term).⁴⁵

⁴³ Molefi et al. (2021: 3).

⁴⁴ Coe et al. (2019: 587).

⁴⁵ Stawiski, S., McGuire, J., & Patterson, T. (2018). How to know if your culture change strategy is working. Center for Creative Leadership. <https://www.ccl.org/wpcontent/uploads/2018/11/how-to-know-if-your-culture-change-strategy-isworking-white-paper.pdf>.

This interrelationship between individual beliefs, interpersonal practices and organisational practices and outcomes is an important one in the literature. It helps to conceptualize the coherence (or lack of it) between an individual's values and behaviors in practice and the purported or sought after organisational culture. This resonates firmly with the current emphasis in strategies for organisational development and culture change on “belonging” and “being valued” as key measures of a healthy organisational culture.⁴⁶

*Summary of findings on **how** to measure*

In the short period that this research project was undertaken, organisational culture measurement services and tools appeared to grow exponentially, perhaps driven by social pressures and legal or regulatory frameworks in the global north related to GDI.

Current good practice includes the use of staff engagement surveys, pulse checks and rubrics, indices, and benchmarks, including certification programs. Annex 2 provides examples from the review including examples shared by OAGH. The literature indicates that using multiple assessment methods together is the best option to learn about and track organisational culture change. This involves a mix of qualitative and quantitative methods. The literature noted the benefits of regular temperature checks that happen multiple times a year combined with annual staff surveys. A mixed method approach allows for “[...] ongoing evaluation that supports continuous learning and adjustment during the change process, and organizational outcome measures. The methods range from quick and easy check-ins that can become routine, to thorough and rigorous.”⁴⁷

Another key message from the literature review is the importance of sharing and doing collective sense-making of the data from surveys or pulse checks: “Sharing data and information with the people who provided their input and/or who the data are relevant to builds trust and encourages a more collaborative approach to changing the culture.”⁴⁸ This can happen through Town Halls, Focus Group Discussions (FDGs), brown bag sessions and team meetings.

The survey and KIIs indicate that many OAGH are already using good practice approaches to measuring GDI and organisational culture change. Even so, there is interest in working more closely with GH5050 to strengthen approaches and to share good practice, in addition to openness to adding an organisational culture dimension to the current Gender and Health Index.

⁴⁶ A scan of recent (November 2022) offerings include: [The Value of Belonging at Work \(hbr.org\)](#); [What Does It Take to Build a Culture of Belonging? \(hbr.org\)](#) [It's not about the office, it's about belonging | McKinsey & Company](#); [Why does belonging matter in the workplace? | Deloitte US](#) (Accessed 15 November 2022).

⁴⁷ Stawiski et al. (2018: 9).

⁴⁸ Stawiski et al. (2018: 12).

Current GDI and organisational culture measurement approaches of OAGH

Most participating OAGH described examples of how they are currently tracking GDI progress in their organisations:

- In a small size OAGH (around 100 staff), GDI data/metrics are compiled annually by Human Resources based mainly on GH5050 Index variables. This informant described that an assessment and published report are pulled together on GDI policy implementation and discussed with the **Board** to reflect if any changes or improvements are required (KII1, PPP). Other KIIs referred to the role of the **Board** to review compliance and accountability to the GDI-related policy, internally with management and staff and externally with stakeholders.
- Examples of simple and very sophisticated **dashboards** were shared by KIIs ranging from tracking data on diversity of representation to also changes in staff attitudes and level of belongingness in the organisation. Most of these are internal to the organisation. In one case, GDI data are published annually in the **Dashboard**.⁴⁹ Once available, the Deputy Director leads peer to peer dialogue with Executive leadership across the organisation to inform a document with key recommendations related to GDI. Metrics and qualitative data related to organisational culture are discussed at the Annual Gender Focal Point Meeting and at Executive Leadership level (KII4, UN).
- One OAGH created a simple **Dashboard** using an Excel spreadsheet where all GDI commitments are listed, against which specific actionable items are identified as short, medium and long term (goals/targets) per country. GDI champions are updating the data each quarter. A '**traffic light**' system uses green, yellow and red colours to see progress. GDI policy sets the principles and guidelines and each country office then discusses and establishes its priorities among various GDI measures. Yearly data analysis enables identifying key questions or issues that could be discussed at global level or among country offices (KII7, NNP).

In addition to having a dashboard to track staff diversity or meeting GDI policy commitments, others carried out **Pulse Surveys, Staff Engagement Surveys or Culture Surveys, and Psychological Safety Surveys** which help to “get at” organisational culture.

Pulse checks act as mini-surveys and can periodically be applied to assess staff experiences and observations while also tracking progress and level of engagement of staff in any cultural change process. UNICEF augments its annual Global Staff Survey with a monthly anonymous “temperature check.” The purpose is to gather staff perceptions about UNICEF’s culture change journey. The results of each office’s pulse checks are integrated into an organisational wide dashboard that

⁴⁹ As far as the authors are aware, the only organisation that participated in the research which currently publishes its survey data. See [Diversity, Equity, Inclusion AND Belonging - PSI's Report Card : PSI](#) (Accessed 15 November 2022).

collects regular data on staff and office performance using a scorecard.⁵⁰ If tracked over time, such forms of data gathering may provide more accurate evidence of general staff satisfaction in an organisations' work culture and keep the importance of culture change as 'everybody's business' top-of-mind, in comparison to doing only a once-a-year staff survey.

One KII described doing pulse checks yearly at the anniversary of each employee's first day hired using a staff engagement survey called the Evergreen Employee Survey, that measures how staff are feeling in terms of inclusion and belonging. The survey uses a seven-point scale of "strongly agree" to "strongly disagree" based on the following statements and related organisational culture values:

- Fair treatment: Personal characteristics do not influence career at my organization
- Leadership encourages DEI through words and actions
- Integrating differences: My team members are committed to and support diversity
- Belonging: Employees value each other's opinions
- The organization has clear policies that ensure different backgrounds are valued
- Decision-making: I can offer ideas to improve our outcomes
- Psychological safety: I feel welcome to express my true feelings at work
- Trust: I trust my organization⁵¹

In addition, one organisation that does a staff survey noted that they also collected a lot of diversity data and information on organisational culture using a code of conduct (KII5, NNP). KIIs described Senior Leadership and Board members as responsible for reviewing data from such assessments of progress in GDI in relation to a GDI related policy.

Across several NGOs, the UN and PPPs, a common practice was to hire external companies specialised in organisational and staff performance including on GDI and organisational culture (see Annex 2 for examples of these types of services). In one case, in addition to a dashboard, further qualitative data is collected with a **Staff Engagement Survey**, done by an external company, for internal use and not published outside to preserve trust and confidentiality (KII10, PPP).

The literature review and examples shared in KIIs also included benchmarking tools several of which are included in Annex 2. The Centre for Global Inclusion's Global Diversity, Equity & Inclusion Benchmarking (GDEIB) tool **purposely does not include organisational culture as one of**

⁵⁰ UNICEF. (2020). UNICEF's Journey of Organizational Transformation. [UNICEF's Journey of Organizational Transformation | UNICEF](#). The full suite of UNICEF's culture change initiatives can be found here: [UNICEF's culture | UNICEF](#). (Accessed 1 November 2022).

⁵¹Hoffman, K. (2022). <https://www.psi.org/2022/06/diversity-equity-inclusion-and-belonging-psi-report-card/> (Accessed 15 November 2022).

the categories to measure. The authors and Expert Panellists of the Benchmarks concluded that: “it would be difficult to develop a category on culture without making assumptions about what an organization’s culture should be. That seems too prescriptive for what we are striving to accomplish...Just as we say that the GDEIB applies to and is useful in organizations of a variety of sizes, sectors, and approaches, GDEIB is also useful in a variety of organizational cultures. In addition, **certain aspects of organizational or national cultures may assist or hinder the implementation of DEI initiatives and/or the ability of an organization to achieve the benchmarks. These aspects of organizational or national culture should be taken into account when embarking on any DEI initiative or strategy**” [bold is ours].⁵²

Also mentioned by respondents, and confirmed in the literature review, was the growing popularity of **accreditation programs** on GDI and /or organisational culture. There are several globally recognized culture change organisational certification programs. The businesses that do this kind of GDI assessment generally do not share their tools and framing of organisational culture unless they are contracted by an organisation. Common to these frameworks and tools is that organisational culture change or cultural transformation is largely about how leadership and staff feel about their work experience. Variables focus on whether staff feel valued and that they feel they belong in the workplace.

As a case in point, **EDGE** emerged from the 2011 World Economic Forum and now offers a leading global assessment methodology and business certification standard for gender and intersectional equity. One of the key informants described its value for offering a third party or external verification, and the process of getting the certification offered a lot of reflections for the organisation (KII6, PF). The EDGE looks at organisational change for GDI across formal and informal aspects and by internal operations and programming or services. EDGE assesses where organisations stand in terms of representation, pay equity, effectiveness of policies and practices to ensure equitable career flows as well as inclusiveness of organisational culture. In addition, there is EDGE that includes tracking quantitative indicators of GDI by gender balance of women and men or EDGE plus, by women and men in all their diversity. Level of inclusion culture is assessed by a staff survey on the level of inclusiveness of the work culture as reflected in employees’ experience.

Another OAGH did an external **Salary Equity Survey**, led by an external company. The respondent described the exercise as a demanding process, and the inappropriateness of recommendations that were difficult to follow-up upon (KII10, PPP).

Global or significant crises or events that change work and life conditions provide another reason for measuring organisational culture. “*COVID pushed organisations to do staff pulse checks to check on morale and workload* (KII10, PPP). For this same OAGH, at the time of the interview, and due to the negative impacts and changes on work-life balance and on-line meetings, the organisation had recently conducted a first **Psychological Safety Study**, with the results rolled out, and follow-up

⁵² Molefi et al (2021).

plans underway across the organisation. For this KII, “...people should feel psychologically safe, to be themselves ...their authentic selves to be able to speak up. So that psychological safety came out as an important element of organisational culture” (KII10, PPP).

One KII interviewee commented on the **delicate practice of collecting data from a diversity of people**: “People might not be comfortable when they join our organisation to talk about their sexual orientation...about other aspects of diversity...we would want, to be a diverse organisation. .. you don’t have the data [when] respecting staff privacy.” (KII10, PPP). This KII did suggest that some aspects of identity are less personal and may be publicly shared such as country of origin.

A limitation flagged by OAGH is the lack of **funding, financial resources, or dedicated budget** to implement new GDI practices, and to track and measure throughout the process.

Improvements to GH5050 Index for catalysing actions to advance gender equity and health equity

Interest and receptivity to including an organisational culture measure in the GH5050 Index

Almost two-thirds (62%) of surveyed organisations reported that their organisation already measures changes to organisational culture, most often through staff engagement surveys, gender equality targets and monitoring. When asked if their organisation would be willing to share any (anonymised) data that measures organisational culture with GH5050 for the purposes of its Annual Report, 36% reported that they would be willing to do so.

These themes were explored further in the KIIs. Specifically, participants were asked for their suggestions on: i) a variable or indicator that could be added to the GH5050 Gender and Health Index measuring a GDI respectful organisational culture; ii) what data collection methods could be used for such variable(s); and iii) the level of interest of their organisation in taking a more active role in GH5050’s scoring and monitoring of variables, particularly on organisational culture.

The responses of key informants provide some ideas on possible variables and indicators that could be explored by GH5050.

Suggested variables or indicators

Three participants mentioned the value of a measure that would capture that voices are being heard. This included indicators to track that women and other under-represented groups feel they can voice their concerns and influence decision making. Examples included tracking changes in number of those reporting complaints of harassment by gender, sex, etc., as a way of gauging that people feel comfortable speaking up.

One respondent made the following suggestion on the **importance of measuring voice**⁵³:

I know that voice is not getting measured, and it's important to measure. But maybe this is something Global Health 50/50, you can think about ways of measuring the voice.....an increased focus on the leadership and representation of BIPOC [Black, Indigenous, and people of color]....And not only representation, but also voice. Because it's not that one just gets them to show the numbers, but how much voice...a big gap is also there. Because of the historical marginalization, there are so many issues that to be a BIPOC person and be in the senior leadership or governing board etc., one needs to be sitting in the headquarters countries, Europe, or US...which means that representation is an elite representation. I'm talking about BIPOC people who are not in Europe and the US who are sitting in the Country Offices where most of the implementation happens. And how do we increase their voice, representation, and leadership...And, and then measuring it. It's not only that, you have a BIPOC representation, but about people who are living in those countries, do they have that representation? (K117, NNP)

Another variable proposed by one KI was “...sense of belonging, it's very important to also measure motivation. And yes, I think that could be one aspect to look at regarding organisational culture” (K114, UN).

Another proposed measure was **evidence of public engagement on GDI** for example whether OAGH communicate and publish their perspectives and engage publicly in conversations about the importance of GDI in the workplace or wider society on their website or in social media. One suggested, tracking “*mindful promotion through communication activities, both internal communication and external. So, internal communication may be a more regular kind of reminder to the staff members about gender awareness. And then externally putting more highlights on gender (K112, NPP).*”

Another suggestion made by two key informants was **evidence of public reporting on staff surveys related to organisational culture.**

More and more companies are releasing that kind of information. ... that's a delicate conversation... when you're a global organisation as well. And not just north to south, but maybe even south to south, because in some countries there might be a lot more openness [to GDI]. (K115, NNP)

The same respondent also noted that evidence of sharing publicly other types of internal GDI initiatives could be a possible indicator:

The company SharePoint is very vocal about the affinity groups that they have in their organisation...a very public facing thing that SharePoint chooses to share with whomever visits their website. I think that's something GH5050 could look into. ...when you look at a company that does have that on their

⁵³ These suggestions from respondents would rely on organisations publishing this kind of data. Only a few OAGHs are currently sharing information from their internal dashboards on their websites.

site, that speaks to the culture, to the fact that employees are comfortable enough forming their own groups and having these tough conversations (KII5, NNP).

One NGO involved in this research study itself practices regular public communication by its leadership on sharing positive and negative results of its annual Diversity, Equity, Inclusion and Belonging (Staff Culture Survey) in a Report Card. The results are discussed within the context of pressing gender, diversity, inclusion, equity, and decolonisation issues.⁵⁴

Another possible indicator of commitment to organisational culture change proposed was **evidence of actions to support diversity**. One respondent noted that for many years gender equity has been strongly on the agenda of their organisation, and then since about 2015 there has been more attention paid to the diversity of staff, and introducing measures that provide an enabling environment for diversity but this was done in an ad hoc way.

But now, if you see it [diversity] you will see that something is being done purposefully. Take the board composition, you have LGBT representation geographically from Latin America, from Europe and Asia. And in terms of gender...the women are young people they have recently included That is also another parameter that I see ...to encourage diversity [the organisation] allowing people to work from their home country, for example, we have global staff based in India or based in Democratic Republic of Congo somewhere else. So they have tried to make those arrangements to make sure we remain diverse. (KII8, NNP)

Several KIIs proposed developing a **composite indicator** (measure with several variables and indicators).

...a mix of three or four indicators. One indicator looking at the perception among the staff, what perception has a large majority. If two thirds of the staff are saying we should recruit more colleagues from a more diverse background, ethnic, geographic, gender, etc. This kind of perception indicator. Other indicators should be ...the power in the organisation [if there is more diversity] in the Executive management, the Board....This is a measure of the change in the culture of the organisation (KII1, PPP).

Challenges and concerns expressed about adding organisational culture to the GH5050 Index

Most respondents appreciated the value and importance of GH5050 exploring a potential new organisational culture dimension but were unsure of what this might involve. Out of 10 KIIs, two respondents expressed concern that organisational culture may be difficult to measure and to collect data on because organisations have to respect staff confidentiality. KII responses indicate the need to investigate further and organise dialogues among staff responsible for GDI on how organisational culture could be measured. Several KIIs shared concern that organisational culture is context-specific, and this would have to be considered.

⁵⁴ See PSI's [Diversity, Equity, Inclusion AND Belonging - PSI's Report Card : PSI](#) (Accessed 15 November 2022).

Several KII expressed concerns about **confidentiality and privacy of data** related to organisational culture and GDI.

I don't know if our internal survey can be shared. These surveys are reported to the Board and shared internally for improvement of our internal culture. But externally, I don't know how this (culture change) can be measured. I don't know what indicator could really be applied (K112, PPP).

... our dashboard does a pretty decent job giving that high level to slice and dice it, we're able to do that.... we are enabling two fields in our HR [system on] sexual orientation and gender ID. So we're collecting that data. We want to be compliant with the law and what we're allowed to share because there are privacy rules. Repeat that for your sexual orientation. .. we're just collecting the data...(K115, NNP).

In one key informant interview, the respondent emphasized the need for a separate and distinct measure of organisational culture to help OAGH focus on the importance of values and practices that espouse and support GDI and that demonstrate that they put into practice more formal dimensions.

... organisational culture is now one indicator of the UNSWAP⁵⁵ ... So maybe something separate for the organisational culture, that is something so big that you must separately then follow? ...it might start making a difference. ...maybe in the field specifically give it more attention...now it's sort of hidden (K114, UN).

Several respondents also highlighted **methodological challenges** for GH5050 to consider.

One respondent pointed to the challenge of “*really find[ing] metrics that are comparable across organisations, and that provide information that would be needed*” and also observed that “*even ...our own staff engagement survey results are difficult to interpret*” (K1110, PPP).

The challenges of coming up with a methodology that accounted for contextual differences was also mentioned.

“...when I think about an indicator, everything is so context specific. It's important to understand the culture in the organisation. Let's take for an example, whether women and men sit side by side to work now. So, if it's a decision coming from above, that may not be the indicator that shows how comfortable they are with each other. It may be inconvenient for them, that's why it's tricky to think about some indicators that will fit in (K116, RS).

Another consideration offered by one respondent related to the competencies required to undertake staff engagement surveys or similar exercises to measure organisational culture. Their

⁵⁵ The System-Wide Action Plan on Gender Equality and Women's Empowerment (UN-SWAP) is the first unified accountability framework for accelerating gender mainstreaming in the UN system; it provided UN entities with a set of indicators to benchmark performance and measure progress across all business areas and gender-related SDG results. [UN-SWAP | UN SYSTEM COORDINATION \(unwomen.org\)](https://www.unwomen.org/en/news/stories/2019/11/un-system-coordination) (Accessed October 29 2022).

organisation hires a specialized service provider to run their staff engagement survey, noting that the company “do this for a living. They have a huge database...[and] compare against other public sector organisations or private sector organisations, so we do get benchmarks (KII10, PPP).

More broadly, there were concerns raised about the **limits of the methodology current Gender and Health Index** that also relate to measuring organisational culture supportive of GDI.

Three key informants reported that the Index scoring can be misleading because the scoring is based on publicly available information as well as self-reporting. Due to this, it may not show the full GDI practice of the organisation and misrepresent the actual level achievement of an organisation: “[The GH5050 score] tells leaders that they’ve achieved something when they actually haven’t really achieved it. It could stall progress...leadership and or political will...it just doesn’t measure the key parts that need to be measured, like change in programming or financial budget that is actually being spent on gender equality. It’s not measuring staff’s feelings of comfort or safety or feeling able to voice their opinion” (KII9, PPP).

For one informant, basing the entire scoring process and ranking on publicly available data and a secondary document review risks having little impact on shifting organisational culture: “[A] Diversity equity and inclusion approach is not only based on documents, but also on the culture which is not formal or not written culture. So indeed, if Global Health 5050 is moving to a new approach, which is looking more in depth with the interview or some kind of different approach, that would be very welcome” (KII1, PPP).

According to another, there is more that GH5050 could do to complement the existing measures with more **evidence of good practice**: “...Document something from which other organisations can learn. ...there are some success stories...everyone is facing those similar challenges (KII7, NNP). For some key informants, assessing and showing the score neglects to tell the story behind the scores and ranking. “But [telling] the story behind the index...can add more value to the report and also inspire and give some solutions to other organisations” (KII7, NNP).

It was suggested that GH5050 could consider doing more **case study examples** that explain why certain organisations are high-performers to provide more guidance to other OAGH. Another recommendation was for GH5050 to provide more guidance on how organisations should take actions for GDI (ex: KII4, UN). Sharing and publicising more of its resources, such as the “how-to” guides would be helpful as well.

Interest in taking a more active role in the Gender and Health Index scoring

The research explored if OAGH may want to engage differently and more collaboratively in the data collection process. Most feedback survey respondents (92%) reported that the current data validation process is straight forward, and two-thirds (66%) felt it was manageable for their organisation. About two-thirds of feedback survey respondents appreciate the current annual

approach of data collection from surveyed organisations while about one third proposed changing it to every other year.

The majority (73.3%) of feedback survey respondents felt the process of validating data that the GH5050 research team formulated on the organisation helped them identify areas where progress is needed. KII's recommended ways to improve engagement of OAGH in the data collection and analysis process of GH5050:

- Work in partnerships with interested organisations to communicate results to the diversity of employees within organisations.
- Consult surveyed organisations on the major annual themes decided of each annual report.
- Consider working with surveyed organisations to collect internal documentation in addition to publicly available data such as internal policies, other documents and initiatives towards gender equality which are not publicly available as inputs into the scoring of organisations; and tracking staff's internal lived experiences of GDI.
- Sharing the findings of the GH5050 Reports in a workshop format would facilitate increased interaction and engagement of organisations to learn from those who have good practices.

KII participants responded positively to the idea of taking a more active role in GH5050's Gender and Health Index scoring and monitoring, particularly on organisational culture. Seven indicated they or their organisation would be open to this; two indicated the question would need to be referred to management; and only one was not interested.

"I think that there is definitely interest from our organisation. It's obviously a question of resources because we are very stretched in terms of time, people and so on. But if it is a manageable exercise for an organisation like ours, we are interested in helping Global Health 50/50 in strengthening the methods and so on. We committed enough resources to continue, indeed to improving our performance and reporting to Global Health 50/50" (KII1, PPP).

Even where the response was positive, there was some ambivalence expressed on sharing data from internal surveys to measure organisational culture.

Maybe it needs to be discussed at the management and Board levels whether the board is really committed to support such [an] initiative. But I know that our Board Chair is happy with the improvement over the GH5050 score and I think he is willing to support. But whether we share internal cultural indicators, it's a question mark to me. But then how to measure internal culture, it's more like an internal survey about how our staff members are feeling". It's an internal survey so far, more like a management report to the Board. But I don't know whether it can be externally monitored or traced or get the recommendation for improvement...I will be checking what would be our kind of internal target (culture change indicator). If we can get some support from Global Health 50/50 that would be good (KII2, PPP).

Another interviewee indicated being interested in supporting GH5050 by carrying out further research and analysis within their organisation to map diversity of staff overall and diversity of staff at different levels of the organisation, including governance bodies, that they would be willing to share with GH5050. They also indicated openness to following up with qualitative interviews, or analysis (KII4, UN).

The interviewee who responded negatively gave this reason:

For us, [external data service providers] have the experience of working with us over a couple of years and they know our history...They have been doing the surveys and people are used to them [and] trust the confidentiality. And that's really important. So, shifting to another provider or having another provider be part of it, would be problematic...[and] confusing to staff (KII10, PPP).

Section 4: Conclusions and recommendations to GH5050

The first three sections aimed to bring evidence to understanding the gaps between what the GH5050 Index measures to advance gender equity among OAGH and their implementation. The main theme explored was capturing what OAGH are doing internally to promote GEI in the workplace focused on the importance of organisational culture.

Insights from the first section confirm that capturing and measuring to what extent OAGH have structures and practices in place to promote workplace cultures that are gender-sensitive, non-discriminatory and inclusive has the potential to help GH5050 better measure what it takes to go from policy to practice. The analysis of results indicates that formal policies and mechanisms are only one dimension of organisational change for GDI. The reality check shows that multiple formal and informal strategies and dimensions work together.

When it comes to determining possible organisational culture variables, insights from the KIIs were a good reminder that global health organisations and workplaces reflect to a large extent the same formal and informal gender and intersectional norms and rules as the societies to which they are embedded. For this reason, workplace cultures will vary by regional and country offices according to their contexts. While OAGH may have in place a gender equality policy and definitions, there may be differing and conflicting perspectives on what lens of oppression or discrimination is the most relevant in any context (which is mirrored in the hierarchies measured and advocated for by GDI advocates in Western countries). These may depend on the predominance of staff and / or management socio-demographic backgrounds and value systems and level of influence. It will also depend on national and local contexts and socio-political environments.⁵⁶

⁵⁶ A stark reminder that the “work of addressing injustice and inequality requires engaging in difficult conversations and balancing conflicting views...” is given in the following article: Sullivan, A. and J. Suissa. (2022). The EDI Opponents of Equality, Diversity, and Inclusion. Culture Wars Papers, no. 22, October 2022. <https://www.illiberalism.org/the-edi-opponents-of-equality-diversity-and-inclusion/> (Accessed 5 December 2022).

If staff and leadership are “living the values” expressed through the formal commitments to GDI, this will create an enabling environment that supports women and diverse staff from middle- and low-income countries as leaders OAGH. This suggests that GH5050 might do well to consider a new organisational culture measure to better reflect the realities of the organisations they are trying to inspire.

The second section has shown that the GH5050 Annual Reports and scoring of an organisation against other OAGH using global norms informs, inspires and incites actions to advance GDI among those surveyed. The analysis equally highlighted insights for GH5050 to consider on how it might want to increase its relevance to OAGH in terms of definitions and best practices in supporting gender equity, diversity and inclusion. The feedback from sampled OAGH suggest general satisfaction with current variables and methods of data collection. At the same time, KIIs expressed concern that limiting variables to track formal policies based on publicly available data risks misrepresenting and neglecting internal organisational realities.

Section Three brought out the interest among those who participated in GH5050 expanding its approach to address organisational culture, along with an openness to engaging with GH5050 in determining how to best integrate a focus on organisational culture.

Most approaches reviewed acknowledge that there is no-one-size-fits-all standard to measure organisational culture change for GDI. Nonetheless there is good practice, evident in the literature review as well as in practices currently being used by OAGH, that provide insights into possible measures or indicators that OAGH are making progress in promoting enabling organisational cultures for GDI. Whether or not organisations have put in place some of these good practices can signal how seriously OAGH are taking the need to address organisational culture as a way to bridge the gap between formal policies and their uptake in practice.

The next step on recommendations provides various options for GH5050 to consider in responding to the feedback provided by OAGH. The options propose possible measures on organisational culture that GH5050 could add to its current Index along with other activities GH5050 could undertake to respond to recommendations emerging from the research.

Significantly, the research reaffirmed what GH5050 already knows: that OAGH included in their annual reviews are at different stages in their GDI organisational change journeys, with different capacities, resources and contexts. The options proposed attempt to respond to this reality.

While we propose a series of options for GH5050 to consider, we recommend that these are sequenced to the extent possible. Specifically, we recommend that GH5050 provides initial guidance and capacity building support to OAGH to the extent possible before making additions to the Gender and Health Index.

Recommendation 1a: Include organisational culture as a measure in the Gender and Health Index

From the discussion above, it can be concluded that there are multiple variables that are being used to measure organisational culture, in addition to a growing number of increasingly specialized services and methodologies to collect data related to organisational culture and organisational culture change. Some OAGH report that they are already collecting data related to organisational culture, often with the support of specialized service providers. The OAGH participating in the research have indicated some variables for GH5050 to consider and the review of current practices also provide insights into possible indicators. There was also interest expressed by some of these organisations in sharing information related to organisational culture change work that would not infringe on staff rights to personal data privacy.

Option 1: Adding an additional domain with related core variables to the current Index

An additional domain, Domain 5, could be added to the Index with the proposed title “*Enabling organisational culture.*” This is the researchers preferred option.

Within that domain, two additional variables could be added. Proposed variables for consideration include:

- Commitment to organisational culture change
- Evidence of workplace culture change initiatives

Possible measures/indicators to assist scoring (Green; Green Purple; Amber only)

- Committing to organisational culture change
 - Commitment demonstrated by publishing externally the results of annual staff engagement survey or similar
 - Organisation participant/recipient of globally recognised certification program (Edge; etc.)
 - Organisation has in place regular (anonymous) feedback mechanisms for staff (staff engagement survey, psychological safety survey, etc.)⁵⁷
 - Organisation has not taken any of the steps described above but has publicly committed to take action to create an enabling organisation environment/culture for GDI
- Workplace culture change initiatives (Green; Green Purple; Amber only)
 - Values charter in the public domain that espouses GDI or similar in place
 - Code of conduct or similar in the public domain that espouses GDI in place for managers and staff

⁵⁷ Even where organisations do not publish the results of their annual staff engagement surveys or similar they sometimes describe their internal initiatives on their public websites.

- Mandatory unconscious bias, anti-racist, diversity, gender sensitivity training
- Internal GDI networks or affinity groups
- Safe spaces provided (town halls, team meetings, FGDs) where GDI issues can be discussed among staff

Option 2: Add one additional core variable to Domain 2 (Policies to tackle power & privilege imbalances)

- Workplace culture change initiatives (Green; Green Purple; Amber only)
 - Values charter that espouses GDI or similar in place
 - Code of conduct or similar that espouses GDI in place for managers and staff
 - Mandatory unconscious bias, anti-racist, diversity, gender sensitivity training
 - Internal GDI networks or affinity groups
 - Safe spaces provided (town halls, team meetings, FGDs) where GDI issues can be discussed among staff

Option 3: Add an additional variable on organisational culture to the current 4 themes that are investigated every two years

- Workplace culture change initiatives (as above)

The suggestion to include “Workplace culture change initiatives” rather than, or in addition to, “Committing to organisational culture change” derives from the similarity of practical initiatives that are investigated every two years: these are, Sexual harassment policy; Parental leave & support to new parents; Flexible working; and Gender pay gap.

Additional considerations:

Consider including other dimensions beyond gender (where disaggregated data exists) under Domain 3 (Who holds power & enjoys privilege). This would provide insights over time into the relationship between workplace culture change initiatives related to GDI and outcomes in terms of increased representation (power and privilege) of diverse groups. Knowing that it is difficult to find disaggregated data, there could be an additional (positive) scoring under one of the 3 current core variables in this domain *if the OAGH collects and reports diversity-related information beyond gender* in internal staff GDI monitoring/dashboard. Alternatively, this could be included as an indicator under Workplace culture change initiatives.

The approach and methods for data collection for these additional core variables would be the same as the established review methods used by GH5050. That is, data collected and analysed would come from publicly-available sources.

Although it would be interesting to score organisations on variables such as “% staff with high sense of belonging” as a measure of organisational culture / culture change, at present the recommendation is not to attempt to collect or use data from OAGH on the results of their staff engagement/staff safety surveys where they exist, given that this information is not yet widely publicly shared by most organisations (and indeed beyond the means of many of the smaller and less well resourced OAGH). This could be reassessed in the future.

In view of feedback from KIIs and the findings of the literature review regarding differences among OAGH (location, size, context, etc), another possibility for GH5050 would be to consider including weighting scoring using parameters such as those mentioned in the organisational profile (sector, size, HQ location). This would require further analysis to determine how to weigh such factors, though additional efforts in this regard could help offset concerns that OAGH are being assessed on organisational culture (and other variables) against the backdrop of an uneven playing field.

Recommendation 1b: Focus a future issue of the GH5050 Annual Report and Gender and Health Index on organisational culture change in support of GDI

This could be part of the launch of whatever Option is selected under Recommendation 1a.

Recommendation 2: Develop resources on organisational culture for OAGH

Considering the research findings and specifically the recommendations from OAGH to GH5050, there is clearly scope (and demand) for additional support (resourcing dependent) on strategies for organisational culture change and GDI, including how to measure organisational culture change. This is particularly relevant for smaller, less well-resourced organisations. This could include the following:

- a) Develop a suite of resources on organisational culture change for OAGHs as part of the GH5050 “How to” series. This could include:
 - How to measure organisational culture change: resources and tools
 - Creating an enabling organisational environment for GDI: resources and tools
- b) Offer structured learning opportunities for OAGH on organisational culture change (and other GDI related issues)
 - Standalone workshops on “How to” guides
 - Create spaces for peer learning and exchanges on promising practices among OAGH (linked to Annual Reports)
 - Create/facilitate a Community of Practice among OAGH on organisational culture change for GDI
- c) Promote the GH5050 [Self-assessment tool](#) aligned with the GH5050 Gender and Health Index for organisations to track their own change journeys and to use the results as the basis of internal reflection and improvement.

- The participants in this research study highlighted that OAGH are not operating at a level playing field which affects how they show up in the Index.
- This raises possibilities for exploring how each organisation can take ownership over and hold themselves accountable to GDI by not only measuring themselves against others but focusing on their own stages of organisational growth and maturity.

Recommendation 3: Revisit current core variables to ensure alignment with GDI

The research and particularly the analysis related to additional variables on organisational culture surfaced the inconsistencies in how GDI has been integrated into the Index, expanding the original gender-focused variables and criteria for scoring these variables. It would be advisable for GH5050 to explore options for adopting more inclusive definitions and scoring on some of the current variables. For example, Core Variables 1 and 2 which speak to gender policies and definitions could be reframed to include GDI.

Recommendation 4: Commission an external evaluation of GH5050

The findings of the survey and the KIIs provide compelling evidence of the impact of GH5050's work in the sector. The research brought home the importance of establishing a baseline and undertaking a periodic evaluation study to determine the effect of the GH5050 report on how OAGH address gender, diversity, and inclusion in the workplace and comparing level of engagement on gender equity versus EDI over time, among other questions.

Annex 1: Organisational change measurement tools

EXAMPLES OF ORGANISATIONAL CHANGE MEASUREMENT TOOLS (Grey denotes those where measurement tools can be accessed by only by clients, though websites do offer valuable resources)		
Name of Tool	Type	Brief description
SWAN Athena Charter https://www.advance-he.ac.uk/equality-charters/athena-swan-charter/applying-for-an-Athena-Swan-Charter-Award	Certification (Award)	The Athena Swan Charter is a framework which is used across the globe to support and transform gender equality within higher education (HE) and research. Established in 2005 to encourage and recognise commitment to advancing the careers of women in science, technology, engineering, maths and medicine (STEMM) employment, the Charter is now being used across the globe to address gender equality more broadly, and not just barriers to progression that affect women. The Athena Swan package includes access to the Athena Swan self-assessment framework and award application process plus a range of support to help institutions both enhance their practice and achieve recognition for their commitment in this area.
Gender Equality Seal (UNDP) UNDP Gender Equality Seal Initiative for UNDP entities United Nations Development Programme	Certification (Seal) (mainly GE)	Gender Equality Seal is a corporate certification process that aims to recognize good performance of UNDP Country Offices (COs) in delivering transformational gender results. It is seen as a tool for empowering managers and accelerating changes needed to support countries' gender equality goal. The Gender Equality Seal blends assessment, incentives and reflection. The Gender Equality Seal uses minimum quality standards in seven areas or domains (management, capacities, enabling environment, knowledge management, programs and projects, partnerships, and gender equality impacts/results). Country offices are certified based on a review of their achievements and progress in these seven areas. The self-assessment is reviewed by a team of assessors (including the HQ Gender Equality Seal Team, representatives from COs, and possibly extra consultant support). Bronze and Silver certificates are provisional and COs can apply for Gold certification after two years. The Gold Gender Equality Seal is valid for 3 years. Enabling Environment appears to be the closest domain to organisational culture with area such as: 3.5 At least 70% of staff feel encouraged to have open and honest discussions with the management. 3.6 At least 70% of staff feel empowered to express their views in the office.
EDGE https://edge-cert.org/certified-organizations/	Benchmarking plus Third-party EDGE Certification Seal for gender and intersectional equity	Has received kudos for its rigorous methodological approach to defining standards for measuring and certifying equality in the workplace; mix of benchmarking and a third-party assessment: Organizations benchmark themselves against the EDGE Standard and peer organizations. The benchmark serves as a basis for an action plan. After a successful independent audit by a third-party certification body, the organization

		<p>receives the EDGE Certification Seal – in one of three levels: Assess, Move or Lead. EDGEplus is an optional add-on allowing organizations to measure the intersectionality of gender and race/ethnicity, sexual identity, sexual orientation, age, working with a disability and nationality. EDGE Certification is valid for two years.</p> <p>Level of inclusion culture is assessed by a staff survey on the level of inclusiveness of the work culture as reflected in employees’ experience.</p>
<p>Global Equality, Diversity and Inclusion Benchmarking tool</p> <p>https://centreforglobalinclusion.org/what-we-do/the-gdeib/</p>	<p>Benchmarking (self-assessment)</p>	<p>Self-Assessment, defines four groups (FOUNDATION: Drive the Strategy; INTERNAL: Attract & Retain People; BRIDGING: Align & Connect; EXTERNAL: Listen to & Serve Society) with 15 categories: (Vision; Leadership; Structure; Recruitment; Advancement; Compensation; Benefits & Flexibility; Assessment; Communications; Learning; Sustainability; Community; Services & Products; Marketing & Consumer Service; Responsible Sourcing) to measure organisational change for GDI. It uses five levels from best practice, progressive, proactive, reactive to inactive and by gold, silver and bronze categories. Each level and category has set criteria to help global organisations to self-evaluate where they are and guide them to what steps can help improve GDI performance. The tool purposely does not include organisational culture as one of the categories to measure.</p>
<p>The Barrett Values Centre Cultural Transformation Models and Tools (CTT)</p> <p>https://www.valuescentre.com/cultural-transformation/</p>	<p>Diagnostics and change measurement for individual organisations</p>	<p>This program uses various assessments tools such as the Cultural Values Assessment. Sample of a report here: PowerPoint Presentation (valuescentre.com). Its position on organizational culture change is to understand what motivates the team, to diagnose what is not working and then discover a path forward. The tools are intended to measure and map the underlying causal factors that promote or inhibit performance. It focuses on values and motivators.</p>
<p>McKinsey Organizational Health Index (OHI)</p> <p>https://www.mckinsey.com/solutions/orgsolutions/overview/organizational-health-index</p>	<p>Diagnostics, benchmarking and Certification</p>	<p>Its conceptual approach is to explore: What is it like to work in an organization? Intended to measure organization’s health, outcomes and practices. It focuses on measuring and achieving organizational health required, driving organizational performance. It has been implemented by 1000s of companies in 100 countries across geographies. The OHI score is a leading indicator of sustained performance, measuring organizational health relative to global benchmarks.</p>
<p>Gallup (Culture Transformation Services) Plus</p>	<p>Diagnostics and measurement tools and analytics,</p>	<p>Approach focuses on internal rather than external benchmarking. If culture is unique to each organization, it must be self defined – not merely</p>

<p>Employment Engagement Surveys</p> <p>https://www.gallup.com/topic/culture.aspx https://www.gallup.com/workplace/356063/gallup-q12-employee-engagement-survey.aspx</p>	<p>including employment engagement surveys</p>	<p>categorized. Standard surveys compare organizational culture with external benchmarks rather than the leadership's own aspirations and goals. While these benchmarks might reveal how an organization compares with a generic standard, they fail to highlight what is most fundamentally unique and valuable within an organization's culture.</p>
<p>Gartner</p> <p>Diversity, Equity, and Inclusion - HR Insights Gartner</p>	<p>Packages include Diagnostic tools, metrics and practical resources on GEI for HR professionals</p>	<p>Offer a suite of products and approaches including D&I metrics to define objectives and demonstrate progress. Focus is on embedding D&I in the organisational culture and business, moving beyond HR functions and accountability.</p>