

EQUALITY

WORKS



The Global Health 50/50 initiative is hosted by the University College London Centre for Gender and Global Health.

Global Health 50/50 was co-founded by Professor Sarah Hawkes¹ and Dr Kent Buse.² It is staffed with a dedicated team of researchers, strategists and communications experts working on a largely voluntary basis: Clara Affun-Adegbulu, Emily Blitz, Charlotte Brown, Tiantian Chen, Mireille Evagora-Campbell, Mairi Jeffery, Mikaela Hildebrand, Ruth Lawlor, Rebekah Merriman, Anna Purdie, Artricia Rasyid, Geordan Shannon, Ashley Sheffel, Sonja Tanaka and Laure-Anais Zultak.

To minimise the potential for conflicts of interest, collective members affiliated with organisations reviewed by GH5050 are not engaged in reviewing or coding any institutional policies.

The initiative is guided by a diverse independent Advisory Council³ to whom we are deeply grateful.

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#GH5050 @GlobalHlth5050 #GH5050AtWork

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EQUALITY WORKS

The Global Health 50/50 2019 Report

A review of the gender-related policies and practices of 198 global organisations active in health, with a special focus on gender equality in the workplace

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Foreword

Rt Hon

JACINDA
ARDERN

Prime Minister
of New Zealand

In 1893, New Zealand became the first country where women won the right to vote. Despite all our advances since then, the world still has a long way to go before we achieve true gender equality.

As this year's Global Health 50/50 report on the state of gender equality in global health organisations shows, the health sector is not exempt. Whether it's committing to gender equality or reporting on gender pay gaps, global health organisations are failing to walk the talk.

I was disappointed to read that just one in three organisations publish their sexual

harassment policies online, and that only one in five referenced any support for returning parents. It's also disappointing that only a third of organisations report flexible working policies.

We know that gender equality doesn't just benefit individual women and their families – it also has a positive impact on our economy. Closing the gender gap in the workforce could add up to \$28 trillion USD to annual global GDP by 2025.

But, of course, economic growth is not an end in itself. We need to work towards more inclusive and sustainable societies. That's



"I believe that global health organisations can lead the way towards better wellbeing, by building fairer, more equal workplaces."

why, here in New Zealand, we've decided to do things differently. Instead of focusing solely on GDP to measure our success, we're looking at a wider picture, making sure we're also tracking our progress on wellbeing and equality, alongside economic growth.

I believe that global health organisations can lead the way towards better wellbeing, by building fairer, more equal workplaces. After all, the global health sector stands for fairness and universality, and strives to ensure health for everyone, particularly the most marginalised people in society. If there is one sector that should set precedent in this space, it is global health.

Although the report holds up a mirror and reveals inequalities that must be addressed within the health sector, it also shows where we can quickly make progress. It's this that gives me hope. If our leaders and our workforce come together and commit to change, I know that we can create kinder places for all of us to work.

I would like to thank Global Health 50/50 for their work in this space, and I look forward to seeing the progress we can make in the year ahead.

This report aims to

1

INFORM

global discourse with the world's most rigorous and extensive interactive database on the state of gender equality in global organisations active in health

2

INSPIRE

a vision of a new normal for gender equality in global health

3

INCITE

a movement to demand and deliver the policies that will lead to gender equality in the workplace and in global health programmes

A word from the GH5050 collective

Global Health 50/50 springs from a deep well of frustration that global organisations active in health continue to be afflicted by an insidious case of gender blindness. Sector-wide we have failed to analyse or address the role that gender plays in the distribution of power and privilege, the gendered opportunities and expectations of career advancement, and the gender-driven empowerment of people to realise their right to enjoy the highest attainable standard of health and wellbeing.

Gender blindness has predictable impacts: organisational failures to implement policies and programmes that enable, support and facilitate women to play an equal role in leadership and decision-making; cultural, institutional and legal failures to challenge gendered expectations of women's roles as caregivers in both professional and domestic spheres; and the continuing failure of the health sector to respond to gender as a key determinant of everyone's health.

Global Health 50/50 was established to shine a light of transparency on the state of gender equality in global health by providing a systematic and rigorous database, unique in approach and unrivalled in breadth, and accessible to all. Our 2019 report focuses on gender equality in the workplace, reviewing policies, programmes, and indicators of power and privilege across 198

organisations. The findings make for some uncomfortable reading, but also show that positive change is possible.

The sector can do better. Arising from strong traditions of social justice and equity, global health aims to ensure that everyone's voice counts. Nonetheless, global health leadership, whether in the board rooms of Baltimore, Brazzaville or Brasilia, has generally lacked diversity—not just in terms of gender, but also across other forms of social stratification including class, race, educational background, disability status, etc.

We believe that more feminist, diverse and inclusive leadership is imperative for achieving policies and programmes that realise the health, rights and equality of career opportunities for everyone. Leadership matters, but so too do legislation and well-organised staff. National laws mandating gender pay gap reporting, for example, make visible this indicator of inequality. Accessible organisational policies empower staff (current and future) to realise their rights to respectful and dignified workplaces free of discrimination and harassment.

By sharing our findings with you, we hope that Global Health 50/50 can contribute to a global health sector that is more gender-equal and works for everyone.

ON THE ROAD TO EQUALITY AT WORK

1

Commitment to gender equality

Do global organisations active in health state a commitment to gender equality?

GH5050 assessed the publicly available policies (including visions, mission statements and core strategies) of global organisations to determine how many commit to gender equality for all people, how many commit to gender equality primarily for the benefit of women, and how many are silent on gender (despite in many cases, working on issues of women's health).

7/10

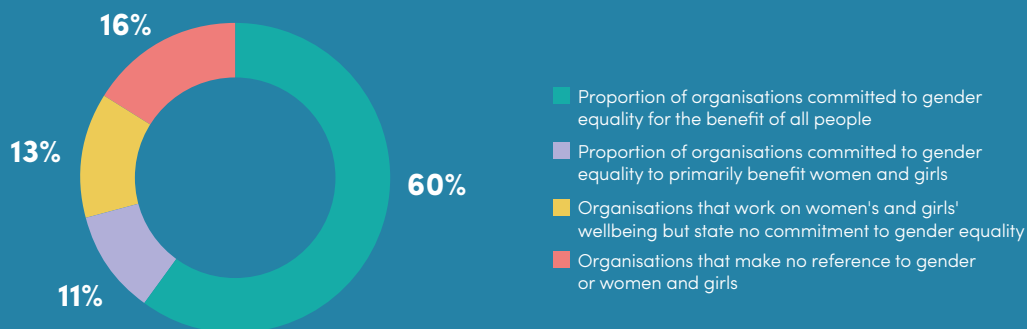
organisations publicly state their commitment to gender equality for all people

Organisational commitment to gender equality is on the rise

55%
2018

71%
2019

Organisational commitment to gender equality



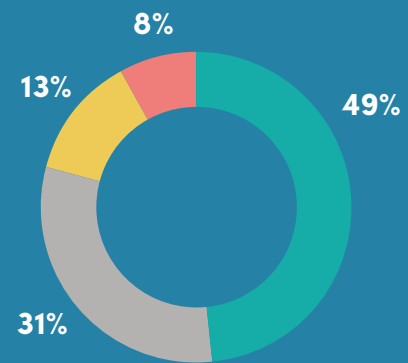
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Policy action to support gender equality

Do organisations have policies to promote gender equality in the workplace?

Organisational change requires clear policies with specific and actionable measures. GH5050 assessed which organisations are translating their commitments to gender equality into practice through action-oriented, publicly available workplace gender equality policies.

Half of organisations have publicly available workplace policies with specific measures to promote equality, diversity and/or inclusion.

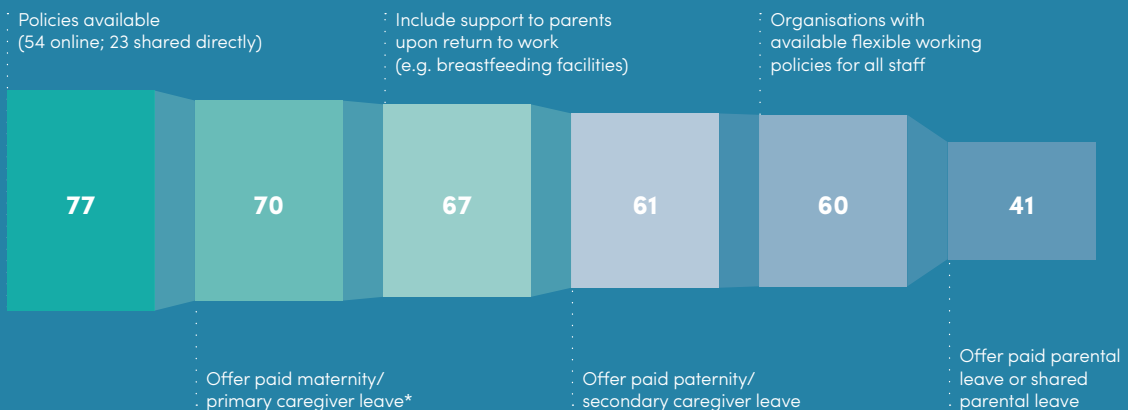


- Policy with some specific measure to improve gender equality, diversity or inclusion and/or support women's careers
- Stated commitment to gender equality or diversity in the workplace but no specific measures to carry out commitments
- Policy is compliant with law but no more, e.g. "we do not discriminate"
- No workplace gender equality policy found

Do organisations have parental leave and flexible working policies that enable parents to remain and advance in their careers?

Paid maternity, paternity and parental leave policies, coupled with flexible working arrangements, empower women and men in the workplace, support economic security, contribute to closing the gender pay gap and benefit families.

Among 77 parental leave policies reviewed:



* Does not include US-based organisations that only provide short-term disability insurance to birth mothers.

Do organisations have comprehensive policies to prevent and address sexual harassment?

Sexual harassment adversely impacts people and performance in every sector and every country.

Putting sexual harassment policies in the public domain demonstrates an organisation's prioritisation of the prevention of sexual harassment and willingness to bring the issue out of the shadows.

To assess these policies as well as internal policies shared directly with GH5050, we identified four elements of best practice, drawing from international standards. These include: commitment and definition; confidentiality and non-retaliation; staff training, and; reporting and accountability.

32%

of organisations publish their sexual harassment policies online

Just

25

organisations received the highest scores possible across all four elements of a comprehensive sexual harassment policy

3

Equitable outcomes in power and pay

How many organisations have gender parity in senior management and their governing boards?

The gender composition of the senior management and the governing board of an organisation provides a measurable indicator of equity in career advancement, decision-making and power (though composition is also impacted by social and economic factors not merely organisational policies).

Fewer than

3 out of 10

organisations have parity in their senior management

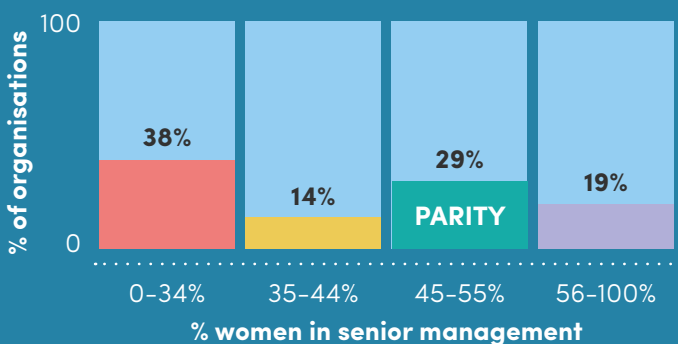
10

organisations have no women in senior management

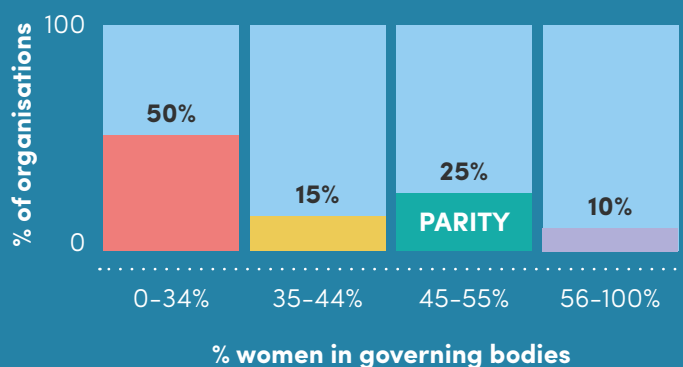
Men are

50%

more likely to reach senior management than women



Gender composition of governing bodies



What is the difference between women's and men's earnings?

The gender pay gap is the difference in the average hourly wage of all women and men in an organisation or across a workforce, as monitored by the Sustainable Development Goal indicator 8.5.1. If women hold more of the less well-paid posts than men, the gender pay gap is usually bigger.

Comparing the average hourly pay of men and women in an organisation, provides a stark measure of power and privilege, and highlights whose contributions are most highly remunerated.

Only 25% of organisations make public their gender pay gap data. Most of these are in one country (UK) with statutory mandatory reporting.

Across those organisations reporting, the median (middle value) salary for women is 13.5% lower than the median salary for men.

1 in 4

organisations have parity in their governing bodies

Men are two times more likely to sit on governing boards than women

Who leads global health?

The greatest inequalities are at the top

72%

of executive heads are men

UP FROM 2018
70% OF EXECUTIVE HEADS WERE MEN

71%

of board chairs are men

DOWN FROM 2018
80% OF BOARD CHAIRS WERE MEN

4

Workplaces that uphold the equality, dignity and respect of their workforces

"More women in leadership will change global health for the better. Yet we all know you can't fix a pipe by adding more water. We need to transform the systems that make it nearly impossible for so many women to rise, succeed and lead. Transformation starts with a clear understanding of where we are today, and Global Health 50/50 does that just that. Let's come together to act on the findings in this report—fixing this pipe will create more equal societies for tomorrow."



Dr.
Senait
Fisseha

Professor of Obstetrics and
Gynecology, University of Michigan
Chief Advisor to Director General
of WHO
Member of GH5050 Advisory Council

About this report

Global Health 50/50 is a data-driven advocacy initiative that advances action and accountability for gender equality in global health. The initiative seeks to open the door towards transparency, self-reflection and public debate on issues of gender as a determinant of health inequity and as a driver of career opportunities and pathways. And in doing so, GH5050 ultimately seeks to foster change.

This second annual Global Health 50/50 report reviews the gender-related policies and practices of almost 200 organisations that are either active in global health and/or seek to influence it. The sample includes organisations from 10 sectors, headquartered in 28 countries across six regions and together employ an estimated 4.5 million people.

The international community made a high level political commitment to gender equality with the adoption of the Sustainable Development Goals (which include SDG 5 on gender equality), and these commitments have been mirrored by organisations included in our analysis. In countries we see positive progress across a range of gender equality measures—including a growing number of national

cabinets with gender parity.⁴ However, we are also seeing push-back on the fundamentals of gender equality (including women's rights) in many settings.

The 2019 Report follows another year of revelations about the stark inequalities and indignities suffered by women as well as men in the workplace, including at organisations active in global health. By focusing its 2019 Report on gender in the workplace, Global Health 50/50 (GH5050) seeks to equip organisations and individuals with the data and tools to review and strengthen their own policies by providing a snapshot of organisational performance and contributing to a community of best practice. The rationale for this year's theme is reinforced by the growing body of evidence on the positive impact of gender equality in the workplace for individuals, organisations and for society at large.

The 2019 Report provides an in-depth look at the extent to which global organisations active in health take action to promote gender equality within the workplace across four dimensions: commitment, evidence-informed policy content, equitable outcomes in power and pay,

and gender-responsive programming. An overview of the 2019 results can be found on pages 22–32.

The report is based on a review of publicly available information conducted between October 2018 and February 2019. We are grateful to the approximately 100 organisations that responded to our requests to share information and verify the accuracy of the data we collected (indicated in Annex 6). A number of organisations shared internal policies with GH5050 that were used to inform our understanding of best practices but were not coded in the final analysis as they are considered confidential, including for a number of publicly funded organisations. Informed by the findings, the report also includes a series of evidence-informed recommendations.

Full details of the GH5050 methodology can be found in Annex 1. The list of organisations and their individual results across all domains reviewed (see Pg. 15) is included in Annex 6.

GH5050 places particular emphasis on the value of transparency—a critical component in signalling the importance of both commitments and results. Transparency regarding the content and implementation of human resource policies is essential in tackling discrimination and inequality in the workplace, in informing employees of their rights, benefits and means of redress, and in empowering organisations and employees to share, compare and collectively strengthen their policies while enabling accountability. Placing policies in the public domain is also of utility to prospective employees,

including those with caring responsibilities (e.g. for children, parents and other family members). The UN system far outperforms other sectors in transparency.

Issues of sexual harassment, gender pay gap and the shifting roles and norms regarding women and men in the workplace, at home and in society, increasingly dominate public dialogue. In response, employers around the world are establishing and updating their policies for creating gender-equal and respectful workplaces. Among the 140 organisations reviewed by Global Health 50/50 in both 2018 and 2019, 20 have in the past year either newly developed or now publicly shared their workplace gender equality policies. This is a welcome and necessary development. Yet as we continue to witness, policies on paper are insufficient to combat discriminatory practices and abuse of power if broader cultures of fear, retaliation and unaccountable leadership are allowed to prevail.

Even among organisations scoring well in our review, there remains an urgent need for organisations to live up to and put into practice their stated policies on equality, non-discrimination and inclusion. Ensuring a safe, respectful and equitable working environment and organisational culture requires comprehensive policy action, implementation and close independent monitoring.

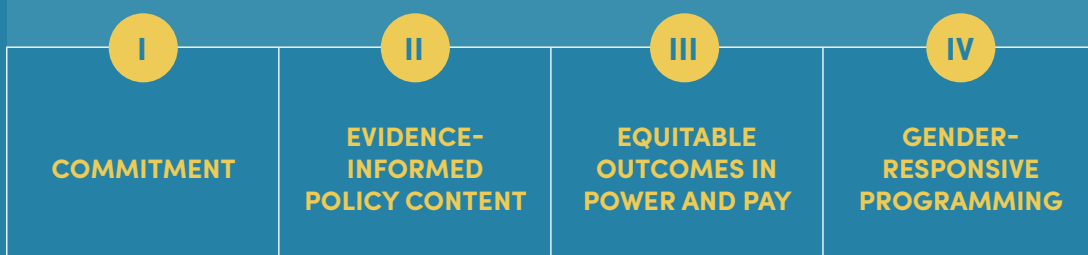
Ultimately our aim is to promote gender equality, including by fostering dignity, respect and equal opportunity in the workplace based on the rights of all women, men and people with non-binary gender identities.

GH5050 places particular emphasis on the value of transparency.

1 QUESTION

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

4 DIMENSIONS



10 DOMAINS

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

Glossary

gender⁵

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

gender blind

The failure to recognise that the roles and responsibilities of men/ boys and women/ girls are assigned to them in specific social, cultural, economic, and political contexts and backgrounds. Projects, programmes, policies and attitudes that are gender blind do not take into account these different roles and diverse needs. They maintain the status quo and will not help transform the unequal structure of gender relations.

gender equality⁶

Women, men 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 pay gap

The gender pay gap is the difference in the average hourly wage of all women and men across a workforce, as monitored by the

Sustainable Development Goal indicator 8.5.1. If women hold more of the less well paid posts within an organisation than men, the gender pay gap is usually bigger.

The gender pay gap is not the same as unequal pay which is paying men and women differently for performing the same (or similar) work. Unequal pay is prohibited in some 64 countries,⁷ which include those countries where nearly 90% of the GH5050 2019 sample of organisations is headquartered.

gender-responsive

Criteria for assessing the gender-responsiveness of policies and programmes:⁸

- gender unequal: reinforces or perpetuates existing gender inequalities
- gender-blind: ignores gender norms, roles and relations
- gender-sensitive: considers gender norms, roles and relations
- gender-specific: targets a specific group to meet identified needs
- gender-transformative: addresses the causes of gender-based inequities and includes ways to transform harmful gender norms, roles and relations, including addressing power in relationships.

sexual harassment⁹

Sexual harassment is any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. Sexual harassment may occur in the workplace or in connection with work. While typically involving a pattern of conduct, sexual harassment may take the form of a single incident. In assessing the reasonableness of expectations or perceptions, the perspective of the person who is the target of the conduct shall be considered.

transparency¹⁰

Transparency is about shedding light on rules, plans, processes and actions. It is knowing why, how, what, and how much. Transparency ensures that public officials, civil servants, managers, board members and businesspeople act visibly and understandably, and report on their activities. And it means that the general public can hold them to account. It is the surest way of guarding against corruption, and helps increase trust in the people and institutions on which our futures depend.

PART I.

SUMMARY OF FINDINGS

Equality at work: important strides on a long journey ahead

As several organisations have demonstrated over the past year, committed leadership and informed, engaged staff can make swift and sweeping change. Empowered with the data of the 2018 Global Health 50/50 Report, some organisations are improving the way they understand, prioritise and promote gender equality—as highlighted in our *Celebrating Change** report and across the findings in-depth (Section 4) of this report.

Organisations are confronted by the challenge of how to seize today's momentum for lasting change that improves the lives of all people in and outside of the workplace, builds effective, future-ready organisations, and contributes to the kind of inclusive society the world has committed to achieve by 2030.

Yet transformation takes time. And change is not inevitable. In several cases, organisations performed worse in 2019 than in 2018. In general we see that growing commitment to gender equality is only slowly being translated into policies on paper and programmes in practice, and slower still into greater equality in the leadership and governance of organisations and a change in organisational culture. Further, only a minority of organisations make their workplace policies publicly accessible, despite global calls for transparency and accountability. Thus GH5050, despite its best efforts, is neither able to definitively nor comprehensively assess the state of workplace policy action to advance gender equality. This is not acceptable.

Box 1. Global Health 50/50: increasing the sample and scope of organisational analysis

Global Health 50/50's inaugural 2018 report was inspired by a growing concern that, while gender equality had been seemingly embraced as a priority, too few organisations were walking the talk. The report's findings confirmed this concern—demonstrating that only a fraction of organisations active in global health were defining, programming or monitoring gender, either as a key determinant of equity in health outcomes, or as a driver of career equality in their own workplaces.

The 2018 report reviewed 140 organisations that are either active in or seek to influence global health. The gender-related policies and practices of those same 140 organisations have been reviewed a second time as part of the 2019 sample of 198 organisations. The 2018 and 2019 reports provide comparative data for the seven original domains:¹¹ commitment to gender equality, definition of gender, workplace gender policies, gender in programmatic strategies, sex-disaggregation of data, parity of senior management and governing bodies, and gender of executive directors and board chairs. The 2019 report introduces three new domains of analysis: sexual harassment policies, parental leave and flexible working policies, and gender pay gap data.

* Global Health 50/50, *Celebrating Change*. Accessible at: <https://globalhealth5050.org/documents-2018-celebrating-change/> [Accessed 26th February 2019]

I: Commitment

1. Organisational commitment to gender equality: on the rise

More and more organisations are publicly committing to gender equality in their vision and mission statements, policies and core strategies. Yet one in seven organisations still fail to make any explicit commitment to gender equality.

Just 16 organisations are explicit in the inclusion of transgender people in their commitments to gender equality.

Figure 1. Publicly committing to gender equality

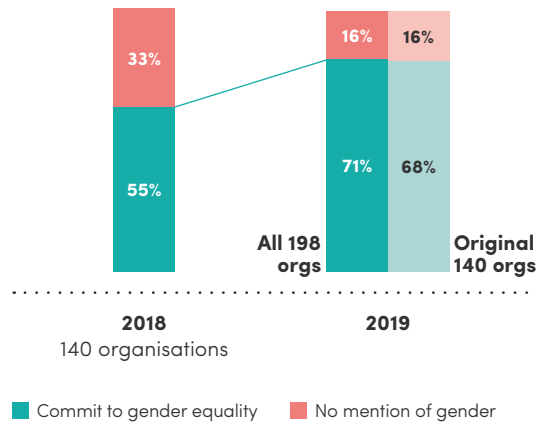
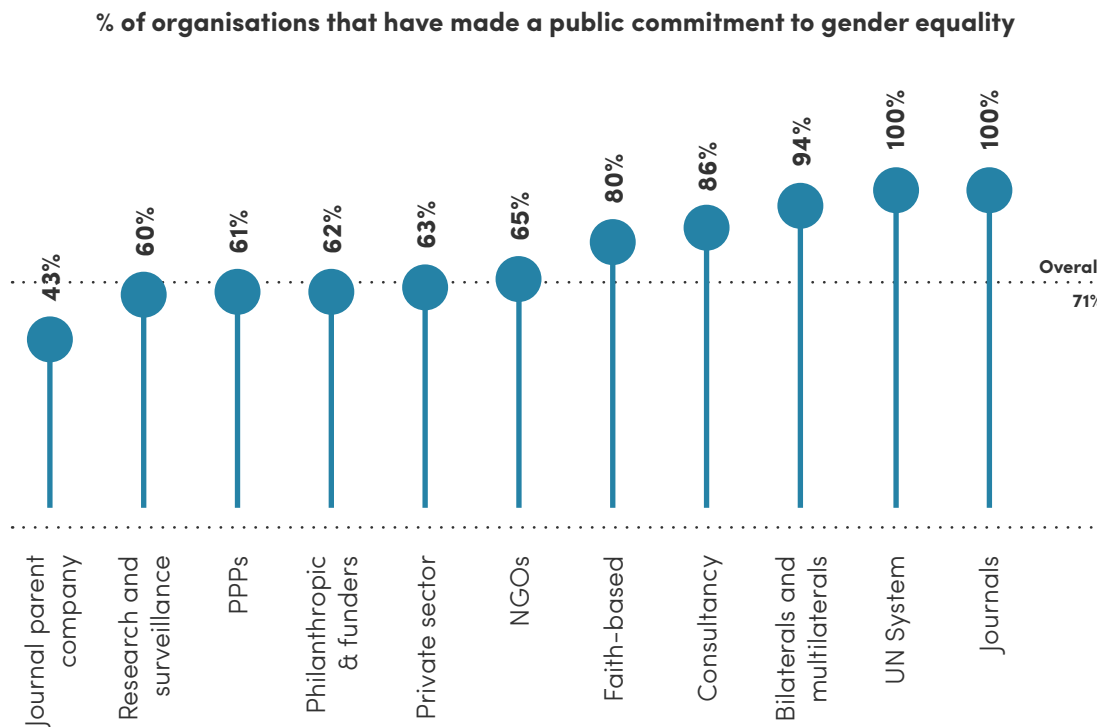


Figure 2. Publicly committing to gender equality, by sector



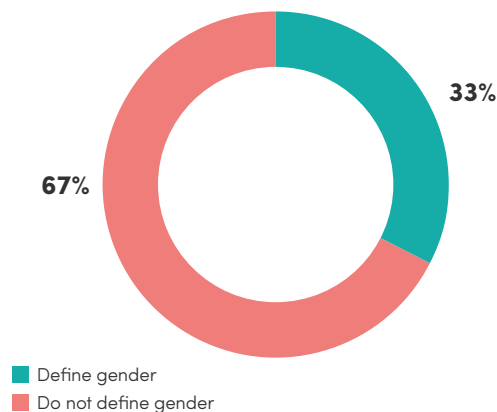
2. Organisational definition of gender: flying blind

Despite a growing commitment to gender equality, for most global organisations active in health, the meaning of gender remains ill-defined or undefined.

Just 33% of organisations define gender in a way that is consistent with global norms (see glossary for definition). An additional 11% (21/198) of organisations mention gender-related terms (e.g. “gender diversity”) but do not provide any definition of gender in their work.

Only nine organisations recognise and mention the specific needs of people with non-binary gender identities (including transgender people).

Figure 3. Definition of gender consistent with global norms



33%

Proportion of organisations that define gender in 2019, similar to 2018

II: Evidence-informed policy content

3. Workplace gender equality policies: policy content yet to catch up with commitment to equality

Despite evidence suggesting that specific targets and action plans to increase the representation of women in decision-

making positions foster more gender equal organisations,¹² just half (97/198) had workplace gender equality or diversity and inclusion policies with explicit targets, strategies and/or plans.

However, among the original sample of 140 organisations reviewed in both 2018 and 2019, progress has been made: 56% had workplace gender equality policies (up

from 44% in 2018). Twenty organisations appear to have adopted or enhanced workplace gender equality policies in the past year.

A number of organisations (13%, 26/198) have a commitment to gender equality or diversity/inclusion in the workplace, but we were not able to locate any specific mention of plans, targets or strategies to achieve the stated commitment.

Figure 4. Organisations with workplace gender equality or diversity policies with specific measures in place

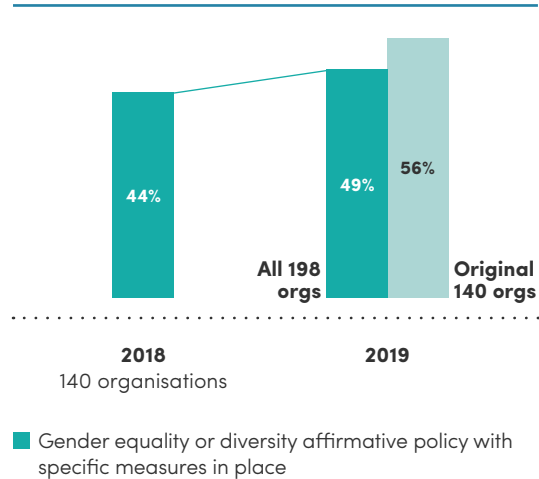
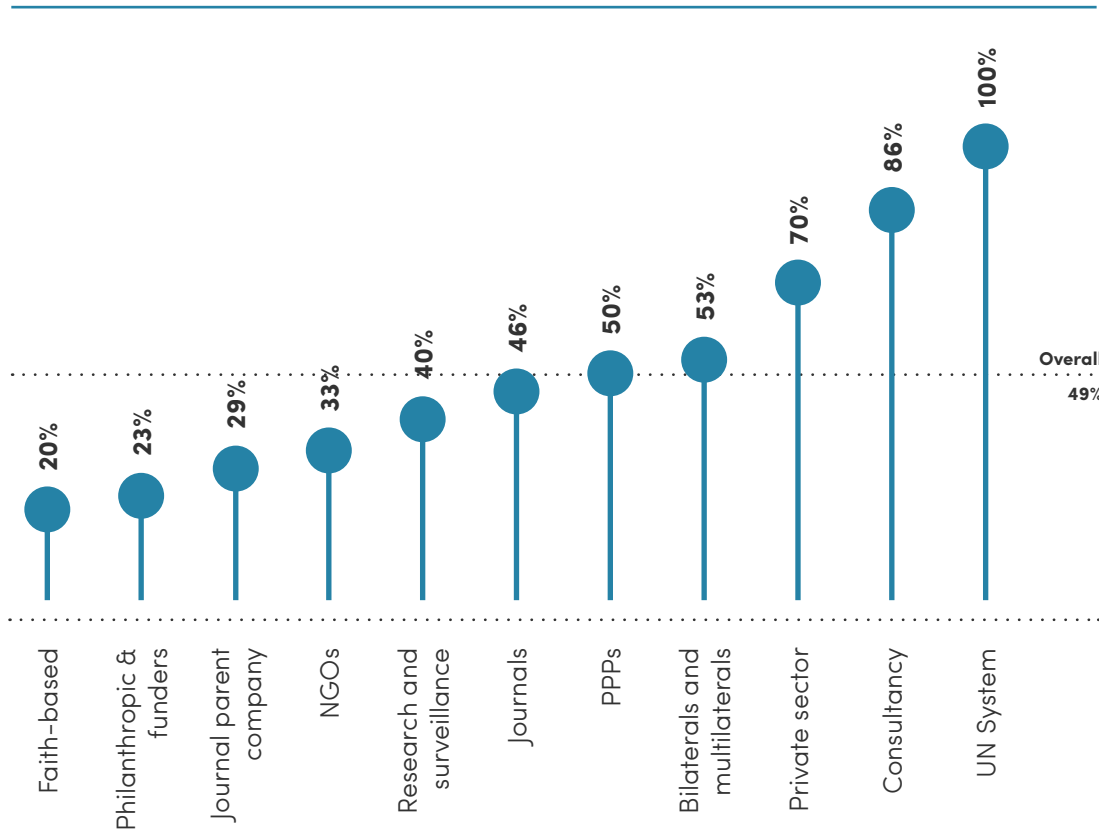


Figure 5. Workplace gender equality or diversity policies, by sector



4. Sexual harassment policies: a black box

From the field office to the factory floor to the executive office, sexual harassment adversely impacts people and performance in every sector and every country. It can result in significant mental health consequences, derail careers, and is enabled by and contributes to fostering an organisational culture of hostility, distrust and discrimination.

A comprehensive policy is a fundamental first step towards preventing and addressing sexual harassment. Drawing on existing global norms and guidelines,

GH5050 identified four best practice elements of a comprehensive policy (see Box 2).

One-third (63/198) of organisations publish their sexual harassment policies online. An additional 12% (23/198) of organisations shared their internal policies and gave permission to code them; 17 further organisations provided policy details directly with GH5050 which, while they have not been included in this report, did help to inform development of the overall coding approach.

Box 2. GH5050 four best practice elements of a comprehensive sexual harassment policy



COMMITMENT & DEFINITION

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



CONFIDENTIALITY & NON-RETALIATION

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



TRAINING

Does the policy guarantee mandatory training for all staff?



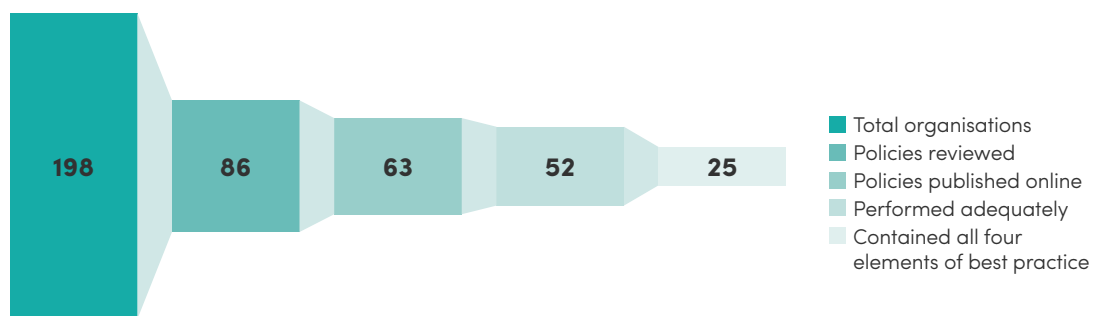
REPORTING & ACCOUNTABILITY

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

Of the 86 policies reviewed, 52 organisations were considered to perform adequately by including at least two of

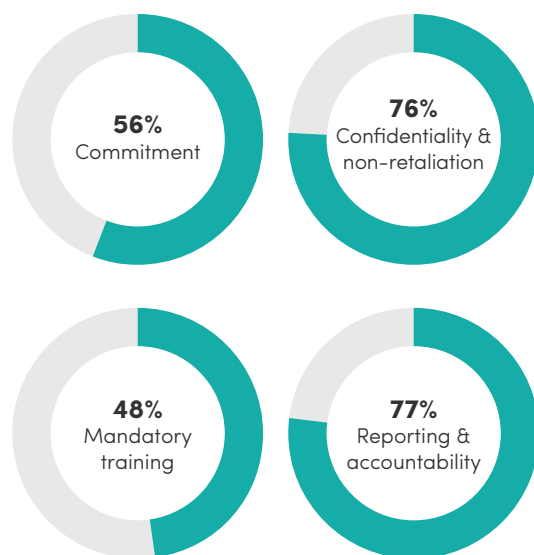
the four essential best practices in their policies, including 25 that included all four elements of best practice.

Figure 6. Sexual harassment policies: availability and performance



A majority of organisations for which we could access policies have some elements of best practice content in terms of: 1) descriptions of reporting and investigation processes (77%); 2) protections regarding confidentiality (86%); and 3) protections against retaliation (83%). However, just over half (56%) state a zero-tolerance approach alongside defining and providing examples of sexual harassment. Moreover, less than half (48%) the organisations stipulate mandatory training for staff.

Figure 7. Sexual harassment policies with best practice elements (of 86 policies reviewed)



5. Parental leave policies and flexible working options: short on equity

Major caring responsibilities (e.g. parenthood, attending to elderly or sick or disabled relatives) are a key determinant of equality of career opportunities for women and men. Paid maternity, paternity and parental leave policies empower women and men in the workplace, support economic security, and benefit the health

and wellbeing of families. Equitable paid parental leave policies are critical to fostering gender transformative norms of family responsibility, compensating women for their unpaid labour, closing the

gender pay gap, and promoting women’s leadership.

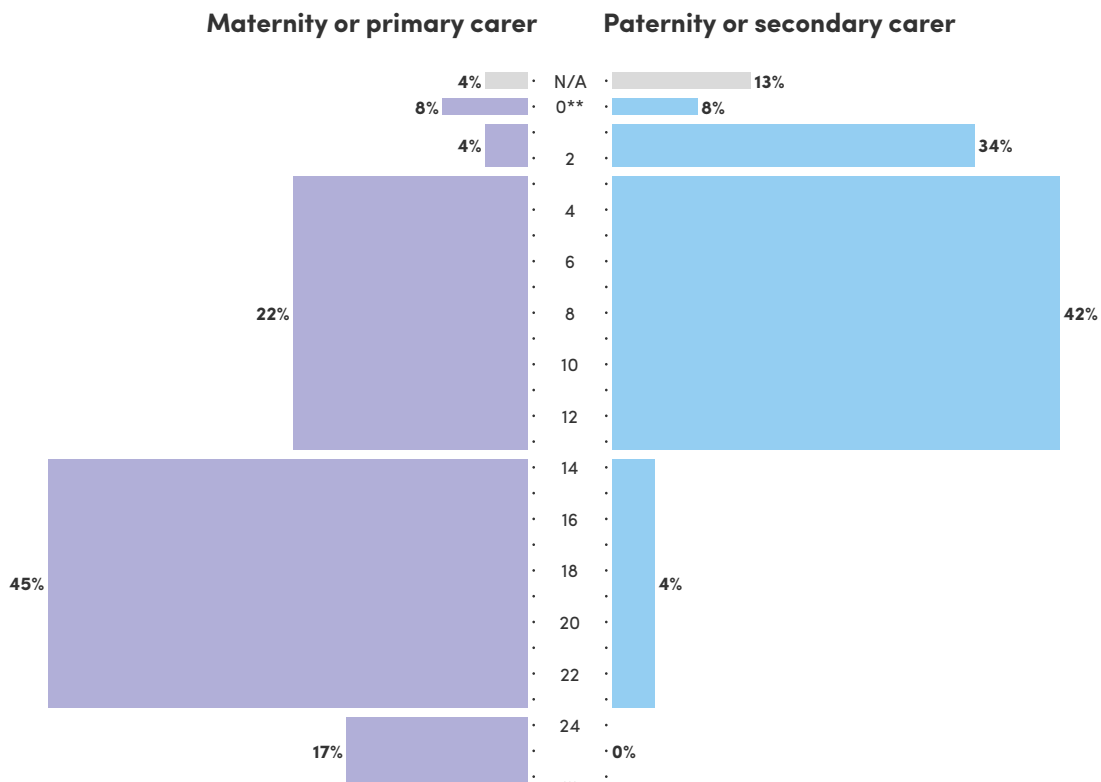
Whether or not leave policies fulfil their potential depends on the specific entitlements they offer. The duration of leave, the wage replacement rate, whether leave, including paid and shared leave, is made available to both parents, and whether support is available to new parents returning to work, shape opportunities and barriers for career progression.

Policies that support individuals in meeting their caring responsibilities across their

career paths play a significant role in empowering people to remain and advance in the workforce—particularly women. Research shows that, with sufficient support from leadership and supervisors, flexible working arrangements (such as condensed working hours, teleworking, flexible hours, term-time working, etc) can be powerful tools to enhance staff inclusion.

27% (54/198) of organisations publish detailed information regarding their parental leave policies online. A further 12% of the sample (23/198) shared their

Figure 8. Duration of paid leave available to primary and secondary carers across 77 organisations (weeks)*



*This includes organisations (predominantly in the USA) that provide gender-neutral paid ‘parental leave’ that can be taken by either parent in place of maternity or paternity leave. These figures do not include data on parental leave/shared parental leave that is in addition to maternity/paternity leave.

** This includes US-based organisations that offer short-term disability coverage to birth mothers but no other paid maternity / paternity leave.

internal policies directly with GH5050. Six organisations shared their policies with GH5050 for information only.

The 77 policies reviewed vary widely, in part as a response to the standards set by national and sub-national legislation in the countries where the organisations are located. Guaranteed paid leave for primary and secondary caregivers ranges from zero to 68 weeks. Where pay is provided as an entitlement, the proportion of wage replacement varies according to national legislation and weeks of leave taken.

Twenty-three policies (of the 77 reviewed) do not indicate the level of remuneration (for mothers or fathers).

Support to new parents in returning to work, including on-site breastfeeding facilities, child care support and transitional flexible working arrangements, were found in the policies of 67 organisations.

Flexible working policies or arrangements for all staff (unrelated to parental leave) were found in the policies or on the websites of 60 organisations.

III: Equitable outcomes in power and pay

6. Gender parity in senior management and governing bodies: where are the women?

Decision-making power remains in the hands of men. A slight increase was observed in the proportion of women in senior management between 2018 and 2019.

Three out of ten organisations have parity in their senior management. In four out of ten organisations, fewer than one third of senior managers are women.

One out of four organisations have parity on their governing bodies. This marks an improvement from 2018, when one out of five organisations had parity on their governing bodies.

Research indicates that the benefits of gender diversity on a governing body can be reaped only above a certain threshold. The management consultancy Egon Zehnder refers to this as the “magic of three” rule. In order to reap the gender diversity dividend, at least three women are needed to change the way a board is run.

Only
1 in **4**
governing boards are
at gender parity

Figure 9. Gender composition in senior management

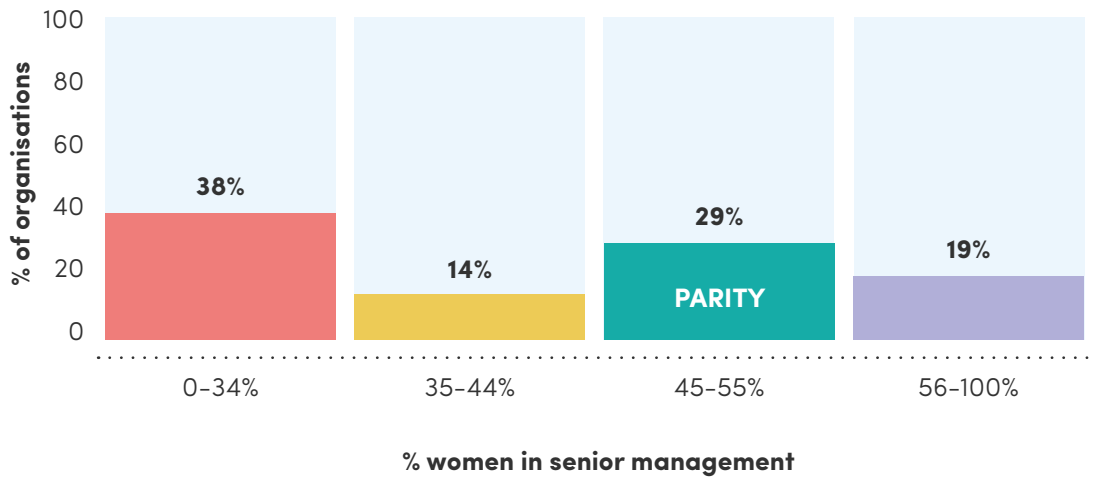
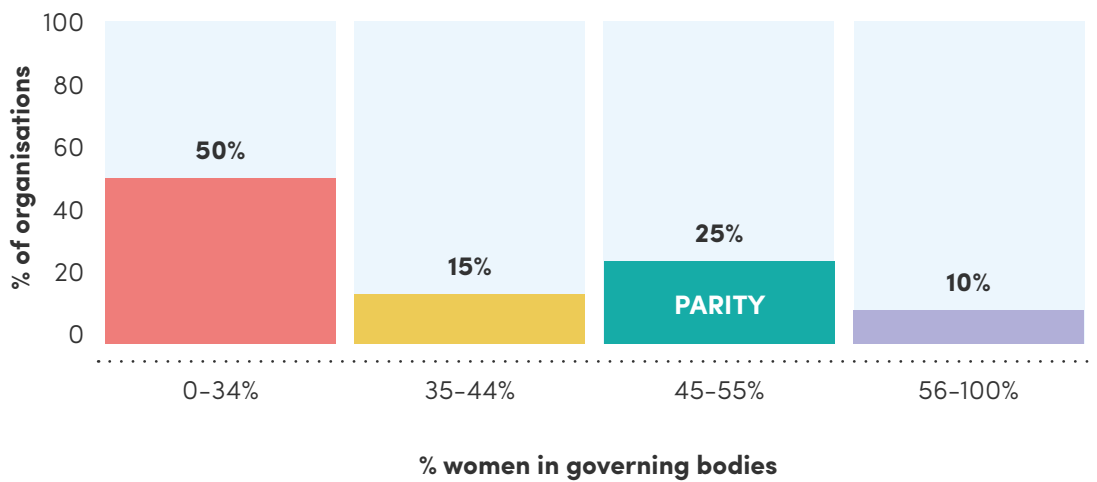


Figure 10. Gender composition in governing bodies



38%

of organisations have fewer than a third of senior managers who are women

5%

of organisations have no women in senior management (10 orgs total)

10%

of organisations have fewer than one women for every six board members

7. Executive heads and chairs of governing bodies: men lead

The greatest inequalities are at the top: 72% of executive heads and 72% of board chairs are men.

A smaller proportion of organisations had female executive heads in 2019 compared to 2018. While recognising that leadership change is infrequent, nonetheless eight of the 140 organisations in our original sample had change in the head of the organisation during 2018/9. The overall effect of this change did not favour either men or women—thus the overall gender balance in leadership remained static.

Women tend to lead smaller organisations. In our sample smaller organisations (<100 employees) are three to four times more likely to be led by women than both medium-sized (250–999 employees) and large organisations (>1000 staff).

Among governing boards, seven male board chairs were replaced by women and two female board chairs were replaced by men between 2018–19.

Figure 11. Executive heads

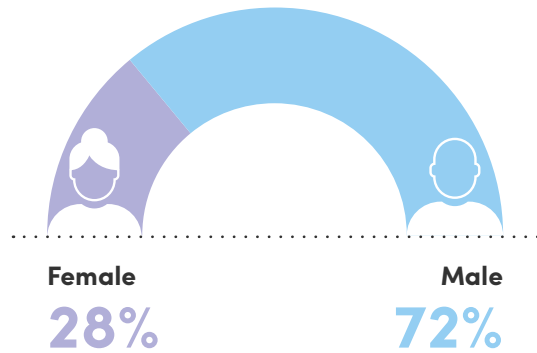
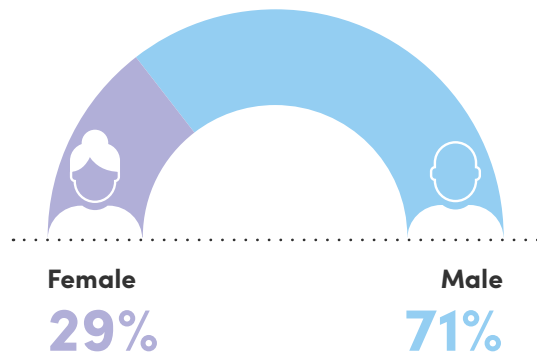


Figure 12. Board chairs



8. Gender pay gap: a visible manifestation of gender-inequality in global health

Across organisations for which data is available,¹³ the median earnings of male employees are 13.5% higher than for female employees. Men’s median bonus payment is 22.8% higher.

Among the organisations reviewed, 25% (50/198) publish gender pay gap data.

Just **eight** of the 50 organisations reported their pay gap data voluntarily. The other 41 have reported their data as obligated under UK law (and one under Scottish law).

Among the 27 US-based non-governmental organisations (NGOs) in our sample,¹⁴ male CEOs are paid on average \$41,000 more than female CEOs, even after controlling for revenue size.

13.5%

Difference in median earnings of male and female employees

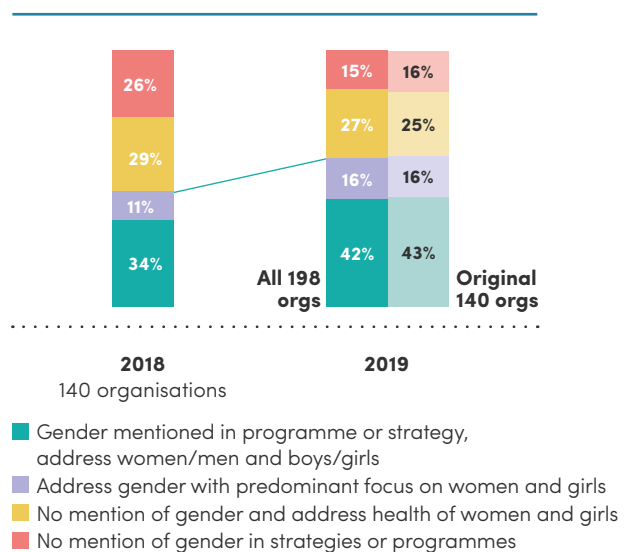
IV: Gender-responsive programming

9. Gender in programmatic strategies: too little recognition that gender drives health outcomes

Ensuring gender equality in health requires gender-responsive analysis and gender-transformative planning, investment and programming to promote changes in the norms and power dynamics that influence the health and wellbeing of women, men and transgender people.

Approximately 60% of organisations (110/186) mention gender in their strategic and programming documents. This marks

Figure 13. Programmatic policies to guide gender-responsive action



a sizable increase over 2018, when 45% of organisations were found to have gender-responsive strategies in place.

Seventy-seven (41%) organisations focus predominantly on the health of women and girls, and the majority of them (47/76) do so without explicitly adopting a gender-responsive approach.

10. Sex-disaggregated monitoring and evaluation data: walking the talk on evidence?

Gender data, often described as data disaggregated by sex and analysed to understand the differential service access or health outcomes for women, men, girls, and boys, is pivotal to exposing and understanding gender-based inequities in health and development. Yet organisations generally fail to even present sex-disaggregated programmatic data.

Fewer than half (86/196) of organisations disaggregate their programme data by sex, and a further 7% (14/196) report the proportion of beneficiaries who are women and girls. The proportion of organisations that do not report sex-disaggregated data has fallen from 53% in 2018 to 39% in 2019. Around one in 10 organisations appear to support the idea of sex-disaggregated data and analysis, but do not present this data on their websites or in their flagship reports—a number unchanged since 2018.

Figure 14. Reporting sex-disaggregated data on programmatic activities

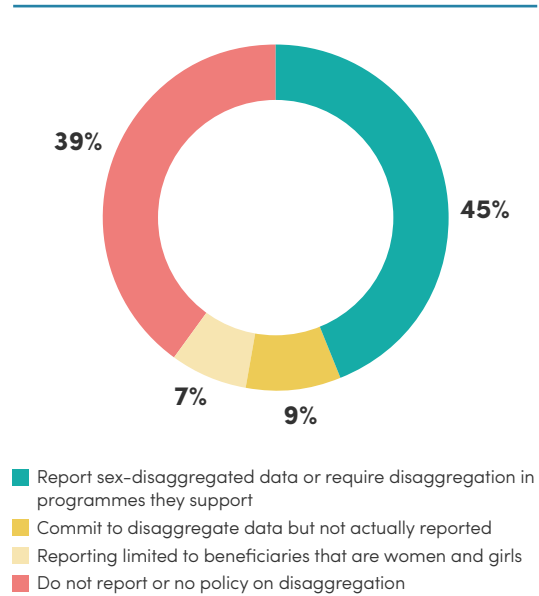
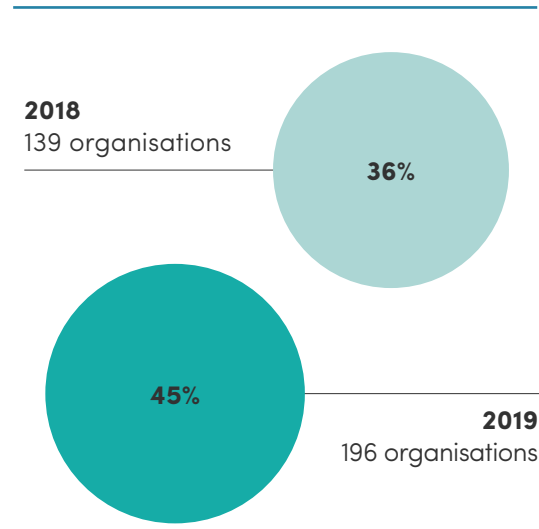


Figure 15. More organisations are reporting sex-disaggregated data



GENDER IS NOT BINARY:

Transgender people neglected by global organisations with an interest in health

Among private sector and consulting firms with publicly available workplace gender equality policies, 30% are inclusive and supportive of transgender employees.

Such inclusive policies are rare in all other sectors in our sample. Moreover, despite SDG commitments to data disaggregation, we only found one organisation which included disaggregated data on transgender health status.

Just two of the organisations included in this study reference transgender people in more than two policy and programme domains—and both are beverage companies (AB InBev and Coca-Cola).

Our review identified only 15/198 organisations with programmatic strategies that refer to transgender health—just 8% of the sample.

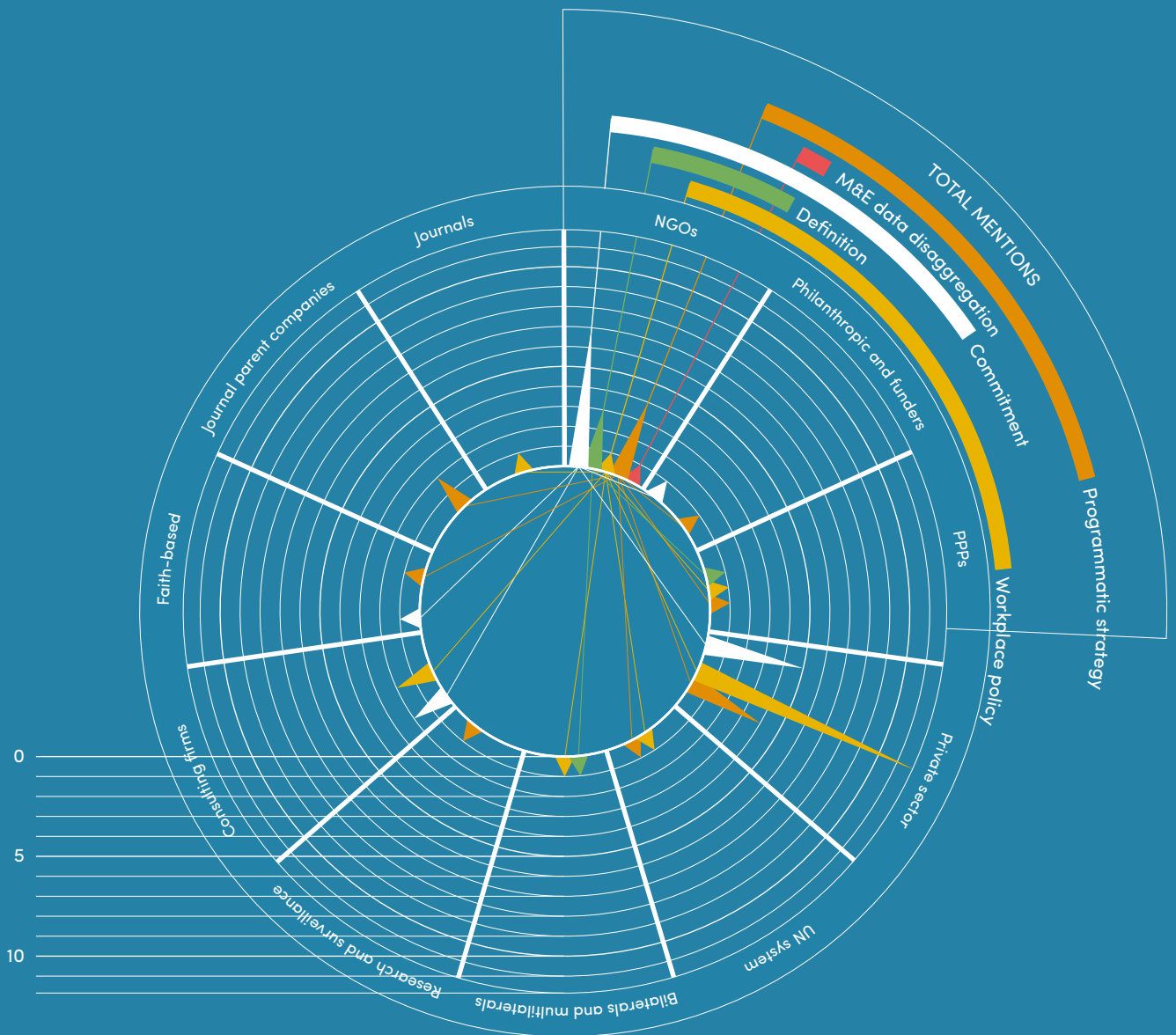
Many health-related needs and concerns of transgender people have been neglected in research and programmes.¹⁵

Nonetheless, a growing body of evidence suggests that transgender people face a disproportionately high burden of some risk factors and diseases including mental health disorders, substance abuse, violence, as well as HIV and other sexually transmitted infections—irrespective of their income setting.^{16,17} For example, transgender women are 49 times more likely to be living with HIV than non-transgender men or women¹⁸ and face higher rates of mental disorders than the general population.¹⁹ Transgender people also often face a range of legal, economic and social barriers which undermine their ability to access health care—which infringes on their human rights—and in turn exacerbates health inequities.

Organisations addressing health issues which disproportionately affect transgender people, should have policies and strategies that recognize and are responsive to their specific needs. The GH5050 analysis, however, reveals that organisations active on those issues are largely blind to the needs of transgender people.

Figure 16. Little recognition of transgender people across organisations' gender-related policies

Number of organisations that mention transgender people in their workplace and programmatic policies, by sector.



Box 3. Exerpts from organisational policies inclusive of transgender people

GENERAL ELECTRIC

“The GLBTA (Gay, Lesbian, Bisexual, Transgender and Ally Alliance) is focused on creating a more inclusive environment for all employees at GE, and promoting the company's commitment to developing GLBT talent around the world. GE’s commitment to the GLBT community is supported by the GLBTA as well as through inclusive benefits such as same-sex spousal benefits and bereavement leave.”²⁰

UNWOMEN

“At UN Women, we are working to implement the UN-GLOBE recommendations for ensuring an inclusive workforce for trans and gender non-conforming staff members and stakeholders in the UN system. We are also pressing for the application of these rights across society more broadly, including through the UN’s Free & Equal Campaign, in UN Women’s close partnership with civil society and in our support for movement-building, in order to deepen awareness of the discrimination and violence faced by LGBTI individuals and the steps that we can take to end it.”²¹



High performers and most improved organisations since 2018

Based on the findings across the four dimensions of our analysis, GH5050 identified 14 very high-scoring organisations and a further 17 high-scoring organisations.²²

VERY HIGH SCORERS:

Department for International
Development, UK (DFID)
Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ)
GAVI, the Vaccine Alliance
Global Affairs Canada
Global Health Action
Journal of Global Health
Mercy Corps
Plan International
Population Services International
(PSI)
Swedish International Development
Cooperation Agency (Sida)
UN Women
Unilever
United Nations Development
Programme (UNDP)
United Nations Population Fund
(UNFPA)

HIGH SCORERS:

BRAC
Food and Agricultural Organization
of the United Nations (FAO)
Foundation for Innovative New
Diagnostics (FIND)
Global Alliance for Improved
Nutrition (GAIN)
International Federation of Medical
Students' Association (IFMSA)
International Planned Parenthood
Federation (IPPF)
Jhpiego
Joint United Nations Programme on
HIV and AIDS (UNAIDS)
Nutrition International
Population Reference Bureau (PRB)
Scaling Up Nutrition
Stop TB Partnership
The Global Fund to Fight AIDS,
Tuberculosis & Malaria
United Nations Office on Drugs and
Crime (UNODC)
UNICEF
University of Edinburgh
World Bank Group

Global Health 50/50 is pleased to recognise organisations that made significant improvements across a range of domains. These include:

AB InBev	International Federation of Red Cross and Red Crescent Societies (IFRC)
AbbVie	Islamic Development Bank
AVERT	Mercy Corps
Clean Cooking Alliance	Novartis
Coca-Cola	Nutrition International
Drugs for Neglected Diseases Initiative (DNDi)	Open Society Foundations
DSM	Partners In Health
EngenderHealth	Pathfinder International
Foundation for Innovative New Diagnostics (FIND)	Plan International
GlaxoSmithKline (GSK)	Population Services International (PSI)
Global Alliance for Improved Nutrition (GAIN)	Reproductive Health Supplies Coalition
Health Action International	Unilever
Heineken	US Council for International Business (USCIB)
International Federation of Medical Students' Association (IFMSA)	World Bank Group

Policies are necessary but insufficient: time to walk the talk

Organisations have been scored based on whether they have gender-responsive policies in place, and some indicators of practice—namely sex-disaggregation of data, reporting gender pay gap and parity in senior management and boards. Such analysis provides a critical initial understanding of whether an organisation has an adequate policy foundation in place to foster a gender-equitable workplace and guide gender-responsive programming.

Looking forward, however, a better understanding of the extent to which (and how) sound gender-responsive policies lead to gender equitable practices and improved health outcomes as well as inclusive, diverse and dignified workplaces is clearly needed in the sector. Experience suggests that enlightened leadership, organised and empowered staff and robust independent monitoring all play a role. Yet more qualitative research is required to understand what works, as is urgent implementation of best practices.

"Transparency is the keystone of good governance. Without transparency, trust in the edifice of public institutions crumbles. I was concerned to learn that Global Health 50/50 could not access key policies from many global organisations active in health—including quite a number that are publicly financed. Global health ought to be leading, not lagging, on transparency."



Helen Clark

Former Prime Minister
of New Zealand and
Administrator of UNDP
Member of the GH5050
Advisory Council

Transparency: we can't fix what we can't see

Transparency and accountability are cornerstones of good governance, for effective governments and organisations. As Global Health 50/50 has underscored, putting in place gender-sensitive policies is not enough to ensure organisational change where interests and institutions are too often stacked against gender equality.

Critically, transparency ensures that the decisions and actions of public officials, civil servants, managers, board members and businesspeople are available for public scrutiny.²³ This is particularly important as many of the organisations active in global health are publicly funded by governments that have statutory transparency requirements and accountabilities towards tax-payers. There is no reason why the organisations they fund should not be held to the same standard.

Making organisational policies publicly available sends a signal about organisational priorities as well as fulfilling any stated commitments to transparency and enabling public scrutiny and external accountability.

Thus, ensuring that gender-related policies, including gender pay gap data, are accessible in the public domain can foster a culture of openness which is critical to organisational change. For example, the statutory requirement for UK firms to publish pay gap data rendered visible the stark inequalities and resulted in a national debate and some commitments to improve practice, and, hopefully, will hasten the closing of the gap.

Making policies available in the public domain also enables managers and staff to compare their own policy environment with others to inform good practice. Importantly, it provides prospective employees essential information to guide and empower their career choices and enables the organisation to attract talent from a wider pool of candidates.

Despite such assumed benefits, just 14% of the organisations in our sample have placed all three of the gender-related workplace policies reviewed by GH5050—workplace gender equality policies, sexual harassment policies and parental leave policies—in the public domain. The UN system outperforms other sectors by a wide margin.

Organisations with transparency of three gender-related policies under review

AbbVie	Nestle
Accenture	PwC
BP	RBM Partnership to End Malaria
Coca-Cola	Scaling Up Nutrition
ExxonMobil	Stop TB Partnership
Food and Agricultural Organization of the United Nations (FAO)	Swedish International Development Cooperation Agency (Sida)
Global Alliance for Improved Nutrition (GAIN)	UN Women
Global Affairs Canada	UNHCR
Global Health Action	UNICEF
icddr,b	United Nations Development Programme (UNDP)
International Labour Organization (ILO)	United Nations Office on Drugs and Crime (UNODC)
Johnson & Johnson	United Nations Population Fund (UNFPA)
Journal of Global Health	University of Edinburgh
Merck	World Bank Group
National Institutes of Health (NIH)	

Figure 17. Workplace policies online, by sector

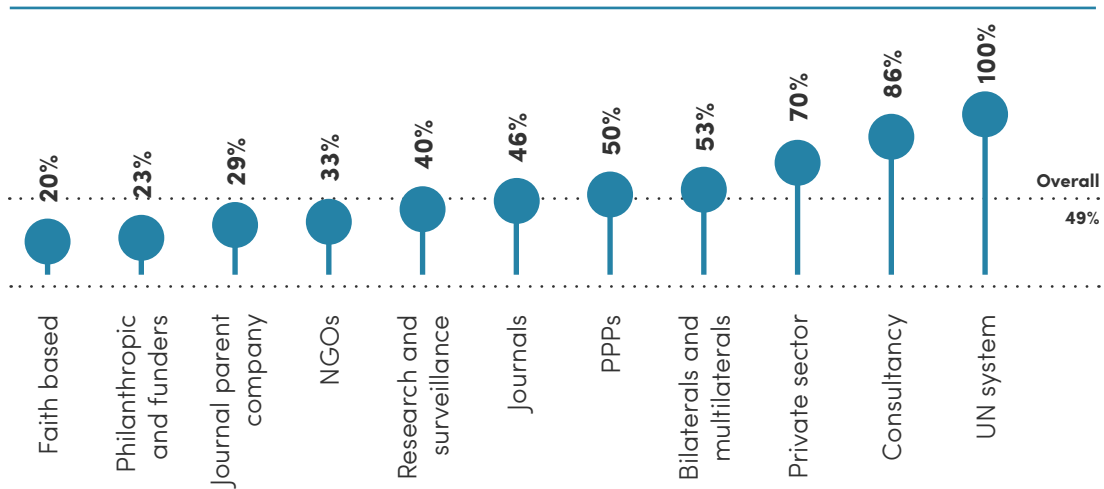


Figure 18. Sexual harassment policies online, by sector

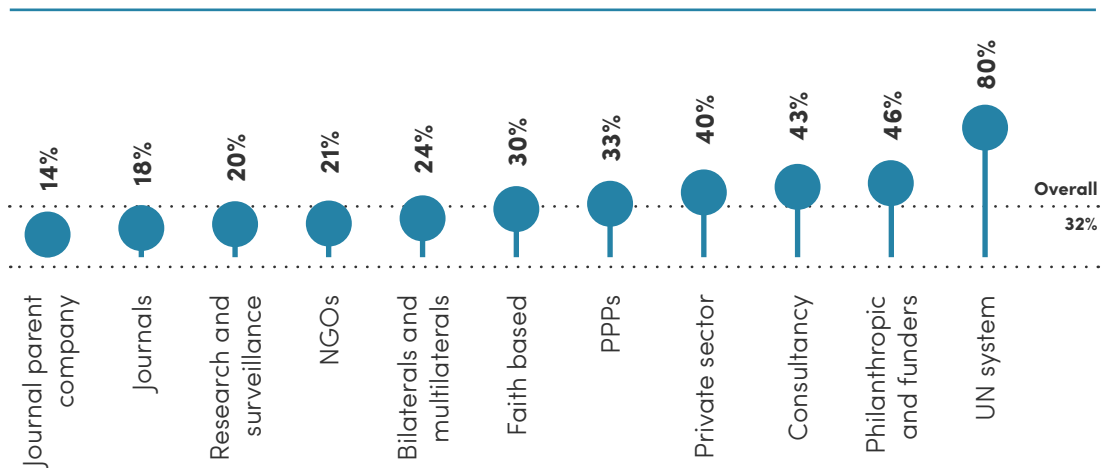
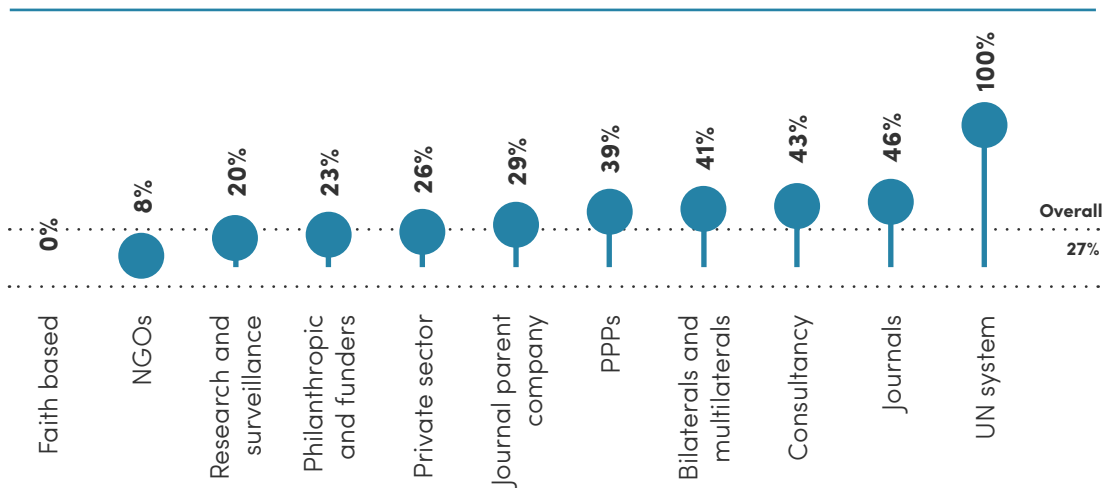


Figure 19. Parental leave policies online, by sector



GLOBAL HEALTH: HOW GLOBAL?

The organisations reviewed in this report have headquarters that are heavily concentrated in North America and Western Europe. This reflects the fact that the majority of global health organisations have traditionally been headquartered in higher-income, international hubs such as New York and Geneva. The skewed sample also likely reflects the networks of the Global Health 50/50 collective. The collective explored several avenues to identify additional organisations headquartered in the ‘global south’ to include in the 2019 sample. Such efforts identified just 13 additional ‘southern’ organisations.



Figure 20. Distribution of organisational size (# staff) across the sample

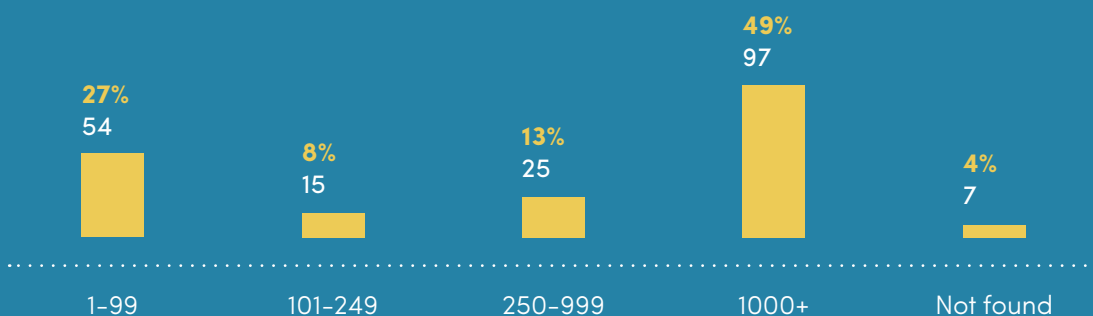


Figure 21. Headquarters of 198 organisations across the globe

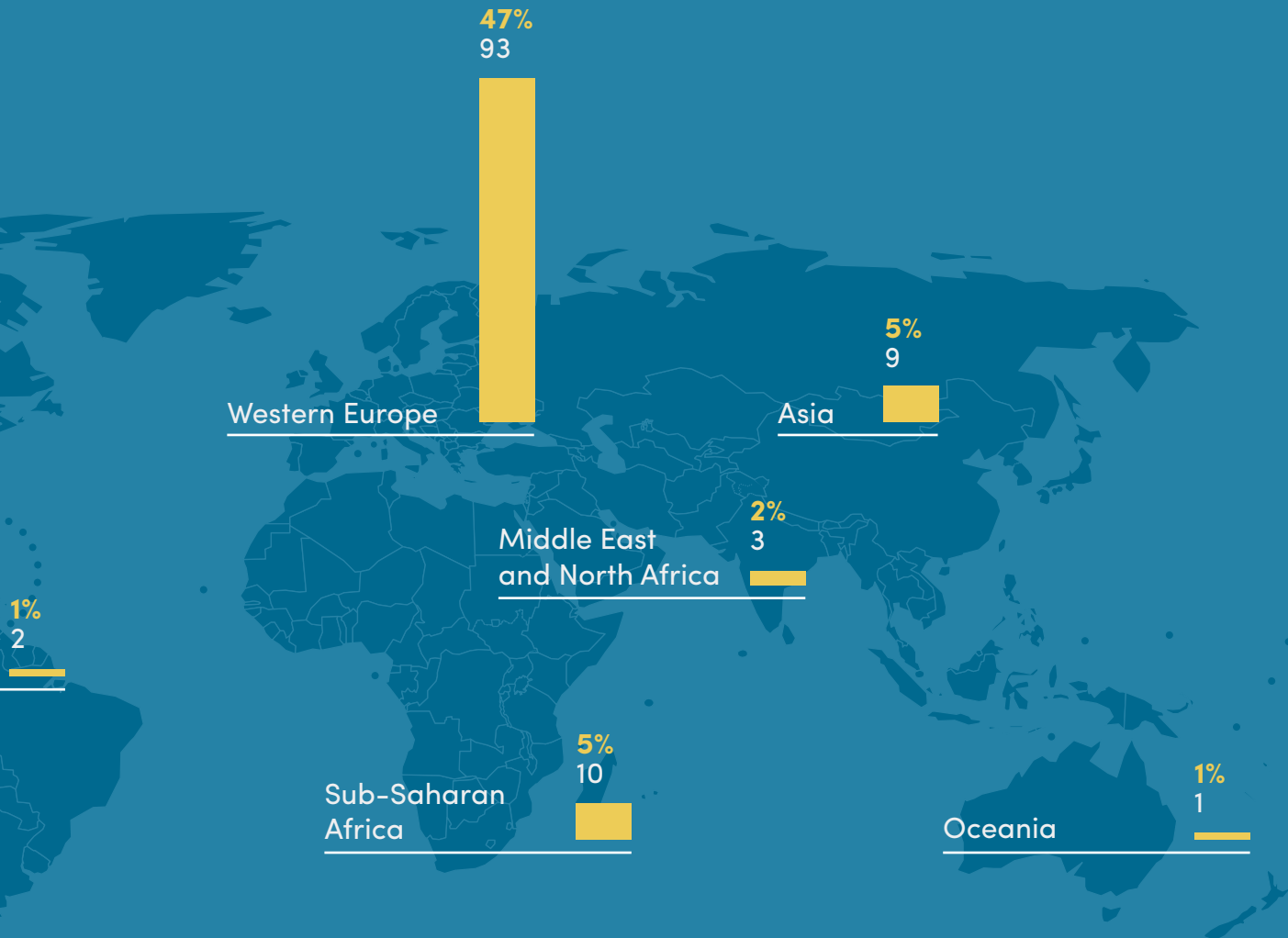
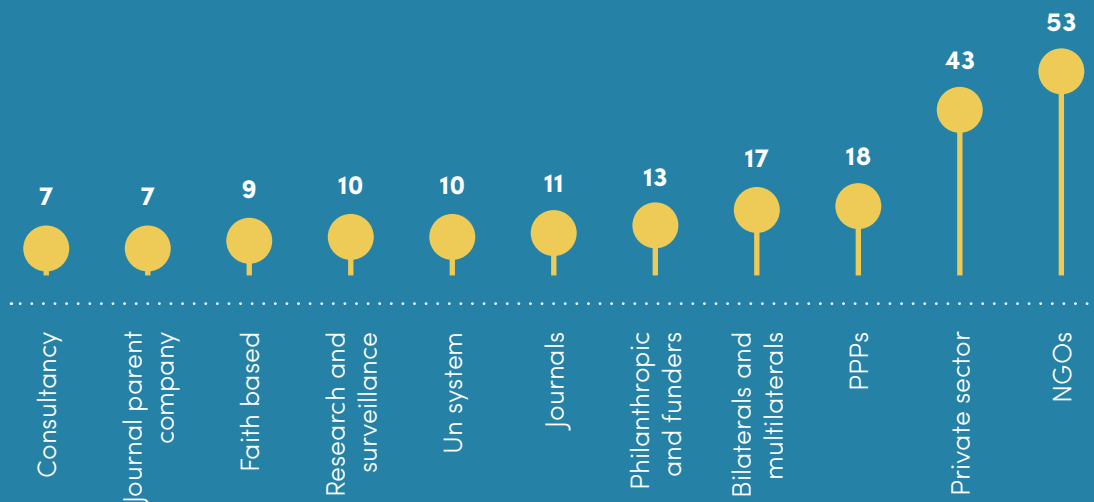


Figure 22. Sample size of each sector (number of organisations)



PART II.

FINDINGS AND RECOMMENDATIONS

Examining the gender policies
and practices of 198 global
organisations active in health,
and proposing recommendations
for progress

Gender: Equality Works

Doing the right thing: gender equality

Gender equality is both a human right and a prerequisite for achieving social, economic and environmental progress that is universal and sustainable.

National progress towards gender equality is not a matter of wealth, population or geography, as evidenced by the diversity of the world's ten most gender equal countries.*,²⁴

The message of gender equality is finally beginning to be heard around the world. The #MeToo and allied movements have thrust issues of harassment, abuse of power, authority and gender inequality in the workplace into the global discourse. In the past year, legal protections of women's rights have been adopted in Cameroon, Chad, Egypt, Guinea, Morocco and Tunisia.

Gender equality and political participation and power: In twenty-one countries women now occupy positions as Head of State or Government, six of them appointed or elected in the last year alone. And while fewer than a dozen countries have achieved parity at the level of the cabinet, many are recording progress in national assemblies—for example, in 2018 24% of all national Parliamentarians were women—a doubling of the proportion since 1995.²⁵ Nonetheless, there are still four Parliaments without a single female representative.

More women in leadership delivers benefits across society. Studies have shown that constituencies represented by female legislators experience a growth premium,²⁶ and more women in government may improve population health. Women leaders have tended to invest more in health-promoting policies such as healthcare, family benefits, social services and education. Women's participation and representation in politics is associated with reductions in maternal death.²⁷ Across Canadian provinces, recent research has shown that as the representation of women in government rose, both male and female mortality rates tend to fall, net of alternative explanations.²⁸

Gender equality and organisational success: The economic and business case for increasing gender diversity has never been stronger.²⁹ A recent McKinsey report found that gender diversity is strongly correlated with both profitability and value creation.³⁰ Increasing gender diversity across management and leadership leads to increased productivity, innovation and financial performance. Research has also shown that gender-balanced teams have greater potential for creativity and contribute to better decision outcomes.³¹

The pursuit of gender equality in organisations depends on having the right policies in place,

* Iceland, Norway, Sweden, Finland, Nicaragua, Rwanda, New Zealand, Philippines, Ireland, Namibia

along with accountability systems to ensure the policies are implemented. In the search for policy solutions, research from around the world confirms that equitable maternity, paternity and parental leave, in addition to other flexible working arrangements, are essential to fostering gender equality in the workplace. Such entitlements contribute to reducing the women leadership deficit and the gender pay gap, as well as ensuring better recruitment results, higher employee morale and increased productivity overall.

Nonetheless, while issues of gender equality and women's empowerment appear to be

enjoying unprecedented levels of public and policy attention, a long road remains ahead and change is not inevitable. We see evidence of stagnating progress across sectors and countries, and backlash in some places against many of the progressive measures to achieve gender equality. Organisations are confronted by the challenge of how to seize today's momentum for lasting change that improves the lives of all people in and outside of the workplace, builds effective, future-ready organisations, and contributes to the kind of inclusive society the world has committed to achieve by 2030.

From good intention to good practice: fostering workplaces that work for everyone

The number of global organisations active in health and publicly stating their commitment to gender equality is growing. Yet far too few of those organisations appear to have evidence-informed policies in place to actively promote equality within their workplaces. Fewer still are governed and managed by equal numbers of women and men. Can organisations be doing more to turn good intentions into good practice?

Global organisations—leaders and staff—have the power to close the gender gap in career pathways and pay. Creating a culture of equality unlocks human potential and shapes a workplace where everyone can advance and thrive.

Achieving a more gender-equal culture is not simply a question of hiring more women. It requires interrogating all policies and practices along the career path that reinforce norms of male-default and male-dominated leadership and senior management. In addition to increasing women's participation in the workforce, policies are needed that

are family-friendly and enable both women and men to fulfil their caring responsibilities outside the workplace, policies that support more women to stay in the workforce and advance into leadership positions, and embedding gender parity expectations in the future of work. A more gender equal workplace relies on leadership that builds good management practices into systems—at all levels and in all aspects of the work environment—including trust-building, transparency and accountability.

The lack of gender equality in the workplace reflects a broader, historical pattern of injustice. It is incumbent upon organisations—particularly those committed to advancing global health and development—to confront and address this injustice.

The 2019 Global Health 50/50 Report provides an in-depth review of a range of factors that contribute to gender equality in the workplace, serve to attract and retain the best people and build inclusive, equitable and higher-performing organisations.

Seven principles for gender-transformative policy development

Global Health 50/50 offers the following principles to organisations for consideration in developing or updating their gender-related policies, based on the recommendations in this report.

- 1 **Policies should articulate a clear and compelling vision and indicate how specific measures will contribute to a better workplace, stronger organisational culture, and more equitable, respectful and dignified working environments.**
- 2 **Policies should be clear, written in plain, gender-neutral language (where applicable) and easy to access.**
- 3 **Policies should be accessible to staff and managers and ideally available to the public for transparency and accountability.**
- 4 **Policies should apply to all staff in a non-discriminatory manner, irrespective of who they are or where they are employed (unless there are valid and transparent reasons for not doing so).**
- 5 **Policies should be mutually reinforcing and not contradictory.**
- 6 **Policies should be role modelled by the people who set them—organisational leadership—who should also ensure a climate exists where employees are able to exercise their rights and entitlements, without fear or risk of being penalised for doing so.**
- 7 **Policies should contain specific time-bound targets against which progress can be independently monitored, assessed and reviewed, and findings transparently shared with staff and other stakeholders to ensure accountability.**

I: Commitment

1. Organisational commitment to gender equality

The past year has seen a rise in organisational commitment to gender equality.

Findings:

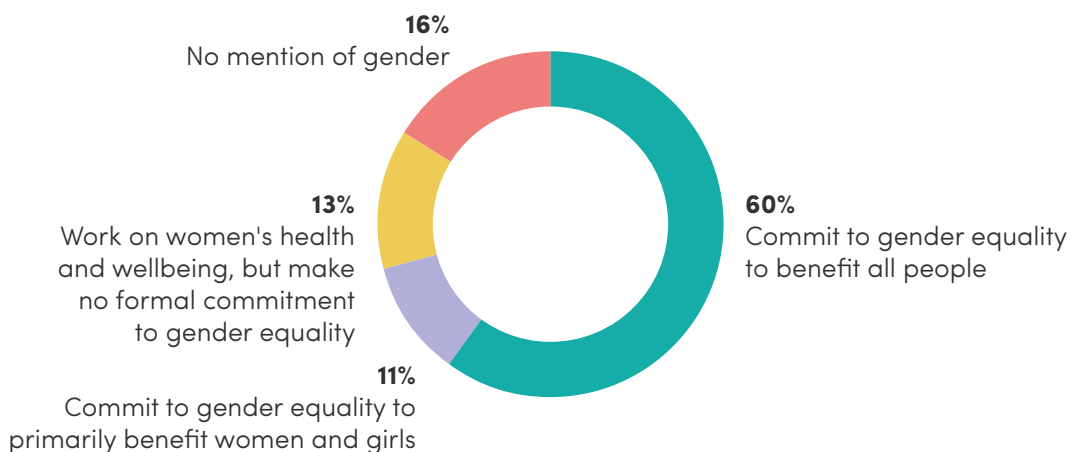
Seven out of ten organisations (143/198) reviewed publicly state their commitment to gender equality in their mission, vision or major policies and strategies. This marks a notable increase over the previous year where just over half of the

organisations (55%; 76/140) stated such a commitment.

The message that gender equality serves all people appears to be increasingly adopted by organisations. The proportion of organisations committed to gender equality primarily for the benefit of women and girls fell from 21% to 12%.

The perception that gender is irrelevant to organisations' core work, regardless of their field or industry, appears to be shifting: the proportion of organisations that are silent on gender decreased between 2018 and 2019. However, one out of six organisations remain silent on this issue which has profound implications for health equity outcomes and career equality.

Figure 23. Public commitment to gender equality



The number of organisations in our sample committing to gender equality include 18 private sector companies that have adopted the Women’s Empowerment Principles.³² Developed by UN Women and UN Global Compact, these principles offer seven steps to guide business on empowering women in the workplace, marketplace and community and include specific measures to promote and measure gender equality. We have taken the adoption of these principles as a proxy for an explicit commitment to gender equality by these companies. An additional five companies have made an explicit commitment to the SDGs in general but not to gender equality specifically—we also took this commitment to the SDGs as a proxy for a commitment to gender equality.

We have also used a proxy for a commitment to gender equality among the health and medical journals—specifically whether they have signed up to the International Committee of Medical Journal Editors (ICMJE) Recommendations.³³ These

recommendations encourage the correct use of the terms sex and gender. They further urge journal authors to discuss the influence or association of variables, such as sex and/or gender, on their findings.

Figure 24. Public commitment to gender equality: 2018 vs 2019

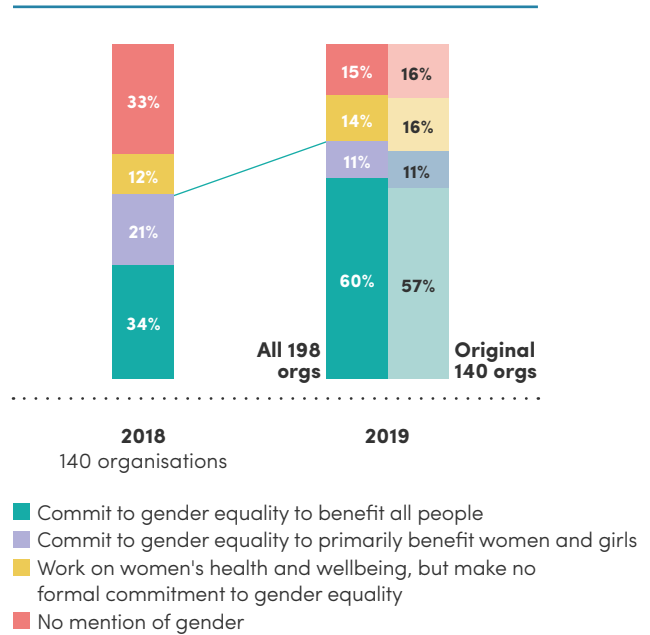
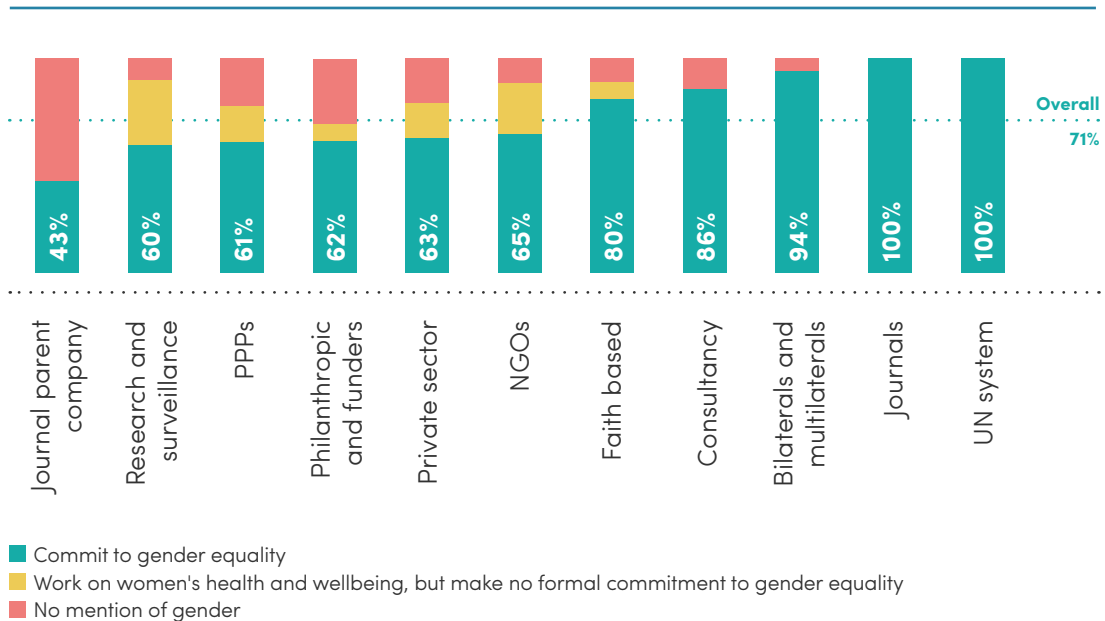


Figure 25. Public commitment to gender equality, by sector



14

organisations specifically recognise transgender people in their commitment to gender equality

18

private sector organisations are signatories to the Women's Empowerment Principles

Recommendations:

1.1 Global organisations active in health should make an explicit public commitment to gender equality.

1.2 Having made a commitment to gender equality, leaders of global organisations should adopt policies and incentivise practices that respond to evidence on the impact of gender on the health, wellbeing and careers of all people.

"The GH5050 report has pushed us towards transparency of our organisational culture of gender equality. Health Action International's Gender Policy now defines specific commitments to gender equality within our organisational culture, as well as the work programmes that we implement and support."



**Tim
Reed**

Executive Director of Health
Action International

2. Defining gender

Despite a growing commitment to gender equality, for most global health organisations, the meaning of gender remains ill-defined or undefined.

The concept of gender and its definition remains a controversial and highly politicised issue in some places around the world.

Defining gender in a way that is consistent with global standards is a critical early step towards bringing a gender lens to work on global health, and international definitions have been established by the World Health Organization and UN Women. Recognising and responding to gender means not only focusing on individual women and men but also on the social, cultural and political systems that determine gender roles and responsibilities, access to and control over resources, and decision-making power.

Findings:

Just 33% (65/198) of organisations define gender in a way that is consistent with global norms. An additional 11% (21/198) of organisations mention gender-related terms (e.g. “gender diversity”) but do not provide any definition of gender in their work. Only nine organisations specifically mention transgender populations in their definition.

Four organisations have a definition of gender to guide their programmatic work but which is not available to the public (contained in internal policy documents).

Figure 26. Definition of gender consistent with global norms

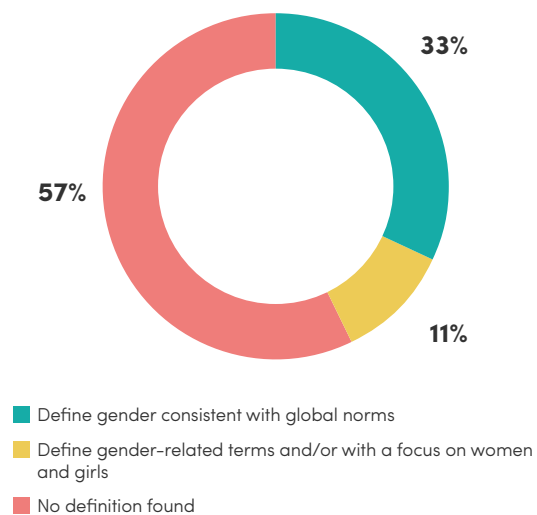
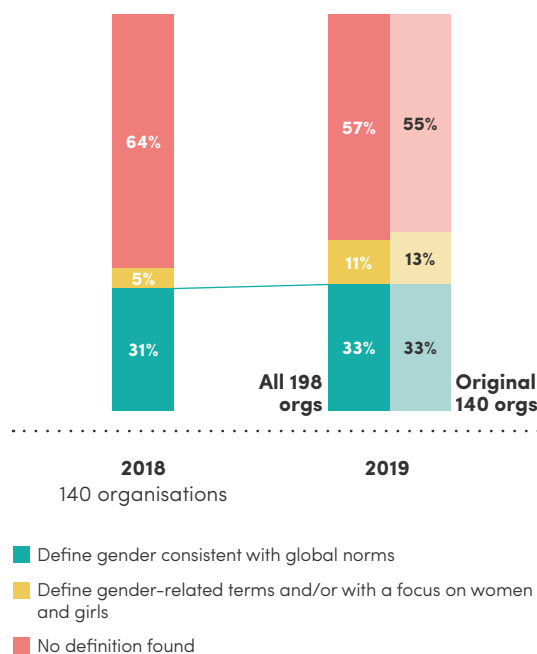


Figure 27. Definition of gender consistent with global norms: 2018 vs 2019



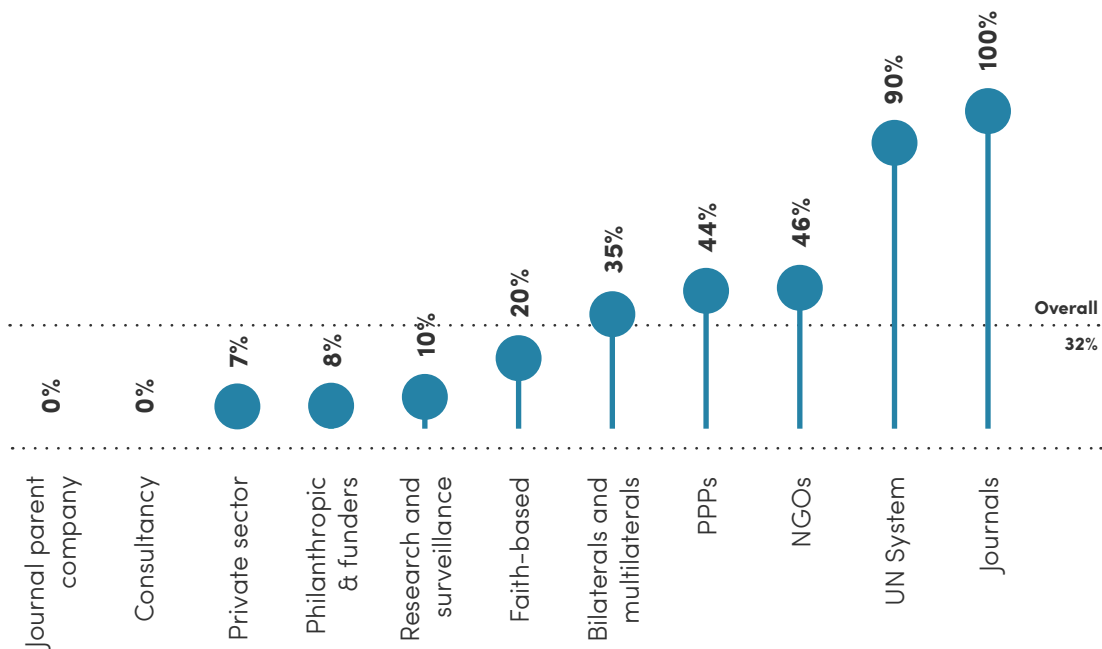
"We recognize the importance of clarifying the dimensions of gender and therefore have decided to include a definition of it as one of our five principles in the RHSC 2015-2025 Strategic Plan. That definition is now publicly available on our website."



John P. Skibiak

Director of Reproductive
Health Supplies Coalition

Figure 28. Definition of gender consistent with global norms, by sector



All journals in the sample perform positively because they either follow ICMJE recommendations (10/11) or because they have an organisational definition (1/11).

Recommendations:

2.1 Global organisations active in health should adopt definitions of gender and gender equality that are consistent with global norms.

2.2 Global organisations should put in place policies and processes to ensure a common organisational understanding and broad ownership of the definition of gender, and the practices required to achieve gender equality.

II: Comprehensive policy content

3. Workplace gender equality strategies

Policy content has yet to catch up with a growing commitment to gender equality.

Support for gender equality in the workplace means fostering a supportive organisational culture for all staff and requires corporate commitment, specific measures particularly at times of career transition points, and accountability. Examples of specific measures include:

- Mentoring, training and leadership programmes
- Targets
- Policies for gender-responsive recruitment processes
- Gender elements in staff performance reviews and staff surveys
- Regular reviews of organisational efforts and reporting back to all staff

Findings:

The number of organisations reviewed that have taken the concrete step of identifying gender equality targets and putting specific measures in place to achieve a gender-balanced workplace is surprisingly low. Half (97/198) of organisations have workplace gender equality or diversity and inclusion

Figure 29. Workplace policies to promote gender equality

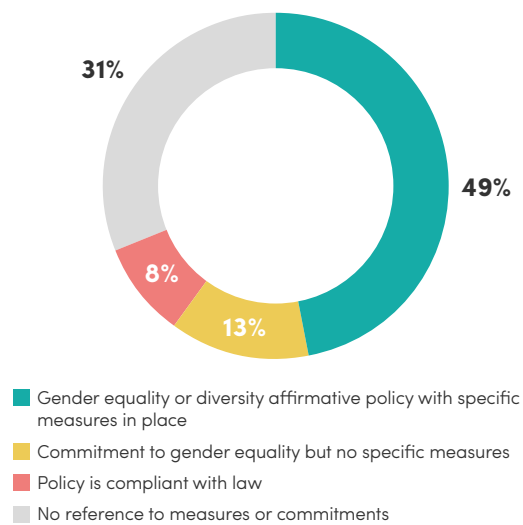
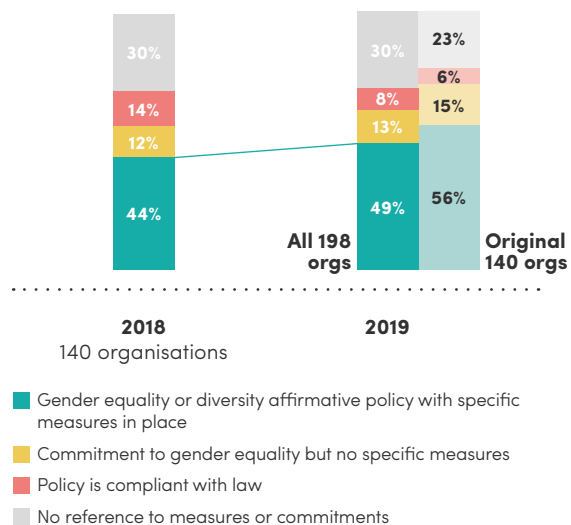


Figure 30. Workplace policies to promote gender equality: 2018 vs 2019



policies which contained explicit targets, strategies and/or plans.

Transparency of organisational efforts to improve gender equality is also essential.

Monitoring data overtime and transparently sharing it with employees is critical to creating shared accountability, and understanding trends to recruit, develop and retain a gender diverse workforce.

Recommendations:

3.1 Global organisations active in health should undertake assessments of whether and how gender equality is embedded in their institutions by, for example, using the International Gender Champions 'How To' Checklist.³⁴

3.2 Global organisations active in health should implement a range of interventions to promote gender equality in career progression including:

(i) Adopting clear policies to support staff in balancing personal, family and professional commitments such as flexible working arrangements and paid parental leave;

(ii) Implementing remuneration systems that ensure equal pay for equal work;

(iii) Rolling out systematic staff trainings, leadership and mentoring programmes and institutionalising space for dialogue, debate and learning on gender and gender equality in the workplace;

(iv) Including 'gender competence' in all job descriptions and performance monitoring systems to ensure accountability; and

(v) Demonstrating and implementing zero tolerance for sexual- and gender-based harassment.

3.3 Specific sectors should tailor approaches in line with their roles and functions in the global health landscape. For example, funders should consider attaching gender equality and gender workplace policy requirements to the funding eligibility of grantee organisations.

4. Policies to prevent and address sexual harassment

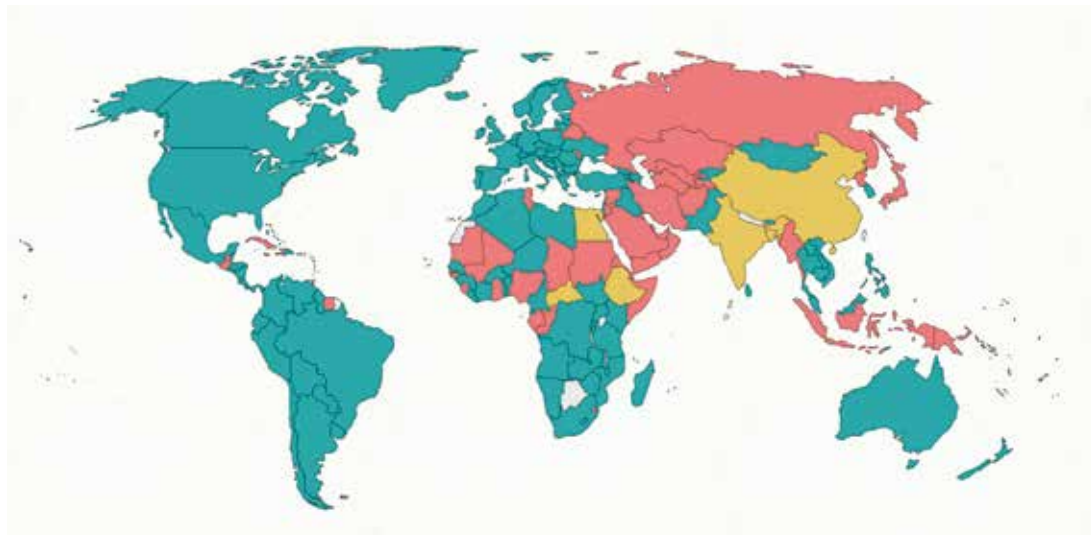
Sexual harassment violates human rights

Sexual harassment is a human rights violation in a context of unequal power relations such as a workplace and/or gender hierarchy.³⁵ Harassment, abuse and exploitation adversely impact people and performance in every sector and every country. They are driven by and contribute to fostering an organisational culture of hostility, distrust and discrimination, and can result in significant mental and physical health consequences.

Yet sexual harassment and abuse is common. In European Union countries, for example, between 40–50% of women have reported unwanted sexual advances, physical contact or other forms of sexual harassment at work.³⁶ Despite its high prevalence, one-third of countries have no laws against sexual harassment in the workplace (Figure 31).³⁷ Even where laws exist, they are often weak, or their related policies, practices and resources are too inadequate to be effective.

Sexual harassment in the global health and development sector is widespread despite the sector being entrusted with protecting and realising the fundamental principles of human rights. One in three UN employees report being sexually harassed in the past two years.³⁸ The most common forms of sexual harassment reported

Figure 31. Countries where sexual harassment is explicitly prohibited in the workplace



- No prohibition
- Only harassment of women
- Yes, for both women and men

Source: World Policy Analysis Center, Discrimination at Work Database, 2017.

by respondents were: sexual stories or jokes that were offensive (21%), offensive remarks about their appearance, body or sexual activities (14%), unwelcome attempts to draw them into a discussion on sexual matters (13%), gestures or use of body language of a sexual nature, which embarrassed or offended them (11%), and touching which made them feel uncomfortable (10%).

In many organisations, existing safeguards and whistleblowing arrangements are not adequate or trusted by employees. Reports of harassment are often disregarded, perpetrators are protected by their senior positions, and victims are given little support. As a result, inappropriate behaviours are normalised and many victims are forced to leave their jobs.³⁹

Key elements of a comprehensive sexual harassment policy: GH5050 scoring index

A comprehensive policy is a fundamental first step towards preventing and addressing sexual harassment. Best practices on preventing sexual harassment are still in development and there is a limited set of practices on which to draw that have proven effective over the medium or long term.⁴⁰ Promising practices are emerging however. Drawing on these practices as well as existing global norms (see recently adopted UN model policy, Annex 3), a range of public and private sector guidelines and peer-reviewed publications, GH5050 identified four elements of a comprehensive sexual harassment policy. These elements include the features:

Key measures	Corresponding GH5050 elements
<ul style="list-style-type: none"> • Statement of non-tolerance of sexual harassment • Definition of sexual harassment • Examples of sexual harassment 	Commitment and definition
<ul style="list-style-type: none"> • Guarantee of confidentiality to the complainant • Guarantee that complainants will not be retaliated against 	Protections
<ul style="list-style-type: none"> • Provision of mandatory training⁴¹ for all staff 	Training
<ul style="list-style-type: none"> • Indication of informal and formal channels for reporting instances of sexual harassment • Description how complaints will be investigated • Stipulation of sanctions that will apply to those who are found to commit sexual harassment • Transparent reporting mechanism to all staff on, at a minimum, the number of sexual harassment complaints received, the number of cases investigated and the outcomes of those investigations. 	Reporting and accountability

"It is high time to move beyond rhetoric and tokenism in creating workplaces that are safe and dignified. Our efforts only matter if they are visible and measurable and truly improve the lived experiences of the people who serve our organisations. The GH5050 Equality Works report provides an evidence-informed wake up call to all global organisations active in health to walk the talk on policies to prevent and address sexual harassment."



Dr.
Ravi
Verma

Asia Regional Director,
International Center for
Research on Women
and Member of GH5050
Advisory Council

Findings:

One-third (63/198) of organisations publish their sexual harassment policies online. An additional 23 organisations shared their internal policies and consented to inclusion of their measures in our report. Seventeen organisations shared some (non-public) information regarding their sexual harassment policies and we used these to inform our understanding but they were not coded. We were unable to locate a sexual harassment policy for almost half (95/198; 48%) of the organisations in our sample. See full details in Annex 2.

To paraphrase a common proverb, a published policy does not a good policy make. In some cases organisations publish comprehensive policies; others however provide scant reference or lack details for many essential elements.

Of the 86 policies reviewed, 25 organisations received the highest scores

possible across all four elements of a comprehensive sexual harassment policy (see box). A further 32 policies contained select measures from each of all four elements, but not all at the highest score. Twenty-nine organisations had at least one of the four elements absent from their policies.

Across the four best practice elements, a majority (77%) of organisations outline procedures for reporting and investigation of cases of sexual harassment, and three quarters (76%) guarantee both confidentiality and non-retaliation. However, just over half (56%) outline a clear commitment to non-tolerance of abusive/harassing behaviours in the workplace, provide clear definitions of harassment and give examples of unacceptable behaviours. Of concern, fewer than half of the organisations in the sample (48%) stipulate the requirement for all staff to receive training on the policy (see Figure 33).

Figure 32. Sexual harassment policies: availability and performance

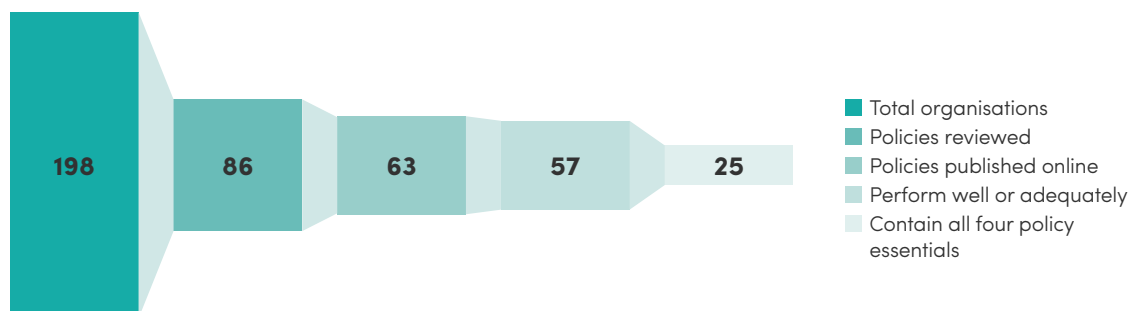


Figure 33. Sexual harassment policies with best practice elements (of 86 policies reviewed)



Box 5. 25 organisations that score “best practice” across all four elements of a comprehensive sexual harassment policy (14 of these organisations have these policies in the public domain*)

- | | | |
|---|---|---|
| AB InBev | Global Financing Facility (GFF)* | The Global Fund to Fight AIDS, Tuberculosis & Malaria |
| Abt Associates | icddr,b* | Unilever* |
| Accenture* | International Women's Health Coalition (IWHC) | United Nations Development Programme (UNDP)* |
| Clinton Health Access Initiative (CHAI) | Management Sciences for Health (MSH)* | United Nations Office on Drugs and Crime (UNODC)* |
| Drugs for Neglected Diseases Initiative (DNDi)* | Medicines Patent Pool (MPP) | World Bank Group* |
| EngenderHealth | Mercy Corps* | |
| Food and Agricultural Organization of the United Nations (FAO)* | Novartis | |
| GAVI, the Vaccine Alliance | Partners In Health | |
| Global Alliance for Improved Nutrition (GAIN)* | Pfizer* | |
| | Population Services International (PSI)* | |
| | SRHR Africa Trust | |

SEXUAL HARASSMENT POLICY ELEMENTS: EXAMPLES FROM ORGANISATIONS

Defining sexual harassment and providing examples in policy

icddr,b provides an explicit definition of sexual harassment.

Sexual harassment breaches the core values of icddr,b and is a violation of human and workers' rights. Although anyone may be subject to this behaviour irrespective of age, sex, marital status, education or profession, women are generally more victimized. The organization is committed to both preventive and corrective measures in this regard.

What is sexual harassment? Sexual harassment is inappropriate, unwanted and unwelcome conduct or behaviour of a sexual nature perceived as harassment by the receiver, which has an adverse effect on the dignity of women and men both inside and outside the workplace.⁴²

Pfizer and Management Sciences for Health provide a range of specific examples of sexual harassment, which include:⁴³

- *Obscene or vulgar gestures, posters, or comments*
- *Sexual jokes or comments about a person's body, sexual prowess, or sexual deficiencies*

- *Conversation about one's own or someone else's sex life*
- *Sending, displaying or showing derogatory cartoons, posters, and drawings*
- *Teasing or other conduct directed toward a person because of the person's gender*
- *Repeatedly asking a person to socialize during off-duty hours when the person has said no or has indicated he or she is not interested*
- *Gossip regarding an individual's sex life.*

Protections

DNDi's policy commits to maintaining confidentiality in reporting.⁴⁴

Confidentiality is particularly important during the reporting of potential incidents of Sexual Misconduct in order to ensure that the rights and dignity of victims are respected, that those with information are not hesitant to come forward, and to avoid damaging the reputation of individuals, workplaces, projects or organizations by the premature disclosure of allegations. As such, the number of people who are informed about any reported complaint should be kept to a

minimum, although other persons believed to be vulnerable and likely to become victims may be informed of the disclosing person's concerns. In particular, the identity of any person or entity reporting observed or suspicions of Sexual Misconduct must be kept confidential.

Accenture outlines provisions for non-retaliation.⁴⁵

Accenture has zero tolerance for retaliation against anyone who speaks up in good faith. Retaliation means any kind of unfair treatment, whether subtle or overt. There are serious consequences for retaliation, up to and including dismissal.

Training

DNDi recognises the need for organisation-wide training and awareness raising.⁴⁶

DNDi is committed to ensuring that effective sensitization and training measures are continuously developed and implemented with the aim to provide guidance and increase awareness of the risks of Sexual Misconduct or other inappropriate sexual behaviour and to develop skills for understanding, detecting, preventing and reporting any form of Sexual Misconduct or other forms of inappropriate sexual behaviour by any DNDi Staff. These trainings and sensitization courses are to be conducted at regular intervals in all DNDi workplaces.

Reporting and accountability

The World Bank outlines both informal and formal complaint reporting processes to employees.⁴⁷

5.1 Informal Complaint Process

The informal process is intended to provide a means for solving problems before parties become adversarial, through avenues which enable a staff member experiencing harassment to communicate with the person who is offending him/her in an open, honest and non-threatening manner. It is hoped that through discussion or mediation, parties will understand each other's point of view, and problematic behavior will cease. If the staff member is uncomfortable about approaching the harasser, he/she should seek the guidance of a third party, such as the supervisor, a Human Resources Counselor, other Human Resources staff, a Staff Association Counselor, an Anti-Harassment Adviser, the Ombudsman, the Senior Advisers on Racial Equality and Gender Equality, or the Manager, Mediation Office. In cases where the harassment is not egregious or chronic, an attempt may be made to resolve the matter informally. If both parties concur, the Mediation Office or the Ombudsman's Office can provide an opportunity for the aggrieved party to express his or her feelings and to ask for specific remedies.

5.2 Formal Complaint Process

If the matter is not suitable for mediation, or if one or both parties refuse mediation, the complainant can file a formal complaint with the Professional Ethics Office. The Professional Ethics Office will conduct a fair, prompt, and thorough investigation as outlined in Staff Rule 8.01. Investigations will be pursued as a harassment complaint only when it appears that: the complaint relates to harassment as defined in this policy; the complaint appears to have substance and to have been made in good faith. The complainants will be informed if the incident does not constitute harassment, and

therefore will not be investigated under Staff Rule 8.01. In such cases, they will be advised of the different avenues that can be taken to resolve the situation (e.g. a confidential review of the situation by Human Resources to determine if there is something that might be interfering with objective and positive operations in the work unit).

UNOPS outlines the procedure for the open reporting of results back to staff.⁴⁸

In the interests of transparency, the Executive Director may inform the Executive Board of disciplinary/administrative decisions taken in the course of the preceding year, and publish an annual report of cases of misconduct (without the individuals' names) that have resulted in the imposition of disciplinary/administrative measures. The Executive Director may choose to not disclose a case at his or her discretion. Any such report shall be made available to all personnel.

Recommendations:

4.1 Adopt a policy to prevent and address sexual harassment that meets best practice standards and is situated in a wider organisational policy framework that promotes dignity and civility at work.

4.2 Commit to zero-tolerance of sexual harassment in the workplace.

4.3 Provide a clear definition of sexual harassment, with examples of unacceptable behaviours.

4.4 Guarantee confidentiality and non-retaliation for the complainant.

4.5 Ensure mandatory training for all staff that is monitored and evaluated.

4.6 Provide clear information to all staff on formal and informal systems of reporting of harassment.

4.7 Ensure staff are aware of processes of investigation and available sanctions that can be applied.

4.8 Publish the (anonymised and collated, as necessary) outcomes of investigations.

5. Family-friendly workplace policies

Paid parental leave and its role in advancing gender equality

Major caring responsibilities (e.g. parenthood, attending to the needs of elderly, sick or disabled relatives) are a key determinant of equality of career opportunities for men and women. Paid leave policies empower women and men in the workplace, support economic security, benefit the health and wellbeing of families and can promote a positive work-life balance.

Leave policies include time off around childbirth or adoption but also policies to support staff in meeting their caring responsibilities across the life-course. Increasingly, evidence demonstrates that extending parental leave benefits for men contribute to more equitable gender norms around caring responsibilities, and help to

offset the 'motherhood penalty' and close the gender pay gap.⁴⁹

Evidence shows that paid parental leave⁵⁰ may promote improvements across a range of SDG outcomes relevant to maternal and child health and gender equality.⁵¹ Irrespective of national income levels, paid maternity leave has been associated with lower infant mortality.⁵² In high-income countries, studies have found that paid leave increases exclusive breastfeeding and may improve women's economic outcomes.

Policies that support individuals in meeting their caring responsibilities across the career path play a significant role in empowering people to remain and advance in the workforce—particularly women. Research shows that, with sufficient support from leadership and management and supervisors, flexible working arrangements (such as condensed working hours, teleworking, flexible hours, term-time working, etc) can be powerful tools to enhance staff inclusion.

Box 6. Leave policies: definitions⁵³

Definitions and statutory conditions of leave vary widely between countries in terms of length, entitlement and rates of remuneration. In this report we have, as far as possible, applied the following definitions to the analysis of organisational policies.

Maternity leave

Leave generally available to mothers, designed to protect the health of the new mother and child, taken before, during and immediately after childbirth.

Box 6. Continues

Paternity leave

Leave generally available to fathers, usually taken shortly after the birth/adoption of the child.

Parental leave

Leave available equally to mothers and fathers, either as: (i) a non-transferable individual right (i.e. both parents have an entitlement to an equal amount of leave); or (ii) an individual right that can be transferred to the other parent; or (iii) a family right that parents can divide between themselves as they choose (shared parental leave). May be available to both partners in same-sex relationships in some countries.⁵⁴

Flexible working

A way of working that suits an employee's needs.⁵⁵ Different modes of flexible working exist, including: job-sharing, working from home and telecommuting, part-time working, compressed hours, flexitime, annualised hours, staggered hours and phased retirement. In some countries there is a legal right to request flexible working arrangements and organisations are required to provide a "sound" reason for any denial of flexible working requests.⁵⁶

Support to returning parents⁵⁷

Alongside entitlements of returning to a previous post (or equivalent) after a period of leave (maternity/paternity/parental), some organisations offer support to returning parents in the form of, for example, opportunities for flexible working (see above), provision of private spaces/time for lactation, shipping breast-milk when travelling on business,⁵⁸ on-site childcare and/or financial support for childcare options. Some organisations also offer specific programmes including career coaching, expert advice⁵⁹ and dedicated personnel to support back-to-work transitions.⁶⁰

How much and for whom?

The extent to which leave policies deliver their potential benefits, including for career opportunities and progression, depends on the entitlements they provide. These include: the duration of leave; the wage replacement rate; whether leave, including shared leave, is made available to individual parents or

is transferable; whether there is support available to new parents returning to work and at subsequent stages in the life of the child; the nature of leave when caring for dependents who are not children, and; support for flexible working arrangements for all staff.

The International Labor Organization's Maternity Protection Convention (No.

183) states that all countries, regardless of income, should guarantee women a minimum of 14 weeks of paid maternity leave. The World Health Organization, however, recommends at least 6 months (26 weeks) of breastfeeding, which is challenging for working mothers without adequate paid leave policies or lactation support in the workplace.

In family-friendly nations like Sweden, parents are assured 480 paid days (68 weeks) per child, and each parent has an exclusive right to 90 of those days.⁶⁰ On the other end of the spectrum lies the United States, with no federal law mandating paid maternity leave—thus benefits are the discretion of the employer. One in four American women go back to work less than 2 weeks after giving birth because the vast majority (86%) have no paid leave.⁶²

Studies in the US find that a woman's salary declines from between 4-6% for every child she has while a man's salary rises 6% on average.⁶³ In Denmark, becoming a parent contributes a gender pay gap of around 20% in the long run, driven in roughly equal proportions by labour force participation, hours of work, and wage rates.⁶⁴ In contrast, the study found virtually no impact of fatherhood on men's incomes.

Countries that have expanded paternity leave have seen a shift in women being disadvantaged by parenthood. In Sweden, future income for new mothers rises by 7% on average for every month of paternity leave her spouse uses.⁶⁵ The World Economic Forum reports that countries offering paternity leave are the

most successful in closing the wage gap between men and women.

Beyond individual maternity and paternity leave, parental leave (including shared parental leave) is being increasingly adopted in many countries as a means of providing both parents with an opportunity to pursue child care roles and responsibilities. Parental leave may be paid (in full or in part), and can sometimes be taken on a part-time basis.⁶⁶

When parents return to the workforce, research suggests that flexible working arrangements, when available to all staff and with adequate support from supervisors, can be a powerful policy lever through which to advance gender equality in the workplace.⁶⁷ Flexible working arrangements and childcare support have, in some instances, been shown to be preferable to poorly paid extended leave periods. Flexible working arrangements, however, can only be effective where organisations reward based on performance and results rather than disproportionately rewarding those who spend more hours in the workplace.⁶⁸

Despite calls for equality and universality, leave policies are frequently applied unequally or written in language that discriminates against or excludes some staff. For example, leave entitlements vary by the means of becoming a parent (childbirth or adoption). Additionally, leave entitlements for parents who are in same-sex relationships may not be recognised in the language used in some policies and therefore excluded from entitlements.

Workplace gender equality in the broader social context

As working-age adults, we spend, on average, just 20% of our time each year in the workplace. Workplace policies and programmes, however well designed and implemented, can only go so far in creating a gender-equal work environment, if the reality of gender equality in the domestic and social spheres have not evolved apace. Ultimately organisational efforts will have limited effect without a simultaneous and systematic challenge and redress of the gendered expectations and norms of parenting and caregiving.

Organisations can, however, continue to contribute to shifting norms and expectations in communities, not just in the workplace, by exploring how to expand paternity leave (and destigmatize its use) while at the same time doing more to institute flexible, and shorter, working hours to allow both parents to participate in family and social lives in a meaningful way.

Findings:

In our review of paid parental leave policies, we assessed the number of paid weeks of leave available to primary and secondary caregivers as well as options for parental and shared parental leave. We also reviewed whether the organisation offers support to parents returning to work, such as flexible transitions back to work, reduced or part-time working hours, facilities for

breastfeeding mothers, and/or childcare support – see Annex 4.

We found it difficult to standardise and compare parental leave benefits that are governed by complex systems of, for example, statutory leave and pay, short term disability for birth mothers or shared parental leave that can be taken in increments over several years. In short, policies are difficult to locate, navigate and interpret and we acknowledge that some subjectivity in our reporting exists.

Benefits

Our review revealed a remarkable amount of variation in the number of weeks available to parents, the wage replacement during those weeks of leave, and the level and type of support parents could expect upon their return to work.

27% (54/198) of organisations publish detailed information regarding their parental leave policies on line. A further 12% of the sample (23/198) shared their internal policies with GH5050 for inclusion in the report.

The 77 policies reviewed vary widely, in part as a response to the standards set by national and sub-national legislation in the countries where organisations are located. Where pay is provided as an entitlement, the proportion of wage replacement varies according to national legislation and weeks of leave taken. Twenty-three policies (of the 77 reviewed) do not indicate the level of remuneration (for mothers or fathers).

Among them, guaranteed paid leave for primary and secondary caregivers ranges from zero to 68 weeks. Where pay is provided as an entitlement, the proportion of wage replacement ranges from two-thirds to full pay. Support to new parents in returning to work, including on-site breast feeding facilities, child care and transitional flexible working

arrangements, were found in 67 (87%) policies.

While organisations in the US by and large offer the fewest number of paid weeks, they are almost uniformly offering the same benefits to both parents (gender neutral), with some additional paid leave for birth mothers covered by short-term disability insurance.

Figure 34. Parental leave policies: availability and coverage

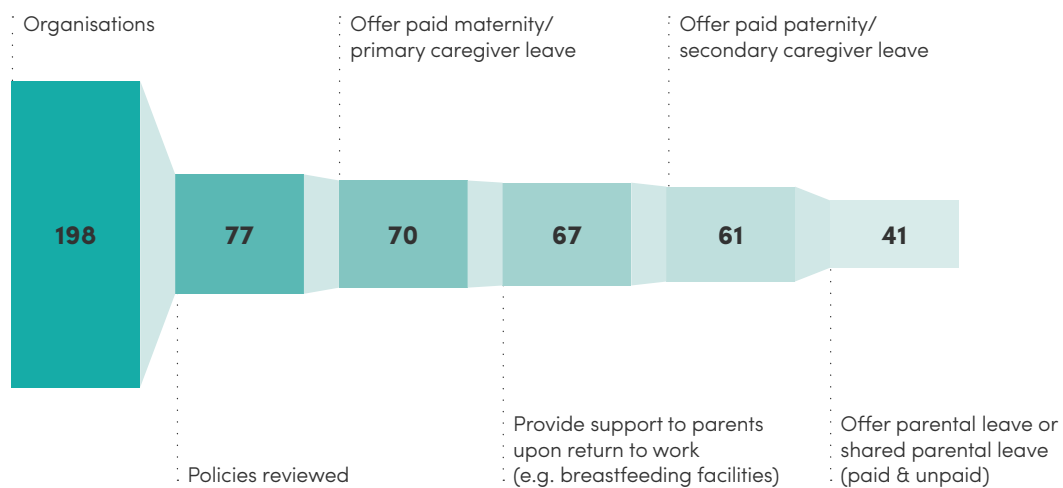
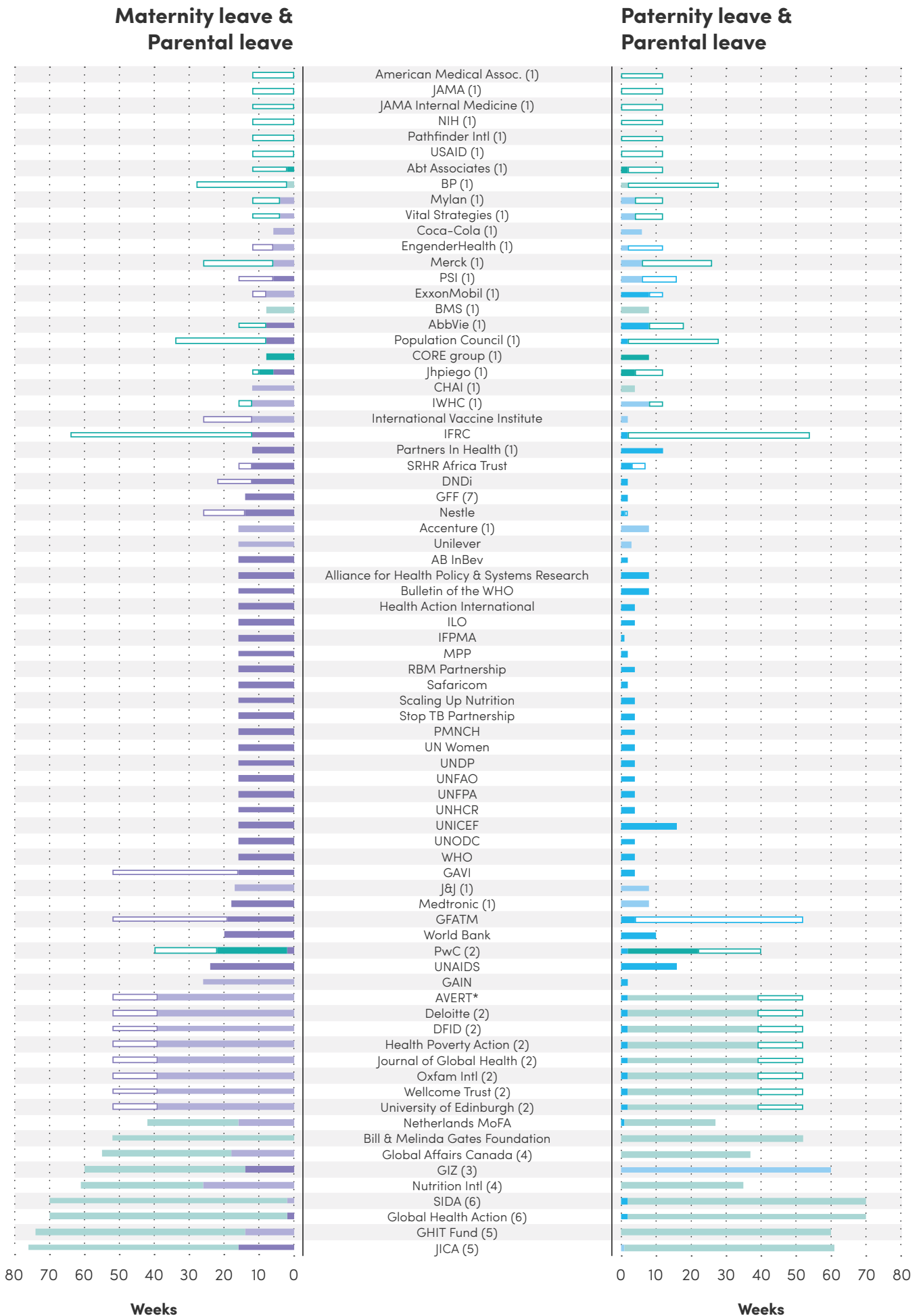


Figure 35. Paid parental leave entitlements, weeks



1. Depending on the employer's policy, birth mothers in the US can also access short term disability (STD) for partial wage coverage for 6-8 weeks. Most if not all of the organisations in our sample offer STD benefits. Policies do not always specify where STD is already considered in the number of weeks of leave available to birth mothers.
2. In Germany, parental leave is available up to 3 years. 12-14 months are partially paid.
3. Parental leave in Canada is shared.
4. Parental leave in Japan is shared.
5. Parental leave in Sweden is shared.
6. GFF offers up to two years unpaid child care leave.

* Paid at less than 100% wages; Pay dependent on length of service; Paid but level of pay not indicated in policy

- Maternity leave / primary carer**
- Weeks available - fully paid
 - Weeks available - paid*
 - Unpaid additional weeks (statutory)
- Paternity leave / secondary carer**
- Weeks available - fully paid
 - Weeks available - paid*
 - Unpaid additional weeks
- Parental leave - fully paid
 ■ Parental leave - paid*
 □ Parental leave - unpaid

Support in returning to work

Sixty-seven of the 77 parental leave policies reviewed reference support for new parents returning to work, such as flexible working arrangements in transitioning back to work, or childcare or breastfeeding facilities on site.

Examples of such policies to support new parents and enhance retention include:

AbbVie recently revised its U.S. Parental Leave policy which provides additional paid and unpaid time off, along with more flexibility to use the leave intermittently in single-day increments to create a reduced work schedule (versus requiring continuous leave).

GIZ upholds family-friendly human resources policies, for example by offering flexible working hours, opportunities for part-time work, and where possible in-house kindergartens and parent-child offices.⁶⁹

As part of its efforts to provide opportunities for women in engineering returning to the industry after leave, Medtronic offers Careers 2.0. Participants in the hiring initiative are returning to the field after an average of five years off.⁷⁰

Flexible working arrangements

Guidelines on the availability of flexible working (unrelated to parental leave) were found in the policies or on the websites of 60 organisations (30%). This figure does not take into account the situation in countries where flexible working is governed by national law. In the UK, for example, all employees (irrespective of whether they are parents/carers) have the right to request flexible working. Our finding represents those organisations where we were able to find mention of flexible working on the organisation's website or policy.

30%

Proportion of organisations with available flexible working policies, online or shared directly with GH5050

"Global Health 50/50 has once again demonstrated in stark relief the imperative that the leading global organisations active in health do more. More for the right to fair and equitable workplaces and more for gender equality. It is especially dispiriting to see just how little some do to support our staff who juggle caring responsibilities in the home and community. Together we can change this."



Dr.
Sania
Nishtar

Founder and President
of Heartfile, Pakistan
and Member of GH5050
Advisory Council

Recommendations:

The following recommendations, organised around (1) leave entitlements (2) return to work and caregiver support policies and (3) flexible working, are drawn and adapted from the literature. Organisations are encouraged to:

Leave entitlements

5.1 Establish maternity leave policies with entitlements which, at least meet the minimum ILO standard for maternity leave, irrespective of national norms and standards.

5.2 Provide paid paternity leave, available to fathers or same-sex partners, and ensure full uptake of this leave.

5.3 Establish policies which provide fully compensated shared parental leave with non-transferable portions for both caregivers and monitor the gender-balance of leave take-up.

5.4 Ensure leave policies are inclusive of parents and caregivers irrespective of the means of becoming a parent (through childbirth, adoption, surrogacy), and inclusive of all sexual orientations and gender identities among parents.

5.5 Provide paid leave for parents to attend antenatal, adoption or surrogacy appointments as necessary.

5.6 Put in place programmes to ensure employees are aware of their entitlements, and instill confidence in that they will not be penalised for taking

leave, while promoting a healthy culture around taking leave.

5.7 Offer support during the leave period to maintain contact, facilitate return to work and ensure no disadvantage for future career advancement.

Return to work and caregiver support policies

5.8 Integrate return-to-work support in leave policies including support to smooth the transition from parental leave - and ensure that staff are aware of these policies before taking leave.

5.9 Have in place a policy on breastfeeding which provides for adequate time, private space and flexibility for breastfeeding mothers.

5.10 Offer flexible working opportunities to all staff with caring responsibilities (e.g. child-care, elder-care, care of adults with disabilities).

5.11 Provide paid family leave which enables employees to take time away from work to care for sick children or family members with serious health conditions.

Flexible working

5.12 Ensure all staff can request flexible working opportunities, including: job-sharing; working from home and telecommuting; part-time working; compressed hours; flexitime; annualised hours; staggered hours; and phased retirement.

III. Equitable outcomes in power and pay

6. Gender parity in senior management and governing bodies

Women are strikingly underrepresented at the senior level of global health—in institutional decision-making positions, global policy and governance forums, and scientific proceedings.

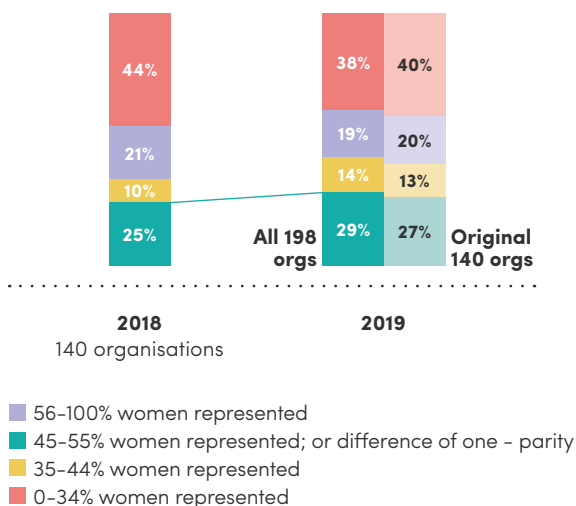
As explored throughout this report, women’s under-representation in management and leadership positions often results from a lack of interventions to foster a supportive organisational culture for all staff and to support women’s career pathways. This is often compounded by occupational segregation by gender—where women remain concentrated in specific roles and sectors that are more likely to provide low pay or only part-time employment—and the lack of progressive social policies in society at large, such as paid parental leave, access to affordable child care and free quality education, and lack of male contribution to unpaid domestic and care work.

Findings:

Three out of ten organisations have parity in their senior management (45–55% women represented).

In four out of ten organisations, fewer than one third of senior managers are women.

Figure 36. Gender composition of senior management



10

organisations have no women in senior management (as stated on their websites)

One out of four organisations have parity on their governing bodies. This marks an improvement from 2018, when one out of five organisations had parity on these bodies.

In half (82/163) of organisational governing bodies for which data was available, fewer than one-third of board members are women (similar to 2018).

50%

of organisations have fewer than one woman for every three board members

10%

of organisations have fewer than one woman for every six board members

Figure 37. Gender composition of governing bodies, from 2018 to 2019

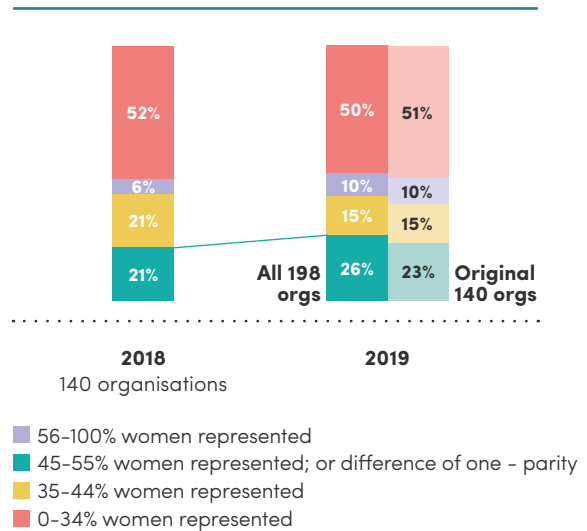


Figure 38. Gender composition in senior management, by sector

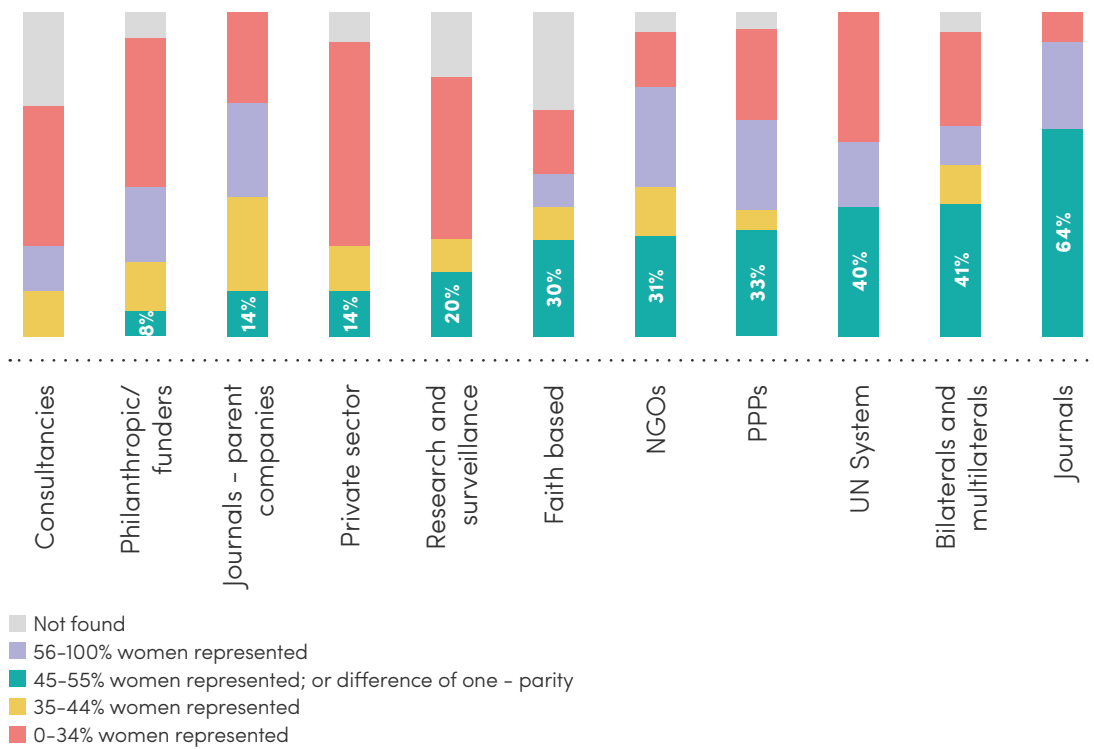
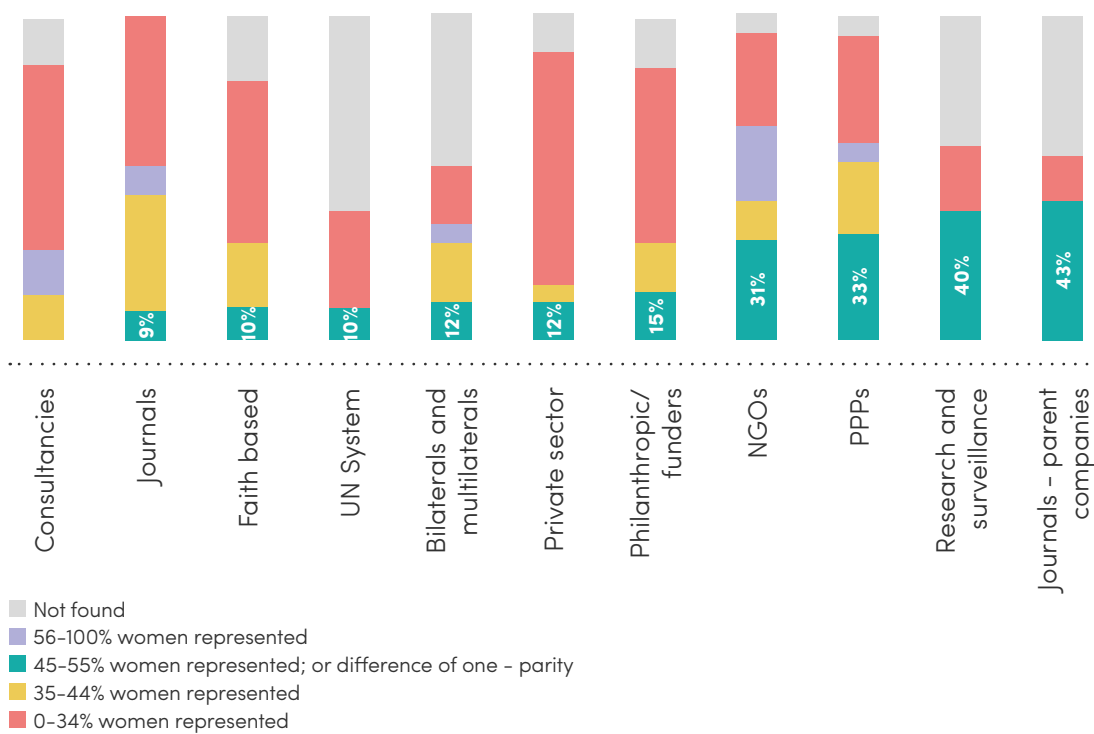


Figure 39. Gender composition in governing bodies, by sector



7. Gender leadership: CEOs and board chairs

Findings:

Women are strikingly underrepresented at the leadership level.

The greatest inequalities are at the top: 72% of executive heads and 71% of board chairs are men.

Women tend to lead smaller organisations. Smaller organisations (<100 employees) are three to four times more likely to be led by women than both medium-sized (250-999 employees) and large organisations (>1000 employees).

Recommendations:

6.1 Make a commitment to gender parity and set time-bound targets, particularly at senior levels.

6.2 In addition to adopting recommendations 3, 4 and 5 above, undertake quantitative and qualitative analysis to identify gender-related barriers at each step in the professional pathway, including to recruitment, hiring, retention and advancement and take evidence-informed measures to overcome them.

6.3 Establish regular and transparent monitoring and reporting of progress on gender parity with clear lines of accountability.

Figure 40. Executive heads

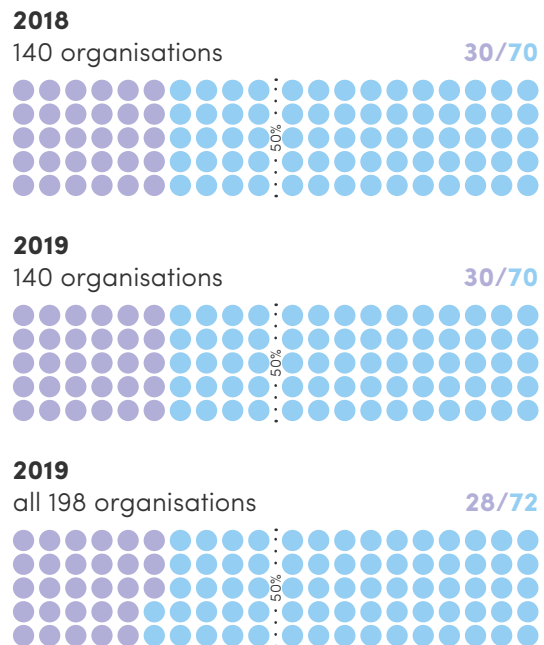


Figure 41. Board chairs

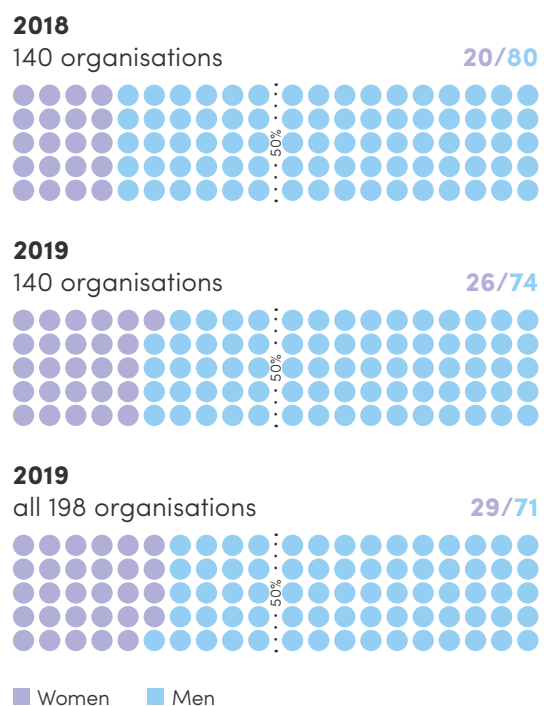


Figure 42. Gender of executive heads (% male)

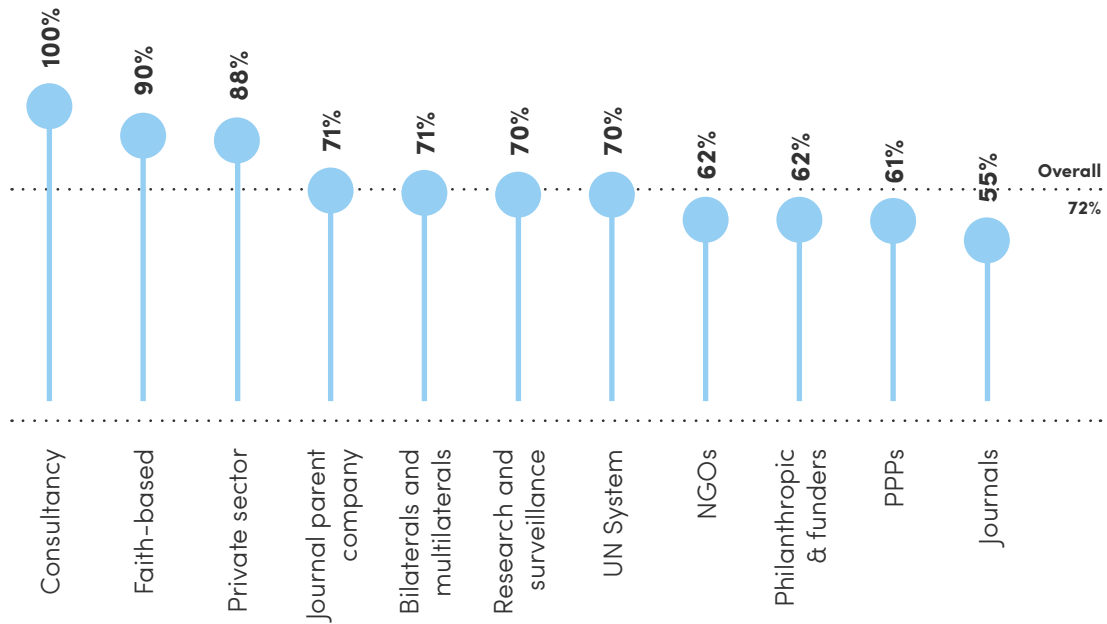
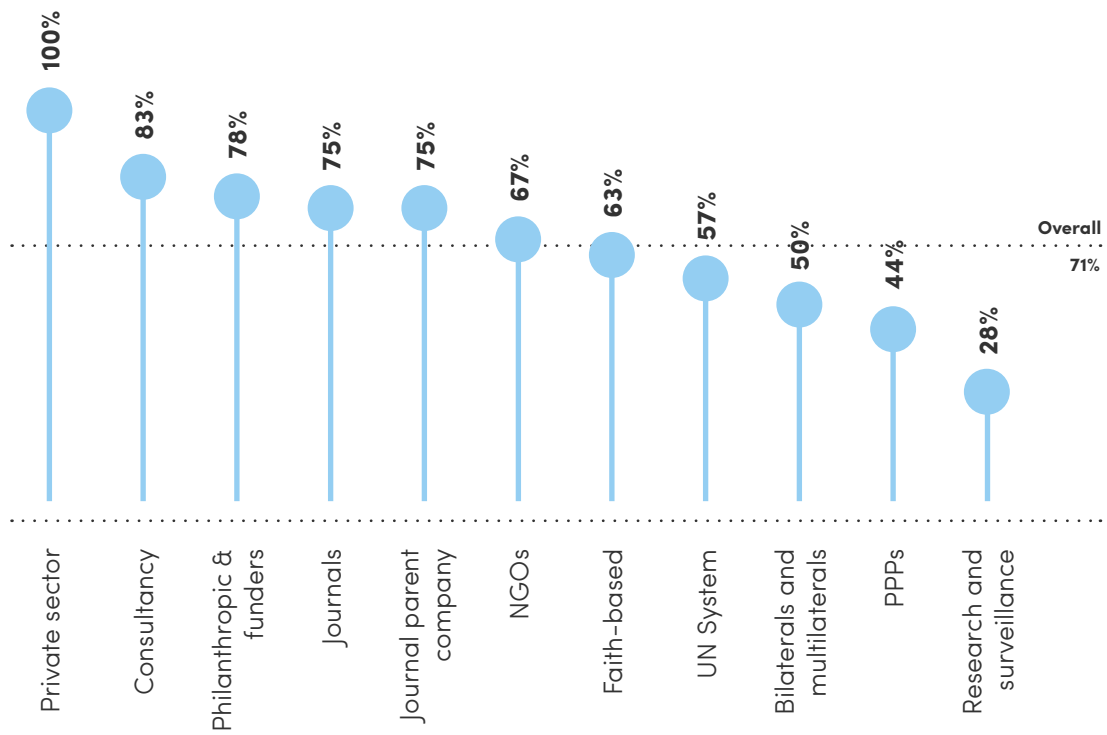


Figure 43. Gender of board chairs (% male)



"With 130 months to go until our global deadline to achieve gender equality by 2030, Global Health 50/50 equips us with essential insights, tools and evidence in ensuring that gender inequality within global health is relegated to the garbage dump of history—where it belongs. I plan on using this evidence for frank and honest dialogue on common policy solutions for meaningful and measurable change in achieving dignity, promoting respect and investing in equal opportunity."



Levi Singh

Youth Strategy Officer
SRHR AFRICA TRUST
and Member of GH5050
Advisory Council

8. Gender pay gap

The gender pay gap provides a stark measure of power and privilege by comparing the average hourly pay of men and women. Typically, the gap reflects the gendered distribution of employees across the levels of an organisation—if an organisation has more men in senior positions and more women in lower-paid posts, it will have a wider gender pay gap. A gender pay gap report is not the same as an equal pay audit—the latter is designed to capture any (often illegal) instances of paying men and women differently for the same work.

Across all sectors, the gender pay gap has come under intense and welcome scrutiny. Recent legislation in a limited number of countries has been successful in requiring organisations to report on their gender pay gaps with the hope that greater transparency will spur collective action to close it. In Iceland, for example, a groundbreaking ruling has outlawed the gender pay gap and obliges companies to obtain external certification of equal pay. We congratulate the UK government for legislating for the mandatory reporting on gender pay gap in companies and organisations with more than 250 staff.⁷¹ In the absence of statutory requirements, organisations rarely publish their remuneration disaggregated by gender.

Smaller organisations should also consider the benefits of assessing and publishing their gender pay gap. A survey of 400 US-based businesses with 11–500 employees found a gender pay gap that exceeds the national average. Among those businesses, female employees made 66 cents—compared to 82 cents at the national level—for every dollar men earned.⁷²

In addition to tracking and publishing organisations' pay gaps, research suggests that pay transparency can combat structural inequalities, as keeping salaries secret reinforces unconscious bias and discrimination.⁷³ Salary transparency has also been shown to boost recruitment and employee morale.⁷⁴ For the gender pay gap, continued transparency around goals, and performance in meeting those goals, leads to more equitable outcomes in pay and parity at leadership levels.⁷⁵

This report includes gender pay gap data for 50 organisations, 41 of which are mandated to report by UK regulation. These 41 organisations use a standardised methodology which presents the following variables: (1) mean and median pay gap in hourly wages of men and women; (2) mean and median bonus pay gap among men and women; (3) proportion of men and women occupying pay quartiles; and (4) percentage of men and women receiving bonuses. The UK guidelines include both employed workers and some self-employed people in the calculations.

Findings:

GH5050 congratulates the eight organisations in our sample that have published their gender pay gap in the absence of statutory requirements (CHAI, DNDi, FIND, IPPF, OSF, Pathfinder, Plan International, SRHR Africa Trust) – see Annex 5.

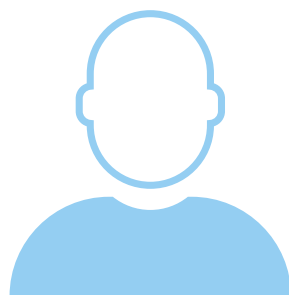
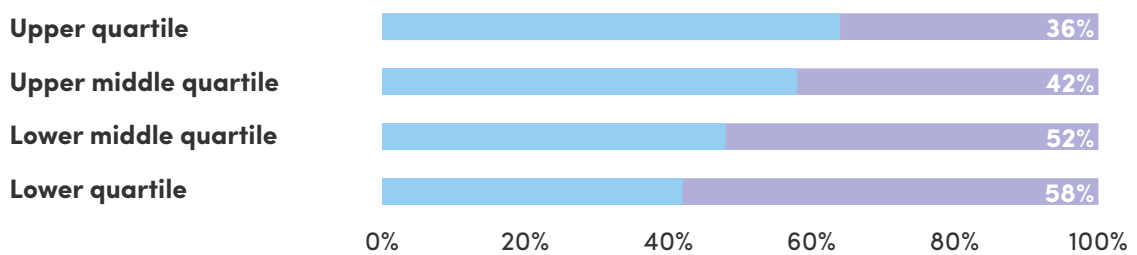
For the 41 UK-based organisations GH5050 found a significant gender pay gap with a range from –0.67 to +40.4 and a median pay gap of 13.5% in favour of men, which

compares to the UK gap of 17.9% (8.6% among full-time employees).⁷⁶ In 37 of the 41 (90%) organisations, men are paid more than women. Women earn more than men in four organisations (AB inBev, Eli Lilly, Unilever, MSD). Full details are in Annex 5.

There was no difference between the proportion of men and women who receive

bonus pay (>80%) in our sample. There was however a significant gender gap in median bonus pay of 22.8% with a range of -492% (women's bonus pay is 492% higher than men's in one company) to 75% (men's bonus is 75% higher in one company). There are four organisations where women received higher bonuses than men (AB inBev, BD, Coca-Cola and Unilever).

Figure 44. Understanding the pay gap: proportion of women is lower in higher pay quartiles



Men paid more:
37 organisations
report higher median
salaries for men

13.5%
median gender pay gap in
hourly earnings

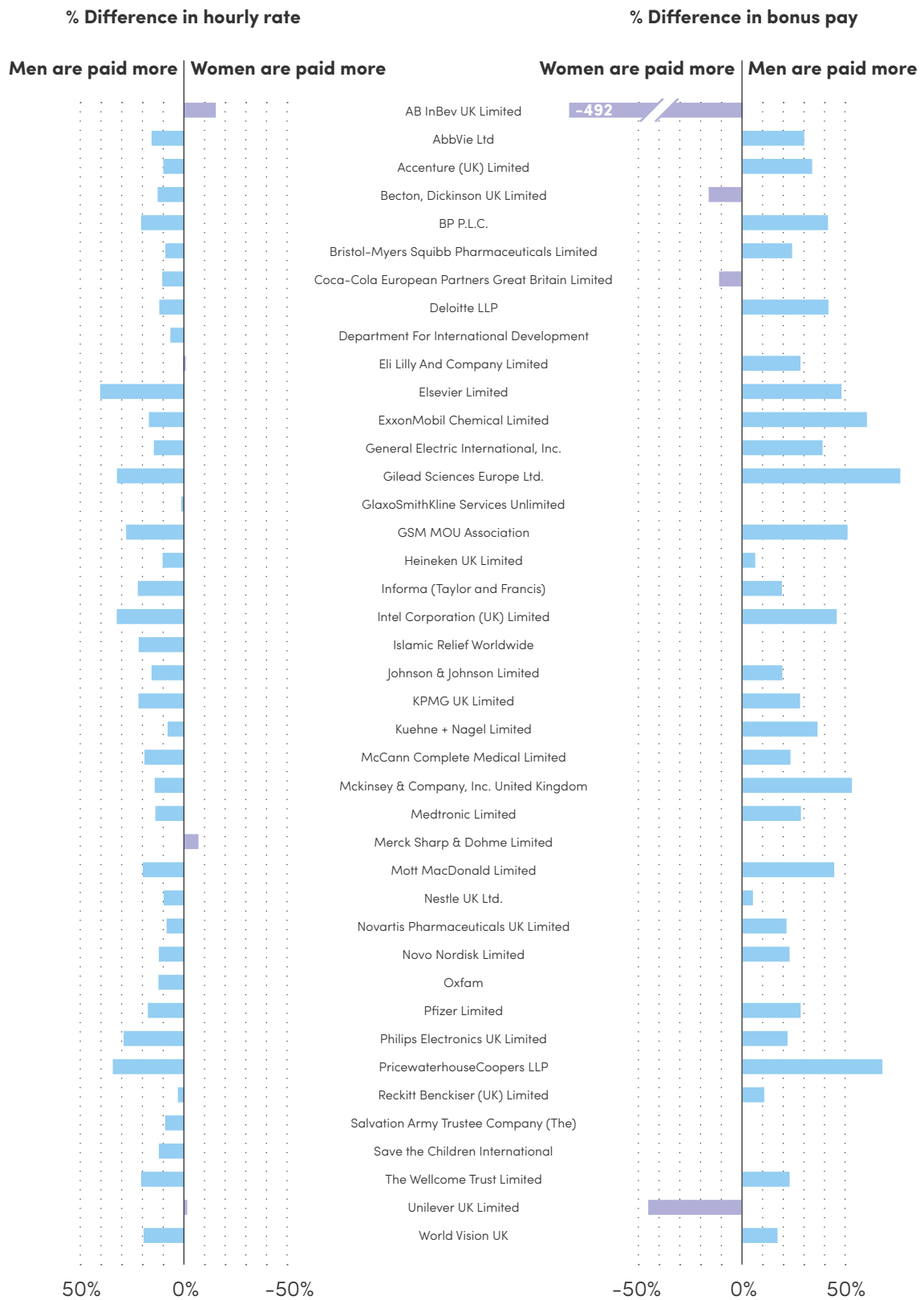
22.8%
median gender gap in bonus
payments



Women paid more:
4 organisations
report higher median
salaries for women

■ Men ■ Women

Figure 45. Gender pay gap (median difference)⁷⁷



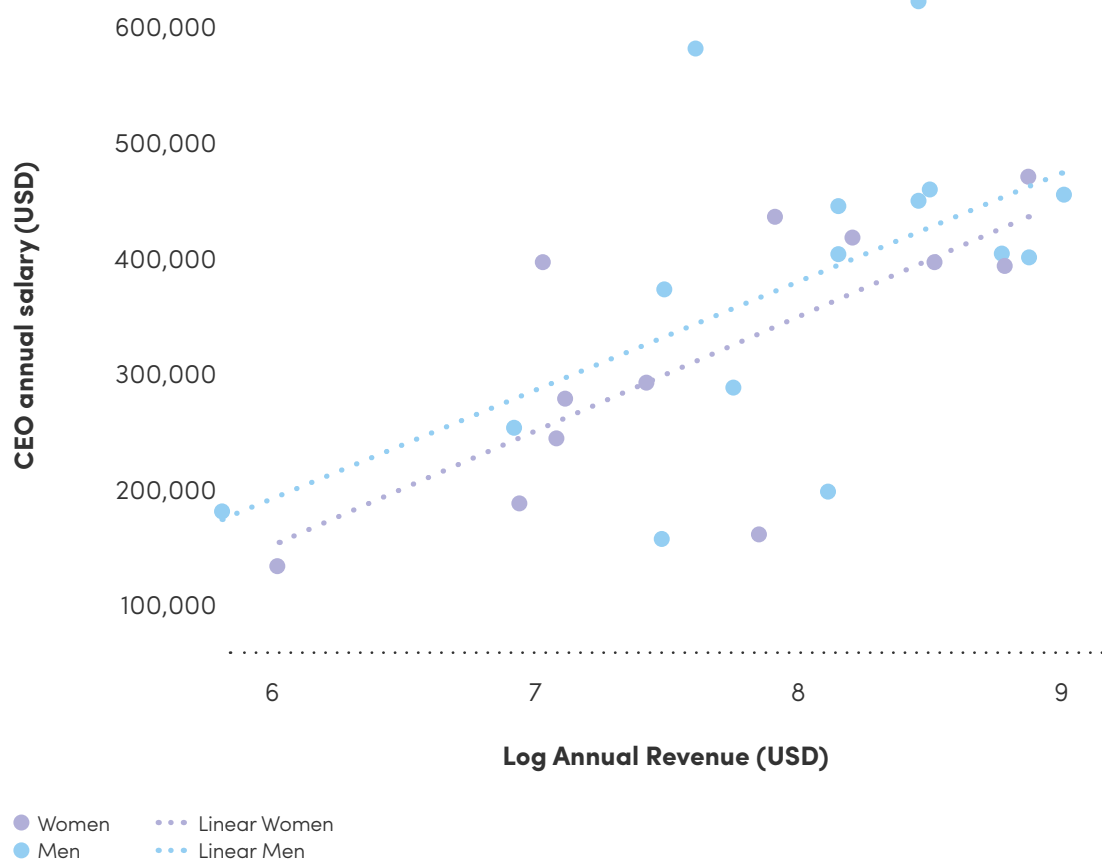
*2017/2018 data generated from <https://gender-pay-gap.service.gov.uk/compare-employers>

Inequity at the top: within-band inequity contributes to the gender pay gap

To calculate whether the gender of the Chief Executive Officer (CEO) is associated with rates of pay, Global Health 50/50 gathered publicly available financial reporting (from the US Internal Revenue Service) for the non-governmental organisations (NGOs) based in the USA and included in our sample. Financial data were available for a total of 27 NGOs, 15 of which are led by men and 12 by women.

Rates of pay were consistently higher (by around \$41,000 per year) for male CEOs compared to female CEOs across all sizes of organisation (ranging from one million to one billion dollars in annual revenue). Additionally, the average proportion of total revenue allocated to the CEO salary is 2.5% for men versus 2.1% for women.

Figure 46. Gender gap in CEO salaries across 27 US-based NGOs



Recommendations:

7.1 Commit to closing the gender pay gap—which means ensuring an equal distribution of staff within an organisation (i.e. more women need to move to more senior positions in the organisation) and ensuring equal pay for the same work irrespective of whether it is earned by men or women.

7.2 Develop and publish an action plan to close the gender pay gap and bonus pay gap with specific, time-bound targets and regularly monitor progress in its implementation.

7.3 Collect, analyse, publish and act on gender pay gap data as good practice regardless of whether it is a legal requirement—it is important that organisations include total remuneration in the analysis and monetize the value of perks such as cars, health insurance, share options awarded to higher earners, who tend to be men.

7.4 Ensure that all staff are informed on the gender pay gap, how it differs from equal pay for equal work, how it is calculated, and what plans are in place to close it.

7.5 Analyse the impact of occupational segregation (clustering of men and women into specific professions and specialisms) on the gender pay gap.

7.6 Consider calculating and publishing an equal pay audit.

7.7 Apply an intersectional lens and disaggregate gender pay gap by other identifiable characteristics relevant to the context such as race/ethnicity or disability status, to analyse whether specific groups may be suffering multiple disadvantages.

7.8 Consult staff associations, trade unions and women's networks on drivers of the gender pay gap and means of reducing it—including empowering women to bargain and managers to check unconscious bias in performance appraisal.

7.9 Analyse how the organisation's gender pay gap compares with similar organisations in their sector.

7.10 Examine the causes of the gender pay gap and conduct an equal pay audit to ensure that unequal pay is not influencing the gender pay gap.

7.11 Ensure that complementary and reinforcing policies support career progression for all staff, including, for example, paid leave policies and make flexible work the default option to help address the time penalty.

IV. Gender-responsive programming

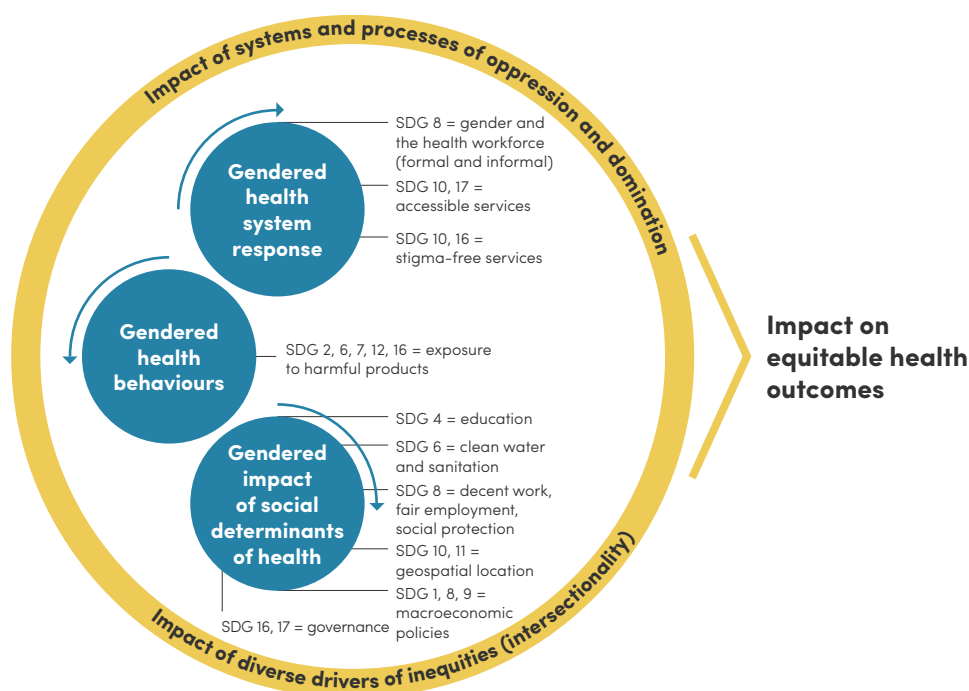
9. Gender in programmatic strategies

Gender is among the most significant determinants of health outcomes. Gender influences the health of all people in different ways across time and place. Gender norms, whether enacted, embedded and influenced by individuals, communities and commercial interests, or underpinned by legislation and policy, contribute to disparities in the burden of ill-health suffered by women and men, girls

and boys, and transgender people. Gender drives differential exposure to risks of poor health, health harming and health care-seeking behaviors as well as the provision of and access to services (see Figure 47).

Promoting gender equality in health requires recognising its importance in determining ill-health and health inequities, and undertaking gender-responsive analysis, planning, investment and programming to promote changes in the norms and power dynamics that influence people's health and wellbeing.

Figure 47. Conceptual framework illustrating the relationship between gender & health outcomes across the SDGs⁷⁸



Findings:

Approximately 60% of organisations (110/185) mention gender in their programme and strategy documents.

This marks a sizable increase since 2018, when 45% of organisations made mention

of gender in their programmatic policies and strategies.

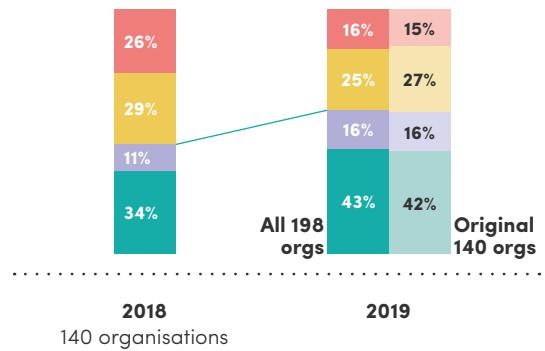
Seventy-seven organisations (41%) focus primarily on the health of women and girls; only 30 recognise and/or respond to gender, and the majority of them (47/77) do not explicitly mention gender.

Figure 48. Organisations that focus on women and girls often lack gender-responsive strategies



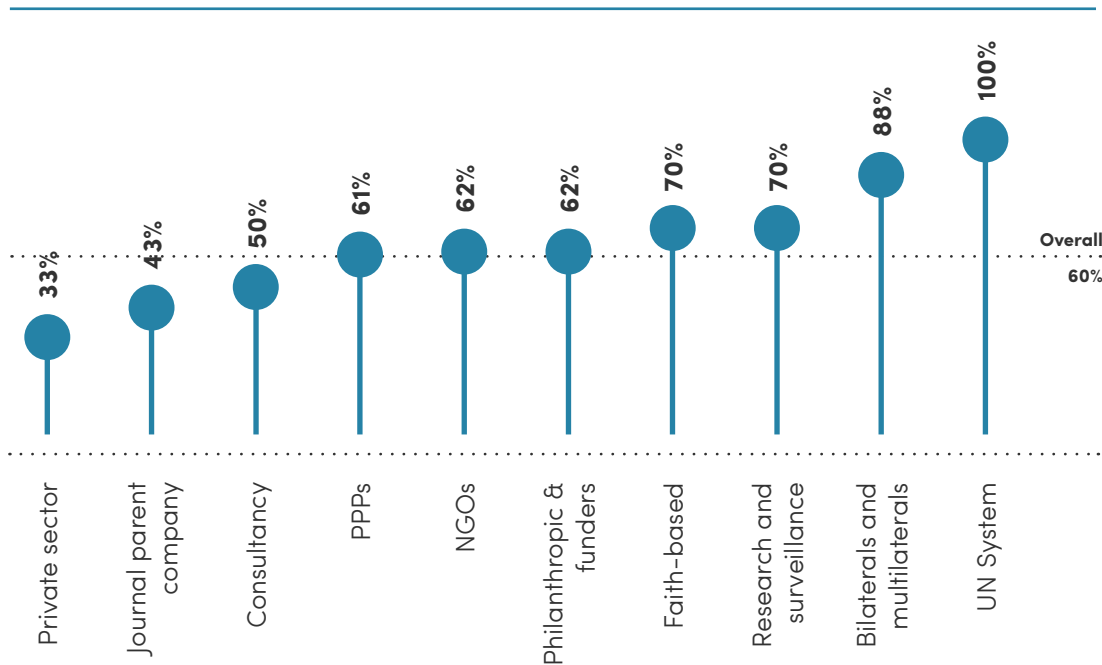
- Organisations with gender-responsive strategies
- Organisations address gender and focus on women and girls
- Organisations focus primarily on women and girls

Figure 49. Programmatic strategies to guide gender-responsive action



- Gender mentioned in programme or strategy, address women/men and boys/girls
- Address gender with predominant focus on women and girls
- No mention of gender and address health of women and girls
- No mention of gender in strategies or programmes

Figure 50. Proportion of organisations with programmatic strategies to guide gender-responsive action, by sector



Recommendations:

8.1 Conduct gender-based analyses to better understand and address how gender affects health outcomes for everyone—girls, boys, women, men, and people with non-binary gender identities—and respond to differences

among them through the development, implementation, monitoring and evaluation of gender-responsive policies and programmes.

8.2 Move beyond the tendency to conflate gender with women so as to appreciate the gender-related determinants of everyone’s health.

10. Sex-disaggregated data

At a minimum, sex-disaggregated data provide evidence for the distribution of risk, access and use of services, and the impact of interventions among individuals and populations. Sex-disaggregated data, supplemented by gender analysis, should be used to identify where resources and attention are most equitably placed to reduce the overall levels of ill-health across populations.

Findings:

A significant proportion of organisations fail to collect or present sex-disaggregated programmatic data.

Fewer than half (45%; 86/196) of organisations disaggregate their programme data by sex. Seven percent (14/196) report the proportion of beneficiaries who are women and girls.

The proportion of organisations that do not sex-disaggregate their data has fallen from 51% in 2018 to 39%. Around one in 10 organisations appear to support the idea of sex-disaggregated data analysis, but do not present this data on their websites or in their flagship reports—a number unchanged since 2018.

Figure 51. Reporting sex-disaggregated data on programmatic activities 2019

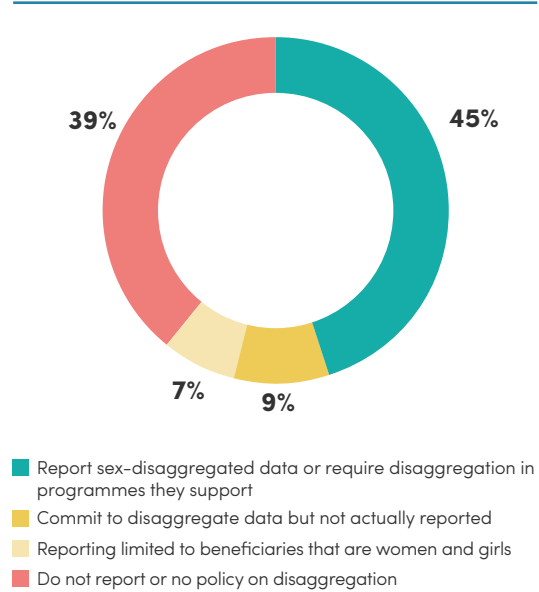


Figure 52. Reporting sex-disaggregated data on programmatic activities: 2018 vs 2019

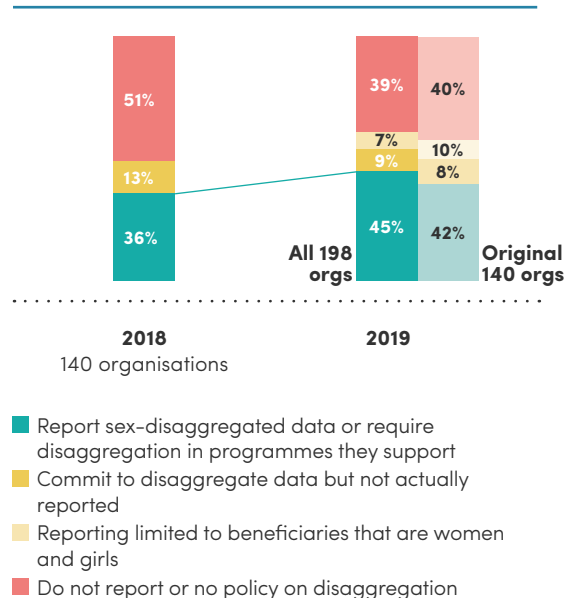
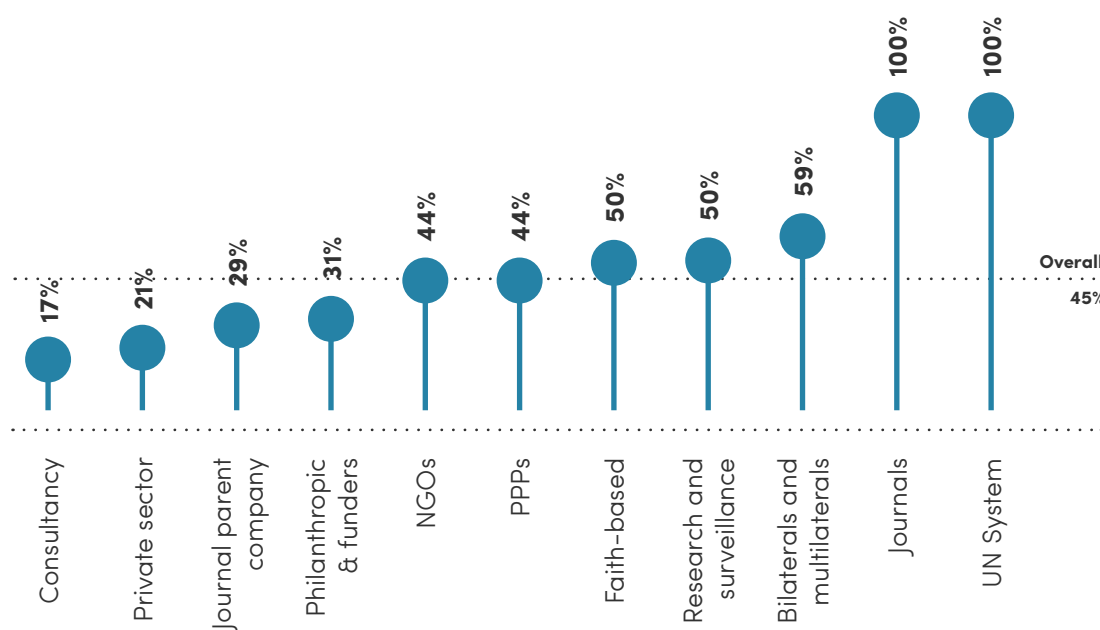


Figure 53. Reporting sex-disaggregated data on programmatic activities, by sector



Recommendations:

9.1 Explicitly commit to and ensure relevant programmatic data is sex-disaggregated, in light of the global agreement to disaggregate data inherent in Agenda 2030.

9.2 Conduct gender analyses to understand sex-disaggregated findings, and (re)calibrate programmes and strategies based on this evidence to ensure that they: i) do not reinforce existing gender inequalities; ii) redress existing gender inequalities; and iii) attempt to transform women and men's gender roles and power relations to improve health equity.

9.3 Commit to and collect data on other markers of inequality, and analyse the interaction among them, as well as with sex and gender. Such analyses should be used to inform programmes and strategies.

9.4 Funders should: i) insist that funding recipients report relevant results with sex disaggregation and gender analysis; and ii) ensure that they themselves act to improve gender equality at all stages of their funding processes.

9.5 Global health journals should implement commitments⁷⁹ to ensure that sex and gender are correctly reported in all publications.

ANNEXES

Annex 1. Methods

The GH5050 2019 report includes organisations with a presence in at least three countries. We excluded several organisations that were proposed for inclusion, but which were working in only one or two countries.

The GH5050 2019 report includes 198 organisations, including the 140 organisations from the GH5050 2018 report and 58 new organisations from key parts of the global health system, including surveillance and public health institutions, journals and their parent companies, and faith-based organisations. We made a concerted effort to include more organisations with headquarters in the “global south” in our 2019 sample.

The organisations in the GH5050 2019 report cover ten sectors working in or influencing health:

1. Public-private partnerships (PPPs) – those which have both the for-profit and public sectors represented on their governing bodies;
2. UN system agencies working in the health, nutrition, and labour fields;
3. Bilateral and multilateral organisations – including the 10 largest bilateral contributors of development assistance for health in the period 2005–2015;
4. Funding bodies, including philanthropic organisations;
5. Non-governmental organisations (NGOs);
6. Private sector:
 - Corporate participants in the Business and Health Action Group of the Global Business Council Health that provided a platform for the engagement of business in setting the health-related targets of the Sustainable Development Goals;⁸⁰
 - Private sector companies that contributed to the consultations on the Uruguay Road Map on non-communicable diseases;⁸¹
7. Consultancy firms with an interest in the health sector;

8. Surveillance and public health institutions;
9. Faith-based organisations; and
10. Journals in the medical and global health sector, and their parent companies.

We contact each organisation at least twice during the course of data verification. Initially (around November) we inform the CEO and head of human resources, or their equivalent, that data gathering is about to start, using email addresses that we find online. We ask them to give the direct email address of a focal point in the organisation, who can clarify and check the data we have collected. In January–February, we send each organisation the information we have collected and ask them to check it and provide any additional information, documentation or policies to review. In between, a large number of organisations contact us to discuss queries about the process and the indicators. Final data are sent to all organisations before publication.

At least two reviewers extract each data item independently, and a third reviewer checks the data. The reviewers discuss any discrepancies in data extraction until they reach a consensus. Data are coded, using the codes published in this report. The codes in the GH5050 2019 report have been updated since our 2018 report, in part as a result of invaluable ongoing discussions with organisations.

The evidence we gather is collected mainly from publicly available websites and is in the public domain. Some information about new categories of policy, e.g. parental leave, may not be in the public domain. We asked for these data to improve the accuracy of the coding. We have only included information from internal documents if the organisation gave written permission. We do not ask for confidential information, information of a commercially sensitive nature or information that would identify individuals in organisations (other than the gender of the CEO, for example, which is publicly available for all included organisations).

Some organisations follow the policies of host organisations or parent companies. In these cases, we used the same code as for the host/parent. For example, several organisations employed the workplace policies of

the World Health Organization (WHO), e.g. Partnership for Maternal, Newborn and Child Health, the Bulletin of WHO, and the Alliance for Health Policy and Systems Research. Individual journals do not appear to have specific internal workplace policies, so we used the workplace policies of their parent companies. Other non-workplace policy variables (e.g. gender parity in leadership, stated commitment to gender equality, etc.) are coded for each organisation individually.

We used an earlier version of this methodology to review a small number of global health organisations and global PPPS in health. These reviews were published in peer-reviewed journals (Lancet⁸² and Globalization and Health⁸³) prior to 2017. Four organisations in the GH5050 2018 report informed us after publication that some data items were wrong, and we have included the updated information on the “corrections” page of our website.

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

Caveats to the data

We believe the data to be correct at the time of going to print. We apologise in advance if there are mistakes, omissions or errors of interpretation.

Some variables can be easily quantified, e.g. gender parity in leadership, but others require more subjective interpretation. We have tried to reduce subjectivity by having three researchers extract data independently and reaching consensus where discrepancies were noted.

The organisations included in the review are a small sub-sample of all organisations working in the field of global health and are an incomplete, non-random sub-sample in the sectors covered. We acknowledge that there are whole sectors that we have not included (e.g. academic institutions, think tanks, ministries and other partners working at the national level). We are extremely keen to hear from the organisations we have reviewed, as well as any organisations we have not yet reviewed who would like to be included in the future.

If we have got something wrong, or if we have missed an organisation eligible to be included in this list, please tell us by emailing info@globalhealth5050.org.

Annex 2. Scorecard: sexual harassment policies

CODES

Sexual harassment policies: Availability

E (Exists)	Organisation shared or informed GH5050 of internal policies which are not online; GH5050 was unable or not authorised to code
O (Online)	Available online
S (Shared)	Shared with GH5050
NF (Not found)	Not found

Commitment and definition

G (Green)	3 criteria in place
A (Amber)	1- 2 criteria in place
R (Red)	0 criteria in place

Protection guarantees

G (Green)	Both confidentiality and non-retaliation
A (Amber)	(c) Confidentiality guaranteed to fullest extent possible (nr) protection against non-retaliation
R (Red)	Neither confidentiality nor non-retaliation guaranteed

Training

G (Green)	Mandatory training for all staff
A (Amber)	Training available for staff
R (Red)	No mention of training

Reporting and accountability

G (Green)	3-5 criteria in place
G1 (Green1)	3-5 criteria in place, and policy stipulates reporting of complaints, investigation and/or outcome summaries to staff
A (Amber)	1-2 criteria in place
R (Red)	0 criteria in place

Overall scoring

G (Green)	Scores Green for at least 2/4 variables and Amber on all others, and no Reds
A (Amber)	Sexual harassment policy scores 1 Red or any other combination of Green/Amber/Red
R (Red)	Policy scores Red on at least 2/4 variables
*	Confirmed via direct correspondence with the organisation but not referenced in organisation policy

Organisation	Policy availability	Commitment and definition	Protections	Training	Reporting and accountability	Overall score
AB InBev	S	G	G	G	G	G
AbbVie	O	A	G	R	G	A
Abt Associates	S	G	G	G	G	G
Accenture	O	G	G	G*	G	G
Amref Health Africa	O	A	G	R	R	R
AVERT	O	G	G	A*	G	G
Becton, Dickinson and Company	O	A	G	G	G	G
Bill & Melinda Gates Foundation	O	G	A(c)	R	A	A
BP	O	A	G	R	A	A
BRAC	O	G	A(c)	A	A	A
Centers for Disease Control and Prevention (US)	O	A	R	A	G	A
Clinton Health Access Initiative (CHAI)	S	G	G	G*	G	G
Coca-Cola	O	A	G	G*	G	G
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	S	G	A(c)	A*	G	G
Drugs for Neglected Diseases Initiative (DNDi)	O	G	G	G	G	G
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	O	A	A(c)	R	A	A
EngenderHealth	S	G	G	G	G	G
ExxonMobil	O	A	G	R	A	A
Food and Agricultural Organization of the United Nations (FAO)	O	G	G	G	G	G
Ford Foundation	O	A	G	A	G	A
Foundation for Innovative New Diagnostics (FIND)	O	A	G	A	G	G
GAVI, the Vaccine Alliance	S	G	G	G	G	G
GlaxoSmithKline (GSK)	O	A	G	G	A	G
Global Affairs Canada	O	A	R	A	G	A
Global Alliance for Improved Nutrition (GAIN)	O	G	G	G	G	G
Global Financing Facility (GFF)	O	G	G	G	G	G
Global Health Action	O	G	A(c)	R	G1	A
Global Health Innovative Technology Fund (GHIT Fund)	S	A	G	G*	A	G
Health Action International	S	G	G	R	G	A
Health Poverty Action	S	A	G	G	A	A
Heineken	O	A	A(c)	A	A	A
icddr,b	O	G	G	G	G	G
Intel	O	A	A(nr)	A	A	A

Organisation	Policy availability	Commitment and definition	Protections	Training	Reporting and accountability	Overall score
International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)	S	A	R	R	G	R
International Labour Organization (ILO)	O	G	A(c)	G	G	G
International Planned Parenthood Federation (IPPF)	O	A	G	A	G1	G
International Vaccine Institute (IVI)	S	G	G	R	G	A
International Women's Health Coalition (IWHC)	S	G	G	G	G	G
Islamic Relief Worldwide	O	A	G	R	G	A
Japan International Cooperation Agency (JICA)	S	A	G	G*	A	G
Johnson & Johnson	O	A	G	R	G	A
Joint United Nations Programme on HIV and AIDS (UNAIDS)	S	A	G	G	G	G
Journal of Global Health	O	G	A(nr)	A	G	G
KPMG	O	A	G	R	A	A
Laerdal	O	A	G	R	A	A
Management Sciences for Health (MSH)	O	G	G	G*	G	G
Médecins Sans Frontières (MSF)	O	A	G	A	G1	G
Medicines Patent Pool (MPP)	S	G	G	G	G	G
Merck	O	G	G	R	A	A
Mercy Corps	O	G	G	G	G	G
Mylan	O	A	G	G	G	G
National Institutes of Health (NIH)	O	A	R	R	R	R
Nestle	O	A	G	R	G	A
Novartis	S	G	G	G	G1	G
Novo Nordisk	O	A	A(c)	R	A	A
Nutrition International	S	G	A(c)	G*	G	G
Open Society Foundations	O	G	G	R	G	A
Partners In Health	S	G	G	G	G	G
PATH	O	G	G	R	A	A
Pathfinder International	S	G	G	R	G	A
Pfizer	O	G	G	G	G	G
Plan International	O	G	G	A	G	G
Population Council	S	G	G	A	G	G
Population Services International (PSI)	O	G	G	G	G	G
PwC	O	G	A(nr)	R	G	A
RBM Partnership to End Malaria	O	A	G	A	G1	G
Sanofi Espoir Foundation	O	G	A(nr)	R	G	A

Organisation	Policy availability	Commitment and definition	Protections	Training	Reporting and accountability	Overall score
Scaling Up Nutrition	O	A	G	A	G1	G
SRHR Africa Trust	S	G	G	G	G	G
Stop TB Partnership	O	A	G	A	G1	G
Swedish International Development Cooperation Agency (Sida)	O	G	A(c)	G	G	G
Teck Resources	O	A	G	G	G	G
The Global Fund to Fight AIDS, Tuberculosis & Malaria	S	G	G	G	G	G
The Salvation Army International	O	G	A(nr)	R	A	A
UN Women	O	A	G	G	G	G
UNHCR	O	A	G	G	G	G
UNICEF	O	A	G	G	G1	G
Unilever	O	G	G	G*	G	G
United Nations Development Programme (UNDP)	O	G	G	G	G	G
United Nations Office on Drugs and Crime (UNODC)	O	G	G	G	G1	G
United Nations Population Fund (UNFPA)	O	A	R	A	G	A
United States Agency for International Development (USAID)	O	G	G	R	G	A
University of Edinburgh	O	G	A(nr)	A	G	G
Wellcome Trust	S	G	G	R	A	A
World Bank Group	O	G	G	G	G	G
World Vision	O	A	G	G	G	G

*Reported to GH5050 (not in policy)

Annex 3. UN System Model Policy on Sexual Harassment: core elements

Element of the UN model policy	Example
I. Uniform definition of sexual harassment	<p><i>'Sexual harassment is any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. Sexual harassment may occur in the workplace or in connection with work. While typically involving a pattern of conduct, sexual harassment may take the form of a single incident.'</i> p. 2</p>
II. Policy statement	<p><i>'Sexual harassment results from a culture of discrimination and privilege, based on unequal gender relations and power dynamics. It creates hostile workplaces, which limit the target/victim/affected individual's ability to thrive. Sexual harassment has no place in the [entity]. This policy reflects the [entity's] principles and practices taken in pursuit of [development, peace and human rights] and applies it to conduct in the workplace.'</i> p. 3</p>
III. Scope of policy	<p><i>'Reports of sexual harassment in the workplace or in connection with work can be made by any person and against any person irrespective of whether such persons have any contractual status with an entity.'</i> p. 4</p>
IV. Early intervention and receipt and handling of informal reports of sexual harassment	<p>Includes Early Direct Action, Managerial Intervention, Confidential Advice, Informal Resolution p. 5-6</p>
V. Receipt and handling of formal reports of sexual harassment	<p><i>'A formal report of sexual harassment shall, to the extent possible, describe specific incident(s) of possible sexual harassment or a pattern of possible sexual harassment. The formal report should include as much detail as possible. For example, the report could include the following:</i></p> <ul style="list-style-type: none"> • <i>Name of the alleged offender</i> • <i>Name of alleged target/victim/affected individual, if the report is made by a third party</i> • <i>Date(s) and location(s) of incidents</i> • <i>Description of incident(s)/patterns</i> • <i>Names of witnesses, if any</i> • <i>Any other relevant information, including documentary evidence, if available</i> • <i>Date of the submission of the report and name of person making the report, unless the report is made anonymously.'</i>

Element of the UN model policy	Example
VI. Prevention	<i>'[Organization] will ... take appropriate measures to promote a harmonious working environment and protect personnel from sexual harassment through preventive measures and, if such conduct has occurred, through action under [insert relevant policy para numbers here].'</i> p. 9
VII. Support to targets/ victims/affected individuals of sexual harassment	Includes: confidential guidance and support; the right to be accompanied by a support person; monitoring of impact on work performance; interim measures to provide support during the investigation; post investigation review. p. 13-16
VIII. Protection against retaliation	<i>'Protection from retaliation available to a person formally reporting possible sexual harassment shall be in accordance with the entity's protection from retaliation policy irrespective of the outcome of the report of sexual harassment.'</i> p. 16
IX. Data collection	<i>'To the extent provided in the entity's policy or practice, anonymized data and information for internal monitoring and analysis of sexual harassment will be maintained within [human resources/other applicable office consistent with the entity's policy or practice].'</i> p. 16
X. Implementation	<i>'The [insert head of agency title] is accountable for ensuring implementation of this policy on an ongoing basis, including by working with key stakeholders and pursuing solutions to ensure financial resources are available and allocated to support affected individuals, ensure quality investigation and timely outcomes, collect data, monitor the efficacy of the policy and undertake prevention efforts. [Entity] will designate a member of the [Senior Management Team] as responsible for this policy. The designated person will provide an annual report to the [insert relevant oversight body] and communicate the results to staff (ensuring personal and/or identifying information remains confidential).'</i> p. 17

Annex 4. Scorecard: parental leave and flexible working policies

CODES

Parental Leave Policies: Availability

E (Exists)	Organisation shared or informed GH5050 of internal policies which are not online; GH5050 was unable or not authorised to code
O (Online)	Available online
S (Shared)	Shared with GH5050
NF (Not found)	Not found

Availability of support to new parents e.g. flexible working upon return to work period, or childcare or breastfeeding facilities on site

G (Green)	Support listed
HG (Half Green)	Support, including lactation facilities or flexible returns to work, confirmed via direct correspondence with the organisation but not referenced in organisation policy; facilities available at headquarters, but not guaranteed by policy across the organisation
NF (Not found)	Not found

Availability of family-friendly flexible working policies

G (Green)	Policy or mention of flexible working policies
NF (Not found)	Not found

Organisation	National Policy	Parental leave policy availability	Support for new parents
AB InBev	1	O	G
AbbVie	12	O	G
Abt Associates	12	S	HG
Accenture**	12	O	G
Agence Française de Développement (AFD)		NF	
American Medical Association	12	O	NF
AVERT	11	O	G
Bill & Melinda Gates Foundation	12	O	G
BP*	12	O	G
Bristol-Myers Squibb	12	O	G
Bulletin of the World Health Organization	13	O	G
Clinton Health Access Initiative (CHAI)	12	S	HG
Coca-Cola	12	O	HG
CORE Group	12	S	G
Deloitte	11	O	G
Department for International Development, UK (DFID)	11	O	G
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	3	O	G
Drugs for Neglected Diseases Initiative (DNDi)*	10	S	G
EngenderHealth	12	S	G
European Commission		NF	
ExxonMobil	12	O	NF
Food and Agricultural Organization of the United Nations (FAO)	13	O	G
GAVI, the Vaccine Alliance	13	O	G
Global Affairs Canada	2	O	G
Global Alliance for Improved Nutrition (GAIN)	10	O	G
Global Financing Facility (GFF)	13	O	HG
Global Health Action	9	O	G
Global Health Innovative Technology Fund (GHIT Fund)	4	S	G
Health Action International	6	S	G
Health Poverty Action	11	S	G
icddr,b****		O	G
International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)	10	S	G
International Federation of Red Cross and Red Crescent Societies (IFRC)	10	O	G
International Labour Organization (ILO)	13	O	NF
International Planned Parenthood Federation (IPPF)		E	
International Vaccine Institute (IVI)	8	S	NF
International Women's Health Coalition (IWHC)	12	S	G

Family friendly flexible working policies	Maternity leave		Paternity leave		Parental or shared parental leave
	Maximum weeks available	Wage replacement	Maximum weeks available	Wage replacement	Weeks and wage replacement
G	16	100	2	100	
G	24-26	14-16w at 100%	18	8w paid at 100%	8w mat. unpaid; 10w pat. unpaid
G	2	100	2	100	10w unpaid parental leave under FMLA
G	16	paid	08-feb	paid	
G					
NF	12	0	12	0	Unpaid parental leave under FMLA
G	52	SMP 39w	2	100	SPL 50w total; 37w paid
NF					52w paid parental leave
G	12	2w paid parental leave, 8w short term disability at 100%	2	paid	Up to 26w unpaid leave
G	8	P	8	100	STD is additional for birth mothers
NF	16	100	08-apr	100	
NF	12	paid			4w parental leave
G	6	P	6	paid	6-8w STD for birth mothers
G					8w parental leave, full pay
G	16w full pay, 10w at 50%, 13w at SMP	100	2	100	SPL available with enhanced pay
G	26	100	2	100	52w SPL, variable payment
G		72wks, up to 1800 euros/month			156w parental leave; paid for 52-60w
G	12	100	2	100	0
NF	6	paid	2	paid	24w parental leave, unpaid beyond mat. and pat. paid weeks
G					
G	8	paid	8	paid	STD is additional for birth mothers
NF	16	100	08-apr	100	NF
G	16	100	4	100	36w prim. carer unpaid
G	18	93	0		37 SPL 93%
G	26	paid	2	100	NF
G	14	100	2	100	104 unpaid parental leave
G	2	100	2	100	68w SPL paid insurance + 10% salary
G	14	SMP	NF	NF	60w mat. & pat. paid stat allowance
G	16	100	4	100	26w parental leave unpaid
G	52	100% for 18w; SMP for 25w	2	100	52w SPL; 39w paid
NF	24				
G	16	100	1	100	
NF	12	100	2	100	52w parental leave unpaid
NF	16	100	08-apr	100	NF
G					
NF	12	paid	2	paid	14 mos. unpaid
G	12	paid	8	paid	4w parental leave unpaid

Organisation	National Policy	Parental leave policy availability	Support for new parents
JAMA Internal Medicine	12	O	NF
Japan International Cooperation Agency (JICA)	4	S	G
Jhpiego	12	O	G
Johnson & Johnson	12	O	G
Joint United Nations Programme on HIV and AIDS (UNAIDS)	13	O	G
Journal of Global Health	11	O	G
Journal of the American Medical Association (JAMA)	12	O	G
KPMG		NF	
McKinsey & Company		NF	
Medicines Patent Pool (MPP)	10	S	NF
Medtronic	12	O	G
Merck	12	O	G
Ministry of Foreign Affairs of the Netherlands	6	O	G
Mylan	12	S	HG
National Institutes of Health (NIH)	12	O	G
Nestle	10	O	G
Norwegian Agency for Development Cooperation (Norad)		NF	
Novartis		NF	
Nutrition International	2	S	HG
Oxfam International**	11	O	G
Partners In Health	12	S	NF
Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH)	13	O	G
Pathfinder International	12	S	HG
Population Council	12	S	NF
Population Services International (PSI)	12	S	G
PwC	11	O	G
RBM Partnership to End Malaria	13	O	G
Safaricom	5	O	G
Scaling Up Nutrition	13	O	G
SRHR Africa Trust	7	S	G
Stop TB Partnership	13	O	G
Swedish International Development Cooperation Agency (Sida)	9	O	G
The Alliance for Health Policy and Systems Research (AHPSR)	13	O	G
The Global Fund to Fight AIDS, Tuberculosis & Malaria	13	O	G
UN Women	13	O	G
UNHCR	13	O	G
UNICEF	13	O	NF

Family friendly flexible working policies	Maternity leave		Paternity leave		Parental or shared parental leave
	Maximum weeks available	Wage replacement	Maximum weeks available	Wage replacement	Weeks and wage replacement
NF	12	0	12	0	Unpaid parental leave under FMLA
G	16	100			60w SPL
G	6	100			4w parental leave fully paid
G	17	8w paid global; 17w paid US	8	paid	
G	24	100	16	100	NF
G	52	26w OML, 26wAML; variable pay for 39w	2	100	52w leave; 39w statutory pay
NF	12	0	12	0	Unpaid parental leave under FMLA
G					
G					
G	16	100	2	100	
G	18	100	8	paid	
G	6	paid	6	paid	20w unpaid; STD for birth mother
G	16	paid	1	100	26w parental leave
NF	4	paid	4	paid	8w unpaid parental leave under FMLA
G	12	0	12 (NIH paternity leave)	0	Unpaid parental leave under FMLA
G	14	100	1	100	12w mat.; 1w unpaid pat.
G					
G					
G	26	93	NF	NF	35w SPL
NF	52	12w 100%, 27w SMP	2	100	37w SPL: 12w full pay; 35 shared stat pay
NF					12w parental leave fully paid
NF	16	100	08-apr	100	NF
G	12	0	12	0	Unpaid parental leave under FMLA; birth mothers can apply for STD 66% wage coverage
NF	08-mag	100	2	100	Up to 26w unpaid parental leave
G	4-6w	100	4-6w	100	Up to 16w total under FMLA
G	22	100	2	100	22w SPL full pay plus 18w unpaid
NF	16	100	08-apr	100	NF
G	16	100	2	100	
NF	16	100	08-apr	100	NF
G	16	12w full pay, 4w unpaid	3	100	4w
NF	16	100	08-apr	100	NF
G	2	paid	2	100	68w SPL
NF	16	100	08-apr	100	
G	19	100	4	100	33w prim. carer unpaid; 48w second. carer unpaid
G	16	100	08-apr	100	NF
NF	16	100	08-apr	100	8w additional mat. paid
G	16	100	16	100	NF

Organisation	National Policy	Parental leave policy availability	Support for new parents
Unilever*	12	S	G
United Nations Development Programme (UNDP)	13	O	G
United Nations Office on Drugs and Crime (UNODC)	13	O	G
United Nations Population Fund (UNFPA)	13	O	G
United States Agency for International Development (USAID)	12	O	G
University of Edinburgh	11	O	G
Vital Strategies	12	S	G
Wellcome Trust	11	S	NF
World Bank Group	13	O	HG
World Health Organization (WHO)	13	O	G

	Country	National maternity leave	National paternity leave	National parental leave	National flexible working (where found)
1	Belgium	15w paid at 75-82% earnings	2w paid at 82-100% earnings	Four months paid per parent. Can take pro rata over 20 mos. total	Universal right to request change in working hours and alternative working arrangements. Employers can refuse on business grounds.
2	Canada	15 - 18w paid at 55% earnings	None (except Quebec = 5w)	35w shared parental leave at 55% earnings OR 61w at 33% earnings	Employee has right to request change in working hours, work schedule or location of work. Employers must provide written reason for refusal.
3	Germany	14w at 100% of earnings	None	Parental leave up to 3 years, individual entitlement or shared; parental allowance paid at 65% for 12-14 months	Universal right to request change in working hours and alternative working arrangements. Employers can refuse on business grounds.
4	Japan	14w paid at min 67% earnings	None	Shared parental leave: 52-60w paid at 50-67% earnings	
5	Kenya	13w full pay	2w paid	None	
6	Netherlands	16w paid at 100% to a ceiling	2days paid, 3 unpaid	26 x total employee's working hours per week, per parent, unpaid	Right to request changes in working times and location, as well as number of hours, unpaid
7	South Africa	16w unpaid can claim unemployment pay	No statutory leave	Parental leave, adoption leave and commissioning parental leave up to 10 days	
8	South Korea	13w paid	3days paid, 2 unpaid	Parental leave 52 weeks	
9	Sweden	2w statutory leave at 77.6% of earnings	10days at 77.6% of earnings	Full time leave until child is 18m with 240days parental leave benefit (195 days paid at 77.6% earnings). 10% of parental leave days can be transferred.	Working time flexibility can be negotiated in collective or local agreements.
10	Switzerland	14w at 80% salary	None	None	
11	United Kingdom	Statutory maternity leave = 52w; statutory maternity pay = 39w	1 or 2w	Shared parental leave of 50w with 37w shared parental pay	All employees have right to request flexible working; employers must deal with requests in a 'reasonable manner'.
12	USA	"None (Note, at many organisations, employees who give birth can access short-term disability insurance coverage for partial wage replacement for 6-8 weeks.)"	None	No statutory leave. Can take Federal FMLA for 12w in a 12m period, unpaid.	Flexible work schedules are a matter of agreement between the employer and the employee (or the employee's representative)
13	UN body or other international organisation				

Family friendly flexible working policies	Maternity leave		Paternity leave		Parental or shared parental leave
	Maximum weeks available	Wage replacement	Maximum weeks available	Wage replacement	Weeks and wage replacement
G	16	paid	3	paid	
G	16	100	08-apr	100	NF
G	16	100	4	100	24 mos. unpaid
G	16	100	08-apr	100	NF
NF	12	0	12	0	Unpaid parental leave under FMLA
G	52	26w OML, 26wAML; variable pay for 39w	2	100	52w leave; 39w statutory pay
G	4	40-100	4	40-100	Additional 8w parental leave under FMLA unpaid
NF	52	100% for 18w	2	100	52w SPL; 18w enhanced pay
G	20	100	10	100	0
NF	16	100	08-apr	100	NF

* Global policy coded.

** Incorporated in Ireland. US policy located and coded.

*** Headquartered in Kenya, but only UK policy located.

**** Headquartered in Bangladesh. No national policy located.

AML: Additional Maternity Leave (UK), second six months of maternity leave, reduced job protection

FMLA: Family and Medical Leave Act (US), which entitles eligible employees to take 12 weeks of unpaid, job-protected leave for family and medical reasons including to care for a new child

Mat.: Maternity leave

Mos.: Months

OML: Ordinary Maternity Leave (UK), first six months of maternity leave, full job protection

Paid: Where policy indicates that leave is paid but rate of pay is not specified

Pat.: Paternity leave

Prim. carer: Primary carer

Second. carer: Secondary carer

SMP: Statutory Maternity Pay (Japan, Kenya, UK), legal minimum to be paid to employees while on maternity leave

SPL: Shared Parental Leave

STD: Short-Term Disability, insurance offered by some US-based employers to birth mothers, normally for 6-8 weeks of partial wage replacement immediately after giving birth

W: Weeks

Annex 5. Gender pay gap

Gender pay gap in UK-based organisations and branches

Employer	% Difference in hourly rate (Mean)	% Difference in hourly rate (Median)	% Women in lower pay quartile	% Women in top pay quartile	% Who received bonus pay (Women)	% Who received bonus pay (Men)	% Difference in bonus pay (Mean)	% Difference in bonus pay (Median)
AB InBev UK Limited	-8	-15	22	30	72	71	-12	-492
AbbVie Ltd	16.8	15.8	78.4	54	92.9	94.2	29.7	29.6
Accenture (UK) Limited	16.7	10.2	45.3	27.9	62.5	61.6	52	33.4
Becton, Dickinson UK Limited	0.6	12.9	45.1	34.2	87	89.3	-35.4	-15.7
BP P.L.C.	22.6	20.8	64.4	28.5	97.1	96.6	63.5	41
Bristol-Myers Squibb Pharmaceuticals Limited	14.8	9.2	73.3	48	96.3	96.1	22.9	23.8
Coca-Cola European Partners Great Britain Limited	10.1	10.7	40.3	30.9	93.4	94.1	40.5	-10.7
Deloitte LLP	17	12.1	49	36	60.7	59.4	52.2	41.2
Department For International Development	8.5	6.8	62.2	46.8	50.7	47.7	6.9	0
Eli Lilly And Company Limited	3.9	-0.3	41	38	75	62	43.2	27.8
Elsevier Limited	29.1	40.4	72.5	25.6	45.7	56.5	30	47.5
ExxonMobil Chemical Limited	12.6	17.1	20.9	12.3	12.2	10	63.8	59.7
General Electric International, Inc.	8.1	14.7	29	21	86.8	78.5	14.8	38.4
Gilead Sciences Europe Ltd.	31.6	32.4	88	34	95	97	62.2	75.7
GlaxoSmithKline Services Unlimited	3.5	1.6	47	41	100	100	19	0
GSM MOU Association	21.8	28	68	42	83	86	38.4	50.4
Heineken UK Limited	13	10.5	42.3	21.2	82.7	82.2	34.3	6.1
Informa (Taylor and Francis)	34.8	22.4	68.6	35.5	59.1	71.3	62.2	18.9
Intel Corporation (UK) Limited	32.6	32.5	47.3	12.9	100	98.2	46.4	45.2
Islamic Relief Worldwide	11	22	45	20.5	0	0	0	0
Johnson & Johnson Limited	16.6	15.8	76.4	59.2	85.9	87.1	67.8	19.1
KPMG UK Limited	22.3	22.1	56.1	33.2	85.8	86.2	51.3	27.6
Kuehne + Nagel Limited	4.9	8.1	29	23	21.7	15.5	40.6	36
McCann Complete Medical Limited	16.1	19.2	87.9	63.3	76.5	72.8	15.8	23
Mckinsey & Company, Inc. United Kingdom	23.8	14.3	60	36	86.8	88.6	76	52.5
Medtronic Limited	17	14	67	40	94	95	18	28
Merck Sharp & Dohme Limited	3.8	-6.7	41	37	97	95	19.1	0
Mott MacDonald Limited	21	20	44	14	76	78	49	44
Nestle UK Ltd.	6	10	42	28	84	87	14	5
Novartis Pharmaceuticals UK Limited	10.8	8.6	68	50	95	95	16.2	21.1

Gender pay gap in UK-based organisations and branches

Employer	% Difference in hourly rate (Mean)	% Difference in hourly rate (Median)	% Women in lower pay quartile	% Women in top pay quartile	% Who received bonus pay (Women)	% Who received bonus pay (Men)	% Difference in bonus pay (Mean)	% Difference in bonus pay (Median)
Novo Nordisk Limited	29.9	12.3	68.2	54.7	92.8	93.4	36.1	22.6
Oxfam	11	12.5	68	57	0	0	0	0
Pfizer Limited	18.7	17.6	61	38.9	92.6	93.3	27.5	27.9
Philips Electronics UK Limited	18	29.2	42	29	32	33	25.9	21.6
Price water house Coopers LLP	33.1	34.4	88.2	36.7	91	93.2	58.6	67.1
Reckitt Benckiser (UK) Limited	0.8	3.2	10	10	37.5	20.1	8.5	10.4
Salvation Army Trustee Company (The)	13.9	9.3	77.6	59.9	0	0	0	0
Save the Children International	18.8	12.3	72.2	39.1	0	0	0	0
The Wellcome Trust Limited	30	20.8	69.9	47.8	75	74.6	78.8	22.6
Unilever UK Limited	-8.8	-1.3	26.7	32.7	97.3	97.4	-52	-44.7
World Vision UK	24.2	19.6	84.4	45.3	28.9	12.6	66.8	16.8

Gender pay gap among Higher Education Institutions reporting under the Scottish Equality Act.

HEIs with 20 or more staff are required to publish their gender pay gap biennially.

	Mean gender pay gap for all employees	Median gender pay gap for all employees
University of Edinburgh	17.70%	11.10%

Gender pay gap among organisations reporting voluntarily.

These organisations employ various methods to calculate their pay gaps. Gaps should not be considered comparable to other reporting organisations.

	Mean gender pay gap - salaries	Median gender pay gap - salaries
Clinton Health Access Initiative (CHAI)		-7%
Drugs for Neglected Diseases Initiative (DNDi)	4.2%	
Foundation for Innovative New Diagnostics (FIND)	15.2%	17.9%
International Planned Parenthood Federation		8.1%
Open Society Foundations (US data)	3.0%	4.0%
Pathfinder International	5.4%	13.5%
Plan International	13.8%	14.9%
SRHR Africa Trust	16.0%	

Annex 6. Scorecards: organisational performance across 10 domains

Organisation size	
1	1-99
2	100-249
3	250-999
4	1000+

Commitment to gender equality

G (Green)	Commitment to gender equality with gender referring to men and women or gender mainstreaming in policy and planning
Gp (Green/Purple)	Commitment to gender equality made, with focus on women and girls
Gw (Green/WEPS)	Signatory to Women's Empowerment Principles
A (Amber)	Organisation works on women's health and wellbeing, but makes no formal commitment to gender equality
R (Red)	No mention of gender; general commitment to diversity and inclusion
RS (Red/SDGs)	General commitment to SDGs
+	Commitment refers to LGBTQI

Definition of gender

G (Green)	Consistent with WHO definition
A (Amber)	Define gender-related terms and/or with a focus on women and girls
R (Red)	No definition found
2	Definition is in relation to health (e.g. G2)
*	Definition not public
+	Commitment refers to LGBTQI

Workplace policy

G (Green)	Gender equality or diversity affirmative policy with some specific measure to improve gender equality and/or support women's careers
DI (Diversity & Inclusion)	Focus on diversity and inclusion but not equality and with specific strategies in place for D&I
A (Amber)	Stated commitment to gender equality and/or diversity in the workplace (above the legal requirement) but no specific measures to carry out commitments
R (Red)	Policy is compliant with law but no more = "we do not discriminate"
NF (Not Found)	Not found
+	Specific mention of no discrimination based on gender identity/other mention of inclusion of transgender

Programmatic strategy	
G (Green)	Strategies to address women/men and boys/girls in policies and programmes for external delivery
Gp (Green/Purple)	Address gender with predominant focus on women and girls
A (Amber)	Predominant focus on women and girls, no mention of gender
R (Red)	No mention of gender in strategies
+	Mention of transgender health
3	Work specifically on sex-differences (life sciences)
NA	Organisation does not undertake programmatic work

M&E Disaggregation	
G (Green)	Disaggregation of programmatic delivery (i.e. reported as men/women and boys/girls); or require disaggregation in the programmes they support or provide a gender analysis of their work
A (Amber)	Limited to what percentage of beneficiaries are women and girls
A1	Commitment to disaggregate data but not actually reported
R (Red)	No disaggregation or no policy on disaggregation
NA	Organisation does not collect/report programmatic data
+	Sex-disaggregate data and report on transgender health

Gender parity in senior management / governance	
G (Green)	45–55% women represented; or difference of one
A (Amber)	35–44% women represented
A1 (Amber/Purple1)	56–100% women represented
R (Red)	0–34% women represented

Leadership	
M	Man
W	Woman
X	Non-binary; undefined

*	Organisation validated data published in 2019 report
•	Organisation provided organisational policies/information to support data analysis in 2019 report
↑	Organisation performance improved in 2019 versus 2018 (increased total # of greens). Comparative data only available for the 140 orgs reviewed in both 2018 and 2019
●	Organisation reviewed in 2018

Sector	Organisation	Performance 2018-2019	Organisational size	Commitment to gender equality																
				Definition of gender	Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior mgmt parity	Board parity	Gender of executive	Gender of board chair	Sexual harassment policy - availability	Sexual harassment policy - performance	Parental leave policy - availability	Gender pay gap reported					
PPPs	Aeras*	●	2	R	R	R	G	R	A1	G	W	W	NF		NF					
	Drugs for Neglected Diseases Initiative (DNDi)*	↑	2	G	R	G	R	R	R	A	M	W	O	G	S	Y				
	Foundation for Innovative New Diagnostics (FIND)*	↑	2	G	G	G	G	G	A1	R	W	M	O	G	E	Y				
	Global Alliance for Improved Nutrition (GAIN)*	↑	2	Gp	G	G	G	G	R	G	M	W	O	G	O					
	GAVI, the Vaccine Alliance*	●	3	G	G	G	G	G	G	G	M	W	S	G	O					
	Clean Cooking Alliance	↑	1	Gp	R	NF	Gp	A	G	G	W	W	NF		NF					
	The Global Fund to Fight AIDS, Tuberculosis & Malaria*	●	3	G	G	G+	G+	G	A	A	M	W	S	G	O					
	Global Health Innovative Technology Fund (GHIT Fund)*	●	1	R	R	R	R	R	R	R	M	M	S	G	S					
	Global Handwashing Partnership (GHP)*	↑	1	G	R	A	A	R	A1	A1	W	NF	NF		NF					
	Global Road Safety Partnership (GRSP)	↑	1	R	R	NF	R	G	NF	NF	M	NF	NF		NF					
	International Vaccine Institute (IVI)*	↑	2	R	G*	R	R	R	R	R	M	M	S	A	S					
	Medicines for Malaria Venture*	●	1	A	R	A	R	R	G	R	M	M	NF		NF					
	Nutrition International*	↑	3	G	G	A	Gp	G	G	G	M	M	S	G	S					
	Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH)	●	1	A	R	G	G	G	A1	G	W	W	E		O					
	RBM Partnership to End Malaria*	↑	1	G	R	G	G	A1	G	R	M	W	O	G	O					
	Scaling Up Nutrition*	●	1	G	G	G	Gp	G	A1	A	W	W	O	G	O					
Stop TB Partnership	●	1	G	G+	G	G	A1	G	A	W	M	O	G	O						
TB Alliance	●	1	A	R	NF	R	R	R	R	M	M	NF		NF						
UN SYSTEM	Food and Agricultural Organization of the United Nations (FAO)*	●	4	G	G	G	G	G	R	NF	M	M	O	G	O					
	International Labour Organization (ILO)		4	G	A	G	G	G	R	R	M	M	O	G	O					
	Joint United Nations Programme on HIV and AIDS (UNAIDS)*	●	3	G	G	G	G+	G	R	G	M	W	S	G	O					
	UNICEF*	●	4	G	G	G	G	G	A1	NF	W	M	O	G	O					
	United Nations Development Programme (UNDP)*	↑	4	G	G	G	G	G	G	NF	M	M	O	G	O					
	UNHCR		4	G	G	G	G	G	R	NF	M	NF	O	G	O					
	United Nations Office on Drugs and Crime (UNODC)*		4	G	G	G	G	G	G	R	M	M	W	O	G	O				
	United Nations Population Fund (UNFPA)	●	4	G	G	G	G	G	G	NF	W	NF	O	A	O					
	UN Women*	●	4	Gp	G	G+	Gp	G	G	NF	W	W	O	G	O					
World Health Organization (WHO)*	●	4	G	G+	G	G	G	A1	R	M	W	E		O						

Sector	Organisation	Performance 2018-2019	Organisational size	Commitment to gender equality		Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior mgmt parity	Board parity	Gender of executive	Gender of board chair	Sexual harassment policy - availability	Sexual harassment policy - performance	Parental leave policy - availability	Gender pay gap reported
				Definition of gender	Definition of gender											
BILATERALS AND MULTILATERALS	African Union Commission (AUC)	●	4	Gp	R	G	Gp	G	G	A1	M	M	NF		NF	
	The Caribbean Public Health Agency (CARPHA)		NF	Rs	R	NF	R	G	G	NF	M	NF	NF		NF	
	Global Affairs Canada	●	4	G	G	G	G	G	A1	NF	W	NF	O	A	O	
	European Commission	●	4	G	A	G	G	G	A	NF	M	M	NF		NF	
	Agence Française de Développement (AFD)	↑	4	G	R	A	G	A	R	A	M	W	NF		NF	
	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)*	●	4	G	A	G	G	G	G	G	W	M	S	G	O	
	Ministry of Foreign Affairs and International Cooperation, Italy	●	4	G	R	NF	G	R	R	NF	M	NF	NF		NF	
	Japan International Cooperation Agency (JICA)*	↑	4	G	G	G	G	A1	R	R	M	M	S	G	S	
	Ministry of Foreign Affairs of the Netherlands*	↑	4	G	A	G+	G	A	R	A	W	W	NF		O	
	Norwegian Agency for Development Cooperation (Norad)	●	2	Gp	G+	NF	Gp	A1	G	NF	M	NF	NF		NF	
	Partners in Population and Development (PPD)		1	G	R	NF	A	R	R	R	M	W	NF		NF	
	Pacific Community		3	G	R	A	G	G	A	NF	M	NF	NF		NF	
	Swedish International Development Cooperation Agency (Sida)*	●	3	G	G	G	G	G	A1	G	W	W	O	G	O	
	Department for International Development, UK (DFID)*	↑	4	G	G	G	Gp	G	G	A	M	W	E		O	Y
	United States Agency for International Development (USAID)*	●	4	Gp	A2	A	Gp	A1	G	NF	M	NF	O	A	O	
	West African Health Organisation (WAHO)		1	Gp	R	NF	Gp	G	NF	NF	M	NF	NF		NF	
	World Bank Group*	●	4	G	G	G	G	G	G	R	NA	M	O	G	O	
PHILANTHROPIC AND FUNDERS	Bill & Melinda Gates Foundation*	●	4	Gp	R	A	Gp	A1	R	R	W	NF	O	A	O	
	Bloomberg Philanthropies		1	Gp	R	NF	A	A	A1	R	W	NF	NF		NF	
	Caterpillar Foundation	●	NF	Gp	R	DI	A	R	NF	NF	W	NF	NF		NF	
	Ford Foundation*	●	3	G	R	A	Gp	R	R	G	M	M	O	A	NF	
	Global Financing Facility (GFF)*		1	Gp	R	A	Gp	G	A1	G	W	M	O	G	O	
	Imam Khomeini Relief Foundation	●	NF	R	R	NF	R	G	R	R	M	M	NF		NF	
	Islamic Development Bank	↑	3	Gp	R	NF	Gp	R	R	R	M	M	NF		NF	
	National Institutes of Health (NIH)	↑	4	G	G2	DI	G3	G	R	NF	M	NF	O	R	O	
	Open Society Foundations*	↑	4	Gp	R	G	Gp	R	G	R	M	M	O	A	E	Y
	Qatar Foundation (QF)	●	4	R	R	NF	A	R	A	R	M	W	NF		NF	
	Sanofi Espoir Foundation*	●	1	A	R	NF	A	A	A1	A	W	M	O	A	NF	
	Rockefeller Foundation	●	2	R	R	G	Gp	A	A	R	M	M	NF		NF	
	Wellcome Trust*	●	4	R	R	A	G	G	R	A	M	W	S	A	S	Y

Sector	Organisation	Performance 2018-2019	Organisational size	Commitment to gender equality												
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NGOs	ACTION Global Health Advocacy Partnership	●	1	R	R	NF	A	R	A1	G	W	M	NF	NF		
	Action on Smoking and Health (ASH)	↑	1	A+	R	NF	A+	A	G	R	M	M	NF	NF		
	Advocates for Youth	●	1	G	G	NF	G	R	A1	A1	W	W	NF	NF		
	Africa Centre for Global Health and Social Transformation (ACHEST)*		NF	R	R	NF	R	R	NF	NF	M	NF	E		E	
	Africare	●	4	A	R	R	A	R	G	R	M	M	NF		NF	
	Aga Khan Development Network (AKDN)*		4	Gp	R	NF	G	A	R	NF	M	NF	NF		NF	
	American Refugee Committee	●	4	A	R	R	A	R	R	A	M	M	NF		NF	
	amfAR, Foundation for AIDS Research	↑	2	G	A+	NF	G+	A1	A	R	M	M	NF		NF	
	Amref Health Africa	↑	3	G	G	G	Gp	G	A1	R	M	M	O	R	NF	
	AVERT*	↑	1	Gp	A	R	G+	G	G	G	W	M	O	G	O	
	BRAC	●	4	G	G	G	G	G	R	G	M	M	O	A	NF	
	CARE International	●	4	G	G	G	G	G	A1	A1	W	W	NF		NF	
	China Foundation for Poverty Alleviation (CFPA)		4	A	R	NF	A	R	A1	R	M	M	NF		NF	
	Clinton Health Access Initiative (CHAI)*	●	4	A	R	A	A	G	G	A	M	M	S	G	S	Y
	Cordaid*		3	G	R	NF	G	G	R	G	M	M	NF		NF	
	CORE Group*	↑	1	A	A	R	A	A1	G	G	W	W	E		S	
	Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)	●	4	A	R	A	A	R	A	R	M	M	O	A	NF	
	EngenderHealth*	↑	3	G	G	NF	G	G	G	A1	W	M	S	G	S	
	FHI 360	●	4	G	G	A	G	G	R	G	M	M	NF		NF	
	Framework Convention Alliance (FCA)*		1	G	R	NF	G	R	A	G	M	M	NF		NF	
	Global Health Council*	●	1	Gp	R	NF	A	R	A1	A1	W	W	NF		NF	
	Health Action International*	↑	1	G	G	G	G	G	A1	A	M	M	S	A	S	
	Health Poverty Action*		3	G	G*	NF	Gp	G*	G	A1	M	M	S	A	S	
	i+solutions		1	R	R	NF	A	R	R	R	M	M	NF		NF	
	International AIDS Society (IAS)*	●	1	G	A2+	A	G	G+	A1	A	M	M	NF		NF	
	International Center for Research on Women (ICRW)*	●	1	G	A	NF	G	A1	A1	A1	W	M	E		NF	
	International Federation of Medical Students (IFMSA)*	↑	1	G	G	G	G	G	R	G	W	NF	NF		NF	
	International Federation of Red Cross and Red Crescent Societies (IFRC)	↑	4	G	G	G	G	G	A	R	M	M	NF		O	
International Planned Parenthood Federation (IPPF)*	●	4	G	G2+	G	G+	G	A1	A1	M	W	O	G	E	Y	
International Union Against Tuberculosis and Lung Disease*	●	3	R	R	NF	R	R	A	R	M	M	E		NF		
International Women's Health Coalition (IWHC)*	↑	1	Gp	G	NF	G	A1	A1	A1	W	W	S	G	S		
Jhpiego	●	4	Gp	G	A	G	G	G	A1	W	NF	NF		O		
Management Sciences for Health (MSH)*	●	4	A	R	G	Gp	A1	G	R	W	M	O	G	NF		

Sector	Organisation	Performance 2018-2019	Organisational size	Commitment to gender equality															
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NGOs	Médecins Sans Frontières (MSF) *	●	4	R	R	NF	R	R	NF	G	W	NF	O	G	NF				
	Medicines Patent Pool (MPP)*		1	G	G	G	NA	NA	G	G	M	W	S	G	S				
	Medico International*		1	G	R	A	R	R	G	A1	M	W	NF		NF				
	Memisa*		1	G	G	NF	G	G	R	R	M	M	NF		NF				
	Mercy Corps*	↑	4	G	G	G	G	G	G	A	M	M	W	O	G	NF			
	Oxfam International	●	4	Gp	A	G	G	A1	NF	NF	W	W	NF		O	Y			
	NCD Alliance*	●	1	Rs	R	NF	Gp	G	A1	R	W	M	NF		NF				
	Partners In Health*	↑	4	A	G*	A	A	R	A	G	M	W	S	G	S				
	PATH*	●	4	A	R	R	A	R	A	R	M	M	O	A	NF				
	Pathfinder International*	↑	4	G	G*	A	G	G	G	A1	W	M	S	A	S	Y			
	Plan International*	↑	4	G	G+	G+	G	G	G	G	W	M	O	G	NF	Y			
	Population Action International	●	1	A	R	NF	A	A1	A1	A1	W	W	NF		NF				
	Population Council*	●	3	G	R	NF	A	G	G	A	W	W	S	G	S				
	Population Reference Bureau (PRB)	●	1	G	G	G	G	G	A1	G	M	W	NF		NF				
	Population Services International (PSI)*	↑	3	G+	G	G	G	G	A1	G	M	W	O	G	S				
	Reproductive Health Supplies Coalition*	↑	1	G	G	NF	Gp	A	G	R	M	M	E		E				
	Save the Children*	●	4	G	G	G	G	A1	A1	G	W	W	E		NF	Y			
	SRHR Africa Trust*		1	G	G	G	Gp	A1	A	G	M	M	S	G	S	Y			
Vital Strategies*		2	A	R	R	A	A1	R	R	M	M	E		S					
FAITH BASED	Africa Christian Health Association Platform (ACHAP)	NF		G	R	NF	Gp	R	NF	R	W	M	NF		NF				
	American Jewish World Service (AJWS)		1	G+	R	R	A+	G	A1	G	M	M	NF		NF				
	Muslim Aid		4	G	R	R	R	R	NF	R	M	M	NF		NF				
	Caritas Internationalis		1	R	R	R	Gp	R	R	NF	M	M	NF		NF				
	Catholic Relief Services (CRS)*		4	G	G	G	G	G	A	R	M	M	E		E				
	Catholic Medical Mission Board (CMMB)		3	A	R	NF	Gp	G	G	R	M	W	NF		NF				
	Islamic Relief Worldwide		3	G	G	G	G	G	R	R	M	W	O	A	NF				
	The Salvation Army International*		4	G	R	R	G	A	G	NF	M	NF	O	A	NF	Y			
	World Council of Churches (WCC)		2	Gp	R	NF	A	A1	G	A	M	NF	NF		NF				
	World Vision		4	G	R	NF	G	G	NF	A	M	W	O	G	NF	Y			

Sector	Organisation	Performance 2018-2019	Organisational size	Commitment to gender equality												
				Definition of gender	Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior mgmt parity	Board parity	Gender of executive	Gender of board chair	Sexual harassment policy - availability	Sexual harassment policy - performance	Parental leave policy - availability	Gender pay gap reported	
PRIVATE SECTOR	AbbVie*	↑	4	G	G	G	G	G	A	R	M	M	O	A	O	Y
	AB InBev*	↑	4	Gw+	R	G+	G+	R	R	R	M	M	S	G	O	Y
	Abt Associates*	↑	4	G	G	DI	G	G	G	A	W	M	S	G	S	
	Becton, Dickinson and Company*	●	4	R	R	G	A	R	R	R	M	M	O	G	NF	Y
	BP	↑	4	Gw	R	G2+	A	R	R	R	M	M	O	A	O	Y
	Bristol-Myers Squibb	↑	4	G	R	G	A	R	R	R	M	M	NF		O	Y
	Coca-Cola*	↑	4	Gw+	A+	G+	G	R	A	R	M	M	O	G	O	Y
	DSM	↑	4	Gw	R	G	R	R	G	G	M	M	NF		NF	
	Eli Lilly and Company	●	4	A+	R	DI+	R	R	A	R	M	M	NF		NF	Y
	ExxonMobil	●	4	Gp	R	DI	A	R	R	R	M	M	O	A	O	Y
	General Electric	●	4	A	R	G+	R	R	R	R	M	M	NF		NF	Y
	Gilead	●	4	R	R	DI+	G+	R	A	R	M	M	NF		NF	Y
	GlaxoSmithKline (GSK)*	↑	4	G	R	G	A+	G	R	G	W	M	O	G	NF	Y
	Grocery Manufacturers Association (GMA)	●	2	R	R	NF	R	R	NF	R	M	M	NF		NF	
	GSMA*	↑	3	Rs	R	G	G	G	R	R	M	M	NF		NF	Y
	Heineken	↑	4	G	R	G	A+	R	R	G	M	M	O	A	NF	Y
	Intel	●	4	G+	R	G	A	A	R	R	M	M	O	A	NF	Y
	International Council of Beverages Associations (ICBA)	●	1	R	R	NF	R	R	G	NF	W	M	NF		NF	
	International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)*	↑	1	A	R	A	A	R	G	R	M	M	S	R	S	
	International Federation of Pharmaceutical Wholesalers Foundation (IFPW)	●	1	R	R	NF	R	R	G	R	M	M	NF		NF	
	International Food and Beverage Alliance (IFBA)	●	NF	Rs	R	NF	A	R	R	NF	M	M	NF		NF	
	Johnson & Johnson	●	4	Gw	R	DI+	A	A	R	R	M	M	O	A	O	Y
	Kuehne + Nagel	●	4	R	R	NF	R	R	R	R	M	M	NF		NF	Y
	Laerdal*	↑	4	G	R	A	R	R	R	R	M	M	O	A	NF	
	McCann Health	●	4	R	R	NF	R	R	R	NF	M	NF	NF		NF	Y
	Medela	●	4	A	R	A	A	R	NF	NF	W	NF	NF		NF	
	Medtronic*	↑	4	Gw	R	G+	R	R	R	R	M	M	NF		O	Y
	Merck	●	4	Gw	R	DI+	A	G	R	R	M	M	O	A	O	Y
	Mylan*	●	4	A	R	R	A	A	R	R	W	M	O	G	S	Y
Novartis*	↑	4	Gw+	A	G+	R	G	R	R	M	M	S	G	NF	Y	
Nestle*	↑	4	Gw	R	G	G	R	R	A	M	M	O	A	O	Y	
Novo Nordisk*	●	4	Gw	R	G	A	R	R	R	M	M	O	A	NF	Y	

Sector	Organisation	Performance 2018-2019	Organisational size	Commitment to gender equality	Definition of gender	Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior mgmt parity	Board parity	Gender of executive	Gender of board chair	Sexual harassment policy - availability	Sexual harassment policy - performance	Parental leave policy - availability	Gender pay gap reported
PRIVATE SECTOR	Pfizer*	↑	4	Gw	R	G+	G	G	A	R	M	M	O	G	NF	Y
	Philips*	●	4	A	R	G+	A	R	R	R	M	M	NF		NF	Y
	Reckitt Benckiser Group (RB)*	●	4	G	A	G	A	A	R	R	M	M	E		E	Y
	Safaricom	●	4	Gw	R	G	A	R	R	R	M	M	NF		O	
	Sumitomo Chemical	↑	4	Gw	R	A	Gp	R	R	R	M	M	NF		NF	
	Teck Resources*	↑	4	Gw	R	G	Gp	R	R	R	M	M	O	G	NF	
	TOMS	↑	3	G	R	NF	Gp	R	NF	NF	M	NF	NF		NF	
	Unilever*	↑	4	Gw	G	G	G	G	A	G	M	M	O	G	S	Y
	US Council for International Business (USCIB)	↑	1	A	A	NF	Gp	R	G	R	M	M	NF		NF	
	Vestergaard Frandsen	↑	2	G	R	G	A	R	NF	G	M	M	NF		NF	
World Economic Forum	●	3	G	R	DI	G	G	R	R	M	M	NF		NF		
CONSULTANCY	Accenture*	↑	4	Gw+	A	G+	G	NA	R	A	M	W	O	G	O	Y
	Deloitte*	↑	4	G	R	G	R	R	R	R	M	M	NF		O	Y
	KPMG	●	4	Gw	A	G	G	R	A	R	M	M	O	A	NF	Y
	McKinsey & Company	●	4	G+	R	G+	A	R	NF	NF	M	M	NF		NF	Y
	Mott MacDonald	●	4	G	A+	G	A	R	NF	R	M	M	NF		NF	Y
	PwC	●	4	Gw	A	G	Gp	G	R	R	M	M	O	A	O	Y
	Rabin Martin*	●	1	RS	R	NF	NA	R	A1	A1	M	W	NF	E		E
RESEARCH AND SURVEILLANCE	Africa Population and Health Research Centre (APHRC)		2	G	R	R	G	R	G	G	W	W	NF		NF	
	The Alliance for Health Policy and Systems Research (AHPSR)*		1	G	G	G	G	A1	R	G	M	M	E		O	
	Fundação Oswaldo Cruz (Fiocruz)		4	G	R	NF	R	G	NF	NF	W	NF	NF		NF	
	Health Systems Global*		1	G	R	NA	G	G	G	G	M	W	NF		NF	
	icddr,b		4	G	R	G	Gp	G	R	R	M	W	O	G	O	
	Institut Pasteur		4	G	R	G	G	R	A	R	M	M	NF		NF	
	Africa CDC*		NF	A	R	G	G	R	NF	NF	M	W	NF		NF	
	China CDC		4	A	A	NF	Gp	R	R	NF	M	NF	NF		NF	
	European Centre for Disease Prevention and Control		3	R	R	NF	R	G	R	G	W	W	NF		NF	
Centers for Disease Control and Prevention (US)		●	4	A	R	A	A	G	R	NF	M	NF	O	A	NF	

Sector	Organisation	Performance 2018 - 2019	Organisational size	Commitment to gender equality	Definition of gender	Workplace gender policy	Programmatic gender strategy	M&E disaggregation	Senior mgmt parity	Board parity	Gender of executive	Gender of board chair	Sexual harassment policy - availability	Sexual harassment policy - performance	Parental leave policy - availability	Gender pay gap reported
JOURNALS	BMJ	3	G	G	NF	NA	G	A1	R	M	M	NF		NF		
	BMJ Global Health*	1	G	G	NF	NA	G	A1	G	M	M	NF		NF		
	Global Health Action*	1	G	G	G+	NA	G	G	A	M	NA	O	A	O		
	Journal of the American Medical Association (JAMA)*	1	G	G	A	NA	G	A	R	M	M	E		O		
	JAMA Internal Medicine	1	G	G	A	NA	G	G	A1	W	NA	NF		O		
	Journal of Global Health	1	G	G	G	NA	G	G	A	W	NA	O	G	O		
	The Lancet*	2	G	G	G	NA	G	G	A	M	NA	NF		NF		
	The Lancet Global Health*	1	G	G	G	NA	G	G	A	W	NA	NF		NF		
	New England Journal of Medicine (NEJM)*	2	G	G	NF	NA	G	G	R	M	W	E		NF		
	PLOS Medicine	1	G	G	NF	NA	G	G	R	W	NA	NF		NF		
Bulletin of the World Health Organization*	1	G	G	G	NA	G	A1	R	W	NA	E		O			
JOURNAL PARENT COMPANY	American Medical Association	3	G	R	A	G+	R	A	R	M	M	NF		O		
	BMJ Publishing Group	3	R	R	NF	R	R	A1	G	M	M	NF		NF		
	University of Edinburgh*	4	G	R	G	G	G	G	G	M	W	O	G	O	Y	
	Elsevier	4	G	R	G	G+	G	R	NF	M	NF	NF		NF	Y	
	Massachusetts Medical Society	3	R	A	NF	A	R	A	NF	M	NF	NF		NF		
	PLOS*	1	R	R	NF	R	R	A1	G	W	M	NF		NF		
	Taylor & Francis Group	4	R	R	NF	A	R	R	NF	W	NF	NF		NF	Y	

Annex 7. Results by sector

Figure 1. Publicly committing to gender equality, by sector

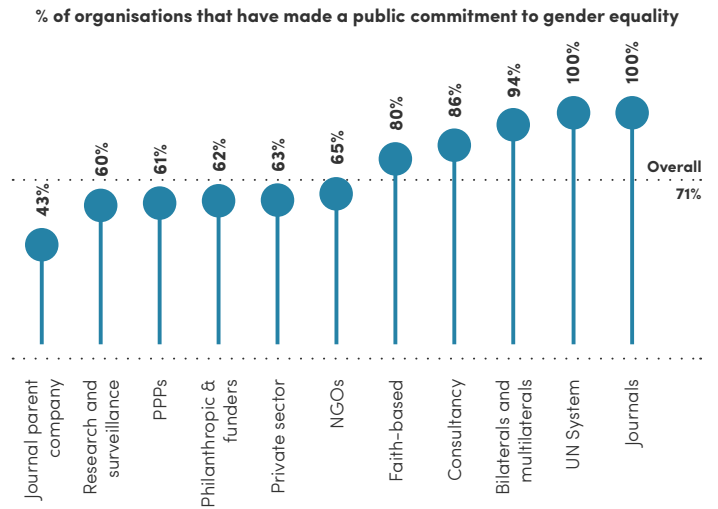


Figure 2. Definition of gender consistent with global norms, by sector

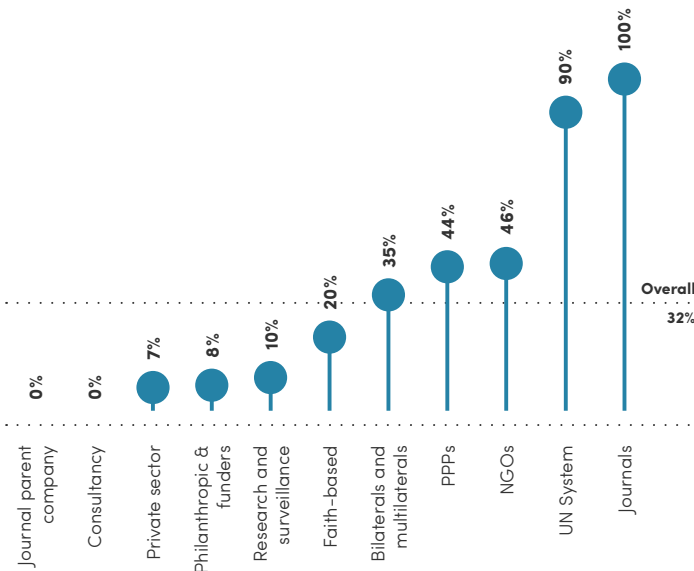


Figure 3. Workplace gender equality or diversity policies, by sector

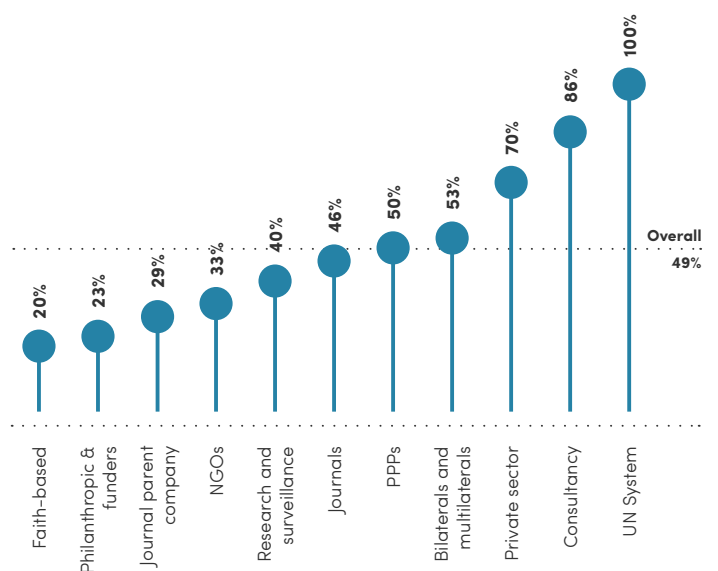


Figure 4. Sexual harassment policies online, by sector

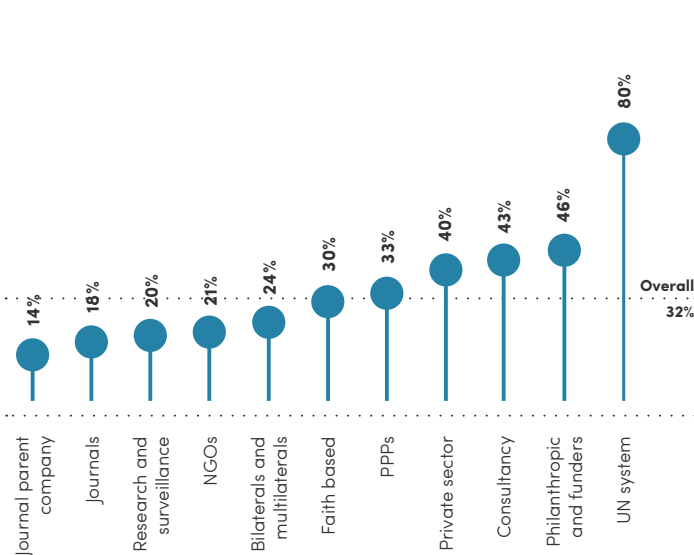


Figure 5. Parental leave policies online, by sector

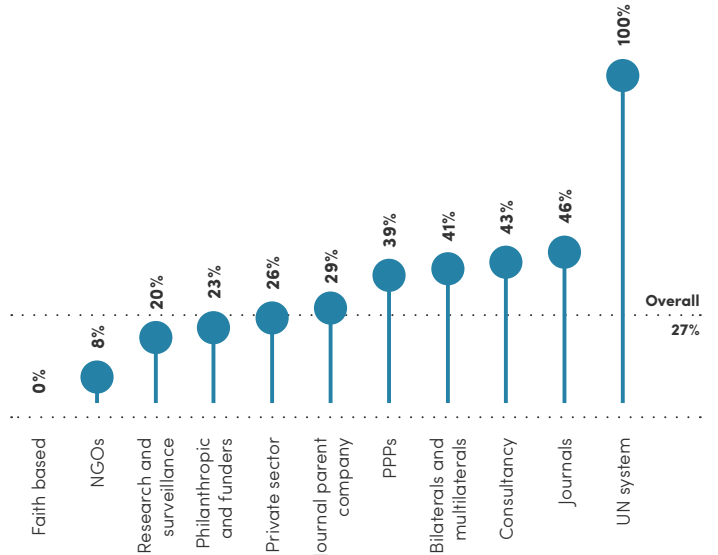


Figure 6. Gender composition in senior management, by sector

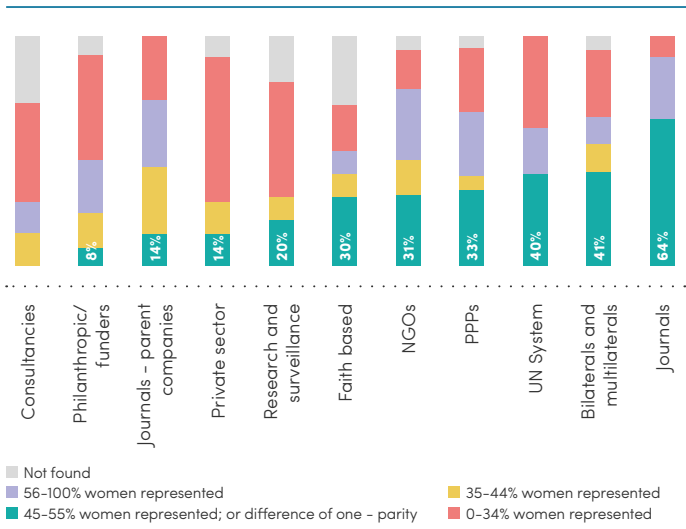


Figure 7. Gender composition in governing bodies, by sector

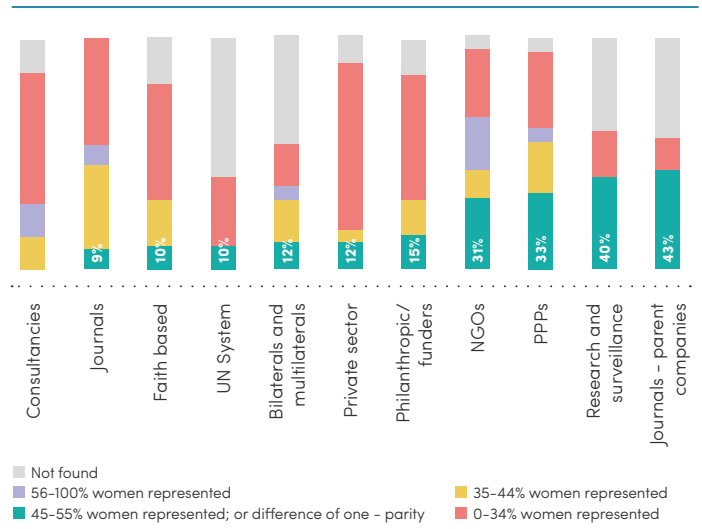


Figure 8. Gender of executive heads (% male)

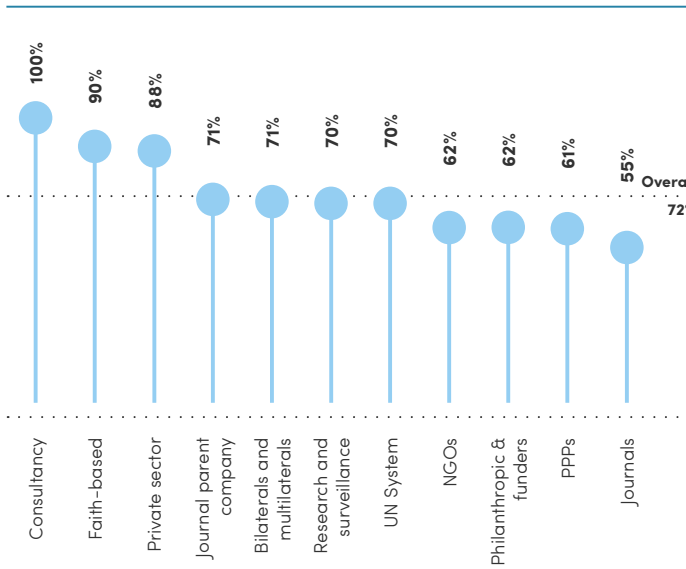


Figure 9. Gender of board chairs (% male)

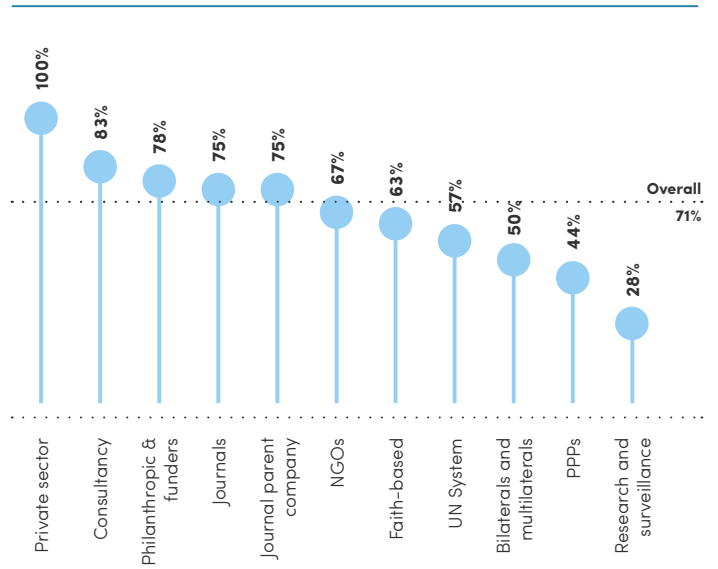


Figure 10. Proportion of organisations with programmatic strategies to guide gender-responsive action, by sector

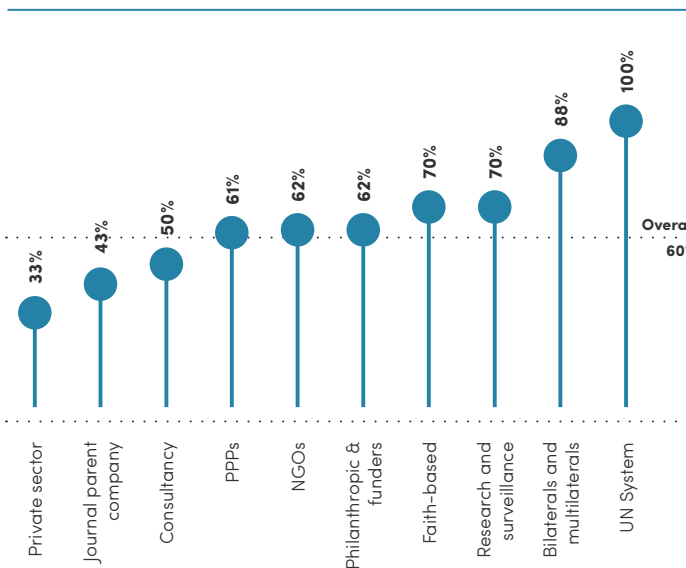
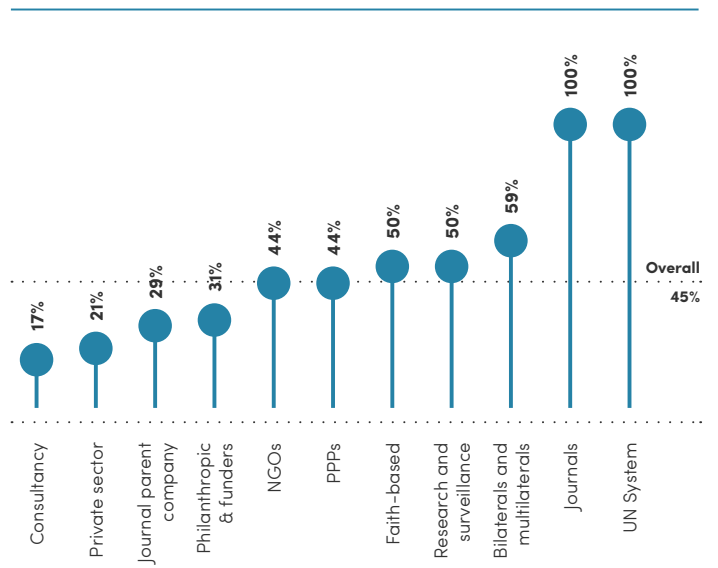


Figure 11. Reporting sex-disaggregated data on programmatic activities, by sector



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