GENDER EQUITY IN EYE HEALTH SURVEY REPORT 2022

Survey conducted by IAPB (on behalf of the Gender Equity Work Group Nov 2022)
EXECUTIVE SUMMARY

• There was lower than expected participation levels in 2022 and the IAPB Gender Equity Group is taking steps to both understand why and put steps in place to make completing the survey more enticing when it is next run in November 2024.

• The gap is closing in the number of male vs female CEOs in the eye health sector; however, it is not closing when it comes to the role of Chair.

• The number of organisations that disaggregate their data by sex has increased; however, the number of organisations publicly stating a gender equity policy, or a programmatic policy has decreased. Perhaps that is because data disaggregation is now often compulsory.

• There is more to do and the IAPB Gender Equity Work Group will take the learnings from this survey, along with feedback at the recent 2030 In Sight Live conference in Singapore to refocus our gender equity support to IAPB members.

• Any IAPB Member that would like support in their gender equity journey, please do contact IAPB GEWG.
OUR CAVEAT

The survey response peaked in 2021 with 83 respondents (49% of all IAPB members), dropping in 2022 to 56 respondents (32% of all IAPB members).

Only 17 organisations have responded each year.

Please keep this in mind as we go through the results.
GENDER PARITY AT LEADERSHIP: I KNOW IT IS IMPORTANT, BUT WHAT CAN I DO?

Gender parity in leadership positions ensures diverse perspectives and experiences, promotes inclusive decision-making, and challenges gender biases. It leads to better outcomes, fosters innovation, and creates role models, inspiring future generations to pursue their aspirations and contribute to society without gender-based limitations.

Box. Reaching beyond traditional networks: diversifying the candidate cohort

The process of identifying potential board candidates often relies heavily on the traditional networks of board members and chief executives. Diversifying board membership will require challenging this paradigm and using non-traditional recruitment methods. Found that alternative networks that have been tapped within the charity sector include:

- Leaders from the communities the organisation serves
- Referrals from leaders in the communities the organisation services
- Programme participants or former participants
- Leaders from peer or partner organisations
- Publicly posted or advertised board openings
- External headhunter, agency, or board matching services

Source: Global Health Report 2021
LEADERSHIP RESULTS

For the purposes of this report, we have defined parity as 45% – 55%
% GENDER OF CEOS OVER THE PAST THREE YEARS

From the range of organisations that responded:
Over the last three years we are closing the gap between the number of female CEOs in eye health (45%)
However, the gap is increasing in the number of female Board Chairs (20%).

In comparison, whilst still a low figure, Global Health 50/50 reported in 2022 that of organisations consistently reviewed since 2018, **32% of Board Chairs were women** (up from 20% in 2018).
HOW MANY WOMEN ARE IN YOUR SENIOR MANAGEMENT TEAM?
HOW MANY WOMEN ARE ON YOUR BOARD?

- 0-44% Women on the Board (Male majority)
- 45-55% Women on the Board (Parity)
- 56-100% Women on Board (Female majority)
WHAT CAN WE DO?
IDEAS FROM GLOBAL HEALTH 50/50

People talk about the issue of listening to women, of listening to diverse voices like it is novel. I still worry that it’s all talk because I don’t believe that organisations truly understand why diversity matters. But if we don’t listen to these voices then we can never be as effective as we should be in health.”

CATHERINE BERTINI
Chair of the board of the Global Alliance for Improved Nutrition; Distinguished Fellow at the Chicago Council on Global Affairs

GAIN has developed a set of targets for its board - at least half of our voting board members have to have grown up in and worked significantly in a lower-income country and at least half must be women. The ambition for diversity has always been there, but these targets are important to make us more disciplined and more accountable to these aspirations.”

LAWRENCE HADDAD
Executive Director, Global Alliance for Improved Nutrition (GAIN)

CARE is committed to ensuring gender balance on its board. The board also established a commitment to achieving a 40% ratio of Black, Indigenous, and People of Color among its directors. To ensure accountability, we embedded the commitments into our Board Responsibilities, created lines of communication with staff, established systems to monitor progress and hold an annual board training on gender, equity, and diversity.”

CARE U.S.A.
The UNAIDS board has a unique set up that includes civil society delegates selected by civil society itself as members of the board. When you have networks of people living with HIV, and those most vulnerable to and affected by HIV in the boardroom, it shifts the dialogue. Other board members have a constant reality check with a human face before them, who will say what works for people in strategies, policies and implementation – and importantly also what does not work. The discussion becomes more focused on doing the right things in the AIDS response, those that have impact for people, those where there is evidence behind – a politically palatable compromise without impact is not an option.”

CATHERINE BERTINI
Director, Governance and Multilateral Affairs, UNAIDS

According to IPPF Regulations, the Board must comprise at least 50% women and at least 20% youth under 25 years of age who meet specific profiles on expertise, skills and experience.

Organisations have the power to improve their board diversity. Be deliberate. Ask yourselves what is fair, what is just, how inclusive can you be. Otherwise, we keep running headlong without knowing what impact we’re making, and what the people we work with want. We end up speaking at - instead of - with the people whose voices matter most.”

SERI WENDOH
Global Lead, Gender and Inclusion, International Planned Parenthood Federation

Since 2010, Gavi has had guiding principles in relation to the gender balance of its Board, Board committees and Board advisory committees. The gender balance is deemed to be within the acceptable range if there is no more than 60% of any one gender represented in each of the separate groups and as an aggregate. As individuals and as an institution, we are committed to building and nurturing a culture in which inclusiveness is a reflex, not an initiative or afterthought.”

GAVI, The Vaccine Alliance
HOW DO WE COMPARE WITH GLOBAL HEALTH 50/50?

STARK GENDER INEQUALITIES ON PRIVATE SECTOR BOARDS

Among 43 private companies, women hold 30% (173/576) of board seats.

Women are overwhelmingly from high-income countries – just 11 seats (2%) are occupied by women from middle-income countries (compared with 53 seats (9%) occupied by men from middle-income countries).

0% Not a single national (male or female) from a low-income country is represented across 576 seats in the private sector.

MORE WOMEN SIT ON NON-PROFIT BOARDS THAN FOR-PROFIT BOARDS

Women occupy 45% (641/1438) of board seats of non-profit organisations (n=103). These include NGOs, faith-based organisations, research organisations, public-private partnerships, and global health funders.

17 out of 1438 seats are occupied by women from low-income countries (1%). Four women from low-income countries occupy two seats each, bringing the actual number of women board members down to 13.

Source: Global Health 50/50
HOW DO WE COMPARE WITH GLOBAL HEALTH 50/50?

HARNESSING THE POWER OF DATA

Sex-disaggregation of data should be ubiquitous within health programmes: it is a means to hold organisations to account for their commitments not only to equity but also to the delivery of effective interventions. Following two years of growing academic and public interest in the roles of sex and gender in driving COVID-19 health outcomes and insights generated from sex-disaggregated data on the pandemic, GH5050 finds that only half of non-profit organisations active in global health have available policies committing to regularly sex-disaggregating health data.

A failure to collect, report and analyse sex-disaggregated data is a lost opportunity for understanding the distribution of ill-health, who is benefitting from interventions, and who is being left behind.

HALF of non-profit organisations publish commitments to regularly sex-disaggregate programmatic monitoring and evaluation data.

This marks a slight improvement over 2021, when commitments were found for 44% (65/146) Organisations.

STEADY PROGRESS IN APPLYING A GENDER LENS TO PROGRAMMATIC APPROACHES

Much of the global health sector agrees that gender plays a crucial role in perpetuating disparities in the distribution of the burden of ill-health across and within populations, and that gender influences how organisations address the problem(s). Our report finds that 81% of organisations have publicly committed to gender equality. But this does not necessarily translate into gender-responsive programmes to reach beneficiaries.

Transformative approaches embedded in the work of global health organisations have been shown to yield more effective outcomes. These include those policies and programmes that seek to address the underlying structural (e.g. economic, legal, political, cultural) drivers of gender inequality. Although progress is being made, more than half of programmes do not yet adopt a fully transformative approach to addressing gender and gender inequalities.

GENDER-RESPONSIVENESS OF ORGANISATIONAL APPROACHES, 2020-2022

Over the past two years, progress has been made in the reduction of gender-blind health approaches.
FULL RESULTS
FOR 2022

Photo submitted by: Kumaraswamy to the IAPB World Sight Day Photo Competition
POLICIES AND DATA
2022:
HAS YOUR ORGANISATION MADE A PUBLIC STATEMENT OF COMMITMENT TO GENDER EQUITY

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>We work on women's health and wellbeing but make no formal commitment to gender equity</td>
<td>13.56</td>
</tr>
<tr>
<td>There is no mention of gender, but we have a general commitment to diversity and inclusion</td>
<td>28.81</td>
</tr>
<tr>
<td>Yes, we make a public commitment to gender equity but equate it to women's health / empowerment</td>
<td>6.78</td>
</tr>
<tr>
<td>Yes, it is a signatory to the Women's Empowerment Principles</td>
<td>5.08</td>
</tr>
<tr>
<td>Yes, we make a public commitment to gender equity in a key corporate policy document. We refer to gender as relating to both men and women or mention gender mainstreaming in our policy and planning.</td>
<td>45.76</td>
</tr>
</tbody>
</table>
2020 – 2022

HAS YOUR ORGANISATION MADE A PUBLIC STATEMENT OR COMMITMENT TO GENDER EQUITY?

We work on women’s health and wellbeing by making no formal commitment

There is no mention of gender, but we have a general commitment to diversity and inclusion

Yes we make a public statement of commitment
2022:
DOES YOUR ORGANISATION DEFINE GENDER IN ITS INSTITUTIONAL POLICIES IN A WAY THAT IS CONSISTENT WITH GLOBAL NORMS?
2020 – 2022

Does your organisation define gender in its institutional policies in a way that is consistent with global norms?

- The definition is consistent with the WHO definition of gender
- The definition is consistent with the WHO definition, and is in relation to health
- The definition is consistent with the WHO definition, and includes a reference to transgender
- Gender is defined with a primary focus on women and girls, or they define gender related terms but do not define ‘gender
- There is no definition of gender provided
2022:
DOES YOUR ORGANISATION HAVE A WORKPLACE POLICY ON GENDER EQUITY?

- The policy is compliant with the law but makes no additional commitment to advancing gender equity in the workplace: 10.17%
- There is a gender or diversity affirmative policy in place with specific measures to improve gender equity and/or support women’s careers: 32.2%
- There is a plan/policy that promotes diversity and inclusion, but not explicitly equity, and there are specific strategies in place for diversity and inclusion: 13.56%
- There is a stated commitment to gender equity and/or diversity in the workplace (above the legal requirement) but no specific measure to carry out commitments: 25.42%
- There is no reference to workplace gender equity in key corporate policies: 18.64%
DOES YOUR ORGANISATION HAVE A WORKPLACE POLICY ON GENDER EQUITY?

- The policy contains specific mention of no discrimination based on gender identity/other mention of inclusion of transgender
- The policy is compliant with the law but makes no additional commitment to advancing gender equity in the workplace
- There is a gender or diversity affirmative policy in place with specific measures to improve gender equity and/or support women’s careers
- There is a plan/policy that promotes diversity and inclusion, but not explicitly equity, and there are specific strategies in place for diversity and inclusion
- There is a stated commitment to gender equity and/or diversity in the workplace (above the legal requirement) but no specific measure to carry out commitments
- There is no reference to workplace gender equity in key corporate policies
2022:
DOES YOUR ORGANISATION HAVE A PROGRAMMATIC STRATEGY ON GENDER EQUITY?
2020 – 2022
DOES YOUR ORGANISATION HAVE A PROGRAMMATIC STRATEGY ON GENDER EQUITY?

- Yes
- There is no mention of gender in programmatic strategies
2022: Does your organisation disaggregate its monitoring and evaluation data by sex?

- Data disaggregation is limited to what percentage of beneficiaries are women and girls. (10)
- Organization disaggregates data related to programmatic delivery (i.e. reported as men/women and boys/girls); or requires disaggregation in the program they support or provide a gender analysis of their work. (26)
- Organization makes no mention of sex-disaggregated data and does not report it. (2)
- Organization states a commitment to sex-disaggregated data but does not report it. (1)
- There is a partial reporting of sex-disaggregated data. (6)
2020 – 2022
DOES YOUR ORGANISATION DISAGGREGATE ITS MONITORING AND EVALUATION BY SEX?

- They provide a gender analysis of their work
- They require sex-disaggregation in the programmes they support
- The disaggregation is limited to what percentage of beneficiaries are women and girls
- There is a partial reporting of sex-disaggregated data
- Yes full disaggregation
- They make no mention of sex-disaggregated data and do not report it
- They state a commitment to sex-disaggregated data but do not report it
2022:
HAS YOUR ORGANISATION MADE ANY DIRECT CHANGES TO ITS EXISTING POLICY(IES) THAT REFERENCE GENDER EQUITY SINCE THE COVID-19 PANDEMIC BEGAN?
2020 – 2022
DOES YOUR ORGANISATION DISAGGREGATE IS MONITORING AND EVALUATION BY SEX?

No, it has not been raised as a topic.

No, nothing has changed yet, but it is a key agenda item in our Executive Management Team / Board discussions

Yes, they have been strengthened to ensure C-19 does not reduce equity parity in our programming and across our workforce
LEADERSHIP
2022:
HOW MANY WOMEN ARE IN YOUR SENIOR MANAGEMENT TEAM?
2020 – 2022

How many women are in your senior management team?
2022:
GENDER OF EXECUTIVE HEAD OF ORGANISATION

55.36

44.64

Man Woman
% GENDER OF CEOS OVER THE PAST THREE YEARS
2022:
HOW MANY WOMEN ARE ON YOUR BOARD?

- 0-44% are women (Male majority): 67.86%
- 45-55% are women (Parity): 21.43%
- 56-100% are women (Female majority): 10.71%
2020 – 2022

HOW MANY WOMEN ARE ON YOUR BOARD?

- 0-44% Women on the Board (Male majority)
- 45-55% Women on the Board (Parity)
- 56-100% Women on Board (Female majority)
2022:
GENDER OF BOARD CHAIR

80.36

19.64

Man
Woman
% GENDER OF BOARD CHAIRS
OVER THE PAST THREE YEARS

![Graph showing the percentage of male and female board chairs over the past three years. The graph indicates a decrease in the percentage of female chairs from 2020 to 2022, with numbers 26.27% in 2020, 18.07% in 2021, and 19.64% in 2022. The percentage of male chairs remains relatively stable, with numbers 73.17% in 2020, 81.93% in 2021, and 80.36% in 2022.](image)