

***By Helen Clark and Sania Nishtar***

Over the past few decades, the international community has tasked itself with achieving a wide range of social and environmental objectives, many of which are enshrined in the United Nations [Sustainable Development Goals](#) (SDG) for 2030.

We have advocated for many of these goals, as well as similar efforts that preceded the SDGs, because we believe that such collective projects are necessary to create the type of world we want for our children and grandchildren. But we have also come to realize that far too many efforts to fulfill global commitments lack the meaningful reporting mechanisms needed to succeed. If we are serious about translating lofty pronouncements into real progress for people and the planet, this will have to change.

Consider public health, an issue that affects everyone. The global agenda in this area determines the norms and standards that shape how public and private actors promote health, prevent disease, and administer care. It encompasses research initiatives and global public goods such as vaccines and emergency-preparedness programs for epidemic outbreaks. And it brings people together to work toward providing universal health coverage and ensuring everyone's right to health.

In the SDG framework, the separate issues of gender and health are intertwined, because gender itself is a major driver of health outcomes. Gender can influence whether one smokes tobacco, exercises regularly, or has access to nutritious food. And given that [over 75%](#) of the health workforce worldwide is female, it also often determines who will care for you when you are sick.

For decades, the global health community has paid lip service to the critical role of unequal power relations, particularly relating to gender, in determining health outcomes. At this point, one might expect to see a high degree of gender equality in

the health sector. But a recent report by the advocacy and accountability group [Global Health 50/50](#) shows otherwise.

In fact, the report, which reviewed 140 organizations working in the global health sector, makes for disturbing reading. Many of these organizations are falling embarrassingly short on addressing gender disparities. Half of the organizations' strategies do not include a specific commitment to gender equality; and while a third do focus on the health of women and girls, they make no mention of gendered risks.

The situation is even worse for men and boys, who, regardless of country, can expect to live shorter, unhealthier lives than their female peers. According to the Global Health 50/50 report, only a third of organizations take a gendered approach to the health needs of the whole population, and no organizations target men and boys specifically.

Moreover, only 43% of the organizations that were surveyed have specific measures in place to support women's careers in public health, despite the overwhelmingly female composition of the health workforce. It should come as no surprise that the majority of these organizations are run by men. Across the full sample, 80% of board chairs and 69% of chief executives are male.

For us, one of the report's more dismaying findings is that two-thirds of the organizations do not disaggregate data by sex. Without data, transparency, and adequate reporting on gender disparities, there can be no progress toward gender equality.

Still, the report's findings are not all negative. The Swedish International Development Cooperation Agency, the Bangladesh-based organization BRAC, Save the Children International, and The Global Fund to Fight AIDS, Tuberculosis, and

Malaria are among a dozen or so organizations that perform well across the board. What they have in common are committed leaders who have taken proactive steps to ensure progress.

The successful organizations have all adopted clear policies and roadmaps for driving organizational change. They have established systems of accountability, including measures to ensure that gender competence is included in job descriptions and staff performance evaluations. And they have created flexible work environments, featuring parental leave and other family-oriented policies.

Looking ahead, we hope to see all global health organizations adopt concrete measures to address the shortcomings identified in the Global Health 50/50 report. Failing that, we would recommend that next year's report also rank the organizations in question, to make clear which of them are still falling behind.

Women once had to fight for the right to vote, and we are now fighting for paid parental leave and equal pay. But we must go further, by also advocating for accountability and gender equality in the sphere of global public health.

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