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Leadership for SDG 6.2: Is Diversity Missing?

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ABSTRACT: Diversity, Equity, and Inclusion in the global sanitation sector have not been the subject of extensive investigation or scrutiny. However, without diverse leadership, the sector will continue to experience failure, inefficient use of dwindling resources, and overall low sanitation coverage rates, with 2 billion people lacking sanitation access. This research presents the first quantitative study of sanitation leadership demographics. The results revealed that older, white males from High-Income Countries comprised over a third of all leadership positions. This research found that two-thirds of all sanitation leaders were white, with white leaders 8.7 times more likely to hold multiple positions across different organizations than Black, Indigenous, or other People of Color. Eighty-eight out of one hundred organizations were headquartered in a High-Income Country, and western institutions dominated education data. Black, Indigenous, and other Women of Color were the least represented group, highlighting the importance of an intersectional perspective when discussing gender and racial equality. These issues must be urgently addressed if the Sustainable Development Goal 6.2 targets are to be met effectively. Institutional reform, inclusive hiring policies, and transforming individual attitudes are starting points for change. More organizational data should be made available, and further research needs to be conducted on these topics if a change is to be seen in time for 2030.

KEYWORDS: Diversity, equity, inclusion, SDG6, SDG6.2, sanitation, inclusive development, gender, race, inequality, decolonization, WASH, global sanitation sector, leadership, intersectionality

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Introduction

In recent years, international attention has turned toward issues of institutionalized racial and gender discrimination. This has sparked discourse in global health sectors on Diversity, Equity, and Inclusion (DEI) efforts, including the tentative adoption of the terms' "decolonization" and "inclusive development."[1-5] Research supports calls for improved DEI, as studies have shown that a diverse workforce improves the implementation of global health programs.[6-8] Diversity in this context refers to the composition of work teams regarding heterogeneous demographic and cultural characteristics.[9,10] Equity amounts to equal representation and issues of historical oppression and present discrepancies in influence and power.[11] For example, 70% of global health workers are female, yet they are less likely to be in full-time employment and earn 11% less than their male counterparts.[12] Additionally, males comprise 72% of the leadership roles within global health organizations, despite most sector employees being female.[5] Inclusion is the institutional effort and practices by which diversity and equity are encouraged. This requires the implementation of policies designed to cultivate diverse teams.[10]

The underrepresentation of women in leadership positions has been studied across non-profit and profit-driven sectors in High-Income Countries (HICs). It is a longstanding problem, with explanations ranging from biological determinism to systemic patriarchal oppression, such as pervasive gender norms and the privileging of masculine traits in business.[13-16] Public and private workplace diversity regarding Black, Indigenous, and other People of Color (BIPOC) has also been studied in certain HICs, often from rectifying national contextual factors, such as the historical racial disparities in the USA.[17,18] Although fewer studies are conducted in Low-Middle Income Countries (LMICs) on workplace diversity, certain countries such as South Africa, Kenya, and India have established an evidence base in this field.[19-21] Research is by far the sparsest in international contexts, including global development sectors.[12] This is concerning because development organizations impact the lives of BIPOC in LMICs, yet demonstrate limited awareness of, or interest in, the programmatic implications of workplace and leadership DEI. Advocacy groups and researchers are raising awareness of DEI issues in global health and other development sectors and are applying pressure to organizations to commit to change. Such advocates include; Leadership So White on Instagram, Equilar's research on woman leaders, and the Racial Equity Index, who have recently disseminated research on development workplace demographics in their "Global Mapping Survey."[22-24]

The international sanitation sector is recognized as one of the pillars of global health. In the spirit of inclusive development, the sector is developing inclusive technologies and adopting more equitable approaches, such as the "gender transformative" approach.[25] However, beyond the end-user experience, there has been substantially less focus on DEI in internal structures. There is no published literature on the demographics within sanitation leadership teams and minimal evidence that organizations examine internal workplace or leadership DEI. There has been discourse on the importance of female representation, but BIPOC representation and 'decolonization'

have not received similar attention.[26,27] The intersections between race and gender cannot be ignored when seeking to address gender inequality in the workplace, particularly in a sector implementing programs in LMICs and impacting BIPOC.[28-30] Therefore, the sanitation sector is currently in the formative stages of pursuing representative DEI in its workforce and leadership. Progress is being hindered by a lack of transparency regarding sectoral institutions' internal structures and employment processes. If this continues, the target of achieving Sustainable Development Goal (SDG) 6.2 by 2030 may not be met.[31]

This research presents the first quantitative study of leadership demographics within the sanitation sector, filling an essential gap by establishing a baseline picture of the individuals and countries currently holding the greatest power. This study was conducted to enable sanitation organizations to make crucial, data-driven decisions regarding their internal DEI policies. The recommendations are intended to begin the conversation on what these changes could look like, drawing from other development sectors' learnings. However, further research is needed on how this can be realized in the global sanitation sector for the higher purpose of achieving SDG 6.2.

Literature Review

Inequalities in international development

The international development sector has been critiqued over the extent of western influence in its governing bodies and funding structures.[32-34] This has ramifications on aid effectiveness; for example, the strong focus on economic growth is often at odds with local perceptions of development.[35-38] Research has shown that the leadership of development organizations lacks diversity; a recent study found that 32% of CEOs were women, and 3% were BIPOC.[39] Implicitly, because both race and gender did not disaggregate data, these statistics also demonstrate the absent representation of BIPOC women. Discourse is growing on DEI in development, with key voices in the sector highlighting that although women are well represented in certain roles such as fundraising, most leadership positions are filled by white men.[39-45]

DEI in the sanitation sector

DEI and associated power dynamics within the sanitation development sector have received limited attention in the published and gray literature. The focus has centered on the end-user experience, giving rise to gender approaches, disability inclusion, and user-centered design.[46-48] These approaches have undoubtedly improved the equity of sanitation services; however, their driving DEI principles have not permeated the wider culture of the sector or internal organizational structures. A few recent publications call for greater change within the sector regarding gender equality and transgender inclusion.[25,26,49,50]

Sanitation academia also struggles with a lack of DEI. This is largely due to academic imperialism, a problem that pervades academia, where HICs are considered the knowledge creators and LMICs are considered the knowledge receivers or the "information-poor."[51-53] For example, development approaches to rapid urbanization in LMICs are shaped by urban knowledge gathered from HICs, despite distinct statistical and sociocultural differences.[54] Academic imperialism has become a recent feature in sanitation discourse, however, there is little indication that the sector is taking considered action to address it.[4,55] Certain sanitation-related academic journals have recently become "open access," which many hail as a step toward greater equity. However, this is contested by certain academics who believe this to be a blunt Eurocentric initiative that increases publishing barriers to LMIC institutions by effectively enforcing an author-pay model.[56] Therefore, the wider body of sanitation literature presently available has been heavily produced by white researchers, with their ingrained assumptions and biases. Although this study did not collect data on academic organizations, academia is an important aspect of sectoral DEI, particularly because applied sanitation research strongly informs policy strategy and service design.[57]

The localization agenda outlined in the 2016 World Humanitarian Summit has influenced hiring practices in the sector.[58,59] Although greater numbers of national staff are being recruited to program implementation teams, there remains low transparency regarding leadership-level hiring practices.[60] Additionally, with most organization headquarters based in HICs, even if LMIC national teams are becoming more diverse, the high salaried and high influence positions continue to be afforded to HIC nationals. Without awareness or examination of DEI in sanitation leadership, the sector's strategy and funding structures will continue to be set by an exclusive group, most of whom have a poor understanding of BIPOC sanitation service users' lived realties LMICs.

The focus of this study was on international leadership demographics and analyzing where global power and influence was held. However, the international sphere is not the only place where sanitation power and influence reside. National governments and service providers in many LMICs make the final decisions on sanitation provision through policymaking, budget allocating, and standard setting; however, national governments often make decisions with the strategic consideration of who will provide additional funding. Similar to international leadership demographics, national demographics have low transparency in the documentation. A report from Nepal highlights that a gender and caste-diverse workforce is required to represent better Nepali citizens respond to their service needs.[61] A government employee survey found that 6% of the 1,511 included staff were women, with this figure falling to 2% in managerial roles. High caste (Brahmin or Chhetri) men were found to "dominate decision-making levels" in the sector[61]

(p. 47). Gender barriers within Kenya's public sanitation sector were recently investigated, with results indicating that the underrepresentation of women in policy and management levels perpetuates inequalities throughout the sector. Factors at play included gender bias in science, technology, engineering, and mathematics (STEM) education, the female voice and body in the workplace, sexual harassment, and networking. Reports stress the need for institutional policies to ensure diversity in the workplace and support for underrepresented gender and social groups.

A limited body of literature exists on DEI in the sanitation sector, with a small number of relevant studies and reports produced in a myriad of contexts. Gathering this sporadic literature has highlighted the complex manner in which the sanitation development sector operates. Such complexity does not lend itself to transparency, making it hard to hold influential organizations to account for their informally known yet unevidenced lack of DEI. The available literature demonstrates the largest gap in sanitation DEI knowledge pertains to the international leadership levels. This study aimed to begin the process of filling this gap.

Methodology

Developing organization criteria

The research team, including 2 US-based WASH advisory firms, Facilitated Learning for Universal Sanitation and Hygiene (FLUSH) and Point of Shift, developed a list of 105 key global sanitation stakeholder organizations to analyze. The team selected organizations based on their collective decades of experience in sanitation to determine organizations with high prominence in public discourse, including sector-based conferences, panels, webinars, and past financial contributions to the sector. Organizations were also selected based on their perceived leadership roles as organizations that significantly influence the sector's direction and strategic approach for impact. The organizations selected including funders, implementers, research and policy organizations, partnership coalitions, advocacy groups, and bilateral and multilateral organizations. Organizations were also selected to represent a diverse range of program countries and headquarter office locations to diversify the organizations with larger regional roles in sanitation (eg, organizations with high prominence in German- or French-speaking sanitation discourse). Also, these organizations analyzed are often seen prominently on major donor projects. Organizations were removed when there was not enough public information or details available for the researchers. Another criterion for organizations to be analyzed was the information available for the research team through the internet; organizations that did not make their leadership teams easily available on their website or lacked websites were not included in the analysis. The researchers did not include academic or government institutions in this study, as the focus of the study was around the long-term implementation of projects in communities and the implications of diverse leaders on achieving universal access to sanitation.

Data collection

The research team collected demographic information for 1472 unique individuals on the board, leadership team, and/or heads of sanitation teams for the list's sanitation organizations. The research team developed a flow diagram tool (see Figure 1) to ensure a consistent data input approach. The tool helped determine the information collected based on organizational size. For example, in an organization with a staff headcount >500 and have country directors rather than regional directors, the team only included a handful of country directors with sanitation programs.

The research team collected this data using LinkedIn, company websites, and Google searches. Some individuals hold leadership positions. Individuals may have been represented in the data multiple times if they belonged to more than 1 organization. The research team then collected data on the organizations' headquarters (HQ) from organizational websites, LinkedIn pages, and annual reports. Data points collected through these means included the leader's name, organization, and leadership title, age range, country of origin (and country's income level, as defined by the World Bank),[62] country of work, perceived gender, perceived ethnicity (white vs BIPOC), and whether they have a PhD or an MBA.

The authors used deduction and assumption in the data collection process; if the person's date of birth (DOB) was not stated, their birth year was calculated by assuming they were 18 years old in their first year of undergraduate study, or that they were 22 years old when starting their first job after higher education. If the person's country of origin was unknown, the authors assumed it was where they went to school or their first reported educational institution. Indicators used to determine BIPOC status were: appearance, name, and country of schools or work. The authors also scanned each other's work to check for biases. It should be acknowledged that this research did not attempt to identify the complexity of someone's background and experiences based on a snapshot of their life.

Analysis

The team used Airtable, a cloud-based relational data collection system, for data collection and storage and analyzed the data in MS Excel. The data collected included basic demographic information, professional affiliations, countries of origin and work, gender, and ethnic statuses. The research team then used basic statistical analytical methods to assess trends in demographics for general leadership in sanitation as well as board-specific leadership teams, segmenting demographics based on age groups, race, and country of origin. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors, and the authors confirm that there are no conflicts of interest.

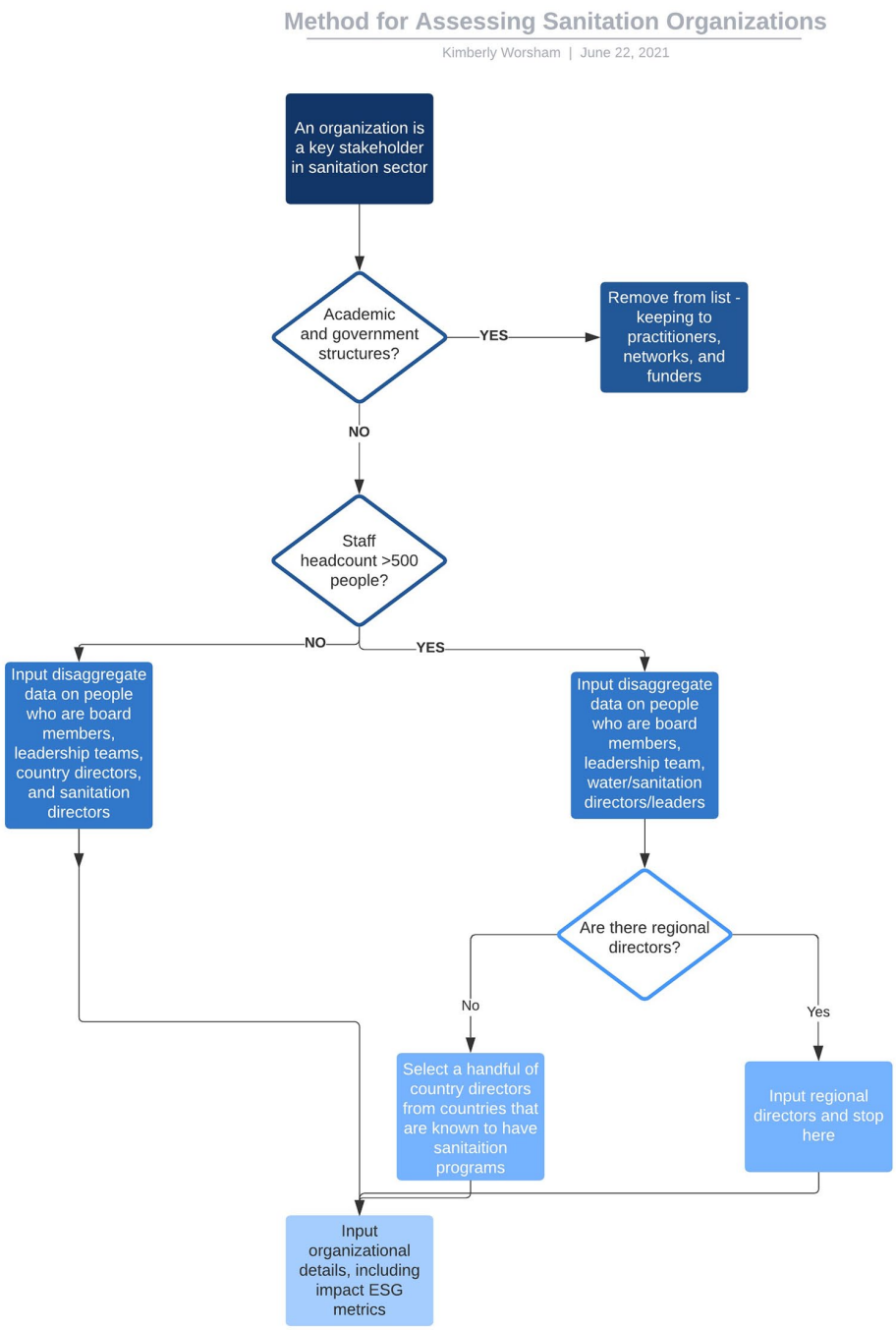

Figure 1. Decision tree for analyzing leaders in different-sized organizations.

In the analysis, while the research team collected information on whether leaders had PhD or MBA degrees, the information did not provide enough insights for analysis. Because of this, the research team determined that there was not enough information for interest to report in this research for now.

Results and Findings

Demographics of sanitation leaders and board members

Figure 2 shows the demographic breakdown of all leadership positions in the sanitation organizations studied. The largest demographic in global sanitation leadership and board member positions were white men from HICs, who held over a third of all leadership positions in the study. Men accounted for 60% of all sanitation leadership positions and 65% of all board member positions for these organizations, which unmistakably highlights the gender imbalance in the sector. When looking at race, white people represented over two-thirds of leadership and board positions. White people were also 8.7 times more likely to be a leader or on the board for more than one sanitation organization than BIPOC. This creates an even larger platform for white voices in a sector operating in BIPOC majority countries, underlining the clear preference for whiteness in power positions.

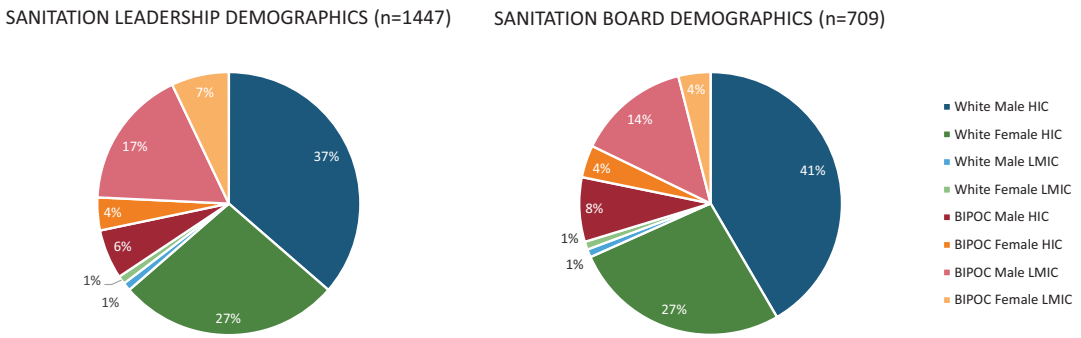

Figure 2. Demographic breakdown of sanitation leaders and board members.

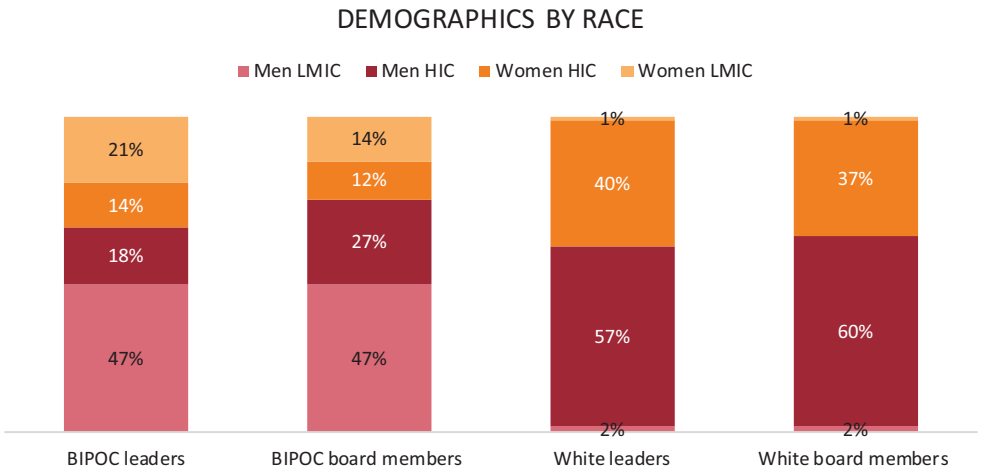

Figure 3. Demographics by race.

Figure 3 breaks down the results by race, showing that white leaders have more gender balance (18% points more held by men overall, 24% points more in boards) than BIPOC leaders (30% points more held by men overall, 48% points more in boards). This illustrates the increased barriers to top positions when people belong to multiple discrimination systems, such as BIPOC women.

For the country of origin for BIPOC individuals, the graph shows more BIPOC leaders are from LMICs than from HICs, with this difference being more apparent for men (7% points difference for women, 29% points difference for men).

There are greater disparities between white men and women/BIPOC in board positions than leadership positions as a whole. This suggests that there are greater barriers for these groups to acquire board member positions, which grant greater authority on decision-making within an organization than other positions. Overall, the results coincided with the presumption that the sector favors white male counterparts rather than female and/or BIPOC.

Ages of sanitation leaders and board members

Sanitation leadership and board positions were overwhelmingly white and male. As Figure 4 illustrates, most white male leaders were between 55 and 64 years, whereas most of the other demographics were between 45 and 54 years. In the 55 to 64 age group, the number of white men was nearly double that of white women, the second-most populous demographic for that age group. These results demonstrate that older white men are the majority for positions of power in sanitation. Compared to the other demographic sets, this age difference may suggest that white men rose to power in decades when the sector was more engineering-oriented (typically a more male-dominated field) and never left.

While white men held the majority for all age groups above 35, white women held the majority for those aged 25 to 34, and BIPOC women held the majority for those under 25most leadership positions. Similarly, for boards, white men held the majority for all age groups apart from those under 25 (NB this age group only consists of 1 person: a white female) and 35 to 44 (in which white men shared the majority with white women). As the older leaders begin to retire, younger leaders—with more diversity—will begin to ascend into positions of power. It is easy to sound ageist within this context, which is not the aim; rather, the authors want to illustrate the opportunity to embrace younger leaders who may drive innovations in a sector that needs change.

Organizational structure

As Figure 5 shows, the 2 types of organizations where white men held their largest majorities were arguably those with the most influence on the sector's direction: advocacy (45%) and

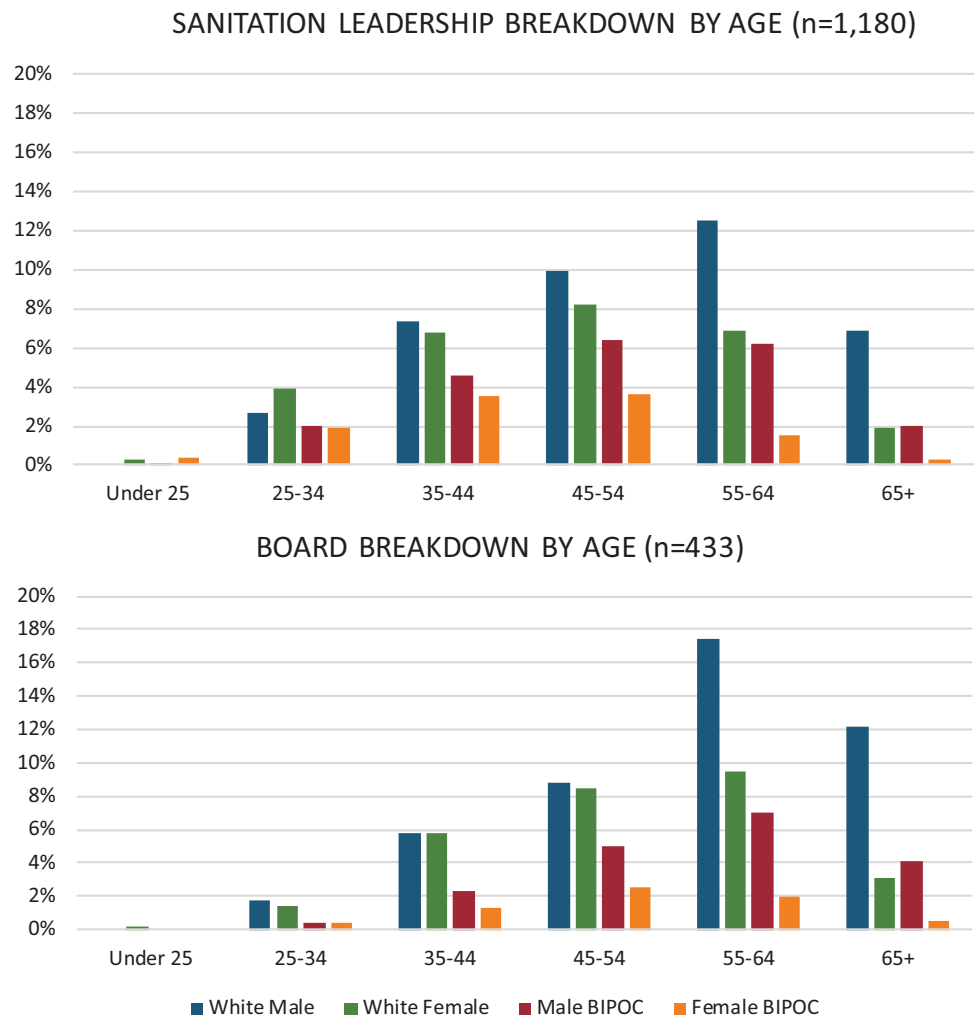

Figure 4. Demographic breakdown by age.

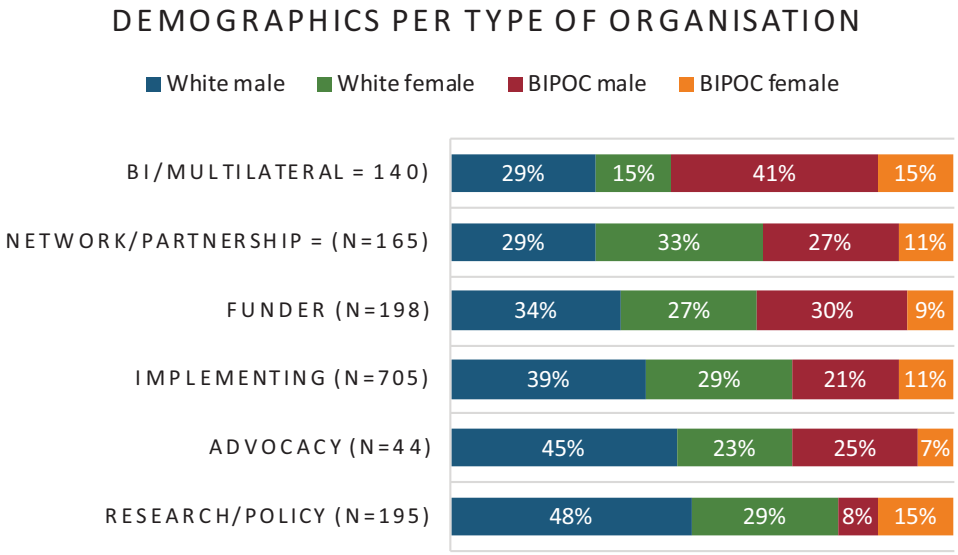

Figure 5. Demographic breakdown by type of organization.

research/policy (48%). White men held the majority in 4 out of the 6 different organizational types. The 2 organization types where white men did not hold the majority were bi/multilateral and network/partnership organizations. This may be because they are generally formed by partnerships of organizations/nations from a range of high- and low-income countries.

BIPOC women were the least represented in each organizational type, apart from research/policy (where BIPOC men were the least represented) and bi/multilateral organizations.

Headquarters (HQ) location strongly influences an organization's internal structure and trans-national power dynamics. Eighty-eight out of one hundred organizations had their HQ based in HICs. Of these organizations, a majority headquartered in the USA (39), France (9), Germany (9), the UK (8), Switzerland (8), and the Netherlands (7). Twenty-two organizations were headquartered in one of their programmatic focus countries, with an additional 5 headquartered on the same continent as their focus. Only 17 had their HQ based in the country of their programmatic focus. The majority, 56 organizations, headquartered in a country (typically a HIC) where they did not conduct any work.

The country location of an organization's HQ is representative of power and decision-making dynamics. For example, Oxfam's recent HQ relocation from the UK to Kenya was described as part of their "concerted effort to devolve power and capacity away from the North and to the South."[38] Decisions made in HICs for implementation in LMICs can create disconnects for people working in program countries. This is exacerbated by neo-colonial structures of HIC nationals working in high-salaried leadership positions at HQ, sending predetermined strategies to program country offices. Salary disconnects have also caused HIC HQs challenges when hiring national staff. Their proposed salaries are often not competitive in the local market, disincentivizing high-impact professionals from applying to local roles and encouraging staff turnover. Anecdotal evidence alongside the board and leadership demographics results are the basis for these inferences. HQ location also often represents where the organization was founded and where its main funders reside, revealing that most sanitation organizations in this study were founded and funded in HICs. The widespread development problem of donor agendas plays out in this closed arena, where both the funding transactions and decision-making take place in HICs, by predominantly western international staff.

Education

The educational institutions attended by sanitation leaders provide insight into the various pathways and funnels to power positions. While the authors collected data about particular postgraduate degrees, there were no significant findings to share; thus, the authors focused on educational institutions and locations.

About 1250 leaders (86%) had their education information available and were included in this data set. Researchers ranked universities by the prevalence of degrees and analyzed the highest 30% for simplicity. The most prevalent universities were Harvard University (53 degrees), the University of Oxford (34), and Georgetown University (32). American universities dominated the quantile, with 67% of degrees obtained in the USA. The next most common country for university attendance was the UK, at 21% of degrees. The remaining 12% comprised universities in the Netherlands, France, Kenya, and India. University education for LMIC leaders was similarly categorized by institutions, from most to least prevalent numbers. The most prevalent universities in this data set were the University of Nairobi (12 degrees), Delhi University (10), and the University of Oxford (8). In the highest 30% quantile, 50% of degrees were obtained from HIC institutions, most commonly in the UK or USA. The other 50% of degrees were obtained in India, Kenya, Ethiopia, Uganda, Peru, and Ghana.

Organizations' board members were more likely to have been educated in HICs. The most prevalent 30% of institutions by degree were all based in HICs, with 77% in the USA. In addition to the preceding demographics data, these results suggest a severe problem within sanitation boards' culture. To a greater extent than all sanitation leaders, board members were overwhelmingly white and originating from and educated in HICs. In their role as overseers of an organization's decisions and strategy, the absence of diverse voices perpetuates cycles of programs based on certain perspectives.

Therefore, leaders travel to HICs such as the USA and UK for higher education. This suggests an implicit (and sometimes explicit) requirement to hold a HIC university degree to become a leader. Anecdotal stories indicate that job descriptions often require a degree from an "internationally recognized" institution, deterring LMIC professionals with local degrees from applying.

The education data also suggests that knowledge is created and disseminated in HICs, particularly in the USA and Europe. American and British institutions' dominance is strong evidence of global perceptions of excellence in sanitation education and academia. This is unsurprising, as it is well-known that HIC institutions dominate global research in most fields, which is controversial. However, it is especially problematic for the sanitation sector that knowledge creation, which is often trialed, tested, and implemented in LMICs, is so heavily driven by institutions in HICs.[4]

Discussion

Western HICs continue to dominate all aspects of sanitation leadership. This is strongly apparent across all data sets and results from this study. This supports the existence of many implicit sectoral dynamics, including the privileging of western knowledge and perspectives and the dominance of white HIC leaders and donors in determining sector strategy. Without diminishing responsibility, this indicates sanitation's place within the wider development sphere; As previously stated, international development has been regularly critiqued for its strong ties to colonialism, capitalism, and neoliberalism.[32-34] The sanitation sector can significantly improve its programmatic outputs while also appeasing external critics by acknowledging its global position within the historical context, and

actively addressing leadership DEI. Recommendations for how this can be achieved are to follow.

Representation of BIPOC women

The most apparent theme visible in the results was the low representation of BIPOC women. This theme appeared across demographic data sets for all sanitation leaders, board members and organization types. BIPOC women face multiple barriers within the workplace system, often preventing them from attaining leadership positions.[29,30,62-66] This has been researched, although not extensively, in HICs, though there remains a gap in the literature on how this affects BIPOC women in LMICs. In particular, the literature does not cover BIPOC women working in international development organizations Ngozi Okonjo-Iweala became head of the World Trade Organization (WTO)[67] in March 2021, making her the first woman and the first African to lead the organization. There has been widespread criticism over how her appointment has been regarded and reported in the media. Some influential voices called the language used to describe her as "offensive, sexist, and racist in a world where both public and private sector leadership is dominated by aging Caucasian men, who are revered for the experience and skills they bring and have never been characterized by their lineage and offspring."[68] So long as BIPOC women are absent or tokenistic at leadership levels, the sanitation sector will continue to struggle to broaden its programmatic scope and become more inclusive internally. Therefore, providing BIPOC women with equal opportunities to achieve their potential over the long term will also serve to attain SDG 6.2.

Influence of western feminism

A more subtle theme emerging from this study was the influence of western feminism in the sector's changing demographics. The results for younger age groups suggest that, in recent years, the demographic trends have been a decreasing number of white males and an increasing number of white females (as shown in Figure 3). Top gender and development scholars have long critiqued the singular influence on gender approaches as being a form of privileged, white feminism.[37,69-72] The results from this study support this theory, even taking it a step further to suggest that western feminist influence impacts development programs and sectoral leadership demographics. When combined with the theme of the underrepresentation of BIPOC women, clearly, at least in the case of sanitation, the major benefits of gender equality in are being afforded to white women. This type of feminism cannot underpin genuine DEI reform, as it perpetuates racial and colonial injustices. Many gender scholars have suggested ways of including diverse BIPOC feminisms into development policy and programs; the sanitation sector could lead diversity changes with these recommendations.[36,37,71]

An intersectional "glass ceiling"

Clearly, the results demonstrate a lack of LMIC and BIPOC representation in sanitation leadership at large. Given the sector-wide transition toward recruiting national staff for in-country positions, this raises questions around career progression. As discussed, the major demographic shift in recent years has been in reversing the proportions of white males and white females, but there is no strong equalization between BIPOC and white leaders. This suggests the existence of an intersectional "glass-ceiling" preventing national LMIC staff from rising the ranks in sanitation organizations. The term glass ceiling was coined in 1978, referring to the barriers preventing women from moving into top leadership positions and excluding them from the rooms of power and influence.[73-75] In the context of sanitation leadership, this glass ceiling is seemingly no longer hindering the career progression of white women. Still, the intersectional elements of race or race and gender combined is where it remains intact. The term intersectional glass ceiling is informed by the glass cliff, which refers to the specific leadership barriers BIPOC women face.[65] Some sanitation organizations are moving toward appointing nationals as country directors. However, this is insufficient when global organizations remain headquartered in HICs by mostly white staff. Some LMICs have successfully created more local sanitation leadership representation through localized hiring policies and strategic development approaches. India and Kenya were strongly represented across data sets. However, the gender balance remains heavily male (74% and 66% male, respectively).

Recommendations

There is "no single solution to dealing with inequalities," especially across different countries, cultures, sectors, and organizations.[76] However, the literature, tools, models, and programs that organizations can use to improve leadership DEI is rich. Following is a non-exhaustive outline of 10 evidence-based recommendations to improve DEI leadership from the development, health, and business sectors.

Individual

Acknowledge inequalities. The first step is to acknowledge that structural racism, sexism, and other biases exist. There is a collective responsibility, especially for those in places of power and privilege, to dismantle these inequalities. One must then recognize their own privilege, taking a "critical eye to one's own identity and how one has benefited from a system that oppresses so many others."[77] With this, one can assess how this plays out within their own organization and learn how to make room for others.[5]

Organizational

Assess baseline and set goals. Once these reflections have been made, it is necessary to define what DEI means to the specific

culture of one's organization to align DEI within their core values and strategic plan.[78] This can be used to create specific goals and metrics (ie, setting a baseline and auditing current DEI practices).[79] To be effective, both inputs and outputs should be measured using key performance indicators. This should be seen as an ongoing process to be monitored rather than a 1-off box-ticking exercise.

Enact relevant policies. Internal policies are critical to "keeping DEI on the table" and "hardwiring" principles that promote diverse leadership and more inclusive workplace cultures, irrespective of staff turnover.[80] (p. 20) The NGO Plan International has rigorous gender equality and inclusion policy corresponding to an equal gender balance within their leadership positions, as supported by this study. As well as having policies that affect their work from the grassroots level up, they aim to integrate equality and inclusion measures into their management functions and leadership. They state not to "tolerate practices that result in gender-based discrimination, exclusion or inequality based on gender or other forms of identity."[81] (p. 2) To complement this, they have a Code of Conduct, which illustrates good leadership behaviors, including "actively promoting diversity, gender equality, and inclusion" inside and outside the organization[82] (p. 5). They do this through job descriptions, staff objectives, accountability, and performance management systems, including recruitment, talent management, retention, promotion, training, remuneration, and succession plans.[83]

While there is limited literature on DEI policy reform in the sanitation sector, it has been well studied in analogous and adjacent fields. Some of the next steps in policy reform for the health sector that the sanitation sector can utilize are: improve the collection and reporting of data by race/ethnicity and language, provide grants to institutions serving diverse populations, use culturally and linguistically appropriate services and information, enforce cultural competence education and organizational support and encourage research in disparities and the development of strategies to reduce them.[8]

Hire inclusively. The notion of unconscious bias from majority white male leaders means that the lack of diversity in leadership positions is a self-perpetuating problem. To break this cycle, we need to engage in inclusive hiring activities by employing staff and leaders from marginalized groups that have previously faced discrimination. This helps to fast-track DEI and to reform archaic systems. Intersectional gender issues and the crossovers between social identities must also be considered when hiring staff. Nonetheless, there are many ways to deploy inclusive hiring incorrectly. For example, hiring someone for a role above their capabilities and not giving them the required support to acclimatize sets that person up for failure and perpetuates discriminatory assumptions. The "glass cliff" has been termed to describe when BIPOC, particularly BIPOC women, are "brought in" to leadership roles when organizations are in crisis. This results in low likelihoods for tenure, greater obstacles for success than white counterparts, and "if you do fail, you play into all the stereotypes about women in leadership, Black women. . . you become the perennial diversity hire."[84] Hiring for tokenism is also problematic, as it does not create a work environment where the person feels included and welcomed, thus increasing staff turnover and risking performance challenges.

Remove gendered barriers. Since women have not always been in the formal workplace, it is fundamentally designed for men. Promotions are often awarded on working extra hours, socializing after work, and years spent at a company without breaks, which is harder to do when you have the reproductive burden of pregnancy, birthing, and childcare. Sexual harassment, unmet sanitation needs in the workplace, and gender stereotypes have also been recorded as placing substantial burdens upon women's career progression.[84] This workplace disparity can be leveled out through equal, paid paternity and maternity leave, flexible working hours, spaces for breastfeeding, onsite laundry facilities, and nurseries or after-school clubs for worker's children. One US study into the underrepresentation of women in upper management found that female managers were "grateful for organizational policies that enabled them to take time off or reduce their hours for family responsibilities." However, they also felt that reduced or flexible time took a toll on their careers.[14] This highlights that policy change may have its limitations and that our views on domestic responsibilities need to adapt simultaneously to achieve gender equality goals in the workplace.

Invest in marginalized groups. For access to leadership positions to be equitable, those in positions of power must become vocal advocates for marginalized groups, who are more likely to be from lower socioeconomic backgrounds, and invest money and resources into training those staff. Efforts should also be spent on highlighting clear paths to leadership for such groups.[78]

Cultivate an inclusive environment. Through the training and education of leaders and staff on the importance of DEI, an equitable and inclusive workplace culture can be promoted, wherein all persons feel welcome and heard. Many recent studies have shown that efficiency and innovation increase in organizations where everyone feels included and respected equally.[85]

Continue the dialog and education. It is important to develop an internal organizational culture that is self-reflective and open to change, giving a platform to staff from marginalized groups to voice concerns over the current systems.[34] Organizations should collectively discover the best practices and develop

innovative solutions to improving DEI. Leaders and staff must continue to educate themselves and each other on the complexities of systematic oppression both within organizations and in other aspects of their lives. DEI programs are more successful if the involved parties agree with them. Therefore, it is necessary that staff discussions and training on the importance of DEI in conjunction with complementary approaches.[79]

Sectoral

Restructure power dynamics within the sector. As for the wider structures, the sector can give greater autonomy to organizations within program countries, such as relocating HQs. Greater thought should also be taken when considering the need for expatriates to fulfill overseas roles.[34] Instead, hiring LMIC nationals and making concerted efforts to remove the leadership "glass ceiling" should be emphasized. Organizations from the Global North should aim to transfer power and resources to local organizations, measuring success based on the "extent to which an INGO is reducing, rather than expanding, its traditional organizational footprint."[34] (p. 6)

Increase dialog on DEI between sanitation organizations. Organizations should have conversations amongst themselves, donors, policymakers, local partners, and grantees about the power dynamics underpinning each relationship. In this way, partnerships can be made more equitable and mutually accountable, and local leadership can be supported and strengthened.[34] Collaborative networks should be made amongst organizations working toward these same goals, both inside and outside the sanitation sector.[78] Organizations should make their policies publicly available so that they can be held accountable and inspire other organizations on their DEI journeys.

Conclusion

Sanitation leadership has a clear HIC and white male bias, with women and BIPOC remaining unrepresented. This raises issues of gender inequality, structural racism, white privilege, and global power imbalances. The sanitation sector at a broad level highlights a demographic disparity between a majority of white male sanitation leaders from HICs impacting the lives of BIPOC from LMICs. This dynamic uncovers uncomfortable questions of representation, white privilege, and the willingness to share power. Dismantling the archaic structures of global inequalities in the sanitation and development sectors is necessary to create a more equitable global society and a more efficient sector. The lack of voices from LMICs in leadership is problematic due to the unique challenges, social contexts, and political forces that shape people's experiences in these countries.[86] Most of the new ideas about increasing diversity in leadership have come from HICs, calling on the need to hear solutions from the perspective of those from LMICs. It is time to overturn defunct and oppressive systems, recognize the value of different voices, and embrace inclusive development at all levels. Recommendations have been given on relevant DEI policies and programs such as inclusive hiring practices, the consideration of gendered domestic burdens, DEI trainings for staff, and setting DEI goals. Although the outlined policies, programs, and approaches are crucial for strengthening a company's DEI backbone and driving institutional change, it is ultimately personal and collective archaic attitudes that have to be challenged. Those in positions of power need to recognize their privilege and how the system that gave it to them also maintains it, is accountable for this, and act toward shapes a more efficient and inclusive sector. It can be hoped that as our workplaces and leadership start to look more diverse, our ideas of what a leader should look like will change too.

Areas for further study

Many areas could be studied further as an extension of this project. For instance, it would be worthwhile to assess the impacts of the location of an organization's headquarters on the overall sanitation budget and environmental, social, and governance (ESG) impacts, such as the number of people served. Another route is assessing organizations' budgets against the number of people served or level of services provided. This would provide sanitation-specific data on the relationship between diverse leadership and organizational impact and efficiency. As for organizational development, studying the influence of rigorous and considered DEI policies on an organization's demographics and why and how they do or do not work would help to inform institutional sanitation reform. A larger study could be conducted on the demographics of people at the grassroots level to see how this compares with global leaders' demographics. It would also be valuable to assess the relationship between organizational policies and practices, workforce availability, and individual perceptions, such as how young WASH professionals from various backgrounds perceive their career progression opportunities.

Limitations

The selection criteria for organizations selected in this analysis was based on the research team's perceptions of the prominence of sanitation organizations in the public discourse and in influential positions in the sector. Basing organizational selection based on presence in international conversations could have limited the research team geographically—the research team may unknowingly be missing out on other key leading organizations in the sector that may speak languages outside of their ability or be in geographies that they know less. Additionally, relying on the internet for analyzing what organizations had leadership teams to analyze may have reduced the geographic variation that may have otherwise been possible had the research team more time and resources to create a larger list of organizations to analyze that were more geographically diverse.

The research team used online data rather than asking individuals directly; information may be outdated or inaccurate. From anecdotal experience, it is known that some organizations do not work in the way they present on their website. They might officially employ a large and diverse leadership team, but a small number of powerful individuals make the decisions in reality. Additionally, there was typically more information available on individuals from HICs. The COVID-19 pandemic may have affected people's regular work location influencing data collection and inferences made due to data collection.

Professional public data on individuals is only a snapshot of one's experiences and background. Despite using several different data points (appearance, education origin, work experience, and current location) to infer an individual's background and race, this method can be inaccurate, especially when compared to a self-selecting survey. Due to time constraints and the general goal of this research being to understand the general DEI landscape in the sanitation sector, the research team developed a methodological framework and decision-making process for determining an individual's race and ethnicity. If a person's gender or ethnicity was unknown, the researchers left the checkbox blank, which defaulted individuals to a white male from a HIC. This may have skewed the data to present a higher proportion of white males from HICs. However, this was accounted for and reviewed in the data cleaning process. If the person had no online profile (which would have indicated this information), they were removed from the analysis. For this reason, a total of 25 people were removed, leaving for analysis 1447 individuals. Furthermore, the term BIPOC itself is a limited tool for describing someone's ethnicity as it is subjective; many people today identify with multiple ethnic identities, and heritage is a complex entity that a checkbox cannot adequately represent.

Variability in organizational structure and size may have resulted in different types of staff members being included in the data across multiple organizations. For example, only information on the highest-ranking leaders was collected in larger organizations, typically represented as board members, and leadership teams. For smaller organizations, lower-ranking staff representing a sanitation team could have been included.

The majority of researchers working on this project are white women originating from HICs. It is particularly pertinent for this research to acknowledge privilege, in part to encourage a culture of transparency, but also to highlight that voices like ours are often heard above others. Additionally, the literature sources referenced in this work also lack the diversity of authorship and location due to academic structures that create barriers to the publication of research originating from LMICs.

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Authors Contribution

K.W. conceptualized and spearheaded the direction of this research, with K.M. and E.L. participating in supporting concept development and refinement; K.W., K.M., R.S., and G.H. participated in the data collection for the research; R.S. and G.H. led the writing and editing of the manuscript.

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