Symptoms of a broken system: the gender gaps in COVID-19 decision-making

Kim Robin van Daalen, Csongor Bajnoczki, Maisoon Chowdhury, Sara Dada, Parnian Khorsand, Anna Socha, Arush Lal, Laura Jung, Lujain Alqodmani, Irene Torres, Samiratou Ouedraogo, Amina Jama Mahmud, Roopa Dhatt, Alexandra Phelan, Dheepa Rajan

A growing chorus of voices are questioning the glaring lack of women in COVID-19 decision-making bodies. Men dominating leadership positions in global health has long been the default mode of governing. This is a symptom of a broken system where governance is not inclusive of any type of diversity, be it gender, geography, sexual orientation, race, socio-economic status or disciplines within and beyond health – excluding those who offer unique perspectives, expertise and lived realities. This not only reinforces inequitable power structures but undermines an effective COVID-19 response – ultimately costing lives.

By providing quantitative data, we critically assess the gender gap in task forces organised to prevent, monitor and mitigate COVID-19, and emphasise the paramount exclusion of gender-diverse voices.

RETREATING TO THE NON-INCLUSIVE DEFAULT MODE OF GOVERNANCE

The global community was unprepared as COVID-19 struck. As a result, countries swiftly established expert and decision-making structures through traditional processes: reaching out to government ministry directors, prominent experts and heads of well-known institutions. Most of these positions are typically held by men, as evidenced by our analysis of 115 expert and decision-making COVID-19 task forces from 87 countries: 85.2% of identified national task forces (n=115) contain mostly men, only 11.4% contain predominantly women and a mere 3.5% exhibit gender parity.* Similarly, 81.2% (n=65) of these task forces were headed by men (table 1).

Men were overrepresented in global task forces to a similar extent to that of national task forces (table 2). For instance, the WHO’s first, second and third International Health Regulations Emergency committees consisted of 23.8%, 23.8% and 37.5% women, respectively. Expert groups, compared with decision-making committees, more frequently had higher proportions of women or gender parity, reflecting potential societal biases and stereotypes in terms of gender representation.

Summary box

► Despite numerous global and national commitments to gender-inclusive global health governance, COVID-19 followed the usual modus operandi – excluding women’s voices. A mere 3.5% of 115 identified COVID-19 decision-making and expert task forces have gender parity in their membership while 85.2% are majority men.

► With 87 countries included in this analysis, information regarding task force composition and membership criteria was not easily publicly accessible for the majority of United Nations Member States, impeding the ability to hold countries accountable to previously made commitments.

► Lack of representation is one symptom of a broken system where governance is not inclusive of gender, geography, sexual orientation, race, socio-economic status or disciplines within and beyond health – ultimately excluding those who offer unique perspectives and expertise.

► Functional health systems require radical and systemic change that ensures gender-responsive and intersectional practices are the norm – rather than the exception.

► Open, inclusive and transparent communication and decision-making must be prioritised over closed-door or traditional forms of governance.

► Data collection and governance policies must include sex and gender data, and strive for an intersectionality approach that includes going beyond binary representation in order to produce results that are inclusive of the full gender spectrum.

*Gender parity is defined as equal representation of men and women. Men and women are defined as follows: men as those who identify as male and women as those who identify as female.
<table>
<thead>
<tr>
<th>#</th>
<th>Country (Reference)</th>
<th>Name of the task force convened</th>
<th>Type of task force</th>
<th>Gender</th>
<th>Women head of task force</th>
<th>Public</th>
<th>Women head of gov</th>
<th>Note</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Albania23</td>
<td>Technical Committee of Experts(for Covid-19) “Komiteti i Ekspertëve”</td>
<td>Expert</td>
<td>8W; 3M (11 total) 72.7%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Edi Rama</td>
<td>N/A</td>
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<td>Algeria24</td>
<td>National Committee for Monitoring and Follow-up of the Corona Virus (Covid-19)</td>
<td>Expert</td>
<td>0W; 11M (11 total) 0%W</td>
<td>No, Abderrahmane Ben Bouzid</td>
<td>Yes</td>
<td>No, Abdelaziz</td>
<td>Djerad N/A</td>
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<td>3</td>
<td>Argentina25–26</td>
<td>Committee of medical and scientific experts “Comité de expertos médicos y científicos”</td>
<td>Expert</td>
<td>4W; 6M (10 total) 40%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Alberto</td>
<td>Fernández N/A</td>
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<td>Armenia27–28</td>
<td>Interdepartmental Commission for Coordinating the Prevention of the Spread of the new Coronavirus “դիվանագիտական հանձնաժողով”</td>
<td>Decision-making</td>
<td>4W; 10M (14 total) 28.6%W</td>
<td>No, Arsen Torosyan</td>
<td>Yes</td>
<td>No, Nikol</td>
<td>Pashinyan N/A</td>
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<td></td>
<td></td>
<td>IT working group modelling spread of coronavirus in Armenia (No formal name)</td>
<td>Expert</td>
<td>0W; 12M (12 total) 0%W</td>
<td>Unknown</td>
<td>Yes</td>
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<td>5</td>
<td>Australia29–32</td>
<td>Australian National COVID-19 Coordination Commission</td>
<td>Decision-making</td>
<td>2W; 6M (8 total) 25%W</td>
<td>No, Neville Power</td>
<td>Yes</td>
<td>No, Scott</td>
<td>Morrison N/A</td>
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<td>Australian Health Protection Principal Committee</td>
<td>Decision-making</td>
<td>3W; 6M (9 total) 33.3%W</td>
<td>No, Brendan Murphy</td>
<td>Yes</td>
<td></td>
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<td>6</td>
<td>Austria33</td>
<td>Coronavirus Taskforce “Hausinternen Stabs der Coronavirus-Taskforce”</td>
<td>Decision-making</td>
<td>6W; 4M (10 total) 60%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Sebastian</td>
<td>Kurz N/A</td>
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<td>Advisory Team to the Coronavirus Taskforce “Beraterstabs der Coronavirus-Taskforce”</td>
<td>Expert</td>
<td>5W; 13M (18 total) 27.8%W</td>
<td>Unknown</td>
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<td>7</td>
<td>Bahamas34-35</td>
<td>National Coordination Committee on COVID-19</td>
<td>Decision-making</td>
<td>6W; 11M (17 total) 35.3%</td>
<td>Yes (co-chair), Pearl McMillan and Matt Aubry</td>
<td>Yes</td>
<td>No, Hubert Minnis</td>
<td>N/A</td>
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<td>8</td>
<td>Bahrain36</td>
<td>National Taskforce for Combating Coronavirus (COVID-19) نارکورس سوروفیک دیپیکول ویسترناویکیوردویی</td>
<td>Decision-making and expert</td>
<td>2W; 3M (5 total) 40%</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Khalifa</td>
<td>bin Salman Al Khalifa N/A</td>
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<td>9</td>
<td>Bangladesh37</td>
<td>National Committee for Prevention and Control of Covid-19 “ঞান্তির কমিটির কমিটির ২০১৯ এর প্রতিরোধ ও নিয়ন্ত্রণের জন্য”</td>
<td>Decision-making</td>
<td>4W; 28M (32 total) 12.5%W</td>
<td>No, Zahid Maleque</td>
<td>Yes</td>
<td>Yes, Sheikh</td>
<td>Hasina N/A</td>
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<td>10</td>
<td>Belgium38–39</td>
<td>Scientific Committee for Coronavirus “Wetenschappelijk comité Coronavirus”</td>
<td>Expert</td>
<td>3W; 2M (5 total) 60%W</td>
<td>No, Steven van Gucht</td>
<td>Yes</td>
<td>Yes, Sophie</td>
<td>Wilmes N/A</td>
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<td>#</td>
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<td>11</td>
<td>Benin40</td>
<td>Interdepartmental Committee</td>
<td>Decision-making</td>
<td>0W; 4M (4 total) 0%W</td>
<td>No, unknown</td>
<td>Yes</td>
<td>No, Patrice Talon</td>
<td>N/A</td>
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<td>12</td>
<td>Bhutan41</td>
<td>Health Emergency Management Committee</td>
<td>Decision-making</td>
<td>2W; 11M (13 total 15.4% W)</td>
<td>Yes, Lyonpo Dechen Wangmo</td>
<td>Yes</td>
<td>No, Lotay Tshering</td>
<td>N/A</td>
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<td>Technical Advisory Group</td>
<td>Expert</td>
<td>2W; 11M (13 total 15.4% W)</td>
<td>No, Sithar Dorjee</td>
<td>Yes</td>
<td>N/A</td>
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<td>13</td>
<td>Bolivia42</td>
<td>Scientific Advisory Council</td>
<td>Expert</td>
<td>2W; 6M (8 total 25%W)</td>
<td>No, Carlos Javier Cuellar</td>
<td>Yes</td>
<td>Yes, Jeanine Añez</td>
<td>N/A</td>
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<td>14</td>
<td>Botswana43</td>
<td>COVID-19 Task Force Team</td>
<td>Expert</td>
<td>0W; 4M (4 total 0%W)</td>
<td>No, unknown</td>
<td>Yes</td>
<td>No, Mokgweetsi Masisi</td>
<td>N/A</td>
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<td>15</td>
<td>Brazil44–49</td>
<td>Interministerial Executive Group on Public Health Emergency of National and International Importance</td>
<td>Decision-making</td>
<td>1W; 8M (9 total 11.1% W)</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Jair Bolsonaro</td>
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<td>Crisis Committee for Supervision and Monitoring of Covid-19 Impacts</td>
<td>Unclear</td>
<td>1W; 21M (22 total 4.5%W)</td>
<td>Unknown</td>
<td>Yes</td>
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<td>16</td>
<td>Bulgaria46</td>
<td>Medical Council</td>
<td>Expert</td>
<td>5W; 11M (16 total 31.3%W)</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Boyko Borisov</td>
<td>Committee was dispersed (functioned until 4 April)</td>
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<tr>
<td>17</td>
<td>Burkina Faso51</td>
<td>Name unknown</td>
<td>Decision-making &amp; Expert</td>
<td>5W; 14M (19 total 28.3% W)</td>
<td>Unknown</td>
<td>No</td>
<td>No, Christophe Joseph Marie Dabiré</td>
<td>N/A</td>
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<td>18</td>
<td>Cape Verde52–54</td>
<td>Council of Ministers</td>
<td>Decision-making</td>
<td>3W; 12M (15 total 20%W)</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Ulisses Correia e Silva</td>
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<td>19</td>
<td>Canada55–59</td>
<td>Cabinet Committee on the federal response to the coronavirus disease (COVID-19)</td>
<td>Decision-making</td>
<td>4W; 4M (8 total 50%W)</td>
<td>Yes, Chrystia Freeland</td>
<td>Yes</td>
<td>No, Justin Trudeau</td>
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<td>Special Advisory Committee on COVID-19</td>
<td>Expert</td>
<td>12W; 11M (23 total 52.2%W)</td>
<td>Yes, Theresa Tam and Sadiq Shahab</td>
<td>Yes</td>
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<td>20</td>
<td>Chad</td>
<td>Scientific Committee for Covid-19</td>
<td>Expert</td>
<td>4W; 33M (37 total) 10.8% W</td>
<td>Unknown</td>
<td>No</td>
<td>No, Idriss Déby</td>
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<td>21</td>
<td>Chile</td>
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<td>Expert</td>
<td>4W; 6M (10 total) 40%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Sebastián Piñera</td>
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<td>22</td>
<td>China</td>
<td>Central Leading Group on Responding to the Novel Coronavirus Disease Outbreak</td>
<td>Decision-making</td>
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<td>No, Li Keqiang</td>
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<td>No, Li Keqiang</td>
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<td>23</td>
<td>Colombia</td>
<td>Contingency plan to respond to the emergency by COVID-19</td>
<td>Decision-making</td>
<td>5W; 9M (14 total) 35.7%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Iván Duque</td>
<td>N/A</td>
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<td>24</td>
<td>Comoros</td>
<td>Comité National de Coordination – Cadre de Gestion et de Coordination de la Crise du Covid-19</td>
<td>Decision-making &amp; expert</td>
<td>2W; 33M (35 total) 5.7%W</td>
<td>Unknown</td>
<td>No</td>
<td>No, Azali Assoumani</td>
<td>N/A</td>
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<td>25</td>
<td>Congo</td>
<td>National coordination for the management of the coronavirus pandemic</td>
<td>Decision-making</td>
<td>3W; 12M (15 total) 20%W</td>
<td>Yes, Jacqueline Lydia Mikolo</td>
<td>Yes</td>
<td>No, Clément Mouamba</td>
<td>N/A</td>
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<td>Costa Rica</td>
<td>The National Commission for Risk Prevention and Emergency Attention</td>
<td>Decision-making</td>
<td>3W; 17M (20 total) 15%W</td>
<td>No, Alexander Solís Delgado</td>
<td>Yes</td>
<td>No, Carlos Alvarado Quesada</td>
<td>N/A</td>
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<td>27</td>
<td>Côte d’Ivoire</td>
<td>The scientific committee</td>
<td>Expert</td>
<td>1W; 5M (6 total) 16.7%W</td>
<td>Unknown</td>
<td>No</td>
<td>No, Amadou Gon Coulibaly</td>
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<td>28</td>
<td>Cuba</td>
<td>The working group for the prevention and control of COVID-19</td>
<td>Decision-making</td>
<td>5W; 10M (15 total) 33.3%W</td>
<td>No, Miguel Díaz-Canel Bermúdez, Manuel Marrero Cruz and Salvador Valdés Mesa</td>
<td>Yes</td>
<td>No, Manuel Marrero Cruz</td>
<td>Photo reference(s) were used to determine gender composition. This may not be complete.</td>
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Table 1 Continued
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<tr>
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<tr>
<td>29</td>
<td>Cyprus</td>
<td>Council of Ministers</td>
<td>Decision-making</td>
<td>1W; 11M (12 total) 8.3%W</td>
<td>No, Nicos Anastasiades</td>
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<td>No, Nicos Anastasiades</td>
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<td>30</td>
<td>Democratic People’s Republic of Korea</td>
<td>(enlarged) Political Bureau</td>
<td>Decision-making</td>
<td>1W; 47M (48 total) 2.1%W</td>
<td>No, Kim Jong-un</td>
<td>Yes</td>
<td>No, Kim Jong-un</td>
<td>Photo reference(s) were used to determine gender composition.</td>
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<td>Democratic Republic of the Congo</td>
<td>Multisectoral crisis committee “Comité multisectoriel de crise”</td>
<td>Decision-making</td>
<td>3W; 16M (19 total) 15.8%W</td>
<td>No, Sylvestre Ilunga Ilunkamba</td>
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<td>No, Sylvestre Ilunga Ilunkamba</td>
<td>Photo reference(s) were used to determine gender composition.</td>
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<td>Management Committee of the National Solidarity Fund against Coronavirus “Comité de gestion du Fonds national de solidarité contre le Coronavirus (FNSFC)”</td>
<td>Other</td>
<td>2W; 10M (12 total) 16.7%W</td>
<td>No, Révérend Dominique Mukanya</td>
<td>Yes</td>
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<td>32</td>
<td>Djibouti</td>
<td>Steering committee “Comité de pilotage”</td>
<td>Decision-making</td>
<td>1W; 9M (10 total) 10%W</td>
<td>No, Abdoulkader Kamil Mohamed</td>
<td>Yes</td>
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<td>33</td>
<td>Dominican Republic</td>
<td>Emergency and Health Management Committee to Combat COVID-19 “Comité de Emergencia y Gestión Sanitaria para el Combate del COVID-19”</td>
<td>Decision-making</td>
<td>1W; 6M (7 total) 14.3%W</td>
<td>No, Amado Alejandro Baez</td>
<td>Yes</td>
<td>No, Danilo Medina</td>
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<td>34</td>
<td>Ecuador</td>
<td>COVID-19 Technical Team “Mesa Técnica COVID-19”</td>
<td>Expert</td>
<td>8W; 23M (31 total) 25.8%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Lenín Moreno</td>
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<td>National Epidemiological Coordination “Coordinación Nacional de Vigilancia Epidemiológica”</td>
<td>Expert</td>
<td>3W; 2M (5 total) 60%W</td>
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<td>Government Commission “Valitsuskomissi”</td>
<td>Decision-making</td>
<td>1W; 9M (10 total) 10%W</td>
<td>No, Jüri Ratas</td>
<td>Yes</td>
<td>No, Jüri Ratas</td>
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<td>Scientific Advisory Board “Teadusnõukoda”</td>
<td>Expert</td>
<td>3W; 2M (5 total) 60%W</td>
<td>Yes, Irja Lutsar</td>
<td>Yes</td>
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<td>Eswatini</td>
<td>National Emergency Management Committee&lt;br&gt;National Emergency Task Force</td>
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<td>3W; 8M (11 total) 27.27%W</td>
<td>No, Themba N. Masuku</td>
<td>Yes</td>
<td>No, Ambrose Mandvulo Dlamini</td>
<td>N/A</td>
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<td>Ethiopia</td>
<td>COVID19 National Ministerial Committee&lt;br&gt;National COVID-19 advisory committee</td>
<td>Decision-making</td>
<td>2W; 2M (four total) 50%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Abiy Ahmed</td>
<td>N/A</td>
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<td>38</td>
<td>Finland</td>
<td>Working group on essential work-related travel and other traffic&lt;br&gt;Working group to examine realisation of children’s rights in aftermath of coronavirus</td>
<td>Other</td>
<td>11W; 7M (18 total) 61.1%W</td>
<td>Yes, Sonja Hämäläinen</td>
<td>Yes</td>
<td>Yes, Sanna Marin</td>
<td>N/A</td>
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<td>39</td>
<td>France</td>
<td>The Covid-19 Scientific Council&lt;br&gt;Research and expertise analysis committee</td>
<td>Expert</td>
<td>2W; 9M (11 total) 18.2%W</td>
<td>No, Jean-François Delfraissy</td>
<td>Yes</td>
<td>No, Édouard Philippe</td>
<td>N/A</td>
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<td>40</td>
<td>Gabon</td>
<td>Scientific committee on the Coronavirus epidemic&lt;br&gt;“Comité scientifique sur l’épidémie à Coronavirus (CS Covid-19)”</td>
<td>Expert</td>
<td>1W; 7M (8 total) 12.5%W</td>
<td>Yes, Pr Marieille Bouyou Akothe</td>
<td>Yes</td>
<td>No, Julien Nkoghe Bekale</td>
<td>N/A</td>
</tr>
<tr>
<td>41</td>
<td>Ghana</td>
<td>Inter-Ministerial Coordinating Committee (MCC) on Decentralisation (IMCCoD)</td>
<td>Decision-making</td>
<td>3W; 7M (10 total) 30%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Nana Akufo-Addo</td>
<td>N/A</td>
</tr>
<tr>
<td>42</td>
<td>Greece</td>
<td>Commission for the Management of Emergency Events due to Infectious Diseases</td>
<td>Decision-making</td>
<td>8W; 18M (26 total) 30.8%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Kyriakos Mitsotakis</td>
<td>N/A</td>
</tr>
<tr>
<td>43</td>
<td>Grenada</td>
<td>Name unknown</td>
<td>Decision-making and expert</td>
<td>0W; 5M (five total) 0%W</td>
<td>No, unknown</td>
<td>Yes</td>
<td>No, Keith Mitchell</td>
<td>N/A</td>
</tr>
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</table>

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<th>Women head of gov</th>
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| 44 | Guinea104–106        | Scientific Council for Response to the Coronavirus Disease Pandemic  
“Conseil scientifique de riposte contre la pandémie de la maladie à coronavirus (COVID-19)” | Expert             | 3W; 14M (17 total)  
17.6% W | Yes, Pr Yolande Izazy | Yes    | No, Ibrahim Kassory Fofana | N/A  |
|    |                     | Interministerial Committee for the Fight against the Coronavirus-19 epidemic  
“Comité Interministerial de Lutte contre L'épidémie de Coronavirus-19” | Decision-making  | 3W; 19M (22 total)  
13.6% W | No, Ibrahim Kassory Fofana | No     | N/A              |      |
| 45 | Haiti107            | Scientific unit to fight against the coronavirus  
“Cellule scientifique pour lutter contre le coronavirus” | Expert             | 2W; 12M (14 total)  
14.3% W | No, Patrick Dely | Yes    | No, Joseph Jouthe | N/A  |
|    |                     | Communication unit on the pandemic  
“Cellule de communication sur la pandémie” | Other             | 1W; 10M (11 total)  
9.1% W | No, Eddy Jackson Alexis | Yes    | N/A              |      |
| 46 | Hungary86 87        | Operational Staff (Coronaviral Defence Operational Staff)  
“Koronavírus-fertőzés Ellenőrzésért Felelős Operatív Torzs” | Decision-making  | 1W; 14M (15 total)  
6.7% W | No, Sándor Pintér and Miklós Kásler | Yes    | No, Viktor Orbán | N/A  |
| 47 | India108            | COVID-19 Task Force | Decision-making and expert | 2W; 14M (16 total)  
12.5% W | No, Narendra Modi | Yes    | No, Narendra Modi | N/A  |
| 48 | Iraq109 110         | High Committee for the National Health and Safety to combat Coronavirus  
ةنجللا ايلعلا هعجللاو هملسلاو هينطولا | Decision-making | 0W; 24M (24 total)  
0% W | No, Adel Abdul Mahdi | Yes    | No, Mustafa Al-Kadhimi | N/A  |
| 49 | Ireland111–113      | National Public Health Emergency Team (NPHET)  
Expert advisory group on COVID-19 | Decision-making | 13W; 19M (32 total)  
40.6% W | No, Tony Holohan | Yes    | No, Micheál Martin | N/A  |
|    |                     | Expert advisory group on COVID-19 | Expert | 8W; 10M (18 total)  
44.4% W | No, Cillian de Gascun | Yes    | No              | N/A  |
| 50 | Italy114–117        | Operational Committee on Coronavirus for Civil Protection  
“Comitato tecnico Scientifico per l’emergenza Coronavirus” | Decision-making | 2W; 5M (7 total)  
28.6% W | No, Giuseppe Conte | Yes    | No, Giuseppe Conte | N/A  |
|    |                     | Scientific Technical Committee  
“Comitato Tecnico Scientifico” | Expert | 0W; 7M (7 total)  
0% W | No, Agostino Miozzo | Yes    | N/A              |      |
|    | Task force tech anti-Covid-19 | Other | 18W; 56M (74 total)  
24.3% W | Yes, Fidelia Cascini (co-chair) | Yes    | N/A              |      |
| 51 | Jamaica118          | COVID-19 Economic Recovery Task Force | Decision-making | 4W; 18M (22 total)  
18.18% W | No, Nigel Clarke | Yes    | No, Andrew Holness | N/A  |

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<tr>
<td>52</td>
<td>Japan19 20</td>
<td>Novel Coronavirus Infectious Disease Control Expert Committee</td>
<td>Expert</td>
<td>2W; 10M (12 total) 16.7%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Shinzo Abe</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special mission task force on remote medicine</td>
<td>Other</td>
<td>4W; 4M (8 total) 50%W</td>
<td>Unknown</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Kenya21 22</td>
<td>National Emergency Response Committee</td>
<td>Decision-making</td>
<td>4W; 17M (21 total) 19%W</td>
<td>No, Mutahi Kagwe</td>
<td>Yes</td>
<td>No, Uhuru Kenyatta</td>
<td>N/A</td>
</tr>
<tr>
<td>54</td>
<td>Lao People's Democratic Republic23</td>
<td>National Taskforce Committee for Covid-19 Prevention and Control</td>
<td>Decision-making</td>
<td>0W; 11M (11 total) 0%W</td>
<td>No, Somdy Douangdy</td>
<td>Yes</td>
<td>No, Thongloun Sisoulith</td>
<td>N/A</td>
</tr>
<tr>
<td>55</td>
<td>Libya24</td>
<td>Supreme Committee for Combating COVID-19</td>
<td>Decision-making</td>
<td>1W; 3M (4 total) 25%W</td>
<td>No, Abdel Razek al-Nadhuri</td>
<td>Yes</td>
<td>No, Fayez al-Sarraj</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Advisory Committee</td>
<td>Expert</td>
<td>2W; 9M (11 total) 18.18%W</td>
<td>No, Fathia Al-Uraibi and Ahmed Al-Hassi</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>Lithuania25 26</td>
<td>Committee responsible for COVID-19 management</td>
<td>Decision-making</td>
<td>0W; 11M (11 total) 0%W</td>
<td>No, Saulius Skvernelis</td>
<td>Yes</td>
<td>No, Saulius Skvernelis</td>
<td>N/A</td>
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<tr>
<td>57</td>
<td>Luxembourg27</td>
<td>Advisory Council to accompany the measures decided as part of the fight against COVID-19</td>
<td>Expert</td>
<td>3W; 5M (8 total) 37.5%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Xavier Bettel</td>
<td>N/A</td>
</tr>
<tr>
<td>58</td>
<td>Malawi28</td>
<td>Special Cabinet Committee on Coronavirus</td>
<td>Decision-making</td>
<td>1W; 10M (11 total) 9.1%W</td>
<td>No, Jappie Mtuwa Mhango</td>
<td>Yes</td>
<td>No, Lazarus McCarthy Chakwera</td>
<td>N/A</td>
</tr>
<tr>
<td>59</td>
<td>Mali29 30</td>
<td>Crisis Committee &quot;Le Comité de crise&quot;</td>
<td>Decision-making</td>
<td>0W; 12M (12 total) 0%W</td>
<td>No, Akory Agiknane</td>
<td>No</td>
<td>No, Boubou Cissé</td>
<td>N/A</td>
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<tr>
<td></td>
<td></td>
<td>Scientific and Technical Committee of the National Public Health Institute &quot;Comité Scientifique et Technique de l'Institut National de Santé Publique –INSPI&quot;</td>
<td>Expert</td>
<td>1W; 9M (10 total) 10%W</td>
<td>No, Ousmane Koita</td>
<td>No</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>60</td>
<td>Myanmar31 32</td>
<td>Coronavirus Disease 2019 (COVID-19) Control and Emergency Response Committee</td>
<td>Decision-making</td>
<td>0W; 10M (10 total) 0%W</td>
<td>No, U Myint Swe</td>
<td>Yes</td>
<td>Yes, Aung San Suu Kyi</td>
<td>N/A</td>
</tr>
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<td>Public</td>
<td>Women head of gov</td>
<td>Note</td>
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<tr>
<td>61</td>
<td>Netherlands</td>
<td>Outbreak Management Team</td>
<td>Expert</td>
<td>6W; 3M (9 total)</td>
<td>Jaap van Dissel</td>
<td>No</td>
<td>Mark Rutte</td>
<td>The list here consists of the permanent members and excludes the invited members.</td>
</tr>
<tr>
<td>62</td>
<td>New Zealand</td>
<td>Epidemic Response Select Committee</td>
<td>Expert</td>
<td>4W; 7M (11 total)</td>
<td>Unknown</td>
<td>Yes</td>
<td>Jacinda Ardern</td>
<td>The committee was disestablished on 26 May 2020.</td>
</tr>
<tr>
<td>63</td>
<td>Niger</td>
<td>The Advisory Committee &quot;Le Comité Consultatif&quot;</td>
<td>Expert</td>
<td>1W; 12M (13 total)</td>
<td>No, Alkache Alhada</td>
<td>No</td>
<td>Brigi Rafini</td>
<td>N/A</td>
</tr>
<tr>
<td>64</td>
<td>Nigeria</td>
<td>Presidential Task Force for the Control of the Coronavirus</td>
<td>Decision-making</td>
<td>1W; 11M (12 total)</td>
<td>No, Garbu Shehu</td>
<td>Yes</td>
<td>Muhammadu Buhari</td>
<td>N/A</td>
</tr>
<tr>
<td>65</td>
<td>Oman</td>
<td>High level Ministerial Committee on Corona Development</td>
<td>Decision-making</td>
<td>1W; 9M (10 total)</td>
<td>No, Hammoud bin Faisal Al Busaidi</td>
<td>No</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>Paraguay</td>
<td>Emergency Operations Centre of the Ministry of Public Health and Social Welfare to give a national response to the eventual Coronavirus pandemic</td>
<td>Decision-making and expert</td>
<td>2W; 6M (8 total)</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Mario Abdo Benitez</td>
<td>N/A</td>
</tr>
<tr>
<td>67</td>
<td>Philippines</td>
<td>Inter-Agency task force</td>
<td>Decision-making</td>
<td>0W; 4M (4 total)</td>
<td>Francisco T. Duque, Karlo Nograles, and Roy Cimatu</td>
<td>No</td>
<td>Rodrigo Duterte</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>National task force Covid-19</td>
<td>&quot;National Disaster Risk Reduction and Management Council - (NDRRMC)&quot;</td>
<td>Decision-making</td>
<td>0W; 4M (4 total)</td>
<td>Delfin Negrillo Lorenzana</td>
<td>No</td>
<td>N/A</td>
<td>continuity of task force, not described in traditional sense.</td>
</tr>
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<tr>
<td>68</td>
<td>Portugal [40] [41]</td>
<td>Task Force for operationalisation of measures for prevention and control of infection with new Coronavirus – COVID-19 “Task Force para a operacionalização e a implementação de medidas para prevenção e controlo da infeção por novo Coronavirus - COVID-19”</td>
<td>National Council for Public Health “Conselho Nacional de Saúde”</td>
<td>Decision-making and expert</td>
<td>44W; 32M (76 total) 57.9% W</td>
<td>Yes, Graça Freitas</td>
<td>Yes</td>
<td>No, António Costa</td>
</tr>
<tr>
<td>69</td>
<td>Qatar [42]</td>
<td>Supreme Committee on Disaster Management “ةنجلل ايلعلا”</td>
<td>Decision-making</td>
<td>1W; 15M (16 total) 6.25% W</td>
<td>No, Sheikh Khalid bin Khalifa bin Abdul Aziz Al Thani</td>
<td>Yes</td>
<td>No, Sheikh Khalid bin Khalifa bin Abdul Aziz Al Thani</td>
<td>N/A</td>
</tr>
<tr>
<td>70</td>
<td>Saudi Arabia [143]</td>
<td>Designated Committee to Monitor Corona Pandemic “دورورک موریچویل تیچوییلا غیرویلا شادیچوییلا ویئیچوییلا تیچوییلا”</td>
<td>Decision-making</td>
<td>0W; 17M (17 total) 0.0% W</td>
<td>No, Unknown</td>
<td>Yes</td>
<td>No, Salman bin Abdulaziz Al Saud</td>
<td>N/A</td>
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<tr>
<td>71</td>
<td>Serbia [144]</td>
<td>Crisis Team for the Control of Infectious Diseases COVID-19 “Кризи штаб за сузбијање заразне болести COVID-19”</td>
<td>Decision-making</td>
<td>6W; 21M (27 total) 16.7% W</td>
<td>Yes, Ana Brnabić, and Zlatibor Lončar (co-chairs with two others)</td>
<td>Yes</td>
<td>Yes, Ana Brnabić</td>
<td>This list excludes the additional engaged experts, only including the formal members.</td>
</tr>
<tr>
<td>72</td>
<td>Singapore [145]</td>
<td>Multi-Ministry Taskforce on Wuhan Coronavirus</td>
<td>Decision-making</td>
<td>1W; 10M (11 total) 9.1% W</td>
<td>No, Gan Kim Yong and Lawrence Wong</td>
<td>Yes</td>
<td>No, Lee Hsien Loong</td>
<td>N/A</td>
</tr>
<tr>
<td>73</td>
<td>South Africa [46]</td>
<td>Ministerial Advisory Committees on COVID-19</td>
<td>Expert</td>
<td>30W; 24M (54 total) 55.6% W</td>
<td>No, Salim S. Abdool Karim</td>
<td>Yes</td>
<td>No, Cyril Ramaphosa</td>
<td>N/A</td>
</tr>
<tr>
<td>74</td>
<td>South Sudan [148]</td>
<td>High Level Task Force Committee to take Extra Precautionary Measures in Combating the Spread of Coronavirus Disease (COVID-19)</td>
<td>Decision-making</td>
<td>3W; 13M (16 total) 18.8% W</td>
<td>No, Salva Kiir Mayardit</td>
<td>No</td>
<td>No, Salva Kiir Mayardit</td>
<td>N/A</td>
</tr>
<tr>
<td>75</td>
<td>Spain [49] [150]</td>
<td>Scientific Technical Committee COVID-19 “el Comité Científico Técnico COVID-19”</td>
<td>Expert</td>
<td>3W; 4M (7 total) 42.9% W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Pedro Sánchez</td>
<td>N/A</td>
</tr>
<tr>
<td>76</td>
<td>Sri Lanka [51] [152]</td>
<td>Presidential Task Force on economic revival and poverty eradication</td>
<td>Other</td>
<td>1W; 30M (31 total) 3.2% W</td>
<td>No, Basil Rajapaksa</td>
<td>Yes</td>
<td>No, Gotabaya Rajapaksa</td>
<td>N/A</td>
</tr>
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<th>Women head of gov</th>
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</table>
| 77 | Sweden\(^{153}\)     | **Management Team of the Public Health Agency**
   "Folkhälsomyndighetens ledningsgrupp" | Unclear             | 5W; 2M (7 total) 71.4%W | No, Johan Carlson | Yes     | No, Stefan Lofven | N/A  |
| 78 | Switzerland\(^{154-156}\) | **Swiss National COVID-19 Science Task Force**
   "Krisenstab des Bundesrats Corona" | Expert               | 2W; 5M (7 total) 28.6%W | No, Matthias Egger | Yes     | Yes, Simonetta Sommaruga | N/A  |
| 79 | Thailand\(^{157}\)    | **National committee for controlling the spread of COVID-19**
   "แผนการรักษาการแพร่กระจายของ COVID-19" | Decision-making     | 0W; 28M (28 total) 0%W | No, Prayut Chan-o-cha | No     | No, Prayut Chan-o-cha | N/A  |
| 80 | Togo\(^{158,159}\)     | **COVID-19 Pandemic Crisis Management Unit**
   "Celule sectorielle de la gestion de la crise à la Pandémie de covid-19" | Decision-making and Expert | 2W; 9M (11 total) 18.2%W | Unknown | Yes     | No, Komi Sélim Klassou | N/A  |
| 81 | Trinidad & Tobago\(^{60}\) | **Team for COVID-19 ‘Road to Recovery’**
   (Official name unknown) | Decision-making     | 1W; 21M (22 total) 4.5%W | No, Keith Rowley | Yes     | No, Keith Rowley | N/A  |
| 82 | Turkey\(^{61}\)        | **Coronavirus Scientific Committee**
   "Koronavirüs Bilim Kurulu" | Expert               | 14W; 22M (36 total) 39.9%W | Unknown | Yes     | No, Recep Tayyip Erdoğan | N/A  |
| 83 | Uganda\(^{162}\)       | **National Response Fund to COVID-19** | Other              | 3W; 12M (15 total) 20%W | No, Emmanuel Katongole | Yes     | No, Ruhakana Rugunda | Information was obtained through Wikipedia and sources references on the Wikipedia page. |
| 84 | United Kingdom\(^{163-165}\) | **New and Emerging Respiratory Virus Threats Advisory Group**
   **Advisory Committee on Dangerous Pathogens**
   **Joint Committee on Vaccination and Immunisation** | Expert             | 2W; 14M (16 total) 12.5%W | No, Peter Horby | Yes     | No, Boris Johnson | N/A  |
   |    | Expert               | 3W; 13M (16 total) 18.8%W | No, Thomas Evans | Yes     | N/A  |
   |    | Expert               | 4W; 16M (20 total) 20%W | No, Andrew Pollard | Yes     | N/A  |

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The default governance mode is losing out on key perspectives and expertise

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<th>Women head of gov</th>
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<td>85</td>
<td>United States</td>
<td>White House Coronavirus Task Force</td>
<td>Decision-making</td>
<td>2W: 20M (22 total) 9.1%W</td>
<td>No, Donald Trump</td>
<td>Yes</td>
<td>No, Donald Trump</td>
<td>N/A</td>
</tr>
<tr>
<td>86</td>
<td>Uruguay</td>
<td>Committee of Scientific Experts in Crisis Management</td>
<td>Expert</td>
<td>1W: 6M (7 total) 14.3%W</td>
<td>No, Julio Rolon Vicioso</td>
<td>Yes</td>
<td>No, Luis Lacalle Pou</td>
<td>N/A</td>
</tr>
<tr>
<td>87</td>
<td>Vietnam</td>
<td>National Steering Committee for COVID-19 Prevention and Control</td>
<td>Decision-making</td>
<td>1W: 13M (14 total) 7.1%W</td>
<td>No, Đỗ Xuân Tuyên</td>
<td>No</td>
<td>No, Nguyễn Xuân Phúc</td>
<td>N/A</td>
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robust deliberation.13
management, more effective risk management and
of novel viewpoints, a higher quality of monitoring and
through the disruption of groupthink, the introduction
tional selection or quotas – benefits governance processes
mass of women in leadership – even as result of inten-
tively underrepresented at global level holding less than
5% of senior leadership roles. This exclusion creates a
vicious cycle where perspectives and knowledge of large
segments of the population continue to be excluded.11 12
One cannot expect a different result by replicating this
same broken cycle over and over again. A ‘new default’
mode of diverse and intersectional governance is sorely
needed to face future crises head-on and guide a healthy
and equitable COVID-19 recovery. Reaching a critical
mass of women in leadership – even as result of inten-
tional selection or quotas – benefits governance processes
through the disruption of groupthink, the introduction of novel viewpoints, a higher quality of monitoring and
management, more effective risk management and robust deliberation.13
Interestingly, countries with women leaders have been associated with implementing particularly effective
COVID-19 responses and have been better at reducing
COVID-19 negative impacts (fewer deaths per capita, a
lower peak in daily deaths and lower excess mortality). A
recent study indicated that countries with women in posi-
tions of leadership suffered six times fewer deaths from
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Gender quotas can establish a standard to redress
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leadership positions does not necessarily lead to changes
in social norms nor does it guarantee the gender-

Table 2 Identified global COVID-19 task forces

<table>
<thead>
<tr>
<th>#</th>
<th>Name of the task force convened</th>
<th>Gender</th>
<th>Women head of force</th>
<th>Public</th>
<th>Women head of international body</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>World Health Organization (WHO) – China Joint Mission Team</td>
<td>3W; 22 M (25 total) 12% W</td>
<td>No, Bruce Aylward</td>
<td>Yes</td>
<td>No, Tedros Adhanom Ghebreyesus</td>
<td>List includes members and advisors</td>
</tr>
<tr>
<td>2</td>
<td>WHO International Health Regulations (IHR) Emergency Committee for Pneumonia due to the Novel Coronavirus 2019-nCoV</td>
<td>5W; 16 M (21 total) 23.8% W</td>
<td>No, Didier Houssin</td>
<td>Yes</td>
<td>No, Tedros Adhanom Ghebreyesus</td>
<td>List includes members and advisors</td>
</tr>
<tr>
<td>3</td>
<td>WHO International Health Regulations Second Emergency Committee</td>
<td>5W; 16 M (21 total) 23.8% W</td>
<td>No, Didier Houssin</td>
<td>Yes</td>
<td>No, Tedros Adhanom Ghebreyesus</td>
<td>List includes members and advisors</td>
</tr>
<tr>
<td>4</td>
<td>WHO International Health Regulations Third Emergency Committee for COVID-19</td>
<td>12W; 20 M (32 total) 37.5% W</td>
<td>No, Didier Houssin</td>
<td>Yes</td>
<td>No, Tedros Adhanom Ghebreyesus</td>
<td>List includes members and advisors</td>
</tr>
<tr>
<td>5</td>
<td>European Union (EU) COVID-19 Coordinating Response Team</td>
<td>4W; 2M (6 total) 66.7% W</td>
<td>Yes, Ursula von der Leyden</td>
<td>Yes</td>
<td>Yes, Ursula von der Leyden</td>
<td>N/A</td>
</tr>
<tr>
<td>6</td>
<td>EU Commission’s advisory panel on COVID-19</td>
<td>2W; 6M (8 total) 25% W</td>
<td>Unknown</td>
<td>Yes</td>
<td>Yes, Ursula von der Leyden</td>
<td>N/A</td>
</tr>
<tr>
<td>7</td>
<td>Africa Taskforce on Coronavirus Preparedness and Response</td>
<td>2W; 14M (16 total) 12.5% W</td>
<td>No, John Nkengasong</td>
<td>Yes</td>
<td>N/A</td>
<td>Joint effort of the African Union and Africa CDC</td>
</tr>
</tbody>
</table>

**EFFECTIVE CHANGE CALLS FOR BOLD SOLUTIONS**
The exclusion of women and gender minorities stems
from a host of factors including inherent conscious and
unconscious biases, discrimination, workplace culture
and gendered expectations. Unfortunately, this is not
new. Although women comprise 70% of the global
health workforce, they hold only 25% of senior decision-
making roles. Women from the Global South are particu-
larly underrepresented at global level holding less than
5% of senior leadership roles. This exclusion creates a
vicous cycle where perspectives and knowledge of large
segments of the population continue to be excluded.11 12
One cannot expect a different result by replicating this
same broken cycle over and over again. A ‘new default’
mode of diverse and intersectional governance is sorely
needed to face future crises head-on and guide a healthy
and equitable COVID-19 recovery. Reaching a critical
mass of women in leadership – even as result of inten-
tional selection or quotas – benefits governance processes
through the disruption of groupthink, the introduction of novel viewpoints, a higher quality of monitoring and
management, more effective risk management and robust deliberation.13

Interestingly, countries with women leaders have been
associated with implementing particularly effective
COVID-19 responses and have been better at reducing
COVID-19 negative impacts (fewer deaths per capita, a
lower peak in daily deaths and lower excess mortality). A
recent study indicated that countries with women in posi-
tions of leadership suffered six times fewer deaths from
COVID-19 as countries with governments led by men.14
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in social norms nor does it guarantee the gender-
responsive, gender-mainstreamed policies needed to
mitigate the gendered vulnerabilities of pandemics. Women are not automatically gender-inclusive advocates,
nor are men inevitably gender-exclusive.17 18 Furthermore,
gender intersects with additional factors that act as significant barriers to healthcare access and participation.
This requires recognising inequities across ability, race, income, ethnicity, class, religion and geography,
and intentionally prioritising programmes and resources
with an intersectional, inclusive lens. It is critical to highlight the gender-specific impacts of health threats, collect gender disaggregated data (as done for COVID-19 by Global Health 50/50) and leverage female experts (like WGH Operation 50/50). Claiming to not find any qualified women in global health is ultimately an unjustifiably poor excuse for excluding diverse perspectives. Systemic and cultural change must address traditional norms and attitudes, and embrace holistic gender-mainstreaming practices. This deep-rooted change is critical to ensure that health services and policies mitigate the adverse socio-economic impacts of COVID-19 and adequately meet the needs and safety of all populations.

**GOING FURTHER THAN GENDER BINARIES**

Despite employing colloquial binary terms such as ‘men’ and ‘women’ to denote gender, we reiterate that gender is non-binary, socially produced, self-identified and complex. In a non-pandemic scenario, we would have sought to conduct a survey to self-identify gender, with appropriate ethics review, privacy and data protections in place. By relying on binary definitions of “gender,” research initiatives (such as this one) and governance, emphasise the inability of current data to produce results that include the full gender spectrum. This means an entire segment of the population is misrepresented and side-lined from policy decisions that affect them. Promoting and integrating mechanisms that ensure inclusive intersectional data collection is one of the systemic changes needed for fair governance.

**INCLUSIVITY AND TRANSPARENCY SHOULD BE AT THE CORE OF THE ‘NEW NORMAL’**

Our data exhibit what has become a disturbingly accepted pattern in global health governance. Collective efforts in policy-making continue to overlook opportunities to create inclusive and comprehensive decision-making, echoing gender inequalities in other areas such as academia and the sciences. The COVID-19 pandemic response requires inclusion of diverse perspectives, experiences and expertise in global health leadership. First, international and national task forces need to ensure diversity, particularly across gender, but also in terms of ethnic, racial, cultural, geographic and disability groups.
in decision-making and expert advisory bodies. Increasing representation and gender parity is a first step, but functional health systems require radical and systemic change that ensures gender-inclusive and intersectional practices are the norm – rather than the exception. Second, quick action in emergency scenarios is repeatedly used as a justification to sidestep transparency and restrict communication in the name of health security. Crises are precisely when transparent procedures and clear communication are required the most. Rather than relying on closed-door governance, open and transparent communication and decision-making should become the norm. Third, data collection and governance policies need to go beyond binary representation in order to produce results that are inclusive of the full gender spectrum.

A future with resilient health systems depends on radical action to establish decision-making groups that reflect the populations they represent, in the time of COVID-19 and beyond. Leaving these voices unheard today sets a precedent for continued silence in the years to come.

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Author note *Gender parity in task force composition is defined as 45-55% women.

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42. Ahaz J. Agradezco a los miembros del Consejo Científico Asesor que, de modo generoso, me acompañan con recomendaciones para luchar Contra el coronavirus te los presento para que vos también puedas conocerlos Instagram, 2020.


The paper takes a look at several aspects related to the COVID-19 pandemic. It discusses the measures taken by governments and international organizations to combat the virus. The authors highlight the importance of collaboration and coordination in managing the pandemic, particularly in the context of vaccine distribution and access. The paper also examines the role of media in shaping public perception and behavior during the crisis.

For instance, the paper mentions the importance of timely and accurate information dissemination. It cites examples of how media coverage can influence public trust in government actions. The authors argue that effective communication strategies are crucial in maintaining public confidence and adherence to health guidelines.

Overall, the paper advocates for a comprehensive approach to managing the pandemic, involving not only medical expertise but also social and behavioral sciences. It emphasizes the need for sustained efforts to combat COVID-19 and prevent future outbreaks.


