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

Kim Robin van Daalen,1,2 Csongor Bajnoczki,3 Maisoon Chowdhury,2 Sara Dada,2,4 Parnian Khorsand,2 Anna Socha,3 Arush Lal,2 Laura Jung,2,5 Lujain Alqodmani,6 Irene Torres,6,7 Samiratou Ouedraogo,8,9 Amina Jama Mahmud,10,11 Roopa Dhatt,2 Alexandra Phelan,12 Dheepa Rajan 2

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

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.
## Table 1  Identified national COVID-19 task forces

<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 force</th>
<th>Public</th>
<th>Women head of gov</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Albania \cite{23}</td>
<td>Technical Committee of Experts(for Covid-19)  &quot;Komiteti i Ekspektërve&quot;</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>2</td>
<td>Algeria \cite{24}</td>
<td>National Committee for Monitoring and Follow-up of the Coronavirus (Covid-19)  &quot;نيروک سرویف تپرشهت دیجینریور ت سوریلی افلتاح&quot;</td>
<td>Expert</td>
<td>0W; 11M (11 total) 0%W</td>
<td>No, Abderahmane Ben Bouzid</td>
<td>Yes</td>
<td>No, Abdelaziz Djerad</td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td>Argentina \cite{25,26}</td>
<td>Committee of medical and scientific experts  &quot;Comité de expertos médicos y científicos&quot;</td>
<td>Expert</td>
<td>4W; 6M (10 total) 40%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Alberto Fernández</td>
<td>N/A</td>
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<td>4</td>
<td>Armenia \cite{27,28}</td>
<td>Interdepartmental Commission for Coordinating the Prevention of the Spread of the new Coronavirus  &quot;յմրդապատման հանձնաժողով&quot;</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 Pashinyan</td>
<td>N/A</td>
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<tr>
<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>
<td>Photo reference(s) were used to determine gender composition.</td>
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<td>5</td>
<td>Australia \cite{28-32}</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 Morrison</td>
<td>N/A</td>
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<td></td>
<td></td>
<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>N/A</td>
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<td>6</td>
<td>Austria \cite{33}</td>
<td>Coronavirus Taskforce  &quot;Hausinternen Stabs der Coronavirus-Taskforce&quot;</td>
<td>Decision-making</td>
<td>6W; 4M (10 total) 60%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Sebastian Kurz</td>
<td>N/A</td>
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<td>Advisory Team to the Coronavirus Taskforce  &quot;Beraterstabs der Coronavirus-Taskforce&quot;</td>
<td>Expert</td>
<td>5W; 13M (18 total) 27.8%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>N/A</td>
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<td>7</td>
<td>Bahamas \cite{34,35}</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>Bahrain \cite{36}</td>
<td>National Taskforce for Combating Coronavirus (COVID-19)  &quot;ارنیروک سرویف تپرشهت دیجینریور ت سوریلی افلتاح&quot;</td>
<td>Decision-making and expert</td>
<td>2W; 3M (5 total) 40%</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Khalifa bin Salman Al Khalifa</td>
<td>N/A</td>
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<td>9</td>
<td>Bangladesh \cite{37}</td>
<td>National Committee for Prevention and Control of Covid-19  &quot;জাতীয় কমিটি কোরোনারোগ ও অর্থনৈতিক জাতীয় কমিটি&quot;</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 Hasina</td>
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<td>Belgium \cite{38,39}</td>
<td>Scientific Committee for Coronavirus  &quot;Wetenschappelijk comité Coronavirus&quot;  &quot;Comité scientifique Coronavirus&quot;</td>
<td>Expert</td>
<td>3W; 2M (5 total) 60%W</td>
<td>No, Steven van Gucht</td>
<td>Yes</td>
<td>Yes, Sophie Wilmes</td>
<td>N/A</td>
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<table>
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<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 force</th>
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<tr>
<td>11</td>
<td>Benin 40</td>
<td>Interdepartmental Committee</td>
<td>Decision-making</td>
<td>0W; 4M (4 total)</td>
<td>0%W</td>
<td>No, unknown</td>
<td>Yes</td>
<td>No, Patrice Talon</td>
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<td>12</td>
<td>Bhutan 41</td>
<td>Health Emergency Management Committee</td>
<td>Decision-making</td>
<td>2W; 11M (13 total)</td>
<td>15.4% W</td>
<td>Yes, Lyonpo Deken Wangmo</td>
<td>Yes</td>
<td>No, Lotay Tshering</td>
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<td>13</td>
<td>Bolivia 42</td>
<td>Scientific Advisory Council</td>
<td>Expert</td>
<td>2W; 6M (8 total)</td>
<td>25% W</td>
<td>No, Carlos Javier Cuellar</td>
<td>Yes</td>
<td>Yes, Jeanine Añez</td>
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<td>14</td>
<td>Botswana 43</td>
<td>COVID-19 Task Force Team</td>
<td>Expert</td>
<td>0W; 4M (4 total)</td>
<td>0%W</td>
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<td>Yes</td>
<td>No, Mokgweetsi Masisi</td>
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<td>15</td>
<td>Brazil 44-49</td>
<td>Interministerial Executive Group on Public Health Emergency of National and International Importance</td>
<td>Decision-making</td>
<td>1W; 8M (9 total)</td>
<td>11.1% W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Jair Bolsonaro</td>
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<td></td>
<td>Crisis Committee for Supervision and Monitoring of Covid-19 Impacts</td>
<td>Unclear</td>
<td>1W; 21M (22 total)</td>
<td>4.5% W</td>
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<td>Yes</td>
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<td>16</td>
<td>Bulgaria 50</td>
<td>Medical Council</td>
<td>Expert</td>
<td>5W; 11M (16 total)</td>
<td>31.3% W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Boyko Borisov</td>
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<td>17</td>
<td>Burkina Faso 51</td>
<td>Name unknown</td>
<td>Decision-making &amp; Expert</td>
<td>5W; 14M (19 total)</td>
<td>26.3% W</td>
<td>Unknown</td>
<td>No</td>
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<td>Cape Verde 52-54</td>
<td>Council of Ministers</td>
<td>Decision-making</td>
<td>3W; 12M (15 total)</td>
<td>20% W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Ulisses Correia e Silva</td>
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<td>19</td>
<td>Canada 55-59</td>
<td>Cabinet Committee on the federal response to the coronavirus disease (COVID-19)</td>
<td>Decision-making</td>
<td>4W; 4M (8 total)</td>
<td>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)</td>
<td>52.2% W</td>
<td>Yes, Theresa Tam and Sadiq Shahab</td>
<td>Yes</td>
<td>N/A</td>
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<td>20</td>
<td>Chad70</td>
<td>Scientific Committee for Covid-19 “Comité Scientifique 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>
<td>N/A</td>
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<tr>
<td>21</td>
<td>Chile61</td>
<td>Scientific Advisory Council for Covid-19 “Consejo científico asesor por Covid-19”</td>
<td>Expert</td>
<td>4W; 6M (10 total) 40%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Sebastián Piñera</td>
<td>N/A</td>
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<td>22</td>
<td>China62-66</td>
<td>Central Leading Group on Responding to the Novel Coronavirus Disease Outbreak “Xīnxīng guānzhǔ huáng bìngdú gùnān xīng fèiyán zhōngyōng lǐngdào xiǎožōu”</td>
<td>Decision-making</td>
<td>1W; 8M (9 total) 11.1%W</td>
<td>No, Li Keqiang</td>
<td>Yes</td>
<td>No, Li Keqiang</td>
<td>N/A</td>
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<tr>
<td>23</td>
<td>Colombia67</td>
<td>Contingency plan to respond to the emergency by COVID-19 “Plan de contingencia para responder ante la emergencia por 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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<tr>
<td>24</td>
<td>Comoros68</td>
<td>Comité National de Coordination – Cadre de Gestion et de Coordination de la Crise du Covid-19 “National Coordination Committee - Management and Coordination Framework for the Covid-19 Crisis”</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>Congo59</td>
<td>National coordination for the management of the coronavirus pandemic “Coordination nationale de gestion de la pandémie de coronavirus (COVID-19)”</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>26</td>
<td>Costa Rica70</td>
<td>The National Commission for Risk Prevention and Emergency Attention “La Comisión Nacional de Prevención de Riesgos y Atención de Emergencias (CNE)”</td>
<td>Decision-making</td>
<td>3W; 17M (20 total) 15%W</td>
<td>No, Alexander Solis Delgado</td>
<td>Yes</td>
<td>No, Carlos Alvarado Quezada</td>
<td>N/A</td>
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<td>27</td>
<td>Côte d’Ivoire71</td>
<td>The scientific committee “Le comité scientifique”</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>
<td>N/A</td>
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<td>28</td>
<td>Cuba72,73</td>
<td>The working group for the prevention and control of COVID-19 “El grupo de trabajo para la prevención y el control de la 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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<td>#</td>
<td>Country (Reference)</td>
<td>Name of the task force convened</td>
<td>Type of task force</td>
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<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>
<td>Yes</td>
<td>No, Nicos Anastasiades</td>
<td>N/A</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</td>
<td>Decision-making</td>
<td>3W; 16M (19 total) 15.8%W</td>
<td>No, Sylvestre Ilunga Ilunkamba</td>
<td>Yes</td>
<td>No, Sylvestre Ilunga Ilunkamba</td>
<td>Photo reference(s) were used to determine gender composition.</td>
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<td>&quot;Comité multisectoriel de crise&quot;</td>
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<td>Management Committee of the National Solidarity Fund against Coronavirus</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>N/A</td>
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<td>&quot;Comité de gestion du Fonds national de solidarité contre le Coronavirus (FNSCC)&quot;</td>
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<td>32</td>
<td>Djibouti</td>
<td>Steering committee</td>
<td>Decision-making</td>
<td>1W; 9M (10 total) 10%W</td>
<td>No, Abdoulkader Kamil Mohamed</td>
<td>Yes</td>
<td>No, Abdoulkader Kamil Mohamed</td>
<td>N/A</td>
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<td>&quot;Comité de pilotage&quot;</td>
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<td>33</td>
<td>Dominican Republic</td>
<td>Emergency and Health Management Committee to Combat COVID-19</td>
<td>Decision-making and expert</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>&quot;Comité de Emergencia y Gestión Sanitaria para el Combate del COVID-19&quot;</td>
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<td>34</td>
<td>Ecuador</td>
<td>COVID-19 Technical Team</td>
<td>Expert</td>
<td>8W; 23M (31 total) 25.8%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Lenin Moreno</td>
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<td>National Epidemiological Coordination</td>
<td>Expert</td>
<td>3W; 2M (5 total) 60%W</td>
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<td>&quot;Coordinación Nacional de Vigilancia Epidemiológica&quot;</td>
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<td>Estonia</td>
<td>Government Commission</td>
<td>Decision-making</td>
<td>1W; 9M (10 total) 10%W</td>
<td>No, Jüri Ratas</td>
<td>Yes</td>
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<td>&quot;Valitsuskomisjon&quot;</td>
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<td>Scientific Advisory Board</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>36</td>
<td>Eswatini</td>
<td>National Emergency Management Committee</td>
<td>Decision-making</td>
<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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<tr>
<td></td>
<td></td>
<td>National Emergency Task Force</td>
<td>Other</td>
<td>7W; 21M (28 total) 25%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>N/A</td>
<td></td>
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<tr>
<td>37</td>
<td>Ethiopia</td>
<td>COVID19 National Ministerial 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>
</tr>
<tr>
<td></td>
<td></td>
<td>National COVID-19 advisory committee</td>
<td>Expert</td>
<td>6W; 17M (23 total) 26.1% M</td>
<td>Unknown</td>
<td>Yes</td>
<td>N/A</td>
<td></td>
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<tr>
<td>38</td>
<td>Finland</td>
<td>Working group on essential work-related travel and other traffic</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>
</tr>
<tr>
<td></td>
<td></td>
<td>Working group to examine realisation of children’s rights in aftermath of coronavirus</td>
<td>Other</td>
<td>4W; 2M (6 total) 66.6% W</td>
<td>No, Esa Ivonen</td>
<td>Yes</td>
<td>N/A</td>
<td></td>
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<tr>
<td>39</td>
<td>France</td>
<td>The Covid-19 Scientific Council “Le Conseil Scientifique Covid-19”</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>
</tr>
<tr>
<td></td>
<td></td>
<td>Research and expertise analysis committee “Comité analyse recherche et expertise”</td>
<td>Expert</td>
<td>5W; 7M (12 total) 41.7% W</td>
<td>Yes, Françoise Barré-Sinoussi</td>
<td>Yes</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Gabon</td>
<td>Scientific committee on the Coronavirus epidemic “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 Marielle 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 (IMCC) 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 and expert</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>
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<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>
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<td>#</td>
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<tr>
<td>44</td>
<td>Guinea</td>
<td>Scientific Council for Response to the Coronavirus Disease Pandemic “Conseil scientifique de riposte contre la pandémie de la maladie à coronavirus (COVID-19)”</td>
<td>Expert</td>
<td>3W; 14M (17 total) 17.6% W</td>
<td>Yes, Pr Yolande Izazy</td>
<td>Yes</td>
<td>No, Ibrahima Kassory Fofana</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interministerial Committee for the Fight against the Coronavirus-19 epidemic “Comité Interministériel de Lutte contre L’épidémie de Coronavirus-19”</td>
<td>Decision-making</td>
<td>3W; 19M (22 total) 13.6% W</td>
<td>No, Ibrahima Kassory Fofana</td>
<td>No</td>
<td>N/A</td>
<td></td>
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<tr>
<td>45</td>
<td>Haiti</td>
<td>Scientific unit to fight against the coronavirus “Cellule scientifique pour lutter contre le coronavirus”</td>
<td>Expert</td>
<td>2W; 12M (14 total) 14.3% W</td>
<td>No, Patrick Dely</td>
<td>Yes</td>
<td>No, Joseph Jouthe</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication unit on the pandemic “Cellule de communication sur la pandémie”</td>
<td>Other</td>
<td>1W; 10M (11 total) 9.1% W</td>
<td>No, Eddy Jackson Alexis</td>
<td>Yes</td>
<td>N/A</td>
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<tr>
<td>46</td>
<td>Hungary</td>
<td>Operational Staff (Coronaviral Defence Operational Staff) “Koronavírus-fertőzés Ellenőrzésért Felelős Operatív Torzs”</td>
<td>Decision-making</td>
<td>1W; 14M (15 total) 6.7% W</td>
<td>No, Sándor Pintér and Miklós Kásler</td>
<td>No</td>
<td>No, Viktor Orbán</td>
<td>N/A</td>
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<tr>
<td>47</td>
<td>India</td>
<td>COVID-19 Task Force</td>
<td>Decision-making and expert</td>
<td>2W; 14M (16 total) 12.5% W</td>
<td>No, Narendra Modi</td>
<td>Yes</td>
<td>No, Narendra Modi</td>
<td>N/A</td>
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<tr>
<td>48</td>
<td>Iraq</td>
<td>High Committee for the National Health and Safety to combat Coronavirus “ديوان الوزراء الصحي الوطني لمواجهة كوفيد-19”</td>
<td>Decision-making</td>
<td>0W; 24M (24 total) 0%W</td>
<td>No, Adel Abdul Mahdi</td>
<td>Yes</td>
<td>No, Mustafa Al-Kadhimi</td>
<td>N/A</td>
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<tr>
<td>49</td>
<td>Ireland</td>
<td>National Public Health Emergency Team (NPHET) Expert advisory group on COVID-19</td>
<td>Decision-making</td>
<td>13W; 19M (32 total) 40.6% W</td>
<td>No, Tony Holohan</td>
<td>Yes</td>
<td>No, Micheál Martin</td>
<td>N/A</td>
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<td></td>
<td></td>
<td>Expert</td>
<td>Expert</td>
<td>8W; 10M (18 total) 44.4% W</td>
<td>No, Cillian de Gascun</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>50</td>
<td>Italy</td>
<td>Operational Committee on Coronavirus for Civil Protection “Comitato tecnico Scientifico per l’emergenza Coronavirus”</td>
<td>Decision-making</td>
<td>2W; 5M (7 total 28.6% W</td>
<td>No, Giuseppe Conte</td>
<td>Yes</td>
<td>No, Giuseppe Conte</td>
<td>N/A</td>
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<tr>
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<td></td>
<td>Scientific Technical Committee “Comitato Tecnico Scientifico”</td>
<td>Expert</td>
<td>0W; 7M (7 total 0%W</td>
<td>No, Agostino Miozzo</td>
<td>Yes</td>
<td>N/A</td>
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<tr>
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<td></td>
<td>Task force tech anti-Covid-19</td>
<td>Other</td>
<td>18W; 56M (74 total 24.3% W</td>
<td>Yes, Fidelia Cascini (co-chair)</td>
<td>Yes</td>
<td>N/A</td>
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<tr>
<td>51</td>
<td>Jamaica</td>
<td>COVID-19 Economic Recovery Task Force</td>
<td>Decision-making</td>
<td>4W; 18M (22 total 18.18% W</td>
<td>No, Nigel Clarke</td>
<td>Yes</td>
<td>No, Andrew Holness</td>
<td>N/A</td>
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<th>Public</th>
<th>Women head of gov</th>
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<tr>
<td>52</td>
<td>Japan19 120</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>
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<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>
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<tr>
<td>53</td>
<td>Kenya121 122</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>
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<tr>
<td>54</td>
<td>Lao People’s Democratic Republic123</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>Libya124</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, Fayed al-Sarraj</td>
<td>N/A</td>
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<td></td>
<td></td>
<td>Medical Advisory Committee</td>
<td>Expert</td>
<td>2W; 9M (11 total) 18.18% W</td>
<td>Yes, Fathia Al-Urabi and Ahmed Al-Hassi</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>56</td>
<td>Lithuania125 126</td>
<td>Committee responsible for COVID-19 management (Official name unclear)</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>
</tr>
<tr>
<td>57</td>
<td>Luxembourg127</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>
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<tr>
<td>58</td>
<td>Malawi128</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>Mali129 130</td>
<td>Crisis Committee “Le Comité de crise”</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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<td>Scientific and Technical Committee of the National Public Health Institute “Comité Scientifique et Technique de l’Institut National de Santé Publique –INSF”</td>
<td>Expert</td>
<td>1W; 9M (10 total) 10% W</td>
<td>No, Ousmane Koita</td>
<td>No</td>
<td>N/A</td>
<td></td>
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<tr>
<td>60</td>
<td>Myanmar131 132</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>
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<td>Women head of gov</td>
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<td>61</td>
<td>Netherlands</td>
<td>Outbreak Management Team (No Dutch name)</td>
<td>Expert</td>
<td>6W; 3M (9 total) 67%</td>
<td>No, Jaap van Dissel</td>
<td>Yes</td>
<td>No, 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) 36.4%</td>
<td>Unknown</td>
<td>Yes</td>
<td>Yes, 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 “Le Comité Consultatif”</td>
<td>Expert</td>
<td>1W; 12M (13 total) 7.7%</td>
<td>No, Alkache Alhada</td>
<td>No</td>
<td>No, Brigi Rafini</td>
<td>N/A</td>
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<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) 8.3%</td>
<td>No, Garbu Shehu</td>
<td>Yes</td>
<td>No, Muhammadu Buhari</td>
<td>N/A</td>
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<tr>
<td>65</td>
<td>Oman</td>
<td>High level Ministerial Committee on Corona Development “Centro de Operaciones de Emergencia del Ministerio de Salud Pública y Bienestar Social para dar respuesta nacional de la eventual Pandemia por Coronavirus”</td>
<td>Decision-making</td>
<td>1W; 9M (10 total) 10%</td>
<td>No, Hammoud bin Faisal Al Busaidi</td>
<td>No</td>
<td>No, Haitham bin Tariq</td>
<td>N/A</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 “Centro de Operaciones de Emergencia del Ministerio de Salud Pública y Bienestar Social para dar respuesta nacional de la eventual Pandemia por Coronavirus”</td>
<td>Decision-making and expert</td>
<td>2W; 6M (8 total) 25%</td>
<td>Unknown</td>
<td>Yes</td>
<td>No, Mario Abdo Benitez</td>
<td>N/A</td>
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<td>67</td>
<td>Philippines</td>
<td>Inter-Agency task force</td>
<td>Decision-making</td>
<td>0W; 4M (4 total) 0%</td>
<td>No, Francisco T. Duque, Karlo Nograles, and Roy Cimatu</td>
<td>No</td>
<td>No, Rodrigo Duterte</td>
<td>N/A</td>
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<td>National task force Covid-19 “National Disaster Risk Reduction and Management Council - NDRRMC)”</td>
<td>Decision-making</td>
<td>0W; 4M (4 total) 0%</td>
<td>No, Delfin Negrillo Lorenzana</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
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<td>68</td>
<td>Portugal [140][141]</td>
<td>Task Force for operationalisation and implementation of measures for prevention and control of infection with new Coronavirus – COVID-19</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>
<td>N/A</td>
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<td></td>
<td>National Council for Public Health</td>
<td>Decision-making and expert</td>
<td>6W: 15M (21 total) 28.6% W</td>
<td>Unknown</td>
<td>Yes</td>
<td></td>
<td>N/A</td>
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<td>69</td>
<td>Qatar [142]</td>
<td>Supreme Committee on Disaster Management</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>
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<td>70</td>
<td>Saudi Arabia[143]</td>
<td>Designated Committee to Monitor Corona Pandemic</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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<td>71</td>
<td>Serbia [144]</td>
<td>Crisis Team for the Control of Infectious Diseases 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 [146][147]</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 [149][150]</td>
<td>Scientific Technical Committee 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 [151][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>
</tbody>
</table>

Table 1 Continued
<table>
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<th>#</th>
<th>Country (Reference)</th>
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<th>Type of task force</th>
<th>Gender</th>
<th>Women head of force</th>
<th>Public</th>
<th>Women head of gov</th>
<th>Note</th>
</tr>
</thead>
</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 Löfven | N/A  |
| 78  | Switzerland
154-156 | Swiss National COVID-19 Science Task Force                                                    | Expert             | 2W; 5M (7 total) 28.6%W | No, Matthias Egger | Yes    | Yes, Simonetta Sommaruga | N/A  |
|     |                      | Corona Crisis Team of the Federal Council
“Krisenstab des Bundesrats Corona”                                                                | Decision-making    | 2W; 12M (14 total) 14.3%W | Yes, Simonetta Sommaruga | Yes    | N/A               |      |
| 79  | Thailand
157          | National committee for controlling the spread of COVID-19
“คณะกรรมการแห่งชาติเพื่อควบคุมการแพร่กระจายของ 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
“Cellule 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 Séloim Klassou | N/A  |
| 81  | Trinidad & Tobago
160          | 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
161           | 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 | 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                                        | Expert             | 2W; 14M (16 total) 12.5%W | No, Peter Horby | Yes    | No, Boris Johnson | N/A  |
|     |                      | Advisory Committee on Dangerous Pathogens                                                        | Expert             | 3W; 13M (16 total) 18.8%W | No, Thomas Evans | Yes    | N/A               |      |
|     |                      | Joint Committee on Vaccination and Immunisation                                                  | 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

While current evidence suggests direct COVID-19 severity and mortality is higher for men, women are disproportionally affected, especially as essential workers. The discrimination of gender-based quarantines is one example, which may result in severe consequences for women. The USA, for example, has a White House Coronavirus Task Force consisting of 9.1% women, whereas the chief public health agency’s COVID-19 Response Team contains 82.4% women. Evidently, COVID-19 governance follows the usual modus operandi, despite numerous global and national commitments to gender-responsive health governance.

This analysis was based on a large-scale effort collecting data on COVID-19 global and national decision-making and expert bodies for 193 UN Member States through a crowdsourcing effort, targeted grey literature searches, and outreach to national governments or World Health Organization (WHO) country offices. Data collection was completed June 2020. Gender was determined based on prefixes, pronouns and online bibliographies (table 3).

Most information pertaining to task force construction, leadership and membership criteria was not easily accessible nor publicly available, impeding research and, ultimately, the ability to hold countries accountable to previously made commitments.

### Table 1

<table>
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<th>Country (Reference)</th>
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</thead>
<tbody>
<tr>
<td>85</td>
<td>United States 166–168</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></td>
<td></td>
<td>Centre for Disease Control and Prevention (CDC) COVID-19 Response Team</td>
<td>Expert</td>
<td>14W; 3M (17 total) 82.4%W</td>
<td>Unknown</td>
<td>Yes</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>86</td>
<td>Uruguay 169</td>
<td>Committee of Scientific Experts in Crisis Management “Comité de Expertos Científicos en Gestión de la Crisis”</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 170</td>
<td>National Steering Committee for COVID-19 Prevention and Control “Ban chỉ đạo quốc gia về phòng chống và kiểm soát COVID-19”</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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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 particularly 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. 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 a result of intentional 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.

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 positions of leadership suffered six times fewer deaths from COVID-19 as countries with governments led by men. Recognising the effectiveness of countries led by women may help in understanding the underlying prerequisites of effective leadership. Societies who elect female leaders may share a different set of values and perspectives, including gender equality, than more traditional societies. Countries where women lead seem to have political institutions and cultures that have prepared for inclusive governance being practised prior to COVID-19, influencing their COVID-19 response.

Gender quotas can establish a standard to redress inequalities in the public realm and enable more effective decision-making through gender parity. Increasing women’s representation is a key step towards addressing inequalities- but it cannot stop there. More women in leadership positions does not necessarily lead to changes 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. 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

<table>
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<tr>
<th>#</th>
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<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>
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)\(^1\) and leverage female experts (like WGH Operation 50/50).\(^2\) 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.\(^17\)\(^21\)

**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.\(^22\) 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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5 Leipzig University, Leipzig, Germany
6 Education and Agriculture Together (EAT) Foundation, Oslo, Norway
7 Fundacion Octaedro, Quito, Ecuador
8 McGill University, Montreal, Quebec, Canada
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REFERENCES

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

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176 African Union, Africa Centres for Disease Control and Prevention (CDC). Africa joint continental strategy for COVID-19 outbreak,