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

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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.

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.

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...
| #  | Country (Reference) | Name of the task force convened | Type of task force | Gender | Women head of force | Public | Women head of gov | Note |
|----|---------------------|----------------------------------|-------------------|--------|---------------------|-------|-----------------|------|
| 1  | Albania23            | Technical Committee of Experts(for Covid-19) "Komiteti i Ekspertëve" | Expert            | 8W; 3M (11 total) 72.7%W | Unknown | Yes | No, Edi Rama | N/A  |
| 2  | Algeria24           | National Committee for Monitoring and Follow-up of the Corona Virus (Covid-19) | Expert            | 0W; 11M (11 total) 0%W | No, | No, Abdelaziz Djerad | N/A  |
| 3  | Argentina25 26      | Committee of medical and scientific experts "Comité de expertos médicos y científicos" | Expert            | 4W; 6M (10 total) 40%W | Unknown | Yes | No, Alberto Fernández | N/A  |
| 4  | Armenia27 28        | Interdepartmental Commission for Coordinating the Prevention of the Spread of the new Coronavirus "միջգերատեսչական հանձնաժողով" | Decision-making  | 4W; 10M (14 total) 28.6%W | No, Arsen Torosyan | Yes | No, Nikol Pashinyan | N/A  |
|    |                     | IT working group modelling spread of coronavirus in Armenia (No formal name) | Expert            | 0W; 12M (12 total) 0%W | Unknown | Yes | Photo reference(s) were used to determine gender composition. | N/A  |
| 5  | Australia28-32      | Australian National COVID-19 Coordination Commission | Decision-making  | 2W; 6M (8 total) 25%W | No, Neville Power | Yes | No, Scott Morrison | N/A  |
|    |                     | Australian Health Protection Principal Committee | Decision-making  | 3W; 6M (9 total) 33.3%W | No, Brendan Murphy | Yes | N/A | N/A  |
| 6  | Austria33           | Coronavirus Taskforce "Hausinternen Stabs der Coronavirus-Taskforce" | Decision-making  | 6W; 4M (10 total) 60%W | Unknown | Yes | No, Sebastian Kurz | N/A  |
|    |                     | Advisory Team to the Coronavirus Taskforce "Beraterstabs der Coronavirus-Taskforce" | Expert            | 5W; 13M (18 total) 27.8%W | Unknown | Yes | N/A | N/A  |
| 7  | Bahamas34 35        | National Coordination Committee on COVID-19 | Decision-making  | 6W; 11M (17 total) 35.3% | Yes (co-chair), Pearl McMillan and Matt Aubry | Yes | No, Hubert Minnis | N/A  |
| 8  | Bahrain36           | National Taskforce for Combating Coronavirus (COVID-19) ازوروك سوريفیل یومنیلیلییا فیکیویلا | Decision-making and expert | 2W; 3M (5 total) 40% | Unknown | Yes | No, Khalifa bin Salman Al Khalifa | N/A  |
| 9  | Bangladesh37        | National Committee for Prevention and Control of Covid-19 "জাতীয় কমিটি কোভিড-১৯ এর প্রতিরোধ ও নিয়ন্ত্রণের জন্য" | Decision-making  | 4W; 28M (32 total) 12.5%W | No, Zahid Maleque | Yes | Yes, Sheikh Hasina | N/A  |
| 10 | Belgium38 39       | Scientific Committee for Coronavirus "Wetenschappelijk comité Coronavirus" "Comité scientifique Coronavirus" | Expert            | 3W; 2M (5 total) 60%W | No, Steven van Gucht | Yes | Yes, Sophie Wilmes | N/A  |
| #  | Country (Reference) | Name of the task force convened | Type of task force | Gender | Women head of force | Public | Women head of gov | Note                      |
|----|---------------------|---------------------------------|-------------------|--------|---------------------|--------|------------------|--------------------------|
| 11 | Benin               | Interdepartmental Committee     | Decision-making   | 0W; 4M (4 total) 0%W | No, unknown | Yes | No, Patrice Talon | N/A                      |
| 12 | Bhutan             | Health Emergency Management Committee | Decision-making | 2W; 11M (13 total 15.4% W | Yes, Lyonpo Dechen Wangmo | Yes | No, Lotay Tshering | N/A                      |
|    |                     | Technical Advisory Group       | Expert            | 2W; 11M (13 total 15.4% W | No, Sithar Dorjee | Yes | N/A              |                          |
| 13 | Bolivia            | Scientific Advisory Council     | Expert            | 2W; 6M (8 total 25%W | No, Carlos Javier Cuellar | Yes | Yes, Jeanine Añez | N/A                      |
| 14 | Botswana           | COVID-19 Task Force Team        | Expert            | 0W; 4M (4 total) 0%W | No, unknown | Yes | No, Mokgweetsi Masisi | N/A                      |
| 15 | Brazil             | Interministerial Executive Group on Public Health Emergency of National and International Importance | Decision-making | 1W; 8M (9 total 11.1% W | Unknown | Yes | No, Jair Bolsonaro | N/A                      |
|    |                     | Crisis Committee for Supervision and Monitoring of Covid-19 Impacts | Unclear           | 1W; 21M (22 total 4.5%W | Unknown | Yes | N/A              |                          |
| 16 | Bulgaria           | Medical Council                 | Expert            | 5W; 11M (16 total 31.3%W | Unknown | Yes | No, Boyko Borisov | Committee was dispersed (functioned until 4 April) |
| 17 | Burkina Faso       | Name unknown                    | Decision-making & Expert | 5W; 14M (19 total 26.3%W | Unknown | No | No, Christophe Joseph Marie Dabiře | N/A                      |
| 18 | Cape Verde         | Council of Ministers            | Decision-making   | 3W; 12M (15 total 20%W | Unknown | Yes | No, Ulises Correia e Silva | N/A                      |
| 19 | Canada             | Cabinet Committee on the federal response to the coronavirus disease (COVID-19) | Decision-making | 4W; 4M (8 total 50%W | Yes, Chrystia Freeland | Yes | No, Justin Trudeau | N/A                      |
|    |                     | Special Advisory Committee on COVID-19 | Expert            | 12W; 11M (23 total 52.2%W | Yes, Theresa Tam and Sadiq Shahab | Yes | N/A              |                          |
| #  | Country (Reference) | Name of the task force convened | Type of task force | Gender | Women head of force | Public | Women head of gov | Note |
|----|---------------------|---------------------------------|-------------------|--------|--------------------|-------|------------------|------|
| 20 | Chad                | Scientific Committee for Covid-19 | Expert            | 4W; 33M (37 total) | Unknown | No               | No, Idriss Déby | N/A  |
| 21 | Chile               | Scientific Advisory Council for Covid-19  | Expert            | 4W; 6M (10 total) | Unknown | Yes              | No, Sebastián Piñera | N/A  |
| 22 | China               | Central Leading Group on Responding to the Novel Coronavirus Disease Outbreak | Decision-making | 1W; 8M (9 total) | No, Li Keqiang | Yes              | No, Li Keqiang | N/A  |
| 23 | Colombia            | Contingency plan to respond to the emergency by COVID-19  | Decision-making  | 5W; 9M (14 total) | Unknown | Yes              | No, Iván Duque | N/A  |
| 24 | Comoros             | Comité National de Coordination – Cadre de Gestion et de Coordination de la Crise du Covid-19 | Decision-making & expert | 2W; 33M (35 total) | Unknown | No               | No, Azali Assoumani | N/A  |
| 25 | Congo               | National coordination for the management of the coronavirus pandemic | Decision-making | 3W; 12M (15 total) | Yes, Jacqueline Lydia Mikolo | No, Clément Mouamba | N/A  |
| 26 | Costa Rica          | The National Commission for Risk Prevention and Emergency Attention | Decision-making | 3W; 17M (20 total) | No, Alexander Solis Delgado | Yes, Carlos Alvarado Quesada | N/A  |
| 27 | Côte d’Ivoire       | The scientific committee | Expert            | 1W; 5M (6 total) | Unknown | No               | No, Amadou Gon Coulibaly | N/A  |
| 28 | Cuba                | The working group for the prevention and control of COVID-19 | Decision-making | 5W; 10M (15 total) | No, Miguel Diaz-Canel Bermúdez, Manuel Marrero Cruz and Salvador Valdés Mesa | Yes | No, Manuel Marrero Cruz | Photo reference(s) were used to determine gender composition. This may not be complete. |
| #  | Country (Reference) | Name of the task force convened | Type of task force | Gender | Women head of force | Public | Women head of gov | Note |
|----|---------------------|---------------------------------|-------------------|--------|---------------------|-------|------------------|------|
| 29 | Cyprus\(^{74-76}\) | Council of Ministers | Decision-making | 1W; 11M (12 total) 8.3%W No, Nicos Anastasiades Yes No, Nicos Anastasiades | N/A |
| 30 | Democratic People’s Republic of Korea\(^{77-78}\) (enlarged) Political Bureau | | Decision-making | 1W; 47M (48 total) 2.1%W No, Kim Jong-un Yes No, Kim Jong-un | Photo reference(s) were used to determine gender composition. |
| 31 | Democratic Republic of the Congo\(^{79-81}\) | Multisectoral crisis committee “Comité multisectoriel de crise” | Decision-making | 3W; 16M (19 total) 15.8%W No, Sylvestre Ilunga Ilunkamba Yes No, Sylvestre Ilunga Ilunkamba | Photo reference(s) were used to determine gender composition. N/A |
| 32 | Djibouti\(^{82-83}\) | Steering committee “Comité de pilotage” | Decision-making | 1W; 9M (10 total) 10%W No, Abdoulkader Kamil Mohamed Yes No, Abdoulkader Kamil Mohamed | N/A |
| 33 | Dominican Republic\(^{84}\) | Emergency and Health Management Committee to Combat COVID-19 “Comité de Emergencia y Gestión Sanitaria para el Combate del COVID-19” | Decision-making and expert | 1W; 6M (7 total) 14.3%W No, Amado Alejandro Baez Yes No, Danilo Medina | N/A |
| 34 | Ecuador\(^{85-86}\) | COVID-19 Technical Team “Mesa Técnica COVID-19” National Epidemiological Coordination “Coordinación Nacional de Vigilancia Epidemiológica” | Expert | 8W; 23M (31 total) 25.8%W Unknown Yes No, Lenin Moreno N/A | 3W; 2M (5 total) 60%W Unknown Yes N/A |
| 35 | Estonia\(^{87}\) | Government Commission “Valitsuskomisjon” Scientific Advisory Board “Teadusnõukoda” | Decision-making | 1W; 9M (10 total) 10%W No, Jüri Ratas Yes No, Jüri Ratas N/A | Expert | 3W; 2M (5 total) 60%W Yes, Irja Lutsar Yes N/A |
Table 1  Continued

| #  | Country (Reference) | Name of the task force convened | Type of task force | Gender | Women head of force | Public | Women head of gov | Note |
|----|---------------------|---------------------------------|-------------------|--------|---------------------|-------|------------------|------|
| 36 | Eswatini            | National Emergency Management Committee | Decision-making | 3W; 8M (11 total) 27.27% W | No, Themba N. Masuku | Yes | No, Ambrose Mandvulo Dlamini | N/A |
|    |                     | National Emergency Task Force | Other | 7W; 21M (28 total) 25% W | Unknown | Yes | N/A |
| 37 | Ethiopia            | COVID19 National Ministerial Committee | Decision-making | 2W; 2M (four total) 50% W | Unknown | Yes | No, Abiy Ahmed | N/A |
|    |                     | National COVID-19 advisory committee | Expert | 6W; 17M (23 total) 26.1% M | Unknown | Yes | N/A |
| 38 | Finland             | Working group on essential work-related travel and other traffic | Other | 11W; 7M (18 total) 61.1% W | Yes, Sonja Hämäläinen | Yes | Yes, Sanna Marin | N/A |
|    |                     | Working group to examine realisation of children’s rights in aftermath of coronavirus | Other | 4W; 2M (6 total) 66.6% W | No, Esa Ilvonen | Yes | N/A |
| 39 | France              | The Covid-19 Scientific Council “Le Conseil Scientifique Covid-19” | Expert | 2W; 9M (11 total) 18.2% W | No, Jean-François Delfraissy | Yes | No, Édouard Philippe | N/A |
|    |                     | Research and expertise analysis committee “Comité analyse recherche et expertise” | Expert | 5W; 7M (12 total) 41.7% W | Yes, Françoise Barré-Sinoussi | Yes | N/A |
| 40 | Gabon               | Scientific committee on the Coronavirus epidemic “Comité scientifique sur l’épidémie à Coronavirus (CS Covid-19)” | Expert | 1W; 7M (8 total) 12.5% W | Yes, Pr Marielle Bouyou Akothe | Yes | No, Julien Nkoghe Bekale | N/A |
| 41 | Ghana               | Inter-Ministerial Coordinating Committee (IMCC) on Decentralisation (IMCCoD) | Decision-making | 3W; 7M (10 total) 30% W | Unknown | Yes | No, Nana Akufo-Addo | N/A |
| 42 | Greece              | Commission for the Management of Emergency Events due to Infectious Diseases | Decision-making and expert | 8W; 18M (26 total) 30.8% W | Unknown | Yes | No, Kyriakos Mitsotakis | N/A |
| 43 | Grenada             | Name unknown | Decision-making and expert | 0W; 5M (five total) 0% W | No, unknown | Yes | No, Keith Mitchell | N/A |
| #  | Country (Reference) | Name of the task force convened | Type of task force | Gender | Women head of force | Public | Women head of gov | Note |
|----|---------------------|---------------------------------|--------------------|--------|---------------------|-------|------------------|------|
| 44 | Guinea<sup>104–106</sup> | Scientific Council for Response to the Coronavirus Disease Pandemic  
"Conseil scientifique de riposte contre la pandémie de la maladie à coronavirus (COVID-19)"  
Interministerial Committee for the Fight against the Coronavirus-19 epidemic  
"Comité Interministériel de Lutte contre L'épidémie de Coronavirus-19" | Expert | 3W; 14M (17 total) 17.6% W | Yes, Pr Yolande Izazy | Yes | No, Ibrahima Kassory Fofana | N/A |
| 45 | Haiti<sup>107</sup> | Scientific unit to fight against the coronavirus  
"Cellule scientifique pour lutter contre le coronavirus"  
Communication unit on the pandemic  
"Cellule de communication sur la pandémie" | Expert | 2W; 12M (14 total) 14.3% W | No, Patrick Dely | Yes | No, Joseph Jouthe | N/A |
| 46 | Hungary<sup>86–87</sup> | Operational Staff (Coronaviral Defence Operational Staff)  
"Koronavírus-fertőzés Ellenőrzésért Felelős Operatív Törzs" | Decision-making | 1W; 14M (15 total) 6.7% W | No, Sándor Pintér and Miklós Kásler | Yes | No, Viktor Orbán | N/A |
| 47 | India<sup>108</sup> | 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 | Iraq<sup>109</sup> | High Committee for the National Health and Safety to combat Coronavirus  
"المجلس العالي للصحة والسكينة في معركة فيروس كورونا" | Decision-making | 0W; 24M (24 total) 0% W | No, Adel Abdul Mahdi | Yes | No, Mustafa Al-Kadhimi | N/A |
| 49 | Ireland<sup>111–113</sup> | 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 |
| 50 | Italy<sup>114–117</sup> | Operational Committee on Coronavirus for Civil Protection  
"Comitato tecnico Scientifico per l’emergenza Coronavirus"  
Scientific Technical Committee  
"Comitato Tecnico Scientifico"  
Task force tech anti-Covid-19 | Decision-making | 2W; 5M (7 total) 28.6% W | No, Giuseppe Conte | Yes | No, Giuseppe Conte | N/A |
| 51 | Jamaica<sup>118</sup> | COVID-19 Economic Recovery Task Force | Decision-making | 4W; 18M (22 total) 18.18% W | No, Nigel Clarke | Yes | No, Andrew Holness | N/A |

Table 1

Continued
| #  | Country (Reference) | Name of the task force convened | Type of task force | Gender | Women head of force | Public | Women head of gov | Note |
|----|---------------------|----------------------------------|-------------------|--------|---------------------|-------|------------------|------|
| 52 | Japan 
53 Japan 19 20 | Novel Coronavirus Infectious Disease Control Expert Committee | Expert | 2W; 10M (12 total) 16.7% W | Unknown | Yes | No, Shinzo Abe | N/A |
|    |                     | Special mission task force on remote medicine | Other | 4W; 4M (8 total) 50% W | Unknown | Yes | N/A |
| 53 | Kenya 21 22         | National Emergency Response Committee | Decision-making | 4W; 17M (21 total) 19% W | No, Mutahi Kagwe | Yes | No, Uhuru Kenyatta | N/A |
| 54 | Lao People’s Democratic Republic 23 | National Taskforce Committee for Covid-19 Prevention and Control | Decision-making | 0W; 11M (11 total) 0% W | No, Somdy Douangdy | Yes | No, Thongloun Sisoulith | N/A |
| 55 | Libya 24           | Supreme Committee for Combating COVID-19 | Decision-making | 1W; 3M (4 total) 25% W | No, Abdel Razek al-Nadhuri | Yes | No, Fayez al-Sarraj | N/A |
|    |                     | Medical Advisory Committee | Expert | 2W; 9M (11 total) 18.18% W | Yes, Fathia Al-Uraibi and Ahmed Al-Hassi | Yes | N/A |
| 56 | Lithuania 25 26     | Committee responsible for COVID-19 management (Official name unclear) | Decision-making | 0W; 11M (11 total) 0% W | No, Saulius Skvernelis | Yes | No, Saulius Skvernelis | N/A |
| 57 | Luxembourg 27       | Advisory Council to accompany the measures decided as part of the fight against COVID-19 | Expert | 3W; 5M (8 total) 37.5% W | Unknown | Yes | No, Xavier Bettel | N/A |
| 58 | Malawi 28          | Special Cabinet Committee on Coronavirus | Decision-making | 1W; 10M (11 total) 9.1% W | No, Jappie Mtuwa Mhango | Yes | No, Lazarus McCarthy Chakwera | N/A |
| 59 | Mali 29 30          | Crisis Committee “Le Comité de crise” | Decision-making | 0W; 12M (12 total) 0% W | No, Akory Agiknane | No | No, Boubou Cissé | N/A |
|    |                     | Scientific and Technical Committee of the National Public Health Institute “Comité Scientifique et Technique de l’Institut National de Santé Publique –INSP” | Expert | 1W; 9M (10 total) 10% W | No, Ousmane Koita | No | N/A |
| 60 | Myanmar 31 32       | Coronavirus Disease 2019 (COVID-19) Control and Emergency Response Committee | Decision-making | 0W; 10M (10 total) 0% W | No, U Myint Swe | Yes | Yes, Aung San Suu Kyi | N/A |
Table 1

| #  | Country (Reference) | Name of the task force convened | Type of task force | Gender | Women head of force | Public | Women head of gov | Note |
|----|---------------------|---------------------------------|-------------------|--------|---------------------|--------|------------------|------|
| 61 | Netherlands         | Outbreak Management Team<br>(No Dutch name) | Expert            | 6W; 3M (9 total) 67% | No, Jaap van Dissel | Yes    | No, Mark Rutte   | The list here consists of the permanent members and excludes the invited members. |
| 62 | New Zealand         | Epidemic Response Select Committee | Expert            | 4W; 7M (11 total) 36.4% | Unknown | Yes    | Yes, Jacinda Ardern | The committee was disbanded on 26 May 2020. |
| 63 | Niger               | The Advisory Committee<br>“Le Comité Consultatif” | Expert            | 1W; 12M (13 total) 7.7% | No, Alkache Alhada | No     | No, Brigi Rafini | N/A |
| 64 | Nigeria             | Presidential Task Force for the Control of the Coronavirus | Decision-making | 1W; 11M (12 total) 8.3% | No, Garbu Shehu | Yes    | No, Muhammadu Buhari | N/A |
| 65 | Oman                | High level Ministerial Committee on Corona Development<br>نجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا لاج ةنجللا L
| #  | Country (Reference) | Name of the task force convened | Type of task force | Gender | Women head of force | Public | Women head of gov | Note |
|----|---------------------|---------------------------------|--------------------|--------|---------------------|-------|------------------|------|
| 68 | Portugal            | Task Force for operationalisation of measures for prevention and control of infection with new Coronavirus – COVID-19 | Decision-making and expert | 44W: 32M (76 total) 57.9% W | Yes, Graça Freitas | Yes | No, António Costa | N/A |
|    |                     | National Council for Public Health “Conselho Nacional de Saúde” |                    |        |                     |       |                  |      |
| 69 | Qatar               | Supreme Committee on Disaster Management | Decision-making | 1W: 15M (16 total) 6.25% W | No, Sheikh Khalid bin Khalfia bin Abdul Aziz Al Thani | Yes | No, Sheikh Khalid bin Khalfia bin Abdul Aziz Al Thani | N/A |
| 70 | Saudi Arabia        | Designated Committee to Monitor Corona Pandemic | Decision-making | 0W: 17M (17 total) 0.0%W | No, Unknown | Yes | No, Salman bin Abdulaziz Al Saud | N/A |
| 71 | Serbia              | Crisis Team for the Control of Infectious Diseases COVID-19 | Decision-making | 6W: 21M (27 total) 16.7% W | Yes, Ana Brnabić and Zlatibor Lončar (co-chairs with two others) | Yes | Yes, Ana Brnabić | This list excludes the additional engaged experts, only including the formal members. |
| 72 | Singapore           | Multi-Ministry Taskforce on Wuhan Coronavirus | Decision-making | 1W: 10M (11 total) 9.1%W | No, Gan Kim Yong and Lawrence Wong | Yes | No, Lee Hsien Loong | N/A |
| 73 | South Africa        | Ministerial Advisory Committees on COVID-19 | Expert | 30W: 24M (54 total) 55.6%W | No, Salim S. Abdool Karim | Yes | No, Cyril Ramaphosa | N/A |
| 74 | South Sudan         | High Level Task Force Committee to take Extra Precautionary Measures in Combating the Spread of Coronavirus Disease (COVID-19) | Decision-making | 3W: 13M (16 total) 18.8% W | No, Salva Kiir Mayardit | No | No, Salva Kiir Mayardit | N/A |
| 75 | Spain               | Scientific Technical Committee COVID-19 | Expert | 3W: 4M (7 total) 42.9% W | Unknown | Yes | No, Pedro Sánchez | N/A |
| 76 | Sri Lanka           | Presidential Task Force on economic revival and poverty eradication | Other | 1W: 30M (31 total) 3.2%W | No, Basil Rajapaksa | Yes | No, Gotabaya Rajapaksa | N/A |
| #  | Country (Reference) | Name of the task force convened | Type of task force | Gender | Women head of force | Public | Women head of gov | Note |
|----|---------------------|----------------------------------|--------------------|--------|---------------------|-------|-------------------|------|
| 77 | Sweden\(^1\)\(^5\)\(^3\) | 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\(^1\)\(^4\)\(^-\)\(^5\)\(^6\) | Swiss National COVID-19 Science Task Force | Expert             | 2W; 5M (7 total) 28.6%W | No, Matthias Egger | Yes   | Yes, Simonetta Sommaruga | N/A  |
| 79 | Thailand\(^1\)\(^7\) | National committee for controlling the spread of COVID-19 “คณะกรรมการควบคุมการแพร่ระบาดของ 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\(^1\)\(^8\)\(^-\)\(^9\) | 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 Sélom Klassou | N/A  |
| 81 | Trinidad & Tobago\(^1\)\(^0\) | 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\(^1\)\(^1\) | Coronavirus Scientific Committee “Korona virüs Bilim Kurulu” | Expert             | 14W; 22M (36 total) 39.9%W | Unknown | Yes   | No, Recep Tayyip Erdoğan | N/A  |
| 83 | Uganda\(^1\)\(^2\) | 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\(^1\)\(^3\)\(^-\)\(^5\) | 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               |      |

Continued
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 disproportionately burdened by compounded social and economic impacts. Decision-making bodies which are neither inclusive nor diverse can easily overlook the reality that COVID-19 acts as a multiplier of pre-existing gender-based inequities. Many governments established COVID-19 response measures which disregarded women’s higher levels of income loss, expanded and unpaid family care responsibilities, and gendered poverty rates. Ignorance of these implications exacerbates (life-time) poverty and hunger. Response measures often do not account for women’s increased exposure to domestic and sexual violence or their loss of access to essential health services. Furthermore, many lockdown policies do not consider maternal and reproductive health service continuity. The situation is even more dire for marginalised individuals, such as those identifying as non-binary, trans-gender or genderqueer, as they are forced to navigate the discriminatory impacts of gender-based quarantine guidelines, which authorize specific days when women or men are allowed in public. As seen in Panama, this often led to harassment, abuse, arrest and fines of transgender people who were wrongfully profiled.

| #   | Country (Reference) | Name of the task force convened | Type of task force | Gender | Women head of force | Public | Women head of gov | Note |
|-----|---------------------|---------------------------------|-------------------|--------|---------------------|--------|-------------------|------|
| 85  | United States       | White House Coronavirus Task Force | Decision-making | 2W: 20M (22 total) 9.11%W | No, Donald Trump | Yes | No, Donald Trump | N/A  |
|     |                     | Centres for Disease Control and Prevention (CDC) COVID-19 Response Team | Expert | 14W: 3M (17 total) 82.46%W | Unknown | Yes | N/A               |
| 86  | Uruguay             | Committee of Scientific Experts in Crisis Management | Expert | 1W: 6M (7 total) 14.31%W | No, Julio Rolon Vicioso | Yes | No, Luis Lacalle Pou | N/A  |
| 87  | Vietnam             | National Steering Committee for COVID-19 Prevention and Control | Decision-making | 1W: 13M (14 total) 7.11%W | No, Đỗ Xuân Tuyên | No | No, Nguyễn Xuân Phúc | N/A  |
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.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 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.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 positions of leadership suffered six times fewer deaths from COVID-19 as countries with governments led by men.14

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.15 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.16,17 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.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

| # | Name of the task force convened | Gender | Women head of force | Public | Women head of international body | Note |
|---|--------------------------------|--------|---------------------|--------|----------------------------------|------|
| 1 | World Health Organization (WHO) – China Joint Mission Team | 3W; 22 M (25 total) 12% W | No, Bruce Aylward | Yes | No, Tedros Adhanom Ghebreyesus | List includes members and advisors |
| 2 | WHO International Health Regulations (IHR) Emergency Committee for Pneumonia due to the Novel Coronavirus 2019-nCoV | 5W; 16 M (21 total) 23.8% W | No, Didier Houssin | Yes | No, Tedros Adhanom Ghebreyesus | List includes members and advisors |
| 3 | WHO International Health Regulations Second Emergency Committee | 5W; 16M (21 total) 23.8% W | No, Didier Houssin | Yes | No, Tedros Adhanom Ghebreyesus | List includes members and advisors |
| 4 | WHO International Health Regulations Third Emergency Committee for COVID-19 | 12W; 20 M (32 total) 37.5% W | No, Didier Houssin | Yes | No, Tedros Adhanom Ghebreyesus | List includes members and advisors |
| 5 | European Union (EU) COVID-19 Coordinating Response Team | 4W; 2M (6 total) 66.7% W | Yes, Ursula von der Leyden | Yes | Yes, Ursula von der Leyden | N/A |
| 6 | EU Commission’s advisory panel on COVID-19 | 2W; 6M (8 total) 25% W | Unknown | Yes | Yes, Ursula von der Leyden | N/A |
| 7 | Africa Taskforce on Coronavirus Preparedness and Response | 2W; 14M (16 total) 12.5% W | No, John Nkengasong | Yes | N/A | Joint effort of the African Union and Africa CDC |
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)\textsuperscript{19} and leverage female experts (like WGH Operation 50/50).\textsuperscript{20} 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.\textsuperscript{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.\textsuperscript{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.

| Category | # | UN member states |
|----------|---|------------------|
| Able to identify complete task force information of at least one task force formed in response to COVID-19. | 87 | Albania; Algeria; Argentina; Armenia; Australia; Austria; Bahamas; Bahrain; Bangladesh; Belgium; Benin; Bhutan; Bolivia; Botswana; Brazil; Bulgaria; Burkina Faso; Cape Verde; Canada; Chad; Chile; China; Colombia; Comoros; Congo; Costa Rica; Côte d’Ivoire; Cuba; Cyprus; Democratic People’s Republic of Korea; Democratic Republic of the Congo; Djibouti; Dominican Republic; Ecuador; Estonia; Espafafina; Ethiopia; Finland; France; Gabon; Ghana; Greece; Grenada; Guinea; Haiti; Hungary; India; Iraq; Ireland; Italy; Jamaica; Japan; Kenya; Lao People’s Democratic Republic; Lebanon; Libya; Lithuania; Luxembourg; Malawi; Mali; Myanmar; Democratic Republic of New Zealand; Niger; Nigeria; Oman; Paraguay; Philippines; Portugal; Qatar; Saudi Arabia; Serbia; Singapore; South Africa; South Sudan; Spain; Sri Lanka; Sweden; Switzerland; Thailand; Togo; Trinidad & Tobago; Turkey; Uganda; United Kingdom; United States; Uruguay; Vietnam |
| Able to identify the name of at least one task force formed in response to COVID-19, but not the task force composition. | 44 | Afghanistan; Angola; Antigua and Barbuda; Azerbaijan; Belize; Burundi; Cambodia; Central African Republic; Equitorial Guinea; Fiji; Gambia; Guinea-Bissau; Iceland; Indonesia; Jordan; Latvia; Lebanon; Liberia; Liechtenstein; Madagascar; Maldives; Malaysia; Mauritius; Micronesia; Mongolia; Morocco; Mozambique; Namibia; Nauru; Nepal; Pakistan; Republic of Korea; Republic of Moldova; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Samoa; Senegal; Sierra Leone; Suriname; Tonga; Tunisia; Zimbabwe |
| Able to identify the existence of at least one task force formed in response to COVID-19 but not the name or the task force composition. | 7 | Denmark; Kiribati; Kuwait; Mexico; Seychelles; Solomon Islands; Somalia |
| Not able to identify the existence of at least one task force formed in response to COVID-19. | 55 | Andorra; Barbados; Belarus; Bosnia and Herzegovina; Brunei Darussalam; Cameroon; Croatia; Czech Republic; Dominica; Egypt; El Salvador; Eritrea; Georgia; Germany; Guatemala; Guyana; Honduras; Iran; Israel; Kazakhstan; Kyrgyzstan; Lesotho; Malta; Marshall Islands; Mauritania; Monaco; Montenegro; Nicaragua; North Macedonia; Norway; Palau; Papua New Guinea; Panama; Peru; Poland; Romania; Russian Federation; San Marino; Sao Tome and Principe; Slovak; Slovenia; Sudan; Syria Arab Republic; Tajikistan; Timor-Leste; Turkmenistan; Tuvalu; Ukraine; United Arab Emirates; United Republic of Tanzania; Uzbekistan; Vanuatu; Venezuela; Yemen; Zambia |

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\textsuperscript{19} van Daalen KR, et al. BMJ Global Health 2020;5:e003549. doi:10.1136/bmjgh-2020-003549
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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