




# 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.

## 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

## 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.

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



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**Table 1** Identified national COVID-19 task forces

| #  | Country (Reference)        | Name of the task force convened   | Type of task force            | Gender  | Women head of force                           | Public         | Women head of gov                 | Note   |
|----|----------------------------|---|-------------------------------|---|---|----------------|-----------------------------------|--|
| 1  | Albania <sup>23</sup>      | Technical Committee of Experts(for Covid-19)<br>"Komiteti i Ekspertëve"   | Expert                        | 8W; 3M (11 total)<br>72.7%W                                   | Unknown                                       | Yes            | No, Edi Rama                      | N/A  |
| 2  | Algeria <sup>24</sup>      | National Committee for Monitoring and Follow-up of the Corona Virus (Covid-19)<br>لوروك سوريف وشفة دعباتسو دصوول فيلعللا فينطولا تنجللا   | Expert                        | 0W; 11M (11 total)<br>0%W                                     | No, Abderahmane Ben Bouzid                    | Yes            | No, Abdelaziz Djerad              | N/A  |
| 3  | Argentina <sup>25,26</sup> | Committee of medical and scientific experts<br>"Comité de expertos médicos y científicos"   | Expert                        | 4W; 6M (10 total)<br>40%W                                     | Unknown                                       | Yes            | No, Alberto Fernández             | N/A  |
| 4  | Armenia <sup>27,28</sup>   | Interdepartmental Commission for Coordinating the Prevention of the Spread of the new Coronavirus<br>"Հիշգրտարարական համագործընկերություն"<br>IT working group modelling spread of coronavirus in Armenia<br>(No formal name) | Decision-making<br><br>Expert | 4W; 10M (14 total)<br>28.6%W<br><br>0W; 12M (12 total)<br>0%W | No, Arsen Torosyan<br><br>Unknown             | Yes<br><br>Yes | No, Nikol Pashinyan               | N/A<br><br>Photo reference(s) were used to determine gender composition. |
| 5  | Australia <sup>29-32</sup> | Australian National COVID-19 Coordination Commission  | Decision-making               | 2W; 6M (8 total)<br>25%W                                      | No, Neville Power                             | Yes            | No, Scott Morrison                | N/A  |
|    |                            | Australian Health Protection Principal Committee  | Decision-making               | 3W; 6M (9 total)<br>33.3%W                                    | No, Brendan Murphy                            | Yes            |                                   | N/A  |
| 6  | Austria <sup>33</sup>      | Coronavirus Taskforce<br>"Hausinternen Stabs der Coronavirus-Taskforce"   | Decision-making               | 6W; 4M (10 total)<br>60%W                                     | Unknown                                       | Yes            | No, Sebastian Kurz                | N/A  |
|    |                            | Advisory Team to the Coronavirus Taskforce<br>"Beraterstabs der Coronavirus-Taskforce"  | Expert                        | 5W; 13M (18 total)<br>27.8%W                                  | Unknown                                       | Yes            |                                   | N/A  |
| 7  | Bahamas <sup>34,35</sup>   | National Coordination Committee on COVID-19   | Decision-making               | 6W; 11M (17 total)<br>35.3%                                   | Yes (co-chair), Pearl McMillan and Matt Aubry | Yes            | No, Hubert Minnis                 | N/A  |
| 8  | Bahrain <sup>36</sup>      | National Taskforce for Combating Coronavirus (COVID-19)<br>لوروك سوريفيل فينطولا فينطولا فينطولا  | Decision-making and expert    | 2W; 3M (5 total)<br>40%                                       | Unknown                                       | Yes            | No, Khalifa bin Salman Al Khalifa | N/A  |
| 9  | Bangladesh <sup>37</sup>   | National Committee for Prevention and Control of Covid-19<br>"জাতীয় কমিটি কে-১৯-এর প্রতিরোধ ও নিয়ন্ত্রণের জন্য"   | Decision-making               | 4W; 28M (32 total)<br>12.5%W                                  | No, Zahid Maleque                             | Yes            | Yes, Sheikh Hasina                | N/A  |
| 10 | Belgium <sup>38,39</sup>   | Scientific Committee for Coronavirus<br>"Wetenschappelijk comité Coronavirus"<br>"Comité scientifique Coronavirus"  | Expert                        | 3W; 2M (5 total)<br>60%W                                      | No, Steven van Gucht                          | Yes            | Yes, Sophie Wilmes                | N/A  |

Continued

**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   |
|----|-----------------------------|--|--------------------------------|---|---|----------------|---|--|
| 11 | Benin <sup>40</sup>         | <b>Interdepartmental Committee</b><br>"Comité interministériel"  | Decision-making                | 0W; 4M (4 total)<br>0%W                                       | No, unknown   | Yes            | No, Patrice Talon   | N/A  |
| 12 | Bhutan <sup>41</sup>        | <b>Health Emergency Management Committee</b>   | Decision-making                | 2W; 11M (13 total)<br>15.4% W                                 | Yes, Lyonpo Dechen Wangmo                                       | Yes            | No, Lotay Tshering  | N/A  |
|    |                             | <b>Technical Advisory Group</b>  | Expert                         | 2W; 11M (13 total)<br>15.4%W                                  | No, Sithar Dorjee   | Yes            |   | N/A  |
| 13 | Bolivia <sup>42</sup>       | <b>Scientific Advisory Council</b><br>"Consejo Científico Asesor para la lucha contra COVID-19 en Bolivia"   | Expert                         | 2W; 6M (8 total)<br>25%W                                      | No, Carlos Javier Cuellar                                       | Yes            | Yes, Jeanine Añez   | N/A  |
| 14 | Botswana <sup>43</sup>      | <b>COVID-19 Task Force Team</b>  | Expert                         | 0W; 4M (4 total)<br>0%W                                       | No, unknown   | Yes            | No, Mokgweetsi Masisi                                       | N/A  |
| 15 | Brazil <sup>44-49</sup>     | <b>Interministerial Executive Group on Public Health Emergency of National and International Importance</b><br>"Grupo Executivo Interministerial de Emergência em Saúde Pública de Importância Nacional e Internacional"<br><b>Crisis Committee for Supervision and Monitoring of Covid-19 Impacts</b><br>"Comitê de Crise para Supervisão e Monitoramento dos Impactos da Covid-19" | Decision-making<br><br>Unclear | 1W; 8M (9 total)<br>11.1%W<br><br>1W; 21M (22 total)<br>4.5%W | Unknown<br><br>Unknown  | Yes<br><br>Yes | No, Jair Bolsonaro<br><br>No, Jair Bolsonaro                | N/A<br><br>N/A                                     |
| 16 | Bulgaria <sup>50</sup>      | <b>Medical Council</b><br>"Медицинския мозъчен тръст"  | Expert                         | 5W; 11M (16 total)<br>31.3%W                                  | Unknown   | Yes            | No, Boyko Borisov   | Committee was dispersed (functioned until 4 April) |
| 17 | Burkina Faso <sup>51</sup>  | <b>Name unknown</b>  | Decision-making & Expert       | 5W; 14M (19 total)<br>26.3%W                                  | Unknown   | No             | No, Christophe Joseph Marie Dabiré                          | N/A  |
| 18 | Cape Verde <sup>52-54</sup> | <b>Council of Ministers</b><br>"Conselho de Ministros"   | Decision-making                | 3W; 12M (15 total)<br>20%W                                    | Unknown   | Yes            | No, Ulisses Correia e Silva                                 | N/A  |
| 19 | Canada <sup>55-59</sup>     | <b>Cabinet Committee on the federal response to the coronavirus disease (COVID-19)</b><br><br><b>Special Advisory Committee on COVID-19</b>  | Decision-making<br><br>Expert  | 4W; 4M (8 total)<br>50%W<br><br>12W; 11M (23 total)<br>52.2%W | Yes, Chrystia Freeland<br><br>Yes, Theresa Tam and Sadiq Shahab | Yes<br><br>Yes | No, Justin Trudeau<br><br>Yes, Theresa Tam and Sadiq Shahab | N/A<br><br>N/A                                     |

Continued

**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  |
|----|-----------------------------|---|------------------------------|--|--|--------|-----------------------------|---|
| 20 | Chad <sup>60</sup>          | <b>Scientific Committee for Covid-19</b><br>"Comité Scientifique Covid-19"  | Expert                       | 4W; 33M (37 total)<br>10.8%W                                   | Unknown  | No     | No, Idriss Déby             | N/A   |
| 21 | Chile <sup>61</sup>         | <b>Scientific Advisory Council for Covid-19</b><br>"Consejo científico asesor por Covid-19"   | Expert                       | 4W; 6M (10 total)<br>40%W                                      | Unknown  | Yes    | No, Sebastián Piñera        | N/A   |
| 22 | China <sup>62-66</sup>      | <b>Central Leading Group on Responding to the Novel Coronavirus Disease Outbreak</b><br>"Xinxing guanzhuang bingdu gǎnrǎn xìng feiyán zhōngyāng lǐngdǎo xiǎozǔ"<br><b>Central Steering Group</b> (unofficial name)<br>"Zhōngyāng zhǐdǎo xiǎozǔ" | Decision-making<br><br>Other | 1W; 8M (9 total)<br>11.1%W<br><br>2W; 10M (12 total)<br>16.7%W | No, Li Keqiang   | Yes    | No, Li Keqiang              | N/A   |
| 23 | Colombia <sup>67</sup>      | <b>Contingency plan to respond to the emergency by COVID-19</b><br>"Plan de contingencia para responder ante la emergencia por COVID-19"  | Decision-making              | 5W; 9M (14 total)<br>35.7%W                                    | Unknown  | Yes    | No, Iván Duque              | N/A   |
| 24 | Comoros <sup>68</sup>       | <b>Comité National de Coordination – Cadre de Gestion et de Coordination de la Crise du Covid-19</b><br>"National Coordination Committee - Management and Coordination Framework for the Covid-19 Crisis"                                       | Decision-making & expert     | 2W; 33M (35 total)<br>5.7%W                                    | Unknown  | No     | No, Azali Assoumani         | N/A   |
| 25 | Congo <sup>69</sup>         | <b>National coordination for the management of the coronavirus pandemic</b><br>"Coordination nationale de gestion de la pandémie de coronavirus (COVID-19)"   | Decision-making              | 3W; 12M (15 total)<br>20%W                                     | Yes, Jacqueline Lydia Mikolo   | Yes    | No, Clément Mouamba         | N/A   |
| 26 | Costa Rica <sup>70</sup>    | <b>The National Commission for Risk Prevention and Emergency Attention</b><br>"La Comisión Nacional de Prevención de Riesgos y Atención de Emergencias (CNE)"   | Decision-making              | 3W; 17M (20 total)<br>15%W                                     | No, Alexander Solís Delgado  | Yes    | No, Carlos Alvarado Quesada | N/A   |
| 27 | Côte d'Ivoire <sup>71</sup> | <b>The scientific committee</b><br>"Le comité scientifique"   | Expert                       | 1W; 5M (6 total)<br>16.7%W                                     | Unknown  | No     | No, Amadou Gon Coulibaly    | N/A   |
| 28 | Cuba <sup>72 73</sup>       | <b>The working group for the prevention and control of COVID-19</b><br>"El grupo de trabajo para la prevención y el control de la COVID-19"   | Decision-making              | 5W; 10M (15 total)<br>33.3%W                                   | No, Miguel Díaz-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. |

Continued

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  |
|----|--|--|----------------------------|------------------------------|--------------------------------|--------|--------------------------------|---|
| 29 | Cyprus <sup>74-76</sup>                                | <b>Council of Ministers</b>  | Decision-making            | 1W; 11M (12 total)<br>8.3%W  | No, Nicos Anastasiades         | Yes    | No, Nicos Anastasiades         | N/A   |
| 30 | Democratic People's Republic of Korea <sup>77,78</sup> | <b>(enlarged) Political Bureau</b>   | Decision-making            | 1W; 47M (48 total)<br>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 <sup>79-81</sup>      | <b>Multisectoral crisis committee</b><br>"Comité multisectoriel de crise"  | Decision-making            | 3W; 16M (19 total)<br>15.8%W | No, Sylvestre Ilunga Ilunkamba | Yes    | No, Sylvestre Ilunga Ilunkamba | Photo reference(s) were used to determine gender composition. |
| 32 | Djibouti <sup>82,83</sup>                              | <b>Management Committee of the National Solidarity Fund against Coronavirus</b><br>"Comité de gestion du Fonds national de solidarité contre le Coronavirus (FNSSC)" | Other                      | 2W; 10M (12 total)<br>16.7%W | No, Révérend Dominique Mukanya | Yes    | No, Révérend Dominique Mukanya | N/A   |
| 33 | Dominican Republic <sup>84</sup>                       | <b>Steering committee</b><br>"Comité de pilotage"  | Decision-making            | 1W; 9M (10 total)<br>10%W    | No, Abdoukader Kamil Mohamed   | Yes    | No, Abdoukader Kamil Mohamed   | N/A   |
| 34 | Ecuador <sup>85,86</sup>                               | <b>Emergency and Health Management Committee to Combat COVID-19</b><br>"Comité de Emergencia y Gestión Sanitaria para el Combate del COVID-19"                       | Decision-making and expert | 1W; 6M (7 total)<br>14.3%W   | No, Amado Alejandro Baez       | Yes    | No, Danilo Medina              | N/A   |
| 35 | Estonia <sup>87</sup>                                  | <b>COVID-19 Technical Team</b><br>"Mesa Técnica COVID-19"  | Expert                     | 8W; 23M (31 total)<br>25.8%W | Unknown                        | Yes    | No, Lenin Moreno               | N/A   |
|    |  | <b>National Epidemiological Coordination</b><br>"Coordinación Nacional de Vigilancia Epidemiológica"   | Expert                     | 3W; 2M (5 total)<br>60%W     | Unknown                        | Yes    |                                | N/A   |
|    |  | <b>Government Commission</b><br>"Valitsuskomisjon"   | Decision-making            | 1W; 9M (10 total)<br>10%W    | No, Jüri Ratas                 | Yes    | No, Jüri Ratas                 | N/A   |
|    |  | <b>Scientific Advisory Board</b><br>"Teadusnõukoda"  | Expert                     | 3W; 2M (5 total)<br>60%W     | Yes, Irja Lutsar               | Yes    |                                | N/A   |

Continued

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 <sup>88</sup>     | National Emergency Management Committee  | Decision-making            | 3W; 8M (11 total)<br>27.27%W | No, Themba N. Masuku           | Yes    | No, Ambrose Mandvulo Dlamini | N/A  |
|    |                            | National Emergency Task Force  | Other                      | 7W; 21M (28 total)<br>25%W   | Unknown                        | Yes    |                              | N/A  |
| 37 | Ethiopia <sup>89, 90</sup> | COVID19 National Ministerial Committee   | Decision-making            | 2W; 2M (four total)<br>50%W  | Unknown                        | Yes    | No, Abiy Ahmed               | N/A  |
|    |                            | National COVID-19 advisory committee   | Expert                     | 6W; 17M (23 total)<br>26.1%M | Unknown                        | Yes    |                              | N/A  |
| 38 | Finland <sup>91, 92</sup>  | Working group on essential work-related travel and other traffic   | Other                      | 11W; 7M (18 total)<br>61.1%W | Yes, Sonja Hämmäläinen         | Yes    | Yes, Sanna Marin             | N/A  |
|    |                            | Working group to examine realisation of children's rights in aftermath of coronavirus                                | Other                      | 4W; 2M (6 total)<br>66.6%W   | No, Esa Iivonen                | Yes    |                              | N/A  |
| 39 | France <sup>93-96</sup>    | The Covid-19 Scientific Council<br>"Le Conseil Scientifique Covid-19"  | Expert                     | 2W; 9M (11 total)<br>18.2%W  | No, Jean-François Delfraissy   | Yes    | No, Édouard Philippe         | N/A  |
|    |                            | Research and expertise analysis committee<br>"Comité analyse recherche et expertise"                                 | Expert                     | 5W; 7M (12 total)<br>41.7%W  | Yes, Françoise Barré-Sinoussi  | Yes    |                              | N/A  |
| 40 | Gabon <sup>97</sup>        | Scientific committee on the Coronavirus epidemic<br>"Comité scientifique sur l'épidémie à Coronavirus (CS Covid-19)" | Expert                     | 1W; 7M (8 total)<br>12.5%W   | Yes, Pr Marielle Bouyou Akothé | Yes    | No, Julien Nkoghe Bekale     | N/A  |
| 41 | Ghana <sup>98, 99</sup>    | Inter-Ministerial Coordinating Committee (IMCC) on Decentralisation (IMCCoD)   | Decision-making            | 3W; 7M (10 total)<br>30%W    | Unknown                        | Yes    | No, Nana Akufo-Addo          | N/A  |
| 42 | Greece <sup>100</sup>      | Commission for the Management of Emergency Events due to Infectious Diseases   | Decision-making and expert | 8W; 18M (26 total)<br>30.8%W | Unknown                        | Yes    | No, Kyriakos Mitsotakis      | N/A  |
| 43 | Grenada <sup>101-103</sup> | Name unknown   | Decision-making and expert | 0W; 5M (five total)<br>0%W   | No, unknown                    | Yes    | No, Keith Mitchell           | N/A  |

Continued

**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 |
|----|----------------------------|--|----------------------------|-------------------------------|-------------------------------------|--------|----------------------------|------|
| 44 | Guinea <sup>104-106</sup>  | <b>Scientific Council for Response to the Coronavirus Disease Pandemic</b><br>"Conseil scientifique de riposte contre la pandémie de la maladie à coronavirus (COVID-19)"<br><b>Interministerial Committee for the Fight against the Coronavirus-19 epidemic</b><br>"Comité Interministeriel de Lutte contre L'épidémie de Coronavirus-19" | Expert                     | 3W; 14M (17 total)<br>17.6%W  | Yes, Pr Yolande Izazy               | Yes    | No, Ibrahim Kassory Fofana | N/A  |
| 45 | Haiti <sup>107</sup>       | <b>Scientific unit to fight against the coronavirus</b><br>"Cellule scientifique pour lutter contre le coronavirus"  | Expert                     | 2W; 12M (14 total)<br>14.3%W  | No, Patrick Dely                    | Yes    | No, Joseph Jouthé          | N/A  |
| 46 | Hungary <sup>86-87</sup>   | <b>Communication unit on the pandemic</b><br>"Cellule de communication sur la pandémie"  | Other                      | 1W; 10M (11 total)<br>9.1%W   | No, Eddy Jackson Alexis             | Yes    | No, N/A                    | N/A  |
| 47 | India <sup>108</sup>       | <b>Operational Staff (Coronaviral Defence Operational Staff)</b><br>"Koronavírus-fertőzés Elleni Védekezésért Felelős Operatív Törzs"  | Decision-making            | 1W; 14M (15 total)<br>6.7%W   | No, Sándor Pintér and Miklós Kásler | Yes    | No, Viktor Orbán           | N/A  |
| 48 | Iraq <sup>109-110</sup>    | <b>COVID-19 Task Force</b><br><b>High Committee for the National Health and Safety to combat Coronavirus</b><br>"هيئتة عليا للصحة والسلامة الوطنية لمكافحة فيروس كورونا"   | Decision-making and expert | 2W; 14M (16 total)<br>12.5%W  | No, Narendra Modi                   | Yes    | No, Narendra Modi          | N/A  |
| 49 | Ireland <sup>111-113</sup> | <b>National Public Health Emergency Team (NPHE)</b><br><b>Expert advisory group on COVID-19</b>  | Decision-making            | 0W; 24M (24 total)<br>0%W     | No, Adel Abdul Mahdi                | Yes    | No, Mustafa Al-Kadhimi     | N/A  |
| 50 | Italy <sup>114-117</sup>   | <b>Operational Committee on Coronavirus for Civil Protection</b><br>"Comitato tecnico Scientifico per l'emergenza Coronavirus"<br><b>Scientific Technical Committee</b><br>"Comitato Tecnico Scientifico"  | Decision-making            | 13W; 19M (32 total)<br>40.6%W | No, Tony Holohan                    | Yes    | No, Micheál Martin         | N/A  |
| 51 | Jamaica <sup>118</sup>     | <b>Task force tech anti-Covid-19</b><br><b>COVID-19 Economic Recovery Task Force</b>   | Expert                     | 8W; 10M (18 total)<br>44.4%W  | No, Cillian de Gascun               | Yes    | No                         | N/A  |
|    |                            |  | Decision-making            | 2W; 5M (7 total)<br>28.6%W    | No, Giuseppe Conte                  | Yes    | No, Giuseppe Conte         | N/A  |
|    |                            |  | Other                      | 0W; 7M (7 total)<br>0%W       | No, Agostino Miozzo                 | Yes    | No                         | N/A  |
|    |                            |  | Decision-making            | 18W; 56M (74 total)<br>24.3%W | Yes, Fidelia Cascini (co-chair)     | Yes    | No                         | N/A  |
|    |                            |  | Decision-making            | 4W; 18M (22 total)<br>18.18%W | No, Nigel Clarke                    | Yes    | No, Andrew Holness         | N/A  |

Continued

**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 <sup>119 120</sup>                        | Novel Coronavirus Infectious Disease Control Expert Committee<br><br>Special mission task force on remote medicine  | Expert<br><br>Other           | 2W; 10M (12 total)<br>16.7%W<br><br>4W; 4M (8 total)<br>50%W | Unknown<br><br>Unknown   | Yes<br><br>Yes | No, Shinzo Abe                 | N/A<br><br>N/A |
| 53 | Kenya <sup>121 122</sup>                        | National Emergency Response Committee   | Decision-making               | 4W; 17M (21 total)<br>19%W                                   | No, Mutahi Kagwe   | Yes            | No, Uhuru Kenyatta             | N/A            |
| 54 | Lao People's Democratic Republic <sup>123</sup> | National Taskforce Committee for Covid-19 Prevention and Control  | Decision-making               | 0W; 11M (11 total)<br>0%W                                    | No, Somdy Douangdy   | Yes            | No, Thongloun Sisoulith        | N/A            |
| 55 | Libya <sup>124</sup>                            | Supreme Committee for Combating COVID-19<br>لجنة مكافحة فيروس كورونا<br><br>Medical Advisory Committee<br>مجلس استشارة طبي  | Decision-making<br><br>Expert | 1W; 3M (4 total)<br>25%W<br><br>2W; 9M (11 total)<br>18.18%W | No, Abdel Razeq al-Nadhuri<br><br>Yes, Fathia Al-Uraibi and Ahmed Al-Hassi | Yes<br><br>Yes | No, Fayez al-Sarraj<br><br>N/A | N/A<br><br>N/A |
| 56 | Lithuania <sup>125 126</sup>                    | Committee responsible for COVID-19 management<br>(Official name unclear)  | Decision-making               | 0W; 11M (11 total)<br>0% W                                   | No, Saulius Skvernells   | Yes            | No, Saulius Skvernells         | N/A            |
| 57 | Luxembourg <sup>127</sup>                       | Advisory Council to accompany the measures decided as part of the fight against COVID-19  | Expert                        | 3W; 5M (8 total)<br>37.5%W                                   | Unknown  | Yes            | No, Xavier Bettel              | N/A            |
| 58 | Malawi <sup>128</sup>                           | Special Cabinet Committee on Coronavirus  | Decision-making               | 1W; 10M (11 total)<br>9.1%W                                  | No, Jappie Mtuwa Mhango  | Yes            | No, Lazarus McCarthy Chakwera  | N/A            |
| 59 | Mali <sup>129 130</sup>                         | Crisis Committee<br>"Le Comité de crise"<br><br>Scientific and Technical Committee of the National Public Health Institute<br>"Comité Scientifique et Technique de l'Institut National de Santé Publique -INSP" | Decision-making<br><br>Expert | 0W; 12M (12 total)<br>0%W<br><br>1W; 9M (10 total)<br>10%W   | No, Akory Agikhane<br><br>No, Ousmane Koita                                | No<br><br>No   | No, Boubou Cissé               | N/A<br><br>N/A |
| 60 | Myanmar <sup>131 132</sup>                      | Coronavirus Disease 2019 (COVID-19) Control and Emergency Response Committee  | Decision-making               | 0W; 10M (10 total)<br>0%W                                    | No, U Myint Swe  | Yes            | Yes, Aung San Suu Kyi          | N/A            |

Continued



**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  |
|----|----------------------------|---|----------------------------|-----------------------------|--|--------|------------------------|---|
| 61 | Netherlands <sup>133</sup> | <b>Outbreak Management Team</b><br>(No Dutch name)  | Expert                     | 6W; 3M (9 total)<br>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 <sup>134</sup> | <b>Epidemic Response Select Committee</b>   | Expert                     | 4W; 7M (11 total)<br>36.4%W | Unknown  | Yes    | Yes, Jacinda Ardern    | The committee was disestablished on 26 May 2020.                                  |
| 63 | Niger <sup>135</sup>       | <b>The Advisory Committee</b><br>"Le Comité Consultatif"  | Expert                     | 1W; 12M (13 total)<br>7.7%W | No, Alkache Alhada                                     | No     | No, Brigi Rafini       | N/A   |
| 64 | Nigeria <sup>136</sup>     | <b>Presidential Task Force for the Control of the Coronavirus</b>   | Decision-making            | 1W; 11M (12 total)<br>8.3%W | No, Garbu Shehu  | Yes    | No, Muhammadu Buhari   | N/A   |
| 65 | Oman <sup>137</sup>        | <b>High level Ministerial Committee on Corona Development</b><br>نعوضنازلنا تاروططنا عم لماعمل نمولا تحب هفلانملا اولعلا فنجللا<br>تيفوك انوروك سوريف راشنا   | Decision-making            | 1W; 9M (10 total)<br>10%W   | No, Hammoud bin Faisal Al Busaidi                      | No     | No, Haitham bin Tariq  | N/A   |
| 66 | Paraguay <sup>138</sup>    | <b>Emergency Operations Centre of the Ministry of Public Health and Social Welfare to give a national response to the eventual Coronavirus pandemic</b><br>"Centro de Operaciones de Emergencia del Ministerio de Salud Pública y Bienestar Social para dar respuesta nacional de la eventual Pandemia por Coronavirus" | Decision-making and expert | 2W; 6M (8 total)<br>25%W    | Unknown  | Yes    | No, Mario Abdo Benítez | N/A   |
| 67 | Philippines <sup>139</sup> | <b>Inter-Agency task force</b><br><br><b>National task force Covid-19</b><br>"National Disaster Risk Reduction and Management Council - NDRRMC"   | Decision-making            | 0W; 4M (4 total)<br>0%W     | No, Francisco T. Duque, Karlo Nograles, and Roy Cimatu | No     | No, Rodrigo Duterte    | N/A   |
|    |                            |   | Decision-making            | 0W; 4M (4 total)<br>0%W     | No, Delfin Negrillo Lorenzana                          | No     |                        | N/A   |

Continued

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  |
|----|----------------------------------|--|----------------------------|--------------------------------|---|--------|---|---|
| 68 | Portugal <sup>140, 141</sup>     | <b>Task Force for operationalisation and implementation of measures for prevention and control of infection with new Coronavirus – COVID-19</b><br>"Task Force para a operacionalização e a implementação de medidas para prevenção e controlo da infeção por novo Coronavirus - COVID-19" | Decision-making & expert   | 44W; 32M (76 total)<br>57.9% W | Yes, Graça Freitas  | Yes    | No, António Costa                                     | N/A   |
| 69 | Qatar <sup>142</sup>             | <b>National Council for Public Health</b><br>"Conselho Nacional de Saúde"  | Decision-making and expert | 6W; 15M (21 total)<br>28.6%W   | Unknown   | Yes    |   | N/A   |
| 70 | Saudi Arabia <sup>143</sup>      | <b>Supreme Committee on Disaster Management</b><br>"المجالس القومية للإدارة والوقاية من الأزمات"   | Decision-making            | 1W; 15M (16 total)<br>6.25%W   | No, Sheikh Khalid bin Khalifa bin Abdul Aziz Al Thani             | Yes    | No, Sheikh Khalid bin Khalifa bin Abdul Aziz Al Thani | N/A   |
| 71 | Saudi Arabia <sup>143</sup>      | <b>Designated Committee to Monitor Corona Pandemic</b><br>"لجنة مراقبة وباء كورونا"  | Decision-making            | 0W; 17M (17 total)<br>0.0%W    | No, Unknown   | Yes    | No, Saliman bin Abdulaziz Al Saud                     | N/A   |
| 71 | Serbia <sup>144</sup>            | <b>Crisis Team for the Control of Infectious Diseases COVID-19</b><br>"Кризисни штаб за сузбијање заразне болести COVID-19"  | Decision-making            | 6W; 21M (27 total)<br>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 <sup>145</sup>         | <b>Multi-Ministry Taskforce on Wuhan Coronavirus</b>   | Decision-making            | 1W; 10M (11 total)<br>9.1%W    | No, Gan Kim Yong and Lawrence Wong                                | Yes    | No, Lee Hsien Loong                                   | N/A   |
| 73 | South Africa <sup>146, 147</sup> | <b>Ministerial Advisory Committees on COVID-19</b>   | Expert                     | 30W; 24M (54 total)<br>55.6%W  | No, Salim S. Abdool Karim   | Yes    | No, Cyril Ramaphosa                                   | N/A   |
| 74 | South Sudan <sup>148</sup>       | <b>High Level Task Force Committee to take Extra Precautionary Measures in Combating the Spread of Coronavirus Disease (COVID-19)</b>  | Decision-making            | 3W; 13M (16 total)<br>18.8%W   | No, Salva Kiir Mayardit   | No     | No, Salva Kiir Mayardit                               | N/A   |
| 75 | Spain <sup>149, 150</sup>        | <b>Scientific Technical Committee COVID-19</b><br>"el Comité Científico Técnico COVID-19"  | Expert                     | 3W; 4M (7 total)<br>42.9%W     | Unknown   | Yes    | No, Pedro Sánchez                                     | N/A   |
| 76 | Sri Lanka <sup>151, 152</sup>    | <b>Presidential Task Force on economic revival and poverty eradication</b>   | Other                      | 1W; 30M (31 total)<br>3.2%W    | No, Basil Rajapaksa   | Yes    | No, Gotabaya Rajapaksa                                | N/A   |

Continued

**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   |
|----|-----------------------------------|---|----------------------------|-------------------------------|--------------------------|--------|--------------------------|--|
| 77 | Sweden <sup>153</sup>             | Management Team of the Public Health Agency<br>"Folkhälsomyndighetens ledningsgrupp"                                  | Unclear                    | 5W; 2M (7 total)<br>71.4%W    | No, Johan Carlson        | Yes    | No, Stefan Löfven        | N/A  |
| 78 | Switzerland <sup>154-156</sup>    | Swiss National COVID-19 Science Task Force  | Expert                     | 2W; 5M (7 total)<br>28.6%W    | No, Matthias Egger       | Yes    | Yes, Simonetta Sommaruga | N/A  |
| 79 | Thailand <sup>157</sup>           | Corona Crisis Team of the Federal Council<br>"Krisenstab des Bundesrats Corona"                                       | Decision-making            | 2W; 12M (14 total)<br>14.3%W  | Yes, Simonetta Sommaruga | Yes    |                          | N/A  |
| 80 | Togo <sup>158, 159</sup>          | National committee for controlling the spread of COVID-19<br>"คณะกรรมการแห่งชาติเพื่อควบคุมการแพร่กระจายของ COVID-19" | Decision-making            | 0W; 28M (28 total)<br>0%W     | No, Prayut Chan-o-cha    | No     | No, Prayut Chan-o-cha    | N/A  |
| 81 | Trinidad & Tobago <sup>160</sup>  | COVID-19 Pandemic Crisis Management Unit<br>"Cellule sectorielle de la gestion de la crise à la Pandémie de covid-19" | Decision-making and Expert | 2W; 9M (11 total)<br>18.2%W   | Unknown                  | Yes    | No, Komi Sélom Klassou   | N/A  |
| 82 | Turkey <sup>161</sup>             | Team for COVID-19 'Road to Recovery'<br>(Official name unknown)   | Decision-making            | 1W; 21M (22 total)<br>4.5%W   | No, Keith Rowley         | Yes    | No, Keith Rowley         | N/A  |
| 83 | Uganda <sup>162</sup>             | Coronavirus Scientific Committee<br>"Koronavirüs Bilim Kurulu"  | Expert                     | 14W; 22M (36 total)<br>39.9%W | Unknown                  | Yes    | No, Recep Tayyip Erdoğan | N/A  |
| 84 | United Kingdom <sup>163-165</sup> | National Response Fund to COVID-19  | Other                      | 3W; 12M (15 total)<br>20%W    | No, Emmanuel Katongole   | Yes    | No, Ruhakana Rugunda     | Information was obtained through Wikipedia and sources references on the Wikipedia page. |
|    |                                   | New and Emerging Respiratory Virus Threats Advisory Group   | Expert                     | 2W; 14M (16 total)<br>12.5%W  | No, Peter Horby          | Yes    | No, Boris Johnson        | N/A  |
|    |                                   | Advisory Committee on Dangerous Pathogens   | Expert                     | 3W; 13M (16 total)<br>18.8%W  | No, Thomas Evans         | Yes    |                          | N/A  |
|    |                                   | Joint Committee on Vaccination and Immunisation   | Expert                     | 4W; 16M (20 total)<br>20%W    | No, Andrew Pollard       | Yes    |                          | N/A  |

Continued

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 |
|----|----------------------------------|--|--------------------|------------------------------|-------------------------|--------|----------------------|------|
| 85 | United States <sup>166-168</sup> | White House Coronavirus Task Force   | Decision-making    | 2W; 20M (22 total)<br>9.1%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)<br>82.4%W | Unknown                 | Yes    |                      | N/A  |
| 86 | Uruguay <sup>169</sup>           | Committee of Scientific Experts in Crisis Management<br>"Comité de Expertos Científicos en Gestión de la Crisis"               | Expert             | 1W; 6M (7 total)<br>14.3%W   | No, Julio Rolon Vicioso | Yes    | No, Luis Lacalle Pou | N/A  |
| 87 | Vietnam <sup>170</sup>           | National Steering Committee for COVID-19 Prevention and Control<br>"Ban chỉ đạo quốc gia về phòng chống và kiểm soát COVID-19" | Decision-making    | 1W; 13M (14 total)<br>7.1%W  | No, Đỗ Xuân Tuyên       | No     | No, Nguyễn Xuân Phúc | N/A  |

roles. In the USA, for example, the White House Coronavirus Task Force consists of 9.1% women, whereas the chief public health agency's COVID-19 Response Team contains 82.4% women. Evidently, COVID-19 governance followed 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 (eg, expertise) was not easily accessible nor publicly available, impeding research and, ultimately, the ability to hold countries accountable to previously made commitments.

**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.<sup>1,2</sup> 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 (lifetime) poverty and hunger.<sup>3</sup> 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 as essential care.<sup>4-6</sup> Experiences from Ebola and Zika demonstrated rises in maternal morbidity and mortality, unwanted pregnancies and unsafe abortions.<sup>3</sup> Despite being publicly praised with hollow applause, the majority of COVID-19 frontline health and social workforce are women who are underpaid, unpaid or are not recognised as essential at all. Failure to adequately provide resources and personal protective equipment exacerbates disease transmission and disproportionately harms workers in the health and social care sectors, which are predominated by women.<sup>7</sup> The situation is even more dire for marginalised individuals, such as those identifying as non-binary, transgender or genderqueer, as they are forced to navigate the discriminatory impacts of gender-based quarantine guidelines, which authorise 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.<sup>8-10</sup>

**Table 2** Identified global COVID-19 task forces

| # | 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 <sup>171</sup>  | 3W; 22 M (25 total)<br>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 <sup>172</sup> | 5W; 16 M (21 total)<br>23.8% W  | No, Didier Houssin         | Yes    | No, Tedros Adhanom Ghebreyesus   | List includes members and advisors               |
| 3 | WHO International Health Regulations Second Emergency Committee <sup>173</sup>   | 5W; 16M (21 total)<br>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 <sup>174</sup>   | 12W; 20 M (32 total)<br>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 <sup>175</sup>   | 4W; 2M (6 total)<br>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 <sup>176</sup>  | 2W; 6M (8 total)<br>25% W       | Unknown                    | Yes    | Yes, Ursula von der Leyden       | N/A  |
| 7 | Africa Taskforce on Coronavirus Preparedness and Response <sup>177</sup>   | 2W; 14M (16 total)<br>12.5% W   | No, John Nkengasong        | Yes    | N/A                              | Joint effort of the African Union and Africa CDC |

### 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.<sup>11 12</sup> 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.<sup>13</sup>

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.<sup>14</sup> 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.<sup>15</sup> 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.<sup>16 17</sup> 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.<sup>17 18</sup> 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 3** Identification of national COVID-19 task forces

| 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; Eswatini; Ethiopia; Finland; France; Gabon; Ghana; Greece; Grenada; Guinea; Haiti; Hungary; India; Iraq; Ireland; Italy; Jamaica; Japan; Kenya; Lao People's Democratic Republic; Libya; Lithuania; Luxembourg; Malawi; Mali; Myanmar; Netherlands; 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; Equatorial 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; Slovakia; Slovenia; Sudan; Syrian Arab Republic; Tajikistan; Timor-Leste; Turkmenistan; Tuvalu; Ukraine; United Arab Emirates; United Republic of Tanzania; Uzbekistan; Vanuatu; Venezuela; Yemen; Zambia  |

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)<sup>19</sup> and leverage female experts (like WGH Operation 50/50).<sup>20</sup> 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.<sup>17 21</sup>

### 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.<sup>22</sup> The COVID-19 pandemic response requires inclusion of diverse perspectives, experiences and expertise in global health leadership. First, international and national task forces need to ensure diversity, particularly across gender, but also in terms of ethnic, racial, cultural, geographic and disability groups

in decision-making and expert advisory bodies. Increasing representation and gender parity is a first step, but functional health systems require radical and systemic change that ensures gender-inclusive and intersectional practices are the norm – rather than the exception. Second, quick action in emergency scenarios is repeatedly used as a justification to sidestep transparency and restrict communication in the name of health security. Crises are precisely when transparent procedures and clear communication are required the most. Rather than relying on closed-door governance, open and transparent communication and decision-making should become the norm. Third, data collection and governance policies need to go beyond binary representation in order to produce results that are inclusive of the full gender spectrum.

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

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

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