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WHERE ARE THE WOMEN?

The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them





Distribution of Hygiene Kits and cash in Haiti ©John Rutherford MICHEL/CARE

Executive Summary

The COVID-19 global crisis is disproportionately affecting women and girls. As the majority of frontline workers, women are highly exposed to the disease.¹ Lockdowns implemented to curb the spread of the virus have also increased instances of gender-based violence (GBV), particularly domestic and intimate partner violence,² curbed access to essential sexual and reproductive health (SRH) services, and seriously affected women's livelihoods and economic opportunities.³

This makes it all the more important that women's voices are equally included in the decision-making spaces and processes where responses are formed. Women's participation is necessary at every level and in every arena, from national crisis committees to the local communities on the frontlines of humanitarian responses. Without women's equal leadership and participation, COVID-19 responses will be less effective at meeting the needs of women and girls, and this will have short- and long-term consequences for entire communities.

The gendered nature of the crisis has gained unprecedented media attention in some parts of the world,⁴ and new research has demonstrated that women leaders have been more successful than their male

¹ See, e.g., Henriques, Martha, "Why COVID-19 Is Different for Men and Women," BBC, April 2020, <https://www.bbc.com/future/article/20200409->

² UN Women, "Violence Against Women and Girls: the Shadow Pandemic," April 2020, <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>.

³ UN Women and the UN Secretariat, "UN Secretary-General's Policy Brief: The Impact of COVID-19 on Women," 2020, <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>.

⁴ See, e.g., Henriques, Martha, "Why Covid-19 Is Different for Men and Women," BBC, April 2020; Harrisberg, Kim, "With COVID-19, Women Around the World Are Being Evicted and Forced to Marry Male Relatives Hungry for Land," Thomson Reuters Foundation, May 2020, <https://www.thedispatch.in/with-covid-19-women-around-the-world-are-being-evicted-and-forced-to-marry-male-relatives-hungry-for-land/>; Kottasová, Ivana, "Coronavirus is killing more men. But the lockdown is disastrous for women and their rights," CNN, May 2020, <https://www.cnn.com/2020/05/24/world/women-rights-coronavirus-intl/index.html>.

counterparts at reducing COVID-19 transmission in their countries.⁵ These discussions are welcome, but must be extended to consider women’s leadership at levels beyond head of state, and whether COVID-19 responses are meeting the needs of women and girls.

Through a survey of 30 countries and based on CARE’s experience and evidence base, this report provides an initial analysis of:

- The extent to which women and men have equal voice in national COVID-19 decision-making bodies;
- Whether national-level responses are addressing the disproportionate impact of the pandemic on women and girls through funding or policy commitments for GBV, SRH services, or women-specific economic assistance;
- Whether countries with higher levels of women’s political leadership have been more likely to respond in ways that account for gender differences;
- Whether female frontline humanitarian responders, including women’s rights and women-led organizations,⁶ are being supported to lead the response in their communities.

CARE found that:

- The majority of national-level committees established to respond to COVID-19 do not have equal female-male representation. Of the countries surveyed who had established such committees, 74% had fewer than one-third female membership, and only one committee was fully equal. On average, women made up 24% of the committees;
- In seven countries—nearly 25% of the sample—CARE could not find evidence that the government had made funding or policy commitments for GBV, SRH services, or women-specific economic assistance;
- 54% of countries have taken no action on GBV that CARE could find, and 33% do not appear to have addressed SRH in their response, despite clear evidence of the impact of the crisis on these issues;
- 76% of the countries surveyed have made at least one policy commitment that supports women, but one policy cannot account for the tremendous implications of the pandemic on gender equality;

⁵ Fioramonti, Lorenzo, et al., “Women In Power: It’s a Matter of Life and Death,” Social Europe, June 2020, <https://www.socialeurope.eu/women-in-power-its-a-matter-of-life-and-death>.

⁶ This report subsequently refers to “women’s rights and women-led organizations,” although CARE recognizes that not all actors will be formal organizations and that supporting movements, grassroots groups, activists and individual leaders are also part of the approach to achieve localized, women-led humanitarian action. CARE defines women’s rights organizations as those that have an explicit purpose of advancing women’s rights or gender equality, and women-led organizations as any non-governmental, not-for profit and non-political organization where two-thirds of its board (including the Chair) and management staff/volunteers (including the Executive Director) are female, and it focuses on women and girls as a primary target of programming.

- Countries that have more women in leadership, as measured by the Council on Foreign Relations Women’s Power Index,⁷ are more likely to deliver COVID-19 responses that consider the effects of the crisis on women and girls. On average, the higher the country’s score on the index, the more likely it was to craft a gendered response;
- Governments with lower levels of women’s leadership are at risk of creating COVID-19 response plans that do not consider the disproportionate impact of the pandemic on women and girls, and of failing to implement policies that support them. In many contexts, a lack of gender-balanced leadership could worsen the effects of the crisis for women and girls and their families and communities. There is also a risk that gender equality gains could be lost during the COVID-19 crisis;
- Local women’s rights and women-led organizations and leaders are not being included in decision making around the humanitarian response, or receiving their fair share of funding.

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Despite substantial barriers, women do lead—as activists, individuals, leaders, volunteers, and members of women-led groups and networks. Around the world, women are already responding to crises caused by conflict and climate change, and CARE’s experience and evidence base show that when they are able to participate equally, humanitarian responses are more effective and inclusive.⁸

However, initial findings suggest that the COVID-19 humanitarian response is neither localized nor woman-led. Although Grand Bargain⁹ signatories committed to ensuring that 25% of humanitarian funding reaches local and national actors as directly as possible, less than 0.1% of COVID-19 funding currently tracked has done so.¹⁰ CARE’s Rapid Gender Analyses have demonstrated that women are consistently left out of response decision making at the local and community levels, and that the crisis is only raising barriers to their participation. This endangers response efficacy and prevents women from influencing and making the decisions that most affect them. Women’s leadership is needed to ensure that responses do not have significant gaps that put the lives, livelihoods, and the well-being of half—if not more—of those affected by the crisis at risk.

⁷ The Council on Foreign Relations-created Women’s Power Index (WPI) ranks 193 UN member states on their progress toward gender parity in political participation. The WPI measures the proportion of women who serve as heads of state or government, in cabinets, in national legislatures, as candidates for national legislatures, and in local government bodies, and visualizes the gender gap in political representation. <https://www.cfr.org/article/womens-power-index>.

⁸ CARE, “She Is A Humanitarian: Women’s Participation in Humanitarian Action Drawing on Global Trends and Evidence From Jordan and the Philippines,” 2017, https://insights.careinternational.org.uk/media/k2/attachments/CARE_She-is-a-humanitarian-report_Feb-2017_high-res.pdf.

⁹ The Grand Bargain is an agreement between more than 30 donors and aid providers to improve the efficiency and effectiveness of humanitarian aid, including specific commitments to increase support and funding to local and national responders, such as that 25% of humanitarian aid should be directed toward national and local actors by 2020. See <https://interagencystandingcommittee.org/grand-bargain-hosted-iasc>.

¹⁰ Charter4Change, “Charter For Change Statement on the Revised UN Global Humanitarian Response Plan on Covid19,” Charter4Change, May 2020, <https://reliefweb.int/report/world/charter-change-statement-revised-un-global-humanitarian-response-plan-covid19>.

To address the lack of women in COVID-19 leadership positions and response plans, **CARE advocates for urgent action in two key areas:**

1. Increase women's leadership at all levels of COVID-19 response structures;
2. Increase funding for women's rights and women-led organizations that are responding to the crisis.

Specifically, CARE recommends that urgent action is taken to address the following:

National Governments Should:

- Promote women's meaningful participation in decision making, from the local to the national level, by applying a gender equality quota to COVID-19-related decision-making bodies and processes, and furthering women's active and meaningful participation in these;
- Work with diverse local women-led and women's rights organizations, movements, and leaders to identify the barriers to women's participation and leadership in decision-making structures, and determine actions to address and dismantle those barriers;
- Create gender-balanced COVID-19 response mechanisms at all levels and support women's participation by accounting for gender-specific barriers to decision-making spaces.

International Donors and UN Agencies Should:

- Actively champion women's leadership in COVID-19 responses in humanitarian settings. For example, ensure that local women's rights and women-led organizations have meaningful representation in relevant COVID-19 response coordination bodies;
- Recognize that women are on the frontlines of health and humanitarian action and support their leadership. This includes making available fast, flexible funds to partners such as local women's rights organizations, women-led organizations, and female first responders;
- Urgently work to meet the Grand Bargain commitment to channel 25% of humanitarian funding directly to local and national actors, prioritizing women-led and women's rights organizations, including in the UN COVID-19 Global Humanitarian Response appeal.¹¹

International NGOs Should:

- Work with diverse women's rights and women-led organizations, movements and leaders to identify the barriers and possible solutions to their participation and leadership in decision-making structures;

¹¹ UN, "Global Humanitarian Response Plan for COVID-19," May 2020, <https://reliefweb.int/report/world/global-humanitarian-response-plan-covid-19-april-december-2020-ghrp-may-update-abridged>.

- Support, with collective advocacy and funding, women’s groups and civil society leaders and their organizations who are calling for their national governments to implement more gender-equitable, effective responses to COVID-19;
- Increase partnerships with women’s rights and women-led organizations, in the spirit of advancing UN Sustainable Development Goal 5 on gender equality and women’s and girls’ empowerment and meeting Grand Bargain and Charter for Change commitments.



COVID-19 response teams in Bangladesh ©CARE

Introduction

Every crisis is unique. No two countries will experience a disaster—even the same one—in the same way. Likewise, each person’s intersectional identity, shaped by their experiences and opportunities, will determine how that person is affected, how they respond, and what support they might need to overcome the challenges the crisis has presented.¹² COVID-19, while exceptional in its breadth and depth, is not an exception to the above; rather, it proves the rule. Every country and region in the international system has been affected, but all differently. Every person has been affected, but all differently.

These variations are broadly apparent when considering how COVID-19 has affected men and women.¹³ Although initial data indicates that COVID-19 is more likely to cause severe physical symptoms or mortality in men than in women,¹⁴ research from past public health emergencies and analyses of structural factors show that the pandemic is affecting women and girls in every aspect of their lives.¹⁵ Women carry heavier caregiving burdens, which expose them to greater physical and mental health risks, and are at increased risk for gender-based violence (GBV), particularly domestic and intimate partner violence.¹⁶ At the same time, decision makers may be tempted to reallocate resources away from GBV prevention and mitigation and sexual and reproductive health care (SRH) services, putting women’s and girls’ lives at risk.¹⁷ In addition to these health risks, the economic effects of the pandemic are more severe for women, as they are more likely to be informally employed, contracted to insecure or precarious work, and concentrated in the hardest-hit sectors.¹⁸

The evidence is clear: COVID-19 is disproportionately affecting women and girls. Given that, it is all the more important that COVID-19 responses are gendered, and that women and girls are able to participate in making the decisions that affect them, as is their right. Although women are on the frontlines of the crisis in their homes, communities, and health care facilities, they are often excluded from the community and national decision-making processes and governance structures that determine the response.



Awareness raising, soap distribution and collection at household level Cox’s Bazar ©Maksuda Sultana/ CARE Bangladesh

¹² Intersectionality, a term coined by legal scholar Kimberlé Crenshaw, refers to “the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups.” Merriam Webster, <https://www.merriam-webster.com/dictionary/intersectionality>.

¹³ While this report focuses on women, the analysis will generally apply to other vulnerable groups—including the LGBTQIA community and ethnic and racial minorities. Further intersectional analysis, beyond the scope of this report, is required to assess which groups of women face additional barriers to access leadership positions. CARE also recognizes that COVID-19 has affected children, and that boys and girls are experiencing its effects differently. However, this report will largely focus on adult women, as they are more likely to be involved in national governance and decision-making structures than girls.

¹⁴ Jin, Jian-Min et al., “Gender Differences in Patients with COVID-19: Focus on Severity and Mortality,” *Frontiers in Public Health* Vol. 8, April 2020, <https://doi.org/10.3389/fpubh.2020.00152>.

¹⁵ CARE, “Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings,” March 2020, <https://reliefweb.int/report/world/gender-implications-covid-19-outbreaks-development-and-humanitarian-settings>; and CARE, “Global Rapid Gender Analysis for COVID-19,” March 2020, <https://reliefweb.int/report/world/global-rapid-gender-analysis-covid-19>.

¹⁶ Landis, Debbie, “Gender-based Violence and COVID-19: The Complexities of Responding to the ‘Shadow Pandemic,’” CARE, May 2020, https://www.care-international.org/files/files/GBV_and_COVID_Policy_Brief_FINAL.pdf.

¹⁷ CARE, “Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings.”

¹⁸ Buschmann, Mareen & Sarah Fuhrman, “COVID-19 Could Condemn Women To Decades of Poverty: Implications of the COVID-19 Pandemic on Women’s and Girls’ Economic Justice and Rights,” CARE, April 2020, <https://insights.careinternational.org.uk/publications/covid-19-could-condemn-women-to-decades-of-poverty>.

Globally, women’s political participation remains low; on average, women comprise just 24.3% of the lawmakers in national parliaments.¹⁹ At the local level, women civil society leaders and women-led organizations receive little funding to respond to crises and are often left out of decision making.

The exclusion of a diverse range of women from public and political decision making leads to laws, policies, public decisions, budget allocations, services, and programs that fail to account—adequately or even at all—for women’s experiences, needs, and rights.

The relative absence of women and minorities from public life also reinforces beliefs and expectations that they are less competent leaders than dominant groups and do not belong in the public sphere. Consequently, individual and structural biases keep women’s expertise and priorities out of public deliberation and problem solving, resulting in policies that do not account for all of the people they are intended to benefit.

Women’s absence from decision making and leadership is all the more surprising given the numerous policy commitments that the international community has emplaced to support women’s leadership, including:

- **UN Sustainable Development Goal 5, Target 5.5**, which commits governments to “ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life”,²⁰
- **UN Security Council Resolution 1325 on Women, Peace and Security**, which reaffirms women’s role in conflict prevention and resolution, peace negotiations, peace-building, peacekeeping, humanitarian response, and post-conflict reconstruction, and stresses the need for their equal participation in all efforts to promote peace and security. The resolution urges all actors to increase women’s participation and to incorporate gender perspectives in all UN peace and security efforts;²¹
- **The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**, which commits state signatories to end all forms of discrimination against women, including in the political and public spheres, and to ensure that women have equal opportunities to represent their governments and participate in the work of international organizations;²²

¹⁹ Inter-Parliamentary Union, “Women in National Parliaments,” October 2019, <http://archive.ipu.org/wmn-e/arc/world011019.htm>.

²⁰ <https://sustainabledevelopment.un.org/sdg5>.

²¹ <https://peacemaker.un.org/node/105>.

²² <https://www.un.org/womenwatch/daw/cedaw/>.

- **The G7 Whistler Declaration on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action**, which commits signatories to innovative partnership and program models that incorporate gender equality;²³
- **The Sendai Framework for Disaster Risk Reduction 2015-2030**, which encourages governments to take concrete actions to protect development gains from the risk of disaster.²⁴ It recognizes the critical role that women’s participation plays in ensuring that disaster risk reduction is gender-sensitive and effective;
- **The UN Framework Convention on Climate Change Gender Action Plan**, which highlights gender balance and women’s participation and leadership as priority areas, and seeks to increase women’s participation in climate change mitigation and adaptation strategies and plans;²⁵
- **The Grand Bargain**, an agreement between more than 30 donors and aid providers to improve the efficiency and effectiveness of humanitarian aid, includes specific commitments to increase support and funding to local and national responders, including that 25% of humanitarian aid should be directed toward national and local actors by 2020;²⁶
- **The Charter for Change**, an initiative led by national and international NGOs to practically implement changes to the humanitarian system to enable more locally led responses;^{27,28}
- **The national constitutions and laws** in many states that guarantee women’s right to equal public and political participation.

Recognition that COVID-19 is disproportionately affecting women and girls has gained unprecedented attention in the media, civil society, and the international community. That some women leaders seem to have been among the most successful at reducing the transmission of the pandemic in their countries has also garnered substantial interest.²⁹ These discussions are welcome, but few have extended a critical analysis to determine whether national-level COVID-19 response teams are gender-balanced, and whether national-level COVID-19 response plans are meeting the needs of women and girls.

To address this gap, CARE conducted research aimed at examining whether, at this early stage in the COVID-19 response and recovery, it is possible to draw correlations between more gender-balanced national leadership and more gender-equitable COVID-19 responses.

²³ https://www.international.gc.ca/world-monde/assets/pdfs/international_relations-relations_internationales/g7/2018-05-31-whistler-gender_equality-egalite_genres-en.pdfhttps://www.international.gc.ca/world-monde/international_relations-relations_internationales/g7/documents/2018-05-31-whistler-gender_equality-egalite_genres.aspx?lang=eng.

²⁴ <https://www.undrr.org/implementing-sendai-framework/what-sf>.

²⁵ <https://unfccc.int/topics/gender/workstreams/the-gender-action-plan>.

²⁶ <https://interagencystandingcommittee.org/grand-bargain-hosted-iasc>.

²⁷ <https://charter4change.org/>.

²⁸ CARE, a signatory to the Grand Bargain and the Charter for Change, is fully committed to working with local partners in emergency responses and furthering the global humanitarian localization agenda.

²⁹ Fioramonti, Lorenzo, et al., “Women In Power: It’s a Matter of Life and Death,” Social Europe, June 2020.

Women’s Meaningful Participation in Public Life – Concepts

Voice is the act of making known one’s preferences, views, interests, and demands *and of having them heard*, either individually or collectively. In many societies, women and girls are (or have been) expected to remain silent, denied the rights of autonomy and consent (to marital sex, to vote, over property) and their opinions and experiences are seen as irrational or trivial. This diminishes the perceived validity and reliability of women’s voice even when these discriminatory norms and assumptions are changing.³⁰

Leadership is the mobilization of people and resources towards a particular or common goal. Leadership can be exercised by individuals or groups and is not limited to formal positions or organizations. Ideas and theories of leadership have often focused on typically masculine individual traits or behaviors, but the broader environment, institutional and organizational conditions, and relationships are as important in shaping and understanding the type, quality and objectives of leadership. **Transformative leadership** seeks to challenge and change prevailing unjust social or political orders.³¹

Meaningful participation requires that people not only have access to or are present within decision-making processes, but also that they are able to actively participate in and have influence over their format and outcomes.³²

Feminist leadership is a form of transformative leadership that applies feminist analysis and practice to organizing and collective action. This includes the importance of self-reflection, transformation, and collective and self care; using intersectional gender and power analysis to understand how structural discrimination privileges or disadvantages different people of all genders; actively modelling inclusive, collaborative and consultative behaviors and enabling women who have traditionally had less power to participate in group or organizational leadership and decision making; and focusing attention not on individual women leaders, but on generating collective power to transform oppressive and exclusionary structures in order to fulfil the human rights of all, including women.³³

³⁰ Goetz, Anne-Marie & Celestine Nyamu Musembi, “Voice and Women’s Empowerment: Mapping a Research Agenda,” Brighton: Pathways of Women’s Empowerment Research Programme Consortium, 2008.

³¹ Lyne de Ver, H., “Conceptions of Leadership,” Background Paper 4, Development Leadership Programme, University of Birmingham, 2009; Leftwich, Adrian & Steve Hogg, “Leaders, Elites and Coalitions: The Case for Leadership and the Primacy of Politics,” Background Paper 1, Development Leadership Programme, 2007.

³² CARE, “Women’s Voice and Leadership Position Paper,” forthcoming.

³³ Ibid.

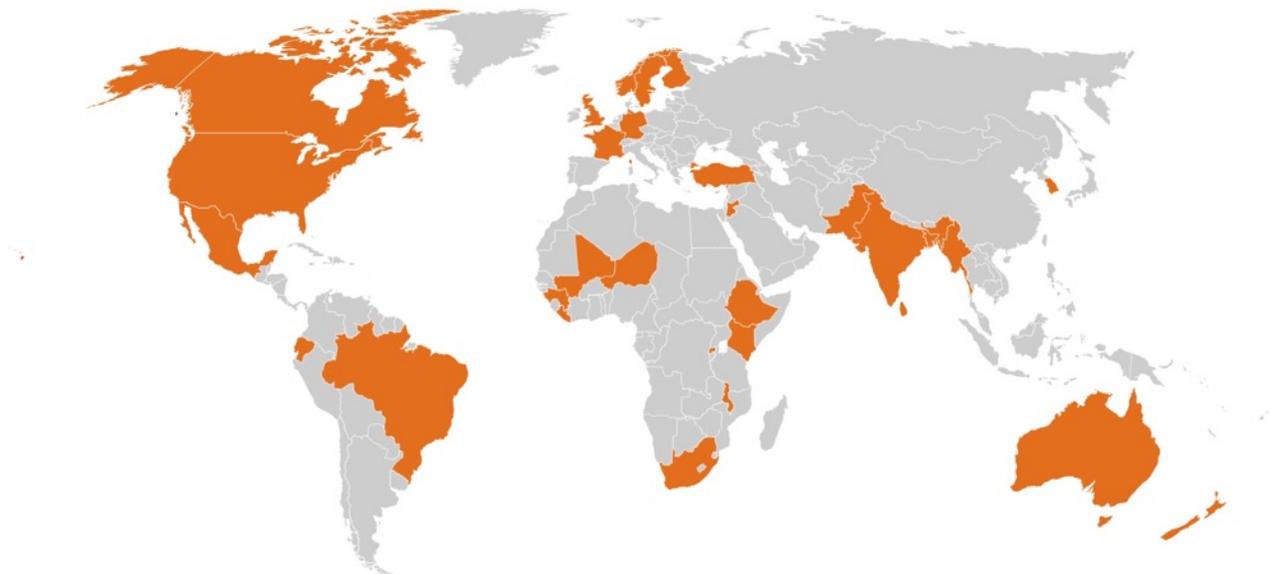
CARE's Research Objectives

CARE sought to examine how gendered national COVID-19 responses have been. To do so, CARE asked three questions:

- If a country has established a national-level COVID-19 response team, what is the gender composition of that team? Are women and men equally represented?
- Response team gender composition notwithstanding, has the country applied a gender lens to its COVID-19 response measures?
- Is there a correlation between countries with more gender-balanced national leadership, as measured by a score of 50 or above on the Women's Power Index (WPI) and a more gendered response?

Since it is too early in the COVID-19 response to assess the effectiveness of these responses, the research is intended to provide a snapshot of whether governments applied any gender lens, not the quality of that lens.

CARE'S RAPID ANALYSIS OF 30 COUNTRIES



Methodology

To address these questions, CARE conducted a rapid analysis of 30 countries.³⁴ The countries were selected to represent each region of the world, to the extent possible, and from the Global South and Global North. The countries also represent a mix of those where CARE does and does not operate, and a range of scores on the WPI.

³⁴ The 30 countries are: Australia, Bangladesh, Brazil, Canada, Ecuador, Ethiopia, Finland, France, Germany, Guinea, India, Jordan, Kenya, Liberia, Malawi, Mali, Mexico, Myanmar, New Zealand, Niger, Norway, Pakistan, Rwanda, South Africa, South Korea, Sri Lanka, Sweden, Turkey, UK, USA.

CARE then reviewed publicly available materials from governments, international and national organizations, and media articles, and in some cases utilized information from in-country contacts, to glean details on the gender makeup of COVID-19 response teams and how gender-inclusive each country's response has been thus far. CARE considered the number of people on each task force and whether they publicly represented as female or male. Where it was possible to ascertain with some certainty the total membership of the committee, CARE then calculated the percent of the committee that was female. Where this was not possible, no calculation is provided; similarly, if it appeared that the national cabinet was coordinating the response, CARE did not provide a calculation, with the understanding that this would not be comparing like indicators.

To determine whether national decision makers applied a gender lens to their responses, CARE considered whether countries provided funding toward GBV prevention and response programs; policy commitments toward GBV prevention and response programs; funding toward SRH services; policy commitments toward SRH services; support for childcare; support to mitigate the specific economic effects of the pandemic on women; and/or assistance for low-income and/or vulnerable groups. Funding and policy commitments were considered separately as they are qualitatively different, but equally important, as both indicate a country's intent to meet the unique needs of women. While these factors do not ensure that a response is gendered, they do provide a useful indicator for whether the national government has taken the particular needs of women and other vulnerable populations into account. In addition, CARE considered childcare support, although this benefits men as well as women, because women bear an unequal caregiving burden and are more likely to be responsible for childcare during the pandemic than men.³⁵ CARE also considered support for low-income and/or vulnerable groups on the premise that national governments may have intended this support to assist women and men in equal measure. The full results of this survey can be found below in the annex.

Limitations

As CARE's research surveyed only 30 selected countries, it cannot provide a complete picture of gendered responses to the COVID-19 crisis. Additionally, the experiences of the surveyed countries may not be representative of other countries in their regions.

In some contexts, it was not possible to ascertain the membership of national-level response structures. Some countries—such as South Africa—publish the names of key task force members, but do not provide full membership details, making a finding on gender parity impossible.³⁶ Others, such as Rwanda, have very large response teams, which made data collection challenging.³⁷

Not all COVID-19 response teams are responsible for making the decisions that CARE considered as indicating a gendered response, and some national governments are coordinating their responses through their cabinets or standing committees. This made it impossible to determine whether a more gender-equitable COVID-19 response team resulted in a more gendered response, as cross-country comparisons would not consider like entities.

³⁵ CARE, "Global Rapid Gender Analysis for COVID-19," March 2020.

³⁶ De Vos, Pierre, "The National Coronavirus Command Council Riddle and the Contradictory Statements About Its Powers and Functions," Daily Maverick, May 2020, <https://www.dailymaverick.co.za/opinionista/2020-05-14-the-national-coronavirus-command-council-riddle-and-the-contradictory-statements-about-its-powers-and-functions/>.

³⁷ The Government of Rwanda's COVID-19 response team has more than 400 members, according to CARE staff.

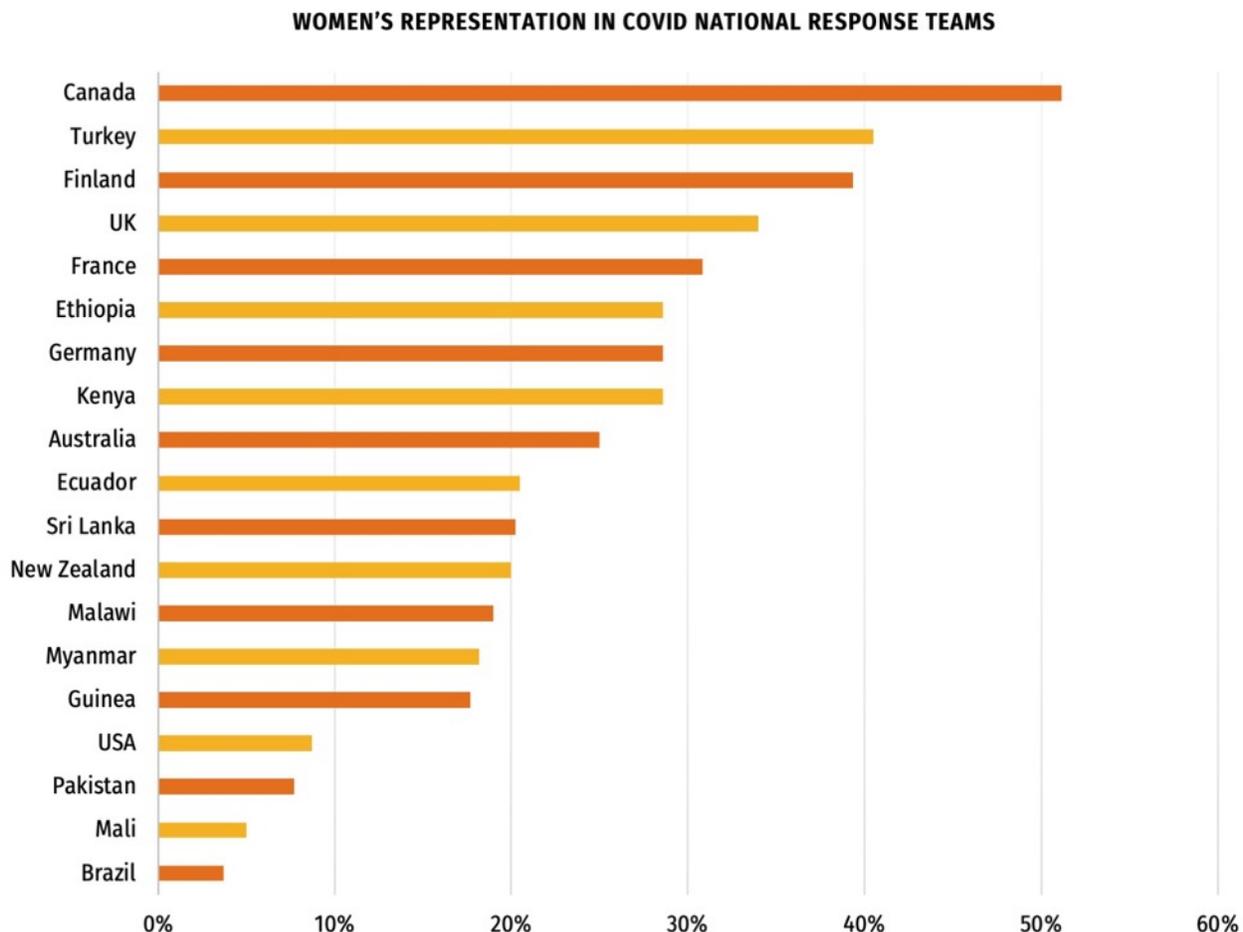
Importantly, countries' funding and policy commitments are varied in scope and scale. CARE did not assess the *quality* of the policies or commitments, which are likely to vary widely, or whether funding commitments were adequate to address women's needs in a given country. Moreover, countries' implementation of their policy commitments will undoubtedly vary, particularly when considering the intersectional identities of their populations. Given that, it is too early to assess the full impact of these policies and how beneficial, or not, they will be for women in a particular place. Rather, this report and its findings provide an understanding of whether national-level decision makers have incorporated any type of gender lens into their COVID-19 responses.

Finally, countries and organizations have generated a tremendous amount of information during the pandemic. Due to the sheer volume of information and the fast-evolving nature of the crisis, CARE acknowledges that countries may have changed the composition of their response teams or made funding or policy commitments that are not included here. Where possible, CARE has verified data with in-country colleagues, but there may be responses that are not captured in the research.

Research Findings³⁸

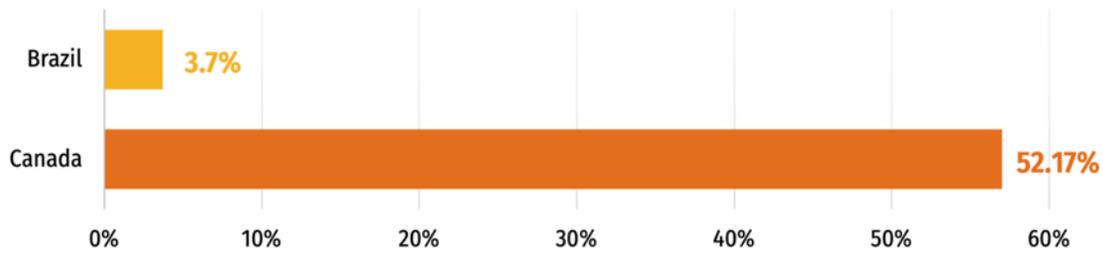
CARE's initial analysis shows that the majority of national-level COVID-19 responses surveyed have been neither gender-equitable nor gender-inclusive.

Gender Equity in National-level Decision-making Bodies



³⁸ The full results of the CARE's research can be found in Annex 1.

HIGHEST AND LOWEST PERCENTAGE OF WOMEN IN NATIONAL-LEVEL COMMITTEES



- Average percentage of women on national-level decision-making bodies: **24%**

24%

Average number of women in national-level decision-making bodies

VS

70%

Average number of women in the global health and social care workforce

*For countries with more than one COVID-19 response team (Finland, France, Mali, and Sri Lanka), CARE calculated the country's average percentage of female participation across teams.

The majority of national-level COVID-19 response committees are NOT gender-equitable. CARE's analysis showed that men are systematically over-represented and women systematically underrepresented. Of the committees examined, only one—Canada—had female participation of greater than 50%. Although Finland, France, and Turkey had at least one committee with female participation at or above 40%, most committees' gender composition hovered between 20% and 30%.

CARE's research suggests that a similar pattern would be true in countries where national-level data was not available. A Rapid Gender Analysis (RGA) conducted by CARE in West Africa found that key positions and decision making around the crisis are still dominated by men.³⁹ RGA respondents reported that women's leadership is not system-wide, but limited to the few women who hold ministerial posts or positions within West African governments. For example, just 17.7% of Guinea's Scientific Council on Pandemic Response to Coronavirus Disease was female. CARE's Pacific region RGA noted that the national disaster management offices that predate the pandemic are entirely headed by men, with the exception of Fiji, while other structures—including provincial disaster committees, humanitarian systems, and other response mechanisms—are largely male dominated.⁴⁰ Women's voices are also absent at the local level in many settings. In Uganda, an analysis of four district-level COVID-19 task forces found that women made up 22.5% of members on average, and that men held the most influential positions.⁴¹

³⁹ Laouan, Fatouma Zara, "Rapid Gender Analysis - COVID-19 West Africa –April 2020," CARE International, April 2020, <https://insights.careinternational.org.uk/publications/west-africa-rapid-gender-analysis-for-covid-19>

⁴⁰ C. Damon, M. Williams and E. Barker-Perez (2020) 'CARE Rapid Gender Analysis COVID-19 Pacific Region'. CARE International. https://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/GiE_Learning_RGA_Pacific_COVID-19_26March2020.pdf.

⁴¹ CARE International in Uganda "COVID-19 RAPID GENDER ANALYSIS: Omugo Settlement, Palabek Settlement, Gulu Municipality, Arua Municipality, Moyo District, Lamwo District," CARE International. http://careevaluations.org/wp-content/uploads/CARE-International-in-Uganda_Rapid-Gender-Analysis_May-2020_final.pdf.

Analysis

The lack of gender parity in national-level COVID-19 decision-making bodies is concerning, as it means that these entities are less likely to consider women’s and men’s different experiences when shaping responses. It also indicates that the experience and expertise of women who are on the frontlines of the pandemic is not being reflected: women make up more than 70% of the health and social care workforce in many countries⁴² and are more vulnerable to various forms of GBV and sexual exploitation and abuse. These challenges must be considered in national responses plans.

The lack of gender parity in national-level COVID-19 decision-making bodies reflects wider societal inequalities that constrain women’s participation and leadership. The committees that CARE examined often included representatives from fields such as academia and public health, as well as senior government officials and elected representatives. In each of these fields, women around the world report barriers to their meaningful participation and equal voice and leadership that range from harmful social norms that devalue their contributions to a lack of practical considerations, such as support for the caring responsibilities that still largely fall to women.⁴³

As noted above, some countries are not providing public information on the membership or make up of their COVID-19 response committees. Without this information, it is impossible to assess whether they are inclusive of different perspectives, and for civil society to hold them to account on their commitments to women’s equal leadership.

Gendered Responses

- **Only one country**—Canada—has announced *funding and policy commitments for GBV prevention and response programs and SRH services, childcare support, and funding that specifically recognizes the economic effect of the pandemic on women*;
- **Fourteen countries**—Australia, Brazil, Canada, Ecuador, Ethiopia, France, Germany, Malawi, Mexico, New Zealand, Rwanda, Sweden, Turkey and UK—*have taken action on GBV prevention and response*;
 - **Seven countries**—Australia, Canada, France, Mexico, New Zealand, Sweden, and UK—have announced *funding for GBV prevention and response programs*;
 - **Nine countries**—Brazil, Canada, Ecuador, Ethiopia, Germany, Malawi, Mexico, Rwanda, and Turkey—have announced *policy commitments toward GBV prevention and response programs*;
- **Seventeen countries**—Australia, Canada, Ecuador, Ethiopia, Finland, France, Germany, Guinea, Liberia, Malawi, Mexico, New Zealand, Norway, South Africa, South Korea, Sweden, and the UK—*have taken action on SRH*;

⁴² Boniol, Mathieu et al. Gender Equity in the Health Workforce: Analysis of 104 Countries; Working Paper 1. WHO, 2019, <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?sequence=1&isAllowed=y>.

⁴³ For example, see Howe-Walsh, Liza & Sarah Turnbull, “Barriers to Women Leaders in Academia: Tales From Science and Technology,” *Studies in Higher Education*, 2016, 41(3), 415-428, DOI: 10.1080/03075079.2014.929102, and Kalaitzi, Stavroula et al., “Women Leadership Barriers in Healthcare, Academia and Business,” *Equality, Diversity and Inclusion: An International Journal*, 2017, 36(5), 457-474, <https://www.emerald.com/insight/content/doi/10.1108/EDI-03-2017-0058/full/html>.

- **Two countries**—Canada and Malawi—have announced *funding for SRH services*;
- **Sixteen countries**—Australia, Canada, Ecuador, Ethiopia, Finland, France, Germany, Guinea, Liberia, Mexico, New Zealand, Norway, South Africa, South Korea, Sweden, and the UK—have announced *policy commitments for SRH*:
 - **15** of the commitments were made when governments signed onto a single statement drafted by the Government of Sweden;⁴⁴
 - **France and the UK** signed the statement and also expanded access to abortions during the pandemic;⁴⁵
- **Ethiopia** committed to maintain women’s and girls’ access to SRH⁴⁶;
- **Nine countries**—Australia, Canada, Finland, France, Germany, Jordan, Norway, and South Korea, and the US—have announced *childcare support*;
- **Five countries**—Brazil, Canada, India, Turkey, and the US—have announced *funding to support the specific ways that COVID-19 has affected women economically*:
 - **Brazil**: Single mothers who are eligible to receive a cash grant for low-income households will automatically receive two payments⁴⁷; teenage mothers will also automatically receive two payments;
 - **Canada**: Support for female entrepreneurs;
 - **India**: Cash grants to women who have a particular type of bank account;
 - **Turkey**: Increased social benefits for women and widows, as well as conditional maternity benefits;
 - **US**: Grants to women’s business centers for education, training, and advising.
- **Seven countries**—Bangladesh, Kenya, Mali, Myanmar, Niger, Pakistan, and Sri Lanka—have not recorded any responses on GBV, SRH, or economic implications that CARE could find;
- **All 30 countries** have announced *assistance for low-income and/or other vulnerable populations*.

⁴⁴ Government Office of Sweden, “Joint Press Statement: Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 Crisis,” May 2020, <https://www.government.se/statements/2020/05/joint-press-statement-protecting-sexual-and-reproductive-health-and-rights-and-promoting-gender-responsiveness-in-the-covid-19-crisis/>.

⁴⁵ Elzas, Sarah, “France Extends Access to Abortions During COVID-19 Pandemic,” RFI, April 2020, <http://www.rfi.fr/en/france/20200411-france-extends-access-to-abortions-during-covid-19-pandemic>; Government of the United Kingdom, “Temporary Approval of Home Use for Both Stages of Early Medical Abortion,” March 2020, <https://www.gov.uk/government/publications/temporary-approval-of-home-use-for-both-stages-of-early-medical-abortion--2>.

⁴⁶ Wuilbercq, Emeline, “Q&A: How Ethiopia’s Health Minister is Preparing for Coronavirus,” Thomson Reuters Foundation, May 2020, <https://news.trust.org/item/20200504172943-5mjaz>.

⁴⁷ This was later extended to include single fathers. KPMG, “Brazil - Government and Institution Measures in Response to COVID-19,” <https://home.kpmg/xx/en/home/insights/2020/04/brazil-government-and-institution-measures-in-response-to-covid.html>.

TABLE 1: GENDERED RESPONSES

Country	Women's Power Index Score	Gender-based Violence Response	Sexual and Reproductive Health Care Response	Childcare Support	Support to Mitigate the Economic Effect of the Pandemic on Women	Assistance for Vulnerable Groups and/or Low-income Groups?
Sweden	69	✓	✓			✓
Rwanda	67	✓				✓
Norway	62		✓	✓		✓
Finland	61		✓	✓		✓
South Africa	61		✓			✓
France	60	✓	✓	✓		✓
Mexico	57	✓	✓			✓
Ethiopia	51	✓	✓			✓
Canada	48	✓	✓	✓	✓	✓
New Zealand	47	✓	✓			✓
Germany	43	✓	✓	✓		✓
India	41				✓	✓
Australia	39	✓	✓	✓		✓
Bangladesh	31					✓
Ecuador	31	✓	✓			✓
UK	31	✓	✓			✓
Kenya	29					✓
Jordan	23			✓		✓
Mali	23					✓
Malawi	20	✓	✓			✓
USA	20			✓	✓	✓
Brazil	19	✓			✓	✓
Liberia	17		✓			✓
South Korea	17		✓	✓		✓
Sri Lanka	17					✓
Pakistan	16					✓
Guinea	15		✓			✓
Turkey	15	✓			✓	✓
Niger	12					✓
Myanmar	8					✓

Analysis

Very few of the countries surveyed have comprehensively responded to COVID-19 in a gendered way, and in seven—nearly 25% of the sample—CARE could find no evidence of gendered actions at all. The majority of the countries surveyed—76%—have emplaced at least one gender-specific policy commitment, but on the whole, there are a lack of specific measures to mitigate against and respond to the disproportionate impact of the pandemic on women. Canada was the only government in the sample that had announced new funding and policy commitments in all of the research indicators.

Less than half of the countries reviewed—46%—have implemented a policy or funding commitment on GBV, meaning that the majority of governments in the survey have not proactively responded to this issue despite evidence of a significant increase in GBV during the pandemic. The effect of COVID-19-related movement restrictions on GBV has been well-documented, with early evidence from China indicating that incident rates rose under lockdown.⁴⁸ The UN Secretary General also gave the issue political prominence, referring to the “shadow pandemic” of domestic violence, and including it as a form of violence that must stop under his call for a global ceasefire.⁴⁹

⁴⁸ John, Neetu et al., “Lessons Never Learned: Crisis and Gender-based Violence,” *Developing World Bioeth.* 2020;00:1–4, <https://doi.org/10.1111/dewb.12261>.

⁴⁹ UN, “UN Chief Calls For Domestic Violence ‘Ceasefire’ Amid ‘Horrifying Global Surge,’” *UN News*, April 2020, <https://news.un.org/en/story/2020/04/1061052>.

Only two of the countries that CARE analyzed—Canada and Malawi—had increased SRH funding during the crisis. Although such funding may have been subsumed within general healthcare financing and not disaggregated, this is a concerning finding. Movement restrictions make accessing SRH services more difficult, and in some contexts the crisis is being used to restrict sexual and reproductive rights.⁵⁰ Without access to SRH services, out-of-school adolescent girls may be more likely to experience unwanted pregnancies, affecting their chance to return to school and future opportunities.⁵¹

Nine countries have indicated increased support for childcare during the crisis, which could support gender equality since women tend to be disproportionately responsible for care work. However, given the unprecedented increase in home care work due to school and childcare facility closures, it is surprising that this issue has not featured more prominently in many country's responses.

Now, as governments begin to ease lock-down restrictions, some are not considering how women will return to work where childcare facilities and schools remain closed, or how this may disadvantage women and their daughters, who are likely to share the care burden and may not be able to return to school.

All of the countries in the sample have introduced at least one measure intended to support low-income and/or other vulnerable populations. These policies vary widely, but examples include cash transfers to low-income households; in-kind provision of food and essential commodities; waiver of rent and utility charges for a specific time period; and/or expansion of government unemployment benefits to cover informal and/or self-employed workers; and VAT reductions, which disproportionately benefit lower-income groups.

It is positive that most governments are attempting to mitigate the impact of the economic and financial crises on low-income groups, but with food insecurity and poverty already on the rise,⁵² it is unclear whether these measures will go far enough. Further analysis is also needed to assess whether gender or other inequalities have been taken into account in these measures, and therefore if they will reach women and other marginalized groups, or whether they could even have a discriminatory effect. Since only a small number of countries have attempted to mitigate the specific economic effects that women face, it seems likely that further measures will be needed.

Countries with more comprehensive responses were more likely to be higher income, such as Canada and France. This may reflect the fact that they have more resources at their disposal to implement measures. To mitigate some of this potential bias, the survey also took into account where governments indicated support for gender equality issues, for example signing up to the Government of Sweden-organized joint ministerial statement, "Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 crisis."⁵³ This shows an amount of prioritization of and commitment to gender equality in the crisis, even if more analysis is needed as to whether this type of commitment translates into concrete action.

⁵⁰ Palacio, Herminia, "Anti-abortion Groups Are Making COVID-19 an Even Greater Public Health Threat," Guttmacher Institute, March 2020, <https://www.guttmacher.org/article/2020/03/anti-abortion-groups-are-making-covid-19-even-greater-public-health-threat>.

⁵¹ Inter-agency Working Group (IAWG), "Fact Sheet: Adolescent Sexual and Reproductive Health Needs in Emergencies," IAWG Adolescent Health Sub-Working Group, 2020. <https://cdn.iawg.rvgn.io/documents/ASRH-factsheet-v6.pdf?mtime=20200206235425&focal=none>.

⁵² Mahler, Daniel Gerszon, "The Impact of COVID-19 (Coronavirus) on Global Poverty: Why Sub-Saharan Africa Might Be the Region Hardest Hit," World Bank Blog, April 2020, <https://blogs.worldbank.org/opendata/impact-covid-19-coronavirus-global-poverty-why-sub-saharan-africa-might-be-region-hardest>.

⁵³ Government Office of Sweden, "Joint Press Statement: Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 Crisis," May 2020.

Amongst the countries that did make funding or policy commitments, the commitments have varied widely in scope and scale. In Germany, for example, individual ministers and some state-level leaders have actively applied a gender lens in their response plans, but there is no coherent, national, gender-sensitive approach or plan.⁵⁴ Long-term service investments, not just those made in times of crisis, are also needed and are not included in CARE’s survey. Norway for example, has not recorded new funding for GBV services during COVID-19, but women’s rights advocates have previously noted it is one of few European countries to have met targets on the provision of shelters for domestic violence.⁵⁵

Other countries that have increased funding during the crisis, such as France and the UK, had previously failed to either set or meet these targets.⁵⁶

The Impact of More Equitable National Leadership on COVID-19 Responses

In general, CARE’s research showed that countries with a higher score on the WPI—greater than 50—have had more gendered responses to date, while countries with lower WPI scores were implementing less gender-inclusive responses.

Examples of highly gendered responses include:

- France**
60
 - France, with a WPI score of 60, provided additional funding for GBV prevention and response programs, made policy commitments toward maintaining women’s access to SRH services and also expanded abortion access during the pandemic, enhanced childcare support, and provided assistance to low-income households and/or vulnerable groups.
- Ethiopia**
51
 - Ethiopia, which scored 51 on the WPI, has made policy commitments toward GBV prevention and response measures and SRH services, and is providing assistance to low-income and/or vulnerable households.
- Canada**
48
 - Canada, with a WPI score of 48, was the only country with a COVID-19 response team that was more than 50% female, and that met each of the indicators CARE examined for a gendered response.

⁵⁴ Analysis from CARE Germany, based on national policies.

⁵⁵ WAVE, “WAVE Country Report 2019: The Situation of Women’s Specialist Support Services in Europe,” WAVE – Women against Violence Europe, 2019, https://www.wave-network.org/wp-content/uploads/WAVE_CR_200123_web.pdf.

⁵⁶ Ibid.

Examples of non-gender-inclusive responses include:

- U.S.
20
 - The United States, with a WPI score of 20, has passed several large economic response plans that purport to support low-income households, but has not yet provided national funding or policy commitments around GBV or SRH.
- Niger
12
 - Niger, which scored 12 on the WPI, has provided support to low-income households but CARE could not find any indication that the country had enacted or implemented any gendered response measures to date.

Several countries did not fit the general trend. Rwanda has a very high WPI score of 67, but the government’s response to date has not been gender-inclusive. In contrast, Turkey, which has a low WPI score of 15, has announced policy commitments to respond to GBV and to mitigate the economic impact of the pandemic on women, as well as on low-income households. These examples serve as an important reminder that a country’s WPI score may show women’s presence, but not their ability to meaningfully participate. Conversely, a lower WPI score may obscure the fact that a government as an entity, the women in it, or the country’s civil society are committed to gender equality, or at least aware of the gendered implications of the pandemic.⁵⁷

Analysis

Research on women’s leadership and the impact of that leadership on gender equality outcomes has shown that there are variations in how effective women leaders are at shifting policies and laws, and in tangible impact. This is due to a variety of context-specific factors. First, women in formal decision-making spaces may not be advocating for women or for gender-transformative policies, since they have varying interests and political priorities; some women may even advocate against changes that others would consider essential for gender equality or women’s rights. In order to advance gender-transformative policies that prioritize marginalized women, it is important to have leaders that represent these interests.⁵⁸

Second, women face a two-fold hurdle to meaningful political participation: they must obtain a position of power, and then have influence within it.⁵⁹ Even where women are present in decision-making roles, political structures, social norms, and unequal power relations may keep them from having the same influence or power that men do.⁶⁰ The solution, and the challenge, is not to simply add women to existing structures, but to transform those structures to allow for women’s meaningful participation.

⁵⁷ For example, women’s rights organizations active in Turkey have been advocating against increased domestic violence during the pandemic, conducting social media campaigns, writing monitoring reports, and holding government leaders accountable. These efforts have prompted the Government of Turkey Ministry of Family, Labor, and Social services to address these issues. See Ünker, Pelin & Daniel Bellut, “Domestic Violence Rises in Turkey During COVID-19 Pandemic,” DW, April 2020, <https://www.dw.com/en/domestic-violence-rises-in-turkey-during-covid-19-pandemic/a-53082333>; and Cupolo, Diego, “Domestic Assault, Violent Crimes Rise in Turkey Amid Coronavirus Measures,” April 2020, <https://www.al-monitor.com/pulse/originals/2020/04/turkey-domestic-violence-rises-coronavirus.html>

⁵⁸ O’Neil, Tam & Pilar Domingo, “Women and Power: Overcoming Barriers to Leadership and Influence,” Overseas Development Institute (ODI), February 2016, <https://www.odi.org/publications/10309-women-and-power-overcoming-barriers-leadership-and-influence>.

⁵⁹ Ibid.

⁶⁰ Ibid.

The solution, and the challenge, is not to simply add women to existing structures, but to transform those structures to allow for women's meaningful participation.

For example, Canada and France have male heads of state but also feminist foreign or international assistance policies. While these policies may not directly influence the countries' COVID-19 responses, they are indicative of the countries' commitment to gender equality.

Finally, women present in formal decision-making structures often need to work with progressive and women's rights movements within civil society to negotiate change.⁶¹ CARE's initial research did not quantify the extent to which women's rights movements have influenced the gendered responses that were implemented, although anecdotal evidence suggests that they play an essential role. For example, a civil society campaign in Jordan secured government employees' rights to not be required to return to work if they were pregnant or did not have childcare.⁶² The next section of this report discusses the importance of supporting and investing in diverse women's rights and women-led organizations, movements, leaders and collectives so that responses best meet the needs of whole communities.

Questions for Further Research

CARE's survey of government responses to COVID-19 and women's leadership shows that women and men are not equally deciding how to respond to the crisis, and that most governments are not responding to the pandemic with measures that protect and promote gender equality. The analysis also shows that further research is needed to understand the different ways in which women's leadership interacts with the crisis, including the factors that enable or constrain governments from implementing more gendered responses and how to track and measure whether women can meaningfully participate in the crisis response.

The analysis also does not answer whether women leaders are crafting more "effective" responses from a public health or economic viewpoint. Although early research has found that countries with female leaders have suffered one-sixth as many COVID-19-related deaths as those led by men and will recover from recessions more quickly,⁶³ the crisis is still at an early stage, and longer-term research is needed to understand how and why women leaders may have been able to make a difference in these regards.

One important implication of the research is that more action is needed to ensure that women's voices are shaping the response to the crisis. Subsequent sections discuss, based on CARE's experience of working to strengthen women's voice and leadership, what actions can be taken now, particularly in regard to the humanitarian community of which CARE is a part.

⁶¹ Weldon, S. Laurel & Mala Htun, "Feminist Mobilisation and Progressive Policy Change: Why Governments Take Action to Combat Violence Against Women," <https://www.tandfonline.com/doi/abs/10.1080/13552074.2013.802158>.

⁶² Government of the Hashemite Kingdom of Jordan, "Returning to Work," <http://www.pm.gov.jo/upload/files/Returning-Work.pdf>.

⁶³ Fioramonti, Lorenzo, et al., "Women In Power: It's a Matter of Life and Death," Social Europe, June 2020.

Why the Global Community Needs Women Leaders in the COVID-19 Response

Localized, Women-led Crisis Responses are More Effective and Inclusive

“You might think from the outside that all people need the same: food, water, and shelter. However, needs can be quite different. Identifying those differences and incorporating them in our response is one of my main responsibilities.”

— **Fatouma Zara Soumana, Gender in Emergencies Expert, CARE International Rapid Response Team, Niger**

For years, women have been responding to crises caused by conflict and climate change and helping build local resilience. Beyond formal leadership in government spaces, in crises women help everyone within affected communities—women, men, girls, and boys—to survive and adapt.

Women’s participation makes humanitarian responses more effective and inclusive.⁶⁴ Women responders deliver immediate assistance, such as in-kind provisions or economic support, in context-specific ways that meet the practical needs of their communities. They often recognize the need to incorporate the unique concerns of women and girls, such as GBV prevention and response programs or SRH services. Many women responders also consider a crisis’ longer-term implications for gender equality and can help ensure that previously made gains are not lost.

The benefits of women’s participation extend beyond the immediate consequences of an emergency. When women’s groups can influence peace processes, they are more likely to result in peace agreements, and those agreements are more likely to be implemented and durable.⁶⁵ Furthermore, there is strong evidence that when local women help shape health policies and systems, the systems are more responsive to women’s needs. In turn, women are more likely to use the services, leading to better health outcomes.⁶⁶

Local and national women responders’ core contributions demonstrate why their leadership is necessary for effective, inclusive crisis response⁶⁷:

- Access to marginalized populations—many women responders were there before the crisis and will stay on long after it has passed;
- Contextual understanding of needs and realities, and how to engage and build trust with different groups, particularly women and girls;
- Ability to use social capital and networks to reach other women;
- Providing safe spaces that raise women’s voices and support women’s leadership;
- Providing solidarity to other women and girls in day-to-day spaces and activism;

⁶⁴ CARE, “She Is A Humanitarian: Women’s Participation in Humanitarian Action Drawing on Global Trends and Evidence From Jordan and the Philippines,” 2017.

⁶⁵ O’Reilly, Marie et al., “Reimagining Peacemaking: Women’s Roles in Peace Processes,” International Peace Institute, June 2015, <https://www.ipinst.org/wp-content/uploads/2015/06/IPI-E-pub-Reimagining-Peacemaking.pdf>.

⁶⁶ Gullo, Sara et al., “Effects of a Social Accountability Approach, CARE’s Community Score Card, on Reproductive Health-related Outcomes in Malawi: A Cluster-randomized Controlled Evaluation,” *PLOS ONE*, February 2017, <https://doi.org/10.1371/journal.pone.0171316>.

⁶⁷ Adapted from Lindley-Jones, Helen, “Women Responders: Placing Local Action at the Centre of Humanitarian Protection Programming,” CARE International, 2018, https://insights.careinternational.org.uk/media/k2/attachments/CARE_Women-responders-report_2018.pdf.

- Contributing to interventions being gender-transformative and potentially more sustainable.

Despite evidence that demonstrates women’s essential contributions, these are often not valued, recognized, or supported by the humanitarian system. Because men have largely designed and led humanitarian assistance programming, services such as GBV and SRH are not always considered immediate needs on par with food or shelter—despite the fact that women’s need for them increases during crises and that these services save lives. Women face the same barriers to their participation in the humanitarian system that they do in society, writ-large—including unequal caregiving burdens, lack of compensation, increased risk of violence, and the unequal nature of partnerships with international actors—as well as additional barriers, such as the threat of GBV. Women humanitarian responders also report that the work they do is not taken as seriously and that their voices are not as well respected as those of men.⁶⁸



Distribution of Hygiene Kits and cash in Haiti ©John Rutherford MICHEL/CARE

⁶⁸ Ibid; see also Lambert, Brittany, Francesca Rhodes & Mayssam Zaaroura, “A Feminist Approach to Localisation: How Canada can support the leadership of women’s rights actors in humanitarian action” Oxfam Canada, 2018, <https://www.oxfam.ca/wp-content/uploads/2018/06/a-feminist-approach-to-localization.pdf>.

CARE's Approach to Women's Voice and Leadership

CARE's approach to women's voice and leadership⁶⁹ across development and humanitarian action supports:

- The different pathways through which women can be influential in public life, including civil society, private sector, state and government, and kinship, customary and religious spheres;
- Poor and marginalized women's participation and representation in public life;
- The quality of women's participation and their actual power and influence in public decision making;
- The responsibility of men, and not just women and non-binary people, to challenge and change structural barriers to women and minority rights and gender equality.

It is guided by ten principles:

1. Be political but not partisan;
2. Reflect on and challenge barriers to women's voice, leadership, and representation within CARE;
3. Support transformative leadership;
4. Recognize marginalized women as change agents and experts on what is in the best interests of their community;
5. Adopt an intersectional approach from the outset;
6. Listen to women and support their chosen pathways of participation and leadership;
7. Focus on the quality of women's participation;
8. Invest in multi-dimensional and gender-transformative programs;
9. Integrate activities and actions across different levels of society and state;
10. Build relationships of partnership, not paternalism.

⁶⁹ CARE, "Women's Voice and Leadership Position Paper," CARE, forthcoming.

Women Responders' and Leaders' Experiences During the COVID-19 Emergency

“In general, women do not participate in decision making at the same level as men and now with social distancing measures, we go out even less. However, we are informally involved in decision making. If we were not, how would anyone know about the disease and how to prevent it?”⁷⁰

— Participant in Rapid Gender Analysis, Chad

In many places, women-led organizations and activists are responding to the economic and social crises that COVID-19 has created, supporting their communities, and advocating for gender equality. These responses range from the local—ensuring that women who face multiple forms of discrimination are not prevented from receiving assistance—to national, regional, and global initiatives that unite women’s rights activists in advocating for systemic changes.

In Bangladesh’s Cox’s Bazar District, women’s networks and self-organized groups have led community outreach and awareness-raising sessions on COVID-19 and worked with women in the communities to produce and distribute face coverings, in both Rohingya and host communities.⁷¹ Similarly, in Jordan, Women’s Leadership Councils composed mostly of refugee women have been spreading awareness in their communities on health precautions and on positive communications to curb psychological stress and domestic violence. Yet women’s leadership and participation in decision making in many contexts remains low, and entrenched social norms devalue and prevent women’s voices from being heard. Humanitarian organizations warn that the COVID-19 response must explicitly support women’s participation to ensure it supports their needs and priorities, and that the crisis does not further restrict women and girls’ freedoms.

Before the pandemic, women in some parts of West Africa had been organizing through Village Savings and Loans Associations (VSLAs), which have positive effects on women’s economic, social, and political empowerment.⁷² Some of these VSLAs are now educating their communities on COVID-19 prevention and response measures. Although community-level decisions are largely made by male-dominated entities, some of these groups have consulted with and sought guidance from women-led VSLAs in Benin, Mali, and Niger.⁷³ However, women’s participation in community decision making is not systemic and remains subject to their availability, which is hampered by their unequal caregiving burden. As one RGA respondent from Ghana noted, “Women participate in decision-making forums if that does not coincide with the moments of their domestic tasks.”⁷⁴

Despite the efforts of women to organize and lead responses in their communities, the COVID-19 crisis has amplified the obstacles that women face to meaningfully engage in decision making, particularly as women are confronted with increased caregiving burdens and risk of GBV. Evidence is already emerging that shows that some COVID-19 emergency measures, such as movement restrictions, are failing to account for women’s need for and right to SRH services.

⁷⁰ Laouan, Fatouma Zara, “Rapid Gender Analysis - COVID-19 West Africa –April 2020,” CARE International.

⁷¹ Toulemonde, Marie, “COVID-19 Outbreak: Cox’s Bazaar Rapid Gender Analysis,” ISCG Gender Hub in collaboration with UN Women, CARE, and Oxfam, May 2020, <http://careevaluations.org/evaluation/bangladesh-covid-19-rapid-gender-analysis-coxs-bazar/>.

⁷² CARE, “Unlocking Access, Unleashing Potential: Empowering 50 Million Women and Girls Through VSLAs by 2030,” October 2019, https://www.care.org/sites/default/files/documents/vsla_unlocking_access.pdf.

⁷³ Laouan, Fatouma Zara, “Rapid Gender Analysis - COVID-19 West Africa –April 2020,” CARE International.

⁷⁴ Ibid.

In Uganda's Gulu Municipality, one woman told CARE:

“This crisis has already caused death to one of the pregnant mothers who died of labour pain after bleeding for a long time without being attended to at home. She died not because of negligence, only that there was no transport to take her to the hospital since by that time all the public transport means had been blocked due to the danger of COVID.”⁷⁵

Supporting women leaders in the COVID response has long-term implications, because crises can advance or regress gender equality. In the Middle East and North Africa, women have been strengthening and amplifying their participation and voice in recent decades. However, women activists are concerned that COVID-19 could be used as an excuse to regress gender gains and introduce repressive measures that could stifle women's participation in civil society and rights-based advocacy.⁷⁶ In Bangladesh, women's rights organizations report being left out of local and national consultations on the COVID-19 response.⁷⁷ Their inability to secure a seat at the decision-making table now may reduce their voice for years to come.

Finally, despite commitments to support localized, women-led crisis responses, the humanitarian system has not systematically included or funded local women's rights or women-led organizations in the COVID-19 response. To date, most COVID-19 humanitarian funds have been channeled through UN agencies, which are slow to sub-grant to local organizations. Just 0.1% of COVID-19 funding has been directed to local and national NGOs, and women-led organizations are likely to have received an even smaller share of this money.⁷⁸

How Governments and International Actors Can Increase Women's Participation, at All Levels, for a More Effective COVID-19 Response

The global pandemic, with its disproportionate effect on women, provides an excellent opportunity to examine how seriously governments are taking their numerous commitments to increase women's leadership and decision making, and whether they are taking women's concerns into consideration when responding to COVID-19. Unfortunately, CARE's research demonstrates that most governments have failed to meet their obligations. Response teams established for the crisis are not gender-equitable, and the majority of responses have not been gender-inclusive. These gaps are easily discernible at the national level, as CARE's research shows, as well as at local levels.

⁷⁵ CARE Uganda and CARE Austria, "COVID-19 Rapid Gender Analysis: Omugo Settlement, Palabek Settlement, Gulu Municipality, Arua Municipality, Moyo District, Lamwo District," CARE International, May 2020, <http://careevaluations.org/wp-content/uploads/CARE-International-in-Uganda-Rapid-Gender-Analysis-May-2020-final.pdf>.

⁷⁶ Phelps, Courtney, "Rapid Gender Analysis: Middle East and North Africa Region," CARE International, April 2020, <http://careevaluations.org/wp-content/uploads/Regional-Rapid-Gender-Analysis-MENA-10-April-2020-FINAL.pdf>.

⁷⁷ UN Women "COVID-19 Bangladesh Rapid Gender Analysis," 2020, <http://careevaluations.org/evaluation/covid-19-bangladesh-rapid-gender-analysis/>

⁷⁸ Charter4Change, "Charter For Change Statement on the Revised UN Global Humanitarian Response Plan on Covid19," Charter4Change, May 2020, <https://reliefweb.int/report/world/charter-change-statement-revised-un-global-humanitarian-response-plan-covid19>.

To address the underrepresentation of women in the COVID-19 response, local and national governments must increase women's leadership in formal decision-making spaces and the humanitarian community must support localized, women-led responses. These actions are mutually reinforcing: women's rights movements tend to work with women and men in positions of power to advance legal and policy initiatives, and these movements often support more women leaders to emerge and attain power.

Strategies to increase women's leadership should look beyond supporting individual women and address systemic barriers and support collective leadership. These strategies should also be intersectional, recognizing that women with privilege⁷⁹ often find it easier to gain positions of influence and that they may not represent the interests of marginalized women once there.⁸⁰ For example, CARE's work on Women Lead in Emergencies actively puts power, decision making, and money in the hands of women directly affected by crises so that they can engage in decision making.⁸¹

In CARE's experience, bolstering women's leadership in emergencies requires targeted funding and approaches to address barriers at the levels of agency, relations, and structures. These barriers mirror those that women face in non-crisis settings, but may be heightened or exacerbated during emergencies:

- **Agency barriers:** impede women and girls from developing confidence, self-esteem and aspirations as well as knowledge, skills, and capabilities;
- **Relations barriers:** negatively impact women and girls' intimate relations and social networks, group membership, activism, and citizen and market negotiations;
- **Structural barriers:** systematically discriminate against women and girls through inequitable social norms, customs, values and exclusionary practices and/or laws, policies, procedures, and services.

To support localized, women-led humanitarian responses, international donors and NGOs must urgently enact their commitments to women's leadership. They should prioritize increasing the availability of fast, flexible core funding that local and national leaders can access, and ensure that partnerships are based on equal power sharing, so that local actors, who know the context best, can devise and implement responses that meet their communities' needs.

⁷⁹ Here, the term "privilege" encompasses a number of intersecting factors, and includes, but is not limited to, class, education, ethnicity, race, religion, and sexual orientation.

⁸⁰ O'Neil, Tam & Pilar Domingo, "Women and Power: Overcoming Barriers to Leadership and Influence," Overseas Development Institute (ODI), February 2016.

⁸¹ CARE, "Women Lead in Emergencies," https://insights.careinternational.org.uk/images/Women_lead_in_emergencies.pdf.

Recommendations

National Governments Should:

- Promote women’s meaningful participation in decision making, from the local to the national level, by applying a gender equality quota to COVID-19-related decision-making bodies and processes, and furthering women’s active and meaningful participation in these;
- Work with diverse local women-led and women’s rights organizations, movements, and leaders to identify the barriers to women’s participation and leadership in decision-making structures and determine actions to address and dismantle those barriers;
- Create gender-balanced COVID-19 response mechanisms at all levels and support women’s participation by accounting for gender-specific barriers to decision-making spaces;
- Designate at least one member of national-level response teams with demonstrated gender expertise to focus on the effects of the pandemic on women and girls and how to mitigate those;
- Ensure that frontline health and social service workers, the majority of whom are female, are equitably represented at all levels of decision making;
- Ground all COVID-19 response plans in sound gender analyses that consider gendered roles, risks, responsibilities, and social norms and that account for the unique capabilities and needs of other vulnerable populations. This includes ensuring that COVID-19 mitigation and response measures address women’s and girls’ caregiving burdens and heightened GBV risks;
- Ensure the availability and accessibility of key services—such as GBV prevention and response, and primary, emergency, and sexual and reproductive health care—for women and girls in line with international standards;
- Facilitate humanitarian access to populations in need of assistance, so that they can continue operations for at-risk women and girls;
- Advocate with actors in the humanitarian system to include age, disability, and sex disaggregated data in country or regional Humanitarian Response Plans;
- Build regular, mandatory consultations with civil society leaders, including women and girls, into all policy measures.

International Donors and UN Agencies Should:

- Actively champion women’s leadership in COVID-19 responses in humanitarian settings. For example, ensure that local women’s rights and women-led organizations have meaningful representation in relevant COVID-19 response coordination bodies;
- Recognize that women are on the frontlines of health and humanitarian action and support their leadership. This includes making available fast, flexible funds to partners such as local women’s rights organizations, women-led organizations, and female first responders;

- Urgently work to meet the Grand Bargain commitment to channel 25% of humanitarian funding directly to local and national actors, prioritizing women-led and women’s rights organizations, including in the UN COVID-19 Global Humanitarian Response appeal⁸²;
- Ensure that women-led and women’s rights organizations are involved in assessing whether the humanitarian community has made meaningful progress toward the goal of directing 25% of humanitarian funding to local and national actors;
- Increase funding and flexibility so that existing development and humanitarian operations can rapidly scale up and adapt to the risks posed by COVID-19, particularly to women and girls, including via cost extensions for existing work. This flexibility is critically important, especially for existing women’s voice and leadership programs;
- Require that all COVID-19 funding proposals, impact assessments, and strategies contain comprehensive gender analyses and gender protection mainstreaming provisions, and that women and girls can help lead the design, implementation and evaluation of proposals that will affect their lives, livelihoods, families, and communities;
- Include the Gender with Age Marker to track needs and programming in all sectors of COVID-19 response⁸³;
- Ensure that humanitarian organizations and UN agencies can report on how much funding toward the COVID-19 response and UN appeals reaches women’s rights and women-led organizations AND how much delivers gender-responsive programming.

International NGOs Should:

- Work with diverse women’s rights and women-led organizations, movements and leaders to identify the barriers and possible solutions to their participation and leadership in decision-making structures;
- Support, with collective advocacy and funding, women’s groups and civil society leaders and their organizations who are calling for their national governments to implement more gender-equitable, effective responses to COVID-19;
- Increase partnerships with women’s rights-and women-led organizations, in the spirit of advancing UN Sustainable Development Goal 5 on gender equality and women’s and girls’ empowerment and meeting Grand Bargain and Charter for Change commitments;
- Promote women’s meaningful participation and equal power sharing in program design, delivery, and evaluation;

⁸² UN, “Global Humanitarian Response Plan for COVID-19,” May 2020, <https://reliefweb.int/report/world/global-humanitarian-response-plan-covid-19-april-december-2020-ghrp-may-update-abridged>.

⁸³ The Gender with Age Marker is a tool designed to help humanitarian organizations make their programming gender equitable. See Inter-Agency Standing Committee, “Gender with Age Marker,” <https://www.iascgenderwithagemarker.com/en/pnh/>.

- Sustain programming that addresses the underlying causes of gender inequality, GBV, exclusion and power imbalances—including working with men, boys, and people of all genders, specifically LGBTQIA communities—to change harmful attitudes, behaviors, norms, and practices.



Medical equipment donated by CARE in use at health centers ©CARE

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Country	Women's Power Index Score	Name of COVID-19 Response Team (activated or convened)	Gender Equality in COVID-19 response	Percent of COVID-19 Response Team That is Female	Funding for GBV	Policy announcement or commitment for GBV	Funding for SRH	Policy announcement or commitment for SRH	Childcare Support	Support to Mitigate the Economic Effect of the Pandemic on Women	Assistance for Vulnerable Groups and/or Low-income Groups?
Australia	39	National COVID-19 Coordination Commission ¹	6 M; 2 F ²	25	Y ³	N	N	Y ⁴	Y	N	Y ⁵
Bangladesh	31	National Coordination Committee for Prevention and Control of COVID-19 ⁶	n/a	n/a	N	N	N	N	N	N	Y ⁷
Brazil	19	Crisis Committee for Supervision and Monitoring the Impacts of COVID-19 ⁸	26 M; 1 F ⁹	3.7	N	Y ¹⁰	N	N	N	Y ¹¹	Y ¹²
Canada	48	The COVID-19 Immunity Task Force Leadership Group ¹³	11 M; 12 F ¹⁴	52.17	Y ¹⁵	Y ¹⁶	Y ¹⁷	Y ¹⁸	Y ¹⁹	Y ²⁰	Y ²¹

¹ Government of the Commonwealth of Australia, "NCCC: National COVID-19 Coordination Commission," March 2020, <https://www.pmc.gov.au/nccc>.

² Ibid.

³ Prime Minister of Australia, "\$1.1 Billion to Support More Mental Health, Medicare and Domestic Violence Services," March 2020, <https://www.pm.gov.au/media/11-billion-support-more-mental-health-medicare-and-domestic-violence-services-0>.

⁴ Government Office of Sweden, "Joint Press Statement: Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 Crisis," May 2020, <https://www.government.se/statements/2020/05/joint-press-statement-protecting-sexual-and-reproductive-health-and-rights-and-promoting-gender-responsiveness-in-the-covid-19-crisis/>.

⁵ International Monetary Fund (IMF), "Policy Response to COVID-19," June 2020, <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>.

⁶ Government of the People's Republic of Bangladesh, "National Preparedness and Response Plan for COVID-19, Bangladesh," March 2020, https://dghs.gov.bd/images/docs/Notice/Notice_20_03_2020_Revised_NPRP%20COVID-19_V6_18032020.pdf.

⁷ IMF, "Policy Response to COVID-19," June 2020.

⁸ Government of the Federative Republic of Brazil, "Decreto Nº 10.277, de 16 de Março de 2020," March 2020, http://www.planalto.gov.br/ccivil_03/_Ato2019-2022/2020/Decreto/D10277.htm.

⁹ Ibid.

¹⁰ Ministry of Women, Family and Human Rights, "Aos Organismos Governamentais de Políticas para Mulheres Assunto: Recomendações em relação às ações de enfrentamento à violência contra meninas e mulheres no contexto da pandemia de COVID-19," Government of the Federative Republic of Brazil, March 2020, https://www.gov.br/mdh/pt-br/assuntos/noticias/2020-2/marco/ministerio-recomenda-que-organismos-de-politicas-para-mulheres-nao-paralisem-atendimento/SEI_MDH1136114.pdf/view.

¹¹ KPMG, "Brazil: Government and Institution Measures in Response to COVID-19," May 2020, <https://home.kpmg/xx/en/home/insights/2020/04/brazil-government-and-institution-measures-in-response-to-covid.html>.

¹² IMF, "Policy Response to COVID-19," June 2020.

¹³ Government of Canada COVID-19 Immunity Task Force, "Leadership Group," <https://www.covid19immunitytaskforce.ca/about/leadership-group/>.

¹⁴ Ibid.

¹⁵ Government of Canada, "Canada Announces Support to Those Experiencing Homelessness and Women Fleeing Gender-based Violence During the Coronavirus Disease (COVID-19) Pandemic," April 2020, <https://www.canada.ca/en/employment-social-development/news/2020/04/canada-announces-support-to-those-experiencing-homelessness-and-women-fleeing-gender-based-violence-during-the-coronavirus-disease-covid-19-pandemic.html>.

¹⁶ Ibid.; Government of Canada, "Supporting Women's Shelters and Sexual Assault Centres During COVID-19," May 2020, <https://cfc-swc.gc.ca/fun-fin/shelters-refuges-en.html>.

¹⁷ Ibid.

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¹⁹ IMF, "Policy Response to COVID-19," June 2020.

²⁰ Government of Canada, "Minister Ng Announces More Support for Women Entrepreneurs Amid COVID-19," May 2020, <https://www.canada.ca/en/innovation-science-economic-development/news/2020/05/minister-ng-announces-more-support-for-women-entrepreneurs-amid-covid-19.html>.

²¹ IMF, "Policy Response to COVID-19," June 2020.

Ecuador	31	National Emergency Operations Committee (COE) - standing Cabinet-level Interagency Emergency Response Team ²²	31 M; 3 F ²³	20.5	N	Y ²⁴	N	Y ²⁵	N	N	Y ²⁶
Ethiopia	51	COVID-19 National Ministerial Committee ²⁷	5 M; 2 F ²⁸	28.6	N	Y ²⁹	N	Y ³⁰	N	N	Y ³¹
Finland	61	Government COVID-19 Coordination Group Operations Centre ³²	10 M; 6 F 10 M; 7 F ³³	37.5 41.18	N	N	N	Y ³⁴	Y ³⁵	N	Y ³⁶
France	60	Conseil Scientifique Covid-19 Comité Analyse, Recherche et Expertise ³⁷	8 M; 2 F 7 M; 5 F ³⁸	20 41.67	Y ³⁹	N	N	Y ⁴⁰	Y ⁴¹	N	Y ⁴²
Germany	43	Kleines Corona-Kabinett Gr. Corona-Kabinett ⁴³	5 M; 2 F	28.57	N	Y ⁴⁵	N	Y ⁴⁶	Y ⁴⁷	N	Y ⁴⁸

²² Government of the Republic of Ecuador, "Listado de Participantes del 24 de Abril," April 2020, <https://www.gestionderiesgos.gob.ec/wp-content/uploads/2020/05/Listado-de-participantes-del-24-de-abril.pdf>.

²³ Ibid.

²⁴ Government of the Republic of Ecuador, "Protocolo de Comunicacion y Atencion de Casos de Violencia de Genero e Intrafamiliar Durante la Emergencia Sanitaria por CORONAVIRUS (COVID-19)," 2020, <https://www.derechoshumanos.gob.ec/wp-content/uploads/downloads/2020/03/Protocolo-de-comunicacion-y-atencion-de-casos-de-violencia.pdf>.

²⁵ Government Office of Sweden, "Joint Press Statement: Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 Crisis," May 2020.

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²⁷ Fana Broadcasting Corporate, "Ethiopian Parliament Approves State of Emergency," April 2020, <https://www.fanabc.com/english/ethiopian-parliament-approves-state-of-emergency/>.

²⁸ Ibid.

²⁹ Wuilbercq, Emeline, "Q&A: How Ethiopia's Health Minister is Preparing for Coronavirus," Thomson Reuters Foundation, May 2020, <https://news.trust.org/item/20200504172943-5mjaz>.

³⁰ Ibid.

³¹ IMF, "Policy Response to COVID-19," June 2020.

³² Government of the Republic of Finland, "Central Government Management of the Coronavirus Situation," March 2020, <https://valtioneuvosto.fi/en/information-on-coronavirus/central-government>;

Government of the Republic of Finland, "Prime Minister's Office Appoints Operations Centre to Support Management of COVID-19 Situation," April 2020, https://valtioneuvosto.fi/en/artikkeli/-/asset_publisher/10616/valtioneuvoston-kanslia-perusti-operaatiokeskuksen-tukemaan-koronavirustilanteen-johtamista-.

³³ Ibid.

³⁴ Government Office of Sweden, "Joint Press Statement: Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 Crisis," May 2020.

³⁵ Government of the Republic of Finland, "The Government Decided on the Second Draft Supplementary Budget for 2020 and the Public Finance Plan for 2021–2024," April 2020, https://valtioneuvosto.fi/artikkeli/-/asset_publisher/hallitus-paatti-vuoden-2020-toisesta-lisatalousarvioesityksesta-seka-julkisen-talouden-suunnitelmasta-vuosille-2021-2024?_101_INSTANCE_LZ3RQQ4vvWXR_groupId=10616.

³⁶ IMF, "Policy Response to COVID-19," June 2020.

³⁷ Rajan, Dheepa, et al., "Governance of the COVID-19 Response: A Call for More Inclusive and Transparent Decision-Making," *BMJ Global Health*, 2020, 5(e002655), <http://dx.doi.org/10.1136/bmjgh-2020-002655>.

³⁸ Ibid.

³⁹ Tsioulcas, Anastasia, "France Announces Plan to Aid Domestic Abuse Victims During Coronavirus Crisis," National Public Radio, March 2020, <https://www.npr.org/sections/coronavirus-live-updates/2020/03/31/824720162/france-announces-plan-to-aid-domestic-abuse-victims-during-coronavirus-crisis>.

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⁴¹ Acoss, "Covid-19 - Un Dispositif Exceptionnel d'Accompagnement pour les Particuliers Employeurs, les Salariés à Domicile, les Assistants Maternels Agréés et les Garde d'Enfants," March 2020, <https://www.acoss.fr/home/journalistes/communiqués-de-presse/ListeCommuniquésPresse/covid-19---un-dispositif-excepti.html>.

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⁴⁷ IMF, "Policy Response to COVID-19," June 2020, <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>.

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			Composition varies ⁴⁴	Varies							
Guinea	15	Scientific Council on Pandemic Response to Coronavirus Disease ⁴⁹	14 M; 3 F ⁵⁰	17.65	N	N	N	Y ⁵¹	N	N	Y ⁵²
India	41	Corona Task Force 11 Empowered Action Groups ⁵³	21 Members (led by 2 M); 80 Members ⁵⁴	n/a	N	N	N	N	N	Y ⁵⁵	Y ⁵⁶
Jordan	23	Corona Crisis Cell at the National Center for Security and Crisis Management ⁵⁷	n/a	n/a	N	N	N	N	Y ⁵⁸	N	Y ⁵⁹
Kenya	29	National Emergency Response Committee on Coronavirus ⁶⁰	15 M; 6 F ⁶¹	28.57	N	N	N	N	N	N	Y ⁶²
Liberia	17	Special Presidential Advisory Committee on Coronavirus ⁶³	3 F; unknown ⁶⁴	n/a	N	N	N	Y ⁶⁵	N	N	Y ⁶⁶

⁴⁴ Ibid.

⁴⁹ Rajan, Dheepa, et al., "Governance of the COVID-19 Response: A Call for More Inclusive and Transparent Decision-Making," *BMJ Global Health*, 2020, 5(e002655).

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⁵³ Dhingra, Sanya & Swagata Yadavar, "This Is the Team Advising PM Modi in India's Battle Against Coronavirus," *The Print*, March 2020, <https://theprint.in/india/governance/this-is-the-team-advising-pm-modi-in-indias-battle-against-coronavirus/388607/>; Das, Shaswati, "Lockdown Extended, Centre Reconstitutes Empowered Groups to Fight COVID-19," *Mint*, May 2020, <https://www.livemint.com/news/india/lockdown-extended-centre-reconstitutes-empowered-groups-to-fight-covid-19-11588399256660.html>.

⁵⁴ Ibid.

⁵⁵ Banerji, Annie, "Cash to Cooking Gas: India Announces Measures for Poor Women Hit by Lockdown," Thomson Reuters Foundation, March 2020, <https://news.trust.org/item/20200326125554-48752>.

⁵⁶ KPMG, "India: Government and Institution Measures in Response to COVID-19," May 2020, <https://home.kpmg/xx/en/home/insights/2020/04/india-government-and-institution-measures-in-response-to-covid.html>; IMF, "Policy Response to COVID-19," June 2020, <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>.

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⁵⁹ Bin Nasser, Nasser, "Jordan's Response to COVID-19," Middle East Scientific Institute for Security, April 2020, <https://nesa-center.org/dev/wp-content/uploads/2020/04/Jordans-Response-to-Covid19.pdf>.

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⁶⁷ Government of the Republic of Liberia, "Pres. Weah Sets Up COVID-19 Food Support Steering Committee," April 2020, https://www.emansion.gov.lr/2press.php?news_id=5142&related=7&pg=sp; Government of the Republic of Liberia, "President Weah Shares Wisdom With International Audience on Post-COVID 19 Recovery," May 2020, https://www.emansion.gov.lr/2press.php?news_id=5153&related=7&pg=sp.

Malawi	20	Special Cabinet Committee on Coronavirus ⁶⁷	10 M, 1 F ⁶⁸	19	N	Y ⁶⁹	Y ⁷⁰	N	N	N	Y ⁷¹
Mali	23	Le Comite de Crise Comité Scientifique et Technique de l'Institut National de Santé Publique ⁷²	12 M; 0 F 9 M; 1 F ⁷³	0 10	N	N	N	N	N	N	Y ⁷⁴
Mexico	57	National Contingency Center ⁷⁵	1 M; unknown ⁷⁶	n/a	Y ⁷⁷	Y ⁷⁸	N	Y ⁷⁹	N	N	Y ⁸⁰
Myanmar	8	National Central Committee for COVID-19 Prevention, Control, and Treatment ⁸¹	18 M; 4 F ⁸²	18.18	N	N	N	N	N	N	Y ⁸³
New Zealand	47	"The Quint," as part of the National Crisis Management Centre (Standing committee within the National Emergency Management Centre that was activated for COVID-19) ⁸⁴	4 M; 1 F ⁸⁵	20	Y ⁸⁶	N	N	Y ⁸⁷	N	N	Y ⁸⁸
Niger	12	n/a	n/a	n/a	N	N	N	N	N	N	Y ⁸⁹

⁶⁷ Government of the Republic of Malawi, "Statement on Coronavirus Outbreak," March 2020, <https://www.manoonline.gov.mw/index.php/sports/item/13723-statement-on-coronavirus-outbreakcovid-19>.

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⁸² Ibid.

⁸³ IMF, "Policy Response to COVID-19," June 2020.

⁸⁴ Harman, Richard, "What Is 'the Quint' And Why Is It Running New Zealand?" *Politik*, April 2020, <https://www.politik.co.nz/2020/04/20/how-the-quint-is-running-new-zealand-right-now/>.

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⁸⁶ Government of New Zealand Ministry for Women, "COVID-19 Community Fund," May 2020, https://women.govt.nz/news/covid-19-and-women/covid-19-community-fund?utm_source=miragenews&utm_medium=miragenews&utm_campaign=news.

⁸⁷ Government Office of Sweden, "Joint Press Statement: Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 Crisis," May 2020.

⁸⁸ IMF, "Policy Response to COVID-19," June 2020.

⁸⁹ Ibid.

Norway	62	n/a	n/a	n/a	N	N	N	Y ⁹⁰	Y ⁹¹	N	Y ⁹²
Pakistan	16	Emergency Core Committee ⁹³	12 M; 1 F ⁹⁴	7.69	N	N	N	N	N	N	Y ⁹⁵
Rwanda	67	n/a	n/a	n/a	N	Y ⁹⁶	N	N	N	N	Y ⁹⁷
South Africa	61	National Coronavirus Command Council ⁹⁸	4 M; 1 F; unknown ⁹⁹	n/a	N	N	N	Y ¹⁰⁰	N	N	Y ¹⁰¹

⁹⁰ Government Office of Sweden, "Joint Press Statement: Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 Crisis," May 2020.

⁹¹ IMF, "Policy Response to COVID-19," June 2020; The Government of the Kingdom of Norway, "Economic Measures in Norway in Response to COVID-19," April 2020, <https://www.regjeringen.no/en/aktuelt/economic-measures-in-norway-in-response-to-covid-19/id2696858/>.

⁹² Ibid.

⁹³ Government of the Islamic Republic of Pakistan, "National Action Plan for Coronavirus Disease (COVID-19) Pakistan," https://www.nih.org.pk/wp-content/uploads/2020/04/COVID-19-NAP-V2-13-March-2020-1.pdf?_cf_chl_jschl_tk_=ad6aefd4d182762f6537ee9bc357e387c77ad871-1591101501-0-AbOoRTKc0FLuSANdhRqCulGENC0EE8mSs-Qzjo53dCOlh7fi2OeY6V7CL2I-guzwHZN0Qw8p0qolUKSRc8C7HNnAEggbqDolATc9iyrcASSFKGMsH2oogJwucNJzTKm8JX0izig4ryWXtBxmW2McSOf_danZ0pl6n1ntsVZJMXzmESMqDOM_Rq8WiQlyStKqUPtLQrJRfxmBL2BstQOR0Yy3VDrNsW1G60ivxp9rGW5s5EPjLaa-l09mMx-qmHRD1aaa2lh6CV45mZ58bkfYI7AgYDyh3GZwUnJ2JwLESGBSd_-GpHe2Z5jiaCqs4-Q9YNyJ4F2-V2-KV01skdjcvS1xNx2YYLjNnFCcfZOLnuLT.

⁹⁴ Ibid.

⁹⁵ IMF, "Policy Response to COVID-19," June 2020.

⁹⁶ CARE Rwanda.

⁹⁷ IMF, "Policy Response to COVID-19," June 2020.

⁹⁸ Campbell, John, "President Ramaphosa Leads Strong Response to COVID-19 in South Africa," Council on Foreign Relations, April 2020, <https://www.cfr.org/blog/president-ramaphosa-leads-strong-response-covid-19-south-africa>; Hunter, Qaanitah, "South Africa: Explainer – What Exactly Is the National Coronavirus Command Council," All Africa, May 2020, <https://allafrica.com/stories/202005130214.html>; Haffajee, Ferial, "National Coronavirus Command Council: Who Guards the Guardians?" Daily Maverick, May 2020, <https://www.dailymaverick.co.za/article/2020-05-07-national-coronavirus-command-council-who-guards-the-guardians/>.

⁹⁹ Ibid.

¹⁰⁰ Government Office of Sweden, "Joint Press Statement: Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 Crisis," May 2020.

¹⁰¹ IMF, "Policy Response to COVID-19," June 2020.

South Korea	17	Central Disease Control Headquarters	Leaders are: Unknown; 1 F 1 M; unknown	n/a	N	N	N	Y ¹⁰⁴	Y ¹⁰⁵	N	Y ¹⁰⁶
		Central Disaster & Safety Countermeasures Headquarters	1 M; unknown								
		Central Incidence Management System for Novel Coronavirus Infection	1 M; unknown								
		Central Disaster Management Headquarters	1 M; unknown								
		Government-wide Support Centre ¹⁰²	1 M; unknown ¹⁰³								
Sri Lanka	17	National Operations Centre for Prevention of Covid-19 Outbreak (NOCPKO);	2 M; 1 F	33	N	N	N	N	N	N	Y ¹⁰⁹
		Presidential Task Force on Economic Revival and Poverty Eradication ¹⁰⁷	37 M; 3 F ¹⁰⁸								
Sweden	69	n/a	n/a	n/a	Y ¹¹⁰	N	N	Y ¹¹¹	N	N	Y ¹¹²

¹⁰² Rajan, Dheepa, et al., "Governance of the COVID-19 Response: A Call for More Inclusive and Transparent Decision-Making," *BMJ Global Health*, 2020, 5(e002655).

¹⁰³ Ibid.

¹⁰⁴ Government Office of Sweden, "Joint Press Statement: Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 Crisis," May 2020.

¹⁰⁵ IMF, "Policy Response to COVID-19," June 2020.

¹⁰⁶ Ibid.

¹⁰⁷ Daily FT, "Govt. Launches National Ops. Centre to Counter COVID-19," Daily FT, March 2020, <http://www.ft.lk/news/Govt-launches-National-Ops-Centre-to-counter-COVID-19/56-697707>; Government of the Democratic Socialist Republic of Sri Lanka, "Presidential Task Force on Economic Revival and Poverty Eradication Established," April 2020, <http://www.pmdnews.lk/presidential-task-force-on-economic-revival-and-poverty-eradication-established/>; Government of the Democratic Socialist Republic of Sri Lanka, "List of Secretaries," http://www.cabinetoffice.gov.lk/cab/index.php?option=com_content&view=article&id=27&Itemid=42&lang=en.

¹⁰⁸ Ibid.

¹⁰⁹ IMF, "Policy Response to COVID-19," June 2020.

¹¹⁰ The Government of the Kingdom of Sweden, "Measures to Address Increased Vulnerability Due to the Coronavirus," May 2020, <https://www.government.se/articles/2020/05/measures-to-address-increased-vulnerability-due-to-the-coronavirus/>.

¹¹¹ Government Office of Sweden, "Joint Press Statement: Protecting Sexual and Reproductive Health and Rights and Promoting Gender-responsiveness in the COVID-19 Crisis," May 2020.

¹¹² The Government of the Kingdom of Sweden, "Crisis Package for Small Enterprises in Sweden," March 2020, <https://www.government.se/press-releases/2020/03/crisis-package-for-small-enterprises-in-sweden/>; IMF, "Policy Response to COVID-19," June 2020.

Turkey	15	Coronavirus Scientific Advisory Board ¹¹³	22 M; 15 F ¹¹⁴	40.5	N	Y ¹¹⁵	N	N	N	Y ¹¹⁶	Y ¹¹⁷
UK	31	Science Advisory Group for Emergencies (SAGE) ¹¹⁸	17 F; 38 M ¹¹⁹	30	Y ¹²⁰	N	N	Y ¹²¹	N	N	Y ¹²²
USA	20	White House Coronavirus Task Force ¹²³	21 M; 2 F ¹²⁴	8.7	N	N	N	N	Y ¹²⁵	Y ¹²⁶	Y ¹²⁷

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¹¹⁴ Ibid.

¹¹⁵ Turkish Ministry of Family, Labor and Social Services, "COVID-19 Pandemisi Sürecinde Kadınlara Barınma Hizmeti," Government of the Republic of Turkey, May 2020, <https://www.ailevecalisma.gov.tr/tr-tr/haberler/covid-19-pandemisi-surecinde-kadinlara-barinma-hizmeti/>.

¹¹⁶ Turkish Ministry of Family, Labor and Social Services, "Bakan Selçuk: "Sosyal Yardımlarda Kadınlara Ödenen Miktarlarda Artışa Gittik," Government of the Republic of Turkey, April 2020, <https://www.ailevecalisma.gov.tr/tr-tr/haberler/bakan-selcuk-sosyal-yardimlarda-kadinlara-odenen-miktarlarda-artisa-gittik/>.

¹¹⁷ IMF, "Policy Response to COVID-19," June 2020.

¹¹⁸ The United Kingdom of Great Britain and Northern Ireland, "List of Participants of SAGE and Related Sub-groups," May 2020, <https://www.gov.uk/government/publications/scientific-advisory-group-for-emergencies-sage-coronavirus-covid-19-response-membership/list-of-participants-of-sage-and-related-sub-groups>.

¹¹⁹ Ibid.

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¹²³ Government of the United States of America, "Statement from the Press Secretary Regarding the President's Coronavirus Task Force," January 2020, <https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-presidents-coronavirus-task-force/>; "Vice President Pence and Secretary Azar Add Key Administration Officials to the Coronavirus Task Force," March 2020, <https://www.whitehouse.gov/briefings-statements/vice-president-pence-secretary-azar-add-key-administration-officials-coronavirus-task-force-2/>; The New York Times, "Who's on the U.S. Coronavirus Task Force," May 2020, <https://www.nytimes.com/2020/02/29/health/Trump-coronavirus-taskforce.html>.

¹²⁴ Ibid.

¹²⁵ Saperstein, Craig J., et al., "COVID-19: Analysis of H.R. 6201, the Families First Coronavirus Response Act," Pillsbury Law, March 2020, <https://www.pillsburylaw.com/en/news-and-insights/hr-6201-families-first-coronavirus-response-act.html>.

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