Men predominate in 85%+ COVID-19 decision-making/advisory bodies globally

October 1 2020

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Men predominate in more than 85% of COVID-19 decision-making and key advisory bodies around the globe, with gender parity in just 3.5%, reveals an analysis of the available data, published in the online journal *BMJ Global Health*.

This has become a "disturbingly accepted pattern of global health governance" that undermines the effectiveness of the pandemic response and ultimately costs lives, warn the authors.

There have been numerous global and national commitments to move towards gender-inclusive global health governance. But COVID-19 took the world by surprise, prompting many advisory groups and expert panels to be set up very quickly.

To find out just how gender inclusive and representative these bodies are, the authors collected information up to June 2020 on the membership of COVID-19 global and national decision-making and expert bodies for 193 UN Member States.

They did this through crowdsourcing, targeted searches of 'grey literature', such as unpublished research and policy statements, and outreach to national governments or World Health Organization (WHO) country offices.

Most of the information about membership, leadership, and areas of expertise was neither easily accessible nor publicly available, hampering efforts to obtain it and, "ultimately, the ability to hold countries accountable to previously made commitments," note the authors.

Their analysis included 115 expert and decision-making COVID-19 task forces from 87 countries. It revealed that men predominate in more than 85% of expert groups and task forces; women predominate in just over 1 in 10 (11.5%), with gender parity in a mere 3.5%. Similarly, 81% (65) were headed up by men at the time of the search.

Women make up 24%, 24%, and 37.5%, respectively, of the WHO's first, second, and third International Health Regulations Emergency Committees, for example.

And while expert groups more often had higher proportions of women or gender parity than decision-making committees, this most likely reflects potential societal biases and gender stereotyping around leadership, suggest the authors.

In the U.S., for example, women make up just 9% of the White House Coronavirus Task Force, but 82.5% of the chief public health agency's COVID-19 Response Team.

The authors acknowledge that COVID-19 tends to be more severe and lethal among men. But women have been hit harder socially and economically, as a result of extended and unpaid caring responsibilities, heightened risk of domestic and sexual violence; and loss of access to maternal and reproductive health services during lockdown, they point out.

The Ebola and Zika pandemics were also associated with increased rates of maternal ill health and death as well as unwanted pregnancies and unsafe abortions, they note.

"A 'new default' mode of diverse and intersectional governance is sorely needed to face future crises head-on and guide a healthy and equitable COVID-19 recovery," they assert.

First, this should include truly representative membership of international and national task forces, spanning gender, ethnicity, race, culture, geography and disability.

Second, quick action in emergency scenarios is repeatedly used as a justification to sidestep transparency and restrict communication in the name of health security, when nothing could be further from the truth. "Closed-door governance" should be replaced by open and transparent communication and decision-making as the norm, they say.

And thirdly, data collection and governance policies must go beyond binary representation in order to produce results that are inclusive of the full gender spectrum.

"Reaching a critical mass of women in leadership—even as result of intentional selection or quotas—benefits governance processes through the disruption of groupthink, the introduction of novel viewpoints, a higher quality of monitoring and management, more effective risk management and robust deliberation," they write.

Countries with women at the helm have been associated with particularly effective COVID-19 responses, fewer cases, and lower death rates from the disease, they point out.

"Men dominating leadership positions in global health has long been the default mode of governing," excluding those "who offer unique perspectives, expertise and lived realities.

"This not only reinforces inequitable power structures but undermines an effective COVID-19 response—ultimately costing lives," they conclude.

More information: Symptoms of a broken system: the gender gaps in COVID-19 decision making, *BMJ Global Health*, DOI: 10.1136/bmjgh-2020-003549

Provided by British Medical Journal