WORKING PAPER

EFFECTIVE, DECISIVE, AND INCLUSIVE: WOMEN'S LEADERSHIP IN COVID-19 RESPONSE AND RECOVERY

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I. EXECUTIVE SUMMARY

In March 2020, countries across the globe recognized the severe threat to health and safety posed by the novel coronavirus. Countries closed borders, imposed travel restrictions, issued stay-at-home orders, and launched testing and contact tracing programmes—though the timing and depth of these measures varied greatly. This variation fueled a media narrative in the early months of the pandemic that suggested that women presidents and prime ministers outperformed their male counterparts in containing viral spread and lowering mortality.

This paper tackles the question of how women leaders at the national and subnational levels of government managed COVID-19 response and recovery during the pandemic's first fifteen months, from January 2020 through March 2021. We begin by reflecting on the question that captured public imagination—did women prime ministers and presidents contain the virus more successfully? We then pivot to identifying the features that characterized women leaders' pandemic decision-making. Here, we use media coverage, practitioner reports, blogs from non-governmental organizations, and interviews with country experts in order to uncover trends in how women leaders in the Global North and Global South approached the pandemic. This analysis relies less on explicit contrasts between women and men, and more on stories about women leaders' successes. We find that, no matter their particular role or their country's particular circumstances, many women placed premiums on communicating clearly, responding rapidly, and attending to social protection. While our qualitative data neither accounts for every woman leader nor fully captures the variation among them, we conclude that three trends characterize women's leadership in COVID-19 response and recovery:

1. **Effective Leadership:** Women leaders were particularly adept at crisis management and communication, striking the right balance between empathy and science, swift yet collaborative decision-making, and helping citizens make sense of the pandemic.

2. **Rapid Response:** Women leaders acted decisively and quickly to contain the virus. However, institutional and cultural factors also shaped public health outcomes, highlighting the importance of the contexts in which women leaders act.

3. **Socially Inclusive Policies:** Women leaders prioritized policies that addressed the pandemic's social and economic impacts, especially its disproportionate effects on society's vulnerable groups. Many women leaders also attended to the gendered effects of the pandemic, including women's and girls' greater exposure to domestic violence during lockdowns.

Media narratives in the pandemic's first year largely focused on the eleven women heading national governments in the Global North, but COVID-19 response and recovery occurred worldwide and depended on leaders across and within governments. Women played critical roles as governors and mayors; as cabinet ministers, especially ministers of health; as members of parliament; and as COVID-19 task force members and experts. Importantly, women in these roles have not received the same publicity or attention as women presidents and prime ministers, and so their work often goes undocumented or unrecognized. Yet women leaders demonstrated that strong pandemic leadership combined competence with compassion and decisive actions that strengthened state capacity while attending to the needs of vulnerable groups. Consequently, studying women leaders' responses offers crisis management lessons for men and women alike.

Success notwithstanding, women leaders confront gendered barriers that may shape their roles, their opportunities, and their receptions. Gendered expectations and perceptions about women leaders' greater empathy create both opportunities and pitfalls. Women leaders indeed met the political challenges posed by COVID-19, and their collectively strong performance raised public awareness of and support for women as political decision-makers. Yet during normal times, women leaders experience more resistance, backlash, and political violence than men, as well as disproportionate blame for failing to turn crises around. A prolonged pandemic raises the risk that public opinion could turn against women leaders in the long-run. Future research will need to explore whether and how women's actions in COVID-19 response and recovery transformed perceptions of women in politics. In the meantime, women chief executives' successful pandemic management should not be taken to mean that women's participation in COVID-19 response and recovery is equitable. Women remain underrepresented in the task forces and committees convened to address COVID-19, and governments must continue to ensure women's equitable participation in COVID-19 response and recovery at all levels.

II. WOMEN LEADERS IN THE SPOTLIGHT DURING COVID-19

Women leaders at the national level received praise for their pandemic management. The accolades were well-deserved, but women remain underrepresented as chief executives. Men continue to dominate policymaking related to COVID-19 response and recovery.

Early media coverage hailed women leaders as the heroes of the pandemic, proclaiming that women-led countries had better COVID-19 public health outcomes than men-led countries. The comparisons in the first months of the pandemic relied on compelling contrasts: for instance, New Zealand's Jacinda Ardern and Germany's Angela Merkel implemented swift containment measures while Brazil's Jair Bolsonaro and the U.S.'s Donald Trump were slow to take the virus seriously. By June 1, 2020, Germany reported 10 deaths per 100,000 people, and New Zealand reported 22 deaths overall—while mortality in the United States and Brazil continued to soar.[2]

As journalists highlighted these contrasts, researchers and practitioners from international development organizations, social sciences, and health sciences applied scrutiny to the question of whether women-led countries had better COVID-19 outcomes than men-led countries.[3] The findings were mixed. On the one hand, some found that women-led countries had lower coronavirus mortality and case numbers than men-led countries through May 2020.[4] When compared to men leaders, women leaders largely issued lock down orders when mortality rates were much lower, perhaps explaining why women-led countries flattened the curve much faster.[5]

On the other hand, researchers urged caution. Many studies did not distinguish between women leaders in their varied executive roles. Countries have different institutional arrangements, meaning that not all women executives exercise the same powers, a factor that limits meaningful comparisons. And even when reliable comparisons could be established, the sample size remained small: only eleven women held the sole or top chief executive position in March 2020, when the pandemic accelerated across the globe (see Table 1). Even if certain women-led countries seemed better at controlling the coronavirus relative to men-led countries, each country's institutions, culture, and geography play large roles in pandemic response. The contexts in which women govern may matter more than essentialist explanations based on women's presumed greater compassion and empathy.

1. Unpacking the role of women chief executives

Very few women governed during COVID-19. Table 1 lists where women served as the sole or top chief executive, meaning the woman occupies the role bearing the primary responsibility for policies and results.** Only eleven women occupied the top chief executive position in March 2020, when the coronavirus began triggering shutdowns across the globe. By January 2021, the number had not changed, with the addition of Ingrida Šimonytė in Lithuania and Kaja Kallas in Estonia, but the departure of Jeanine Áñez in Bolivia and Sophie Wilmès in Belgium. Further, only two women have led Global South countries for the pandemic's duration: Sheikh Hasina in Bangladesh and Mia Mottley in Barbados.

** This excludes countries such as Gabon, Peru, and Togo, where a woman holds the position of prime minister but final executive authority rests with the directly-elected president. Our criterion also excludes Simonetta Sommaruga of Switzerland: a confederation, Switzerland is governed by a collegial federal council and the chair of the federal council—occupied by Sommaruga until December 31, 2020—is a rotating position that carries no extra powers. To preserve the focus on women who have sole decision-making power, we also excluded women who govern non-independent states, such as Silveria Jacobs in Saint Maarten. The Saint Maarten prime minister enjoys autonomy over domestic but not foreign affairs.

TABLE 1.

Women Serving as Sole or Top Chief Executive during COVID-19 (March 2020-March 2021)[6]

Name	Country	Tenure notes
Sheikh Hasina	Bangladesh	
Mia Mottley	Barbados	
Sophie Wilmès	Belgium	Exited office October 2020
Jeanine Áñez	Bolivia	Exited office in November 2020
Mette Frederiksen	Denmark	
Kaja Kallas	Estonia	Entered office January 2021
Sanna Marin	Finland	
Angela Merkel	Germany	
Katrín Jacobsdóttir	Iceland	
Ingrida Šimonytė	Lithuania	Entered office November 2020
Jacinda Ardern	New Zealand	Won reelection in October 2020
Erna Solberg	Norway	
Ana Brnabić	Serbia	Reappointed in October 2020

Table 1 shows the concentration of women leaders in the Global North, where countries have comprehensive social protection schemes and generally count upon more resources to mount effective public health responses.[7] For instance, a leader like Jacinda Ardern received widespread media attention (see Box 1), but her country was better-positioned to tackle the challenge, which makes establishing a clear line between the leader's gender and public health outcomes difficult.

Indeed, the relationship between women leaders and strong pandemic performance that commentators initially perceived could be explained by other factors, such as the kind of countries that women leaders happened to govern when the coronavirus first appeared: established welfare states that are wealthy and have high bureaucratic capacity.[8] One analysis found that countries falling above the Organization for Economic Cooperation and Development's average on measures related to citizens' trust in government, low levels of corruption, high performing bureaucracies, and high public health spending had low COVID-19 mortality through June 2020.[9] Whether managed by women or men, these "high-capacity countries" mostly kept COVID-19 deaths per 100,000 people to under 100, or .001 per cent.[10]

Table 2 extends this analysis through February 2021, prior to widespread vaccine coverage and the emergence of new variants. Keeping the time frame to the pandemic's first year (early 2020 through early 2021) keeps the focus on the media narrative that captured the public imagination at the pandemic's outset, before vaccines and variants changed which countries stood out as top performers. The first column lists the gender of the sole or top chief executive, where *W* denotes woman and *M* denotes man. The second column lists COVID-19 mortality rates for countries scoring high on OECD metrics related to trust, corruption, bureaucratic performance, and public health spending.[11]

TABLE 2.

High-Capacity Countries and Coronavirus Mortality in the Pandemic's First Year[12]

Country	Leader's Gender	Deaths per 100,000 people (February 2021)
New Zealand	W	<1
Luxembourg	M	1.2
Australia	M	3.6
Iceland	W	8.2
Norway	W	11.1
Finland	W	12.7
Denmark	W	38.9
Canada	M	56.7
Germany	W	76.8
Ireland	M	78.2
Netherlands	M	85.3
Switzerland	-	114
Sweden	M	121
Belgium	W / M	188

Note: As a confederation, Switzerland has a collegial executive with no sole decision-maker.

No clear pattern emerges, with women and men leaders demonstrating both pandemic success (i.e., New Zealand and Australia) and poor performance (i.e., Sweden and Belgium). Table 2 also calls attention to additional features that may affect public health outcomes and are unrelated to leader gender. For instance, New Zealand, Australia, and Iceland are islands, meaning they can seal their borders more effectively—which perhaps accounts for their very low mortality rates. Germany, Belgium, and Switzerland are decentralized federal countries: the national government can set the tone, but much of the decision-making about and implementation of coronavirus responses falls to regional leaders. Overall, the table reveals diverging coronavirus outcomes within a group of otherwise similar countries (including on measures like public health spending). The relationship between pandemic performance and the leader's gender—or between pandemic performance and any other single factor—appears far more complex than initial narratives suggested.

Yet women chief executives clearly captured the public's attention for their pandemic leadership, from Ardern to women occupying other executive roles. For example, President Zuzana Čaputová of Slovakia received national and international press for modeling mask-wearing as early as March 2020.[13] The president of Gabon asked his prime minister, Rose Christiane Ossouka Raponda, to lead the country's COVID-19 response, with a mandate to focus on social support and economic recovery.[14] Ethiopian President Sahle-Work Zewde pardoned 4,000 prisoners in the beginning of the pandemic, to prevent overcrowding and slow spread.[15] Sahle-Work also joined the chief executives of Canada, New Zealand, Spain, South Africa, South Korea, Sweden, and Tunisia in penning a letter to the United Nations—reprinted in *The Washington Post*—calling for equitable vaccine access.[16] Like other women leaders, Sahle-Work received media attention because Ethiopia also showed successful coronavirus containment early in the pandemic: as of February 2021, Ethiopia reported mortality rates of 2 deaths per 100,000 people.[17]

2. Women leaders' overall influence at the national level

No matter the type of executive position they occupied, women leaders understood that the effects of COVID-19 would reach far beyond public health and touch upon nearly every aspect of society. They further recognized that COVID-19 would disproportionately harm society's most vulnerable, including women and girls. From significant job losses in feminized sectors such as education and childcare, to the unequal burden of domestic chores and increased exposure to domestic violence during lockdowns, COVID-19 has slowed and even reversed decades of progress on gender equality.[18]

In Bangladesh, Sheikh Hasina's government chose the principle "No One is Left Behind," which entailed gender mainstreaming in COVID-19 policy responses and working with women's organizations to ensure that health information reached all social groups.[19] In Argentina, top women policymakers—Mercedes D'Alessandro, National Director of Economy and Gender, and Elizabeth Gómez Alcorta, Minister of Women, Genders, and Diversity—ensured the 2021 budget would contain 55 line-item expenditures related to women and gender, to address worsening gaps in education, healthcare, and other policy sectors. These allocations amounted to 15.2% of the overall budget and 3.4% of Argentina's Gross Domestic Product.[20]

Yet women across the globe did not receive the same opportunities to influence national governments' COVID-19 response and recovery. Women's voices and perspectives are mostly sidelined, as glass ceilings remain in place and most chief executives—and their inner circles of advisors and experts—continue to be men. As of March 2021, one year into the pandemic, data from the United Nations Development Programme and UN Women showed that women make up only 24% of COVID-19 task force members.[21] The Americas slightly exceeded this

Jacinda Ardern in New Zealand, Ana Brnabić in Serbia, and Sheikh Hasina in Bangladesh.[23]

Further, women policymakers and experts are underrepresented as public voices during the pandemic. In the United Kingdom, mostly men politicians communicate the strategy: neither women politicians nor women experts spoke in nearly 43% of the government's press briefings between March and May 2020.[24] In coronavirus coverage from 80 newspapers across six countries, men experts were quoted three times more frequently in the UK, about four times more frequently in Kenya and the United States, and about five times more frequently in South Africa, Nigeria, and India.[25] Similarly, in the top ten newspapers in the United States, women comprised only 38% of experts cited.[26] Polish parliamentarian Wanda Nowicka summarized the scenario: "It's a male issue.... The prime minister, the minister of health, most experts are all men. You see, you hear, you reflect on what the men are talking about."[27]

Consequently, the media's attention to the standout performance of some women chief executives cannot be conflated with women's overall participation and influence in national-level COVID-19 response and recovery. That said, women's leadership does matter. In the next sections, we explore accounts of women executives, women legislators, and women public health experts, at the national and subnational level, in order to identify three trends that characterized women leaders' pandemic policymaking. We find that women leaders managed the crisis effectively, acted decisively, and pursued socially inclusive policies.