

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 Year¹²

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 figure, with women comprising 31% of national task force members, and Asia performed the worst, with women comprising just 15% of members.

Other studies uncovered similar trends. Researchers studying 115 national task forces from 87 countries found that 85% have majority-men memberships.²² Additionally, having women chief executives does not seem to affect whether governments appoint more gender equal task forces. Women comprised over 60% of the two task forces convened by Prime Minister Sanna Marin in Finland, but less than 20% of task forces formed under the watch of

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.

III. EFFECTIVE LEADERSHIP

Effective women leaders were adept crisis managers and clear communicators who conveyed the gravity of the crisis while simultaneously inspiring confidence and trust.

Effective women leaders communicated directly and regularly with their citizens, projecting calmness, compassion, and empathy. Women chief executives thus were able to establish trust, good faith, and understanding among citizens.²⁸ They used facts but also values and emotions to instill a shared sense of purpose and to generate buy-in for decisions such as lockdowns.²⁹ Norwegian Prime Minister Erna Solberg reassured children in a special news conference, telling them “it is okay to be scared” and answered questions in simple and direct ways that many adults also found comforting.³⁰ Commentators described Bangladesh Prime Minister Sheikh Hasina as “chief panic-diffuser,” praising her hands-on approach that included national livecasts with frontline workers and clear communication of all directives.³¹ Women leaders also harnessed social media, like Finnish Prime Minister Sanna Marin, who enlisted the aid of influencers to communicate important pandemic related information.³²

Research also showed that when compared to male presidents and prime ministers, women chief executives used aggressive war metaphors less frequently; addressed citizens’ social concerns like domestic violence more often; and spoke about the pandemic’s individual and local consequences in more empathetic terms.³³ Similarly, women governors in the United States expressed more concern for residents’ welfare, reminded residents of available support programmes more regularly, and spoke more about feelings when compared to men governors; they also were more likely than men governors to express their optimism that citizens’ cooperation would help vanquish the threat.³⁴ Overall, women leaders received praise for their successful crisis management style, which requires leaders to show empathy, give clear directions, help people make sense of the crisis, and bolster solidarity and trust.³⁵ They collaborated with a range of public officials, and they put the pandemic response center stage, rather than making the pandemic about themselves.

BOX 1:

Prime Minister Jacinda Ardern, New Zealand

Early on, Ardern was praised for her swift and decisive action, which allowed New Zealand to eradicate the virus almost completely. Her leadership style—often referred to as “politics of kindness”—emphasizes solidarity, teamwork, collective action, and, of course, kindness.³⁶ Rather than declaring “war” on the virus as so many male leaders did, Ardern’s government sent a message of coming together.³⁷ She described New Zealand as “our team of five million” and called on her fellow citizens to be strong and kind, to check on their neighbors, and to call their grandmas.³⁸

While Ardern’s press conference where she reassured children that the Easter Bunny and Tooth Fairy were essential workers garnered much attention, Ardern also hosted regular “Conversations through COVID” on Facebook and Instagram Live.³⁹ During these, she answered questions about the pandemic, explained government responses, or invited experts to discuss important themes, such as mental health. Communicating via social media allowed citizens to hear from and engage with leaders and experts directly, and it allowed Ardern and her team to tap into citizens’ ideas and develop a better understanding about how government actions were being received.⁴⁰ Conversations through COVID often had a down-to-earth quality: Ardern herself reflected the struggles that many of her citizens felt by appearing in casual clothing with a messy ponytail, kid toys strewn in the background, with her child and staffers interrupting. Ardern’s ability to humanize the challenges of the pandemic endeared her to many. Her constituents thanked Ardern for her leadership by handing her party a resounding victory in the October 2020 election, echoing a general feeling among the people that—as one government staffer explained—Ardern “is making good decisions and looking after us.”⁴¹

BOX 2:

Chancellor Angela Merkel, Germany

Merkel was commended for an unusual and rare show of emotions and empathy in a March 2020 television address on COVID-19, but she primarily garnered attention for her “measured, facts-based, evidence-based, consensus-oriented leadership,”⁴² which many attribute to her background as a scientist and which earned her the nickname “scientist in chief.”⁴³ Importantly, Merkel’s leadership during the pandemic was not unique to COVID-19, but reflects her long-standing leadership style, described as “leading from behind.”⁴⁴ Merkel typically holds back, refraining from sharing her own thoughts while other officials debate the merits of potential policy responses. Then, after hearing all views, she decides. Thus, during the crisis, Merkel largely left the spotlight to public health officials and epidemiologists and decided on a course of action once she heard all views. Merkel also led by example: for instance, she shopped for groceries, demonstrating that doing so was safe, and she immediately quarantined when the doctor who administered her flu vaccine contracted the virus.⁴⁵ Her own actions helped communicate that citizens could trust and should follow scientists’ advice.

Merkel also helped Germans make sense of the pandemic by situating COVID-19 in Germany’s history, comparing the pandemic to the challenges of WWII and German unification. In one television address, Merkel spoke in personal terms, explaining how her own background as an East German who lived under an authoritarian regime made it difficult for her to establish sweeping lockdown measures that similarly restricted freedom of movement.⁴⁶ Like Ardern, her crisis management and communication earned her respect and admiration. Before the pandemic, Merkel’s power had started to fade, as she had announced in 2018 that she would step down as Chancellor in 2021. However, her masterful handling of the pandemic restored her public approval, helping her reclaim her reputation as a fearless leader in the face of crisis in Germany and in Europe.

Similarly, women public health officials communicated clearly while inspiring confidence and trust. In Canada for example, the majority of public health officials at the federal and provincial level are women. Chief Public Health Officer Dr. Theresa Tam and her colleagues—most notably Dr. Bonnie Henry, Provincial Health Officer of British Columbia, and Dr. Deena Hinshaw, Chief Medical Officer of Alberta—received praise for their calm, reassuring, empathetic, competent, and science-based handling of the pandemic, which resonated deeply with Canadians.⁴⁷ Henry in particular became a much-loved public figure: for a while, she became the most quoted woman in the Canadian media and she inspired several tribute songs thanking her for her calm and steady leadership.⁴⁸

In Latin America, Dr. Waleska López Canú, in her role as chief medical officer for Wuqu’ Kawoq, an indigenous organization in Guatemala, also excelled at calm, clear communication. Since the pandemic’s onset, López Canú has coordinated telemedicine services and led the creation of audio, video, and radio programmes that communicate coronavirus health information in seven indigenous languages.⁴⁹ In Asia, Tokyo Governor Yuriko Koike (the first woman to hold that position) ensured that COVID-19 communication would reach Tokyo’s large foreign resident population: she delivered public health updates in Japanese and English, in a context where politicians’ bilingual communication and outreach to foreign residents is not usually expected.⁵⁰ Overall, Koike garnered much praise for her directness, regular online briefings, and data-driven approach, leading one Japanese business analyst to comment, “Where Koike stands out is she is giving people what they want - strong leadership that exudes confidence.”⁵¹

Women mayors in the Philippines also received praise for placing a premium on communication, with local newspapers even comparing their regular, daytime updates with the sporadic, late-night briefings of some men mayors.⁵² For instance, Tabaco mayor Krisel Lagman-Luistro dedicated the weekday 7 – 9 am radio slot to coronavirus coverage, and she maintained two Facebook pages: her own, through which she shared updates, and the city’s, which featured easy-to-understand charts and infographics. Odiongan mayor Trina Firmalo-Fabic also used Facebook and radio, and she distributed pamphlets with COVID-19 information, modes of transmission, and guidelines. Alongside chief executives, ministers, public health officials and mayors all demonstrated how women leaders have excelled at crisis management and communication during the pandemic.

IV. RAPID RESPONSE

Women leaders took quick and decisive action in order to contain COVID-19, including early measures to limit movement, implement testing, and procure protective equipment, all recognized as important strategies for combatting COVID-19.

Women executives generally implemented containment strategies very swiftly, for example starting population-wide testing programmes earlier and at greater frequency when compared to men chief executives.⁵³ From March to May 2020, OECD countries with women in top executive positions tested twice as many people than men-led countries. Studies of U.S. governors found that women governors issued stay-at-home-orders more quickly than men governors, which may have contributed to lower mortality in women-led states.⁵⁴ Women-led countries also seem to favor health data transparency. One study compared 18 countries with women executives to 141 countries with men executives and found that all women-led countries had released testing data, compared to just half of the men-led countries.⁵⁵

Swift action in the pandemic's initial months proved consequential. Danish Prime Minister Mette Frederiksen, the youngest Dane to hold that office, was one of the first leaders in Europe to shut down borders, schools, and restaurants.⁵⁶ As a result, Denmark contained the virus and became the first European country that reopened primary schools during the pandemic's first wave.⁵⁷ Iceland, under the leadership of Prime Minister Katrín Jakobsdóttir, has offered free COVID testing to every citizen and established a comprehensive tracking system that has allowed Iceland to avoid lockdowns.⁵⁸ In Georgia, swift lockdowns helped the South Caucasus country "gain two weeks" in controlling viral spread when compared to its neighbors, and President Salome Zourabichvili communicated this decision calmly to Georgian citizens, saying, "We must take the necessary actions to fight against COVID-19."⁵⁹

Several women health ministers and public health officials also quickly took action. At the end of February, even before the first confirmed COVID case reached the country, Albanian Health Minister Ogerta Manastirliu decided to order more personal protective equipment (PPE) and increase the hospital budget by one million dollars.⁶⁰ In the United States, states with women health ministers issued stay-at-home orders more quickly than states with men health ministers.⁶¹ In the OECD region, countries with women health ministers ramped up testing faster and tested at greater frequency than countries with men health ministers. For example, in April 2020, countries with women health ministers were testing three times

as many people daily when compared to countries with men health ministers.⁶²

In Ethiopia, health minister Lia Tadesse Gebremedhin activated the public health emergency response system very early, at the end of January 2020. She quickly implemented a comprehensive response, focusing on three pillars: solidarity, agility, and continuity.⁶³ Solidarity meant relying on citizens' support of public health clinics and mobilizing preexisting networks of women and youth health promoters to disseminate information about COVID-19. Agility meant asking the private sector "to go beyond corporate social responsibility": Gebremedhin worked with businesses to shift their outputs towards masks and sanitizers. Finally, continuity meant adding measures to fight COVID-19 without losing sight of Ethiopia's other healthcare goals, such as providing treatments for HIV and preventing maternal mortality.

In Papua New Guinea, Pamela Toliman, senior scientist at the national Institute of Medical Research, was tasked with leading the pandemic response. Toliman began testing for the coronavirus in late January, more than a month before the first COVID-19 case was detected on the islands.⁶⁴ Likewise, Bhutan's health minister Dechen Wangmo issued a pandemic preparedness and response plan in March 2020, right after a U.S. tourist became the first confirmed case in the country.⁶⁵ The country banned tourism and mandated a three-week quarantine for everyone returning from abroad. In the pandemic's first year, Bhutan maintained one of the lowest case incident rates in Asia and the first COVID-related death did not occur until January 2021.

At the subnational level, women leaders also acted swiftly. In Bosnia and Herzegovina, Tuzla Canton's health minister Dajana Colic began collecting information on COVID-19 in January 2020, months before the first case occurred. In February, she advised doctors to monitor respiratory diseases very closely while reorganizing the health system and stocking PPE. When the first COVID-19 case was confirmed, she closed all educational facilities, cancelled public events, and introduced a curfew that included banning all outdoor activities for adults.⁶⁶ By April, Colic had tested 4,000 individuals and utilized the canton's police to enforce restrictions and quarantine.

BOX 3:

K K Shailaja, Minister of Health, Social Justice and Women and Child Development in Kerala, India

K K Shailaja has been dubbed “The Coronavirus Slayer” for her cohesive and systematic response to the coronavirus pandemic.⁶⁷ Her approach to the COVID-19 pandemic is closely linked to her experience with the 2018 Nipah virus, in which Shailaja visited villages at the center of outbreaks and educated residents about the virus, reminding them of the importance of staying in one place in order to prevent viral spread. This experience shaped her early action to COVID-19, especially her prescience in establishing test, trace, and isolate plans. Under her leadership, Kerala imposed a partial lockdown before the World Health Organization even designated COVID-19 a pandemic and many weeks before the Indian government enforced a lockdown.⁶⁸ Her contact tracing and isolation protocol was in place by January 24—three days before the first known case arrived in the state.⁶⁹ Shailaja justified the early measures: “Kerala was criticized for overreacting, but we knew it was very infectious. We don’t have the resources to manage large amount of patients so we had to make sure numbers were low.”⁷⁰

Shailaja’s efforts also benefited from Kerala’s long tradition of investing in health and education, which had created strong infrastructure. Earlier in her tenure as health minister, Shailaja had shored-up this capacity by further modernizing Kerala’s large network of primary health centers, again illustrating how women leaders shore-up investments in health infrastructure. The primary health centers then proved able partners in containing the virus and treating patients. When outbreaks did occur, Shailaja personally visited villages at the center of outbreaks, communicating the science and building trust. She led by example, always wearing a mask, even in meetings, maintaining a minimum distance of 2 meters, and self-isolating whenever required. All these efforts have paid off. As 2020 drew to a close, Kerala had one of the lowest mortality rates in India and its health care system was not overburdened by cases.⁷¹

Women governors and mayors took similarly decisive steps.⁷² San Francisco mayor London Breed, the first Black woman to hold that position, issued the first stay-at-home order in the United States. Other U.S. women mayors quickly followed, implementing closures, and limiting public gatherings even before their governors issued statewide stay-at-home orders. Women mayors maintained public health measures even when their governors preferred fewer restrictions.⁷³ For instance, Atlanta Mayor Keisha Lance Bottoms ordered face coverings in her city after the Governor of the state of Georgia issued an order banning municipalities from doing so, earning her a lawsuit that remains pending.⁷⁴

The same dynamic—with subnational women leaders often preferring more aggressive measures than the men leaders at higher levels—occurred outside the United States. In some cases, this preference forced women leaders into conflict with men leaders from their own party. Tokyo’s Governor, Yuriko Koike, criticized then-Prime Minister Shinzo Abe’s slow response and pressured him into accepting emergency measures—like business closures—earlier than he preferred.⁷⁵ Tokyo residents were grateful for her leadership, as one Tokyo resident stated: “I think Koike is right and people should support her.”⁷⁶ Mexico City mayor Claudia Sheinbaum established an aggressive testing plan, converted a local factory to mask production, and implemented mask mandates, while President Andrés Manuel López Obrador lagged on restrictions and projected an aura of unconcern.⁷⁷ These examples speak to the delicate balancing act navigated by many women leaders, especially at the subnational level: how to implement strict containment measures while navigating the constraints of electoral and party politics.

Overall, many women leading local government received praise for taking actions that exceeded those taken by national governments. In the Philippines, President Rodrigo Duterte received criticism for not raising the alarm, instead saying in March 2020 that people were “too scared” of the coronavirus and should “not believe it.”⁷⁸ Meanwhile, women mayors like Trina Firmalo-Fabic and Krisel Lagman-Luistro made their own policies.⁷⁹ As early as January 2020, Firmalo-Fabic started checking tourists’ travel history. Lagman-Luistro created and implemented her own quarantine policy and established a municipal inter-agency task force. Like their counterparts elsewhere, Filipina women leaders were alert to the threat, acted quickly, and exercised ingenuity in marshaling resources and developing responses.

V. SOCIALLY INCLUSIVE POLICIES

Women leaders emphasized collective responsibility and social solidarity. Their policies addressed COVID-19's economic and social effects on their community's most vulnerable groups, including women and girls.

Systematic research has yet to compare how women and men chief executives performed when designing inclusive or gender-sensitive COVID-19 response policies. Anecdotally, many men leaders did pursue socially inclusive responses—like Argentina's Alberto Fernández, whose commitment to gender equity provided D'Alessandro and Gómez Alcorta with the go-ahead to pursue their gender budget. So while inclusivity and gender sensitivity are not exclusively hallmarks of women's leadership, our case studies show that many women leaders focused on the most vulnerable social groups, understood the pandemic's consequences for gender equality, and emphasized expanding budgets in order to fund relief policies. We found that their efforts included initiatives such as wage guarantees when faced with employment downturns, benefits packages including food and other basic household needs, additional funding for anti-violence against women initiatives, support for transwomen and sex workers, and even direct cash transfers.

For example, Mia Mottley's government in Barbados distributed 4,000 care packages to vulnerable groups, including the elderly, the disabled, and the impoverished.⁸⁰ Sheikh Hasina's "No One Left Behind" plan included special attention to her country's migrant workers: she insisted that receiving countries protect their interests and find replacement work, and she created more employment opportunities at home.⁸¹ In Peru, Prime Minister Violeta Bermúdez worked with the indigenous Ucayali people to coordinate COVID-19 responses and reassure them about their place in the vaccine queue.⁸² In Iceland, Prime Minister Katrín Jakobsdóttir emphasized the importance of addressing gender equality in a pandemic, stating "My answer to that is it's always the right time to talk about gender equality; not least in the times of crisis (...) In these extraordinary times, due to the pandemic, when we are witnessing a backlash in gender equality, women's solidarity has never been more important."⁸³

BOX 4:

Claudia López, Mayor of Bogotá, Colombia

Claudia López, Bogotá's first woman and first out-lesbian mayor, has earned widespread praise for her comprehensive coronavirus response. López exemplifies the distinctiveness of women leaders during the coronavirus pandemic. Commentators described her leadership as poised and calm.⁸⁴ She was applauded for speaking directly to citizens and their concerns, in contrast to Colombia's president Iván Duque, whose speeches focused mainly on business interests.⁸⁵ She stressed the importance of a civic culture where residents cooperate to keep each other safe and healthy. In March 2020, she took swift and decisive measures to control viral spread, issuing curfews while increasing hospital capacity and creating field hospitals. She ran "quarantine drills" prior to the national government's issuance of a shelter-in-place order, so that all Bogotá residents could understand the requirements and her office could detect and fix any gaps in city services.⁸⁶ As the pandemic wore on, she challenged Duque for acting too cautiously.

López also implemented social and economic support programmes almost immediately, announcing on March 25—just a few weeks into the pandemic—that the city's most poor would receive a basic income.⁸⁷ By January 2021, 480,000 households had received cash aid and another 30,000 had received mortgage relief.⁸⁸ She opened more bike lanes as healthier alternatives to cars and public transport, and to help residents exercise outdoors. Finally, she created additional programmes to ensure psychological, legal, and financial assistance for victims facing domestic violence while sheltering in place. Her efforts placed her among Colombia's most-liked local leaders: as of August 2020, she enjoyed a 70% approval rating.⁸⁹

In many countries, subnational governments play large roles in decision-making about social welfare policies and their implementation. As a result, subnational leaders also mattered for shaping pandemic responses to social issues such as housing, homelessness, food assistance, transport, eldercare, and public safety.

In the United States, women mayors introduced relief programmes that froze wages and provided assistance with rent payments, increased the capacity of homeless shelters, placed moratoriums on evictions, and restored utilities to nonpaying customers, among other initiatives.⁹⁰ Women mayors elsewhere undertook similar steps. For instance, mayors Souad Abderrahim (Tunis, Tunisia), Yvonne Aki-Sawyerr (Freetown, Sierra Leone), Soledad Chapetón (El Alto, Bolivia), Pinky Bharti (Bihar, India), and Josefina “Joy” Belmonte (Quezon City, Philippines) all provided food packages and other supplies to their cities’ vulnerable residents. Another Filipina mayor, Krisel Lagman-Luistro of Odiongan, described the importance of tailoring food aid, such as providing calcium for breastfeeding mothers and protein for malnourished children. Her colleague, Trina Firmalo-Fabic of Tabaco, created programmes to bring social services to residents in lockdown, such as mobile libraries for children and mobile laboratories for the elderly.⁹¹

Women mayors also attended to the gendered dimensions of social welfare. In Freetown, Aki-Sawyerr provided daycare to market traders, most of whom are women. In Mexico City, Sheinbaum established a small-business loan programme that prioritized women applicants and organized 100 women lawyers to help women report domestic violence.⁹² Breed, Belmonte, and Chicago’s Lori Lightfoot created more shelter space for women fleeing domestic violence. In Tabaco, school closures meant that women seamstresses lost their jobs sewing prom gowns and graduation robes, and Firmalo created a programme for them to produce face masks and PPE instead.⁹³ Finally, in the village of Marana in Haryana, India, village head Sunita Devi suspended alcohol sales to reduce domestic violence during lockdown.⁹⁴

Women ministers and experts also helped ensure that COVID-19 policy responses would “leave no one behind.” In Kuwait, two women cabinet ministers—Mariam Al-Aqeel, charged with economic and social affairs, and Rana Al-Farism charged with public works and housing—worked tirelessly on behalf of vulnerable groups, ensuring that social services were not disrupted and even staying up all night to oversee public works projects.⁹⁵ In Egypt, Minister of Social Solidarity Nivine El-Kabbag implemented cash transfers aimed at rural women, elderly women, pregnant and breastfeeding women, and women living with disabilities.⁹⁶

BOX 5:

Women Parliamentarians – A Global Look

Women parliamentarians, from the national to the local level, equally stand out in the fight against the pandemic. Women representatives are often directly in touch with their constituencies; are familiar with the challenges and opportunities that people face on the ground; and work to connect constituents to support. Pakistani Member of Parliament Shaheen Raza distributed rations door-to-door and routinely visited quarantine centers to verify that centers followed pandemic guidelines.⁹⁷ She continued these efforts until her death from COVID-19 on May 20, 2020. Danasari Anasuya, a legislative assembly member in Telangana, India, started a “GoHungerGo” challenge on social media to encourage people to donate food. She was also one of the first representatives to speak out about the pandemic and the shortages of masks in her state. She often delivers food supplies herself, travelling to remote parts of her district in order to provide aid, including to many of the 4,000 migrant workers in the state. While visiting these far-flung villages, Anasuya sketches out COVID-19 information and social distancing instructions for those who do not speak the Telugu language.⁹⁸ Sana Ahmed, a councilwoman in Kolkata, India has ensured that streets are regularly sanitized and that residents receive sanitizers. In addition, she made sure that two doctors are available for consultations every day and provided mobile COVID-19 testing vans for her constituents.⁹⁹

In Ghana, Member of Parliament Dr. Zanetor Agyeman-Rawlings has worked with women community leaders to spread key information on proper hygiene, since women diffuse information to other women.¹⁰⁰ The majority-women parliament in Rwanda has used social media platforms to disseminate information about preventive measures and to urge compliance.¹⁰¹ In Mexico, a cross-party coalition of women legislators introduced and passed a resolution calling on state governors to pardon pregnant women, elderly women, and women with young children, a move that would reduce prison overcrowding while sending mothers and at-risk women home.¹⁰² In Chile, women legislators formed a Gender and COVID-19 working group. The group has partnered with over 20 women’s organizations in civil society to send policy recommendations to the executive branch, such as reminding the Ministry of Health that migrant women lack access to regular healthcare.¹⁰³

Canada's commitment to a feminist COVID-19 recovery plan offers another illustration of women's initiative and leadership. In July 2020, women academics and practitioners wrote a feminist COVID-19 recovery plan published by the Canadian YWCA and the Institute for Gender and the Economy (GATE) at the University of Toronto. Prime Minister Justin Trudeau's promise of a feminist recovery plan echoed much of this document's language.¹⁰⁴ Trudeau gave the greenlight, but the initiative and the work was carried out by women. Women wrote the plan, and Finance Minister Chrystia Freeland—the first woman to hold the position—followed through on Trudeau's promise. Freeland's stimulus plan contained specific measures to address the pandemic's disproportionate effects on women, such as funding childcare and redirecting small-business support to women-owned companies and feminized sectors like caregiving.¹⁰⁵ Canada's experience mirrors the Argentine case, where a male chief executive set the tone but it was women (D'Alessandro and Gómez Alcorta) who ensured that national budgets would take a gender perspective and mitigate the accelerated feminization of poverty.

These initiatives all followed the groundbreaking approach of the U.S. state of Hawaii. In April 2020, just two months into the pandemic, Hawaii introduced "Building Bridges, Not Walking on Backs: A Feminist Recovery Plan for COVID-19." Hawaii has a male governor, Democrat David Ige, but the plan itself was written by the women seated on the Hawaii State Commission on the Status of Women, in partnership with diverse organizations representing Hawaii's women's and Indigenous movements. To give one example of the plan's feminist and intersectional approach: the plan reimagines tourism in a post-pandemic world, recognizing that women workers comprise the bulk of employees in the tourist sector and that Native women are especially vulnerable to sex tourism. The plan allocates more money to funding shelters, preventing sex trafficking, and ending gender-based violence.

VI. COVID-19 AS OPPORTUNITY AND BARRIER FOR WOMEN LEADERS

COVID-19 has altered public perceptions of women leaders, increasing voters' support for women's presence in public life in several countries. At the same time, growing resistance to tough yet necessary public health measures increases women leaders' vulnerability to backlash.

1. Women leaders gain support and respect.

COVID-19 has placed many women leaders in the spotlight, especially at the national level. The traditional and longstanding association between the executive branch and masculine traits like aggression and toughness means that women across the globe continue to struggle to break this glass ceiling. In a pandemic, however, stereotypically female traits like compassion and care become more important and more appreciated.¹⁰⁶

Of course, men leaders also can and do project empathy. Canada's Justin Trudeau also spoke directly to children during the pandemic.¹⁰⁷ Argentina's Alberto Fernández discussed empathy in various moments: when working with the airlines to repatriate Argentines stranded abroad in March 2020, and when asking the corporate sector to practice "empathy and innovation" as the economy reopened.¹⁰⁸ Trudeau and Fernández also received praise for their pandemic leadership, but outsized attention has fallen to women leaders' displays of compassion and care for two interrelated reasons. First, empathy is often thought to come at the expense of strength, and second, empathy's stereotypical casting as a feminine trait has meant that women are asked to prove their strength in ways that men are not. The fact that women chief executives managed to express compassion and care *while also* leading decisive, comprehensive, and effective pandemic responses made women leaders seem especially competent. COVID-19 conveyed to voters and citizens that empathy and strength are complementary traits, not competing ones, and that women, and indeed any leader, can deploy both effectively.

As such, COVID-19—and future pandemics—might create unique windows of opportunities for women leaders to attain power and for women's leadership to become both normalized and valued. The celebration of women leaders like Jacinda Ardern shows that the public embraced their decisive and inclusive approaches, while disapproving of

those men leaders—like U.S. President Donald Trump and UK Prime Minister Boris Johnson—that talked tough without implementing clear containment measures, particularly during the pandemic's first wave.¹⁰⁹ Over the course of 2020, Ardern won a landslide reelection victory and Merkel cemented her reputation as a respected European and global leader. Finland's Sanna Marin enjoyed a steady above-80% approval rating and Denmark's Mette Frederiksen received a 94% positive rating for her pandemic performance, the highest among 14 advanced democracies surveyed.¹¹⁰ While many factors shape chief executives' approval rating and their ability to maintain their jobs, COVID-19 unquestionably influenced voters' perceptions of their presidents and prime ministers. That women leaders were rewarded for a job well done shows women's growing ability to claim and wield power on national and international stages.

2. Women leaders face barriers and backlash.

At the same time, women everywhere continued facing barriers to exercising political decision-making power on the same grounds as men.¹¹¹ The media's heightened attention to and focus on women chief executives possibly obscures the overall underrepresentation of women in politics. Focusing on a few success stories might unintentionally create the impression that gender equality exists in politics.

The pandemic itself may also generate new barriers for women leaders. Even in the pandemic's first months, some constituents expressed resistance to viral containment measures, like lockdowns and quarantines. Those most likely to scoff at public health measures are more likely to express traditional ideas of masculinity, favoring toughness.¹¹² Women leaders who insist on social distancing and sheltering-in-place while emphasizing care for others may be violating norms linking leadership and masculinity in multiple ways. Their insistence on lockdowns and quarantines can offend those whose prefer to scoff at the viral threat, and

their emphasis on compassion can put off those who see femininity as too soft. Women who advocate the same viral containment policies as men may nonetheless face disproportionate pushback.

For example, women leaders' straightforward talk and insistence on public health measures were well-received by many but interpreted through a gendered lens by others. Some commentators disliked Claudia López's "lecturing" style, for instance.¹¹³ In the United States, Twitter users lashed out at women governors and mayors. For instance, individuals targeted the Latina Governor of New Mexico, Michelle Lujan Grisham, with a gendered and racialized critique of her containment measures, tweeting that she "was not their nanny."¹¹⁴ Sometimes, the abuse came from the top: U.S. President Donald Trump used Twitter to attack women governors like Gretchen Whitmer, the governor of Michigan, who contradicted him by insisting on tough containment measures.

Women leaders during COVID-19 may thus face additional gender-based violence, on top of the political violence that they already face.¹¹⁵ In Canada, Dr. Tam received online abuse that attacked her competence and subjected her to gendered and racialized slurs.¹¹⁶ In the United States, the war of words between Trump and Whitmer did not exist solely on Twitter: right-wing groups opposed to coronavirus lockdowns planned her kidnapping and execution. U.S. state and county health officials, like Ohio's Dr. Amy Acton, Georgia's Dr. Kathleen Toomey, and Los Angeles County's Dr. Barbara Ferrer, received hate mail and death threats.¹¹⁷ As a result of protests, harassment, and death threats, over 180 public health officials in the United States resigned from their leadership roles between March and December 2020, scores of whom are women.¹¹⁸

As opposition to strict coronavirus containment measures spreads across the globe, these patterns may repeat in other countries, and more research is needed to assess whether women leaders face gendered forms of backlash or disproportionate backlash when compared to men leaders. For instance, a new movement—self-titled "Rebellion of the Locked Down"—sued Claudia López for implementing restrictions that, in their view, "violated the rights to life, liberty, equality, work, and the free exercise of a profession or occupation."¹¹⁹

3. The pandemic's unknown consequences.

Women leaders' superior pandemic performance was initially lauded, but the pandemic's long-term effects on voters' and citizens' perceptions of women leaders remain unknown. A prolonged economic recession may reduce the public's support for women leaders, as women are typically seen as less competent economic managers.¹²⁰

Even when women and men govern during similar kinds of crisis, women face disproportionate blame for failing to turn the situation around, and they consequently face shorter tenures in and harsher exits from office.¹²¹ Indeed, both Ardern and Merkel have received sustained criticism for prioritizing public health over economic wellbeing. They have weathered these storms, but across the globe, men and women leaders alike are confronting voters' pandemic fatigue. Social distancing and economic downturns show little sign of easing as the pandemic enters its second year, and voters are expressing more discontent. The romance with women leaders may well grow sour as life fails to return to normal.

Moreover, most research to date has focused on how COVID-19 has affected the performance and perceptions of women leaders in the executive branch, namely presidents and prime ministers (and, to a lesser extent, cabinet ministers). This focus makes sense, given that most countries mustered rapid responses by relying on executive rather than legislative action. Nonetheless, legislatures play critical roles in delivering constituent services, monitoring executive decision-making, and, in many cases, turning government priorities into laws and approving budgets. Research gaps remain with respect to the leadership of women parliamentarians. This oversight is critical, given parliaments' importance as sites for women's substantive representation, and given women parliamentarians' roles on committees that control the finances around pandemic relief and recovery. And across the board, research needs to go beyond viral containment to examine women's influence on tasks forces, role in budgeting, and contributions to gender-responsive recovery.

Other research gaps include how virtual working environments have affected and will affect women's ability to participate in electoral campaigns and political decision-making. On the plus side, virtual meetings may level the playing field, such that women officials have easier times claiming the floor and speaking without interruption. Virtual political work also makes politics more accessible to those who face limitations related to travel and childcare. On the negative side, virtual workspaces may increase opportunities for online harassment and bullying. Gender gaps in digital access and the unequal burden of dependent care and housework may create further barriers for women carrying out their campaigns or duties online. Initial evidence appears to support both points.¹²² However, more policy and academic research is needed to understand how COVID-19 will transform policymaking processes, and how this transformation will in turn shape women leaders' full and equitable participation. Unpacking these changes is urgently needed, given the importance of women's full participation for democracy and good governance.

VII. LESSONS LEARNED AND RECOMMENDATIONS

- 1. Women successfully led COVID-19 responses at the national and subnational level.** Early media attention focused on the role of women chief executives, but the small sample size limited meaningful comparisons between women-led countries and men-led countries. A broader look encompassing women as chief executives, governors, mayors, ministers, parliamentarians, and public health experts reveals that women leaders took the following actions in the pandemic's first year: they communicated clearly while establishing trust; they acted decisively to contain the virus; and they implemented policy responses that attended to the pandemic's disproportionate effects on marginalized groups, including women and girls. That said, more research on the role of women leaders throughout government is needed, covering women in all their public and political roles, and focusing particularly on the understudied countries of the Global South.
- 2. Effective leadership combines compassion with competence, as demonstrated by the standout performance of many women leaders during COVID-19.** Given longstanding associations between political leadership and men, women often work harder to demonstrate they “have what it takes.” The coronavirus pandemic has allowed women leaders to demonstrate their effective leadership and calm crisis management on national and international stages, combining compassion with strength and competence as they govern effectively. Their performance has raised the public's enthusiasm for women as political leaders.
- 3. Effective leadership, rapid response, and inclusive policy priorities matter beyond leaders' gender.** During the pandemic, women leaders governed effectively, responded rapidly, and designed inclusive policies. Yet many men leaders did the same. Framing effective leadership, rapid response, and inclusive policy planning as exclusive or unique to women leaders may unintentionally perpetuate stereotypes about masculine versus feminine leadership styles. Such stereotypes often hinder women's ability to access political roles, especially in the executive branch. Instead, efficacy, decisiveness, and inclusiveness are three hallmarks of competent leadership that many women leaders exemplify—and that voters and citizens should demand of all politicians, men and women alike.
- 4. Include women in COVID-19 decision-making bodies.** The media's focus on certain women chief executives may unintentionally suggest that women have attained equity in political leadership generally and in shaping COVID-19 response and recovery specifically. In fact, women remain broadly underrepresented as experts and decision-makers in governments' task forces, expert working groups, and other crisis management teams. Women's presence in such groups helps ensure that pandemic response and recovery is comprehensive and inclusive and attends to the needs of marginalized groups, including women and girls.
- 5. Protect elected and non-elected leaders from gender-based violence.** The pandemic has exposed women leaders to backlash, which has led to resistance, abuse, harassment, and threats, both in-person and on-line. Violence prevents women leaders from carrying out their duties, whether they are executives, parliamentarians, or public health authorities, and whether they hold national or subnational office. In the particular context of COVID-19, violence in public life is rising as pandemic fatigue lengthens, and violence prevents women leaders from keeping the public healthy and safe. Any efforts to protect and combat violence against women in politics must consider women in all their public roles, including women civil servants and experts.
- 6. Ensure that pandemic response and recovery includes a gendered perspective and is gender responsive.** Beyond the necessary inclusion of women in COVID-19 planning, policies and budgets in a post-pandemic world must embed a gender perspective in the decision-making process and include measures that are inclusive, gender-sensitive, and gender-responsive. This process ensures that COVID-19 response and recovery addresses the pandemic's disproportionate negative effects on vulnerable populations, including women and girls, as well as the pandemic's reversal of progress on gender equality.

ENDNOTES

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