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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled “Women 2000: gender equality, development and peace for the twenty-first century”

Interactive dialogue on the priority theme “Building back better – women’s participation and leadership in coronavirus disease (COVID-19) response and recovery”

Chair’s summary

1. On 18 March 2021, the Commission on the Status of Women held an interactive dialogue on the theme “Building back better – women’s participation and leadership in coronavirus disease (COVID-19) response and recovery”. The participants addressed women’s leadership in the COVID-19 response and discussed good practices, challenges and gaps with regard to women’s participation and leadership in a gender-responsive, sustainable and resilient recovery during the decade of action for the Sustainable Development Goals and their role in the accelerated implementation of the Beijing Platform for Action and the closing of development divides.

2. The Vice-Chair of the Commission on the Status of Women, Ahlem Sara Charikhi (Algeria), made an introductory statement. The interactive dialogue with five invited speakers was moderated by the technical lead the coronavirus response and head of the emerging diseases and zoonoses unit at the World Health Organization, Maria van Kerkhove. Following the dialogue, representatives of 18 Member States and five representatives of non-governmental organizations exchanged good practices and ways to increase women’s meaningful participation in leadership and decision-making. The Vice-Chair made closing comments.

Good practices and lessons learned from women’s participation and leadership in response to the pandemic

3. Participants recognized that women and women’s groups have been at the forefront of the COVID-19 response, demonstrating leadership at the grass-roots and at the global levels, while simultaneously experiencing the worst effects of the crisis.



4. Participants noted that women have been leading the emergency response, from organizing informal self-help groups at the community level to providing medical assistance, as they account for the majority of health and social care workers globally, to their work as scientists on vaccine development, despite their persistent underrepresentation in the fields of science, technology, engineering and mathematics. In some countries, women's on-the-ground knowledge contributed directly to the development of guidelines for mainstreaming gender in COVID-19 policymaking. Other countries report that women's organizations have been advocating on behalf of their communities, in order for their concerns to be better integrated into the crisis response. In some contexts, such advocacy included negotiating with pharmaceutical companies for more equitable access to vaccines.

5. Participants gave examples of women leaders, including female Heads of State, ministers and mayors, who have spearheaded innovative and effective responses to the crisis in a range of countries and have implemented tailored measures to address the needs of groups of women facing inequalities. Participants suggested that such gender-sensitive responses cannot be attributed to women's supposed more caring nature, but rather to the exceptional competence that women leaders develop after overcoming numerous barriers in order to reach those positions.

6. Participants highlighted the fact that, although many women have been in a leadership role at all levels during the pandemic, in many cases, women have experienced the severe effects of the pandemic in the form of increased rates of violence against women and girls, poverty and loss of income, disproportionate responsibility for unpaid care work, unequal access to digital technologies, unsafe working conditions, burnout and trauma.

Ensuring diversity, participation and consultation in pandemic response planning and implementation

7. Participants emphasized that, despite their critical role in the pandemic response, women continue to be underrepresented in decision-making roles. According to the COVID-19 Global Gender Response Tracker of the United Nations Development Programme and UN-Women, only a fraction of national COVID-19 task forces achieved parity between men and women. Participants cautioned that standout examples of women leaders in some national contexts do not translate into women being able to influence national responses more broadly. In some instances, the lack of women's representation may explain the lack of a gender-sensitive emergency response to COVID-19.

8. Participants acknowledged the key role of women's organizations in providing essential services, including support for survivors of violence against women and girls. At the same time, women's organizations often rely on the voluntary unpaid work of women, who are already managing increased care responsibilities in the home. This reflects the undervaluing of care work more generally, as even within the paid care sector the workforce is feminized and underpaid. Women account for 90 per cent of the nursing workforce globally, yet they hold only one quarter of leadership roles in the health sector.

9. Participants agreed that the planning and implementation of policy responses could be improved by ensuring greater diversity in decision-making, including as part of COVID-19 task forces, as well as greater consultation with diverse stakeholders, including women's organizations and associations of health workers. Several participants shared experiences of participatory governance approaches and efforts to mainstream gender into pandemic response and recovery measures in their countries.

Sustaining efforts to strengthen women's participation in decision-making and leadership during and beyond the pandemic

10. Participants recognized that the current crisis represents an opportunity to reset the social contract, address structural inequalities and empower the most marginalized women. Emergency response measures should be informed by substantive consultation with groups facing discrimination, including older women, widows of all ages, people with disabilities, people with HIV and rural women. Participants called for improved data collection disaggregated by age, gender, disability and marital status, among other demographic markers, to better understand the effects of the pandemic from intersectional perspectives.

11. Participants highlighted the need for community-level innovations to be scaled up in a meaningful way and for women's leadership at the local level to be better recognized. Women's knowledge of the challenges of policy implementation on the ground should be used to inform gender-responsive policy solutions in the future and women's groups should be formally included in the policymaking process.

12. Participants underlined that a key aspect of supporting women's leadership is ensuring better funding opportunities for women's groups and increasing feminist philanthropy. Participants pointed to the need for investment in care infrastructure, such as childcare and long-term care services, in order to facilitate women's return to employment and to challenge power structures that undervalue women's care work. Participants further underlined the need to provide for a gender-responsive fiscal space by issuing special drawing rights and debt relief to ease the pressure on women and girls in highly indebted countries. Such investment in women's leadership will ultimately contribute to creating more resilient communities.

13. Participants called for the adoption of a range of measures that would create an environment that enables women's participation in decision-making and representation in leadership in the medium and long term. Such measures include: ensuring safe working conditions for health and social care workers, including access to personal protective equipment and protection from violence; tackling negative social norms and gender stereotypes in the media and the lack of coverage given to women protagonists in the media; supporting women's and girls' access to education and training, including measures that allow pregnant young mothers to remain in or return to school; designing fiscal stimulus packages that promote women's entry or re-entry into the workforce; addressing violence against women and girls and ending child marriage; and promoting women's access to information and communications technology and flexible work arrangements. Participants also called for ensuring equal access to vaccines for all, including through the suspension of patents for COVID-19 vaccines.