

# EIGE-2021 Gender Equality Index 2021 Report: Health

## Gender-balanced decision-making is imperative post pandemic

The lack of women's presence in decision-making bodies established globally to tackle COVID-19 is extraordinary, despite calls for this to be redressed (WHO, 2020g). Although women make up 70 % of health professionals and 80 % of health associate professionals in the EU (EIGE, 2018b), this majority does not translate into leadership roles in the health sector, or in politics. During the pandemic and until March 2021, only one in four EU health ministers and 4 out of 10 junior/vice-ministers were women.

The small number of women in decision-making positions or as experts in key roles influenced the composition of the national task forces set up everywhere to tackle the pandemic. Assessing the gender gap in these bodies, a recent study by van Daalen et al. (2020) emphasised the exclusion of gender-diverse voices.

Covering 87 UN Member States, the study found that only 3.5 % of 115 COVID-19 decision-making and expert task forces had gender parity. In 85.2 % of cases, men were in the majority. Such extensive gender gaps in decision-making strengthens unequal power structures and weakens COVID-19 responses, potentially costing lives.

With gender a key determinant of health, women's inclusion in crisis response decision-making is crucial (Davies and Bennett, 2016). The European Commission (2021a) has also recognised the need for more women to be part of pandemic response decision-making to take gender differences into consideration.